



MILWAUKEE COUNTY
Department on Aging

Milwaukee County Commission on Aging

2020 Public Policy Positions and List of Priorities

Priorities for 2020

Overall: Examine poverty as it affects older adults in Wisconsin and advocate for programs that provide economic and housing security.

Federal

- 1) Older Americans Act
- 2) Medicare
- 3) Social Security
- 4) Medicaid
- 5) Affordable Care Act

State

- 1) Address Long Term Caregiver Crisis
- 2) Increase Access to Affordable and Accessible Local Transportation
- 3) Advance the Fair Deal Initiative and Increased State Revenue Sharing

Local

- 1) Advance Participation in the 2020 Census
- 2) Increase Funding and Coordination of Mental Health Services for Older Adults
- 3) Ensure Access and Increase Participation in 2020 Elections by Older Adults
- 4) Maintain Funding and Increase coordination of local Transportation Services.
- 5) Maintain Funding for Milwaukee County Multipurpose Senior Centers.

Federal Policy Positions

Older Americans Act (OAA)

Background: OAA programs have demonstrated an ability to provide high quality services in the areas of special concern to older adults: nutrition, transportation, caregiver support, community engagement, employment, and advocacy. OAA programs leverage state, local, and private dollars and volunteers to help seniors age in place and avoid unnecessary residential treatment. Funding for the OAA has not kept pace with inflation or population growth for years, and current levels are insufficient to meet growing needs.

Position: Reauthorize the Older Americans Act for at least five years and significantly increase funding under each of its titles. Support mandatory funding for Aging and Disability Resource Centers.

Status: The Dignity in Aging Act passed unanimously in the House but stalled in the Senate. The Dignity in Aging Act would reauthorize the OAA for five years and provides all OAA programs an immediate 7 percent increase (FY2020) and a 6% increase through FY 2024, boosting funding above its historical high. The Senate Special Committee on Aging introduced S. 3057, Modernization of the Older Americans Act Amendments (MOAA), a bipartisan bill to reauthorize OAA through 2026. The MOAA clarifies that AAAs can engage in private pay, integrated care and other arrangements to expand services, and removes the Title III E funding cap on grandfamilies and older relative caregivers. This version is subject to change in the Senate and then again in conference committee to work out differences between the House and the Senate versions.

The Affordable Care Act (ACA)

Background: The ACA provides a marketplace for high quality, lower cost plans for individuals who do not have access to health insurance through their employer or Medicare. For persons in households of 2 with income below \$65,000, premium subsidies are available. The ACA thus provides an opportunity for older adults who are not yet 65 years of age to obtain affordable coverage, if they do not qualify for Medicaid or other coverage through an employer. The ACA closed the Part D “donut hole” by covering 75% of both generic and brand name drugs during the period prior to catastrophic coverage. The ACA also covers a variety of preventive services for adults that were not previously available. Under the ACA, states were incentivized to expand Medicaid to individuals at or below 165% of poverty, with a 90% federal match rate.

Position: Oppose any plan to repeal or limit the ACA. Advocate for Wisconsin to accept the federal Medicaid expansion provisions.

Status: Congress did not repeal the ACA but effectively repealed the “individual mandate” by setting the tax penalty for not obtaining coverage to \$0. A District Court ruled the entire ACA unconstitutional, and the 5th Circuit affirmed that the mandate portion is unconstitutional. The ACA remains in place while the case is appealed. Congress permanently repealed a variety of taxes that were meant to help pay for the ACA. A case challenging the Administration’s refusal to make risk corridor payment to insurers is before the Supreme Court. While Governor Evers proposed expanding Medicaid under the ACA, Wisconsin’s legislature refused.

Medicare

Background: Medicare is the primary option for persons 65 and older to receive health care insurance. Many benefits were added in the ACA, including closing the Medicare Part D donut hole. Medicare does not cover long term care, dental, vision, or hearing. Medicare is more cost-effective than any private insurance.

Position: Support legislation that would:

- Allow the federal government to negotiate price of prescription drugs with pharmaceutical companies;
- Require drug companies to provide rebates to Medicare on prescription drugs for low-income seniors;
- Add a Catastrophic Out-of-Pocket Limit for traditional Medicare.
- Require payment parity between traditional Medicare and the Medicare Advantage program, with savings in MA plans reinvested into the Medicare program to the benefit of all enrollees.
- Add comprehensive vision, hearing, and dental benefits to Medicare.
- Increase long term care coverage through Medicare.
- Simplify Medicare Part B enrollment and add Medigap enrollment protections.

