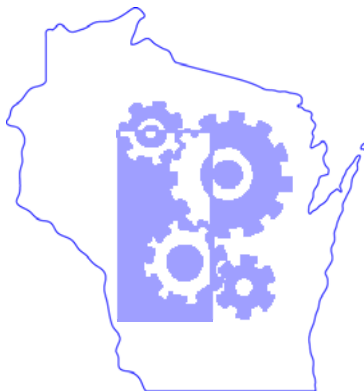


*Report of the  
Inter-Agency Council on Transportation Coordination (ICTC)  
to Governor Jim Doyle*



*October 27, 2008*

## ICTC members

### Department of Transportation

John Alley

Bobbie Beson-Crone

Rod Clark

Becky Soderholm

### Department of Veterans Affairs

Chris Schuldes

### Department of Workforce Development

Sharon Berge

Kim Pomeroy

### Department of Health Services

Greg DiMiceli

Stuart Gilkison

Dan Johnson

Jim Schmidlkofer

Gail Schwersenska

### Office of the Commissioner of Insurance

Ronnie Demergian

### Editor

Daniel Bush

*Wisconsin Department of Transportation*

*La Follette School of Public Affairs, University of Wisconsin-Madison*

### Consultant

Bethany Whitaker

*Nelson \Nygaard Consulting Associates*

## Table of Contents

---

Executive Summary .....	iii
Mission and Vision.....	v
Background .....	1
Activities and Accomplishments.....	13
Recommendation.....	17
Appendix: Final Report on the Wisconsin Model of Coordination.....	19

## Tables and Figures

---

Table 1. Wisconsin Population Growth, 2005-2030.....	1
Figure 1. Growth in Elderly Share of County Populations, 2010-2030 (projected) .....	2
Figure 2. Family Care Implementation (as of October 2008).....	6
Figure 3. Veteran Population and Services .....	7
Table 2. Transportation Programs in Wisconsin (2006) .....	10
Figure 4. Increased Participation in Federal Specialized and Supplemental Transportation Assistance Programs, by County, 2005-2008.....	11



## Executive Summary

---

Wisconsin's transportation needs are growing. With an aging population, the promotion of mobility and independence for people with disabilities, and increasing energy costs, the demand for public transportation options is on the rise. One strategy for addressing these needs is transportation coordination, a process through which transportation providers and stakeholders work together to increase cost-effectiveness, capacity, quality, and accessibility of services.

Federal efforts have been underway since the 1970s. The two most significant federal developments in coordination were United We Ride, a 2003 multi-agency initiative to break down barriers to coordination, and the 2005 SAFETEA-LU transportation bill, which instituted coordination requirements for some transportation programs. In response to SAFETEA-LU, the Wisconsin Department of Transportation developed a regional planning process first used in 2006 and further refined in 2008.

In October 2005, the Governor issued a directive creating the Inter-Agency Council on Transportation Coordination (ICTC), composed of staff from the Departments of Transportation, Health (and Family) Services, Workforce Development, and Veterans Affairs, and the Office of the Commissioner of Insurance. ICTC was charged with four tasks:

- Create a state level coordination council;
- Conduct a statewide transportation assessment;
- Develop an action plan for human service transportation coordination; and
- Conduct an inventory of transportation systems.

All four tasks have been completed. ICTC has also:

- Convened a Stakeholder Advisory Committee to involve a representative cross-section of transportation consumers and providers;
- Organized and presented a 2007 conference on the future of coordination;
- Fostered joint administration of funding programs between the Departments of Transportation and Workforce Development;
- Promoted a Commissioner of Insurance survey on auto insurance for volunteer drivers; and
- Contracted with a national consultant to develop a statewide Wisconsin Model of Coordination.

Rather than being a complex, prescriptive set of requirements, the Wisconsin Model of Coordination is a set of strategies to move coordination forward. It is a first step, not a final proposal. The Model's first strategy, strengthening ICTC as the lead entity for statewide coordination efforts, is necessary for further development of policies to promote and institutionalize transportation coordination in Wisconsin. With a better structure and a clear mandate, ICTC can develop policy proposals, legislative initiatives, and technical tools fulfilling the ideal of transportation coordination: **Meeting more needs by using existing resources more efficiently.**

**ICTC recommends the Governor:**

- (1) Provide a more formalized basis for ICTC through an executive order containing the following provisions:
  - State clearly department secretaries are responsible for promoting coordination within and between their departments.
  - Convene periodic meetings of the secretaries (or their designees) of ICTC member departments, chaired by a member of the Governor's staff, to discuss coordination and receive reports and recommendations from ICTC.
  - Maintain the current structure and function of ICTC.
  - Provide dedicated staff and administrative support for ICTC.
  - Require departments to designate a lead individual responsible for coordination efforts on behalf of the department, including communication with ICTC.
  - Formalize the ICTC Stakeholder Advisory Committee.
  - Charge ICTC with making policy recommendations to implement the Wisconsin Model of Coordination.
- (2) Develop one or more pilot projects to test the feasibility of regional coordinated human services, Medicaid, and public transportation networks.

## **Mission and Vision**

---

### **Mission Statement**

The Wisconsin Inter-Agency Council on Transportation Coordination is dedicated to creating a coordinated statewide transportation system that is accessible, affordable, dependable and safe for all Wisconsin residents, including transportation-disadvantaged populations. The ICTC's mission is to support and strengthen the statewide transportation system so it is accessible, affordable, dependable and safe for all Wisconsin residents.

### **Vision**

The vision of the Wisconsin Inter-Agency Council on Transportation Coordination is to promote a coordinated, accessible, affordable, dependable, safe, statewide system providing the best transportation for all Wisconsin residents.



