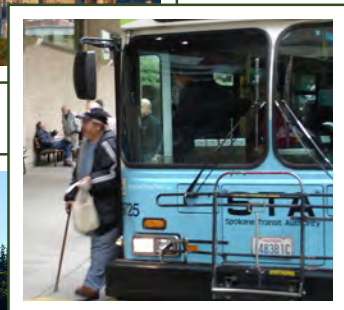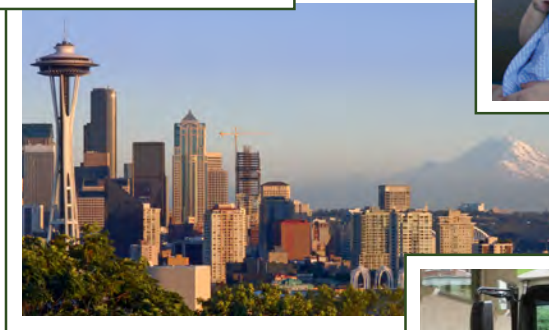STATE OF WASHINGTON
JOINT TRANSPORTATION COMMITTEE

Special Needs Transportation Coordination

Executive Summary

Nelson|Nygaard
consulting associates

in association with

RLS Associates, Inc.

Karen Reed Consulting, LLC

Executive Summary

Introduction

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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.

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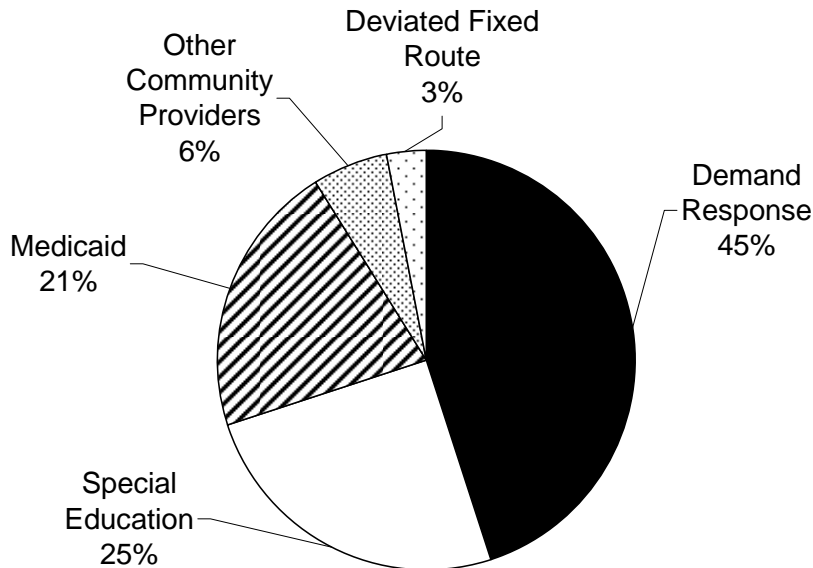
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Chapter 4 discusses the state of coordination in Washington State, and highlights numerous examples of best practices to advance coordination at the local level. Nonetheless, barriers remain, and are characterized as follows:

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- **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.

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[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 Washington[3].

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.

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[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.
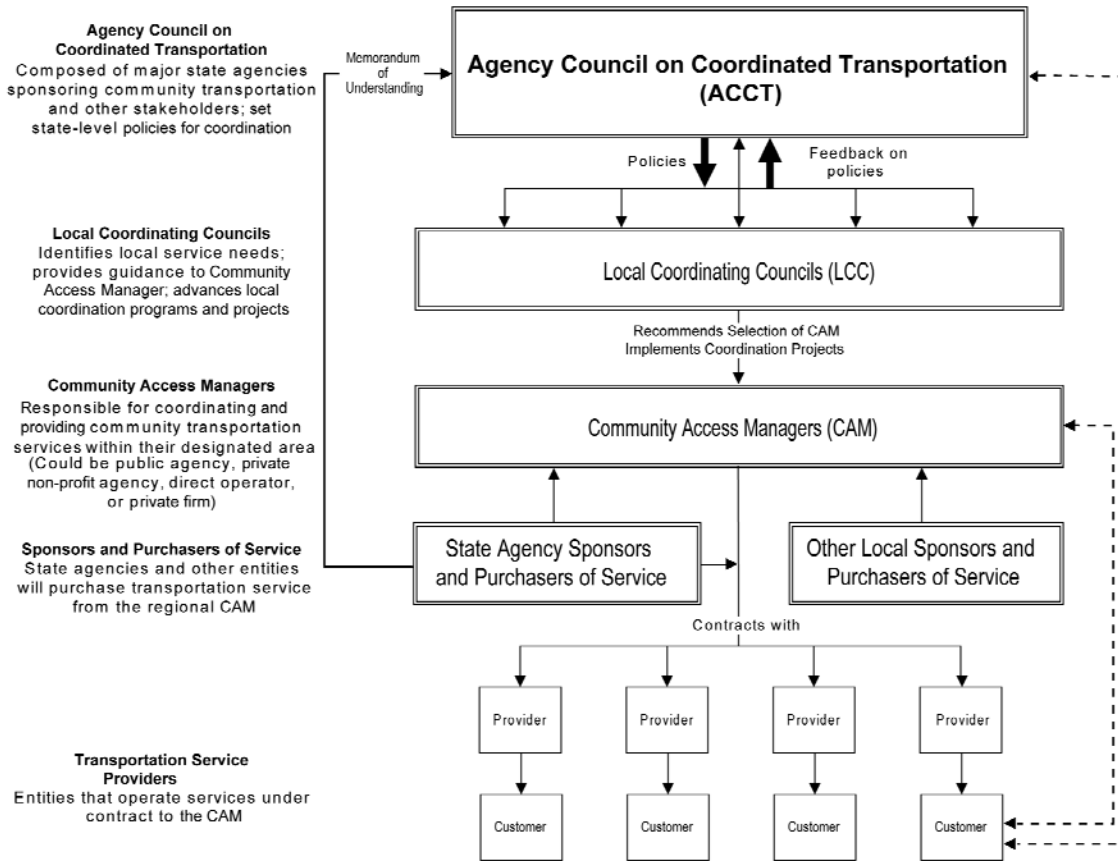
Subtasks include:

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.
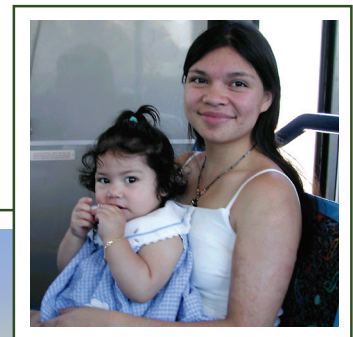
Medium term objectives: Other activities, such as designating CAMs, are best phased in incrementally and may take several years to reach full fruition. Other activities are ongoing in nature, or, such as those related to facility siting, are independent of initial legislative action. Once specific guidelines 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.

STATE OF WASHINGTON
JOINT TRANSPORTATION COMMITTEE

Special Needs Transportation Coordination

Final Report

Nelson|Nygaard
consulting associates

in association with

RLS & Associates, Inc.   Karen Reed Consulting, LLC

January 2009

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Introduction

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3. **The Council and its composition should be established by statute or executive order**. This legitimizes its mission and gives the council some permanence.

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

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- Provision of more mobility options, especially in rural areas
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Specific recommendations are presented in nine categories, and are summarized below.

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b. Reassess ACCT Membership

c. Diversify ACCT Leadership

d. Evaluate options to re-locate ACCT

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c. Incorporate agency specifications and expectations in Request for Proposals

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

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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.

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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

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

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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.

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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.

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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.

