

## 2023-2025 Biennial Budget and Policy Priorities for Wisconsinites with Disabilities

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

Students with disabilities have experienced an erosion of quality special education services due to lagging funding for special education categorical aid over the last decades while costs have increased significantly.



#### DRW RECOMMENDS:

- Increase special education categorical aid to 90%. After reaching historic lows, Wisconsin's special education reimbursement rate has crept upward only slightly in the past two budget cycles, leaving districts hard-pressed to meet the educational needs of students with disabilities.
- Increase the categorical aid for pupil services staff by \$18 million per year, from \$12 million to \$30 million, simultaneously expanding the scope of the program to cover pupil services professionals besides social workers, including nurses, school psychologists and counselors.
- Provide sustainable support for school mental health services through an aid program with an initial per-district allocation of \$75,000 plus a per-student aid of \$25, for a starting total of approximately \$50 million annually.
- Increase the funding for the Collaborative School-Based Mental Health Services Grant program by \$3.5 million per year, in order to support more school districts in connecting youth to needed mental health services.
- Increase the transition readiness grant program by \$4.5 million per year, from an annual \$1.5 million to \$5 million, to prepare students with disabilities for community employment and independence after high school.
- Promote and fund smaller class sizes, an evidence-based approach for improving educational achievement for students of all abilities.

## CHILDREN AND FAMILIES

Every family deserves to be supported. Families of children with disabilities should not experience waiting lists, barriers, or lack of assistance to navigate complex systems.



### DRW RECOMMENDS:

- **Children’s Ombudsman Advocacy Program.** Establish an independent statewide Children’s Ombudsman Advocacy Program to 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 (CCS, CST, and WRAP). Children’s long term support programs are administered inconsistently throughout the state. In many instances families receive incorrect information about the programs and are discouraged from applying for them. Once in the programs, families are often misinformed about the services that are covered and are denied services without being afforded their due process rights. Parents of kids with disabilities need support from knowledgeable advocates who can empower families to understand their rights and acquire services their children need to reach their full potential.
  - ▷ **Appropriate funding for a contract sufficient to fund 3-5 statewide ombudsman and 1 back-up attorney.** There are over 24,000 kids in CLTS, CCS, and CST. 3 ombudsmen would be a ratio of 1 to 8000 kids; 4 would be 1 to 6000; and 5 would be 1 to 4800. All of those are well above the ratio we strive for in Family Care and IRIS (1 to 2500).
- **Family Resource Centers.** Create regional Family Resource Centers staffed by trained navigators, children’s benefit specialists and outreach staff. 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.
- **Children’s Long Term Support (CLTS) waiver funding.** Permanently end waiting lists for the Children’s Long Term Support waiver by including CLTS funding in the base Medicaid budget. Investments in the biennial budget have allowed Wisconsin to make progress with ending the wait list for children and families needing long-term supports and services. Act now to ensure continued access to these vital support for Wisconsin children with significant disabilities.

## LONG-TERM CARE AND MEDICAID

People with disabilities rely on long-term supports, primarily funded by Medicaid, to maintain their health and independence. Due to the workforce crisis, many people with disabilities are struggling to find and retain the service providers they need to live in the community.



### LONG-TERM CARE WORKFORCE - DRW RECOMMENDS:

- Increase rates for all Home and Community Based Services (HCBS) direct services by 25%, to address immediate ongoing unmet funding need in all service areas.
- Create provider and IRIS participant contract language that demonstrates how rate increases will directly benefit direct care worker wages and benefits.
- Invest in supports for family caregivers who are filling in the gaps when the service system fails. DRW supports recommendations in the Governor’s Task Force on Caregiving report, such as the Caregiver Tax Credit.

### MEDICAID - DRW RECOMMENDS:

- Increase access to health care by immediately accepting federal Medicaid expansion dollars to insure thousands more Wisconsinites. Expansion will improve coverage for adults and children, including many people with disabilities, and reduce spending of state tax dollars. Expansion can help address the work force crisis by covering direct care workers who are uninsured or underinsured; realize savings by moving adults in state-funded health programs into expansion coverage; and reduce spending on uncompensated care as uninsured people gain coverage.

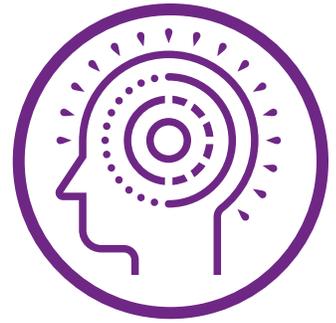
### PROTECTING PEOPLE’S RIGHTS AND RESPONDING TO ABUSE AND NEGLECT DRW RECOMMENDS:

Support BPDD Living Well Project Budget Priorities, including:

