

To: Co-chairs Senator Marklein and Representative Born, Members of the Joint Finance Committee

From: Disability Rights Wisconsin

Date: June 14, 2021

Re: Joint Finance Committee Executive Session of June 15, 2021

Thank you for your consideration of Disability Rights Wisconsin's comments regarding items to be considered at the June 15th Executive Session. DRW is the state's Protection and Advocacy system, charged with protecting the rights of individuals with all disabilities. As members of the Survival Coalition, we support the group's comments, and we write separately to emphasize certain items that we view as particularly important.

1. LFB Papers #337 & #338—Direct Care Workforce Funding and Personal Care Reimbursement

DRW Supports Alternatives A-3 in both papers. The caregiving crisis is upon us. The workforce shortage is acute. Wisconsin must make careers in caring for people with disabilities and frail elders attractive and financially sustainable. Maximum investment now is absolutely necessary if we want to maintain people in Home and Community Base Services (HCBS) and in ForwardHealth in safe environments.

2. LFB Paper #341 – MA Reimbursement – Outpatient Mental/Substance Abuse/ Child-Adolescent Day Treatment

DRW supports Alternative A-1. Mental health services for individuals experiencing mental illness or emotional disturbance have become more and more scarce over the past decades. Wisconsin is facing a critical shortage of mental health professionals and access to public mental health services is low. Overall, it is estimated that only 49% of individuals are able to access mental health care they need. Raising the reimbursement rate is necessary to attract a sufficient number of providers so that we meet the threshold number of providers required to ensure that outpatient mental health care is available. Although there was an increase in 2018, it was not sufficient to expand the ability of individuals to access the mental health and substance abuse services they need to support them in the community.

DRW supports Alternative B-1. The reimbursement rate for child-adolescent day services has not been increased since 2008. There are very few alternatives for treatment for youth who are in need of structure and intensity beyond what is available through outpatient treatment. Day treatment services enable children and youth to remain living at home while they receive intense hospital-like services. However, due to the low reimbursement rate there are not many such programs available for children receiving their mental health care through Medicaid. This rate must be increased to increase the capacity for these services.

3. LFB Paper #344—MA Dental Access Incentive Payments

DRW supports Alternatives A-1 and B-1. Access to dental services by Wisconsin's Medicaid population is incredibly difficult—which means access by people with disabilities is also incredibly difficult, since a large part of that population relies on Medicaid for health insurance. Alternative A-1 provides incentive payments to dental providers who meet quality of care standards and serve significant numbers of Medicaid patients. Alternative B-1 boosts the reimbursement rate generally to all MA dental providers. While special financial incentives and increases in dental reimbursement are not complete solutions to the access problem, they are a good start.

4. LFB Paper #346—Children's Long-Term Support Program

DRW supports Alternative A-1. It is imperative that funding for the CLTS Waiver keep pace with demand. Past legislative support has permitted the program to fund all the children and young people who are eligible for it. That support must continue if we are to avoid waitlists for these critical services. This is a matter of intergenerational equity. In 2021 Wisconsin reached the milestone of full entitlement for HCBS for the adult population. That means that as soon as an adult meets the financial and functional eligibility thresholds, they can receive HCBS services. No waiting. Kids with severe disabilities are no less needy. Indeed, having access to critical services in a timely fashion may be more important for children who are rapidly moving through the stages of early development.

5. LFB Paper #360 – Birth to 3 Program

DRW supports Alternative B-1. This alternative will expand eligibility for Birth to 3 by requiring DHS to cover any child with a level of lead in his or her blood that is five or more micrograms per 100 milliliters, as confirmed by one venous blood test. Children with high levels of lead in their systems are likely to suffer various levels of damage to several body systems, resulting in chronic disabling conditions that will last a lifetime. The effects of this exposure need to be addressed and ameliorated as fast as possible. The Birth to 3 Program is the principal program by which this can occur.

6. LFB Paper #361—Aging and Disability Resource Centers and Tribal Aging and Disability Resources

DRW supports Alternatives A-1, B-1 and C-1.

- *Alternative A-1:* ADRCs provide invaluable services to adults with disabilities and elders and are the access point for community based long term care services—Family Care and IRIS. As the Wisconsin population ages, the demand for ADRC services is also expanding. The funding of these necessary county agencies needs to keep pace with the state's demographic trends.
- *Alternative B-1 and C-1:* These alternatives relate to expanding ADRC services to members of Wisconsin's Tribes. Alternative B-1 increases funding for Tribal Aging and Disability Resource Specialist so that each of Wisconsin's eleven tribes will have its own resource specialist. Alternative C-1 increases funding for the Tribal Benefit Specialist program to add 2.5 tribal benefit specialist positions. This would bring the total number of Tribal DBSs to 5.5 FTEs. These positions service all eleven of Wisconsin's Tribes.