Chapter 1. Introduction/Background

Project Summary

Most people take their mobility for granted by virtue of the fact that they are able to get into a car, walk, or take a bus to get to where they need to go, whether that is to a job, school, medical facility, library, or shopping center. Others, however, because of age, disabling condition, or income status have compromised mobility; as a result, they may not have immediate access to services or programs they need. In such cases, alternative transportation methods are required. This Special Needs Transportation Coordination Study was commissioned by the State of Washington Joint Transportation Committee (JTC) to examine and evaluate the effectiveness of special needs transportation within the State of Washington. In particular, the JTC is interested in exploring opportunities to enhance coordination of these programs to ensure they are delivered efficiently and without duplication, and that they result in improved access and increased mobility options for those who need it.

The study was authorized in 2007 through the passage of Substitute House Bill (SHB) 1694, (Chapter 421, Laws of 2007) which also extended the duration of the Agency Council on Coordinated Transportation (ACCT) through June 30, 2010. ACCT is a Council of State agencies, transportation providers, consumer advocates, and legislators with the mission to:

- Promote the coordination of special needs transportation
- Provide a forum for discussing issues and initiating change
- Provide oversight and direction to the state's coordination agenda
- Report to the legislature and propose legislative remedies

A number of specific tasks were identified which, in their entirety, comprise this final study report. The report is intended to present an assessment of current conditions and the environment for the provision of special needs transportation, and to suggest a range of alternatives to improve and enhance the effectiveness of these services.

The tasks, as outlined by the legislation directing this JTC study, include the following:

1. Conduct a statewide inventory of special needs transportation services
2. Identify federal funding and related barriers to special needs coordination
3. Examine service models in and outside of the state
4. Review siting of facilities serving persons with special transportation needs
5. Identify methods to improve coordination among agencies and providers
6. Convene a series of four forums to allow participation by a range of study stakeholders

In addition to reviewing legal and programmatic changes and best practices necessary for providing effective coordination of special needs transportation, this study provides an opportunity to examine the effectiveness of ACCT in undertaking its charge, and to consider options for continuing or revising its mission.

Special Needs Population Groups in Washington State

For 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."[1] Customers of special needs transportation are considered to be low-income of any age, youth, older adults, or persons with disabilities.

The 2006 Census estimates that there are approximately 6,400,000 people living in Washington State. Figure 1-1 illustrates the incidence of youth, older adults, those with disabilities, and those of low-income status. To some extent, there is overlap among these groups. For example, seniors are more likely to be disabled than younger people, as the presence of a disabling condition increases with age. Persons with a disability are also more likely than other segments of the population to be of low-income status.

Figure 1-1   Statewide Basic Population Characteristics[2]

	Youth	Older Adult	With Disability	Low Income	Disabled and Low Income	Older Adult with Disability
Percentage of Total Population	23%	11%	18%	18%	28%	42%

Source: 2000 US Census

Figure 1-2 shows those counties where the proximity of those groups exceeds the statewide average.

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[1] Washington State Legislature, Revised Code of Washington (RCW) 81.66.010
[2] Youth defined as age 15 or younger (unable to drive), Older Adult defined as age 65 or older, Disability as self-defined in the US Census, Low Income defined as federal poverty level or lower.

Figure 1-2   Special Needs Transportation Populations by County
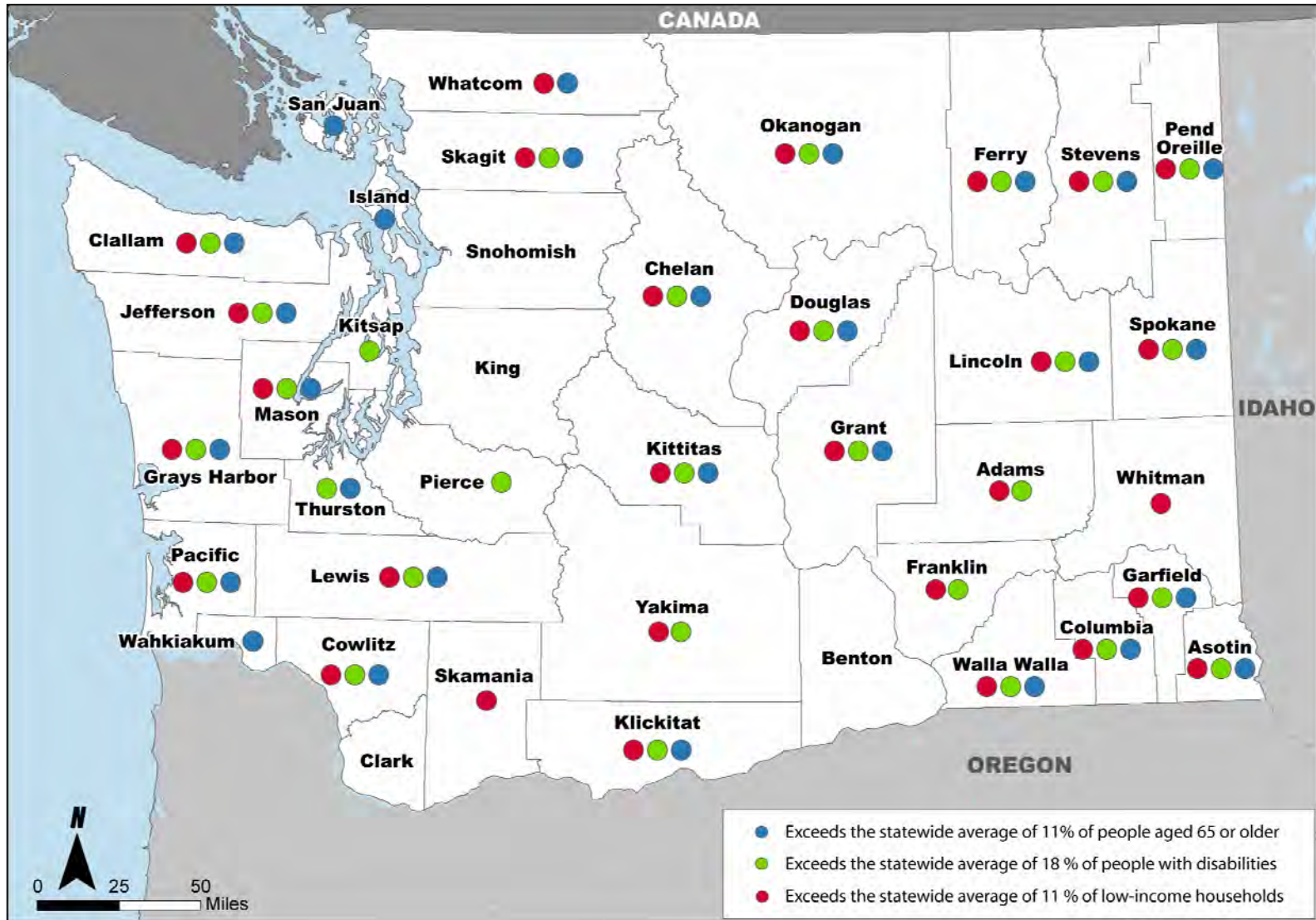
Project Methodology

The methodology used to support key findings generated and discussed in this report is described below:

Stakeholder Interviews: Dozens of in-person or telephone interviews were conducted with key project stakeholders, or with staff associated with investigating key tasks. These stakeholders are listed in Appendix A, and include: elected officials that serve on the Joint Transportation Committee; Washington State Department of Transportation (WSDOT) staff, including the Secretary of Transportation and ACCT staff; several non-profit agencies serving as Medicaid brokers; transit agency staff; and various state agencies that sponsor transportation, most notably the Office of the Superintendent of Pupil Instruction (OSPI), and the Department of Social and Health Services (DSHS).

Data Collection: Various documents, reports, and data sources were collected and analyzed to prepare findings reported in this study. These are described in more detail in the report to explain references used; for example, to develop the inventory. Other resources that have been collected include copies of agency policies or requirements, and documentation of invoicing or reporting methods.

