



**Survival
Coalition**

of Wisconsin Disability Organizations

Issues that Impact People with Disabilities and Older Adults in Wisconsin:



Background Papers

Introduction

The Survival Coalition of Wisconsin Disability Organizations is a cross-disability coalition of more than 20 state and local organizations and groups. For more than 20 years, Survival has focused on improving policies and practices that support people with disabilities of all ages to be full participants in community life.

These issue background papers provide the reader with a comprehensive disability perspective of issues directly impacting Wisconsin citizens who are aging and/or living with a disability. Many people with disabilities need access to programs and services funded by the federal, state, or local governments to support them in maintaining their health, accessing education and employment, and participating in their communities. As policy makers, you will make decisions on programs and services that are critical to the independence and the lives of people with intellectual and developmental disabilities, physical disabilities, mental health conditions, sensory disabilities, and aging adults. These papers include information important to informing that critical and essential work.

The issues discussed in these background papers impact many Wisconsinites. The Center of Disease Control (CDC) estimates that 25% (1 in 4) of all adults and 40% (2 of 5) adults over the age of 65 have a disability. Survival Coalition invites candidates and elected officials to include the disability perspective as you deliberate on policies for long term care, workforce, employment, transportation, education, health care, voting, and mental health. We are available to address questions and serve as a resource for you or your staff.

Thank you in advance for your partnership and interest in these important issues impacting so many people in Wisconsin every day.

How is the Community Based Direct Care Workforce Funded?

Wisconsin's long-term care workforce is funded primarily by Wisconsin's Medicaid programs such as Family Care, IRIS, CLTS and Family Care Partnership, etc.

What are today's big concerns about the long-term care workforce?

People are not able to get the services they need.

Wisconsinites of all ages and needs are waiting and/or being turned away completely due to the ongoing workforce shortage. Families, if available, are providing 80% of the care per the recent Survival Coalition statewide survey. Individuals are stuck in hospitals, at home with no supports, or forced to move into costly facilities.

Wisconsin's need for Direct Care Workers will continue to grow.

WI employs more than 70,000 Direct-Care Workers. It is projected in 2026, Wisconsin will need to employ more than 93,000 workers to provide this necessary care to children and adults with disabilities, and the elderly. These workers are essential and the backbone of Wisconsin's Long-Term Care system.

Wisconsin's Direct Care workforce is charged with supporting the health, safety, and independence of people with disabilities, the elderly, and their families. A history of underfunding has led to inadequate wages and maintained the ongoing, statewide crisis.

- Long-term care services do not function within the typical business model. Many long-term care workforce employers (agencies and individuals) do not have the flexibility held by other businesses to raise their "prices" to create funds to offer increased wages. In contrast, they rely upon state and federally determined reimbursement rates that dictate the wages they can pay their employees.
- Wisconsin's long-term care system is in crisis. Across Wisconsin, there are too few workers and no new applicants to provide basic daily supports like dressing, bathing, meals, household chores and tasks, getting ready for work, transportation, and helping with chronic health conditions to remain employed, independent, and contributing members of their communities.
- Direct Care jobs are one of the fastest growing jobs in Wisconsin, with little to no available applicants.



LONG-TERM CARE WORKFORCE

- Low reimbursement rates from Family Care and IRIS are forcing provider agencies to permanently close and jeopardizing system sustainability.
- The crisis and lack of providers forces family caregivers to provide significant time and resources to fill the gap.
- Direct Care Workers are abandoning caregiving jobs due to lack of benefits, low wages, and high stress.



Who are the people impacted by this issue?

74,000 Wisconsinites with disabilities and older adults use one of Wisconsin's Medicaid home and community-based long-term care programs (Family Care, IRIS, PACE, Partnership) to live and work in their communities.

ADRCs help people who meet the functional screen and financial eligibility requirements for home and community-based long-term care understand and enroll in Family Care, IRIS, PACE, or Partnership programs.