## Background

---

### *Transportation Needs in Wisconsin*

The state of Wisconsin has an excellent system of roads and highways to serve the automobile and truck traveling public. However, a significant portion of the population cannot make effective use of the highway system either because they are unable to drive or they do not have access to an auto for most trips. Those who are unable to provide their own transportation as a result of disability, age-related condition, or income are often referred to as **transportation disadvantaged** individuals.

- Transit is the most basic tool to provide opportunity to the transportation disadvantaged.
- There are gaps in the availability and coverage of service.
- Jurisdictional boundaries and program requirements create a “silo” effect, restricting transit services to particular regions and target populations.
- In many areas the lack of services leaves no option for low-income individuals without access to a personal vehicle and other groups of citizens.

Although some transit is available in 54 of Wisconsin’s 72 counties, there are significant service gaps.

### Elderly

In 2005, 1 in 8 Wisconsinites was age 65 or older; the projected proportion in 2030 is 1 in 5 (see Table 1). This will significantly affect demand for public and human services transportation. Rural areas are of particular concern, where the shift to aging-in-place, youth out-migration to cities, and in-migration of retirees combine to magnify the effects of elderly growth (see Figure 1). Rural elderly often find themselves isolated, far from medical and other facilities, while rural communities are faced with the challenge of providing more services with a declining tax base.<sup>1</sup>

**Table 1. Wisconsin Population Growth, 2005-2030.<sup>2</sup>**

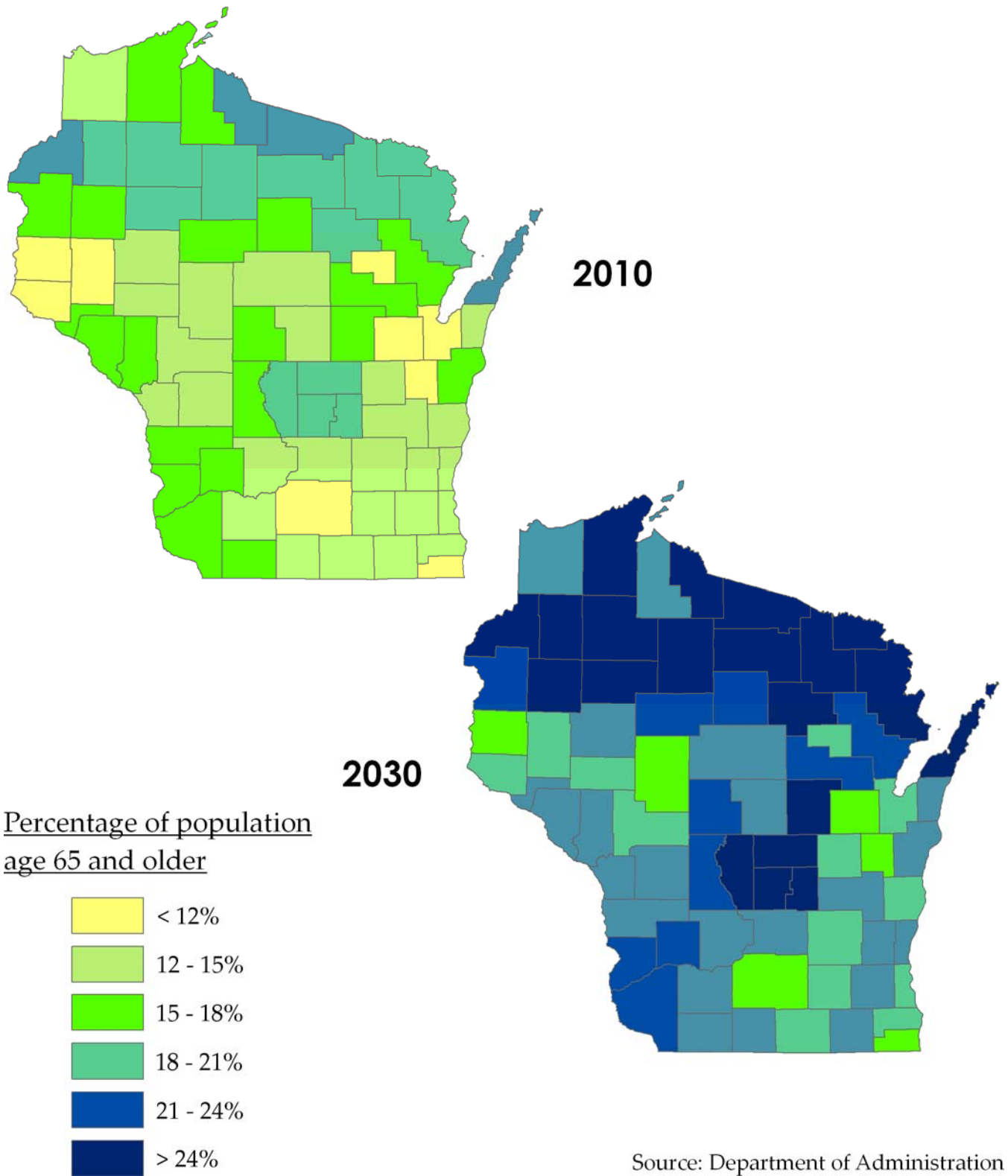
Age Group	2005		2030		Pop. Growth
	Population	Share	Population	Share	
0-17	1,354,056	24.3%	1,444,857	22.5%	6.7%
18-64	3,490,578	62.7%	3,634,682	56.7%	4.1%
0-64	4,844,634	87.1%	5,079,539	79.2%	4.8%
65-84	610,805	11.0%	1,177,907	18.4%	92.8%
85+	108,457	1.9%	158,477	2.5%	46.1%
65+	719,262	12.9%	1,336,384	20.8%	85.8%
<b>Total</b>	<b>5,563,896</b>		<b>6,415,923</b>		<b>15.3%</b>

---

<sup>1</sup> University of Wisconsin-Extension, “Growth of the Oldest Population and Future Implications for Rural Areas,” *Community Economics Newsletter* 289 (2000).