Case Studies: As part of this project, the consultant team examined human service transportation delivery and related issues in more detail in four "case study" counties, which are Lincoln, Pierce, Snohomish and Yakima Counties. These counties were selected, in part, because they represent diverse geographic areas of the state, and also represent urban, suburban, small city and rural constituencies. For these counties, site visits were made to meet with local project stakeholders in order to learn first hand about barriers that may prevent effective delivery of services, or to learn about successful practices and policies that could be replicated elsewhere. The case studies also allowed for a more in-depth assessment of how services are funded at the local level, and about the range of providers that participate in that particular community.

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. The objective within this analysis is to identify strategies, programs and practices that could improve coordination in Washington. Findings from this task were presented at a practitioner workshop held in Olympia on July 17, 2008 in Olympia, with participants offered an opportunity to discuss key findings and how they may be replicated in Washington State.

Stakeholder and Public Forums: Four public forums were held in the case study counties as part of this study. The first two forums were convened on May 5 and May 7 in Yakima and Everett, respectively. Additional forums were held on September 23 and September 26 in Davenport and Tacoma, respectively. The goals of the forums were to:

- Learn more about social service transportation delivery at local level: who are providers and funders? How well do they coordinate?

- Learn, from the customer and service providers points of view, about major barriers to coordination, and potential strategies to address the barriers.

- Provide an opportunity for stakeholders to share observations and offer suggestions.

Participants included users of transit services, providers of local transportation services, Medicaid transportation brokers, and other sponsors of client transportation. Forum materials are included in Appendix B.

Organization of the Final Report

The entire report is organized in ten chapters, as described below:

Chapter 1 presents an overview of the project, its sponsorship by the Joint Transportation Committee, and the goals of the project. It provides a snapshot of relevant demographic statewide characteristics of interest to this study, and describes the methodology used to carry out project tasks.

Chapter 2 documents the range of available public and private transportation services, including public fixed-route and dial-a-ride (paratransit) services, and transportation services provided or sponsored by other social service agencies. These were identified through review of existing documents, and through local stakeholder interviews.

Chapter 3 examines the role of the statewide coordination council, ACCT, and offers observations about its effectiveness.

Chapter 4 discusses the spectrum of coordination opportunities, and summarizes barriers identified that are preventing coordination from occurring in Washington as well as opportunities to enhance coordination.

Chapter 5 presents findings that emerged from four case studies of Lincoln, Pierce, Snohomish and Yakima Counties. The case studies offer an opportunity to examine transportation needs and concerns, and current coordination activities at the local level.

Chapter 6 discusses issues related to decisions that are made with respect to location of facilities that serve special needs transportation customers. It suggests opportunities on how to influence decisions regarding facility siting.

Chapter 7 presents a range of best practices and model programs elsewhere in the country that are intended to illustrate alternative approaches that can be useful and relevant for Washington State stakeholders and program administrators.

Chapter 8 discusses the challenges inherent in collecting and reporting data to document service characteristics and efficiencies (i.e. operating costs, levels of service), and also offers suggestions on developing a uniform method of cost reporting.

Chapter 9 suggests a range of recommendations intended to improve how special needs transportation services are coordinated in Washington State.

Chapter 10 summarizes the recommendations and identifies potential action steps and champion to implement these recommendations.

Chapter 2. Providers and Funders of Special Needs Transportation in Washington

This chapter describes the current environment in Washington State with respect to providing and funding special needs transportation. First, it seeks to identify the range of special needs transportation service providers in order to better understand their basic characteristics and identify those which may be suitable for transportation coordination. It also details the various sponsors of human service transportation within the State of Washington and references funding sources for these programs.

The following sections describe the methodology as well as key findings and pertinent details about the transportation providers. Appendix C includes the inventory of identified providers and some basic service characteristics about them.

Social Service Provider Inventory: Key Findings

- The five data sources identified **623 organizations/agencies** that provide some level of special needs transportation in the State. Of these, 159 represented unique providers that met the screening criteria and provided information of the five service categories.

- There is **no typical provider** or service offering, but non-profits represent slightly more than one half of the identified providers, and a vast majority of services are door-to-door demand-response service.

- Many of the **non-profit providers also serve the general public**, especially in rural areas.

- **Seniors and persons with disabilities** have the greatest access to special needs transportation. The minimum age to qualify as a senior varies among providers, ranging from 55 to 75 years old.

- Some services for the disabled are focused on **specific populations**, such as cancer patients.

- Services are **typically provided on weekdays** (Monday through Friday) only, with a third of the providers operating on weekends as well.

Methodology/Data Sources

There are virtually hundreds of agencies or programs that provide transportation for specialized client groups. Among these are faith-based organizations, civic or community-based groups, youth programs, schools, public transit agencies, human service programs, hospitals, employers, and others. Many of these programs operate with private funding, which makes it difficult or impossible to quantify the services they provide. In most cases, services are limited to a specific customer group (i.e. Boy Scouts, cancer patients, veterans) and are not available to the general public.

For purposes of this study, an inventory was conducted in order to identify and learn about special needs transportation providers in Washington State that may be candidates for coordination. It is important to note that the study inventory does not include the entire universe of providers as screening criteria were applied to limit the scope of the inventory.

The following outlines the inventory's screening criteria used to identify providers with the greatest opportunity to participate in, and benefit from, coordination. Those providers that met one or more of the following criteria, then, were **excluded** from further analysis:

- **No public funding**: Only those transportation providers that received state or federal funding were included.

- **Small operations**: Those providing fewer than 500 trips per year were eliminated from further analysis

- **Market-rate private services**: Private companies operating primarily market-rate taxi or shuttle services were not included.

- **Medicaid providers**: The inventory includes the Medicaid brokers, but not the individual Medicaid transportation providers.

- **School districts**: The inventory does not include transportation provided by school districts; although, information was collected through the Office of the Superintendent of Pupil Instruction (OSPI) and is included in subsequent portions of this document.

The inventory's analysis was limited to those providers identified in available datasets and planning studies or those identified by stakeholders. Many religious organizations, volunteer programs, or social service programs providing transportation may not be included in the inventory because (1) their annual ridership falls below the selection criteria, (2) they don't report transportation statistics, or (3) they were not included in the available data sources.

This inventory relied on five major sources, including:

- **Washington State Summary of Public Transportation:** Annual Washington State Department of Transportation (WSDOT) report on the status of public transportation in Washington State (required by Section 35.58.2796 RCW)

- **Washington State Summary of Community and Brokered Transportation:** A one-time ACCT report(2005) on providers not addressed in the *Washington State Summary of Public Transportation*, namely the 33 community transportation providers that received grants through WSDOT during the 2003-2005 biennium and the eight Medicaid transportation brokers

- **Coordinated Public Transit Human Services Transportation Plans:** Regionally developed, coordinated public transit-human services transportation plans are required in order to access specific Federal Transit Administration funds under Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU) federal legislation

- **Washington State 211 Social Service Information Network:** Community resources database containing over 8,200 health and human service providers in Washington State

- **Puget Sound Find A Ride Program:** An on-line resource providing a searchable database to allow people with special transportation needs, case managers, and agencies to find transportation services in the Central Puget Sound Region

The final analysis collected data under five primary parameters to describe the services offered and who is eligible to use them. Data were collected in the following categories:

- **Service area**: geographic area served

- **Agency type**: the nature of the agency or organization providing the service including those that are non-profit, Public Transportation Benefit Areas—PTBAs, general purpose government, for profit, tribal government, a transportation authority, religiously affiliated, or an Unincorporated Transportation Benefit Area Special District

- **Days of service**: the days of week that the service is available

- **Service type**: the nature of the service design, which includes dial-a-ride/demand response, volunteer drivers, fixed route, deviated fixed route, intercity, vanpool, job access transportation

- **Passenger type**: who is eligible to use the service, options include general public, senior, disabled, low-income

The figures below detail provider characteristics. Figure 2-1 illustrates the types of agency that serve as special transportation providers and indicates that about half the providers are private non-profit entities. Figure 2-2 illustrates the types of services provided by the various providers; many provide more than one type of service. Figure 2-3 describes the types of passengers served by the special needs providers, and shows that most of the providers serve older adults and persons with disabilities. Figure 2-4 indicates that half the service providers operate only Monday through Friday.