- Increase APS Funding by 38% to support the increases in reports of abuse, neglect and financial exploitation for adults-at-risk age 18-59. This would be an annual increase of \$1.9 million and \$3.8 million over the biennium.
- Increase staff at the Office of Caregiver Quality to investigate reports of abuse, neglect, and financial exploitation by caregivers in unregulated setting including 1-2 bed AFH’s and all non-residential home and community-based waiver service providers.
- Expand the Elder Abuse Hotline to include all adults with disabilities and create ongoing funding to support the hotline permanently with an annual investment of \$350,000 annually.
- Expand the Report Abuse Website to include people with disabilities. Promote the abuse hotline to the broader community of adults with disabilities, caregivers, families, and service providers.
- Implement the new federal State Medicaid Fraud and Abuse investigative authority passed in the 2022 COVID-19 bill by expanding the number of investigators to allow for additional investigations in home and community-based service settings that are not health care facilities or board and care facilities.

## MENTAL HEALTH

Limited access to community based mental health care has resulted in people with mental illness being placed in costly out of home and institutional settings or confined in jails or prisons. 59 of Wisconsin's 72 counties are designated as "[mental health professional shortage areas](#)". Access to mental health care is especially challenging for people covered by Medicaid, and extremely severe in rural areas.



### DRW RECOMMENDS:

- **Regional Crisis Centers.** Establish a network of regional crisis centers to allow individuals in crisis to be assessed and supported closer to their home and to their natural supports. Local crisis centers can provide an alternative to the current traumatizing and costly process where law enforcement often transport individuals 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.
- **Peer Delivered Services.** Increase funding for Peer Run Respite and Peer Recovery Centers to sustain current programs and allow expansion to ensure more equitable access statewide. Peer delivered services provide opportunities for people to access voluntary services to receive needed support. Peer Run Respite and Recovery Centers employ people who are living in recovery from mental health and substance use challenges to serve as a resource for adults with similar life experiences to find or sustain recovery. These services allow people to gain hope, access help sooner and reduce reliance on crisis and inpatient services, and provide an opportunity for peers to utilize their lived experience to help others.
- **Long-Term Care Members and Mental Health Needs.** Provide funding to develop a network of specialized providers to respond to adults and children enrolled in Wisconsin long term care programs who are in crisis. Wisconsin's long term support system is lacking in crisis resources for people experiencing mental and behavioral health challenges. 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 mental health conditions that do not require that extreme level of intervention. Funding to create a system of subacute respite facilities and nimble crisis response teams would ensure more appropriate and humane care and be far less expensive.
- **First Episode Psychosis.** Provide grant funding to allow additional Wisconsin counties to offer Coordinated Specialty Care for those experiencing a first episode of 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 and scary for the young person experiencing this. Coordinated Specialty Care helps the young person and their family to quickly get the services and supports they need for recovery, and has been very successful in Wisconsin.

## MENTAL HEALTH CONTINUED

- **Dialectical Behavioral Therapy (DBT).** Implement the Wisconsin Council on Mental Health proposal to support Dialectical Behavioral Therapy DBT services in Wisconsin. DBT is an intensive outpatient mental health treatment that is evidence based and is effective in treating people who are at risk of suicide. Wisconsin's suicide rate has consistently been above the national suicide rate. Offering comprehensive DBT would reduce Wisconsin's suicide rates, improve access to underserved individuals, and mitigate the current demands on our crisis, law enforcement, and hospital systems.
- **Access to Mental Health Services for Deaf, Hard of Hearing, Deaf-Blind.** Support 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.

## YOUTH 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 mental health conditions and other disabilities are overrepresented throughout the juvenile justice system.



### DRW RECOMMENDS:

- Improve access to community-based youth justice services by allocating additional resources to local community prevention, early intervention and supervision, with a focus on keeping youth in their homes whenever possible. Return 17 year-olds to the youth justice system and support counties in serving them where the resources are best to meet their needs.
- Increase efforts to close Lincoln Hills and Copper Lake and restructure juvenile facilities with the input of system stakeholders, especially youth and families that have been directly impacted by the system. Invest in 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.
- 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. It is currently available in 51 counties.
- Increase pay and/or offer other financial incentives to address the mental health work force shortage in correctional facilities. Incarcerated persons with a mental illness may be unable to access medication and treatment due to the lack of staff to treat medical, mental health, and social service needs.
- Expand eligibility for Treatment Alternative and Diversion programs (TAD) to support those who have a mental health diagnosis; current eligibility is limited to individuals with a substance use disorder. Expanding TAD to fund mental health programs would divert more people with mental health needs from jail or prison and connect them with treatment and support. TAD programs enable non-violent offenders diagnosed with substance use disorder to enter evidence based programming instead of receiving a jail or prison sentence.

## TRANSPORTATION

Many people with disabilities are non-drivers and rely on transit, paratransit, and other transportation programs to maintain their independence and participate in their community. Many caregivers rely on transportation services to allow them to provide care.



