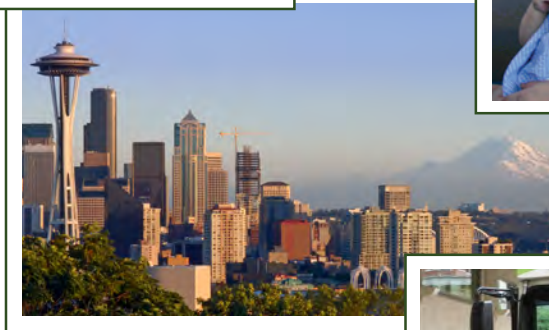


STATE OF WASHINGTON
JOINT TRANSPORTATION COMMITTEE

Special Needs Transportation Coordination

Executive Summary



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in association with



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Executive Summary

Introduction

The Special Needs Transportation Coordination Study was authorized in 2007 through the passage of Substitute House Bill (SHB) 1694 (Chapter 421, Laws of 2007). It directed the State of Washington Joint Transportation Committee (JTC) to examine and evaluate the effectiveness of special needs transportation¹. In particular, a goal of the study was to explore opportunities to enhance coordination of special needs transportation programs to ensure they are delivered efficiently and without duplication, and that they result in improved access and increased mobility options for their constituents.

The study presents an assessment how special needs transportation services are provided, and suggests a range of recommended actions to improve and enhance the effectiveness of these services. In addition to reviewing programmatic changes for improving coordination of special needs transportation, this study examines the effectiveness of the Agency Council on Coordinated Transportation (ACCT) in undertaking its charge.

Methodology

The methodology used to complete this study includes:

- **Stakeholder interviews:** Dozens of in-person or telephone interviews were conducted with key project stakeholders. The full list is documented in Appendix A of the report.
- **Data collection:** Various documents, reports, and data sources were collected and analyzed to prepare findings reported in this study.
- **Case studies:** The consultant team examined human service transportation delivery and related issues in detail in Lincoln, Pierce, Snohomish, and Yakima Counties.
- **Best practices:** The purpose of identifying best practices is to learn from coordination models adopted by other states and to compare and contrast those models with Washington.
- **Stakeholder and public forums:** Public forums were held in the case study counties to learn more about social service transportation delivery at the local level and to learn about the customer and service providers.

Key Findings

Recommendations presented in Chapter 9 are derived in large part by key findings that emerged from research and interviews conducted for the study. These key findings are described below:

Agency Council on Coordinated Transportation (ACCT)

- ACCT is under-funded and under-staffed and needs a stronger mandate, commitment and level of participation from major players.

¹ For the purposes of this study, the definition of persons with special transportation needs is that adopted by the Washington State legislature: "Those people, including their attendants, who are unable, because of a physical or mental disability, income status, or age, to transport themselves or purchase appropriate transportation". Customers of special needs transportation are considered to be low-income of any age, youth, older adults, or persons with disabilities.

- ACCT needs performance measures to demonstrate accountability.
- ACCT should be given more resources and *authority* to take a more proactive role in transportation planning oversight throughout the state.
- There is strong sentiment to continue ACCT and not to disband it.
- Neither the legislation that established ACCT nor its bylaws provide clear guidance to ACCT staff or members. As a result, there is inconsistent understanding of ACCT's mission or what it should be doing to advance coordination.
- ACCT members themselves want to be more pro-active, but need the tools and authority to do so.

Barriers to Coordination

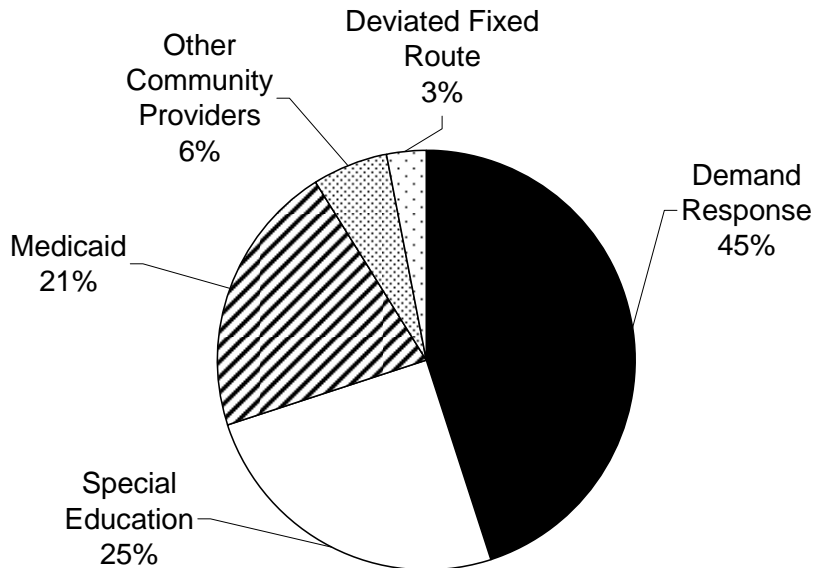
Chapter 4 discusses the state of coordination in Washington State, and highlights numerous examples of best practices to advance coordination at the local level. Nonetheless, barriers remain, and are characterized as follows:

