

Survival Coalition asked the 14 candidates for Governor (2 Republicans, 10 Democrats, 1 Libertarian and 1 WI Green) to reply to the following seven disability-related questions. Six candidates replied. See answers on the Survival Website.

#1 Investing in Adult Long-Term Care Services and Supports: How will you protect Wisconsin’s significant investments in long-term care programs that provide community-based supports that let older adults and people with disabilities remain in their homes and reduce costly institutional care?

Background: 65,000 Wisconsinites are in one of Wisconsin’s community-based long-term care programs (Family Care, IRIS, PACE, Partnership), which serve older adults, people with physical disabilities, and people with developmental disabilities. These programs that keep people living in their communities are cost effective; on the average, costs for community supports are significantly less than institutional care, which can cost more than \$800 per day.

Tony Evers (D): Prioritizing community based supports for adults with disabilities just makes sense. Doing so is cost-effective, compassionate, and community-minded. Like many people, I was very disappointed in Governor Walker’s changes to our long-term care programs in the 2015-17 state budget that threatened the independence and self-sustainability of thousands of Wisconsinites. Through programs like PACE, IRIS, Family Care and others, Wisconsin has a robust infrastructure and this investment deserves to be protected and enhanced. Ensuring collaborations among cabinet agencies that serve our adults in long term care programs, prioritizing braided funding options and preserving state and local funding are all pieces of the puzzle. We deserve to be proud of the network of potions we’ve built, but our future options depend on our ability to continue to scale and improve our current offerings.

Matt Flynn (D): Answer: I will make sure that funding is increased for Long-Term Care services in Wisconsin. It is far cheaper than institutional care and provides our seniors with a far better environment to live. One important way to safeguard this funding is by stopping the Foxconn deal, which will drain the state’s resources for everything else.

Mike McCabe (D): The state should take full advantage of Medicaid waiver programs allowing Medicaid funds to be used for in-home care or assisted living. Because I believe in supporting people at home and in their communities whenever possible and believe in investing to keep people healthy and safe at home while avoiding more expensive hospitalizations and institutionalization, I support maintaining a local community-based system. And I stand with local grassroots advocates who resist privatizing these programs with national health insurance companies. I also stand with those who successfully fought the dismantling of the Aging and Disability Resource Centers around the state. The ADRCs are integral to the community-based approach to long-term care services and must be preserved as public resources. Finally, the operations of the Managed Care Organizations that manage and deliver services in the Family Care benefit package need to remain as flexible and tailored to community needs as possible. I will oppose efforts to go to a one-size-fits-all approach to service delivery. I hear some say the state should no longer allow program participants to receive money under IRIS to contract out for the help they need, including paying friends or family members to work for them. I strongly disagree with such talk, and as governor I will work to protect options like IRIS.

Robert Meyer (R): The emphasis of my campaign is to address how we can grow the economy over the next four years so that the state is in a position to fund education and infrastructure investments, as well as programs such as these community-based long term care programs. WI is actually \$1B

behind in these investments, while the incumbent has turned down a total of more than \$1B in full Medicaid expansion.

Kelda Roys (D): Wisconsin should strengthen community-based support systems that allow people the dignity and independence to live inclusive lives in their communities. I believe that people are defined by their own strengths and abilities, not by their disability, and strongly support Wisconsin's system of long-term care services helping people maintain or gain their independence through community-based care. Despite the success and efficiencies of programs like Family Care and IRIS, the current governor has repeatedly proposed dramatic changes to these vital programs that neither come from nor reflect the recommendations and needs of people with disabilities, their advocates, or their caregivers. As Governor, I will require stakeholder involvement before proposing changes to long-term care programs. I believe our system of long-term care programs must be regularly monitored and evaluated, and data about these programs' outcomes should be regularly compiled and shared in a transparent and collaborative manner with stakeholders

Kathleen Vinehout (D): I will protect our long-term-care state services through the work of the Department of Health and the way I write the state budget. Adequately funding health services for those facing disability issues has long been a commitment of mine and will continue under the administration of Governor Vinehout. I have a long list of problems facing Family Care, IRIS, Pace and Partnership that I collected talking with folks over the past 12 years. A few of the issues I will explain below. Others include re-arranging the dollars spent in the Medicaid program so more of the dollars go to direct service rather than administration. I was shocked to learn, for example, the state paid the contractors for the administration of Medicaid an exorbitant 10 percent cost of living raise in this current budget. Instead these dollars should go to direct services.