### **DRW RECOMMENDS:**

- Restore transit funding for Milwaukee and Madison to 2019-2021 levels and incorporate, at a minimum, annual inflationary increases for mass transit assistance and specialized transportation assistance for counties and tribes (s.85.20, s.85.21, and s.85.215 respectively). Transportation providers are struggling to keep up with the cost-of-service provision as a result of increased inflation (fuel, supply, staff cost increases) and need annual inflationary increase to be able to maintain existing services.
- Allocate additional funding for specialized transportation programs (Wis. Stat. §85.21 and §85.215) to fund transportation for voting related activities including transportation to DMV, clerk's office, early voting locations, and to polling sites on Election Day.
- Increase the capital and operation assistance program funding for specialized transportation (s.85.22) by 20% (\$192,000) to assist with operations, replacement or acquisition of new transit vehicles and expand mobility management services needed to meet our needs as we age. Public transit and specialized transportation are critical infrastructure for the non-driving public, economic growth, and overall quality of life.
- Develop statutory authority allowing local units of government the ability to raise revenue for transportation service needs. Local units of government are in dire need of transportation funding to be able to provide sustainable public and specialized transportation. Statutory authority is needed to permit local units of governments, collaboratively, to raise sustainable funds to provide reliable, affordable, and accessible transportation options to all.

## VOTING RIGHTS

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



### DRW RECOMMENDS:

- Expand access and improve accessibility of Department of Motor Vehicle (DMV) locations. Many disabled Wisconsinites and older adults are non drivers; they do not have a driver's license and may not have other acceptable photo ID required to vote. 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. WisDot should develop a plan to increase access to in-person DMV services and expand online capacity.
- Provide designated funding to review and address the physical and programmatic accessibility of DMV sites.
- Improve the accessibility of Wisconsin polling places by increasing funding for the Wisconsin Election Commission Polling Place Accessibility Audits Program. Under federal and state law, all polling places must be fully accessible to older adults and voters with disabilities. Given an estimated 3000 polling places in Wisconsin, a comprehensive statewide plan and staff time is needed to review and address accessibility concerns and ensure compliance with the law.
- Allocate funding for the Wisconsin Election Commission Accessibility Supply Program. The program provides cost effective, simple options to address many accessibility issues in Wisconsin's 3000 polling places and needs a designated funding source. Supplies include signage for disabled parking, curbside voting, cones to mark off parking areas and to mark pathways; wireless doorbells for use with curbside voting, signature guides and lighted magnifying glasses.
- Support the Wisconsin Elections Commission budget request which will provide the staff capacity needed to expand the number and scope of polling place accessibility audits; expand the number and scope of post-election voting equipment audits, pre-election tests, and testing and certification programs; respond to public inquires; and ensure election laws are being followed.
- Provide a screen reader accessible Americans with Disabilities Act (ADA) compliant absentee ballot to allow equitable access to absentee voting for voters with blindness, vision, or other disabilities who do not have the ability to physically mark the ballot and rely on assistive technology to vote privately and independently.

For additional recommendations, see the **Wisconsin Disability Vote Coalition Policy**

**Recommendations:** <https://disabilityvote.org/2022/wisconsin-disability-vote-coalition-policy-recommendations/>

## EMPLOYMENT

Employment is an important part of life and every person who wants to work can work with the right support.



### DRW RECOMMENDS:

- Expand funding Individualized Placement and Support (IPS), a supported employment program for people with mental illnesses. There are 22 counties currently providing IPS, and 24 counties that have expressed interest in implementing IPS, some waiting for more than three years. Fund 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. The cost for each trainer is estimated to be approximately \$125,000.
- Include designated funding for hiring, retaining, and promoting people with disabilities in state funding for economic development, to reduce the disability employment gaps. 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

## 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:**

- Invest in 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.

## CIVIL LEGAL SERVICES

Civil legal services help low-income people get the resources they need for basic living necessities such as healthcare, housing, government benefits, and employment.



### DRW RECOMMENDS:

- Navigating the legal system can be overwhelming for people who are living in poverty. There is no automatic right to legal counsel or representation for noncriminal issues, no matter how pressing the need. Wisconsin provides no financial support for civil legal aid from GPR. It is one of few states that, instead of providing its own support for citizens in need of civil legal aid, it instead allocates some dollars from other sources. Funding from those sources, such as TANF, often has restrictions that make it difficult to serve the actual needs of people with disabilities. Wisconsin has organizations that provide legal aid, such as Disability Rights Wisconsin and many others, but these organizations are under-resourced. The result is prioritization of types of cases that can be handled, causing many people who are asking for help with very serious issues to be turned away. People with disabilities can experience challenges in many areas of their lives, including protection from abuse and neglect; access to appropriate services and accommodations; and safeguarding of rights. They face numerous barriers that include housing, transportation, caregiving, education, and discrimination. Helping people with these issues can often avoid an evolving crisis, which can cost the state more after escalation. Legal aid organizations in Wisconsin need help so that they can assist those with noncriminal legal needs. We request a significant appropriation from GPR.



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