



Board Meeting Packet

January 18-19, 2017
Sheraton Madison Hotel
706 John Nolen Dr
Madison, WI



Board Meeting

Sheraton Madison Hotel • Madison, Wisconsin • January 18th-19th, 2017

TABLE OF CONTENTS

Board Meeting

- Letter from the Chair (3)
- January 2017 Board Agenda (4-5)
- November 16, 2016 Board Meeting Minutes (6-7)
- 2017 Board Meeting Calendar (8)
- 2017 Board Meeting Dates (9)
- Committee Assignments (10)

Executive Committee

- December 6, 2016 Meeting Minutes (11-12)

Nominating and Membership Committee

- January 18, 2017 Meeting Agenda (13)
- November 3, 2016 Minutes (14-15)

Governmental Affairs Committee

- January 18, 2017 Meeting Agenda (16)
- November 16, 2016 Minutes (17)

Diversity Ad Hoc Committee

- January 19, 2017 Meeting Agenda (18)
- November 16, 2016 Meeting Minutes (19-21)

Other

- BPDD Financials (22)
- Governmental Affairs Biennial Budget Recommendations (23-39)
- State Plan 2017-2021 At-A-Glance (40-43)



January 1, 2017

Happy New Year,

I hope everyone had a relaxing and joyous holiday. 2016 was filled with many successes and challenges for people with developmental disabilities in Wisconsin. It is time us to look toward the New Year and all that we want to accomplish as a board.

A few things that are of **High Importance**:

- **Governmental Affairs** – As of January 2017 all BPDD Board Member are members of the Governmental Affairs Committee. We have opened this up to all of you so that you can all participate and be informed on issues shared and voted on in this committee meeting. Please be aware of the time for the committee at each meeting. Due to our shortened meeting schedule, we are incorporating the GA meeting into breakfast on the Thursday of board meetings. Please be respectful and prompt during this meeting, there is always a lot of important information to learn about.
- **Board Meeting Attendance** – Being a member of BPDD is an appointment by the Governor. As a board member you are representing the people from your region of the state. Your presence is necessary for the board to accomplish our charge and goals. If you are not present, we miss your input.
- **Meeting RSVPs** - If you RSVP to a board meeting, there have been arrangements for lodging and meals. It is inconsiderate and expensive if you RSVP and then you don't show up. Please remember to call Jeremy to inform him if you are unable to come. Remember: You have committed to being a member of BPDD and your attendance is part of that commitment. You should make every effort to attend all board meetings.
- **Missing Consecutive Meetings** - Our By-Laws read that if you miss three consecutive meetings (exceptions will be made by executive committee) you will be contacted by the Board chair and you will be asked to recommit or give up you appointment. This is only fair. If you can't commit to this, please contact the Board chair or John Shaw.

We ask that all board members attend the entire meeting and this includes the committee meetings, guest speakers, café conversations, and business meetings. Input from everyone is valued and needed. If you have any questions or concerns, please feel free to contact Patrick or Pam.

We look forward to seeing you at January meeting.







Sincerely,

Patrick Young, BPDD Chair




Pam Malin, BPDD Vice Chair

BOARD AGENDA JANUARY 18TH, 2017

WEDNESDAY, JANUARY 18TH, 2017

Time	Symbol	Topic	Facilitator/Presenter
1:30-3:00 PM		New Member Orientation Room: Reflection A	John Shaw, Executive Committee, All
3:00-3:30 PM		Break	All
3:30-4:30 PM		Diversity Ad Hoc Committee Room: Reflection A	Lynn Carus, Jennifer Kuhr, Ann Sievert, All
4:30-5:30 PM		Consumer Caucus Room: Reflection A	All
5:30-6:30 PM		Dinner Room: Reflection A	All
6:30-7:30 PM		Nominating and Membership Committee Room: Reflection A	Erica Larsen, Claire Bible, John Shaw, All

THURSDAY, JANUARY 19TH, 2017

Time	Symbol	Topic	Facilitator/Presenter
7:45-8:30 AM		Breakfast Room: Reflection A	All
8:30-9:30 AM		Governmental Affairs Committee Room: Reflection A	David Pinno, Tami Jackson, All
9:30-10:30 AM		WIOA Update Room: Reflection A	Nancy Molfenter



= Meal



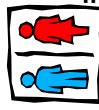
= Meeting



= Presentation










= Vote



= Break

THURSDAY, JANUARY 19TH, 2017 CONTINUED

10:30-10:45 AM		Break – FILL OUT, SIGN, AND RETURN TRAVEL VOUCHERS to BPDD STAFF	All
10:45-11:30 PM		People First Update Room: Reflection A	Cindy Bentley
11:30-12:00 PM		Discussion on Attendance Room: Reflection A	All
12:00-12:45 PM		Lunch Room: Reflection A	All
12:45-1:00 PM		Public Comments Room: Reflection A	Public
1:00-2:15 PM		Business Meeting Room: Senate AB <ul style="list-style-type: none"> • Chair Report • Executive Director Report • Executive Committee • Governmental Affairs Committee • Nominating & Membership Committee • Partner Organizations Updates 	All <ul style="list-style-type: none"> • Patrick Young • Beth Swedeen • Patrick Young • Pam Malin • Nathaniel Lentz • DPI, DRW, DHS, Waisman
		Business Meeting Action Items Motion to accept November 2016 Board Minutes	All

The January Board Meeting will be held at the Sheraton Hotel located at 706 John Nolen Dr, Madison, WI 53713. Any Board members staying overnight will be staying at the Sheraton. If you have any questions about the January Board meeting please contact Jeremy Gundlach at Jeremy.Gundlach@wisconsin.gov or 608-266-7826.



= Meal



= Meeting



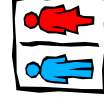
= Presentation



= Vote



= Walking Activity



= Break

BOARD MEETING MINUTES

Present:	Chair: Patrick Young, Barbara Beckert, Amanda Bell, Aliza Claire Bible, Gail Bovy, Jennifer Kuhr, Erica Larsen, Ramsey Lee, Nathaniel Lentz, Camille Nicklaus, Delores Sallis, Carole Stuebe, Suzan Van Beaver,
Absent:	Vice Chair: Pam Malin, Amy Burger, Lynn Carus, Kevin Coughlin, Meredith Dressel, Judy Quigley, Lynn Stansberry-Brusnahan, Robert Kuhr, David Pinno, Wendy Ackley, Brenda Bauer,
Staff Present:	Fil Clissa, Natasha Fahey-Flynn, James Giese, Jeremy Gundlach, Tami Jackson, John Shaw, Ann Sievert, Beth Swedeen,

Chair Patrick Young called the meeting to order at 12:48 PM.

1. Chair Report:

- Patrick talked about the board's 5 year state plan and how there will be changes around the state/nation with the election.

2. Executive Director Report:

- Beth gave updates on the Quigley family and Lynn Carus. The SD conference went well and an update on one of our keynotes Keith Jones. Keith has a consulting company dealing with cultural competence, possibly setting up trainings with him. There were \$30,000 in scholarships for the SD conference. Policy update on the 40 hr week project Beth and Fil have been working on. Caregiver Survey is being disseminated through the Survival Coalition. Beth gave an update on BPDD's financials, 2014/2015 budgets have been closed. The 2016 budget has just been opened.

3. Executive Committee Report:

- Patrick gave an update on the Governor's visit at our last board meeting. Scott Walker was very impressed with the board's work and goals. Board staff and members both agreed it was a productive meeting.

4. Government Affairs Committee Report:

- Tami Jackson gave an update on what was discussed earlier during the GA meeting. She also gave an update on the progress of the biennial budget.

5. Nominating & Membership Committee Report:

- Erica Larsen gave an update on the roles/responsibilities of the Nominating Committee. IT could help with roles to have bios about the board members so we know about their interests. New board members Gail Bovy and Michael Hineberg. Robert Kuhr was reappointed. We still have 3 positions open on the board. One page fact sheet about who the board is and what we do.