Oppose any effort to cut program benefits, change the program to a voucher-style program, or to phase out the program for older adults or persons 65 or older.

Status: The House has passed a Medicare Expansion bill (H.R.3), allowing CMS to negotiate drug pricing, adding dental, vision & hearing benefits and expanding Medigap enrollment protections. The Senate is working on a proposal that would allow foreign drug importation, require drug companies to pay back Medicare if prices increase faster than inflation, and creates a \$3,100 out-of-pocket cap for spending in Medicare Part D.

Medicaid

Background: Medicaid is a shared federal/state program that funds medical care for low-income residents. Older adults may receive assistance for Medicare premiums and out of pocket costs through Medicaid. Medicaid may also cover costs that Medicare may not cover or partially covers, such as nursing home care, personal care, Non-Emergency Medical Transportation and Home and Community-Based Services. These programs include Family Care, IRIS, PACE, and Partnership long term care and SeniorCare. Research indicates these programs provide valuable benefits at a lower cost than Medicaid funded nursing home placements.

Position: Oppose block grants, per-capita caps, and decreased Medicaid funding or benefit cuts. Support Medicaid expansion in Wisconsin under the ACA. Increase dual eligible benefits, expand long term care coverage, and increase payment rates to community based long term care providers, particularly caregivers.

Status: Congressional efforts to “block grant” Medicaid failed. However, CMS approved Wisconsin’s waiver requiring BadgerCare childless adult recipients under age 50 to be employed 80 hrs/mo, undergo job training or community service. Governor Evers sought Medicaid expansion in Wisconsin under the ACA. The legislature refused to accept the expansion and struck it from the biennial budget. The Governor’s power was limited by requiring approval of all changes to Medicaid waivers by the JCF before they are submitted to CMS.

Social Security

Background: Social Security is a federal program providing economic security after retirement or disability to an individual earner and their spouse. Social Security and Disability Insurance benefits are based upon an individual’s lifetime earnings. Most workers pay a percentage of their wages into this fund. Supplemental Security Income pays a base amount to elder adults in poverty and persons with disabilities out of general revenue. Forty percent of Wisconsin’s seniors would live below the poverty level without Social Security.



Position: Protect and maintain the current structure of Social Security. Oppose all efforts that would decrease Social Security or SSI benefits or privatize fund investment. Support legislation that would increase the payroll tax cap and make the CPI-E the applicable Index for computing OASDI benefits.

RAISE Family Caregivers Act

Background: The RAISE Family Caregivers Act requires ACL to develop, maintain and update an integrated national strategy to recognize and support family caregivers. The bill brings together relevant federal agencies with family caregivers; older adults and persons with disabilities; providers of health and long-term services and supports; employers; state and local officials; and others to recommend a national caregiving support strategy.

Position: Support an extension of the RAISE Family Caregivers Act and the National Family Caregiving Advisory Council and provide funding to implement its recommendations.

Supporting Grandparents Raising Grandchildren Act

Background: More than 2,500,000 grandparents in the United States are the primary caretaker of their grandchildren, and numbers are increasing. Providing full-time care to grandchildren may decrease grandparents' ability to address their own physical and mental health needs and personal well-being. Grandparents would benefit from better coordination, information, and resources to support them in their caregiving responsibilities. Creates an Advisory Council to Support Grandparents Raising Grandchildren.

Status: Support an extension of the Supporting Grandparents Raising Grandchildren Advisory Council and provide funding to implement its recommendations.

Supplemental Nutrition Assistance Program (SNAP)

Background: SNAP was formerly known as the Food Stamp program and is the nation's largest domestic hunger safety net. In a typical month in 2018, SNAP helped 40 million low-income Americans afford a nutritionally adequate diet, including 4.8 million adults age 60 or more. Seniors receiving SNAP benefits mostly live alone: only 1 in 4 live in households with other members. SNAP provided an estimated \$6.6 billion to SNAP households with seniors in 2016, two-thirds of which went to households in which seniors lived alone.

Position: Support full funding of the Supplemental Nutrition Assistance Program (SNAP) benefits and eligibility, helping nearly 40 million people who struggle against hunger in this country put food on their tables. Oppose changes that limit eligibility or benefit payment, or impose additional barriers to receive SNAP.