Aging and Disability Resource Centers (ADRCs) provide unbiased options counseling to all Wisconsinites, and work to caregivers support their loved ones at home for as long as they are able. Often ADRCs can help families find solutions that delay costly Medicaid-funded nursing home care.

Why is Home and Community Based Long-Term Care Important?

- People who live in and are connected to their communities are more independent, healthier, and safer.
- People want to remain in their own homes, not nursing homes or other institutions. State programs that help people stay where they want to live is good public policy.
- Home and Community Based Long-Term Care meets people where they are and helps them gain or regain skills and reach employment and independent living goals.
- Help with daily living tasks and personal care means Family Care and IRIS participants can remain independent longer. Working-age people with disabilities should not be living in nursing homes, and many older adults can stay out of nursing homes with the right help at home.
- Supporting people in their homes saves taxpayer dollars. Home and Community Based Long-Term Care is much less expensive than Medicaid-funded institutions and helps people stay where they would rather live.
- Home and Community Based Services are important to local economies and bring businesses and jobs into communities for professionals including nurses, home health care, direct care, rehabilitative and habilitative therapists, specialized therapists, vocational, day service and transportation, and more.
- Many [family caregivers](#) rely on the supports their loved ones receive in Family Care and IRIS to so they can continue to work outside the home.

How are supports for Home and Community Based LTC funded?

Family Care and IRIS are Medicaid waiver programs. The federal government contributes about 60% of the actual cost of services, the state contributes about 40%.



HOME AND COMMUNITY BASED LONG-TERM CARE

What are today's big concerns about Home and Community Based LTC?

- The Direct Care workforce crisis is threatening the ability for many Family Care and IRIS participants to remain at home. People are on the brink of being forced into expensive Medicaid-funded nursing homes and other institutional settings. Those places also have a workforce crisis.
- People in Family Care and IRIS often rely on direct care workers for critical care needs like toileting, bathing, getting out of bed, dressing, help with chronic health conditions, medication management, meals, and household chores and tasks.
- Direct Care work is the basic building blocks of a person's day. Without enough skilled workers, people cannot remain employed, independent, and contributing to their communities.
- Low wages and few benefits mean workers leave positions. Provider agencies are constantly battling high turnover rates. Some are restricting the number of clients they serve because they cannot reliably fill shifts.
- Family Care and IRIS participants' many authorized hours of care in care plans are not being provided because there are no workers to hire or workers miss shifts. Some people are going without care if there are no family members to step in.
- [Many family caregivers are leaving the workforce and devoting huge parts of their day to cover care gaps](#) when workers are late, miss shifts, or there is no one to hire. Many families were already providing unpaid care as part of the care plan. This is not sustainable.
- The COVID-19 pandemic and ongoing DSP workforce crisis has under-scored the need for the service system to evolve away from congregate settings which need constant staffing.
- The system should incentivize lower touch options like community-supported / independent living, community based-employment, use of virtual services, and use of remote technology and monitoring for participants. These strategies can result in greater safety and independence for participants as well as cost-savings for the state.





Who are the people impacted by this issue?

Wisconsin's Medicaid program provides important health and long-term supports and services to more than 1 million Wisconsinites. Nearly two-thirds of Wisconsin Medicaid participants are older adults, people with disabilities or children, many of whom have disabilities.

In Wisconsin, adults and children with disabilities may access the Medicaid program through more than 20 different programs with different names.

- Medicaid, including the BadgerCare program and Elderly Blind Disabled (EBD) Medicaid, provides access to acute and primary care and is vital to health care security.
- Many Wisconsinites with disabilities and older adults use a specialized long-term care program such as Family Care or IRIS to provide the support they need to stay in their home and participate in their community.
- Children with significant disabilities may access support through the Children's Long Term Support, Children's Community Options Program (CCOP), and mental health programs such as Comprehensive Community Services (CCS).
- Medicaid card services fund essential services like personal care which is help with things like bathing, dressing and eating. More than 15,000 people in Wisconsin use personal care annually.
- People with mental health needs and /or a substance use disorder may access services through Medicaid programs such as Comprehensive Community Services (CCS) and Community Support Program (CSP). Crisis services are also funded by Medicaid.
- These programs are administered by counties and tribes.