6. Ad Hoc Diversity Committee Report:

- Jennifer Kuhr gave an update on the Ad Hoc committee's meeting from the night before. She talked about the Diversity Connector positions. The September Community Conversation went very well there were over 80 community members that participated. Board Staff action steps- updates on what the staff has been doing around diversity. New BPDD materials being translated.

7. Action Items:

Motion to accept the September, 22nd, 2016 meeting minutes made by Jennifer Kuhr and seconded by Nathaniel Lentz. The motion passed unanimously.

8. Agency Updates:

DRW- Barbara talked about the Biennial budget. Youth and adults with disabilities in corrective justice institutes. Mental Health, Transportation. Children's supports: DRW has had several cases with children's long term services and supports. Advisory Council for PAMI.

DHS- Kevin gave updates on staffing changes in DHS. Kevin Moore has left and Michael Heifens. Division of Medicaid Services will be formed by 2 other agencies. Division of Care Treatment Services. Family Care/IRIS updates- Family Care is spreading statewide and enrollment goes live July 2017. MCO RFP's are currently out. 3 MCO's are combining to cover the state by January. Continuum, Western WI cares, Community Cares WI. Milwaukee county MCO MY Choice is now a non-profit.

Waisman- Amanda gave an update on Waisman's list of projects (will be available next brd mtg).

DVR- Representatives from DVR were both gone today. Jeremy will connect and try to get an update from them.

DPI- Suzan Van Beaver gave an update on WIOA. Workshops are being held around the state. This year is the final planning year for Academic and career plans. New IEP form (Daniel Parker gave an update). Added a family engagement prompt in the form and students' concerns. The IEP webpage will go through an update. There is a new focus on self-directed IEP's and self-determination. Molly Bever is looking for collaboration on planning team to help with Intellectual Disabilities Conference. It is held in July or August and located in Madison.

9. Other Agenda Items:

- There was no Public Comment but Daniel Parker sat in and introduced himself to the board.

Motion to adjourn Ramsey Lee at 1:49 PM; seconded by Jennifer Kuhr. Unanimously passed.

January						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

March						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

April						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

May						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

June						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

July						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

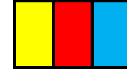
August						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

September						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

October						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

November						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

December						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						



BPDD Board Meeting

BPDD Executive Committee Meeting

Holiday



Self-Determination Conference / Disability Advocacy Day / Employment Conference

Board Meeting Dates & Locations:

January 18 & 19, 2017	Sheraton Madison Hotel 706 John Nolen Dr Madison, WI 53713
March 15 & 16, 2017	TBD
May 17 & 18, 2017	TBD
July 18, 19 & 20, 2017	Stoney Creek Lodge 3060 S Kinney Coulee Rd Onalaska, WI 54650 http://www.stoneycreekhoteis.com/hotel/travel/lacrosse/home.do
September 13 & 14, 2017	TBD
November 15 & 16, 2017	TBD

Executive Committee Meeting Dates (all meetings are scheduled for Tuesdays, from 1:00-2:30 PM):

February 7, 2017
April 4, 2017
June 6, 2017
August 8, 2017
October 3, 2017
December 5, 2017

Other BPDD Dates:

March 21, 2017	Disability Advocacy Day
April 5, 2017	Employment First Conference
November 1-3, 2017	Self-Determination Conference



WISCONSIN BOARD FOR PEOPLE
WITH DEVELOPMENTAL DISABILITIES

BPDD Committee Assignments 2016 – 2017

<p style="text-align: center;"><u>Executive Committee</u></p> <ul style="list-style-type: none"> • Patrick Young – Chair • Pam Malin – Vice Chair • Erica Larsen (Nominating Chair) • Nathaniel Lentz • David Pinno • Judy Quigley (GA Chair) • Lynn Stansberry-Brusnahan <p>Staff liaison: Beth Swedeen</p>	<p style="text-align: center;"><u>Ad hoc Diversity Committee**</u></p> <ul style="list-style-type: none"> • Lynn Carus – Chair • Jennifer Kuhr – Vice Chair • Barbara Beckert • Meredith Dressel • Pam Malin • Judy Quigley • Delores Sallis • Suzan Van Beaver <p>Staff liaison: Ann Sievert</p>
<p style="text-align: center;"><u>Governmental Affairs Committee</u></p> <ul style="list-style-type: none"> • Judy Quigley – Chair • David Pinno – Vice Chair • Barbara Beckert • Gail Bovy • Amy Burger • Kevin Coughlin • Meredith Dressel • Ramsey Lee • Nathaniel Lentz • Camille Nicklaus • Lynn Stansberry-Brusnahan • Carole Stuebe <p>Staff liaison: Tami Jackson</p>	<p style="text-align: center;"><u>Nominating and Membership Committee</u></p> <ul style="list-style-type: none"> • Erica Larsen – Chair • Claire Bible – Vice Chair • Wendy Ackley • Amanda Bell • Lynn Carus • Jennifer Kuhr • Pam Malin • Delores Sallis • Suzan Van Beaver <p>Staff liaison: John Shaw</p>

** Still open for others to sit on this committee

EXECUTIVE COMMITTEE MEETING MINUTES

BPDD Office and Teleconference

Present:	Chair: Patrick Young Vice Chair: Pam Malin, Erica Larsen, Nathaniel Lentz, David Pinno, Lynn Stansberry-Brusnahan
Absent:	Judy Quigley, Erica Larsen, David Pinno
Staff Present:	Beth Swedeen, Jeremy Gundlach

Meeting called to order at 1:00 pm.

1. Set Agenda for January Meeting:

- Invite People First to the January meeting
- Ask DVR to give an update on the WIOA trainings that have been going on. BPDD has funded the trainings.

1:30-3:00 PM	New Member Orientation
3:00-3:30 PM	Break
3:30- 4:30 PM	Diversity Ad Hoc committee?
4:30-5:30 PM	Consumer Caucus
5:30-6:30 PM	Dinner

7:45-8:30 AM	Breakfast
8:30-9:30 AM	GA Committee
9:30 -10:30 AM	WIOA update
10:30-10:45 AM	Break
10:45-11:30 AM	People First update
11:30-12:00 PM	Discussion on attendance
12:00-12:45 PM	Lunch
12:45-2:00 PM	Business Meeting

2. Discuss Format/Length of meetings/Attendance:

- Committee discussed that there has been a lack of attendance in the recent meetings.
- Most councils have 4 meetings a year, instead of 6. Varying length of times between councils. Would this be a better format?
- Discussion of board chair sending a letter after missing multiple meetings, per the board by-laws. Beth will be looking into
- Idea of having a board staff calling all board members who have not responded to RSVP email.
- Pam and Patrick are willing to contact all the members to discuss attendance.
- Lynn suggested having some of our meetings electronically to save on travel time.

- Patrick suggested moving the business meeting before the agency updates. The updates are part of the business meeting.
- Discussion of having updates on all the projects going on at every meeting.

3. Should GA be a committee of the whole?:

- Having everyone be a part of this committee might help with attendance and with productive GA discussion. Patrick can mention that in his chair letter so all members know they are now part of the committee.

4. Inviting cultural liasons to January meeting:

- It might be better to wait because of the holidays, January will be here too soon to invite them.

•

5. Update on DRW public Policy partnership:

- Lisa Pugh has left DRW. The board has voted to continue partnership with DRW. DRW is looking to hire a Public Policy position for 80% time. BPDD will be involved in hiring this new position. The new person will lead an agenda on federal issues and be involved in taking a lead on areas such as education. There will be a pot of money to reimburse advocates in the DRW contract to help with the timeline that the State has to follow for reimbursement. Beth has helped write the description of the position and will be reviewing the first/last round of interviews.

6. Other Agenda Items:

- **Review of the Executive Director:** closed meeting discussion.




Motion to adjourn at 2:30 PM. Unanimously passed.