Status: The President signed the Farm Bill in 2018 preserving SNAP benefits and eligibility. The law contains numerous improvements to SNAP. After signing the Farm Bill, the USDA introduced a series of rules to slash work exemptions, limit state's ability to exempt certain able-bodied adults w/o dependents from meeting work requirements and changing how a household's eligibility for and benefit allotments are determined. Currently, in Wisconsin a family can become automatically eligible for SNAP if they already are receiving other types of aid for low-income households. The USDA proposes eliminating this practice, known as broad-based categorical eligibility (BBCE). The USDA is also considering changing how the costs of heating or cooling a home affects a family's SNAP benefits by replacing the methods that states use to calculate their standard utility allowance with a more uniform, national method, eliminating thousands from eligibility, disproportionately older adults.

State Policy Positions

Direct Care Workforce Supports

Background: Wisconsin faces a caregiver workforce crisis. Direct-care workers include personal care, home health, therapy, and nursing aides, attendants, peer mentors and respite workers. Wisconsin's direct care workforce is essential to the health and independence of people with disabilities and the frail elderly. Due to low wages, lack of benefits, and inadequate Medicaid reimbursement rates, the industry is experiencing record turn-over. The inability to attract and retain direct care workers has resulted in long-term care recipients going without essential care compromising their health, safety, and their ability to live in the community. At the same time, nonpaid family caregivers face increased pressure to choose between caregiving and employment responsibilities and have few options for adequate respite.

Position: Support efforts to stabilize the direct care workforce including by: 1) Making permanent increases to the Medicaid reimbursement rate for direct care workers; 2) creating a Medicaid waiver allowing direct care workers and unpaid caregivers to buy-in to Medicaid; 3) creating network adequacy quality measures for Wisconsin's long-term care system; 4) create recruiting, training, and retention pilot programs for direct care workforce, including coordination with local workforce development boards.

Strengthen support for family caregivers by 1) passing the CARE Act; 2) creating a tax credit for family members spending personal resources to care for a loved one; 3) expanding dementia care specialist services statewide; and 4) providing working caregivers access to paid family and medical leave. Support the work of the Governor's Caregiver Task Force and support recommendations that will assist caregivers of older adults.

Status: The 2019-21 state budget increased personal care rates by 9% in first year and additional 3% in 2nd year, and 2% increase in fee for service personal care rate in FamilyCare. Governor Evers convened a Caregiver Task Force which will continue to meet through 2020.

Senior Care

Background: The SeniorCare Prescription Drug Assistance Program has been available to Wisconsin seniors 65 and over since 2002. The SeniorCare waiver includes Medication Therapy Management (MTM), a service that reimburses pharmacies for assisting seniors in managing their medications. Drug benefits are available in four tiers of coverage for older adults based upon annual income with an annual \$40 enrollment fee.

Position: Support the funding of Wisconsin's SeniorCare program, including non-waiver levels.

Status: The Centers for Medicare & Medicaid Services (CMS) granted a 10-year extension of Wisconsin's SeniorCare Medicaid Waiver ensuring the program will continue to operate through December 31, 2028.

Medicaid Home and Community Based Long Term Care (Family Care/IRIS/Partnership/PACE)

Background: Wisconsin provides a system of managed long-term care and LTC/acute services through a series of Medicaid waivers. Wisconsin has eliminated waiting lists for adult long-term care services and rationed funding through a capitated rate structure by contract to regional MCO's, ICA's, and PACE centers. MCOs contract with providers for supportive services, while ICAs support members to self-direct their care plans.



ADRC’s administer functional and financial eligibility screens and provide benefits counseling. FamilyCare and IRIS operate statewide, serving individuals with developmental disabilities, individuals with physical disabilities and older adults with nursing home level of care needs while PACE serves frail elders with both acute and long term care needs and is only available in 3 counties, including Milwaukee County.

Position: Support the continuation of Wisconsin’s innovative long-term care system and provide adequate funding to deliver the high quality services promised under the plan benefits. Support benefit expansion and equity of access to meet mental health, transportation, and housing services.