Figure 2-1   Providers by Agency Type
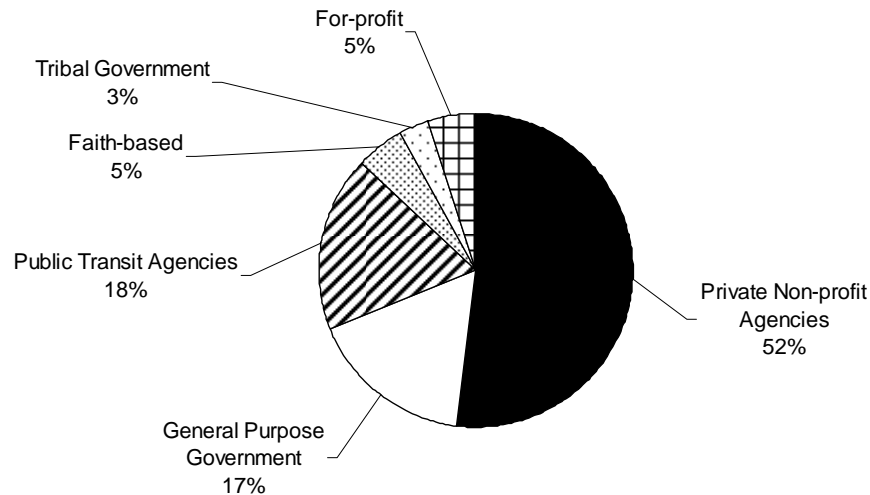
Note: One hundred forty-four (144) providers are identified by Agency Type

Figure 2-2   Providers by Service Type
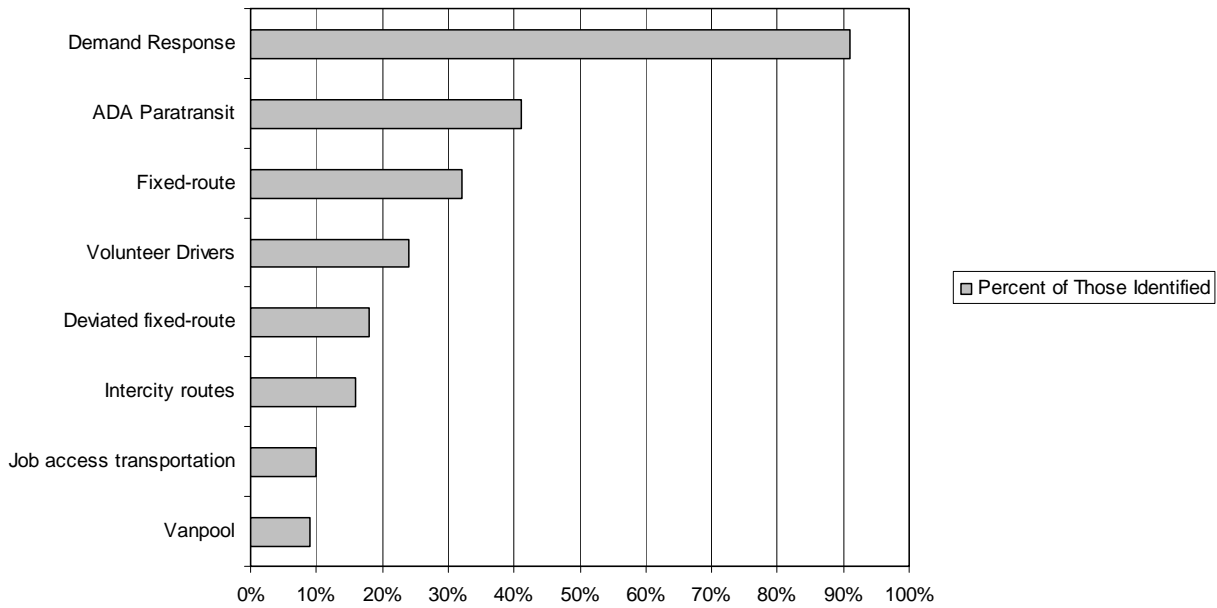
Note: One hundred twenty-eight (128) provider service types were identified. Many providers offer more than one type of service

Figure 2-3   Providers by Passenger Type
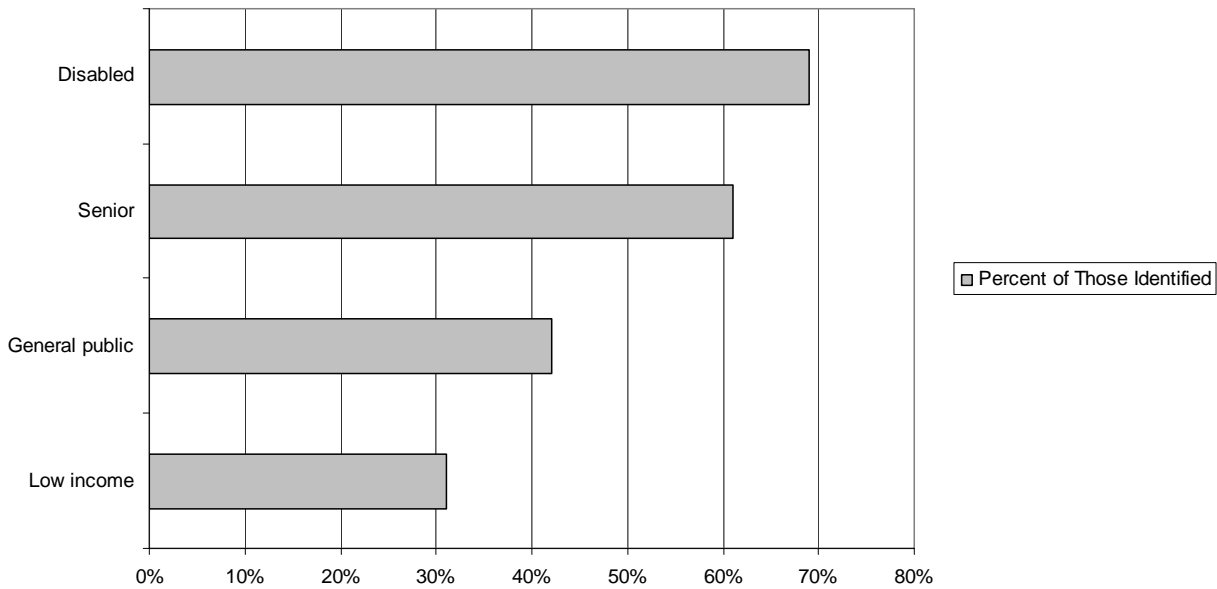
Note: One hundred forty-seven (147) providers are identified by Passenger Type. Many providers serve more than one population group.

Figure 2-4   Providers by Days of Operation
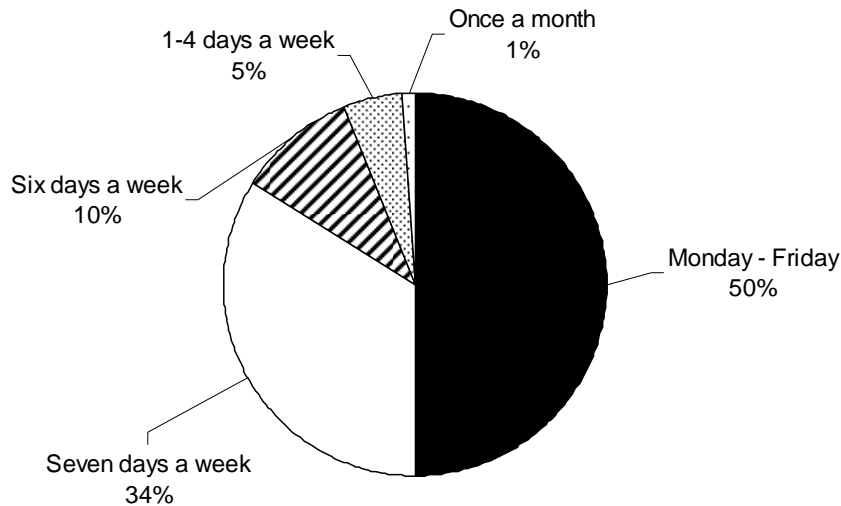
Note: One hundred twenty-nine (129) providers are identified by days of operation. *One provider operates daily as needed.