<sup>2</sup> Wisconsin Department of Administration, *Wisconsin Population 2030* (2004), 8.

**Figure 1. Growth in Elderly Share of County Populations,  
2010-2030 (projected).**



## People with Disabilities

Almost any activity that people engage in outside the home (such as work, health care, business, or socializing) relies on access to transportation. Without it, a person might be totally homebound. For people with disabilities, barriers to transportation result in unemployment, poverty and overall diminished quality of life. According to a 2002 national survey:<sup>3</sup>

- 15 million Americans have difficulties getting the transportation they need; 6 million (40 percent) are people with disabilities.
- More than 3.5 million Americans never leave their homes; 1.9 million (54 percent) are people with disabilities.
- About 560,000 people with disabilities never leave their homes due to transportation barriers.
- Transportation barriers may contribute to lower employment among people with disabilities, diminishing the effectiveness of the Americans with Disabilities Act (ADA) and other initiatives to protect the right of people with disabilities to work and participate in daily life.

68 percent of Wisconsinites with any work disability are not in the labor force, a figure which rises to 90 percent for those with severe work disabilities. Fewer people with disabilities have completed high school than the statewide average, and more live in poverty.<sup>4</sup> Access to reliable, affordable transportation is necessary to engage people with disabilities in the workforce. The Wisconsin Council on Physical Disabilities identifies three major mobility barriers for persons with disabilities:<sup>5</sup>

- In urban areas, mainline buses are increasingly accessible, but paratransit services require advance registration, and fares can be higher.
- Options are further limited in rural areas, where accessible transportation is generally available on weekdays from 9 a.m. to 5 p.m., if at all.
- Services focus on medical and employment transportation, rather than “quality of life” trips that meet social, recreational, and spiritual needs.

Barriers are particularly acute in rural areas, because of a lack of regionally coordinated transportation, funding restrictions, and service availability.

---

<sup>3</sup> Bureau of Transportation Statistics, U.S. Department of Transportation, *National Transportation Availability and Use Survey* (2002).

<sup>4</sup> Wisconsin Department of Health Services, *Disability in Wisconsin: Employment, Poverty and Education* (2006), <http://dhs.wisconsin.gov/Disabilities/Physical/employ.htm>.

<sup>5</sup> Wisconsin Council on Physical Disabilities, *Freedom From Barriers: A State Plan for People with Physical Disabilities* (2005), 13.

## Children and Families

While the transportation challenges confronting elderly and disabled individuals are well established and widely acknowledged, the same cannot be said for children and low-income families. A lack of transportation resources can seriously undermine the effectiveness of programs such as W-2 and Badger Care. A 1997 study by the Department of Workforce Development (DWD) illustrates the extent to which the automobile is the major means of transportation for families and the workforce:<sup>6</sup>

- Statewide, 86% of all work trips were in a private automobile. (A more recent study shows the average daily commute is 21 miles.<sup>7</sup>)
- Only 3.3% of individuals in W-2 owned a car, and those who did faced significant issues of vehicle reliability and function.
- Multiple trips posed an obstacle for single parents with young children.
- Over 70% of W-2 households had at least one child under age six and 51% of all W-2 households had at least one child under age three.
- Many W-2 recipients relied on public or other transit for their children.

The importance of public transportation to the success of W-2 is reinforced by another 1997 study on connecting the W-2 recipients concentrated in Milwaukee with jobs concentrated in the suburbs. It found that regional express bus service between the urban core and suburban job centers would double the number of unsubsidized jobs in W-2 and save the state \$5.3 million.<sup>8</sup> Further study is needed to gauge the statewide impact of transportation on other programs for children and low-income families.

## Family Care

Since the 1980s, Wisconsin has been a national leader in providing choices for long-term care. Seniors and people with disabilities overwhelmingly prefer to remain in their communities whenever possible, which is the underlying value of Family Care. At present, 22 counties are up and running with the program, representing 46 percent of the state's population. Another 28 counties, with a further 26 percent of the population, will be online by the end of 2009 (see Figure 2). It is estimated that Family Care will serve nearly 50,000 members when it is fully implemented in 2011.<sup>9</sup>

For Family Care to be successful, the infrastructure and provider network supporting members must be safe, cost-effective, and reliable. Transportation is a key component of that network. If individuals are to fully participate in their communities, they must be able to access employment and social activities that enhance their quality of life, not just medical appointments. Without a coordinated transportation system, Family Care members will remain isolated within their homes, and the program will not have accomplished one of its most fundamental goals.

---

<sup>6</sup> Wisconsin Department of Workforce Development, *Jobs, Transportation, and Welfare Reform* (1997).

<sup>7</sup> U.S. Census Bureau, *American Community Survey* (2006).

<sup>8</sup> Wisconsin Urban Transit Association, *Public Transportation, Jobs and Welfare Reform* (1997), ES-3 – 4.

<sup>9</sup> Wisconsin Department of Health Services (2008).