Status: On November 23, 2019, the Centers for Medicare & Medicaid Services approved Wisconsin's 1915(b) and 1915(c) waiver application renewals, effective from January 1, 2020 to December 31, 2024. WAAN submitted comments asking DHS to address concerns regarding the shortage of direct care workers, provider capacity, greater independence and community integration, and the protection of patient rights.

Older American Act (OAA) programs

Background: The Wisconsin Department of Health Services currently supplements OAA programs and services through a funding formula that allocates GPR dollars to counties. Every ten years new census data requires the state to change the funding formula. FY2019 state allotments are calculated using 2017 estimates of the population aged 60 and older. The “% Age 60+” is the state’s relative share of the 60+ population, which functions as its population-based formula factor used to determine state allotments under OAA Title III, Parts B, C, and D and Title VII.

Position: Support funding formula which is minimally equal to previous formula for Milwaukee County.

Status:

| 2019 Wisconsin Allocation | Supportive Services | Congregate Meals | Home Meals | Preventative Services | NFCSP | Total Title III |
|---------------------------|---------------------|------------------|-------------|-----------------------|-------------|-----------------|
| | \$6,835,269 | \$8,818,592 | \$4,478,930 | \$444,760 | \$3,172,677 | \$23,750,228 |

WI allocation decreased approx. \$100,000 from 2018. Milwaukee County’s percentage of funding is unknown.

Dementia Care Specialist Program

Background: The DCS’s are working towards making Milwaukee County dementia capable by providing training to staff, creating a dementia capable curriculum, supporting dementia capable senior companion services and forging relationships with transportation providers who receive special training to work with individuals with dementia and their caregivers. Additionally, they are responsible for the opening of five memory cafes which provide socialization to individuals with dementia and their caregivers.

Position: Support ongoing funding for the DCS program. Support the DCS program being housed in ADRC’s. Advocates for expanding the DCS program statewide with a population-based funding distribution.

Status: An additional 8 DCSs and 1 tribal DCS were funded in the 2019-21 budget, but no new positions in Milwaukee County. Milwaukee County has one state funded DCS + an additional DCS through county tax levy.



BOALTC Ombudsman Position

Background: The state’s Board on Aging and Long-Term Care Ombudsman work with agencies, residents and families to assist people with relocation from nursing homes and improve the quality of care in long-term facilities and programs.

Position: Continue to advocate for sufficient ombuds to serve all older adults in residential care facilities and in Home and Community Based long-term support programs. Add an Older Adult Ombudsman designated to serve the LGBTQ community that is located at the Milwaukee LGBT Community Center.

Status: 2019-21 budget provided for 2.0 additional FTE to support additional Ombuds to assist older adults participating in IRIS and Family Care.

Homestead Tax Credit

Background: The Homestead Tax Credit is designed to soften the impact of property taxes and rent on persons with lower incomes. The benefit may take the form of an income tax credit or a direct refund. The credit is based on the relationship of your household income to the amount of your allowable property taxes and/or rent for the calendar year. Over 240,000 taxpayers claimed the credit in 2012 – about half of whom are sixty years or older. Qualifications for 2018 include Household income less than \$24,680, cannot be claimed as a dependent (unless claimant is at least 62 years old)

Position: Support the repeal of these changes and an annual inflationary adjustment for this program.

Status: No substantive changes were made to return the benefits of the homestead tax. Low income individuals will continue to pay more than \$10 million more in property taxes in the next two years than they would have previously and eligibility for this property tax relief remains contingent on earned income OR be disabled OR be at least 62 years old to claim the Homestead tax credit.

Transportation for Older Adults

Background: Milwaukee County’s transportation infrastructure is challenged to meet the growing needs of older adults. Fourteen percent of Milwaukee County households do not have a personal vehicle and must rely on alternative transit. Expanded bus routes are needed to allow older adults and people with disabilities to work, volunteer, shop, and socialize. Past attempts to increase revenue (such as a dedicated sales tax to establish a regional transportation authority) have not been supported by state policy leaders. Additional revenue sources are needed to adequately fund a transportation infrastructure that allows older adults to meet their daily needs. The state’s Specialized Transportation Assistance Program (i.e., Section 85.21 funding) provides vital transportation assistance services for thousands of older adults.

