



Survival Coalition

of Wisconsin Disability Organizations

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SURVIVAL COALITION 2023-2025 BUDGET PRIORITIES

ADULT LONG TERM CARE BUDGET RECOMMENDATIONS

Family Caregiving

- Create an employee-funded state insurance fund to offer paid Family and Medical Leave for part time and full-time employees.
- Expand who can use Family and Medical Leave (FMLA) to include grandparents, grandchildren, and siblings.
- Establish a family caregiving tax credits.
- Increase respite funding throughout Wisconsin.
- Investigate how many hours of care are being provided by family members or are unfulfilled due to lack of paid service providers.

Long Term Care Waiver Programs

- Ensure all increases to Direct Service Professional and Personal Care rates cover workers across all HCBS waiver programs (CLTS, IRIS, Family Care). Workers should be compensated equally, and funds should be distributed to support workers and participants regardless of the program they are in.
- Ensure rates for services for children with significant complex needs follow them from the CLTS system to adult LTC. Although the individuals needs have not changed, rates for services can be up to 50% lower in the adult versus children's system making it impossible to retain workers.

Protecting People's Rights and Responding to Abuse and Neglect

- Increase funding for Adult Protective Services to account for increasing reports of abuse and neglect of Adults and Elders at Risk.
- Provide funding for stakeholders to develop required Guardian training and funding to increase the capacity for the Guardianship Support Center to provide technical assistance to families and others about guardianship and alternatives to guardianship.
- Increase oversight for 1-2 bed AFH's.

- Expand Elder Abuse Helpline to cover all ages and increase funding to accommodate increased call volume and conduct a public awareness campaign.
- Funding for DOJ to use their expanded Medicaid Fraud Control Units (MFCUs) authority to detect, investigate and prosecute Medicaid patient abuse in non-institutional settings and increase the ability to screen complaints or reports alleging potential abuse or neglect

Planning to move on from Institutions

- Plan for closure of state Developmental Disability Centers and make sure people can be supported in their own homes in the community.

CHILDREN’S LONG-TERM SUPPORTS (CLTS) BUDGET RECOMMENDATIONS

- Permanently end the wait list for children with disabilities needing long-term supports and services by providing “sum sufficient” funding for all eligible children in the base Medicaid budget. Children with disabilities are the only Medicaid eligible population waiting for access to a Medicaid program due to lack of funding. The CLTS benefit language should be consistent with the legislative and administrative commitment to adults with disabilities located at HS 10.36 Eligibility and entitlement.
- Families struggle daily to navigate complex systems such as health care, long-term supports, education, community resources, and Medicaid. The lack of information and support can lead to family crises like lost jobs, lost opportunities for child development, and lost economic stability. Provide permanent funding and direct DHS to establish a statewide Disability Resource Center for Children and Families so families know where to get help and can get the help they need. DRCCFs will provide a central point of contact, information, and staff families can talk with to get help navigating complex. A statewide DRCCF includes a single point of contact for:
 - Information, assistance, and resource navigators to help families find available community resources, programs, and services.
 - Children's disability benefits specialists.
 - Advocacy services for children.
 - A front door to eligibility determination for CLTS programs including Katie Beckett and CCS.

WORKFORCE BUDGET RECOMMENDATIONS

- Make investments that sustain Wisconsin’s HCBS ARPA funded projects beyond March 31, 2024, to include:
 - Increase rates for all HCBS direct services by 25%, to address immediate ongoing unmet funding need in all service areas.