Nominating Committee Agenda

January 18, 2017
6:30-7:30 PM
Sheraton Madison Hotel
Room: Reflection A

Members: Chair: Erica Larsen Vice Chair: Claire Bible, Wendy Ackley, Amanda Bell, Lynn Carus, Jennifer Kuhr,
Pam Malin, Delores Sallis, Suzanne Van Beaver **Staff Liaison:** John Shaw

Members Present:

Symbol	Topic	Presenter	Time
	Vacancies and Appointments	All	6:30- 6:50 PM
	Discussion on Executive Committee Slate	All	6:50- 7:10 PM
	Orientation	All	7:10- 7:30 PM

13

Other Information:



=Meeting



=Presentation



=Vote



NOMINATING COMMITTEE MEETING MINUTES

BPDD Office and Teleconference

Committee Present via teleconference: **Chair:** Erica Larsen
Suzan Van Beaver

Committee Absent: Claire Bible, Wendy Ackley, Amanda Bell, Lynn Carus, Jennifer Kuhr, Pam Malin, Delores Sallis

Staff Present: John Shaw

Meeting called to order at 10:35 AM.

1. Discussion on responsibilities of Nominating and Membership committee:

Shaw explained the main responsibilities of the committee as recruitment, assisting with development of training and orientation for the board and recruiting the slate for the executive committee. Larsen recommended that we have each board member do a brief biography on why they wanted to be appointed to the board, what they were passionate about in the disability world and a couple of interests so that board members could get to know each one a bit better. She also felt this would help in selecting individuals who might make good executive committee members.

2. New member appointments:

Shaw reported on two new members that have been appointed. Gail Bovy is the first one who is the parent of a child on the autism spectrum. She is from Middleton Wisconsin. The other is Mike Hineberg, from Milwaukee who is a parent as well.

Shaw gave the committee three different charts showing that we have 3 vacancies. Two parents of children with disabilities and one self advocate. Shaw further explained that currently we do not have any board members from Northwest Wisconsin and from Southwest Wisconsin. We also have only one parent who is the parent of a child under 18 so those would be priorities as far as recruitment.

3. Brainstorm of strategies to recruit new members

Discussed ways to get word out about applications for the board. Ideas included:






1. Developing a one sheeter about the board and application that can be handed out to organizations.
2. Presentation to Partners in Policymaking about applying to be on the board.
3. Connecting with CESA 5 parent engagement coordinators so we can recruit some parents of younger children.
4. Connecting with Family Voices.

Shaw will work on developing a one sheeter about the board and the applications process.

Government Affairs Committee Agenda

January 19, 2016
Sheraton Hotel
706 John Nolen Dr
Madison, WI
8:30-9:30 AM

Members: Chair: Judy Quigley Vice Chair: David Pinno **Members:** Committee of the Whole
Staff Liaison: Tami Jackson

Symbol	Topic:	Presenter:	Time:
	1. Federal <ul style="list-style-type: none"> Relevant Presidential Appointments Federal Proposals to Watch—Medicaid Block Grants & Per Capita proposals 	Tami Jackson	30 minutes
	2. State <ul style="list-style-type: none"> State Budget Issues Legislative Committees and Members 	Tami Jackson	10 minutes
	3. DRW Update	Barbara Beckert	10 minutes
	4. Other updates board members		10 minutes
	5. Adjourn		

Other Information:



=Meeting



=Presentation



=Vote



GOVERNMENT AFFAIRS COMMITTEE MEETING MINUTES

Nov 17, 2016
8:30-9:30 AM
Crowne Plaza Madison, WI

Committee Present:	Chair: Judy Quigley Vice Chair: David Pinno. Board Members: Barbara Beckert, Lynn Carus, Suzan Van Beaver, Kevin Coughlin, Ramsey Lee, Camille Nicklaus, Gail Bovy
Board Members Present:	Patrick Young, Amanda Bell, Claire Bible, Nathaniel Lenz, Amanda Bell, Erica Larsen, Jennifer Kuhr
Staff Present:	Tami Jackson, Beth Swedeen, Fil Clissa, John Shaw, Ann Sievert, James Giese, Jeremy Gundlach

Meeting called to order at 8:30 AM.

1. BPDD Biennial Budget Platform:

- Tami Jackson sent a draft copy of the 2017-2019 BPDD Biennial Budget Platform out to board members via e-mail prior to the meeting.
- Committee members reviewed the platform at the meeting, discussed elements of the platform, and suggested several revisions.
- Tami Jackson said she would make revisions to the platform and send a final copy out to the board via e-mail.
- After it is finalized, board members can use the platform as a reference and as a resource when they are talking with their legislators.

2. Disability Rights Wisconsin Update





- Barbara Beckert updated the board on several items DRW has been working on including case work, voting project work, and events.

Motion to adjourn at 9:30 AM. Unanimously passed.

January 18th, 2017
 3:30-4:30 pm
 The Sheraton Hotel
 706 John Nolen Dr
 Madison, WI 53713
 (608) 251-2300

Diversity Ad Hoc Committee Agenda

Members Chair: Lynn Carus Vice Chair: Jennifer Kuhr, Meredith Dressell, Judy Quigley, Pam Malin, Suzan Van Beaver, Barbara Beckett; Delores Sallis
 Staff Liaison: Ann Sievert

Symbol	Topic	Presenter	Time
	1. Call Meeting to order	Lynn C.	
	2. Update from conference call with Cultural Connectors <ul style="list-style-type: none"> What are the next steps? 	Pam M./Jennifer K./Lynn C.	15 mins
	3. Progress on Implementation of Board Diversity Action Plan <ul style="list-style-type: none"> Outreach/website Family Led project Board, staff training plan—Keith Jones visit in March 	James G Fil C Ann S/Delores S	30 mins
	4. Update on DRW Diversity Grant	Barbara B.	15 mins

 =Meeting
 =Presentation
 =Vote



Committee Present: Jennifer Kuhr (Vice Chair), Suzan Van Beaver, Barbara Beckert, Pam Malin

Committee Absent: Judy Quigley, Meredith Dressel, Lynn Carus (Chair)

Staff Present: Ann Sievert, Beth Swedeen

1. Call meeting to order

Meeting called to order at 3:35 pm

2. Update from meeting with Cultural Connectors at SD Conference

- Jennifer K., Pam M., and Ann S. met with the cultural connectors on Wednesday evening during dinner at the Self-Determination Conference.
- Reviewed draft Cultural Connector responsibilities document.
- Cultural connectors discussed what they felt were important issues to address:
 - Importance of realizing/respecting how each community is very different and we need to be mindful of each communities differences (e.g., Green bay very different issues from Milwaukee)
 - The board needs to put a strong effort into being present in each community and developing relationships with community members. Do fewer large centralized activities and do more small community connecting.
 - Need to closely listen to the barriers in each community and look to community members to provide suggestions for how to address them.
 - Very important for the board to “look through the lens” of individual community members and be flexibly respond to their needs.
- **Next steps:**
 - Check into feasibility of cultural connectors attending the next board meeting. Get on Executive Committee meeting agenda. Connectors could talk about what are important issues in their communities and provide suggestions on how to begin to engage in a meaningful way.
 - Set up a phone call with connectors early December. Talk about what their communities look like and what needs they have. Identify one step that the board could take to help build relationships in their communities.

3. Review summary of action steps from September board meeting conversation on diversity—identify what we have accomplished already and what should be our priorities:

- Make diversity an integral part of the redesign of the new board website:
 - Have pictures on first page of people from diverse communities.
 - Work with cultural connectors to develop short videos (using phone) with people from their communities that have been impacted by something the board has done. Post on line/Facebook.
 - Ann S. will work with James to get information out to the connectors with a suggested format for the videos.
- Have already changed already changed logo to be more accessible /not using acronym BPDD anymore.
- The board released a Request for Application to contract for Spanish interpreter/translation services. The applications are being reviewed right now.
- Newsletter should be translated to Spanish and sent to local Spanish outlets.
- Send targeted messages to radio – ask the cultural connectors to provide suggestions on what radio stations to connect with.
- Need to provide cultural diversity training to board members, staff and contractors. The cultural connectors could be part of the training. Informing us about their communities and what their priorities are. Need to clearly define what the outcomes are from the training. What do we want to accomplish. Could consider having Keith Jones, the keynote from the Self Determination Conference, do the diversity training.
- Support people from diverse communities apply for grants. Identify what procurement restrictions we have. Check into the feasibility of offering grants/training and other supports to people from diverse communities without a formal grant process.