So many recent laws were passed under the current governor that must change. While this process must happen, it may be slow if we have a mixed-party legislature. One of the ways I will work with those who use and provide the long term services is to convene a create a Public Assistance Advisory Committee (see my bill here: <https://docs.legis.wisconsin.gov/2017/related/proposals/sb870.pdf>)

#2 Supporting Education for Students with Disabilities: Special Education Categorical Aid funding has not been increased in Wisconsin for almost a decade. What will you do to ensure our neighborhood public schools have the resources to improve outcomes for students with disabilities so they are career and college ready?

Background: Approximately 116,000 or 14.5 % of all Wisconsin students receive special education services. Funding has remained flat for over a decade. Parents report significant erosion of quality education for students with disabilities. Just over 13% of students with disabilities are proficient in reading and math, and students with disabilities are three times more likely to be suspended compared to their regular education peers.

Tony Evers (D): Total special education costs have greatly exceeded the funding available for many years and currently only about one-fourth of eligible expenses are reimbursed. Put simply, the state has not picked up its fair share of the cost of educating students with disabilities since Scott Walker has controlled the budget. Maintaining the same level of categorical aid while special education costs continue to rise effectively shifts the funding source for special education programs to general aids and property taxes. This is not acceptable, and it is not how we will ensure all our Wisconsin students are college and career ready. Approximately 14% of Wisconsin pupils are enrolled in special education. The rising costs of special education can be attributed to the increasingly complex needs of

students. Moving forward, I will support the 33% reimbursement rate as I have proposed in past DPI budgets, and support high cost special education aid by fully reimbursing 100% of claims for aid. Many Wisconsin school districts struggle to cover the costs for high-need, high-cost special education pupils, and I refuse to create a system of haves and have nots. Our students are too important.

Matt Flynn (D): I will increase funding for special education as a part of my overall increase in school funding and education plan. My wife Mary worked as a Speech Pathologist in Germantown public schools for more than 30 years. She worked with children with special needs. It is shameful that we are not doing everything we can to provide a quality education to all students, regardless of any disabilities. I will also reverse Act 10 to reverse the teacher shortage – including a shortage of needed special education teachers – by restoring respect to the profession.

Mike McCabe (D): State categorical aid for students with disabilities has been underfunded for many years. Public schools have been regularly shortchanged by the state when it comes to categorical aid they are supposed to be receiving. I've dealt with these issues first hand. I formerly worked as the Madison school district's legislative liaison for six years and advocated for adequate funding of categorical aid programs as well as changes to the funding formula used to distribute general state school aid to create a more equitable distribution of aid. Dating back to the 1990s when I worked for the public schools, state categorical aid for students with disabilities has always been lower than the levels promised in state law. I have been a longtime advocate of fully funding categorical aids and as governor I will stick with that commitment. As for general aid, the formula is based exclusively on property value. Districts with lower property value get more aid and those with higher property values get less. I served on a statewide task force on the school funding system in the 1990s that recommended including in the aid formula a number of factors relating to student need. Schools serving larger numbers of students living in poverty or dealing with homelessness or chronic hunger or who have learning disabilities should get more aid to meet the needs of students facing formidable obstacles to learning. Lawmakers dismissed our recommendations at the time, and such changes have still not been made to the school funding formula. As governor I would work to finally get those needed changes made.

To pay for it, we need to deal with the reality that for the last 27 years Wisconsin has been trying to fund two separate and parallel systems of education and has not been doing justice by one. I support ending taxpayer-subsidized private schooling, otherwise known as the voucher program, and using the savings to properly fund community schools through both general state aid and categorical aids. I also favor repealing Act 10 to deal with the dismal reality that teachers are fleeing the field. More veteran teachers are leaving the profession early and fewer young people are seeking to enter the profession by going into teacher training programs. This is a recipe for disaster for our schools over the long haul. Loosening teacher licensing requirements is not the answer. We need to make education an attractive field to enter, not lower standards. I will do everything in my power as governor to resist efforts to create alternative paths to teacher licensing or lower the required qualifications for teaching.