Sponsors of Special Needs Transportation in Washington State

In addition to identifying the transportation service providers, it is important to understand how special needs transportation programs are funded. This portion of the report describes the operating and funding environment for human service transportation service delivery within the State of Washington. It identifies the primary sponsors of human service transportation, and references funding sources as well as regulatory requirements that guide the use of those funds.

The four most significant sponsors of special needs transportation programs include:

- Public transportation agencies
- Community transportation providers (WSDOT Grant Program)
- State-funded human service programs
- Washington State Office of the Superintendent of Pupil Transportation (OSPI)

As explained further in this document, each sponsor funds transportation often using a variety of sources, which are usually dedicated to a particular clientele or are otherwise restricted in their use. A fundamental challenge in coordination of human service transportation programs, then, is to understand and document the sources and possible applications of the funds. The respective sponsors of specialized transportation and the funding sources they use are described below.

Public Transportation Agencies

Within the State of Washington, there are 28 local governmental public transportation systems. Of these, seven are systems serving urbanized areas, eight serve small city areas, and 13 are systems serving rural areas. Throughout the state, public transportation provides access for

millions of people to get to work, school, medical appointments, and other everyday activities. Many older adults, persons with disabilities, youth and low-income individuals rely on public transit services to meet their mobility needs and do not use specialized services. The use of public transportation is encouraged by two federal requirements:

- Discounted Fare Requirement
- Americans with Disabilities Act

Discounted Fare Requirement

Public transit operators are required to provide a discount of up to 50% of the regular fixed route fare, during off-peak hours, to seniors (defined as age 65 or older) and persons with disabilities (definition is locally determined). This discount provides a strong incentive for older adults and persons with disabilities to use the fixed-route transit service if they are able to do so.

Americans with Disabilities Act (ADA)

The Americans with Disabilities Act was enacted in 1990. The ADA is civil rights legislation guaranteeing access to services and programs for persons with disabilities. The law has had significant impact on the provision of public transit for persons with disabilities in that the fundamental premise of the ADA is to ensure equal access to the same services and programs for persons with disabilities as enjoyed by other members of the public. As a result, public transit operators have taken numerous steps to ensure their systems are accessible for persons with disabilities, including:

- Equipping fixed-route buses with lifts or ramps so that wheelchair users (or persons with other mobility devices) can use the bus
- Ensuring that existing key rail stations and all new rail stations are accessible and meet ADA accessibility requirements
- Designing and building new facilities to comply with the ADA
- Making voice announcements of stops and stations to help blind or visually impaired people navigate the system
- Making written or other materials available in accessible formats upon request

Some persons with disabilities, however, cannot independently use the fixed-route service even with these accommodations. For these individuals, transit operators are required to provide complementary paratransit services. Paratransit is specialized, typically pre-scheduled transportation provided by taxis, cars, accessible vans or buses for people with disabilities. Although each paratransit provider has unique service characteristics, ADA paratransit services are available for any purpose and there is no limit on the number of trips an ADA-eligible person may take.

ADA Paratransit Eligibility

Not all persons with disabilities are eligible for ADA paratransit services; nor is eligibility conferred based solely on age. Many seniors are, in fact, not eligible to receive ADA paratransit services if it is determined they are capable of making use of the regular transit service. Persons are entitled to receive ADA complementary paratransit services only if their temporary or permanent disability prevents independent use of fixed-route services. Public transit operators that provide ADA

complementary services have established eligibility processes that are intended to determine whether their customers meet one of these three conditions:

1. They are unable to independently board, disembark or carry out functions needed to complete a trip

2. There are no accessible services at the stop the applicant needs to use

3. The applicant can't travel independently to or from the bus or rail station they use.

If a wheelchair user, for example, is able to independently make use of an accessible vehicle for his or her travel, that person is not eligible for paratransit services according to the ADA. A person may be determined eligible for paratransit for some trips but not for others. For example, some people may have a disabling condition which changes with weather conditions, or which is episodic in nature. Some persons with developmental disabilities are able to use transit for some trips, but may not be able to successfully navigate the system for new or unfamiliar trips.

As transit operators have replaced inaccessible vehicles with new buses that meet ADA standards, fewer people are eligible under the second category identified above. Most people are determined eligible under the first or third categories.

ADA Paratransit Service Standards

As mentioned, the intent of ADA paratransit services is to provide a service that is complementary to the fixed route services. This means, for example, that service is provided where the fixed route service operates, and during the same hours of service. ADA paratransit service is required to meet the following service standards.

- Paratransit service is provided the same days and times that the fixed route operates

- Service is to be provided within ¾ mile of existing transit routes (excluding commuter service)

- The passenger may be required to pay twice the regular fare as on the fixed route service

- Service is required to be provided from "curb to curb," meaning that the driver is not obligated to go to the passenger's door

- A transit operator is not allowed to turn down or deny trips—any trip purpose is considered eligible

- A transit operator is allowed to "negotiate" the time the trip is delivered up to an hour before or after the trip is requested

Even if a person meets ADA paratransit eligibility guidelines, the service may not fully meet their needs in that it may not operate where or when the person needs to travel, and may not provide a level of service to meet the passenger's specific mobility needs.

Other Demand Response Transportation

Other paratransit—or demand response—services are often provided in rural or other non-urbanized areas with limited or no public transit. Such services may be operated by a city, community-based non-profit agency, or a senior center, as such they are not obligated to comply with the ADA service standards if comparable fixed-route services are not available. This means

that services may be directed to a particular client group (i.e. seniors) or the services may restrict the types or numbers of trips a passenger is entitled to receive.

Some transit agencies in rural communities may provide "general public dial-a-ride," which is prescheduled service that is available for the general public as well as seniors and persons with disabilities.

Funding Public Transportation and Paratransit Programs and Expenditures by Mode

While a variety of funding sources support the provision of public transit operations within the State of Washington, over 70% of operating subsidies are generated locally, through local sales or use taxes. Figure 2-5 illustrates the distribution of revenues that support all (including ADA paratransit) public transportation in Washington.

Figure 2-5   Public Transportation Operating Revenues (FY 2005-06)
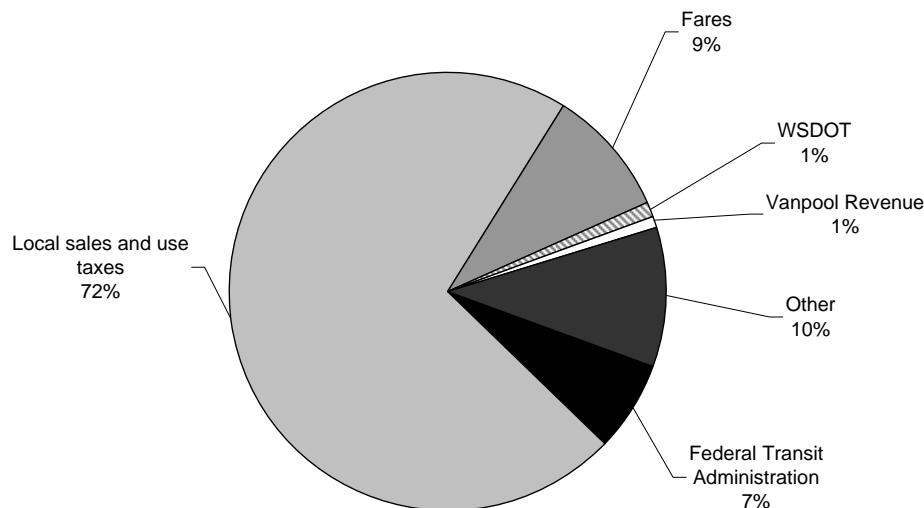
Source: The Washington State Summary of Public Transportation, 2006, Appendix 5:

Figure 2-6 shows a summary of public transportation expenditures for Fiscal Year 2005- 2006 by mode. Paratransit, or demand response services, account for 15% of the system total when considering all public transit operators, statewide. It is interesting to note that, when King County, by far the largest funder of public transit, is excluded from the mix, that other public transit agencies devote a higher (20% compared to 15%) of their expenditures to demand responsive services.