4. Barbara B. provided an update of a new grant that Disability Rights Wisconsin received that focuses on diversity:

- The grant is focused on working with families with children from diverse communities to increase awareness of and enrollment in programs that support children (e.g., Children’s Long Term Support Program).
- They are currently doing a lot of outreach in the community to increase awareness of the grant. Reaching out to community organizations that people already have built relationships with and trust—e.g., schools, faith communities, health care facilities.

- They are in the process of Hiring a community consultant. They are working on developing some family friendly materials/resources. Working jointly with Facets. Would also like to explore opportunities for the board and Disability Rights Wisconsin to work together to further diversity efforts in Milwaukee.

5. Motion to adjourn at 4:32 pm. Unanimously passed.

BPDD Financial Summary

Through 09/30/16

	FFY2014	FFY2015	FFY2016
Revenue			
Federal Allotment			
Actual	1,227,167.00	1,276,488.00	1,311,944.00
Estimate			
Expenditures			
Personnel Expenses			
Original Budget	590,121.67	571,196.00	571,196.00
Adjusted Budget			
Personnel Expenses	590,121.67	621,397.26	94,870.27
Encumbrance	0.00	0.00	0.00
Total Expenses /Encumbrance	590,121.67	621,397.26	94,870.27
Remaining balance from Budget	0.00	(50,201.26)	476,325.73
Operating Expenses			
Original Budget	129,270.11	215,365.00	295,928.00
Adjusted Budget			
Operating Expenses	129,270.11	369,920.54	92,731.45
Encumbrance	0.00	40,232.25	5,000.00
Total Expenses /Encumbrance	129,270.11	410,152.79	97,731.45
Remaining balance from Budget	0.00	(194,787.79)	198,196.55
Grants & Projects Expenses			
Original Budget	507,775.22	489,927.00	444,820.00
Adjusted Budget			
Expenses	495,119.18	116,454.81	12,040.55
Encumbrance	10,458.23	184,562.00	32,959.45
Total Expenses /Encumbrance	505,577.41	301,016.81	45,000.00
Remaining balance from Budget	2,197.81	188,910.19	399,820.00
Total Expenditures/Encumbrances	1,224,969.19	1,332,566.86	237,601.72
Balance/Deficit	2,197.81	(56,078.86)	1,074,342.28

2017-2019 Biennial Budget Platform

Prioritize real jobs in the community for people with disabilities

People with disabilities want to work in real community jobs alongside others who do not have disabilities at minimum wage or higher, at the same wage anyone else would make for that job. Employment builds connections to others in the community, improves psychological well-being, increases income, reduces the impacts of poverty, and improves health. 60% of people with developmental disabilities said they want to work or work more in a Wisconsin survey of more than 500 people.

Ensure people spend their days included in the community, not in a Medicaid-funded facility

People with disabilities want to fully participate in their community. Day supports wrap around a person's community employment to further a person's interests, education, volunteering, fitness, and other goals and support age-appropriate activities in the community. Community day supports can be used to build natural support connections and enhance employment skills – leading to increased hours worked, new employment opportunities and higher wages.

Prioritize independent living with supports

People with disabilities want to choose who they live with (if anyone), who provides their supports, decide how they want their home to look and how they want to live in it, and maximize independence. Community Supported Living enables people with disabilities to live in their own home, not in a place owned or controlled by an exclusive service provider/agency. Supports/services are flexible to the needs of the individual and delivered in their own home.

Ensure people with disabilities can get where they need to go

Transportation is the number one concern identified by people with disabilities. People with disabilities are not able to get where they need to go on their schedule. A Wisconsin survey of more than 500 people with developmental disabilities finds a lack of transportation affects people with disabilities' ability to get to work (70%), impacts getting to medical appointments (66%), limits the ability to participate in their communities (86%), limits ability to shop and support local businesses (75%), and impacts people's ability to see their family (53%).

Connect families so they can solve problems while reducing service system involvement

Family Networks facilitate and connect families to do together what a single family cannot do alone. Well informed and supported families can solve challenges and provide direct support needs—transportation, community living, community integration, obtaining and maintaining community employment, changing

personal and home health care needs—that affect the quality of life and outcomes for people with disabilities. Connecting families to each other, provides support for the family as a whole, but ultimately benefit the individual with a disability.

Support the community based direct care workforce

People with disabilities rely on direct care worker assistance in order to remain independent, employed, and in the community. If the community-based workforce is insufficient, people with disabilities may be forced into institutional settings, which will dramatically increase the Medicaid budget.

Support people with I/DD and caregivers affected by Alzheimer's or dementia

More people with I/DD are living long enough to develop Alzheimer's disease and other dementias. Both family and professional caregivers need to be able to recognize changes and adjust their approaches accordingly. According to the national ARC, 75% of adults with I/DD live at home with their family. More than 900,000 of those families have caregivers who are age 60 or older. A separate and related challenge occurs when the caregiver is affected by Alzheimer's/Dementia and their ability to provide the needed level of care declines.

Prepare students with disabilities to succeed

Research clearly shows that 99% of students – including those with disabilities -- can learn grade-level content in the general education curriculum and achieve proficiency on grade level standards with the appropriate supports. Education is the foundation that prepares students with disabilities to become contributing members of their communities and a valuable asset to Wisconsin's skilled workforce.

Ensure children with disabilities receive services and are included in our communities

BPDD's vision is that every child with a disability grows into a person who is self-determined, participating and engaged in his or her community, employed in an integrated setting at a living wage, and maximizing their independence, including a reduced reliance on public benefit programs. Many Wisconsin children with disabilities are waiting to access the home and community based children's long term care waiver program.

Protect rights and access to polls for voters with disabilities

People with disabilities face a number of obstacles to voting including: inadequate accessibility of polling places, transportation to and from polling places, barriers to obtaining photo IDs, difficulties voting in-person; lack of information and varying early voting and absentee ballot processes, difficulty in reading or seeing the ballot and understanding how to vote or use voting equipment.

Keep people with I/DD in the community and out of mental health institutions

50% of long-term care participants with I/DD also have behavioral health conditions, and require specialized behavioral supports. Investment in individualized positive behavior supports can result in successful community living, employment and community participation for people with complex needs, while minimizing costly emergency detentions and institutional stays.

Close Wisconsin's remaining state Centers for the Developmentally Disabled and ICF-IDs

Family Care has successfully supported people with complex needs in their own homes and community, including people who have previously lived in state institutions. 11 states have closed all state operated centers for the developmentally disabled. It's time for Wisconsin to do the same.

Prioritize real jobs in the community for people with disabilities

Fast facts:

- Integrated community employment supports are more cost effective¹. Costs for integrated employment supports for individuals decrease over time, as individuals learn real world skills and gain support from co-workers, the need for paid service staff diminishes and may fade away entirely.
- In contrast, facility-based pre-vocational training services have high overhead and staffing levels, which translate into high fixed constant costs.
- People working in integrated community employment earn higher wages, resulting in more financial independence and the ability to be less reliant on Medicaid funded services².
- Research has shown that all people with disabilities who are employed are healthier. Employment can improve health by increasing social capital, psychological well-being, improving income, and reducing negative health impacts of economic hardship.³
- DHS's 2014 report on sustainability of Medicaid funded long term care programs stated that community integrated employment is more cost-effective than facility-based employment and that a shift to this type of employment is necessary for fiscal sustainability in state programs⁴.

Employment proposals

- Define "*competitive integrated employment*" in the statutes using the definition in the federal Workforce Innovation Opportunity Act (WIOA),⁵ and explicitly state that competitive integrated employment is the first and preferred outcome for all people with disabilities.

¹ DHS' 2013 Long-Term Care report cites the cost of integrated employment support at \$8.01 per hour worked, compared with a cost of \$10.45 per hour worked in facility-based employment.