Position: Support additional GPR funding that would hold all affected counties harmless from funding cuts through the revised distribution formula. Support a 10% increase in transit and specialized transportation funding to counties and tribes and ongoing increases of at least 3.5% to account for the growth over the past five years and accelerating growth in the future. Restore transit funding that increases annually and supports the preservation, improvement and expansion of transit service. Support incentivizing coordination among local and

state-level transportation systems, including the reconvening of the InterAgency Council on Transportation Coordination. Establish an independent advocate for the MA Non-Emergency Medical Transportation program. Support legislation to clarify the insurance requirements of volunteer drivers and ensure protections under the Good Samaritan Law. Support the increase of the federal charitable driving mileage reimbursement rate from .14c to current IRS business rate.

Status: The 2019-21 state budget provided a 2% annual increase to each tier of mass transit systems and a 10% annual increase in specialized transportation and increases local road funds by \$13.9M to counties and \$52.3M to municipalities, 10.0% increase in general transportation aid. The restrictions on regional transit authorities remain and the issues of volunteer drivers, interagency collaboration, and NEMT advocates remain unresolved.

Elderly Benefit Specialist Program (EBS)

Background: Wisconsin's EBS program has been providing information, assistance and advocacy for older persons 60 and older for over 30 years. The Older Americans Act requires that legal services be provided to the elderly and Wisconsin's EBS program is one way in which those services are provided. Benefit Specialists are advocates who provide assistance to older persons with every program and service for which the individual might be eligible. Seniors receive help with programs such as FoodShare, public housing, energy assistance, and many others. Wisconsin's program is funded with state monies (about \$2.5 million) and federal OAA monies (about \$700,000). There has not been an increase in state or federal funds for many years.

Position: Increase funding at the federal and state level for EBS programs and services. Propose DHS conduct a study to evaluate the pros and cons of EBS positions being funded through a formula similar to the Disability Benefit Specialist (DBS) Program which is funded through ADRC's.

Status: WAAN is working to educate legislators about this important program. No funding increase for the EBS program was included in the 2019-21 state budget.

Protection of Voting Rights

Background: Voting is arguably the most fundamental right of citizens in a democracy. Several federal laws protect the voting rights of older Americans and require accessible polling places including the Voting Accessibility for the Elderly and Handicapped Act of 1984 and the National Voter Registration Act of 1993. During the past decade, Wisconsin has passed several laws that have added new verification requirements for voter registration and voting, restricted the times and locations for voting, and changed the state entity responsible for overseeing elections. These provisions have increased the burden on elderly persons who wish to exercise their right to vote. At the same time, Wisconsin has instituted a system online registration that increases access for voters who hold a valid Wisconsin Driver License or State ID with their current name and address on file with the Wisconsin Division of Motor Vehicles through MyVote.wi.gov.

Position: Support efforts to educate older adults about the photo ID requirements for voting. Support an affidavit process to facilitate voting for those who cannot produce the required documents needed to obtain a photo ID. Increase utilization of Special Voting Deputies for eligible voters who are homebound, in institutional care, or lack access to online services. Eliminate barriers to voting for older adults and people with disabilities and oppose any further measures that restrict the right to vote or make it more difficult for residents to do so.



Status: Changes to voter registration, voter ID, and the WEC are in place.

FoodShare Modifications

Background: FoodShare is the largest nutrition assistance program administered by the USDA. Benefits are received on a debit-like card and can be used to purchase fruit, vegetables, grains, meats, fish, poultry and dairy.

Position: Oppose legislation which makes it harder for older people to obtain and utilize FoodShare benefits.

Status: In 2018 the legislature passed two additional changes to FoodShare work requirements. One raises the amount of time able-bodied adults without dependents have to spend looking for work from 20 to 30 hours a week. The other adds parents of children 6 to 18 to the category who have to work to receive their benefits.

SNAP Elderly Simplified Application Process

Background: Despite major progress in recent years, only 42% of eligible seniors participated in the Supplemental Nutrition Assistance Program (SNAP) in 2015. The Elderly Simplified Application Project (ESAP)—a federal demonstration program currently operating in eight states—is a collection of policy and process changes that can dramatically streamline enrollment of low-income seniors into SNAP.

Status: Wisconsin does not participate in the program.

Position: Encourage the Wisconsin Department of Health Services to develop and submit the necessary waivers to operate a SNAP Elderly Simplified Application Process for the FoodShare program.

Healthy Aging Grants

Background: To support researched and proven programs that improve health, reduce costs, and prevent or delay the need for long-term care.