Why is access to Medicaid important?

Medicaid is much more than basic health care for people with disabilities. It provides services that aren't covered by other types of insurance that are vital to the independence and health of people with disabilities.

Examples:

- Long-term supports such as personal care services that provide assistance with bathing, toileting, and other basic needs; supportive home care, employment supports, meaningful community-based day activities, and more.
- In home therapy, home modifications, respite and other critical supports for children with significant disabilities and their families.



MEDICAID

- Psycho social rehab services such as employment support, daily living skills, peer support, support recovery for people with mental health needs.
- Non Emergency Medical transportation (NEMT) to transport Medicaid members who need to get to and from medical services, but do not have transportation. Because so many Medicaid members are non-drivers, transportation to medical appointments is essential to ensure access to needed health care.

What are major concerns related to this issue?

There is a shortage of professionals who accept Medicaid in some key specialty areas, including severe shortages of mental health and dental care providers. There is also a severe shortage of direct care workers, including those who provide personal care. Medicaid reimbursement rates are lower than commercial insurance. Targeted reimbursement rate increases can be important as part of a strategy to address access issues. New strategies are needed to recruit, train and retain physicians, nurses, therapists, direct care workers, peer specialists, employment specialists, and other staff who have the training and experience to support people with disabilities.



Who are the people impacted by this issue?

Wisconsin's Employment First law says community integrated employment (CIE) – typical employment at a community job at regular wage – is the priority for people with disabilities. In 2021, 19% of working-aged people with a disability were employed, compared to 63.7% for people without a disability. People with disabilities face persistently lower rates of employment and earn significantly lower wages compared to their peers without disabilities. A large proportion of persons with a disability – about 8 in 10 – were considered to not be in the labor force in 2021, compared with about 3 in 10 of those with no disability.

Wisconsin's Long-Term Care system (Family Care/IRIS) data shows only 16% of the members are working in competitive-wage jobs, while 55% who are not working say they want a paid job. Nationally, studies consistently show that businesses consider people with disabilities as good for business: highly productive and easy to supervise.

Why is this issue important?

Disability can be a cause of economic insecurity because it can result in job loss or reduced earnings. Some people with disabilities also have disability expenses. When people with disabilities work, they rely less on public benefits and report better mental and physical health. The turnover rate for employees with disabilities is 8% compared to 45% for other workers; 87% of customers say they prefer companies that hire people with disabilities.

Wisconsin has had success helping people with disabilities find and keep jobs, but there is more to be done. Project SEARCH trains students with significant disabilities for a variety of jobs and has a nearly 90% employment success rate. The Division of Vocational Rehabilitation (DVR) and the Wisconsin Long-Term Care Medicaid Home and Community-Based Services Waivers support people to reach their employment goals. Wisconsin PROMISE demonstrated successful strategies for moving youth with disabilities and their families from reliance on public benefits to work and increased economic independence. Still, many people with disabilities who want to work are being left behind.

What is the role of publicly funded employment supports?

There is a significant history of legislation and programs to support people's employment and community inclusion efforts. The Americans with Disabilities Act, or ADA, enacted in 1990, based on disability. The Individuals with Disabilities Education Act, or IDEA, the same year, requires that students with disabilities be provided a "free appropriate public education" just like all other students.



