

City of Madison

Disability Access and Equity Plan

WORKING DRAFT

This document is a working draft that is undergoing ongoing development through collaborative efforts with all effected department agencies and community supports. The language in this document may not be reflective of the final plan.

Introduction

Policy Statement

The Disability Access and Equity Plan is a community-informed plan to address ableism in local government by building processes that works for everyone. Ableism is “A system that places value on people’s bodies and minds based on societally constructed ideas of normality, intelligence, excellence, desirability, and productivity. These constructed ideas are deeply rooted in anti-Blackness, eugenics, misogyny, colonialism, imperialism and capitalism. This form of systemic oppression leads to people and society determining who is valuable and worthy based on a person’s language, appearance, religion and/or their ability to satisfactorily [re]produce, excel and "behave"” ([T.L. Lewis](#)).

We recognize that ableism exists individually, institutionally, and structurally. Further, the disability community includes of people of color, LGBTQIA2S+, immigrants, and people with other marginalized identities. To approach disability as a special issue or a silo diminishes the experiences and intersections of this culturally rich and diverse community. For Disability Justice to exist, we must align and harmonize our efforts with the fight for racial justice, gender justice, language justice, and the liberation of other marginalized communities.

Therefore, addressing ableism must go beyond legal compliance and involve collaborating with those most impacted to root out ableist practices in all City planning, programs, services, and facilities. We believe *all* residents deserve the opportunity to live, work, travel, play, and thrive.

The City of Madison is collectively committed to access, inclusion, equity, and social justice. We must continue to grow along with the needs and desires of our Disabled residents. To live our mission, we embrace inclusion and belonging and actively work to foster disability-affirming spaces, advance opportunities, and celebrate the diversity of our Disabled residents.

Authority

The City of Madison’s mission is Inclusive, Innovative, & Thriving. We value equity, civic engagement, well-being, shared prosperity, and stewardship.

In 1990, Madison’s City Council adopted Madison General Ordinance 39.05, which prohibits discrimination based on disability by City programs and City-funded agencies. The [Madison General Ordinance 39.04](#) established a Disability Rights Commission (DRC) to:

- Recommend policy to the Mayor, Common Council and Department of Civil Rights in all areas that affect people with disabilities and their families,
- Study and make recommendations to all City departments, committees, and commissions on proposals to provide better access to facilities and services for people with disabilities and their families,

- Monitor and report violations of city ordinances and state laws pertaining to residents with disabilities to the appropriate agency,
- Solicit comments and suggestions from residents and organized groups regarding the concerns of residents with disabilities, and
- Work collaboratively with other City Boards, Commissions and Committees whose activities may affect people with disabilities.

In 2020, the Disability Rights and Services Program transitioned from a stand-alone program in the Department of Civil Rights to the Equity and Social Justice Division. This transition acknowledges that the City cannot meet the needs of Disabled residents by solely focusing on compliance with anti-discrimination laws and ordinances. Rather, disability and social justice Principles must be woven into policy and practice and work in concert with the other programs in the Equity and Social Justice Division - Racial Equity and Social Justice Initiative, Language Access Program, community engagement, Neighborhood Resource Teams, and environmental justice.

Disability Access and Equity Program

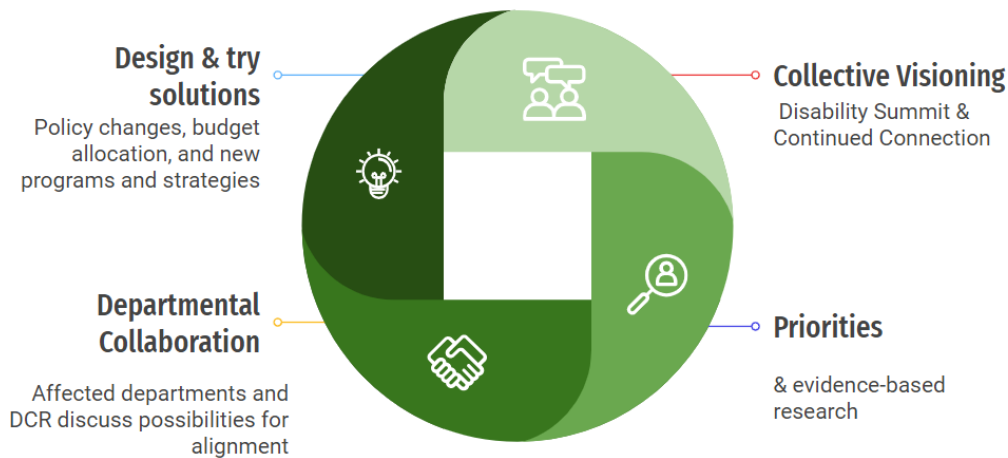
Madison General Ordinance 39.05 established the Disability Rights and Services Program in the same year as the authorization of the Americans with Disabilities Act. We recognize that a focus on rights and services for residents with disabilities will not be sufficient to ensure equity, joy, and collective access for residents with disabilities.

