Special Needs Transportation Coordination Study

Joint Transportation Committee Policy Study Group Meeting
September 30, 2008
Presentation: Overview

I. Users, Providers and Funders of Special Needs Transportation
II. Coordination in Washington State
III. Best Practices: Lessons Learned
IV. Study Key Findings and Preliminary Recommendations
V. Next Steps
Users, Providers and Funders of Special Needs Transportation
Who are Users of Special Needs Transportation?

"Those people, including their attendants, who because of physical or mental disability, income status, or age, are unable to transport themselves or purchase transportation."

RCW 47.06B.012
State of Washington: Basic Population Demographics

- 23% age 15 or under
- 11.5% age 65 or older
- 16% report a disability
- 12% at or below federal poverty level
- 21% of disabled at or below poverty level
- 42% of older adults have a disability
Who Provides Special Needs Transportation?

- Organizations identified that provide special needs transportation with public funds
- No “typical” provider
- Non-profits account for half of all providers
- Many non-profits serve general public in rural areas
- Most providers specifically serve seniors and persons with disabilities
Agency Provider by Type

- Non-profit: 51%
- Unincorporated Transportation Benefit Area: 1%
- General Purpose Government: 17%
- PTBA: 14%
- Faith-based: 5%
- Tribal Government: 3%
- Transportation Authority: 3%
- Special District: 1%
- For-profit: 5%
- Non-profit: 51%
Who Pays for Special Needs Transportation?

- Public Transit Agencies (28)
- Department of Social and Health Services (DSHS)
- Superintendent of Public Instruction (OSPI)
  - Local School Districts
- WSDOT: Community Transportation Programs
- Other State Human Service Agencies
Public Transit: Paratransit/Demand Response

- ADA requires complementary paratransit for people whose disability prevents use of fixed routes
- Some communities provide deviated fixed-route or other demand-response programs
- Service requirements specified in ADA do not always meet needs of disabled persons
- Statewide, 15% of public transit dollars is dedicated to demand response programs
DSHS Administrations

- Health and Recovery Services (Medicaid non-emergency medical trips)
- Aging and Disability Services
- Economic Services
- Children’s Administration
- Juvenile Rehabilitation
- Vocational Rehabilitation
Federal requirement to provide access to medical services for Medicaid-eligible persons

In Washington, services provided through a brokerage arrangement: 8 brokers in 13 regions

$58 million spent in 2005; about 1% of total Medicaid budget
8 Medicaid brokers statewide
Pupil Transportation: Funding

- Over $300 million annually spent on basic (non-specialized) transportation
- Transportation costs covered 2/3 by State and 1/3 by local funds
- State allocation provides an additional $40 million annually for vehicle procurements
- Special program (special education, services for homeless students) allocations are about 1/3 of total
- Special program allocations growing at a faster rate than basic program allocations
Specialized Transportation Funding Snapshot: $280 million

FY 2005

- Demand Response: $124 million
- Special Education: $71 million
- Deviated Fixed Route: $8.7 million
- Medicaid: $58 million
- Other Community Providers: $18 million
Coordination in Washington State
Coordination: Activities in Washington

- Recent federal legislation (SAFETEA-LU) engaged human service & transportation partners at local level
- Many active local coordination councils
- Versatile brokerage infrastructure
- Coordination with tribes
- Innovation through pilot projects
- Trend toward more regional, corridor based services
Coordination: Untapped Opportunities

- Lack of statewide policies to define and enforce coordination
- Largest sponsors do not blend funds and operate separately

Results in:
- confusion for customer
- potential for duplication and redundancy
Coordination Barriers: Findings

- **Funding restrictions** prevent or hinder blending agencies’ funds
- Developing equitable **cost-sharing** methodology is cumbersome
- **Incompatible vehicle requirements** (especially with school buses)
- **Client databases** cannot be shared
Coordination Barriers: Findings (Cont.)

- Different **driver requirements**
- Inconsistent planning and **reporting requirements** for transportation and human service agencies
- **Unique customer needs** don’t always allow for grouping passengers
- **Contract or labor union restrictions** sometimes limit flexibility
Coordination Barriers: Customer’s Perspective

- Confusing and inconsistent eligibility standards for various programs
- (Often) no clearinghouse to find out about options
- Travel across county lines is difficult and time consuming, especially if a transfer is involved
- Social service caseworkers don’t always know full range of mobility options
Role of ACCT

- Not a clear understanding by stakeholders of its mission
- Not empowered with meaningful oversight of coordination at the statewide level
- Not provided with adequate staffing or budget to fulfill its potential
- DOT required to chair and staff ACCT—prevents opportunity to cultivate leadership role from others
Role of ACCT

- ACCT initiated local coordination councils; currently there is lack of formal relationship with local councils
- Most think ACCT should continue, at minimum as a forum to encourage discussion and information sharing
- Members want to be more pro-active, but need the tools and authority to do so
Best Practices:
Lessons Learned
Best Practices: Overview