EMPLOYMENT

In 2014 several major legislative and programmatic efforts were enacted:

- The Workforce Innovation and Opportunity Act (WIOA) expanded access for people with disabilities to education and training programs, programs for transition-age youth, young adults transitioning to adulthood, vocational rehabilitation, and more.
- Achieving a Better Life Experience (ABLE) Act permits people with qualifying disabilities to open special savings accounts without jeopardizing eligibility for programs such as Medicaid and Supplemental Security Income, or SSI.
- Federal Medicaid Home and Community-Based Services (HCBS) Waivers established that community-based settings are a requirement including the opportunity to seek employment and work in regular employment locations.

Wisconsin became an Employment First state in 2018. This means that publicly funded programs at the Department of Public Instruction, Division of Vocational Rehabilitation, and Department of Health Services Long-Term Care that provide services and supports to working age persons with disabilities shall prioritize the competitive integrated employment.

People with disabilities use a variety of supports to find and keep a job. Youth in transition receive transition supports through their school until age 18 or 21 depending upon graduation date. This may include job training, internships, job exploration, job coaching and more. Some youth and adults may also be eligible for the state's Division of Vocational Rehabilitation (DVR) program. Most recently, the Department of Health Services (DHS) have added career and employment for youth using the Children's Long-Term Support Medicaid waivers. Adults utilize DVR and DHS services and supports related to finding and keeping a job.

DVR is a federally and state funded program administered by each state. Funding for the program is primarily provided by a federal vocational rehabilitation grant (78.7%) with state matching funds (21.3%). These funds are used to provide supports and services for people with disabilities to obtain, maintain, and advance employment. Adults who meet eligibility for the state's long-term care for programs like Family Care, IRIS and Family Care Partnership can also access employment services. People enrolled in county mental health programs may use Community Recovery Services or Individual Placement and Support (IPS). CRS helps individuals living with a mental illness reach their full potential, including employment. Currently CRS is only available in 17 counties and IPS in 22 counties in Wisconsin.

What are major concerns related to this issue?

In 2018 Wisconsin Medicaid long-term support waivers served about 43,000 working age people, yet only 3,873 were employed in Competitive Integrated Employment (CIE). This locks people with disabilities in to living at or below federal poverty level. Additionally, these are people with skills that could benefit employers who are struggling with workforce issues and as workers they would be taxpayers.

Some Wisconsin facility-based providers are shifting their business models towards community integrated employment supports to respond to families and people with disabilities who want work in the community at or above minimum wage. There should be funds for a one-time Provider Transformation effort 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.

EMPLOYMENT

Employment service providers were negatively impacted by the pandemic and funding. Some closed, others are still working to rebuild and have employment services be a viable line of business. Employment service providers need short term funding and long-term rate reform such as:

- Offset losses during the pandemic and address the slow recovery of revenue.
- Increase rates to providers with requirements to improve 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 of living increases.

Long-term care programs need to prioritize employment services for youth in transition and working aged people. Provider reimbursement rates are not aligned with the amount of work it takes to secure employment for people with the most complex disabilities. Survival Coalition recommends that DVR and DHS implement tiered rate systems which take into consideration a person's individual employment support needs, unique situations resulting from COVID-19, and prioritizes competitive integrated employment.

People with disabilities want to save their earnings without fear of losing their eligibility for the healthcare they need. ABLE accounts are tax free savings accounts offered by many states. Wisconsin is presently the only state in the country with neither a dedicated ABLE program nor a public agency or other body tasked with helping residents open and utilize ABLE accounts. This issue was studied by the Wisconsin Department of Financial Institutions (DFI) at the direction of the legislature. Their recommendation is that the Legislature (1) create a position of ABLE Officer within the Department of Financial Institutions' Office of Financial Capability, with annual program funding of \$174,960; and (2) authorize the Department of Financial Institutions to establish a state ABLE program by reintroducing and enacting 2019 [Assembly Bill 912](#) / [Senate Bill 776](#) or 2021 [Assembly Bill 496](#) / [Senate Bill 486](#). Survival Coalition supports the Legislature taking these recommended actions. The DFI should establish a state ABLE program by joining the ABLE Collaboration or the National ABLE Alliance, depending on the more favorable terms for the state and participants at the time.

