

2021-2023 Biennial Budget and Policy Priorities for Wisconsinites with Disabilities

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Disability Rights Wisconsin asks policy makers to support the following priorities for Wisconsinites with disabilities. These programs and services are vitally important to Wisconsin adults and children with disabilities and support opportunities to live, work, learn, and enjoy life in the community.

Education

Children with disabilities have experienced an erosion of quality special education services due to relatively flat funding for special education categorical aid over the last decade while costs have increased significantly. The school closures due to the COVID 19 pandemic have exacerbated the problems of inadequate special education funding and increased the need for such services.

DRW Recommends:

- During the COVID 19 related school closures, students with disabilities have suffered even greater losses than their non-disabled peers. They are less likely to be able to access education in the virtual environment, and special services have been very difficult if not impossible to provide remotely. They will require additional services to help them meet their educational goals. In the 2019/2021 state budget, the special education reimbursement rate was finally increased for the first time in over a decade, after reaching a historic low point.

Given current budget constraints, DRW recommends increasing special education categorical aid to bring the reimbursement rate to 40% by the end of the biennium, with the ultimate goal of reaching 60% state funding for special education over the next few biennia.

- DRW recommends increasing the funding for the Collaborative School-Based Mental Health Services Grant program by \$3.25 million, in order to support more school districts in connecting youth to needed mental health services.
- In an effort to address problems exacerbated by inequity, social unrest, and complications related to the COVID 19 pandemic, DRW recommends increasing the categorical aid to increase pupil services staff, simultaneously expanding the scope of the program to cover pupil services professionals besides social workers, including nurses, school psychologists and counselors. Given the negative impacts of school resource officers for students with disabilities, particularly students of color, we also recommend supporting school districts to redirect local funding from school policing to pupil services staffing.
- DRW recommends increasing the transition readiness grant to provide \$5 million annually to prepare students with disabilities for community employment and independence after high school.
- DRW recommends promoting and funding smaller class sizes, in order to deal both with failures to provide equity in education and changes necessitated by the COVID 19 pandemic.

Medicaid and Long-Term Care

People with disabilities rely on a variety of Medicaid programs, including MAPP (Medicaid Purchase Plan), long-term care programs, BadgerCare, Children's Long Term Support waiver and more. Children and older adults in long-term care programs rely on numerous providers to maintain their health and independence.

DRW recommends:

- Sufficiently fund all Medicaid long term care programs to ensure children and older adults in these programs have access to qualified providers.
- Increase access to health care for thousands of uninsured Wisconsinites by allowing Medicaid eligibility up to 138% of FPL. The need for this is especially imperative now, with many essential workers, especially those with disabilities who are often not covered under health insurance plans and who can have tenuous attachments to work in a poor economy, becoming seriously ill. One way to fund this and bring in a net savings of \$200 million to the state (according to a January 2018 LFB estimate) while significantly reducing spending of tax dollars would be to take immediate action to accept federal Medicaid expansion dollars.
- In Wisconsin a shortage of professional direct care workers has created a crisis for people with disabilities, older adults, and their families. Low wages and lack of benefits are key contributors to the workforce shortage. The need for direct care workers is projected to increase by an additional 20,000 workers by 2026. Implement the Governor's Task Force on caregiving recommendations.
- Improve performance measures and oversight for **Non-Emergency Medical Transportation (NEMT)** which is an essential service for Medicaid members. The current contract provides the broker with a capitated rate for the 900,000 members, regardless of utilization and quality, and is lacking incentives to ensure accountability. Performance measures should be based on service provided and member complaints. DRW recommends that DHS improve the complaint process, and engage the community, Medicaid members and providers, and any other stakeholders to provide input in the NEMT transition; this must include re-invigorating the Transportation Advisory Council.

Mental Health

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 psychiatrists is especially problematic for people covered by Medicaid, and extremely severe in rural areas.