- Statewide coordination councils
- Organization of local coordination efforts
- ACCESS Program (Pittsburgh, PA)
- Ride Connection (Portland, OR)
- Coordination with Medicaid programs

**Best practices from:** Florida, Iowa, North Carolina, Ohio
Best Practices: Statewide Coordination Councils

38 state-level inter-agency coordination councils nationwide

State-level councils may:
- Oversee coordination funding for statewide and local programs
- Focus on reducing duplicative programs and services
- Eliminating conflicting State requirements and regulations
- Assist local and regional entities with coordination efforts
Statewide Coordination Councils: Lessons Learned

- There needs to be a state-level council or body to foster coordination in the state
- Membership in the state-level council should be inclusive
- The councils and their composition should be established by statute or Executive Order
- Councils should have “teeth” over coordination policies and the coordination infrastructure
Local Coordination: Lessons Learned

- Coordination should have a formal bi-level structure (at both state and local/regional level)
- Responsible local units should be formally identified for uniformity (coordinating council or member agency)
- Coordinating bodies should provide state-wide coverage
Best Practices: ACCESS Program

Decentralized brokerage providing shared-ride, door-to-door paratransit in Pittsburgh & Allegheny County. Program serves general public and those with special transportation needs.

The for-profit broker is sponsored by regional transit agency and:
- Contracts with a variety of local service carriers
- Conducts ADA eligibility certification
- Manages service contracts and performance monitoring reporting
- Handles advocacy functions and public participation
- Oversees scrip sales
ACCESS Program: Lessons Learned

- Competition and economy of scale
- Continuous review of providers
- Portability of concept may only be possible in unique circumstances
- Private agencies have greater flexibility
- Local conditions may largely determine success
- Cost allocation models can be simple, accurate, and acceptable
Best Practices: Ride Connection

- Non-profit community organization that coordinates transportation services for older adults and people with disabilities
- Network of 30 partners in Portland, OR area
- Evolved from small volunteer program to a major provider for people with special needs (11,700 rides in 1988 to 371,000 rides in 2007)
Ride Connection: Lessons Learned

- Centralized information and referral improves client access and transportation efficiency.
- Non-profits: Funding is more available; they are faster and more flexible in meeting needs.
- Maintain collaborative relationships with network providers.
- Quality service is the best advertising.
Best Practices: Medicaid Coordination

Coordination issues:
- Co-mingling/non-exclusive rides
- Curb-to-curb vs. door-through-door
- Written confirmation of delivery
- User choice vs. assigning carrier or system
Medicaid Coordination: Lessons Learned

- Medicaid participation in a statewide program of community transportation services is feasible.

- A funding source that grows as demand grows is necessary when accepting responsibility for an entitlement transportation service, such as Medicaid.

- Strong state legislation and participation are important ingredients to successful integration of state and local programs.
Study Key Findings and Preliminary Recommendations
Principles for Developing Recommendations

- View coordination as a strategy, not as the ultimate goal
- Effective coordination policies and procedures need to be established at both the state and local levels
- Seek to advance coordination where there is opportunity for the greatest “bang for the buck”
- Build on strengths
- Test new concepts
- Recognize tradeoffs between efficiency and quality
- Crisis can foster creativity
Findings & Preliminary Recommendations: Overview

- Governance and Policy
- Uniformity of Definitions
- Funding
- Improving Connectivity
- Influencing Facility Siting Practices
- Coordination with Pupil Transportation
- Influencing Federal Planning and Program Requirements
Governance and Policy: Key Findings

- Effective coordination occurs within a bi-level structure: state and local levels
- ACCT’s mission is not well understood and it lacks tools needed to be more effective
- No state mandate for agencies to coordinate
- No central clearinghouse to document state’s expenditures for special needs transportation
- Opportunity exists to better coordinate Medicaid and public transit programs
- Medicaid brokerage arrangement works well and has proven to support broader coordination efforts
Governance and Policy: Preliminary Recommendations

- Establish Bi-Level Coordination Oversight
- Amend ACCT bylaws to strengthen its role as the statewide Coordinating Council
- Allow more autonomy for ACCT
- Establish Local Coordinating Boards to oversee Community Transportation Coordinators (brokers)
- Require all state agencies, not only Medicaid, to purchase transportation through regional broker
Governance and Policy: Preliminary Recommendations (cont)

- The Local Coordination Board would:
  - Provide oversight of Community Transportation Coordinator
  - Serve as local resource to identify and advance coordination activities
  - Conduct coordinated planning, in collaboration with local RTPO
Governance and Policy:
Preliminary Recommendations (cont)

- Community Transportation Coordinator would:
  - Operate one-call center to provide information on mobility options
  - Contract with variety of local service providers
  - Provide services under contract for participating agencies, according to agency specifications
  - Assign client trips to the most appropriate provider
  - Manage a volunteer program
  - Maintain program records and report on progress
Governance and Policy: Preliminary Recommendations