Transportation is a major barrier to work as public transit routes have been cut and rural areas have limited options. Employers and communities should be supported to develop transportation solutions that help people with disabilities connect with jobs in their communities.

People with mental health needs require specialized supports to be successful in employment, which can be a key part of recovery. Currently these types of supports are not available statewide. Additionally, the funding structure only permit providers to bill for face-to-face time, yet a lot of the work on a person's behalf happens without the person being present and therefore, providers struggle with covering the cost.

Wisconsin should be a model employer of people with disabilities – making changes and accommodations to positions and hiring practices that ensure state government reflects the state's population of people with disabilities.



Who are the people impacted by this issue?

Wisconsin public schools educate over 829,000 students; among those students, 14.5% or nearly 120,000 have disabilities and qualify for special education services through an Individualized Education Plan (IEP).

Why is education for students with disabilities important?

- Research shows that even students with the most significant disabilities can make progress in grade level content when provided with appropriate supports.
- Investing in quality public education helps students access post-secondary education or competitive employment in the community, and fosters skills for independent living.
- When students with disabilities are included in the general education curriculum and classroom and supported to meet high expectations, all students are better prepared to value one another's presence and contributions as adults in the community.

How are education supports for students with disabilities funded?

Special education services are funded at three levels: federal, state, and local.

- **Federal:** Federal IDEA funding was initially intended to cover 40% of special education costs, but the reality has never matched the promise, falling below 16% in recent years.
- **State:** Wisconsin reimbursed districts at a rate of 30% for their special education costs in 2021/22. However, between 1981 and 2020 Wisconsin's reimbursement rate fell from a high of 67% to a low of 25%. Meanwhile, the Wisconsin state budget pays at least 90% of costs for students using special needs scholarships at private schools.
- **Local:** School districts are responsible under federal law to provide a free, appropriate education for students with disabilities. The portion of special education costs not covered by federal and state funding must therefore, come from local levies. After accounting for state special education reimbursement and federal IDEA funds, Wisconsin districts were left with a bill of \$1.25 billion in unfunded special education costs. As costs have risen across time, with federal and state funding failing to keep up, Wisconsin's school districts have been increasingly pressed to make difficult choices.

Students of color with disabilities have some of the poorest outcomes in Wisconsin and on national comparisons.

In recent Survival Coalition surveys, families have shared significant concerns around loss of staff, poor implementation of services, increases in disciplinary measures and concerns for their children's future.



EDUCATION

What are major concerns related to education for students with disabilities?

- Wisconsin students with disabilities are less likely than their non-disabled peers to:
 - ◇ graduate in four years with a regular diploma
 - ◇ score proficiently on standardized tests
 - ◇ work in the community after completing high school.
- Students with disabilities are too often educated in segregated environments and are far more likely than their non-disabled peers to experience inappropriate restraint and seclusion and to be suspended or expelled from school.





Who is impacted by this issue?

Mental health and substance use disorders affect individuals from all segments of Wisconsin communities. In 2017 the Wisconsin Department estimated that almost one in five Wisconsinites had a diagnosable mental illness (18.54%) and more than 218,000 of these individuals had been diagnosed with a serious mental illness. The incidence is even higher for Wisconsin's children, where an estimated 21% have been diagnosed with a mental illness and another 11% with an emotional disturbance. At least 50% of individuals incarcerated in Wisconsin prisons and 64% of those in county jails have diagnosable mental health conditions.

Additionally, Wisconsin's suicide rate keeps climbing. Between 2005 and 2017 the rate per 100,000 residents has gone from 11.5 to 15.5. This is higher than the average for both the nation and nearby Midwestern states. Mental health conditions often co-occur with other chronic health conditions, and adults living with a psychiatric disability die on average 25 years earlier than other Americans. Opioid-related complications resulted in 829 deaths in 2018 and 3,731 emergency room visits in 2019.