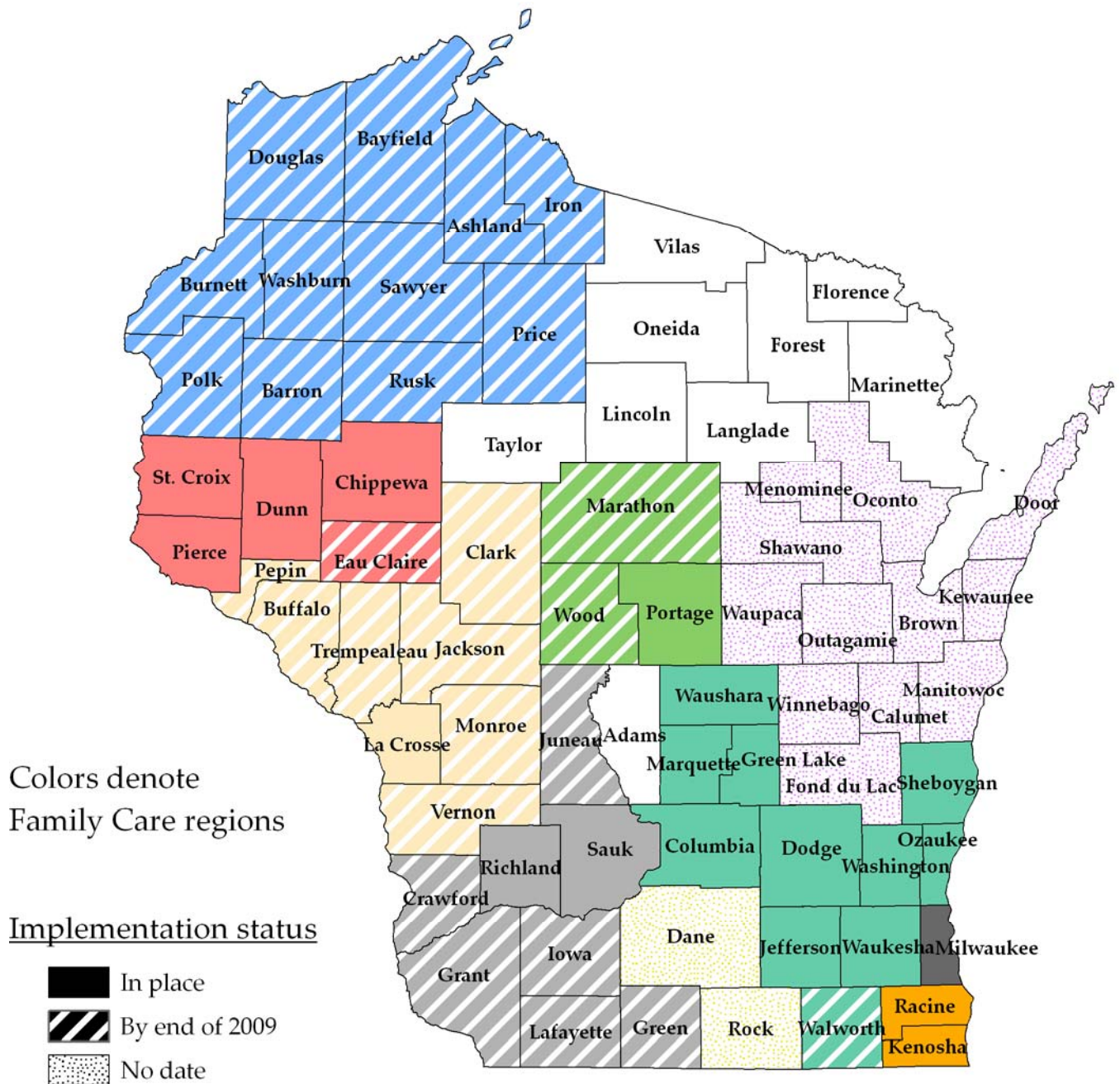
## Veterans

Wisconsin's 437,000 veterans are served by five large hospitals (or medical centers) and 18 community outpatient clinics operated by the U.S. Department of Veterans Affairs (VA) (see Figure 3). The state funds a County Transportation Grant program for veterans unable to provide their own transportation to medical appointments at VA facilities and other locations. Demand is growing for services funded by the grant; from 2003 to 2007, the number of trips provided statewide increased by 44 percent, from 8,761 to 12,584.<sup>10</sup>

---

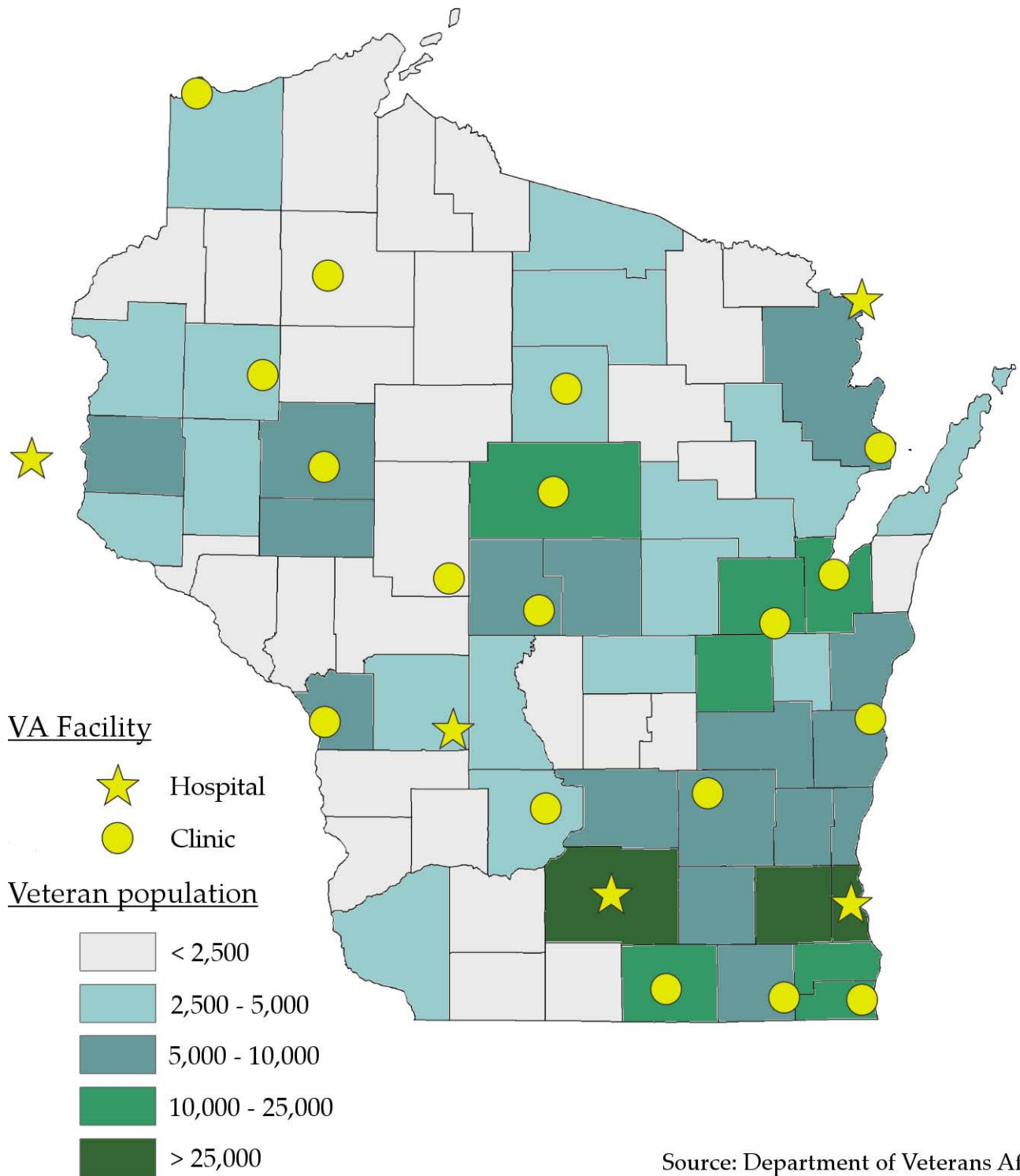
<sup>10</sup> Wisconsin Department of Veterans Affairs (2008).