Position: Provide an \$870,000 budget appropriation each year for healthy aging grants to counties/tribes, YMCAs and other community-based organizations for proven programs and to support a statewide clearinghouse and support center.

Status: No funding was allocated in the 2019-21 budget for Healthy Aging grants.

Local Policy Positions

1) Voter Engagement

Background. All public policy advocacy begins at the polls. Engaging older adults in the electoral process and ensuring they understand the importance of electoral participation and are well educated on the positions of candidates on issues of importance to older adults, particularly from low-income and disadvantaged communities is of paramount importance.

Status. In 2020 Milwaukee County voters will elect a new County Executive, County Board members, state and federal legislators and the President of the United States. Milwaukee is hosting the 2020 Democratic National Convention. The City of Milwaukee has proposed early voting sites include some Milwaukee County senior centers. MCDA has been active in the Disability Vote Coalition and in developing accessible policies.

Position. Advocate for removal of barriers to registration and voting in all elections and polling places in Milwaukee County. Provide funding to assist with education, outreach, and assistance for older adults to register to vote, exercise the right to vote, and increase accessibility of polling places and procedures. Encourage older adults to serve as poll workers and Special Voting Deputies.

2) **Fair Deal**

Background. In 2019, the Milwaukee County Executive and Chair of the County Board co-chaired a workgroup to research disparities in revenue sharing from state government that disadvantaged Milwaukee County. The Chair of the Commission on Aging was a member of this workgroup. The County Board passed a resolution to regain local control to raise revenues and adjust formulas for intergovernmental transfers that provide a fairer share to Milwaukee County. These include:

- State shared revenue such as Community Aids, Youth Aids, have been flat for more than a decade. Require shared revenue sources to grow by inflation each year, without offset by other revenues.
- Milwaukee County should receive full reimbursement of the cost to patrol state highways.
- 80% of court fees go to the state. Make it a 50/50 split with counties.
- Milwaukee County bears MOE costs for long-term care. Ask the State to accept Medicaid expansion to decrease State match percentage to 10% and increase overall Medicaid funding.
- Youth Justice facility expansion should include sufficient ongoing operational funding for quality programming and not just capital funding to build a new facility.
- Grant Milwaukee County local control to generate new revenue and reduce the current reliance on property taxes through a binding referendum process.

Status. Companion bills have been introduced in the state Senate (SB and Assembly (AB 521) allowing Milwaukee County to impose an additional 1% sales tax on goods and services sold in the County upon approval of a referendum by local residents. 25% of the revenue of the levy would offset property taxes, 7% for public health infrastructure (lead line abatement), and 68% split equally between the county and the municipal governments for operational and capital expenses. The LFB estimates the tax would generate an additional \$166.3 million in FY2020. The bills have been referred to committee but have not yet had a hearing. No changes have been made to the shared revenue formulas referred to in the resolution above.

Position. Urge increased shared revenue funding from the state of Wisconsin to Milwaukee County and increased local control to ensure adequate support for senior programs, parks, and transportation. Include discussion of the EBS funding formula in the fair deal disparities implementation to increase the share of funding received by Milwaukee County to carry out the Elderly Benefit Specialist program. Advocate for the adoption of a sales tax referendum and support such a referendum if the state provides authority. Urge the County Board to earmark any additional revenues for the maintenance and improvement of Milwaukee County parks, facilities, and senior centers.



3) Advance Participation in the 2020 Census

Background. Nearly as important as voting, participation in the decennial census is critical to maintaining fair electoral representation and the apportionment of federal and state funding for almost all public programs.

Status. The United States decennial census will occur on April 1, 2020. All residents, regardless of status, are to be counted. No personal information is shared by the Census Bureau.

Position: Advocate for all older adults to participate in the census. Serve on Complete Count Committees and assist the census bureau in identifying measures and facilities to ensure the inclusion of all older adults in Milwaukee County. Urge the County to dedicate resources to local measures to encourage census participation.

3) Increase Funding and Coordination of Mental Health Services for Older Adults

Background: Few mental health services in Milwaukee County have been developed with older adults in mind. Older adults have particular mental health challenges as we age.

Status. Most public mental health services are now delivered through the Behavior Health Division of DHHS. BHD is undergoing a complete restructuring, contracting acute mental health care to a private hospital system, redesigning crisis services, and determining the future of emergency services. MCDA funds one small grant to Jewish Family Services for counseling of older adults. In addition, Milwaukee County funds one Dementia Care Specialist through levy funds.