- Pursue opportunities to better coordinate Medicaid and public paratransit services
  - Contract with transit operators to serve as Medicaid providers to be reimbursed consistent with Medicaid policies
  - Share client information, within the guidance of HIPPA, to identify passengers with dual eligibility.
  - Establish and implement uniform cost allocation formulas when grouping trips with different funding sources.
Governance and Policy: Under Consideration

- How should we define regions?
  -- RTPO regions
  -- existing Medicaid regions
  -- counties

- Who should contract with the local community transportation coordinator?
  -- State council (ACCT)
  -- local designated agency, such as county or RTPO
  -- DSHS
Uniformity of Definitions: Key Finding

- Inconsistent definitions and methods for budgeting, reporting and evaluating special needs transportation is a barrier to coordination
Uniformity of Definitions: Preliminary Recommendations

- Direct ACCT to establish common definitions for reporting service characteristics—to be used by all ACCT members and local programs
- Establish uniformity in performance and cost reporting requirements
- Establish uniformity by mode and passenger type for vehicle and driver standards
- Establish a clearinghouse and common procedures to facilitate driver background checks
Funding: Key Findings

- ACCT is underfunded and cannot carry out its potential mission without adequate funding
- Seed money—as well as ongoing financial support—needed for local coordination councils
- WSDOT controls state and federal funds which could be tied to coordination requirements
Funding: Preliminary Recommendations

- Require state agencies that purchase transportation to participate in and financially support ACCT
- Establish a dedicated funding source that could be used for “gap funding” and local mobility managers
- Prioritize use of federal SAFETEA-LU funds for mobility management purposes to help support local coordination councils
- Direct WSDOT to tie use of funds it oversees to meeting coordination objectives
Connectivity: Key Findings

- Many people need to travel beyond their immediate community to access specialized services.
- Often, interjurisdictional travel is difficult, time consuming and inconvenient.
- Transit systems do not always coordinate schedules, fares, or have convenient transfer sites.
Connectivity: Preliminary Recommendations

- Identify transit “hubs” and direct Local Coordinating Board to develop connectivity plans
- Identify and adopt common connectivity standards
- Develop, test and implement technology that can promote connectivity
- Seek to eliminate artificial barriers that force transfers
- Set up corridor service where demand justifies it
Facility Siting: Key Findings

- Considering proximity to public transportation when making decisions on facility siting is often an afterthought.
- Public transit providers are often asked after the fact to provide service to new facilities.
Facility Siting: Key Findings

There is some opportunity to influence decisions made by human service providers with respect to locating facilities near transit.

- **Public sector facilities**: Some opportunity, but the state & DSHS have policies and procedures to ensure that facilities are well sited.

- **Private state licensed/funded facilities**: Currently, licensing and funding does not consider facility siting. Facilities could be better sited and there is potential to affect siting decisions.

- **Other private businesses/organizations**: Retirement communities are probably the most poorly sited with respect to transit. However, they are the least regulated and hardest facility type to influence.
Facility Siting: Preliminary Recommendations

- Reduce parking requirements for housing developments serving senior and low-income residents, and for transit-oriented developments
- Take accessibility into account as an operating cost when comparing potential sites
- Sites may be located near a “cluster” of clients to ensure more efficient provision of Dial-a-Ride services
- State and local incentives for private sector facilities to locate near transit
Facility Siting: Preliminary Recommendations

- Development review for access to transit for all private sector human service facilities
- Review preferred location by transit provider before purchase/lease is finalized
- More specific language defining “access to transit” in siting guidelines for state facilities
Coordination with Pupil Transportation: Key Findings

- There are limited opportunities to integrate pupil and public transportation systems.
- Providing transportation for homeless students is challenging, and a significant cost for school districts.
- Provisions already exist that allow for coordination with pupil resources (buses), but are rarely implemented.
Coordination with Pupil Transportation: Preliminary Recommendations

- Direct districts to investigate feasibility of providing transportation for homeless youth through community broker
- Direct districts to collect cost and trip information for providing homeless transportation
- Direct OSPI to develop program guidelines for use of school resources (vehicles) for broader community purposes
Influencing Federal Planning and Program Requirements: Key Findings

- Many special needs transportation programs are defined by federal laws and regulations, such as:
  - Medicaid,
  - Americans with Disabilities,
  - Older Americans Act,
  - McKinney-Vento Act, etc.
Influencing Federal Planning and Program Requirements: Preliminary Recommendations

- Establish comparable planning requirements for human service agencies as those directed for use of transit funding through SAFETEA-LU
- Collaborate with the National Association for the Education of Homeless Children and Youth or other associations to develop common goals and objectives for reauthorization of the McKinney Vento Act
- Support federal legislation that would increase the reimbursement rate authorized for volunteers
- Expand funding programs to be subject to Coordinated Plans to include Section 5311 and 5311(c) (tribal transportation program)
Other Items

- Issues not discussed
- Other comments
Next Steps

- Review findings and preliminary recommendations with key stakeholders, including representative Medicaid brokers, DSHS staff, transit operator representatives, OSPI, etc.
- Refine recommendations as needed
- Draft Plan issued for public review: November
- Draft Plan submitted to JTC in early December