A rights-based approach places the burden on people with disabilities to address the shortcomings of systems that were not built by or for the disability community. It also privileges the process of addressing harm and inaccessibility to those that have the resources and labor to invest in complaint processes and service acquisition. We believe we must prioritize access and equity as structural elements in City programs, services, and facilities. Therefore, to better represent the needs of our disabled residents and the principles outlined in this plan, we recommend the Disability Rights and Services Program be renamed as the Disability Access and Equity Program.

The Disability Access and Equity Program works to foster a barrier-free, inclusive, and thriving Madison by implementing innovative approaches to access, inclusion, and justice both internally and in City programs, services, and facilities. To accomplish this, the Disability Access and Equity Program:

- Supports resident-initiated efforts that align with agency and Citywide objectives,
- Works toward internal structural change within City of Madison policy and operations,
- Consults and collaborates with all City agencies to ensure access and equity in City programs, services, and facilities, and
- Initiates proactive approaches to advancing access, equity, and opportunity for Disabled residents.

Theory of Change



Collective Visioning

In July 2023, the City of Madison hosted its first ***Disability Summit: Collective Visioning for a More Equitable Future***. The event was open to the public and over 80 residents with disabilities participated. It established a platform for residents to provide input for the development of this Disability Access and Equity Plan by sharing their experiences and vision for the communities in which they live, work, learn, travel, play, and thrive.

We obtained resident input in breakout room discussions at the Summit, in-person at the 2023 Disability Pride Madison Festival attended by approximately 400 people, and in correspondence shared with the Disability Rights and Services Specialist.

The Disability Rights Commission reviewed resident input over the following months and took an active role in collaborating with the Disability Rights and Services Program in developing this plan. The plan includes additional research to frame the priority areas identified by residents. The plan was also open to public comment throughout its development.

This plan represents a community-informed foundation - decision-making Principles, community engagement practices, and priority areas. The City of Madison will use this plan as a base for fluid and iterative engagement with the disability community as a means create the conditions and transform structures necessary for meaningful access and equity to exist.

[...]

Priority Areas

Priority: Health and Safety (Medical Services, Emergency Planning, Crisis Care and Policing)

Medical Services: Access to health and medical services must consider factors beyond insurance coverage and eligibility for public benefits. For people with disabilities, the ability to understand and navigate insurance and benefit options may be the difference between being underinsured and being able to meet basic health needs. Additionally, it will matter little if coverage is available if a resident does not have access to the transportation needed to travel to their provider. Further, medical providers must be supported to ensure that their facilities are accessible, their staff adequately trained, and that they have the appropriate language access services to care for patients with disabilities.

Emergency Planning: People with disabilities are “two to four times more likely to die in a disaster, experience higher risk of injury and loss of property, have greater difficulty evacuating, sheltering, and require more intensive health and social services during and after disaster” (Villeneuve, 2022). Our residents with disabilities feel the City of Madison is ill-prepared to assist them in the event of an emergency or natural disaster. These concerns have been made even more real by the COVID-19 pandemic. Our residents have concerns about their ability to meet their basic needs while sheltering in place and safely evacuate from City buildings and their homes if needed. They also expressed concerns about their ability to access care and meet needs while sheltering in public facilities. We must ensure that we are not leaving our residents with disabilities behind in emergency planning.

Crisis Care and Policing: Another health and safety issue prioritized by the disability community is policing. People with disabilities need to be able to access crisis care without engaging with law enforcement. According to a 2015 white paper from the Ruderman Family Foundation between 30 and 50% of people who die during encounters with law enforcement are Disabled (CT Police Transparency & Accountability Task Force, 2011). Nationally, one in every four people who are killed by police had a mental health disability, and one in every ten calls for police response involves a person with a mental health disability (Id.). People with mental health disabilities also experience higher rates of arrests than their non-disabled peers. About 40% of people incarcerated in the United States have a mental or behavioral health disability, making the U.S. criminal justice system the largest treater of mental health in the nation (Kelley, 2017). Further, according to a 2017 study by the American Journal of Public Health, Black men with disabilities were at a particularly high risk of arrest. 55% of Black men had been arrested by age 28 and nearly 40% of white people with disabilities had been arrested by the same age.