² According to DHS data, people in integrated employment earn more than three times more per hour than their facility based counterparts (\$8.28 per hour versus \$2.43 per hour).

³ Hall, J.P., Kurth, N.K., & Hunt, S.L. (2013). Employment as a health determinant for working-age, dually-eligible people with disabilities. Disability and Health Journal, 6, 100-106; <http://www.ncbi.nlm.nih.gov/pubmed/23507160>

⁴ <https://www.dhs.wisconsin.gov/publications/p0/p00590.pdf>

⁵ Under WIOA, "competitive integrated employment" means work that is performed on a full-time or part-time basis (including self-employment) (A) for which an individual is compensated at a rate that –(I.) (aa) shall be not less than the higher of the rate specified in section 6 (a)(1) of the Fair Labor Standards Act of 1938 (29 U.S.C. 206 (a)(1) or the rate specified in the applicable state or local minimum wage law; and (bb) is not less than the customary rate paid by the employer for the same or similar work performed by other employees who are not individuals with disabilities, and who are similarly situated in similar occupations by the same employer and who have similar training, experience, and skills; or (II.) in the case of an individual who is self-employed, yields an income that is comparable to the income received by other individuals who are not individuals with disabilities, and who are self-employed in similar occupations or on similar tasks and who have similar training, experience, and skills; and (ii). is eligible for the level of benefits provided to other employees; (B.) that is at a location where the employee interacts with other persons who are not individuals with disabilities (not including supervisory personnel or individuals who are providing services to such employee) to the same extent that individuals who are not individuals with disabilities and who are in comparable positions interact with other persons; and (C.) that, as appropriate, present opportunities for advancement that are similar to those for other employees who are not individuals with disabilities and who have similar positions.

- Establish a pay for performance system that rewards community employment outcomes and fading or elimination of public employment supports⁶.
- Establish a statewide policy priority requiring every transition age student with a developmental disability to exit high school with a community integrated job⁷.
- Expand eligibility to compete for State Use program contracts to private sector businesses and businesses owned by people with disabilities, require State Use Contractors to pay employees at least minimum wage, ensure employees funded with State Use Contract dollars are being hired in community job settings.
- Invest in growing the number of quality community based employment providers that can help people with disabilities successfully obtain and maintain a community job.
- Promote and incentivize private sector hiring of workers with disabilities by investing in supports to expand the Partners With Business model statewide. This model is proven to save money and allows a typical co-worker to be paid with public funds (often time-limited) to help a person with a disability be successful on the job.
- Invest in the bi-partisan proposal from the Assembly Youth Workforce Readiness Committee to create a pilot program to provide trained job developers to school districts who can work with local businesses.
- Reform the Medicaid Assistance Purchase Plan (MAPP) work incentive program to ensure participants are achieving community jobs, strengthen work requirements and ensure that people who lose their jobs are put back on the path to employment rather than being automatically removed from MAPP, establish a fair premium structure that incentivizes participants to work to their full potential, and ensure savings workers have accumulated in Independence Accounts are retained after retirement.

⁶ Service codes in long-term care can be changed to pay for hours an individual works, rather than hours of service provided. This incentivizes obtaining more hours of employment for a LTC participant, finding a good job match that minimizes the need for support, and rewards fading of job coaching over time because the agency is still paid for the hours a person works regardless of services delivered. This model has already been successfully implemented in Wisconsin by one Wisconsin MCO.

⁷ Dane County has had this type of policy that over the past 30 years. Dane County has the leading integrated employment rate (75%) for people with developmental disabilities in long term care in the nation. Nearly every high school graduate with developmental disabilities in the last 5 years is in paid employment. Nearly 900 local employers have hired people with developmental disabilities. The employment provider network has expanded and focused almost exclusively on integrated jobs. People with disabilities working in community jobs pump more than \$3.6 million in earnings back into local economy. Wages earned now nearly offset local costs of providing employment supports.

Ensure people spend their days included in the community, not in a Medicaid-funded facility

Fast facts:

- Facility-based day service costs are fixed, high, continue into perpetuity, and are often segregated from the rest of the community.
- Connection to the community correlates with healthier living, improved mental status, and other important social determinants of health.
- Community Integrated Day Supports can wrap around a person's competitive integrated employment to create a meaningful day and week.
- Community integrated day supports can build natural support connections and enhance employment skills – leading to increased hours worked, new employment opportunities and higher wages.
- The Wisconsin managed care organization with the strongest emphasis on community building and community connecting has found this approach contributes to a greater use of natural supports and associated savings.

Day Service proposals

- Direct DHS to establish no less than 5 pilot programs in urban and rural areas of the state to establish integrated community day programs that will meet outcomes including independent living skills experience and training, opportunities to build relationships and natural supports; opportunities to explore and engage in activities/interests of the person like in adult education, volunteering, community activities, and recreation/leisure opportunities. Pilots should be directed develop and leverage non-governmental partners to expand the community options and opportunities available for people with I/DD.
- Require each pilot program to collect data elements to measure performance and outcomes⁸ and biennially report their data and outcomes to DHS and to the legislature.
- Develop a rate structure that incentivizes individualized, community-based supports rather than congregant settings.

⁸ Data elements include: How many and what types of community organizations or other partners does the pilot program have a relationship with; Hours of service delivered in each type of community organization or partner; Number and types of activities offered per month; Number of people participating in each type of activity; Number of people with I/DD in any small group; Number of people with I/DD doing individual activities; Ratio of staff to people with I/DD; Number of hours people with I/DD were engaged in activity without paid support there; How and who chose the activities and developed ideas for activities; Number of relationships individuals engaged in the community; Number of hours spent in the community and doing activities; Proportion of hours spend in activities designed for people without disabilities

Prioritize community supported living

Fast facts:

- 65% of people live with a family caregiver; in 25% of cases, the caregiver is over 60 years old⁹.
- Independent community supported living is the best practice and uses family and community resources to reduce bypass more expensive and restrictive Medicaid funded residential services.
- Community Supported Living can cost Medicaid 35% less than a CBRF placement¹⁰.
- In Dane County, families have established community supported living residences that save Medicaid 70% compared to the cost of an adult family home placement.

Housing proposals

- Establish Community Supported Living¹¹ as the first and preferred option for Medicaid reimbursable residential supports.
- Allow use of administrative Medicaid funds to be used for housing-related activities like assisting with housing applications, developing a housing support plan, or providing tenant support services¹².
- Require MCOs to routinely check and match LTC recipients with available affordable housing and Section 811 rental housing vouchers.
- Require MCOs to work with families to develop a clear succession plan to ensure their children can live in community supported living and avoid potentially decades of high cost, restrictive residential placement.

⁹ 2013 data. <http://www.stateofthestates.org/documents/Wisconsin.pdf>

¹⁰ Community Supported Living Within Family Care: Community Care of Central Wisconsin's Experience; Strenn, Norby and Harkins; October, 2013 paper published by the Wisconsin Board for People with Developmental Disabilities

¹¹ Community Supported Living is defined as a partnership between any person needing support to live in their own home and an entity providing individualized assistance.

¹² CMS encourages the use of Medicaid funds for these purposes. California, New York, and Tennessee -- are addressing the housing needs of dually eligible beneficiaries who use LTC. <https://www.medicaid.gov/federal-policy-guidance/downloads/CIB-06-26-2015.pdf>

Ensure people with disabilities can get where they need to go

Fast Facts

- Community employment, staying healthy, and independently taking care of personal business depends on reliable and routine access to transportation.
- Barriers to transportation for people with disabilities include; limited transportation on weekends and evenings (64%), transportation options or routes not going where people need to go (62%), rides being cancelled or not arriving on time (34%), and lack of accessible transportation (26%).
- Other barriers to transportation include high fares or unaffordable rates, one-ride one-purpose programs that do not allow people to use the same ride to accomplish multiple tasks, fragmented transportation systems that fail to connect to each other (between towns, across county lines etc.).
- If rides don't come or are late, it can cause other disruptions in an individual's life. Increased costs can result when more transportation must be scheduled, appointments are missed, or jobs are lost because unreliable transportation makes commuting impossible.