Robert Meyer (R): I'm an education publisher who believes in funding public education as sufficiently as possible. Again we are going to have to grow the economy in order to be in a position to sufficiently fund education, our most important asset. At the same time, 14.5% is too high a special education percentage; WI leads the nation in the over-representation of non-Caucasian students to special education and that problem (along with Wisconsin's bottom quartile reading outcomes) can be remedied instructionally as to reduce special education costs.

Kelda Roys (D): Research is clear that students with disabilities can learn and succeed in school if

they're given appropriate supports by qualified and trained professionals. Our public schools can and must prepare students with disabilities to become contributing members of their communities and participate in our workforce. First, as Governor, I will prioritize equity in our funding formula, rather than exacerbating district-level inequality, and a key component of this is ensuring adequate special education funding for districts, regardless of zip code. Wisconsin has fallen woefully behind peer states with special education funding. Our reimbursement rate, which has remained the lowest in the country at roughly 26 percent, has not afforded districts the access to resources which are necessary to support and educate all students. I strenuously support an increase in the reimbursement rate and favor developing a long-term solution to funding services in school districts. Second, the most important factor in a child's success is the teacher at the front of the room. We must attract the best and brightest young people to careers in education, and keep them in the classroom with adequate professional development and mentorship, sufficient prep time, and student debt forgiveness for taking on challenging teaching assignments. Finally, I will end the costly special needs voucher program that siphons public dollars away from public schools and funnels them to unaccountable private voucher schools. Our public schools are the only educational institutions with the intellectual capacity and legal obligation to serve all students regardless of income or ability level, and we should not be taking critical funding away from these services to pay for services at schools where policy is made out of public view and without scrutiny.

Kathleen Vinehout (D): I will propose in my first state budget a fundamental change in the way the state pays for schools. I will base payment to schools based on student needs rather than the antiquated notion of property taxes. Factors the new formula will address will include poverty, special needs, English Learners, mental health needs and children facing trauma.

I will also get rid of the state-wide subsidies to private schools for students including special needs students in my first budget. I will put this money into the new aid formula to help public school students with special needs. An example of what I have written exposing the problems with bills that send public money to private schools for special needs students can be found here:

https://www.kathleenvinehout.org/private_school_subsidy_for_special_education_raises_concerns_about_quality_and_cost

#3 Protecting Medicaid: What are your plans to strengthen Wisconsin's Medicaid program and protect against drastic cuts that could jeopardize services that children and adults with disabilities rely upon, such as personal care, Katie Beckett, the Children's Long Term Support Program, Family Care, IRIS, and Comprehensive Community Services (CCS)?

Background: 1.1 million state residents are served by Wisconsin's Medicaid-related programs including 222,608 residents who have disabilities. Medicaid allows eligible people with disabilities to receive critical supports like help with meals, medications, dressing, community participation and employment.

Tony Evers (D): Ensuring we work alongside our federal delegation is critical. Budget cuts and "reforms" at the federal level could have devastating consequences for Wisconsin's Medicaid population and overall healthcare in Wisconsin as a whole. As a cancer survivor, I do not take

decisions about access to healthcare lightly. Scott Walker made a grave and destructive error in not taking the federal Medicaid expansion dollars, and as a result, some of our neediest Wisconsinites are suffering. I would accept the federal dollars, properly set-up exchanges and ensure that those with pre-existing health conditions are protected and cannot be capped for costs. I also believe that we must do more to address our healthcare workforce shortage. We must increase pay of our caregivers and provide the necessary resources and support to decrease turnover, increase longevity and prevent burnout among employees. For years, my father worked at Rocky Knoll nursing home in Sheboygan County and I watched him provide outstanding, quality care to his patients. I learned the value of social justice from him and I believe that it is our duty to take of our most vulnerable citizens. I am committed to actively working with stakeholders to making improvements to our Medicaid system and strengthening and stabilizing it for not only current recipients, but future generations.

Matt Flynn (D): First of all, Scott Walker rejected over \$1 billion in federal funding for Medicaid. I will not only accept all Medicaid funding, I'll also get back the funds he sent back. I also support a "BadgerCare for All" public option to allow Wisconsinites to buy affordable plans through BadgerCare Plus. We will not leave our most vulnerable citizens without the care they need.