Figure 2. Family Care Implementation (as of October 2008).



Source: Department of Health Services

Figure 3. Veteran Population and Services.



Source: Department of Veterans Affairs

## *What Is Transportation Coordination?*

Transportation coordination is a process through which service providers, local officials, and representatives of client groups and stakeholders work together to achieve any or all of the following goals: more cost-effective service delivery; increased capacity to serve unmet needs; improved quality of service; and services more easily understood and accessed by riders. Coordination runs the gamut from informal networking among providers and local transportation officials, to legislative changes to increase program flexibility. A key element of transportation coordination is the ideal of more rides for more people, in the most economical manner. Coordination demands communication, trust, flexibility, and the willingness to focus on the transportation needs of clients.

The system of public human service transportation in the United States evolved piecemeal over the last five decades. Programs and requirements grew out of a varied body of legislation, including the 1965 Medicare amendments to Social Security, the Older Americans Act, ADA, and a number of federal highway acts. Generally speaking, programs are targeted at a defined population with a specific need—for example, low-income elderly individuals needing medical transportation—and funding is tied to that purpose. The result is a system with overlapping, redundant services in some areas, and inadequate services in other areas.

This is not to say that the transportation system is deliberately constructed in order to waste resources. Every transit program arose from a specific, identifiable need. The county-based human services model in Wisconsin comes from the state's traditional focus on local government. These factors, based upon history and institutional development, create systemic barriers to a more efficient and effective model of public transportation.

### **What's wrong with the current transportation system?**

Imagine two neighbors in Tomah, a grandmother and a veteran. Both have medical appointments in Madison scheduled at the same time on the same day. In an ideal world, the grandmother and the veteran would be able to call the same telephone number and travel to Madison in the same accessible vehicle. However, because they are eligible for different programs, they ride in two separate vehicles to their common destination. With transportation programs in the hands of various local agencies, supported by numerous funding sources targeting different populations, such inefficiencies are a regular occurrence.

## *Coordination at the Federal Level<sup>11</sup>*

In 2003, the U.S. Departments of Transportation, Health and Human Services, Labor, and Education introduced United We Ride, a significant new human service transportation coordination initiative designed to make transportation coordination easier and more rewarding for states and communities. It was followed in February 2004 by an Executive Order on transportation coordination, establishing the Interagency Transportation Coordinating Council on Access and Mobility, composed of representatives from ten federal departments. The Executive Order calls for the council to identify laws, regulations, and procedures that serve as barriers or facilitators for coordination, recommend changes to streamline program requirements, and assess efforts to reduce duplication and provide cost-effective service.

On August 10, 2005, the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU) was signed, providing \$286.4 billion in guaranteed funding for federal surface transportation programs through FY 2009. This included \$52.6 billion for federal transit programs, a 46 percent increase over the previous transit authorizing legislation. In addition, SAFETEA-LU makes several changes to existing programs, establishes new programs for transportation disadvantaged consumers, and imposes a coordination requirement for the receipt of FTA funds.

Specifically, projects selected for funding under the Section 5310, JARC (Section 5316) and New Freedom (Section 5317) programs must be “derived from a locally developed, coordinated public transit-human services transportation plan,” and the plan must be “developed through a process that includes representatives of public, private, and nonprofit transportation and human services providers and participation by members of the public.” At the same time, local agencies on aging were required to incorporate coordination into their planning processes for programs funded by the Older Americans Act. Requiring coordination as a condition of receiving federal funds is the culmination of over thirty years of effort to facilitate the coordination of general public and human service transportation.

---

<sup>11</sup> Nelson\Nygaard Consulting Associates, *Human Services Coordination Model: Technical Memo 1* (2008), 2-1–2-2.

## Coordination in Wisconsin

Fourteen separate programs fund public and human services transportation in Wisconsin. In 2006, a total of \$252.3 million in federal and state funds was available to support those programs (see Table 2).