Transportation proposals

- Increase funding for public transit systems and expand public transit options (routes, new systems).
- Explore Uber/Lyft and other shared-ride systems as acceptable Medicaid payees to expand ride options and numbers of vehicles available that can be accessed by people with disabilities.
- Pass shared-ride legislation that assures accessibility, requires background checks for drivers, Leaves opportunity to partner with or contract with private companies that already operate wheelchair accessible vans or encourage people who own accessible vans to sign up as drivers, prohibits charging people with disabilities additional fees or higher fares, prohibits discrimination against people with mobility equipment or who use service animals.
- Incentivize health care facilities to coordinate and schedule their own NEMT rides in conjunction with the medical and other treatment appointments they schedule.
- Implement "Pay for Performance" billing for all NEMT rides. BPDD recommends no payment be made if a ride does not show, and a sliding scale penalty be imposed that reduces payment the later the ride is, with no payment due if the ride results in a patient missing a scheduled appointment.

Connect families so they can solve real challenges and reduce service system involvement

Fast Facts

- Family networking is one of three national standards for support to families. Dane county has been operating a Family Network program for 9 years; program data quantifies that the program is a success for families, people with disabilities, and the long term care system.
- Family Networks seek out cost effective community-based solutions and resources, personal resources, and unpaid supports, in lieu of more costly Medicaid funded services.
- Family Networks can increase community employment¹³, independent living¹⁴, and facilitate transportation¹⁵.
- Family Networks can fill in the gaps caused by significant workforce shortages in rural and underserved areas with limited access to qualified service providers.
- Family Networks can plan and prepare for a time when family caregivers may no longer be able to provide the same level of care and succession of caregiving¹⁶.

Family and Caregiver proposals

- Establish two 3-year pilot programs—one in Family Care and one in IRIS—that provides dedicated staffing, technical assistance, training and coaching, requires outcomes reporting, and recommendations to DHS on how to scale and replicate family networks in the long term care system.¹⁷

¹³ In one project, 85% of people with disabilities gained an average of 15 hours per week of employment, and reduced the support provided by Medicaid by 7000 hours per year. If these 11 individuals were not working part-time in the community, it would cost Medicaid \$616,000 for 7000 hours in a sheltered workshop and \$1,155,000 for 7000 hours of adult day services per year.

¹⁴ One Family Network decided to focus on achieving independent living for their family members with disabilities. 20 individuals now live independently for 70% lower than if they were in an adult family home placement. If these 20 individuals were placed in Adult Family Homes the cost of supporting them would be \$480,000 to \$1,340,000 per year. Another group of five families is saving Medicaid 30% annually because they are sharing responsibility for hiring, training and scheduling shared staff and thus avoiding the overhead costs of a residential agency (\$24 per hour residential agency versus \$16 hour non-agency). In another example, Medicaid will save an estimated \$27 million over the course of 9 individuals' lifespan because 9 families developed a clear succession plan to ensure their children can live in the community and avoid potentially decades of high cost, restrictive residential placement.

¹⁵ Nine families assessed they collectively need more than 1500 rides per year for employment and community activities; by carpooling they have reduced the number of Medicaid rides by 150.

¹⁶ When families transition caregiving to another family member or have ensured that their loved one can live and work independently in the community with supports, Medicaid may avoid residential and other costs that might have been incurred for decades.

¹⁷ Data elements should include number of families receiving one on one conversation specifically about participating in a Family Network; Number of families expressing interest being connected to Family Networks; Number of families referred to dedicated Family Network staff; Number of family networks and number of families within each network; Types of Activities Family Networks are engaged in (e.g. connecting to other families, connecting to community activities, securing community employment, securing community independent living, supported decision making and self-direction, futures planning, transportation solutions etc.); Engagement of participants whose families are in Family Networks in community employment (hours, wages, employment supports used), community supported living, community engagement, quality of life measures, supported decision-making and self-direction as compared to participants whose families are not participating in Family Networks; The level of family engagement in networks and types of activities families are engaged in; issues identified by families including participation; quantify the participant's existing support system and how many/amount of services are being paid by family, other caregivers, other entities, services available from public or private funding sources.

- Develop an incentive structure within Family Care outside the capitated rate for continuous outcome improvement initiatives, and include replication of the Living Our Visions (LOV-Dane) model as an eligible continuous outcome improvement project.
- Create an incentive structure that rewards families for community integration efforts that result in reportable outcomes (specifically integrated employment, transportation to employment, community integrated living, community connections, etc.)

Support the community based direct care workforce

Fast Facts

- Currently, the turnover rate in Wisconsin for personal care workers is 35-50% annually¹⁸. There are currently 3,000 additional positions that are unfilled, and by 2020 the number of workers needed is projected to increase by 36%.
- Reasons for the high turnover rate of personal care workers in provider agencies include: low wages, unpredictable and insufficient hours, geographical distance travelled to get to clients, isolating work environment that does not provide a team support structure, and inconsistency of clients especially as crises scheduling forces interaction with unfamiliar clients.
- An estimated 40% of the overall community workforce includes family members.

Community Workforce proposals

- Establish a statewide contract with a proven registry (MySupport) that enables long term care participants and available workers to find each other, hire and schedule workers, expand the available worker pool for workers not affiliated with a provider agency, and helps provider agencies to improve administrative efficiency¹⁹.
- Reimburse workers for transportation costs associated with commuting to client homes.²⁰
- Continue allowing IRIS participants to hire workers--including relatives and friends—who are not affiliated with provider agencies.
- Encourage MCOs to incorporate workers not affiliated with a provider agency--including willing family members--into their provider networks.
- Allow individuals who self-direct to pool their budgets to jointly hire staff and offer wage incentives.

¹⁸ There are currently about 90,000 personal care workers in Wisconsin; a 35% annual turnover rate equates to 31,500 positions that must be refilled every year.

¹⁹ Applications have been developed that match participants and workers by via profile information (care needed, geography, availability), enable participants to self-direct and hire workers that fit their needs and personality, enable personal care agencies and workers to track hours to prevent incurring overtime expenses, and enable provider agencies and managed care organizations to reduce administrative overhead while tracking workflow and billable Medicaid expenses. My Support (<http://www.mysupport.com/>) is an example of a platform currently operating in California, New Jersey, Iowa, and preparing to launch in Delaware and Maryland. My Support can be used as an the CMS suggested open registry of workers for public use, and Medicaid administrative match can be used by states to implement the My Support system and pay for ongoing operating costs (CMS Guidance, Suggested Approaches for Strengthening and Stabilizing the Medicaid Home Care Workforce August, 2016, <https://www.medicaid.gov/federal-policy-guidance/downloads/cib080316.pdf>)

²⁰ These costs should at minimum include gas, millage, and public transit system fares. Currently, the workforce is only reimbursed for travel time and not mileage. Travel time reimbursement often does not cover the cost of gas and wear and tear on the vehicle.

Support people with I/DD and caregivers affected by Alzheimer's or dementia

Fast Facts

- Certain developmental disabilities can indicate an increased likelihood of developing dementia symptoms and diseases; these symptoms may develop at younger ages.
- When Alzheimer's or dementia is present in a person with I/DD, it may not be recognized or treated, which can have profound consequences on an individual's life and care.
- People who experience both I/DD and Alzheimer's/Dementia are often blamed for being "difficult," and staff may apply punitive measures or removal from residential settings (sometimes resulting in institutionalization).
- Family caregivers of people with I/DD and Alzheimer's/Dementia may not recognize or separate behavior from symptoms of disease.
- Caregivers are aging and people with I/DD are living longer. Caregivers affected by Alzheimer's/dementia, may no longer be able to provide care, and other relatives may be unaware the situation becomes critical for one or both parties.