Mike McCabe (D): Wisconsin should accept federal Medicaid expansion funds that have been turned down by the current administration. Wisconsin residents pay their share of federal taxes and the money sent out to Washington, D.C. should be brought back to Wisconsin whenever the opportunity arises to help make our state stronger and better meet the needs of people here. As mentioned in the response to question #1, I would work to maintain current Medicaid programming and the flexible community-based approach to service delivery while at the same time making BadgerCare a public health insurance option available to everyone in the state. There also is a clear need to increase Medicaid reimbursement rates, and I would work to do that as governor.

Robert Meyer (R): Eleven Republican governors accepted the full Medicaid expansion, while the incumbent chose the partial expansion. Not fully expanding Medicaid to all adults with incomes below 138 percent of the poverty level, while providing coverage to all adults below the poverty line, is costing WI taxpayers \$190 million per year. Our current approach is much more expensive for WI taxpayers than a full expansion. It's also reduced the total number of children and adults getting health insurance.

Kelda Roys (D): People with intellectual, developmental, mental or physical disabilities are people first and are entitled not only to equal treatment under our laws but to the freedom to make informed choices about how to live their lives. Many of Wisconsin's residents with disabilities live on very low incomes, making programs like Medicaid, FoodShare, Wisconsin Works, and housing assistance crucial for securing their independence in the community. Attacks on these vital supports and spiteful welfare "reform" tactics have significantly impacted people with disabilities and their caregivers. Changes to eligibility, reductions to time limits, and other new punitive practices have all created major barriers to accessing assistance, and often result in a loss of household supports that disabled parents or families with disabled children living in poverty rely on to meet their basic needs. As Governor, I will reverse these harmful policy changes so Wisconsin's public assistance programs work to stabilize these families and prevent loss of employment, homelessness, serious health deterioration, or other negative consequences.

Kathleen Vinehout (D): Medicaid is the largest and the fastest growing state program. For years I advocated for more transparency in the budgeting of Medicaid. As Governor, I will finally overcome the hurdles I've faced in getting the details of what is actually being spent for the administration of

the Medicaid program. As Governor, I will dig into the details and answer the nagging question *How can we cut expenses in administration of the program and move more money into direct care?*

I will order a review of every administration contract with an eye toward an increased focus on direct service, eliminating administrative duplication and streamlining care coordination. Healthcare is my passion, and my life work. I intend to provide the very best services to those in need while discovering the best and most efficient methods of administration.

We've got an incredible opportunity with the massive new Medicaid Management Information System. Further, the current Governor still has not completed recommendations of the Medicaid audit of 2011, an audit I spent two years pushing for. I can't wait to get started cleaning up the system and shifting money toward direct services.

A few of the pieces I've written on protecting Medicaid and stopping awful changes by the current governor can be found here:

<https://www.kathleenvinehout.org/a-better-way-to-balance-the-medicaid-budget>

<https://www.kathleenvinehout.org/caring-for-our-most-vulnerable-citizens>

<https://www.kathleenvinehout.org/privatizing-what-does-this-mean1>

<https://www.kathleenvinehout.org/advocacy-gives-voice-to-the-voiceless-families-support-family-care-and-iris>

<https://www.kathleenvinehout.org/you-have-got-to-be-kidding>

(turning Family Care over to a for-profit insurance company)

#4 Prioritizing Employment: Do you support integrated employment as the first and preferred outcome for all working age citizens with disabilities? How would you address the high unemployment rate of this population?

Background: Only 35% of working-age adults with disabilities in the U.S. are employed compared with 76% of working-age people without disabilities. Among people with disabilities in Wisconsin's Long-Term Care system (Family Care/IRIS) only 11.4% are working in competitive-wage jobs, and 72% are not working at all.