Why is this issue important?

Mental illnesses are treatable, and people do recover, even from serious mental disorders. However, when left untreated or undertreated mental illnesses can have a negative impact on an individual's physical, social and financial wellbeing. Mental illness impacts high school graduation rates; lost workdays; adds to costs in the long-term care system; and when co-occurring with other chronic health conditions significantly increases mortality.

Individuals with mental illness can recover and manage their condition successfully. To accomplish this, they need access to community-based, recovery-oriented, trauma-informed system of care which integrates mental health, substance use, and primary care to ensure early identification and intervention. Recovery services and supports must be flexible and available to people so they are able to live in the least restrictive setting appropriate to meet their needs and consistent with their choice. Community supports should focus on helping an individual to live as fully and independently as possible with the equal opportunities and quality of life.

How are supports for this issue funded?

Services and supports may include therapy, medication, psycho-social rehabilitation, peer support, benefits counselling, housing, transportation, and employment services. These services are funded by private insurance, counties, as well as by Medicaid and Medicare. However, there is a continued lack of parity for funding and coverage of interventions needed to treat and recover from mental health issues which results in increased untreated or undertreated conditions. In Wisconsin, counties have the lead role in administering behavioral health services, including community programs such as Comprehensive Community Supports (CCS), Coordinated Services Teams (CST) and crisis services. Mental health needs are also addressed by public education services, including special education.



MENTAL HEALTH

What are major concerns related to this issue?

The lack of access to adequate, high-quality community-based mental health treatment and treatment for substance use disorders has contributed to people being placed in costly out-of-home and institutional settings, being confined to jails, prisons, and unnecessary involvement in the juvenile justice system.

Variations between counties in the amount and scope of services provided has led to inequity in services depending on where the individual lives.

Provider shortages limit the ability of children and adults to experience the full benefit of these programs. Sixty-five of Wisconsin's 72 counties were federally designated as "Mental Health Professional Shortage Areas" as of July of 2022. This shortage is especially severe for people covered by Medicaid, or in rural areas. Access to psychiatric services, especially child psychiatrists is at a crisis point in much of the state.

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

Wisconsin lacks linguistically competent mental health services for deaf and hard of hearing individuals. In addition to more ASL interpreters there needs to be more mental health providers able to communicate directly with people who are deaf, hard-of-hearing, and deaf blind, through American Sign Language and other modes of communication, and who are knowledgeable of Deaf Culture.

Children and youth with disabilities are overrepresented in the justice system. 2016 data from Wisconsin's Department of Corrections indicates at least 70% of the then current population at Lincoln Hills and Copper Lake were classified as having one or more disabilities; most with a mental health diagnosis or emotional disorder. More attention and resources must be devoted to promoting best practices in youth-focused programming and positive policy changes that will improve outcomes for youth and their families.





Who are the people impacted by this issue?

Approximately 56,000 children in Wisconsin have a significant physical, developmental, or behavioral disability such as cerebral palsy, autism, or Down syndrome resulting in eligibility for home and community-based services. Of these, about 14,000 currently participate in one or more healthcare coverage or long-term support programs such as BadgerCare, Katie Beckett Medicaid, the Children’s “Medicaid Waiver” and Children’s Community Options Program (CCOP). For many families, Medicaid coverage supplements their private insurance, which often does not cover many of the medical and long-term care services needed for children with disabilities.

Why is this issue important?

Families of children with disabilities in Wisconsin face unique challenges and the impact of a child with disabilities can be profound.

- 28% of families live below the Federal Poverty Level (FPL) compared to 16% without children with disabilities.
- 56% of families report financial hardship.
- 25% of family members must cut back or stop working to care for their child.
- 23% of families report usually or always feeling stress compared to 5% of families without children with disabilities.
- Nationally, less than 48% of mothers who have a child with a disability report being in good health compared to 64% of mothers without children with special needs.