Alzheimer's/Dementia Proposals:

- Incorporate memory and mental health questions from the NTG Early Detection Screening for Dementia (NTGEDSD) for all individuals with I/DD and all individuals over age 65 in long term care programs.
- Require an annual caregiver assessment.²¹
- Require courts to revisit the terms of the guardianship every five years,²² revise guardianship orders to reflect new skills/capacity of wards with I/DD, and evaluate guardian's capacity to continue to serve as the guardian.
- Explore using funds from the Older American Act to support younger people and people with I/DD who have Alzheimer's and Dementia.

²¹ Caregiver assessments can identify when caregivers are feeling overwhelmed, need additional help because of their own physical health, identify when life circumstances have changed, and identify the person's true circle of support.

²² Courts seldom revisit guardianship agreements once they have been granted. Many guardianships for people with I/DD remain in place without changes for decades. Legal guardian authority may have been granted decades before the onset of Alzheimer's/dementia symptoms in the guardian. It is not clear who and how it is determined that a guardian is no longer capable of fulfilling that role, and how the guardianship is modified or dissolved (assessment of whether a guardianship is needed, transferal to whom, and does the ward have a right to provide input).

Prepare students with disabilities to succeed

Fast Facts

- In the 2015-16 school year, Wisconsin had 104,775 students with disabilities²³. Wisconsin has a significant achievement gap for students with disabilities
- In the 2014-15 school year, 8th graders with disabilities were only one-third as likely to be proficient in language arts as their peers; only one in 10 8th graders with disabilities were proficient in math.
- Poor educational preparation of students with disabilities translates into a lifetime of high unemployment (63%), lower wages (30% less than workers without disabilities), and reliance on public benefit programs.
- There is a strong correlation between general education inclusion/access to general education environments in high school and improvement in employment rates for students with I/DD²⁴

Education proposals

- Support increase in state funding for special education services to 30% of costs, and full funding for high-cost students. Require the amount of per-pupil funding the state provides for educational services accompany the student, if a student changes schools during the school year.
- Require transition age students to have paid community employment work experience as a transition service.
- Require private schools that receive public funds to follow federal Individuals with Disabilities Education Act (IDEA) requirements, and require IDEA's definition of "disability" to be universally used for reporting and other purposes.
- Create a single system to collect standardized data on charter, choice, County Children with Disability Education Boards (CCDEBs), and public schools specifically requiring data collection to measure students' with disabilities progress.
- Fully fund the Better Bottom Line Transition Incentive Fund to reward schools that move more students into community employment at or above minimum wage or into post-secondary education.

²³ Ages 6-21. <http://dpi.wi.gov/sped/data/child-count/10-01-15>

²⁴ Benz, M. R., Lindstrom, L., & Yovanoff, P. (2000). Improving graduation and employment outcomes of students with disabilities: Predictive factors and student perspectives. *Exceptional Children*, 66, 509-541.

Ensure children with disabilities receive services and are included in our communities

Fast Facts

- Approximately 36% of identified children with disabilities currently eligible for Children's Long-Term Supports (CLTS) are waiting for supports in Wisconsin.
- As of August 2014, 5,344 children were enrolled in CLTS program, and there were 2,389 kids on the waiting lists maintained by the county (including 1,403 kids with I/DD) as of August 2014.

Children's proposals

- End the waiting list for home and community based supports for children with disabilities.
- Invest in training for health care providers and pharmacies to understand how to submit claims to the EPSDT HealthCheck system.

Protect rights and access to polls for voters with disabilities

Fast Facts

- Americans with disabilities vote at a rate 5-15% below people without disabilities.
- People with disabilities face a number of obstacles to voting, including: inadequate accessibility of polling places, transportation to and from polling places, barriers to obtaining photo IDs, difficulties voting in-person; lack of information and varying early voting and absentee ballot processes, difficulty in reading or seeing the ballot and understanding how to vote or use voting equipment.
- People with disabilities will account for approximately one sixth of eligible voters in the 2016 election, totaling 34.6 million people in all²⁵ (roughly 17% of the electorate).
- In 2016, there will be 62.7 million eligible voters who either have a disability or have a household member with a disability, more than one-fourth of the total electorate²⁶.
- In 2012, 30 percent of people with disabilities reported difficulty in voting, compared with 8 percent of people without disabilities²⁷.

Voting access proposals

- Continue polling place accessibility audits to ensure voters with disabilities can access polls.
- Fully fund DOT to provide state IDs to all Wisconsin citizens that request one. Reject DOT's proposal to issue paper IDs that may only be used for voting purposes to save costs. Free photo IDs—as required by the law—should be durable and the same quality as all IDs available to all Wisconsin residents.
- Prevent guardianships from automatically stripping a person's right to vote and allow a process to have voting rights restored

²⁵ <http://smlr.rutgers.edu/news/projecting-number-eligible-voters-disabilities-november-2016-elections-research-report>

²⁶ <http://smlr.rutgers.edu/news/projecting-number-eligible-voters-disabilities-november-2016-elections-research-report>

²⁷ https://www.supportthevoter.gov/files/2013/08/Disability-and-Voting-White-Paper-for-Presidential-Commission-Schur.docx_.pdf

Keep people with I/DD in the community and out of mental health institutions

Fast Facts

- When behavioral health needs are not effectively addressed, some individuals with I/DD may express themselves through challenging behaviors. This may lead to inappropriate and costly placements in mental health facilities.
- For 30 years, the UW-Waisman Center's Community TIES program has greatly enhanced Dane County's ability to decrease the need for costly stays in Wisconsin's mental health institutes.
- Community TIES provides positive behavioral support services, collaborates with local law enforcement and develops police safety plans that provide alternatives to hospitalizations, trains provider staff on positive behavioral supports, provides psychiatric consultation, and provides intensive crises response support.
- In 2015 Community TIES consultants provided active behavior support services 16% of the adult I/DD population served by Dane County (231 people).
- Every day these complex individuals are living in the community saves Medicaid 39-60%.

I/DD and behavioral health proposals

- Use the same reimbursement rate for institutional and Home and Community Based (HCBS) services²⁸.
- Establish one or more county pilot projects between Waisman Community TIES, an MCO, a county CLTS program, and county mental health department.
- Develop an incentive structure within Family Care outside the capitated rate for continuous outcome improvement initiatives, and include replication of the Community TIES model as an eligible continuous outcome improvement project.

²⁸ The average per capita cost of institutional services typically is considerably higher than that of HCBS. When a state establishes the same acuity-adjusted Per Member Per Month (PMPM) payment rate for institutional and HCBS services, MCOs have strong incentives to avoid institutional placements and to transition Nursing Facility and other institutional residents to HCBS settings.
<http://www.ncd.gov/publications/2013/20130315/>.

Close Wisconsin's remaining state Centers for the Developmentally Disabled and ICF-IDs

- Family Care/IRIS have successfully supported people with complex needs in their own homes and community, including people who have previously lived in state institutions. Prevention and reduction of institutional placements is a primary source of the cost savings that the current system has generated.
- 11 states have closed all state operated centers for the developmentally disabled²⁹
- 8 more states have scheduled the closure of 14 more state operated IDD facilities by 2020.³⁰
- It costs Medicaid \$185,235 annually per person living in ICF/IIDs, compared to \$33,504 for those served in home and community based waivers (Family Care, IRIS)³¹.

Institution Reforms

- Close the state's remaining facilities regulated as institutions (ICF-IDs), and transition residents into Home and Community Based Waiver programs (Family Care/IRIS).
- Ensure that a robust transition plan and adequate funding exists to facilitate successful relocation into the community.
- Expand access to the Adaptive Aids program and diagnostic capacity housed within Central Wisconsin Center to all state residents.
- Use the same reimbursement rate for institutional and Home and Community Based (HCBS) services³².







²⁹ Alabama, Alaska, Hawaii, Indiana, Maine, Michigan, Minnesota, New Hampshire, New Mexico, Oregon, Vermont and the District of Columbia reported no open state IDD facilities with 16 or more residents in June 2013. *2016 In-Home and Residential Long-Term Supports and Services for Persons with Intellectual or Developmental Disabilities: Status and Trends through 2013* (Residential Information Systems Project, 2016).