Tony Evers (D): Absolutely. The National Collaborative on Workforce and Disability for Youth (NCWD) reports that the value of a work experience, whether paid or unpaid work helps students acquire jobs at higher wages after they graduate; and promotes students who participate in occupational education and special education in integrated settings to be competitively employed more than students who have not participated in such activities. As governor, I'd use my experience and knowledge from my time as state superintendent to leverage existing programming and bolster the interagency work that can create seamless transitions for students as they enter the workforce. Under my watch, we've managed twenty-four project SEARCH sites across Wisconsin that provide students with disabilities new opportunities for employment experience, and graduation rate improvement planning tools that support district improvement plans to increase general education

participation, engagement in career and transition planning, collaboration with vocational rehabilitation and other transition partners, and supporting community work experiences for students with disabilities. I'm proud of this work, and would leverage this as a starting place to continue expanding upon as governor, particularly in rural areas.

Matt Flynn (D): I believe it is better for people to have the dignity and independence that comes from employment and we should support those with disabilities who seek it. It benefits the people working and the employers. There is no reason we cannot improve the unemployment rate drastically. Obviously the solutions for this challenge vary depending on the disability. Among the policies that will help are an investment in broadband internet access and public transit for those with limited mobility and greater support for mental health services (including addiction).

Mike McCabe (D): Yes. Employment should be made a priority within the universe of Family Care programs. How would you address the high unemployment rate of this population? I would focus on strengthening and expanding innovative work inclusion programs that have been successful in various communities in Wisconsin. To cite just one example, the Medicaid Purchase Program (MAPP) is a Medicaid program for people with disabilities who are working. MAPP has a higher income limit than other Medicaid programs so that people who are disabled and working can still get medical coverage. There are premiums under the program for those with incomes above a certain level, but the premiums go up very quickly and get very high right away, discouraging participation. I would work to revise MAPP's premium structure to make it more equitable and encourage people on SSDI who want to work to be able to obtain employment without losing their benefits.

Robert Meyer (R): I support integrated employment as the preferred outcome and as governor I will promote and advocate the hiring of working age people with disabilities to employers throughout our economy. I will also advocate to fully fund the regional Workforce Innovation and Opportunity Act plans.

Kelda Roys (D): I support integrated employment as the preferred outcome for working adults, and when I am Governor, Wisconsin will do better to ensure that people with disabilities will be employed in integrated jobs of their choosing in the community. All citizens should have the opportunity to earn income, to achieve greater stability, and financial security. Employment helps people achieve independence, economic self-sufficiency, and better health. I will champion programs that expand employment opportunities for individuals with disabilities, and programs that pay fair wages for that work. As Governor, I will make Wisconsin a leader in employment and work accommodation programs for disabled individuals, including finding ways to ensure that our public sector is providing training and hiring opportunities for Wisconsinites with disabilities.

Kathleen Vinehout (D): Yes, I support integrated employment as the first and preferred outcome of all working age citizens. I am deeply disappointed to hear story after story of folks who want to work, have been working and lost their job coach or supported employment opportunity because of funding cuts. These cuts will be restored under a Governor Vinehout Administration. We must improve the services, opportunities and supports of those who need extra help to stay employed. We also must improve transportation, an issue addressed below.

#5 Improving Transportation: How will you improve accessible and affordable transportation—including shared rides, public transit, and commuter options—for people with disabilities?

Background: People with disabilities are not able to get where they need to go on their schedule, and transportation is identified as their number one concern. Community employment, staying healthy,

and independently taking care of personal business depends on reliable and routine access to transportation, yet there are significant gaps in transportation services for people with disabilities throughout Wisconsin.

Tony Evers (D): In one of his first acts as governor, Scott Walker reneged on a massive plan to overhaul our public transit system, leaving millions on the table, and leaving so many Wisconsinites without options that could have improved their lives and livelihoods. I didn't agree with it then, and I still don't today. Strong public transportation systems, ride shares, and options for commuters are cost effective ways to ensure our citizens are not limited in their personal and professional goals. We need to catch up to places that have invested in mass transit. Getting folks working in Wisconsin is important, and a wealth of transportation options helps to create conditions that allow this to happen. One of my top priorities as Governor is to work with Republicans and Democrats to find a long-term solution to how we fund our roads. Governor Walker has consistently dropped the ball on this issue – drawing a line in the sand is not leadership. I will work to stabilize these resources so we can make the investments we need in public transit. The privatization changes made to the non-emergency medical transport program in the past have been catastrophic. There's been little accountability, increased inconsistency and frankly, flat-out unacceptable incidents of Wisconsinites being left at appointments or simply not picked up whatsoever. This will not be tolerated by an Evers Administration.