- **“Silo” Funding prevents coordination:** The three largest funders of special needs transportation include: public transit; ADA paratransit or other specialized demand-response systems; pupil transportation for homeless youth or for those requiring specialized education programs²; and programs funded through DSHS, most notably Medicaid. Together, these programs account for approximately \$280 million (Fiscal Year 2005-06) in estimated expenditures. These programs could benefit from more extensive coordination strategies.
- **No one-call center:** From the customer's perspective, the system is fragmented and confusing. There is not a single point of entry for customers to call to find out about programs they may qualify for, or to arrange for transportation by making a single call.
- **Duplication of service:** From a program management perspective, there is duplication of service and redundant investment in infrastructure.
- **Lack of connectivity:** Connectivity remains a primary challenge for customers whose trips are regional in nature, but service systems operate within fixed boundaries that may not reflect these regional needs. This is especially true for persons who rely on paratransit.
- **Inconsistent coordination efforts at local level:** There is inconsistency in how local coordination councils operate, and in their effectiveness. Many do not have resources or full time staffing to carry out their coordination objectives, despite the best intentions and dedication of local members.
- **Pilot projects don't always advance:** Despite numerous promising pilot projects or innovative practices described earlier in this chapter, they have not been widely replicated or, as the case with Common Ground, have not reached a successful conclusion.

² This study focuses on pupil transportation for students requiring transportation to special education facilities, and on transportation for homeless students.

Figure ES-1, below, provides a summary of the expenditures for special needs transportation in the State of Washington³.

Figure ES-1 FY 2005-06 Funding Summary Chart (\$280 million)



Best Practices in Coordination

One of the study tasks was to identify “best practices” and to provide examples of excellence with respect to coordinating special needs transportation in other parts of the country. The states of Florida, Iowa, North Carolina, and Ohio were examined, and four primary lessons learned from these successful state-level coordinating bodies emerged:

1. **There needs to be a state-level council or body to foster coordination in the state.** Bi-level oversight is also necessary, with local/regional coordination councils charged with implementing coordination policies on the local level, overseeing local/regional coordination efforts, and providing feedback to the state-level coordinating council.
2. **Membership in the state-level council should be inclusive.** The four bodies reviewed all include the representation from key state agencies.
3. **The Council and its composition should be established by statute or executive order.** This legitimizes its mission and gives the council some permanence.
4. **Council should have “teeth” over coordination policies and the coordination infrastructure.** While all provide – either directly or indirectly – significant technical assistance, it is the councils in these states that provide incentive/seed funding and/or require coordination (with the power to withhold funding for non-compliance) that have successfully overseen the establishment of coordination efforts on the local/region level.

³ The figures are estimates based on research and stakeholder interviews. In some cases, the numbers will be lower where agencies do not track the amount spent on transportation. Other state agencies funding transportation are not included in these figures as reliable estimates were not available.

Project Recommendations

The recommendations developed through this study are intended to help develop a coordinated transportation service delivery system that results in the following outcomes:

- Improved access to transportation services for customers
- Provision of more mobility options, especially in rural areas
- Development of a coordination infrastructure that responds to local circumstances and needs
- Removal of barriers to allow for a more flexible and efficient approach in delivering services
- Broadening human service and transit agency participation in a community-based coordination program
- Establishment of policies and procedures to advance coordination at both the state and local levels

Specific recommendations are presented in nine categories, and are summarized below.

1. Strengthen ACCT's Role as Statewide Oversight Body

Designate ACCT as the statewide oversight body with regulatory authority to set policy direction and to provide oversight of statewide special needs transportation coordination efforts.