Additionally, police response to mental and behavioral health-related emergency calls too often results in involuntary hospitalizations. In the United States, a person who is not being accused of a crime, but is suspected by a layperson, including a police officer, of being a threat to themselves or others may be subjected to involuntary hospitalization in a psychiatric facility. Unlike like arrests and incarceration, no federal data set tracks involuntary commitments (Lee & Cohen, 2021, pg. 61). In states where data is available, the rates of involuntary commitments are rising faster than the rate of the population (13% compared to 4%) (Id.).

Principle: Access to healthcare for all.

Strategies:

1. Support the increase of availability and ease of access to language access services in healthcare.
2. Support training opportunities for providers of medical and healthcare regarding best practices for serving diverse disability communities that is informed by the disability community.
3. Support training and resources for people with disabilities regarding how to navigate and get the most out of available benefits and other public resources for healthcare.
4. Funding decisions should prioritize access to preventative and basic care.
5. Funding decisions consider the ways faith-based healthcare services affect low-income, LGBTQIA2S+, and BIPOC people with disabilities.

Principle: Emergency planning must prioritize the needs of people with disabilities.

Strategies:

1. Ensure emergency communication is available in plain language, in multiple languages, and is delivered to the public on an array of platforms and formats.
2. Ensure City Emergency plans include evacuation procedures that are informed by people with disabilities.
3. Mobility devices and service and support animals are an extension of our bodies and required for our health and safety. Wherever possible, these need to accompany us in an emergency.
4. Support training opportunities for first responders regarding best practices for serving people with disabilities provided by Disabled people.
5. Develop gender-inclusive shelters and shelters designed to serve families and people who do not identify with the gender binary.
6. Work to ensure shelters are equipped to meet the access needs of people with disabilities.

Principle: People with Disabilities need to be able to access emergency services and crisis care without engaging with law enforcement.

Strategies:

1. Prioritize funding for preventative and emergency care options such as community-based services, harm-reduction, home-based services, and peer-led supports.
2. Continue to support alternatives to police response such as the CARES program.
3. Develop alternatives to request emergency services and crisis care that do not require a person to contact 911.
4. [Placeholder: involuntary services and hospitalization]
5. [Placeholder: accountability and complaint process]

Principle: Honoring the rights of incarcerated people means their mental health and access needs of incarcerated people must be met.

Strategies:

1. [Placeholder: access to the assistive technology, language access, and behavioral health and medical services]
2. [Placeholder: placement/settings]
3. [Placeholder: work release programs]
4. [Placeholder: peer-advocacy programming]

Priority: Transportation (Bus, Paratransit, Pedestrian Safety, Parking)

The Americans with Disabilities Act of 1990 significantly changed the landscape of transportation in the United States for people with disabilities. The ADA mandates specific minimum accessibility requirements for all modes of public transportation, parking, pedestrian right-of-way, and for complementary paratransit services for people who are unable to use public transit due to a disability. Transportation is a critical issue for our Madison residents with disabilities. It is an essential component to independence, community, health care, social services, education, and economic opportunities. The City of Madison has and continues to work towards full compliance with the Americans with Disabilities Act and other mandated accessibility and safety provisions within its pedestrian and transportation system.

People with disabilities as a group use a variety of forms of transportation such as public transit, driving or riding in a traditional or modified vehicle, walking, rolling, or riding with or without the use of a mobility device, and more. However, as individuals the type of transportation a person with a disability uses is largely informed by their disability, access needs, income and other socioeconomic factors, and other significant variables that might affect mobility—such as sex and age. Despite a robust transportation system, many of our Disabled residents are limited to one or two options to travel where they need to go. Further, the decisions we make about transportation directly affect the equity of our systems.

According to the [National Organization on Disability-Harris Interactive, 2004](#), the experience of transportation barriers for people with disabilities is directly correlated to income. Almost two-thirds of people with disabilities who reported major barriers to transportation had annual incomes below \$35,000. This means that where public transportation is not useable and accessible, our low-income residents with impairments, will experience higher rates of isolation and dependence. According to the 2023 National Transportation Availability and Use Survey, 3.5 million Americans never leave their homes. More than half of them (1.9 million) are people with disabilities. Of these, 560,000 reported that they never leave their home because of transportation difficulties (Oberlink, 2008).