Figure 2-6   FY 2005-06 Public Transit Operating Expenditures by Mode
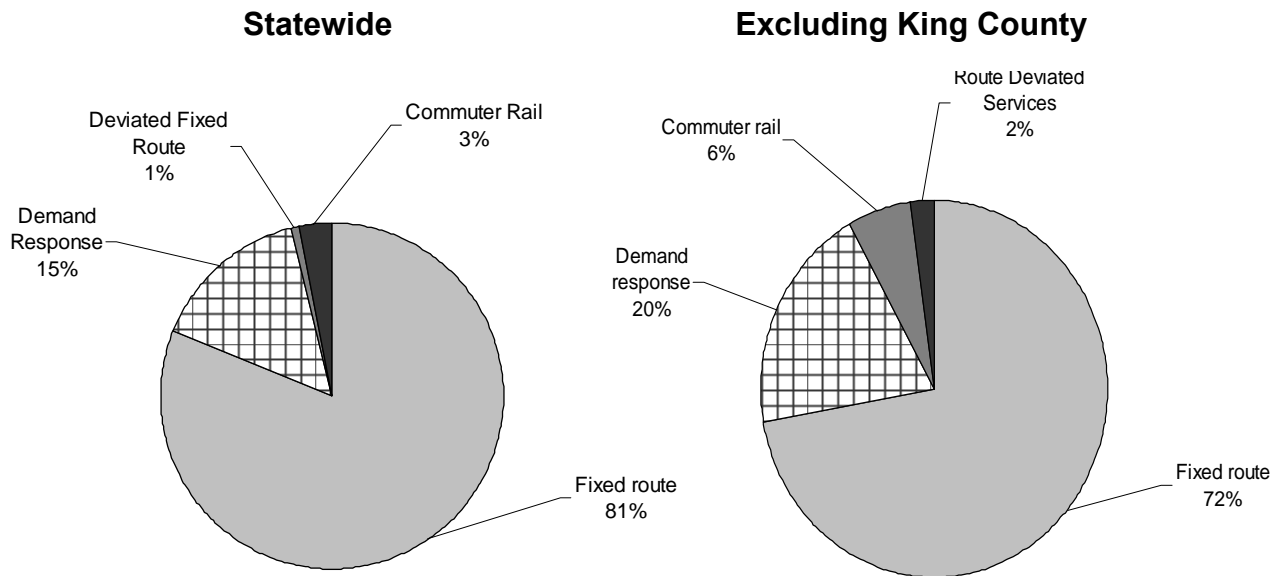
Source: The Washington State Summary of Public Transportation, 2006, Appendix 3

Community Transportation Providers

In addition to public transit agencies, other types of organizations also provide special needs transportation and are supported in part with state or federal transportation dollars allocated through the WSDOT Consolidated Grant Program. These organizations may include transit systems, non-profit agencies, tribal governments, senior centers, state agencies, cities or counties, special districts, or private for-profit operators. Through its consolidated grant program, WSDOT awarded nearly $59 million in public transportation grants for July 1, 2007 to June 30, 2009 projects statewide. The funding was provided from a combination of state and federal sources.[1]

State Funding

For 2007-2009, WSDOT awarded approximately $33 million in state grants for the following programs:

Rural Mobility Grants - $16.9 million

Rural mobility grants improve transportation in rural areas where public transportation is limited or does not exist. The grants provide a lifeline for many rural citizens who rely on public transportation to hold jobs and maintain their independence. Through a competitive grant application process, $8.4 million was awarded to transportation providers in areas not served by

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[1] WSDOT created a consolidated grant application process in 2003 to combine the applications for state and federal public transportation grants. Timelines for all state and federal funding awards were brought in line with the state biennium. This allowed applicants to submit their proposals for all types of grant funding just once every two years instead applying separately for each type of grant program.

transit agencies. Through formula based grants, $8.5 million was also provided to rural and small city transit agencies.

Paratransit/Special Needs Grants - $25 million

Paratransit/special needs grants support public transportation for persons who, because of their age (youth or seniors), disabilities, or income status, are unable to provide or purchase their own transportation. Through a competitive grant application process, $5.5 million was awarded to non-profit providers of transportation services for the elderly and persons with disabilities. Through formula based grants, another $19.5 million was awarded to assist transit agencies with providing additional public transportation services for people with special transportation needs.

Federal Funding

WSDOT administers several Federal Transit Administration (FTA) grant programs. For 2007-2009, WSDOT matched state and local funds with FTA funds and administered more than $21.5 million in federal public transportation grants. Federal grant programs include:

FTA Section 5310 - Elderly and Persons with Disabilities Transportation-$2.3 million

Elderly and persons with disabilities transportation grants were awarded to non- profit agencies serving urban and rural areas. In 2007-2009, approximately $2.3 million was awarded through the competitive grant process to provide vehicles and other equipment.

FTA Section 5311 - Rural Public Transportation-$13.3 million

Transportation providers competed for federal rural public transportation grants. Approximately $13.3 million was awarded for capital, operating, and planning activities for public transportation in rural areas.

FTA Section 5311(f) Intercity Bus Transportation-$500,000

Approximately $1.7 million in intercity bus transportation grants were awarded for the first fiscal year of the biennium to establish, preserve, and enhance rural and small urban intercity transportation.

FTA Job Access and Reverse Commute (JARC)-$2.9 million

WSDOT started administering job access grants in 2003 and is managing approximately $2.9 million in JARC grants. JARC grants are awarded through a competitive process for employment related transportation. The program recognizes that a lack of transportation prevents low- income people from getting to jobs, education, training, child- care, and other job related activities.

FTA Section 5317 New Freedom-$2.5 million

Section 5317 funds, which are aimed at reducing barriers to transportation services and expanding mobility options beyond ADA requirements, is a new program started in 2006. It includes transportation to and from jobs and employment support services for persons with disabilities. Approximately $1.5 million was appropriated for the combined years of 2006 and 2007. Of the $1.5 million, all but $200,000 of the funds were obligated for grant projects for the 2007-2009 biennium.

State Social Service Agency Programs

State social service agencies are another primary sponsor of human service transportation programs. There are substantial differences in the way state agencies approach transportation funding and planning. For example, WSDOT has a relatively formal process for allocating funds, developing and approving transportation projects. Transit agencies tend to approach planning from a system design, route structure, and capacity limitation perspective. Human service agencies focus primarily on individual needs and access to services. Client transportation is usually viewed as an ancillary service; that is, transportation is a means to gain access to a primary service.

This section provides a picture of service delivery for human service transportation services funded by the State of Washington. The methodology employed to collect and synthesize this information consisted primarily of conducting a series of in-person or telephone interviews with Department of Social and Health Services (DSHS) staff in Olympia and in local branch offices, and by contacting local Area Agency on Aging staff.

DSHS is the largest provider of social service transportation in the State of Washington. For this reason, this section focuses primarily on services provided by DSHS. While other state agencies sponsor or fund transportation for their clients, reliable information about the types of services provided, amount of funding spent, or other program characteristics is not available primarily because such data is not collected or reported on by these agencies.

DSHS

DSHS provides social services to Washington residents. It serves one fourth of Washington residents, which is approximately 2.1 million clients, including children, families, vulnerable adults, and older adults. DSHS provides a variety of services to meet the needs of its clients, including food assistance, financial aid, medical care, vocational rehabilitation, drug and alcohol treatment programs and many others.