- a. Clarify ACCT's tasks and responsibilities
- b. Reassess ACCT Membership
- c. Diversify ACCT Leadership
- d. Evaluate options to re-locate ACCT
- e. Provide adequate funding to support ACCT's mission

Lead Entity: Legislative action is needed to clarify ACCT's role, direct an implementation plan, and authorize bi-level structure. ACCT would assess its membership and evaluate potential housing options.

Timeframe: Legislative action is needed in the short-term (prior to ACCT "sunset") to clarify ACCT's role. ACCT can also, in the short-term, carry out its tasks.

2. Establish Local Coordinating Councils and Community Access Managers

In addition to strengthening coordination oversight at the statewide level, the following steps are recommended for the local level:

- **Establish a Local Coordinating Council (LCC)** in each region to (a) recommend the designation of the Community Access Manager (CAM), (b) to keep informed of its performance, and (c) to advance local coordination initiatives and programs.
- **Designate a Community Access Manager** for each region to operate and/or coordinate community-based transportation services within its designated area.

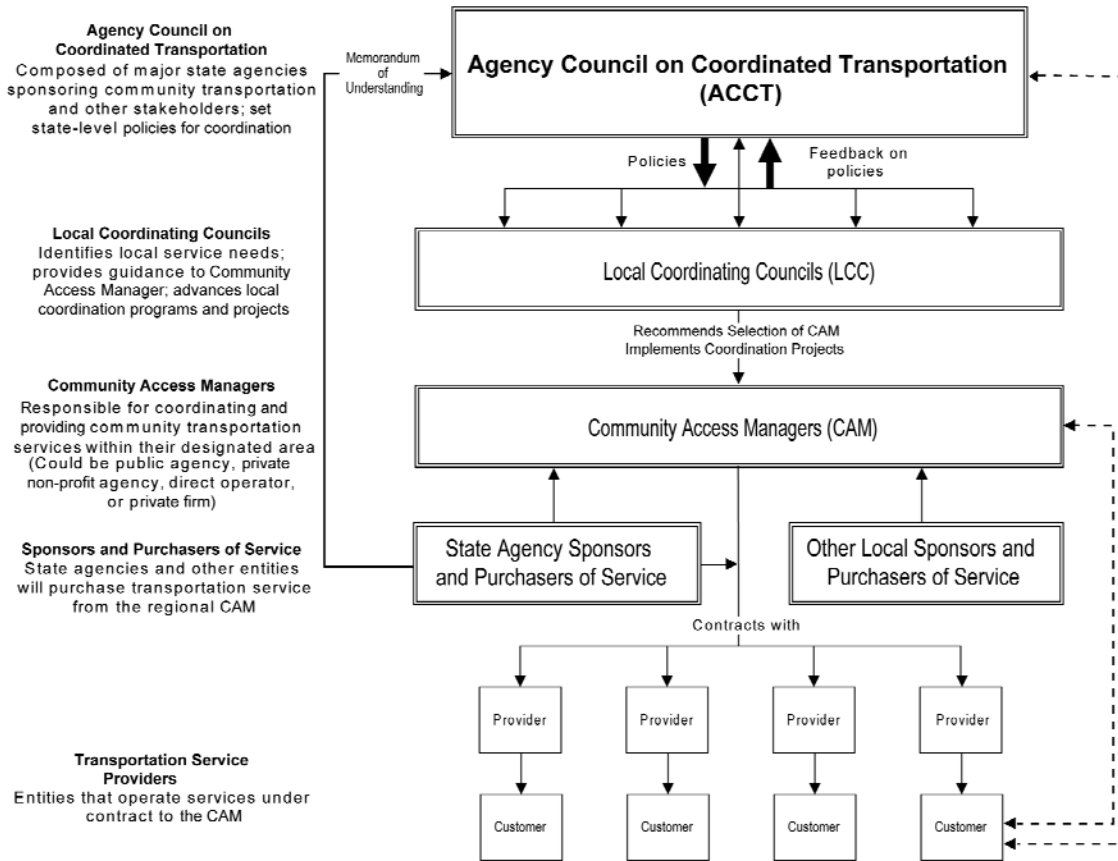
Subtasks include:

- a. Use Medicaid service areas when defining regions
- b. Select CAMs through a competitive procurement process
- c. Incorporate agency specifications and expectations in Request for Proposals
- d. Direct ACCT directly, or by delegation, to oversee the selection process for the CAM
- e. Authorize ACCT to designate CAMs

Lead Entity: Legislative action is needed to authorize bi-level structure. ACCT, in partnership with DSHS, would develop procurement procedures for selecting CAMs.