Position: Coordinate the delivery of mental health services to older adults by increased collaboration between the Department on Aging and the DHHS Behavioral Health Division. Advocate for increased funding for mental health preventative and treatment resources specific to the aging population. Maintain county funding for at least one Dementia Care Specialist.

4) Transportation

Background. Accessible, affordable, and available transportation is necessary for older adults to engage in healthy lives in the community. Public funding emphasizes road building, particularly interstate expressway construction, over maintenance, local roads, and public transportation options that assist residents to get where they want to go. Funding for the Milwaukee County Transit System has not kept up with increasing system costs and the decline in ridership. Other transportation funding sources, including OAA funds administered by MCDA are not well coordinated to assist participants in accessing the transit options they need.

Status. In the 2019-21 state budget, transit funding increased by 2%, while specialized transit increased by 10%. Regional Transit Authorities remain forbidden under state law. Milwaukee County is redesigning routes for the future of transit in Milwaukee County through its MCTS NEXT process. Even with a modest increase in state funding, MCTS has proposed cutting additional routes because it does not have sufficient revenue to continue to maintain this system and its workforce. MCDA contracted with ABLE transportation to provide older adults with rides to senior meal sites, grocery shopping, and limited medical appointments. The Indian Council for the Elderly and the United Community Center also receive MCDA funding for transportation.

Position. Advocate for the establishment of an Interagency Council on Transportation Coordination at both the state and local level. Advocate for coordinated services for older adults, including the establishment of a



mobility manager to assist users to access these systems. Advocate for continued subsidizing of the Milwaukee County Transit system for low-income seniors and people with disabilities. Advocate for transit routes that serve Milwaukee County Senior Centers, meal sites, shopping, and health centers that seniors wish to access.

5) Multipurpose Senior Centers

Background. The Older Americans Act, Section 306(a) provides that each AAA area plan shall “provide for, where appropriate, the establishment, maintenance, or construction of multipurpose senior centers and entering into agreements with providers of multipurpose senior centers” and “designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers as such focal point.” Milwaukee County owns and operates five multipurpose senior centers: Clinton Rose, Kelly, McGovern Park, Washington Park, and Wilson Park. These centers are geographically diverse, although all but Kelly are located in the City of Milwaukee. Other communities and private entities own and operate senior centers, including many that serve as senior congregate dining sites.

Status. Over the past decade, participation at Milwaukee County’s multipurpose senior centers has declined. Infrastructure at the Centers has deteriorated over time and the County has deferred maintenance and capital improvements necessary to ensure the long-term structural integrity and accessibility of these centers. County capital needs greatly exceed available revenue and reserves and the centers are but one county-owned asset that suffer from this fiscal shortfall. In 2017, MCDA and the Milwaukee County facilities team both completed a baseline assessment of the programs and activities occurring in the Centers and the buildings condition. In 2018, MCDA commissioned a study by the Wisconsin Policy Forum to review strategies in other jurisdictions for provide strategies that could be implemented to improve social programming that is fiscally sustainable. In 2019 MCDA completed a community engagement process to gain resident’s feedback on senior center programming, facilities, partnerships, and financing that could leverage the value of the centers for the next generation.

Position. Support the continued operation of multipurpose senior centers and advocate for the County Board to allocate sufficient resources to create/maintain/operate a diverse system of multipurpose senior centers that meet the needs of Milwaukee’s growing aging population and assist it in achieving the objectives of the area plan and as a focal point for service delivery by MCDA.

6) Milwaukee County Department on Aging Structure

Background. The Milwaukee County Department on Aging was established as a separate Department within Milwaukee County Government in 1991 to provide a single point of access to services for people aged sixty and older. The Milwaukee County Department on Aging includes the Unit on Aging, the Aging Resource Center, and the Area Agency on Aging. Prior to 1991 these entities were included in the Department on Health and Human Services.

Status. The Milwaukee County Department on Aging is an independent department within County government. With the resignation of the Executive Director and an impending election for a new County Executive, the Director of the Milwaukee County Department of Health and Human Services has been named Interim Director of the Department on Aging.

Position. Maintain an independent Milwaukee County Department on Aging not combined with DHHS or any other Milwaukee County agency.