DRW recommends:

- Maintain current funding levels and provider rates for mental health services. The public health crises of COVID-19 and racism have contributed to a growing need for mental health services and elevated the importance of improving access for communities of color.
- Provide funding for community agencies to administer pilot projects or expand current initiatives to improve delivery of mental health services to communities of color. Project criteria would include ensuring that such services are culturally and linguistically appropriate, easily accessible to

underserved communities, and facilitating access to voluntary services. People of color who experience mental health crises are disproportionately subjected to coercive and punitive responses including involuntary treatment, jail holds, and incarceration.

- Develop capacity to serve individuals who are hard-of-hearing, deaf and deaf-blind and have mental illnesses and/or substance use disorders, by providing support for deaf and hard of hearing mental health professionals to earn clinical supervision hours to obtain licenses in Wisconsin. The COVID-19 pandemic and the increased reliance on telehealth has exacerbated the access challenges for deaf, deaf blind and hard of hearing individuals to access mental health services. Wisconsin has only a handful of deaf mental health professionals. There are Deaf people who have or are working towards a master's degree in mental health or behavioral health. However, the challenge and barrier to getting licensure is getting clinical supervision that includes interpreting services. DRW supports the proposal advanced by deaf advocates through the Wisconsin Council on Mental Health.

Children and Families

Every family deserves to be supported. Families of children with disabilities need not face waiting lists, barriers, or a lack of access to advocacy services that are readily available to adults in the long-term care system.

DRW recommends:

- Extending to every child with a significant disability a system that supports their development, fosters family life, and encourages full participation in community life by fully funding the Children's Long-Term Support (CLTS) program, so all eligible children have access to needed services.
- Establishing a statewide Children's Ombudsman Advocacy Program that will ensure that a trained advocate is available to any family involved with children's long term support programming and mental health programs (Comprehensive Community services, CST, and WRAP) as they navigate these systems.
- Maintain support for the Child Psychiatry Consultation Program and continue to work towards statewide coverage.
- Invest in enhancing the development of a statewide system of care for children's mental health that has an array of effective community-based services and supports for children and their families based on wraparound principles.

Employment

Employment is an important part of life and every person who wants to work can work with the right support. People with disabilities want to work, however, publicly funded programs in Wisconsin – including schools, the long-term care system and the Division of Vocational Rehabilitation (DVR) – have not worked collaboratively to maximize use of taxpayer dollars to move people from unemployment or government subsidized employment into competitive wage jobs. People with disabilities have been disproportionately impacted by the downturn in the economy due to COVID 19. The number of working-age people with disabilities who are employed has decreased significantly during the pandemic; a 17% reduction as of May. A year ago, in 2019, 19% of people with a disability were employed, compared to 66% for people without a disability.

DRW recommends:

- Maintain and expand funding for training and technical assistance to community-based programs for the purpose of implementing Individualized Placement and Support (IPS), a supported employment program for people with mental illnesses. There are 20 counties currently providing IPS, and 24 counties that have expressed interest in implementing IPS, some waiting for more than three years. IPS would benefit by having three to five additional contracted positions to provide training, technical assistance and fidelity reviews and allow expansion into additional counties and move towards statewide access to this evidence-based program. The cost for each trainer is \$125,000.
- Despite non-discrimination laws, people with disabilities are often the last hired when businesses expand and the first laid off when businesses reduce staffing. Rises in unemployment and underemployment have a disproportionate impact on people with disabilities, creating gaps in employment for people with disabilities compared to peers without disabilities. To reduce the disability employment gaps, funds for economic development by businesses should include allocations specifically focused on hiring, retaining, and promoting people with disabilities.

Juvenile Justice and Criminal Justice

Individuals with mental illness are overrepresented in our criminal justice systems. Conservative estimates suggest that over 50% of the prison and jail population have a history of mental illness and/or substance abuse. Wisconsin youth with disabilities are overrepresented throughout the juvenile justice system. For example, DRW received data from the Wisconsin Department of Corrections in March 2016 that at least 70 percent of the then current population at Lincoln Hills and Copper Lake could be classified as having one or more disabilities; the majority having a mental health diagnosis or emotional disorder.