- Include funds as identified by HCBS ARPA funded actuarial firm to ensure future WI HCBS service access and stability.
- Create provider and IRIS participant contract language that demonstrates how rate increases will directly benefit direct care worker wages and benefits.
- Fund Wisconsin statewide HCBS direct care professional registry to include career ladders and portable certifications that stabilize and advance the quality of the direct care workforce.
- Create a plan to consolidate and end services offered by Central Wisconsin Center and Southern Wisconsin Center WC and SWC so that those funds can be reinvested into WI HCBS services.
- Continue funding of WI Department of Children and Families Partner Up Grant program with update to specify priority to home and community-based service providers in Wisconsin. The grants support partnerships between local home and community based direct service providers and regulated childcare providers. Funding would be used to reserve childcare slots for local business employees, improve the quality of a childcare program, and stabilize the long-term care workforce.
- Invest in supports for family caregivers who are filling in the gaps when the service system fails, to include:
 - Support a family caregiver tax credit to reimburse family caregivers for some of their out-of-pocket expenses related to caring for their loved one.
 - Expand Wisconsin's Family and Medical Leave Act to include grandparents, grandchildren, and siblings. Expansion to include these family members better reflects current caregiving relationships.
 - Alternatively - create a [Wisconsin Family and Medical Leave Insurance](#) program to improve the health and economic security of working family caregivers by providing access to paid leave when time away from work is needed to deal with a serious personal or family illness, or to care for a new child yet.

EDUCATION BUDGET RECOMMENDATIONS

- **Special education categorical aid:** Increase special education categorical aid reimbursement rate to 90% for public schools; Wisconsin funds at least 90% for students in the Special Needs Scholarship Program.
- **Mental health:** Expand categorical aid funding for school mental health staff to \$30 million/year and expand to include school counselors, psychologists, and nurses as well as social workers. Support and incentivize school districts to redirect funding from school policing to pupil services staff. Increase community and school collaborative mental health grants from \$10 to \$15 million annually.
- **Transition readiness:** Increase the transition readiness grant from \$1.5 million to \$4.5 million annually to prepare students with disabilities for community employment and independence after high school.

- **Special Needs Scholarship Program:** Increase accountability for private SNSP schools to a level comparable to that required of public schools by the Individuals with Disabilities Education Act (IDEA), including a complaint and enforcement mechanism and robust data collection. Limit the special needs scholarships to currently-enrolled students with no new admissions.

TRANSPORTATION BUDGET RECOMMENDATIONS

Budget Recommendations as Extension of WINDAC work

- **Innovative Pilots to improve regional connectivity.**
 - Analysis and development of recommendations for funding and incentive structures for county and local jurisdictions to create **sustainable regional transportation capacity** that meets performance metrics needed by non-drivers. Build ability to link systems together.
 - Support and evolve **Volunteer Driver programs**. Many state programs and services rely on volunteer drivers but there is a statewide shortage of them as well as paid drivers.
 - Establish statewide unified effort to recruit volunteer drivers, centralize background checks, scheduling, and coordination to connect volunteers to non-drivers who need rides.
 - Analysis of current volunteer mileage reimbursement, insurance factors that may limit volunteerism, and develop recommendations on payment structure that would meaningfully incentivize willing drivers to volunteer to take non-drivers needing rides.
 - Development of standard volunteer training on disability specific etiquette, handling accessibility equipment, and best practices on pick up and drop off practices to get older adults and people with disabilities safely to their destinations.
- **Leveraging ARC GIS Non-driver Mapping Tool**
 - Establish position authority and technical assistance funding to support local municipalities adding and updating datasets
 - Leverage non-driver mapping tool to include volunteer driver layer.
 - Technical Assistance Grants to municipalities to build pedestrian feature datasets and upload them to non-driver mapping tool.
 - Planning Grant for regional planning councils, transportation, and urban planners for training on applicability and utilization of the non-driver mapping tool.
- **Audit state statute and state agency processes** that require in-person appearance with analysis of whether virtual/telephone/online interactions could be used to save non-driver trips. Ensure any state identification requirements consider State IDs and Drivers Licenses equivalent.