Matt Flynn (D): We need to expand access to public transportation and create new options for those who need it. This goes farther than just the major cities, as in more rural areas transportation is even more limited. We need to explore new ideas and find different ways to provide access to transportation.

Mike McCabe (D): Lack of access to transportation is a big problem in both rural and urban areas. Being from a farming background and having lived in a remote rural part of the state for two decades, I know how difficult it is for many rural residents, especially ones with disabilities, to make it to appointments and access medical treatment and other services. The problems are somewhat different in urban settings, but no less severe. One part of the answer is changing the priorities in state transportation policy. For years the state has made road building the priority to the detriment of mass transportation. Mass transit needs to be made more of a priority in terms of funding. Another part of the answer is to allow the formation of Regional Transit Authorities so communities can plan together and collaborate on meeting the transportation needs in their areas. The state enacted a preemption law preventing the development of RTAs. This law is among more than 130 state laws made just since 2011 taking away local decision-making authority. The law banning RTAs and other intrusions on local control should be repealed. Communities need to be given the ability to meet the needs of local residents.

Robert Meyer (R): I will advocate for the creation of Regional Transportation Authorities throughout the state.

Kelda Roys (D): Limited access to transportation has consistently been identified as a priority issue for people with disabilities across our state. Most people with developmental disabilities in Wisconsin neither drive nor own cars, and many Wisconsinites with disabilities rely on the bus system and taxi services to maintain their independence and employment, and to engage in their communities. There are many facets of transit I will work to improve as governor. Recent budgets have failed to make meaningful investments in public transportation or increase funding for transit that serves people with disabilities and their caregivers. I will seek appropriate funding for transit, so people can get to work, medical appointments, and community supports. This is vital not only for persons with

disabilities, but also direct care providers and their ability to get to work. I also support regional transit authorities, allowing communities to plan for and serve the current and future needs of their residents.

Kathleen Vinehout (D): Several policies must be put in place as soon as possible. First, the Non-Emergency Medical Transportation system is in dire need of repair. I support a public system rather than the private system in place now. I have long advocated for change and worked with my colleagues to propose changes to this system and comply with the NEMT audit recommendations.

See a proposed bill Representative Barca and I wrote here:

<https://docs.legis.wisconsin.gov/2017/related/proposals/sb865.pdf>

See my comments on some of the problems with the current system here:

<https://www.kathleenvinehout.org/audit-shows-riders-received-poor-services-elderly-and-disabled-stranded-when-company-did-not-deliver-rides>

Second, the state needs to adequately fund public transit. This is something I will propose in my first budget. Transit is woefully underfunded by the current governor. As a result, many communities were forced to cut vital services. Third, as Governor, I will support alternatives to driving including the support of high speed rail.

#6 Addressing the Workforce Shortage: What steps will you take to address the community-based direct care workforce crisis so that people have access to personal care and home health workers?

Background: There is a crisis-level shortage of community-based direct care workers in Wisconsin. These workers (personal care, home health) are essential for people with disabilities and older adults to lead safe and healthy lives in the community. Community-based direct care workers also prevent unnecessary hospitalizations or re-admissions, which helps reduce health care costs. The worker shortages in nursing homes and hospitals has received attention, however, similar investments are needed in the community.

Tony Evers (D): Much like the teaching profession, the community-based direct care workforce is critical to the health and well being of our communities, yet also suffers from low wages, high turnover and shortages. I believe that our educators and health care workers are the backbone of any strong economy, and as such should be given the respect that is often afforded to CEOs and other economic powerhouses. In addition to the critical job that direct health care workers do and the support and care they provide to a vulnerable population, we also know that people move for good schools and good healthcare so keeping these sectors strong is a long term strategy for economic sustainability. To help to support this profession that supports so many, we need to train folks well, pay them what they are worth, and treat them with the respect and dignity they deserve. It's just not rocket science.