DRW recommends:

- Involve community stakeholders in the continued planning to close Lincoln Hills and Copper Lake and restructure secure juvenile facilities. Invest in the development of small community-based facilities with a focus on evidence-based approaches that address mental health and special education needs and will prepare youth to successfully live in the community as quickly as possible. Sufficient funding is essential to ensure safe and adequate facilities and appropriate staffing to provide ongoing comprehensive programming.
- Return 17-year-olds to the juvenile justice system and reallocate funds from incarceration of youth to invest in local community-based prevention, early intervention, and supervision.
- Complete expansion of the Opening Avenues to Reentry Success (OARS) OARS program to make program available in every county and expand capacity in those counties that have the highest need, especially those counties impacted most severely by racial inequities in access to criminal justice reentry support services. OARS has been proven to be successful in reducing recidivism by supporting citizens with mental illness returning to the community through access to case management, housing, psychiatric treatment, medication, and other assistance.
- Increase funding for mental health professionals in correctional facilities. Inmates with a mental illness may be unable to access medication and treatment due to the lack of staff to treat social services, medical, and mental health needs.

Transportation

Transportation programs are vital to an independent life in the community and allow people with disabilities to participate in their community and caregivers to provide care.

DRW recommends:

- Maintain funding to counties and tribes for transit and specialized transportation funding. COVID-19 has created increased costs for PPE and sanitation, and limited the number of passengers, to safely convey provide transportation
- Improved performance measures and oversight for *Non-Emergency Medical Transportation (NEMT)* which is an essential service for Medicaid members. The current contract provides the broker with a capitated rate for the 900,000 members, regardless of utilization and quality, and is lacking incentives to ensure accountability. Performance measures should be based on service provided and member complaints. DRW recommends that DHS improve the complaint process, and engage the community, Medicaid members and providers, and any other stakeholders to provide input in the NEMT transition; this must include re-invigorating the Transportation Advisory Council.

Self Determination

Ensure more people with disabilities retain their rights and the support they need to make choices in their lives.

DRW recommends:

- Ensure that guardians preserve their wards' rights by creating requirements that specify core topics in which all guardians of the person and estate must be trained.

Voting Rights

Ensure more Wisconsinites with disabilities can fully participate in the electoral process by addressing accessibility concerns and other barriers.

DRW recommends:

- Develop a screen reader accessible, ADA compliant absentee ballot to allow voters with disabilities, including those who are blind or low vision, to vote privately and independently. This will provide equitable access to absentee voting for voters who rely on assistive technology to vote privately and independently.
- Expand access and improve accessibility of Department of Motor Vehicle (DMV) locations as directed by Governor Evers in Executive Order 14. Many Wisconsinites who have a disability and many older adults are non-drivers; they do not have a driver's license and may not have other acceptable photo ID required to vote or for activities of daily living. While a free ID for voting can be obtained at DMV offices, access is difficult due to an inadequate number of locations and limited hours, especially in rural areas.

Housing

Many people with disabilities struggle to find accessible, affordable housing. A high percentage of those who experience housing insecurity or homelessness have significant mental health needs.

DRW recommends:

- Wisconsin policymakers should prioritize the need to develop and expand programs and policies to relieve homelessness and promote *Housing First*. **Housing First** connects individuals and families experiencing homelessness to permanent **housing** without preconditions and barriers to entry, such as sobriety, treatment, or service participation requirements.
- Wisconsin should continue to pursue a Medicaid waiver or State Plan Amendment to allow for billing of Medicaid for supportive services related to housing, with a priority on serving individuals who are homeless or experiencing housing insecurity, due to their higher vulnerability to COVID-19 and the risk of spreading the virus to others.



For more information, contact:

- Barbara Beckert at 414-292-2724 or barbara.beckert@drwi.org
- Kit Kerschensteiner at 608-266-0214 or kitk@drwi.org

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