For some residents travel by car is the only feasible mode of transportation available. The cost to drive may be substantial. For example, a modified vehicle may have an initial cost of between \$20,000 and \$80,000 beyond the cost of the vehicle itself. Maintenance costs are also higher on these vehicles. While owning a vehicle is a luxury for some, it can be an absolute necessity for a person who has no other accessible modes of transportation. Supporting available, affordable, and accessible parking is essential for these drivers and passengers.

Many people with disabilities rely on public transportation to work, go to school, access needed services, and participate in community. Still, a fully accessible city bus system is only able to serve those who can 1) get to it, and 2) take it to the places where they need to go. Beyond the busses themselves, a system of accessible stops and safe easy ways to get to them is needed for participation in public transit. For example, in ___ the City of Madison approved a redesign of its Metro Transit system that favored frequency over coverage. This means fewer stops with service more often, as opposed to longer waits at more frequent stops. Feedback from our Disabled residents indicate that losing a bus stop, for some, means losing access to public transit altogether. While some people may be able to access other forms of transportation such as cars and private transit, these options are not available to many due to their disability and because of their cost.

While paratransit services are a crucial lifeline for those residents who are eligible to use them, our residents reported these services have significant drawbacks when compared to bus transit. Although

not unique to Madison, these include: restrictive eligibility criteria, excessive advanced planning required to plan simple trips, no options in an emergency or to obtain a same-day ride, large scheduling windows resulting in long wait times or fear of missing a ride when an appointment runs late, unresponsive complaint process, lack of training for drivers, punitive cancellation policies, and antiquated technology for scheduling, reviewing, and tracking rides. One resident said, “equity would be not having to do so much problem solving to simply do everyday items... freedom to get to where I need to go with the same ease as someone who can travel with a car, not requiring so much advance planning and not so many backup plans.”

According to the Institute of Medicine (US) Committee on Disability in America, at the time the ADA was passed, “Complementary paratransit services were clearly meant to provide only a safety net while transit systems became more accessible. However, many people have come to look upon them as a major transportation option; this is unfortunate, because these services are unlikely to be a significant part of the transportation resources of anybody except those with extremely serious disabilities.” Our goal must always be to make public transportation accessible - not to use paratransit as a substitute for the bus system. For our residents with disabilities, this is not an equitable alternative.

As pedestrians, our residents need to feel safe traveling in their communities. This means the continued support of programs like Vision Zero and Safe Streets for All that aim to eliminate pedestrian related car crashes resulting in injury or death. It also means maintaining the useability and safety of our pedestrian network during winter storms and construction projects. Even if the pedestrian system is not a person’s primary mode of travel, almost every traveler will interact with this system in order get to a bus stop or car. Pedestrian safety and accessibility must be central in of all our transportation planning.

Overall, our residents with disabilities want decision makers to understand that the mode of transportation they use, whether that is bus, car, paratransit, walking, rolling, etc. may be their *only* transportation option. As the result of limited individual options, when one component of the transportation system relies on another to meet the needs of people with disabilities, individuals are too often left with no options at all. Therefore, we must continue to make each mode of transportation accessible, affordable, and easy to use for the greatest number of people possible.

Principle: People with disabilities need transportation options, not just alternatives.

Strategies:

1. Paratransit is an alternative only when other systemic efforts to increase access have failed or are unachievable. Until we have a fully accessible transportation system, develop strategies to modernize and make it more user friendly for the people who rely on it.
2. Continue to work to make all forms of public transportation accessible to as many people as possible including by expanding coverage of our bus system in the years to come.
3. Collaborate with the disability community around environmental initiatives aimed at decreasing travel by car so that key stakeholders can meaningfully inform these efforts in line with their unique needs.
4. Increase accessible parking, drop-off zones, and other accessibility features in curb management.
5. Improve parking enforcement to maintain accessible parking for those who need it.
6. Explore programs aimed to increase accessible parking residential areas.

Principle: People with disabilities must be able to travel safely in our City.

Strategies:

1. Continue efforts to increase pedestrian safety in the public right of way including driver education and awareness.
2. Increase efforts and enforcement of snow removal in the public right of way so that residents with disabilities can access the city year-round.
3. Develop and implement community-informed approaches to pedestrian safety during construction to ensure the safety of our residents.