Timeframe: Legislative action is needed in the short-term (prior to ACCT “sunset”) to authorize the coordination structure. It is recommended that CAMs be phased in over time (1-3 years).

The following chart graphically portrays the structure proposed for Washington, including the relationship of ACCT with the newly established Local Coordinating Councils and Community Access Managers. It also characterizes the role of state agencies and local providers in providing services to the special needs customer.



3. Promote Coordination of Public Transit and Medicaid Services

There are opportunities and challenges to better coordinate public paratransit and Medicaid NEMT services. These two programs account for the greatest expenditures within the State of Washington for providing services to special needs populations; yet, they operate separately despite (anecdotal) evidence that their services are often redundant. It is important to note that it is not always feasible—or appropriate—to group customers from these two programs on the same vehicle; however, there will be some cases where this does make sense and should be pursued. The following recommendations are intended to advance the notion that, as in other states, at least some public paratransit and Medicaid trips can be shared:

- a. Direct WSDOT and DSHS, in collaboration with ACCT, to develop and implement a pilot project to demonstrate cost-sharing of public paratransit and Medicaid NEMT trips
- b. Certify transit operators as Medicaid service providers
- c. Encourage public transit operators to purchase trips from the community broker
- d. Explore the feasibility of expanding the Medicaid program beyond the provision of medical trips
- e. Test, through a pilot project, the feasibility of capturing the value of Medicaid trips provided by public transit agencies for which they are not currently reimbursed as match to federal Medicaid dollars

Lead Entity: DSHS and WSDOT, in partnership with ACCT, would develop and sponsor two pilot projects and test the feasibility of expanding the Medicaid program. Once established, local CAMs and transit agencies would work together to certify transit agencies as Medicaid providers.

Timeframe: An immediate step would be for DSHS and WSDOT to mutually agree to conduct the pilot projects and to define the goals and objectives. While efforts to define the pilot projects could begin in the short-term, full implementation may take longer.

4. Establish and Use Uniform Definitions and Reporting Requirements

Case study examples have shown that states with successful models of coordination recognize that cost accounting and cost allocation are integral components in meeting the statutory obligations of the varied funding sources that may be used to support the purchase of service of client transportation from public transportation service providers. Subtasks include:

- a. Establish common service definitions
- b. Require purchasing agencies and CAMs to use common definitions
- c. Develop uniformity in performance and cost reporting
- d. Establish a single clearinghouse for driver background checks

Lead Entity: ACCT would develop common reporting requirements, definitions and establish a clearinghouse for background checks.

Timeframe: Short to Medium term, upon clarity of ACCT's roles and development of implementation plan.

5. Provide Adequate Funding to Support Coordination

Given the current economic climate of increased costs and declining revenues, it is not likely to expect that significant new sources of funding can be found to support ACCT activities or those initiated at the local level. The following recommendations, although modest, can serve as the foundation for advancing future efforts and are intended to reflect that all agencies that benefit from coordination efforts should also contribute towards the costs associated with administering them.

- a. Prioritize use of federal transportation SAFETEA-LU funds for mobility management purposes to help support local coordination councils
- b. Direct WSDOT to tie the use of funds it oversees to advance coordination efforts
- c. Require any agency purchasing transportation for its clients with other state funds to (a) execute a Memorandum of Understanding (MOU) with ACCT, and (b) purchase transportation directly through the community transportation program

Lead Entity: WSDOT and other designated recipients to prioritize use of SAFETEA-LU funding. WSDOT to strengthen coordination standards tied to funding it oversees. Legislative action is needed to require state agencies to purchase transportation services through the CAM.

Timeframe: Medium-term, upon clarity of ACCT's roles and development of implementation plan, and based on establishment of CAMs.

6. Improve Service Connectivity for Customers

Customers often need to travel beyond county, city, or transit agency boundaries in order to get where they need to go. Connectivity among providers is important, and improvements should address travel for passengers both on fixed-route and paratransit programs. It is most appropriate for connectivity improvements to be addressed at the regional level, under the purview of the Local Coordinating Council. Specifically, these steps could include:

- a. Identify existing or new transit “hubs” and develop a connectivity plan for each
- b. Identify and adopt common connectivity standards
- c. Develop, test and implement technology that can promote connectivity
- d. Eliminate artificial barriers that force transfers
- e. Institute corridor service where demand justifies it

Lead Entity: Local Coordinating Councils and transit agencies, with guidance from ACCT.