Children and youth with significant disabilities may need unique supports to fully participate and benefit from school, work and community experiences. The programs that pay for these supports and services, like Medicaid and Medicaid Waivers, are essential to child development and family health and wellness.

When families have access to meaningful information, training, and navigation assistance, their success increases. These supports can prevent crises like lost jobs, lost opportunities for child development, dependence upon public services and lost economic stability for families. Without these services and supports the only option for a family who has critical needs is to place their child “out of home” – either in an institution or specialized foster care, which is both traumatizing and expensive.

How are supports for this issue funded?

Children with the most significant disabilities in Wisconsin are eligible for Medicaid based on the severity of a child’s disability. In many cases Medicaid is in addition to a family’s private insurance. Medicaid is a state and federal funding partnership. The typical federal match for child disability programs is 40% state and 60% federal.

The Children’s CCOP program is funded with state General Purpose Revenue (GPR) and is used to pay for things families may need that are not Medicaid allowable such as care of a sibling while parents are with a child with a disability in the hospital.



SUPPORTING CHILDREN WITH DISABILITIES AND THEIR FAMILIES

What are major concerns related to this issue?

Children and their families continue to wait for funding. Unlike the adult long-term care programs, children eligible for long-term supports may be put on a wait list for the program due to a lack of funding. While the Wisconsin legislature has approved funding to serve a specific number of children, they have not changed the funding mechanism to serve all eligible children as they did for adults with disabilities in Family Care and IRIS. The permanent solution to ending the wait is to change the budget language to fund all eligible children. This change will finally end the wait and create equity between children and adult systems.

A statewide disability resource center will offer critical information. Families who have children with disabilities struggle to navigate systems like health care, long-term supports, education, and Medicaid. Wisconsin has no statewide, coordinated effort to connect children with disabilities and their families to information, assistance, and services, but is currently using ARPA funding to develop a limited resource for families. A sustainable source of funding is needed to offer a comprehensive Disability Resource Center for Children and Families that would offer:

- 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.

How has this issue been impacted by the COVID-19 pandemic?

Unlike many other families, families of a child with disabilities may have additional considerations. The child may have to stay home due to additional health risks from contracting COVID-19; they may be unable to practice social distancing or wear a mask due to their disability or need for care; or childcare settings may be unwilling to take a child needing these additional cares. Consequently, families may be unable to return to work or be faced with trying to work from home if allowed by their employer and take care of their child at the same time. For many this is not sustainable without assistance.

It will help families in Wisconsin to implement a family caregiver tax credit and expand who can use Family and Medical Leave (FMLA) to include grandparents, grandchildren, and siblings. Additionally, Wisconsin's family medical leave policies should be expanded to offer paid leave options, and allow leave for intermittent care responsibilities, such as when a child can not be in school.





Who are the people impacted by transportation?

Currently, one-third of Wisconsinites are non-drivers. The number of non-drivers is projected to increase. Non-drivers include people with disabilities, older adults, low-income workers and students who do not have access or cannot afford a vehicle, people who prefer not to drive, and people without a driver's license.

Why is transportation important?

Non-drivers are not able to get where they need to go on their schedule. Lack of affordable, reliable transportation options impacts workforce mobility, economic development, people's job choices, housing options, medical care, and ability to independently conduct personal business.

Lack of transportation options is a barrier for many direct care workers who provide daily care and support for people with disabilities and older adults. Direct care workers are low-income and must commute to client homes. Many have unreliable access or no access to a personal vehicle or must rely on public transportation. When transportation falls through these workers may be late or miss shifts or have to refuse to serve clients because they cannot reliably get to them.

Social isolation is a serious and growing problem that impacts health and mental health. Transportation is critical to keep people engaged with their community and maintain social networks.

What are major concerns related to transportation?

The non-driver population is growing. [Modeling tools](#) indicate there is a gap between non-drivers are, where they need to go, and few transportation options that connect.