**Table 2. Transportation Programs in Wisconsin (2006).<sup>12</sup>**

Program	Funding (in millions)
<b>Department of Transportation</b>	
Public transit <i>Federal 5307, 5309, 5311, STRAP; state 85.20 programs</i>	\$168.1
Specialized (elderly and disabled) transportation <i>Federal 5310; state 85.21 and 85.22 programs</i>	13.1
<b>Department of Health Services</b>	
Medicaid	60.0
Other <i>Offices of Aging, Physical Disabilities; Senior Community Service Employment; Medicaid Infrastructure Grants</i>	1.9
<b>Department of Veterans Affairs</b>	
All programs <i>County Transportation Grant; Disabled American Veterans</i>	0.1
<b>Joint programs of Departments of Workforce Development and Transportation</b>	
WETAP <i>Federal JARC (5316); state TEAM (85.24) and Employment Training Assistance (ETA, 106.26) programs</i>	3.3
New Freedom <i>Federal 5317 program with supplemental funding from Division of Vocational Rehabilitation</i>	2.2
<b>Total</b>	<b>\$248.7</b>

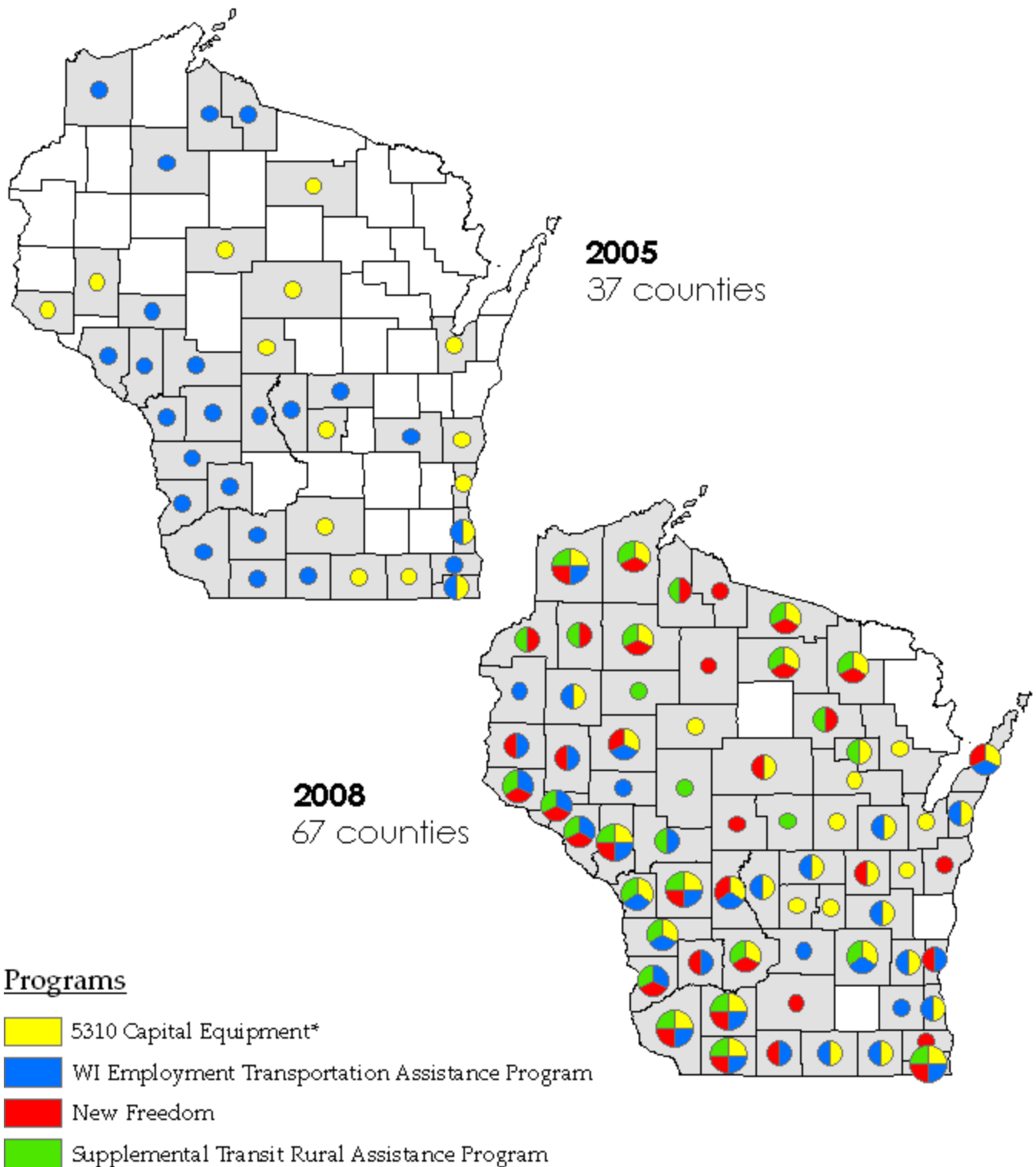
Note: May reflect errors due to rounding.

Work to foster transportation coordination in Wisconsin has been underway for some time. Much of what is going on today is tied to federal grant requirements in SAFETEA-LU, as administered by the Wisconsin Department of Transportation (WisDOT). In 2006 the department developed a coordination planning process, facilitated by regional and metropolitan planning bodies, for grant applicants. Of the state's 72 counties, all but one developed coordination plans. The 2008 process fosters local ownership of the coordination plans and promotes a multi-county regional perspective. The department is also encouraging applicants to move beyond federal requirements and incorporate state funds into their plans.

One result of increased federal coordination requirements and WisDOT's planning process is a significant increased level of participation in federal programs for specialized and supplemental transportation assistance (see Figure 4).

<sup>12</sup> Nelson\Nygaard Consulting Associates, *Human Services Coordination Model: Technical Memo 1* (2008), 4-4.