Timeframe: Medium-long term; planning effort to be assessed at local level by LCC.

7. Influence Facility Siting Practices

The report investigated how facilities serving special needs customers are sited and found that:

- Considering proximity to public transportation when making decisions on facility siting is often an after thought
- Public transit providers are often asked after the fact to provide service to new facilities

The following recommendations are intended to address these key findings and barriers:

- a. Take accessibility into account as an operating cost when comparing potential sites
- b. Locate sites near a “cluster” of clients to ensure more efficient provision of Dial-a-Ride services
- c. Provide state and local incentives for private sector facilities to locate near transit
- d. Review access to transit for all private sector human services facilities
- e. Review preferred location with transit provider before purchase/lease finalized
- f. Provide more specific language defining “access to transit” in siting guidelines for state facilities

- g. Make “access to transit” (defined) an eligibility guideline for state licenses and funds
- h. Reduce parking requirements for housing developments serving senior and low-income residents, and for transit oriented developments (TODs)

Lead Entity: Local governments, General Administration, CTED, Department of Housing and DSHS to assume lead roles for recommendations as specified.

Timeframe: Short-Medium term; some efforts will be ongoing.

8. Enhance Coordination with Pupil Transportation

For reasons that have been cited in the report, it is not feasible to widely integrate pupil transportation and public transportation programs. There are some opportunities, however, that should be further investigated with respect to pupil transportation. These opportunities are described below:

- a. Evaluate a wider use of community brokers to provide transportation for homeless students
- b. Direct OSPI to require local districts to track their expenditures for providing transportation for homeless students
- c. Evaluate use of capital resources (school buses) when they are not being used for school purposes; OSPI to develop guidelines for use of vehicles for broader community purposes.

Lead Entity: OSPI

Timeframe: Short-Medium term; some efforts will be ongoing.

9. Seek to Influence Federal Planning and Program Requirements

To a large extent, human service transportation programs discussed through this study are influenced through federal policies or regulations, for example transportation provisions established through ADA, McKinney-Vento, and Medicaid programs. There may be opportunities to influence legislation affecting these or other human service programs as they are reauthorized.

- a. Include comparable planning requirements for human service agencies
- b. Advocate for funding to support transportation programs required through the McKinney-Vento Act
- c. Support federal legislation that would increase the reimbursement rate authorized for volunteers.
- d. Expand funding programs to be subject to Coordinated Public Transit Human Services Transportation Plans

Lead Entity: ACCT, LCCs to track, monitor, develop positions and communicate positions on federal programs and requirements. OSPI

Timeframe: Ongoing; as programs are reauthorized.

Next Steps

Together, these recommendations represent a complex and ambitious scope of work. Should they be endorsed by members of the legislature and/or other stakeholders authorized to implement them, the next step would be to develop a comprehensive strategic plan that allows for implementation to be phased in incrementally. The approach should also allow for flexibility and adaptability to best meeting local circumstances, and should designate a champion (or champions) responsible to carry out the recommendations at both the state and local levels. The strategic plan should also clearly define goals for achieving coordination and establish benchmarks that can be measured to evaluate progress over time.

Short term objectives would focus on clarification of ACCT's role, and examine its membership, staffing and potential housing arrangements. ACCT should be directed to produce a strategic plan to define implementation of the bi-level coordination structure as discussed above. Additional tasks for the short-term include directing ACCT to establish common reporting standards and to take steps to develop a centralized program for processing driver back-ground checks.

Efforts to advance coordination between Medicaid and public transit operators, as co-sponsored by WSDOT and DSHS could also begin in the short-term. Likewise, recommendations specific to OSPI can be considered as short-term objectives.

Medium term objectives: Other activities, such as designating CAMs, are best phased in incrementally and may take several years to reach full fruition. Other activities are ongoing in nature, or, such as those related to facility siting, are independent of initial legislative action. Once specific guidelines for establishing CAMs are defined, state agencies purchasing transportation would be required to participate in them.

Long term objectives would focus on fully implementing coordination at the local level, and evaluating progress as measured against benchmarks agreed to by ACCT.