Matt Flynn (D): As governor, my agenda will be to add more integrated services that incorporate a wide range of treatment options. To treat patients effectively, providers must rely on many options to create the best treatment approach for each individual patient. There is not a single form of treatment that works for everyone. Facilities with multiple options allow collaboration to create a plan that works for each patient without needing to access treatment from multiple locations. This creates the consistency of care that patients and providers need. We also need to improve access to physical treatment options and encourage greater investment in telemedicine. New communication

technologies allow patients and social workers to speak with medical professionals remotely, allowing them access to specialists they would otherwise have to travel to see. This way patients can get the care they need without the often-impossible task of moving to a treatment center.

Mike McCabe (D): Providing personal care and home health care is very challenging and difficult work and the pay is abysmally low. That leads to staff turnover and unfilled positions as well as inadequately trained workers, all of which badly undermines service quality. This is why I feel so strongly about increasing Medicaid reimbursement rates. We need to fund these jobs so high-quality workers stay can choose to stay in the field and care for others rather than going to work at the local fast food restaurant just to make ends meet. It's also why I am committed to turning Wisconsin's minimum wage into a true living wage. I support increasing Wisconsin's minimum wage to \$15 an hour over the next five years. Turning the minimum wage into a living wage will have ripple effects up and down the wage scale, also boosting wages for those currently earning above the minimum.

Robert Meyer (R): I support any investments to address this challenge that make sense to include by not be limited to broadening the labor pool, funding career lattice mechanisms, and increasing the minimum wage.

Kelda Roys (D): As Governor, I will ensure that all direct care workers – including those who provide home and community-based care – are paid a fair wage, and have access to a meaningful career pathway. Wisconsin is experiencing a direct care workforce crisis that our current political leaders have failed to address. A recent survey indicated that 85% of Wisconsin residents with disabilities cannot find enough direct care workers to meet their needs. Investing in our caregiving workforce will lead to improvements in the health and quality of life for Wisconsin's older adults and people with disabilities, provide much-needed respite for family members who are also providing care, and strengthen our economy. Direct care workers are overwhelmingly female and women of color and they work for appallingly low wages, with few benefits and little training. As Governor, I will work with stakeholders to develop a Direct Care Workers' Bill of Rights that not only protects the health, independence, and well-being of their patients, but provides these important workers with increased training and advancement opportunities, benefits like paid leave, and protection from harassment and mistreatment.

Kathleen Vinehout (D): We have a crisis in long term care workers because the state has not raised wages for a very long time. In the current governor's last budget, he proposed a modest 2% increase in wages, which is no more than Election Year pandering. The last time wages were increased was a very modest 1.5% increase ten years ago!! (Budget for Fiscal Years 2007-2009). I will increase wages and this will help ease the shortage. I showed in the alternative I wrote to the governor's budget how to do an increase of 4% to at least get wages near to where they are in Minnesota. I wrote alternatives to each one of the governor's budgets to show how to make changes to put People First.

#7 Expanding Mental Health Systems and Supports: How will you expand Wisconsin's system of community-based mental health services and supports for adults and children? How will you help those suffering from serious mental illness live as independently as possible?

Background: An estimated 21% of Wisconsin's children have a mental illness. Some children receive mental health services through other public systems or through private insurance, but a treatment gap of about 34% remains. An estimated 18.44% of Wisconsin adults (807,000) have a diagnosable mental illness. An annual average of about 360,000 adults aged 18 or older with any mental illness (45.2%) from 2011 to 2015 received mental health services.

Tony Evers (D): We need to get better at recognizing when our students are struggling with their mental health, so I would commit to ensuring all educators have the ability to recognize the signs and symptoms of mental illness, and know how to access help for that student. We have talented pupil services providers in our schools, and I would support an increase in their availability throughout the state to provide direct mental health services to kids and families. We have a huge provider shortage across Wisconsin when it comes to mental health and it something we must tackle head-on. There are counties in northern Wisconsin where there is not one single mental health provider in their community. Not one. Rural Wisconsinites are not second class citizens and shouldn't be treated as such. We as a state have the responsibility to make sure people get the care they need. We should be investing in TAD, not locking more people up in our prisons, we need to increase our mental health services in our schools, we need to make sure those battling opiate, meth and alcohol addiction have adequate resources in their communities. The ripple effects are substantial and can be felt throughout Wisconsin. We must address this now.