³⁰ *2016 In-Home and Residential Long-Term Supports and Services for Persons with Intellectual or Developmental Disabilities: Status and Trends through 2013* (Residential Information Systems Project, 2016).

³¹ *2016 In-Home and Residential Long-Term Supports and Services for Persons with Intellectual or Developmental Disabilities: Status and Trends through 2013* (Residential Information Systems Project, 2016).

³² The average per capita cost of institutional services typically is considerably higher than that of HCBS. When a state establishes the same acuity-adjusted Per Member Per Month (PMPM) payment rate for institutional and HCBS services, MCOs have strong incentives to avoid institutional placements and to transition Nursing Facility and other institutional residents to HCBS settings.

<http://www.ncd.gov/publications/2013/20130315/>,

Goal 1 Budget: \$186,000	
	<p>More people with Intellectual and Developmental Disabilities (I/DD) will be included in their communities.</p> <p>By September 2021, more people with I/DD including those with diverse identities will participate in integrated community activities of their choosing as evidenced by:</p>
Objective 1.1 2016 Number: 3,601 people	
	<p>More people with I/DD will be working in the community.</p> <p>By September 30, 2021, 50% more people with I/DD will be working in integrated employment of their choice at a competitive wage.</p>
Objective 1.2 2016 Number: **	
	<p>More people with I/DD have the support they need to make choices in their lives.</p> <p>By September 30, 2021, 25% more people with I/DD will make choices about their everyday lives.</p>
Objective 1.3 2016 Number: **	
	<p>More people with I/DD will have a way to get to where they need to go. (Transportation)</p> <p>By September 30, 2021, 25% more people with I/DD will reliably be able to get where they need to go each day.</p>
Objective 1.4 2016 Number: **	
	<p>More people with I/DD will have people in their lives that they can count on to help them when needed.</p> <p>By September 30, 2021, 25% more people with I/DD say they have a network of community members they can rely on.</p>
Objective 1.5 2016 Number: **	
	<p>More African American Families will be connected to their community and resources</p> <p>By September 30, 2021, African American Families in the central city Milwaukee will be connected to community supports and have access to the resources they need.</p>

Rationale: The number of individuals who use self-directed supports is steadily growing. More than 13,000 are currently self-directing their long-term care services and supports in Wisconsin. Nearly half (48%) are individuals with intellectual and developmental disabilities. Anyone eligible for long-term care should have the opportunity to self-direct any or all services and supports. Individuals may use **Supported Decision-Making** tools to ensure independence and choice in making decisions about their lives. Individuals with I/DD and families need support and resources to create a full life. This means having access to transportation, paid jobs, volunteer work, community activities and clubs, etc. Having a full life means that people with disabilities have all the opportunities, supports, and resources that are available to individuals in their community without a disability. Employment is integral to most people's lives, yet people with I/DD continue to experience many barriers. Research has shown that individuals in long-term care who are employed in integrated jobs are less likely to be reliant on public supports and have better life outcomes. The lack of adequate wrap-around day supports and transportation reduces independence.

Definition:

Intellectual Disability is a disability characterized by significant limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior, which covers a range of everyday social and practical skills. This disability originates before the age of 18.

Developmental Disabilities is an umbrella term that includes intellectual disability but also includes other disabilities that are apparent during childhood.

Diverse identities refers to people of various races, cultural and ethnic heritages, genders, gender identities, gender expressions, sexual orientations, ages, and religions from diverse socio-economic and geographic backgrounds.

Integrated employment is a job in typical workplace settings where the majority of persons employed are not persons with disabilities, at least minimum wage or higher, where the person is paid directly by the employer and is given opportunities for advancement that are similar to those for other employees who are not individuals with disabilities and who have similar positions. Integrated employment includes self-employment and ownership of micro-businesses.

Making Choices refers to a person being able to make decisions about their own life: where to work, live, to have a roommate etc.

Supported Decision-Making means people with disabilities can get the help they need from friends, family members, and professionals to understand the situations and choices they face, so they may make their own decisions as an alternative to guardianship.

Suggested activities:

- Provide training and support to individuals and families,
- Work on reaching people with disabilities and their families from diverse (all) backgrounds,
- Training events, Employment First Conference and Self-Determination Conference,
- Partner with Disability Rights Wisconsin and Waisman Center,
- Provide grants to work on employment practices, self-determination, self-directed supports, supported decision-making, transportation, and peer mentoring,
- Work to increase self-directed supports in Wisconsin.

Goal 2 | Budget: \$324,000



More people with I/DD trained in advocacy and self-advocacy, resulting in an increase in the number of policies/laws that support people with disabilities to be more included in community life.

By September 2021, more people with I/DD including those with **diverse identities** and their families will increase their advocacy efforts, resulting in increased numbers of policies supporting inclusion of people with disabilities in community life.

Objective 2.1 | 2016 Number: 200



Support People First Wisconsin to increase the number of self-advocates with I/DD involved in local groups.

By September 30, 2021, 25% more self-advocates with I/DD will participate in a **state self-advocacy organization** led by individuals with intellectual disabilities.

Objective 2.2 | 2016 Number: 161



Increase the number of self-advocates with I/DD trained in leadership skills and become leaders in their community.

By September 30, 2021, 50% more **self-advocates with I/DD** will participate in leadership training and practice their leadership skills.

Objective 2.3 | 2016 Number: New Project



Work with Disability Rights Wisconsin and Waisman Center to identify and support people with diverse backgrounds to participate in different leadership groups.

By September 30, 2021, 50% more people with I/DD and their families will participate in cross-disability and culturally diverse leadership coalitions through collaboration with the **AIDD Partnership**.

Objective 2.4 | 2016 Number:



Support more people with I/DD and families from different backgrounds will increase their advocacy.

By September 30, 2021, 25% more people with I/DD with **diverse identities** and their families will increase involvement in advocacy activities.



Work with legislators and policy makers to improve the lives of people with disabilities in Wisconsin.

By September 30, 2021, BPDD will act as a policy advisor to the Legislature, Governor and other policy makers on policies that affect all aspects of community life, decision-making, and full inclusion. This will result in 25 improved policies and practices that increase community participation, decision making and full inclusion.

**** Data will be available 9/30/16.**

Rationale: Nothing about me without me. Individuals with disabilities and their family members must be included in the decision-making process on policies and practices that affect their lives and impact their ability to obtain the services and supports they need to live in the community. People with I/DD need support in exercising their rights and responsibilities as citizens. Speaking at a public event, writing a letter to an elected official, and voting are just a few examples. Self-advocacy and advocacy groups need training, education, and opportunities to practice their skills. Self-advocates and families provide vital and unique insight to their local communities on how public policies impact their lives.

Definitions:

Diverse identities refers to people of various races, cultural and ethnic heritages, genders, gender identities, gender expressions, sexual orientations, ages, and religions from diverse socio-economic and geographic backgrounds.

AIDD Partnership: The Administration on Intellectual and Developmental Disabilities defines the partnership as being between The Board for People with Developmental Disabilities, Disability Rights Wisconsin, and Waisman Center.

State self-advocacy organization: People First Wisconsin is the self-advocacy organization in Wisconsin. They have a state office run by people with intellectual and developmental disabilities.

Self-advocacy: refers to an individual with a disability's ability to effectively communicate, convey, negotiate or assert his or her own interests, desires, needs, and rights.

Suggested activities:

- Promote collaboration among agencies and strengthen coalitions,
- Provide information and e-mail alerts on policy and legislative initiatives affecting people with I/DD,
- Assist People First-WI with outreach and training activities,
- Provide grants and technical assistance to support local self-advocacy coalitions,
- Support joint policy positions with AIDD partners (Disability Rights Wisconsin and Waisman Center),
- Provide advocacy and leadership training and mentoring to self-advocates, including youth and families,
- Support voting activities,
- Engage in systems change activities that promote the inclusion of people with I/DD in all facets of community life,
- Educate policy makers, legal system on disability issues.