7. LFB Paper #370 - Regional Crisis Response System Grants

DRW supports Alternative A-1. The crisis safety net for individuals with mental illness is inconsistent across the state. There are a number of counties that have adopted a model that promotes a full spectrum of services so that the services an individual receives is “right-sized” to their needs and they are not institutionalized unnecessarily or in the alternative turned away with little or no help or support. There needs to be an investment in infrastructure that is tailored to meet the needs of the county or region it will operate in. A regional approach will also enable individuals that do end up requiring inpatient services to remain closer to home and more connected to their community providers, families and friends so that the inpatient stay is less disruptive and traumatic.

8. LFB Paper #371 – Community Based Behavioral Health Systems Grants

All the investments outlined in this paper are worthy of an investment of state GPR to ensure a sustained and ongoing commitment to mental health services for Wisconsin residents. However, there are several for which DRW would give special emphasis:

Peer-Run Respite Phone Line Support – Currently, the three peer-run respite centers that provide in-person support to individuals experiencing a mental health crisis must also answer an average of 33 calls per day from individuals seeking mental health peer-support over the telephone. There simply aren't enough staff to provide these additional services that were not part of the original funding for the centers. More staff are needed to provide an adequate level of support for the volume of in-person and phone services.

Behavioral Health – Law Enforcement Collaboration Grants – One of the major problems with Wisconsin's emergency detention system is the tendency for it to employ measures that result in the criminalization of mental illness. Collaboration between law enforcement and county mental health professionals is a critical piece to reducing the tension between law enforcement and citizens in need of mental health support. Additionally, the collaborative team approach is helpful in deflecting individuals from involuntary detention in the first place. An ongoing, consistent funding stream is needed to build capacity of these teams around the state, especially in the smaller, more rural counties that had difficulty funding the law enforcement personnel needed for this approach.

County Crisis Call Center – there is an ongoing and long-standing critical need to help individuals in crisis. Currently there is no centralized call and consultation center, and availability of staff for the county-based call system can vary greatly from county to county. A back up system is needed to fill in the gaps, especially in the rural counties to allow Wisconsin to have 24/7 capability statewide.

Deaf, Hard of Hearing and Blind-Deaf Behavioral Health Service - Wisconsin has a serious lack of mental health and substance use (MH/SU) disorder service providers who can offer accessible services that address the experiential and linguistic needs for persons with hearing loss. There are only a small handful of mental health professionals who are fluent in American Sign Language (ASL) for individuals for whom that is their primary language. If there is not an ASL interpreter available the individual is basically blocked from accessing mental health services, and even if there an ASL interpreter available, the injection of a third person into the confidential treatment relationship can create a barrier to treatment. A reliable, ongoing stream of funding is needed to support access to direct treatment from a provider fluent in American Sign Language and educated on the culturally unique challenges faced by the deaf, hard of hearing, and deaf-blind community to this critically under-served population.

Child Psychiatry Consultation Program – This funding is required to meet the statutory mandate to take the services statewide and must be ongoing and continuous, making it a poor fit for the one-time federal assistance.

9. LFB #377 - Forensic Assertive Community Treatment

DRW supports Alternative 1. The need for forensic treatment of justice-involved individuals has far outstripped the capacity of the state DHS to provide it. There are many individuals who can benefit from the services of a forensic Assertive Community Treatment program and who do not require an inpatient setting. Currently, the state is at risk of depriving justice-involved individuals of their constitutional rights to a prompt evaluation and treatment of their mental condition due to sheer lack of capacity. The incorporation of a forensic ACT program for individuals that have been found appropriate for a community-based setting would greatly increase the ability of DHS to promptly evaluate and treat these individuals in a setting that promotes their integration into the community will increase the success of the program since it helps these individuals to learn to cope with their mental illness in real-life settings they encounter.

In addition to the LFB—Full APS Funding to Support Vulnerable Adult Abuse and Neglect Investigations

DRW supports an increase in state funding in the amount of \$1.9 million to county APS agencies so they can investigate all complaints of abuse and neglect of vulnerable adults ages 18 to 60. Current law gives discretionary authority to counties to investigate abuse and neglect of vulnerable adults, while mandating investigations if the complaint relates to elder abuse. Investigations of abuse or neglect of vulnerable adults are equally important as elder abuse investigations. But counties need more resources to make those investigations possible. We also support making APS investigation of complaints regarding abuse or neglect of vulnerable adults mandatory, rather than discretionary.