- Create state grant program to help communities install **accessible pedestrian signals**. (\$200K GPR per year). Federal funding is limited, but the need is great. Each intersection upgrade can cost between \$4-\$8K).
- **Public Transit**
 - Create a Non-driver workforce mobility innovation fund to financially incentivize public transit systems to increase capacity (routes, hours) from residential areas with higher concentrations of working-age nondrivers to major employer and business districts. Leverage non-driver mapping tool to establish award criteria, with specific emphasis on expansion from urban to suburban and rural areas.
 - Request Pay for Performance fund to award additional funding to transit systems demonstrating improved performance that addresses non-driver needs. Implement Non-driver Performance Metrics pilot across all transit systems.
 - Create infrastructure replacement and equipment maintenance to improve stability and sustainability of existing transit systems.
- **Existing programs**
 - Pilot non-driver performance metrics for Wis. Stats. 85.21, 85.215, 85.22, 85.23, 85.25 and 53.10 programs.
 - Conduct analysis of number of requests for rides compared to number of rides provided to calculate formula funding increase request for Wis. Stats. 85.21, 85.215, 85.22, 85.23, 85.25 and 53.10 programs.
 - Conduct analysis of WETAP/Mobility Management program to calculate funding increase needed to fund all requests at 100%. Currently most grants are funded at ~60%.
- **Improve accessibility and general access to DMV locations**
 - Make robust use of the accessibility checklist disability advocates provided. This could include sharing the list with site supervisors, especially on state-owned properties and setting expectations towards meeting the items on the list.
 - Set up an audit program of sites, similar to the polling place audit program used by the Wisconsin Elections Commission. WEC's audit program looks at sites owned by the municipality and those that are under other jurisdictions. After the audit, the site managers receive notification of issues that require a remedy and may receive resources to mitigate the issues.
 - Create a plan for reduction of accessibility issues over the long-term, similar to that created by WisDOT related to reducing the number of years required to fix identified accessibility issues for vulnerable users.
 - Increase DMV access with expanded hours of operation.
 - Increase DMV access through new locations in urban and underserved areas, working with regional planners to place locations in areas readily accessed by public transportation.
 - Consider options for satellite and mobile sites to expand access to DMV.

EMPLOYMENT BUDGET RECOMMENDATIONS

- Direct DHS to develop a One-Time Provider Transformation Fund to support employment service providers in the state's long-term care system to increase community employment. Providers would be selected through a competitive process and must meet sustainable, measurable outcomes that move people who have shown an interest in working in integrated employment into competitive-wage community jobs.
- Direct DWD and DHS to further develop remote employment opportunities and determine a process for data plans, telephones and computer equipment for people with disabilities to pursue remote opportunities or to start businesses.
- Direct DWD to establish a grant or project opportunities for employment service providers to:
 - Offset losses during the pandemic and address the slow recovery of revenue;
 - Increase wages and benefits to workers providing vocational supports and services;
 - Support efforts to recruit and retain employees including people of color, tribal members, people with disabilities and people in rural and urban areas;
 - Offset increased travel and other costs affected by fuel and other cost increases.
- Direct DWD and DHS to create a transportation initiative that focuses on challenges workers with disabilities face when trying to get to employment locations. This should include funding transportation for new workers in the first month of employment, opportunities for ride share or use of transportation services such as Uber or Lyft where available, and efforts to subsidize transportation costs when these exceed usual and customary costs for transportation.
- Direct DOA to adopt a State as Model Employer initiative to intentionally hire within all facets of state government and eradicate modernize outdated practices, such as the State Use Contracts that prioritize purchasing from companies that employ workers with disabilities at sub-minimum wage.
- Now that legislation has passed (2/7/2022 SB158) to study ABLE accounts in Wisconsin¹ the Governor's budget or the DFI budget should include \$250,000 for a campaign to educate people with disabilities and their families regarding the use of ABLE accounts in

¹ ...study to examine the advantages and disadvantages of the following options in establishing a Wisconsin ABLE program for this state's residents: 1) DFI establishes and administers the ABLE program; or 2) DFI enters into an agreement with another state, or with an entity representing an alliance of states, to establish and administer the ABLE program. The study must include review and evaluation by DFI of certain matters, including each option's potential costs; the impact of each option on Wisconsin residents' program choice, tax benefits, and account fees; and ABLE programs offered by other states. DFI must report to the legislature the results of the study, including DFI's findings and recommendations, by approximately six months after the bill's effective date.