**Figure 4. Increased Participation in Federal Specialized and Supplemental Transportation Assistance Programs, by County, 2005-2008.**



\* Represents NEW capital projects in grant cycles 05/06 and 07/08.

Source: WisDOT

The major barriers to effective coordination in Wisconsin are twofold. First, the structure of programs for local government constrains transit funding—and thus the population served by that funding—to counties and municipalities. While this is a logical outgrowth of the county-based human services model, it does not take into account regional transportation patterns and needs. In addition state and federally funded human services transportation remain segregated by program purpose and target populations.

### *Formation of ICTC*

The Inter-Agency Council on Transportation Coordination arose out of the United We Ride initiative, in which planning funds became available to states. As part of the application for a Coordination Implementation Grant, the Governor issued a cabinet directive to form an “inter-departmental coordinating council,” with four goals associated with the grant:<sup>13</sup>

- To create a state level transportation coordination council;
- To conduct a comprehensive state assessment using the United We Ride framework;
- To develop a comprehensive state action plan for coordinating human service transportation; and,
- To conduct a statewide comprehensive inventory of existing transportation systems.

This group became the ICTC. Membership consists of agency staff from the Departments of Transportation, Health Services, Veterans Affairs, and Workforce Development, and the Office of the Commissioner of Insurance, whose responsibilities include program management or other issues pertaining to transportation and transportation disadvantaged populations.

---

<sup>13</sup> Memorandum from Tim Casper, Office of Governor Jim Doyle (October 4, 2005).

## Activities and Accomplishments

---

### *Meetings*

ICTC has met fifteen times, beginning in November 2005. Highlights of these meetings include:

- Multiple sessions with United We Ride consultants and facilitators, providing a national perspective and educating ICTC on transportation coordination;
- An overview from the Minnesota Department of Transportation of their coordination model;
- Resolution to develop a toolkit and Web resource for use in local coordination planning;
- Discussion of the role of Family Care expansion and ADRCs in coordination;
- Regular updates on new transportation and coordination initiatives throughout the state and from Washington; and,
- A decision to employ a consultant to develop a model of coordination for Wisconsin.

Major actions are discussed below in detail.

### *Stakeholder Advisory Committee*

In order to involve transportation consumers and providers in the process of developing a statewide coordination model, in 2007 ICTC convened the Stakeholder Advisory Committee (SAC). A representative cross-section of consumer advocates, local governments, and transportation providers was invited to participate:

- AARP-Wisconsin
- Association of Wisconsin Regional Planning Commissions
- BadgerCare Coordination Network
- County Veteran Service Officers Association of Wisconsin
- Disability Rights Wisconsin
- Disabled American Veterans-Wisconsin
- Great Lakes Inter-Tribal Council
- Native American tribal governments
- Specialized Medical Vehicle Association of Wisconsin
- Survival Coalition of Wisconsin Disability Organizations
- Wisconsin Association of Aging Unit Directors
- Wisconsin Coalition of Independent Living Centers
- Wisconsin Community Action Program Association
- Wisconsin Council of the Blind and Visually Impaired

- Wisconsin Council on Developmental Disabilities
- Wisconsin Council on Physical Disabilities
- Wisconsin Counties Association
- Wisconsin County Human Services Association
- Wisconsin Rehabilitation Council
- Wisconsin Rural and Paratransit Providers
- Wisconsin Urban and Rural Transit Association
- WOW Workforce Development

The charge of the SAC was to provide feedback on transportation coordination options developed by ICTC, evaluate strategies for improved coordination, serve as liaisons to their organizations and partners, and provide education and outreach to decision-makers and the public. The SAC has provided feedback to the consultant on the development of a coordination model (discussed below), met with a United We Ride ambassador to discuss the federal program, and shaped ICTC's discussions of its future as a coordination body.

### ***2007 Coordination Conference***

Networking and education are keys to fostering coordination efforts. With this in mind, ICTC organized a conference, "Opening Doors to Human Services Transportation Coordination," to help transit providers, managers, agency staff, local officials, and advocates understand the future of coordination. It was held on August 7, 2007 in Wisconsin Dells. Breakout sessions were presented on state funding programs, technology innovations, mobility management, regional and national perspectives on coordination, long-term care reform, 2006 coordination plan updates, and employment-related transportation. There were 248 participants in attendance, representing 61 counties.

### ***Joint Administration and Funding of Programs***

Following up on discussions at ICTC, WisDOT and DWD examined opportunities for sharing resources among their various programs. As a result, the departments are jointly supporting two transportation programs:

- The Wisconsin Employment Transportation Assistance Program (WETAP) is a collaboration between WisDOT and the DWD Division of Employment and Training. WETAP combines three separate funding sources, the Federal JARC (Section 5316) program and two State of Wisconsin programs, Transportation Employment and Mobility (85.24, Stats.) and Employment Transit Aids (106.26, Stats.), to develop of services linking low-income workers with jobs, training, and childcare.
- The New Freedom (Section 5317) program, administered by WisDOT, provides additional mobility options for persons with disabilities. The DWD Division of Vocational Rehabilitation provided supplemental funding to increase employment transportation options for clients living in rural areas.

## *Insurance for Volunteer Drivers*

Many transportation programs rely on volunteer drivers using their own private vehicles to provide service. An ongoing issue for these programs is the inability of drivers and programs to secure liability insurance coverage. After much discussion within ICTC, the Office of the Commissioner of Insurance (OCI) surveyed 34 top insurance companies on this topic. It found that most insurers are willing to write such coverage, but local agents are often unaware of the fact. The results of the survey are available on the OCI website, which ICTC helped publicize.

## *Wisconsin Model of Coordination*

ICTC secured the services of a nationally recognized consultant, Nelson\Nygaard Consulting Associates, with broad experience in transportation and coordination assessment and planning to develop a transportation coordination model for Wisconsin. The model was to recognize efforts underway on the local level, incorporate best practices from around the nation, and recommend strategies for moving forward on a statewide basis.