Matt Flynn (D): Mental health spending in Wisconsin ranks near the bottom nationally. I'll change that. By accepting all Medicaid funding and providing a "BadgerCare for All" public option, we will increase overall access to health care. I will work with the legislature to increase the priority of mental health among the services in these plans. With that, health insurance must cover all mental health services as well as new community-based methods. I will add more integrated mental health services that incorporate a wide range of treatment options for people suffering from behavioral health disorders. On top of that, I will push for more funding for our UW System. The research and health care training they do is invaluable to us. Our state universities are training the next generation of health care and mental health providers. Finally, we must recognize that people suffering from mental health issues, including addiction, do not belong behind bars. It is a terrible waste of resources. Not only does it cost more to keep a person locked in jail than in a treatment center, it ignores the fundamental problems of mental illnesses. As governor, I will push for more treatment options for non-violent offenders with mental illness, as opposed to incarceration.

Mike McCabe (D): Here again, part of the problem is that the Medicaid reimbursement rate for these services is so low. That has to be addressed. It is especially difficult to get mental health services in rural areas. There also is a shortage of psychiatrists. Another dimension of the problem is that Wisconsin largely handles mental health through its corrections system rather than through its health care system. Wisconsin needs to do a complete about-face in its thinking and we have to commit ourselves to a very different approach to both mental health and crime and punishment. My goal is to cut Wisconsin's prison population in half. This is a realistic and achievable goal because Minnesota imprisons roughly half as many people as Wisconsin despite the fact that the two states have very similar populations and virtually identical crime rates. Imprisoning twice as many people as Minnesota has not resulted in less crime in Wisconsin, but it does doom us to a state budget that spends more on prisons than on our entire university system. Minnesota has a much smaller prison population because it makes far greater use of alternative approaches to sentencing, particularly for nonviolent offenses. It also focuses more on mental health and drug treatment, zeroing in on the underlying causes of the behavior that Wisconsin addresses through its state corrections system and Minnesota deals with much more creatively and constructively.

Robert Meyer (R): Again I would accept the complete expansion of Medicaid and my focus is on growing the Wisconsin economy so that we're in a position to fund essential programs like these.

Kelda Roys (D): As governor, I will support increased funding for county and local governments to

provide this care and wraparound support services. A robust public health framework that includes mental and behavioral health is needed so that individuals living with mental illness are not primarily “served” through the criminal justice system. I will increase supports for psychologists and social workers in schools, because every high school and middle school should have a dedicated mental health professional to serve the needs of students. I will also support initiatives for schools to partner with local agencies to help provide services at school sites, using a community school model. My mom is a mental health professional, and she helped to pioneer an innovative program to serve adults experiencing a mental health crisis, called the Crisis Home Intervention Program, through the Dane County Mental Health Center. When individuals needed more intensive support, rather than being hospitalized, they would stay with us, in our home, participating in our family, while my mom acted as their mental health care professional. This highly effective, compassionate, and affordable model was studied and replicated by agencies all over the world. We need that kind of community-based, innovative support for people who need mental health services. Wisconsin can be a leader again.

Kathleen Vinehout (D): As Governor, I will accept the Medicaid expansion money, cover 79,000 more people with Medicaid and use the cash freed up in the budget – because the feds will cover people the state now pays to cover – to invest in a community-based mental health and addiction recovery system.

I showed how to make these changes in the alternatives I wrote to Governor Walker’s budgets. Wisconsin must establish a network of community-based mental health and addiction recovery services. These services include group homes, sobriety houses, and peer support facilities to mention a few options. The new Secretary of Corrections recently told the Audit Committee, as we approved a comprehensive audit of DOC, that an astounding 81% of women incarcerated have a mental health condition. Seventy percent of inmates, struggle with addiction issues.

Minnesota is way ahead of us in this regard and it is one of the reasons that state has less than half of the people incarcerated than Wisconsin does. Minnesota is known as the Land of 10,000 treatment centers. We need to be known as the Land of 15,000 treatment centers.

Providing alternatives to incarceration for those suffering from mental health issues also includes fully funding the Treatment Alternatives and Diversion program (TAD) that provides money to locals to use for such services as Mental Health Courts. Again, I showed how to fully fund this program in my alternative budgets I wrote (with \$20 million compared to the meager \$2 million the current governor provided).