Wisconsin. Further, any other funding necessary to implement the recommendations should be included in the budget. Regardless of the outcome, all state agencies should collaborate to promote and integrate the use of ABLE accounts across all programs for all eligible people with disabilities, particularly working age adults to earn and save more funds.

- Direct DWD to establish a designated program to provide free training at technical colleges to increase the number of people trained to become direct support professionals.
- Direct DWD to create a Worker Training Grant program (Fast Forward) accessible to Home and Community Based employers by eliminating 50% cash or in-kind employer match and starting wage restrictions.

MENTAL HEALTH BUDGET RECOMMENDATIONS

- *Limited access to community based mental health treatment and supports has resulted in people with mental illness being placed in costly out of home and institutional settings, or confined in jails or prisons. 49 of Wisconsin's 72 counties are designated as "mental health professional shortage areas". Access to psychiatric services is at a crisis point in much of the state; the shortage of child psychiatrists is particularly acute. Access to mental health care is especially problematic for people covered by Medicaid, and extremely severe in rural areas.*

Note: In addition to DHS, DRW will be sharing additional mental health recommendations with other departments including the Department of Corrections, Department of Justice, and Department of Public Instruction.

- **Regional Crisis Centers**
Wisconsin's current mental health crisis system is lacking local resources. When an individual has a mental health crisis, many communities do not have local resource available to evaluate and support the person in crisis. Because of the lack of local resources, law enforcement often must transport individual experiencing a mental health crisis across the state to Winnebago Mental Health Institute, far from their family and support system. This process is traumatizing for the person in crisis, costly, and is a major drain on law enforcement resources. Establishing a network of regional crisis centers and will provide an alternative to the current costly and traumatizing process, and allow the person in crisis to be assessed and supported closer to their home and to their natural supports. This should include initial funding to establish the program, and an annual sum certain appropriation. Strong stakeholder involvement will be important to ensure that this model is successful.

- **Youth Crisis Stabilization Facility**

Sometimes youth experiencing a mental health crisis need a short term stay out of the home for stabilization. Youth crisis stabilization facilities in Wisconsin can provide residential supports and services in a small facility of no more than eight beds. This can occur before a youth reaches the point of meeting criteria for an emergency detention or commitment order. Using a youth crisis stabilization facility can avoid more costly and restrictive interventions like a psychiatric hospital placement. While youth can be at the facility for up to 30 days, most of the placements last only a few days. Wisconsin has 2 such facilities currently and DRW recommends funding at least one additional facility

- **Longterm Care Members and Mental Health Needs**

The state's long term support system is lacking in crisis resources for people experiencing mental and behavioral health challenges. The managed LTC system does not have sufficient incentives to develop these resources organically. Right now the default support is the emergency room or the Winnebago Mental Health Institute, neither of which are appropriate for people with IDD or for people with other mental health conditions that do not require that extreme level of intervention. Funding to create system of subacute respite facilities and nimble crisis response teams would ensure more appropriate and humane care and be far less expensive to the health system.

- **Children's Ombudsman Advocacy Program**

Establish a statewide Children's Ombudsman Advocacy Program that will ensure that a trained advocate is available to provide advocacy and navigation support to any family involved with children's long term support programming (CLTS, CCOP, etc) and mental health programs (Comprehensive Community services, CST, and WRAP).