DSHS is comprised of the following departments:

Health and Recovery Services Administration: administers medical-related services, including mental health, alcohol and substance abuse, legal services, and Medicaid.

Aging and Disability Services Administration: is responsible for programs that support developmental disabilities, home and community services, management services, group homes and residential care services.

Economic Services Administration: assists with child support, employment and assistance programs, operations support, and refugee and immigrant assistance.

Children's Administration: administers programs that protect abused and neglected children and support families in caring for them.

Division of Vocational Rehabilitation: assists persons with disabilities who are trying to overcome employment obstacles.

Juvenile Rehabilitation Administration: administers community programs, operations support services, and treatment and intergovernmental programs.

HRSA, Children's Administration, and ADSA are the primary programs that sponsor client-based trips. In addition, the Division of Vocational Rehabilitation, which is managed under the Deputy Secretary, provides transportation services to its clients.

Health and Recovery Services Administration

Health and Recovery Services Administration (HRSA) administers Medicaid-funded trips in Washington State, including those eligible trips that serve clients of other DSHS Administrations. It provides approximately 12,000 non-emergency medical trips (NEMT) per day or 3.2 million trips per year and spent $65.5 million in FY 2006-2007; average total cost per trip was $20.

The state spends approximately one percent of its total Medicaid budget on NEMT, which is consistent with what is spent in other states.

Medicaid Transportation Brokerages

Medicaid is a federal entitlement program that funds basic health care services for low-income people, children, persons in nursing homes, individuals with disabilities and the elderly. Washington State spent more than $5.7 billion in 2005 for its Medicaid program.

Washington, like other states, administers its own Medicaid program and establishes eligibility standards, payment rates, benefit packages, etc. The federal government mandates that states provide NEMT for Medicaid clients that have no other way to access medical facilities and services. Approximately five percent of eligible Washington State Medicaid clients use NEMT services. About 10% of trips are for kidney dialysis treatments; 21% are for access to mental health programs; 12% are in support of adult day health care programs; and about 14% are to transport clients to and from methadone treatment programs. The remaining trips provide access to various medical treatment appointments or services.

Washington has managed its Medicaid transportation through a brokerage system since 1989. Currently, services are operated statewide under contracts with eight brokers for the state's 13 transportation service regions. DSHS last solicited Medicaid brokers in 2004; contracts were established for a five year period of time. Brokers also review requests for language interpreter services from DSHS-authorized requestors, and arrange for interpreters when needed. Brokers typically operate a call center within or adjacent to the contractual region, thereby enhancing local knowledge and fostering the development of local resources.

Primary services provided by the broker include:

- Operation of a toll-free telephone service for scheduling interpreter services and non-emergency transportation to medical services

- Evaluation and verification of client eligibility, provided service coverage, and appropriate level of transportation

- Contract for, arrange and monitor transportation and interpreter services.

Medicaid funds for NEMT in Washington State consist of 50% federal funds and 50% state funds. As an entitlement program, there is no cap on the number of Medicaid trips that are provided. Trips are provided for all people who meet eligibility requirements, do not have any other available transportation resources, and still need transportation to access covered medical services. Transportation rates paid are determined by the competitive market based on safe high

quality services at low cost. HRSA administers the NEMT Program for DSHS and invoices the federal government for reimbursement.

HRSA pays brokers an administrative fee to coordinate the transportation services; approximately 98% of all trips are provided by subcontractors of the broker. DSHS payments for transportation pass through the brokers to their subcontractors. The broker is responsible for and performs all administrative functions of the program including receiving transportation requests, verifying client eligibility, screening clients for mobility status and existing transportation resources, verifying eligibility and coverage of medical events, arranging for transport, billing and payments. The following methods are used to provide transportation to eligible persons:

- Public transportation
- Gas vouchers
- Client and volunteer mileage reimbursement
- Taxi
- Cabulance
- Ferry
- Commercial bus
- Air

Eight agencies serve as brokers for the 13 transportation service regions (as of 2005), as illustrated in Figure 2-7.

Figure 2-7   Map of Medicaid Transportation Brokers
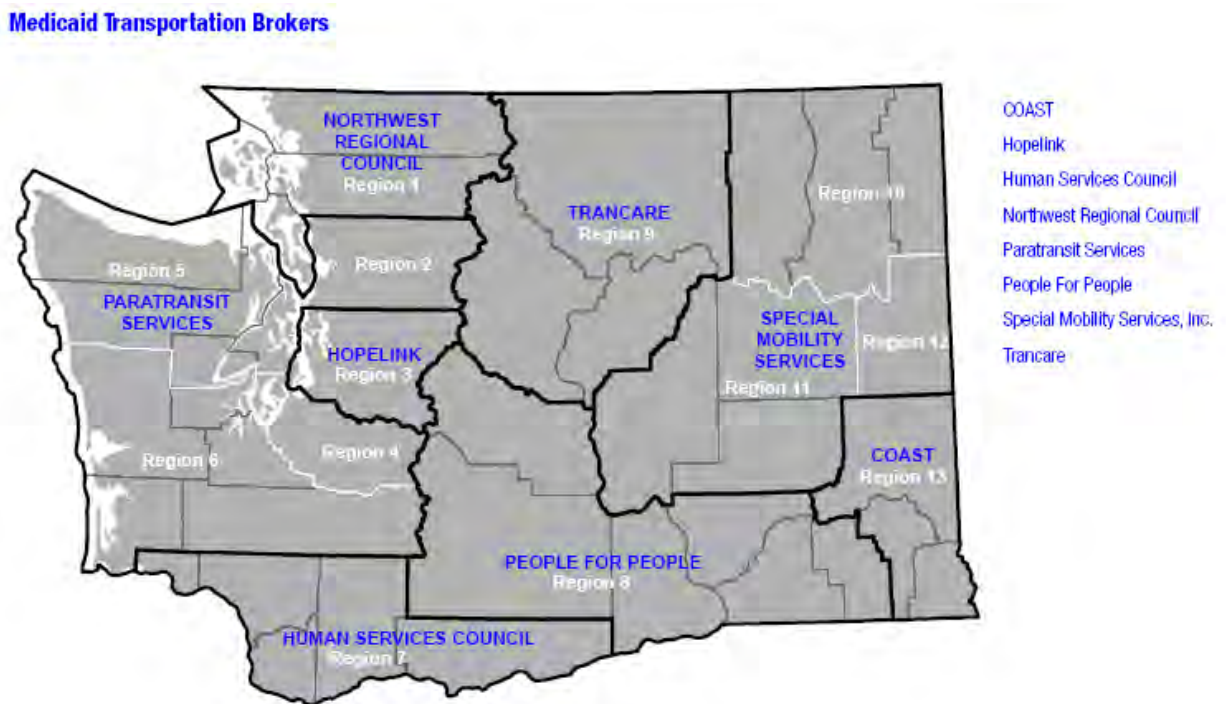
Source: Washington State Summary of Community and Brokered Transportation (2005)

Total Medicaid Spending: Washington State spent over $ 5.7 billion in 2005 for its Medicaid program. The federal government reimbursed the state at a 50 percent rate.

NEMT Expenditures: Washington State spent approximately 1 percent of its Medicaid budget on NEMT in 2005. This amounted to approximately $58 million.

Utilization Rate: Approximately 5 percent of eligible Washington State Medicaid clients use NEMT services provided through the brokers.

Trip Costs: Washington State's brokers coordinated a total of 3,239,485 trips in 2005 at an average cost of $17.89 per trip.[2]

Aging and Disability Services Administration (ADSA)

The administration provides long-term care for adults and children with functional and developmental disabilities. There are two divisions that provide social services: Home and Community Services and Developmental Disabilities Division.

ADSA works with clients to establish an individual care plan which documents those social services and supporting services, including transportation that will be paid for by DSHS. In addition to the Medicaid-funded non-emergency medical trips administered by HRSA, ADSA facilitates and funds non-medical trips as part of its programs.