The consultant's products consist of:

- A review and assessment of transportation and funding sources, both federal and state;
- An assessment of coordination in Wisconsin, detailing local efforts in a number of counties and multi-county regions;
- A review of coordination models in peer states, and an inventory of best practices from other states; and
- Recommendation of a Wisconsin Model of Coordination, with implementation strategies.

The Wisconsin Model of Coordination, rather than being a complex, prescriptive model of how services must be delivered, is a set of four strategies designed to move coordination forward, at both the state and local levels. The four parts of the Model are:

- *Strengthen ICTC as the Lead Entity for Statewide Coordination Efforts* – As the existing state body charged with transportation coordination, ICTC is best positioned to lead future efforts. Making ICTC a more permanent body with stable support will maintain its existing momentum and guide efforts on a statewide level.
- *Encourage County and/or Regional Coordination Councils* – Data from other states show the greatest coordination success arises from active, engaged, representative local coordination councils. ICTC can encourage them through clear expectations and technical assistance.
- *Require County and/or Regional Coordination Councils* – Local coordination councils would eventually be required to develop a coordinated transportation plan in order to receive funding from state and federal programs.
- *Encourage Regionalization Through Incentives and Rewards* – Often, the greatest transportation need exists for travel between communities or counties. Providing incentives for regional efforts will foster the growth of regional services based on resident needs, rather than political boundaries.



## Recommendation

---

ICTC strongly believes that transportation coordination is good policy. Integrating coordination throughout Wisconsin's transportation programs will add value for consumers, provide for efficient and better use of public resources, and better serve the needs of transportation disadvantaged individuals and the general public. Local coordination efforts are underway, but the ability of agencies to provide guidance and technical assistance is limited. Given the need to provide statewide direction and support for coordination, ICTC recommends that the Governor strengthen ICTC as the lead entity for statewide coordination efforts, and begin to expand transportation coordination in Wisconsin.

**First, we recommend the Governor provide a more formalized basis for ICTC through an executive order.** Currently, ICTC exists as the result of a gubernatorial directive. An executive order would provide a greater degree of permanence and legitimacy to the body. **To ensure ICTC's ability to foster coordination, the order should contain the following provisions:**

- **State clearly department secretaries are responsible for promoting coordination within and between their departments.** Ensuring coordination between such diverse programs as Medicaid, local transit aids, and vocational rehabilitation requires accountability at the top level of departmental management, to help bridge programs and stave off potential conflicts.
- **Convene periodic meetings of the secretaries (or their designees) of ICTC member departments, chaired by a member of the Governor's staff, to discuss coordination and receive reports and recommendations from ICTC.** Departmental accountability is essential to the success of transportation coordination.
- **Maintain the current structure and function of ICTC.** Keeping the current structure will help ICTC continue at the forefront of best practices, and allow for the greatest degree of discussion and creativity.
- **Provide dedicated staff and administrative support for ICTC.** Through its work to date, ICTC has learned that the magnitude and complexity of coordination issues exceeds the ability of agency staff to address, while also fulfilling their existing responsibilities. Future success for ICTC requires dedicated staff and administrative support to develop issues, manage the work plan, and organize ICTC and SAC meetings and communications.
- **Require departments to designate a lead individual responsible for coordination efforts on behalf of the department, including communication with ICTC.** This person would be the main point of contact and would work across all department programs in support of a department's coordination efforts and priorities.
- **Formalize the ICTC Stakeholder Advisory Committee.** The SAC is an effective grassroots body for education and advocacy, which provides a valuable perspective and support to ICTC. As the role of ICTC is formalized it is important to evaluate the role, structure, and ground rules of the SAC to ensure they are appropriate over the long term.

- **Charge ICTC with making policy recommendations to implement the Wisconsin Model of Coordination.** Major policy areas that have been identified for further study include:
  - *State-level coordination barriers* – State funding programs for transportation do not have the same degree of coordination requirements as federal programs. Statutes often constrain service delivery by county and municipal boundaries. Considerable effort is required to address coordination barriers that exist among state human services programs.
  - *Federal coordination barriers* – Although the federal government has taken major steps with coordination, there are still barriers to coordination, particularly with programs that support populations other than the elderly and persons with disabilities. ICTC will continue to work with stakeholders to identify these barriers and recommend solutions to federal agencies and Congress.
  - *Local coordination councils* – Local councils have been a key element of success for coordination in other states. ICTC feels that local councils may be a key element in developing statewide coordination in Wisconsin.
  - *Regionalization* – Transportation needs of individuals frequently cross local and county political boundaries. ICTC believes regional governance and finance structures for human services transportation must be addressed.
  - *Additional state agency representation* – There are aspects of human services transportation beyond the agencies currently represented on ICTC. Evaluation is needed to determine if membership should be expanded.
  - *County and tribal intergovernmental relations* – The interplay between various levels of government is a major barrier to coordination. Historical relationships between tribes and local governments in their areas make exploring county-tribal relations particularly important.

**Second, we recommend the development of one or more pilot projects to test the feasibility of regional coordinated Medicaid and human services transportation networks.** In Wisconsin, Medicaid transportation is a larger expense than all other human services transportation combined. However, Medicaid transportation services are not routinely coordinated with other programs. ICTC believes a pilot project to evaluate coordination between Medicaid and human services transportation will identify barriers to integration and strategies for making these services more efficient.

## **Appendix: Final Report on the Wisconsin Model of Coordination**

---

Attached to this report is the final product produced for ICTC by Nelson\Nygaard Consulting Associates, "Wisconsin Human Service Transportation Coordination Model: Final Report." It summarizes the research conducted by the consultants, describes the Wisconsin Model of Coordination, and includes strategies and recommendations for implementing the Model.