- **Family Resource Centers**

Just like adults, children and their parents need access to a Resource Center that is knowledgeable about programming and other resources related to children's mental, behavioral, and physical health. Resource centers will provide accurate and comprehensive information and assistance, and benefits specialists as well as navigators to help families access resources already available in their health, community, and school systems. Creating several regional Family Resource Centers staffed by trained navigators, children's benefit specialists and outreach staff would begin to fill this critical need.

- **First Episode Psychosis**

Individuals with a mental illness that includes psychosis, often experience their first episode of psychosis between 15 and 25. It can be very confusing to experience this and often scary for the young person. Coordinated Specialty Care with a team approach that helps the young person and their family quickly get any services and supports they need for recovery, is a model that has been very successful in Wisconsin. Prompt and appropriate treatment helps individuals do better in their personal lives including at

school or work. Some counties have done very well providing this Coordinated Specialty Care for those experiencing a first episode of psychosis, but many additional counties could provide this important mental health service with additional funding. DRW supports additional funding for grants to counties to be better able to provide the additional supports and services individuals experiencing a first episode of psychosis need.

- **CLTS Funding**

Investments in the biennial budget have allowed Wisconsin to move forward with ending the wait list for children and families needing long-term supports and services. DRW recommends DHS make this commitment to all newly eligible children by changing the way this is funded in future budgets and including CLTS funding in the base Medicaid budget.

- **Access to Mental Health Services for Deaf, Hard of Hearing, Deaf Blind**

DRW supports efforts by the deaf community to allocate funding to increase access to linguistically and culturally appropriate mental health services for deaf, hard of hearing, and deaf blind individuals.

- **Dialectical Behavioral Therapy (DBT)**

Dialectical Behavioral Therapy is an intensive outpatient mental health treatment that is evidence based and has been shown to be effective in treating people who are at risk of suicide. The number of suicides in the U.S. has increased from 29,312 in 2000 to 47,168 in 2017², representing about a 35% increase (from 10.4 to 14.0 per 100,000). In Wisconsin, our statewide suicide rate has increased even more, by 40%. The number of suicides has gone from 588 deaths in 2000 to 918 deaths in 2017. The suicide rate in Wisconsin has consistently been above the national suicide rate. DRW supports the Wisconsin Council on Mental Health proposal to support DBT services in Wisconsin, which includes the following:

- Create an intensive mental health outpatient treatment benefit for individuals at chronic or marked risk of suicide.
- Review and edit current administrative rules around DBT, including the provision of rulemaking authority to the DCTS
- Enhance Medicaid reimbursement for individual treatment, group treatment, coaching and consultation groups within the DBT service benefit to adequately cover costs. Medicaid would activate new billing codes, offer provider guidance and/or training, and possibly submit an amendment to the Medicaid State Plan.
- Delegate \$450,000 for creating and enhancing the infrastructure within DHS to develop criteria and a review process to assure that providers are qualified to deliver these services and to assure that intensive outpatient services are only provided when

² Data sources: Resident death certificates, Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services, 2000–2017. Mortality data from the National Vital Statistics System (NVSS), 2000–2017, retrieved from: <https://wisqars-viz.cdc.gov:8006/>

medically necessary. We would request this funding is ongoing in future budgets (i.e., put in the base budget). Delineation of funds within this request would include:

- Additional staffing or contracted resources
- Staffing resources within and/or contracted by DHS of a content expert to provide and coordinate provider training, advise about regulatory and statute revisions, program enrollment, potential prior authorization processes, on-going certification, and monitoring compliance.
- A data analyst (staffed or contracted) who can measure and analyze outcomes that track progress toward projected outcomes. There may also be potential value of a Medicaid data review of high-cost service utilizers that could benefit from DBT (if enrolled).
- Dedicated money for both outside consultation by recognized DBT expert(s) and ongoing training to assure the sustainability of the service (e.g., by supporting the behavioral health workforce and reducing turnover).

Real Lives, Real Work, Real Smart, Wisconsin
Investing in People with Disabilities