Survival Coalition conducted a [statewide survey](#) of more than 500 respondents in 2018 and found the following:

- Transportation services don't go where riders need to go, including medical facilities, work, businesses, and government buildings.
- There are few affordable transportation options that let non-drivers easily get to regional destinations on their schedule.
- Transportation is not available at times needed.
- Transportation is unreliable, scheduled rides are late, do not come, or get cancelled.
- There is not enough transportation available to meet all the transportation needs of riders.
- Rides must be scheduled too far in advance, cannot accommodate changes to rider's schedule or needs.
- Transportation programs are restricted to specific populations or do not allow people to use the same ride to accomplish multiple tasks.

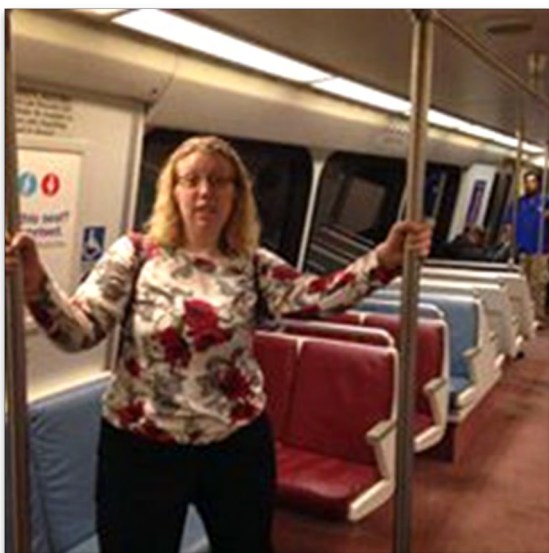


TRANSPORTATION

The [Wisconsin DOT Non-Driver Advisory Committee](#), established in 2020, has been tasked with finding ways to improve non-driver transportation.

How is transportation funded?

Multiple federal and state programs support transportation services used by non-drivers, but they all come with statutory parameters – age, income, disability status, geographic area – limiting what populations are served. These limiting factors creates a fragmented transportation system, in some cases, working against each other.





Who are the people impacted by this issue?

Voters with disabilities are a diverse group and include people with sensory disabilities, intellectual and developmental disabilities, physical disabilities, mental health disabilities, complex medical needs, chronic health conditions, and disabilities related to aging. Approximately 26% of American adult have (1 in 4) have some type of disabling conditions according to the Center for Disease Control (CDC), and may experience disability related barriers to registering to vote and casting a ballot.

Although the disability vote is potentially large, people with disabilities are underrepresented at the polls. The Rutgers University Fact Sheet on Disability and Voter Turnout in the 2018 Elections notes a 10.4% gap in Wisconsin voter turnout between citizens with and without disabilities. Survival Coalition is committed to addressing barriers that create the gap in voter turnout for people with disabilities.

Why is equal access to voting important?

Voting is one of the most fundamental rights of our democracy. It is important that people with disabilities have a voice in choosing their elected officials, because once elected, they will make decisions about programs and services that impact their lives and independence.

The Americans with Disabilities Act (ADA), Help America Vote Act (HAVA) and other [federal](#) and [state](#) laws are intended to protect the rights of voters with disabilities, but many still experiences barriers to exercising their constitutional right to cast a ballot. These include polling place accessibility issues, limited access to transportation, lack of photo ID, health or disability related concerns that may make it difficult to vote, and lack of access to disability related accommodations due to discrimination or limited training for poll workers. In addition, often people with disabilities are not aware of their [right to accommodations](#) or may be confused by the frequent changes to voting law in Wisconsin.

Absentee voting is especially important to many disabled voters because so many are non-drivers and may not be able to count on transportation to vote or to obtain a photo ID.

The disability community wants to work with policy makers to ensure our elections are more accessible and inclusive and provide equal access for voters with disabilities. [See our recommendations here.](#)