Home and Community Services: offers services to adults 18 and older who require long-term care. Services are provided in the following settings:

- Adult Family Homes
- Boarding Homes/Assisted Living
- Nursing Homes
- An individual's own home

Home and Community Services clients, if there is an established need, may be eligible for transportation services for a variety of trips, including shopping, senior center programs, meal programs, and therapeutic services.

ADSA acts primarily as a pass through for federal (Older Americans Act) and state (Senior Citizens Services Act) funding sources. ADSA contracts with 13 Area Agencies on Aging (AAA) statewide to manage case management services, as well as transportation services, at the local level. Local AAA case management staff re-determine eligibility and authorize long-term care services on a yearly bases. Individual trips are provided by care givers who often transport clients as part of the broader program of care. Care givers are reimbursed for transportation services established in the individual care plan.

In addition to addressing individual client needs, local AAAs may provide specialized transportation services such as providing a shuttle oriented to senior needs. In this case, transportation is provided through a contractual arrangement with private or public transportation providers.

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[2] Source: Washington State Department of Social and Health Services, Health and Recovery Services Administration

In FY 2006-2007, Home and Community Services spent approximately $2.6 million on transportation services. The largest source of funds for Home and Community Services were the following:

- Older Americans Act: Federal funding, $1,590,962
- Senior Citizens Services Act (SCSA): State funding, $761,505
- Medicaid Title 19: Federal funding, $322,591

Developmental Disabilities Division (DDD): assists adults and children with developmental disabilities and their families to obtain services and support.

Eligible clients include those who were diagnosed with the following conditions prior to age 18:

- Cerebral palsy
- Autism
- Mental Retardation
- Epilepsy
- Other Neurological Condition

For DDD clients, transportation is typically provided by private social service providers, also known as supported living agencies. In this case, transportation is bundled with a variety of social service programs and is not separately tracked. Alternately, the administration also pays individual contractors to provide trips.

In FY 2006-2007, DDD spent approximately $635,000 for transportation services. The largest sources of funding was Medicaid Title 19 funding through the Home and Community Based Service Waiver Program, which accounted for $532,751 of the total amount spent on transportation services.

Economic Services Administration

The Economic Services Administration (ESA) assists low-income families, children, pregnant women, people with disabilities, older adults, refugees and immigrants. ESA also serves children who need child support, paternity establishment, child care, medical insurance, etc. Programs include but are not limited to: Child Support Services, Temporary Assistance to Needy Families, WorkFirst, Washington Telephone Assistance Program, and Food Stamp Employment and Training.

ESA assists clients with transportation so that they can participate in the ESA programs. The local Community Services Office administers the programs and works to find a transportation solution when necessary. Transportation services are often tailored to meet the specific needs of eligible clients and may include: mileage reimbursement, transit passes or reimbursement, car repair assistance, etc. Transportation costs are bundled with other expenses. For that reason, it is difficult to obtain information about the amount spent on transportation services.

Children's Administration

The Children's Administration administers programs that protect abused and neglected children and support families in caring for them. Each client has an Individual Service and Safety Plan that outlines programs and any required transportation services. The division contracts social services

to private providers, which may provide a bundle of social services, including transportation. Transportation services may include bus passes, gas vouchers, or gas reimbursement.

Division of Vocational Rehabilitation

Division of Vocational Rehabilitation (DVR) assists persons with disabilities who are trying to overcome employment obstacles. When necessary, DVR provides transportation services to its clients which may include travel and related expenses necessary to participate in DVR services, such as:

- Bus pass
- Reimbursement for gasoline
- Purchase or repair of a private vehicle.

DVR does not provide any transportation services directly or contract with private providers. Local field offices assist clients with transportation by providing funding and technical assistance. In FY 2006-2007, DVR distributed 1,878 bus passes and facilitated six vehicle purchases and 221 vehicle repairs.

An Individual Plan for Employment (IPE) is developed for each client that specifies programs to be pursued and the transportation that will facilitate participation in them. Field offices provide clients with an Authorization for Payment, based on what is recommended in the IPE. Transportation services are authorized based on the least cost option available to the individual. In many cases, public transit meets clients' needs.

In FY 2006-2007, DVR paid $438,767 for transportation services.   Approximately 80% of the division's transportation funding comes from the U.S. Department of Education's Rehabilitation Services Administration, which administers the funds on a formula basis. Washington State's general funds contribute the 20% local match.

Juvenile Rehabilitation Administration

The Juvenile Rehabilitation Administration (JRA) provides services to youth who have been committed by county courts. While clients are living in group homes, JRA provides necessary transportation, including medical and non-medical trips, as defined in their Individual Plan. JRA provides transportation services in-house using vehicles owned by the administration.

JRA does not rely on Medicaid transportation for NEMT trips because Its clients are exempt from Medicaid services, and trips require at least 24-hour advance planning, which is frequently not possible with JRA clients.

Transportation services are paid for using state funds. There is limited trip sharing with JRA clients and no coordination with other human service transportation providers because clients must travel with a security guard. They are not easily grouped with each other or other DSHS clients.

Figure 2-8 provides an overview of the transportation services provided by DSHS, including information about the clientele and purpose served, the transportation programs provided, how the programs are administered, funding sources, and the amount spent on transportation in FY 2006-2007. In some cases, the funding and amount spent on transportation is not available because transportation costs aren't tracked separately.

Figure 2-8   DSHS Snapshot

Name of Organization and Program	Clientele/Purposes Served	Transportation Program	Administration	Funding Source	Amount Spent on Transportation FY 06-07
Health and Recovery Services Administration (HRSA)	Medicaid Eligible, for medical purposes	Non-emergency medical transportation (NEMT)	Medicaid Brokerage	Medicaid	$69 million
Aging and Disability Services Administration (ADSA) -Home and Community Services (HCS) -Division of Developmental Disabilities (DDD)	Older adults (60+) and persons with disabilities	*H*CS: Variety of trips, including shopping, senior center programs, meal programs, and recreational. *DDD:* As needed and defined in IP	*HCS*: AAA manages *DDD*: Contracted supportive living agencies provides transportation or contracts to private provider	Older American's Act Senior Citizens Services Act (SCSA) Medicaid Title 19 (non-medical trips)	$3.3 million
Economic Services Administration	ESA clients, which may include low-income, pregnant women, older adults, refugees, and people with disabilities	Bus passes, reimbursement for vehicle repair and gas	Local Community Services Office		Not available
Children's Administration	Abused and neglected children and the families that care for them	Bus passes, gas vouchers, gas reimbursement	Local field offices assist clients with transportation services		Not available
Division of Vocational Rehabilitation (DVR)	Persons with disabilities who are trying to overcome employment obstacles	Bus passes, reimbursement for gas, car repair, or purchase of a private vehicle.	Local field offices assist clients with transportation by providing funding and technical assistance.	Federal Rehabilitation Service Administration funds; state funds	$619,977
Juvenile Rehabilitation Administration (JRA)	Youth who have been committed by county courts	Medical and non-medical transportation	Trips are provided in-house with vehicles owned by JRA	State funds	Not available

Pupil Transportation

Well over $300 million per year is spent on pupil transportation to and from school in the state. Since the early 1980s, Washington has been under a statutory commitment to fund the transportation of eligible students to and from school at 100% or as close thereto as reasonably possible. Many of the State's school districts need to augment state funds with local revenues to provide the required to/from transportation along with other transportation services for athletic events, field trips etc.

Requirements for State Funding of Pupil Transportation

State statutes[3] define which students qualify for state-funded pupil transportation. In general, districts receive funding to transport students between home and school if they live more than one mile from school, unless the student is disabled, in which case there is no mileage limitation. Additional funding is provided if K-5 students live within a mile but do not have a safe route to school.

Eligible student: Any student served by the transportation program of a school district or compensated for individual transportation arrangements authorized by RCW 28A.160.030 whose route stop is more than one mile radius from the student's school, except if the student to be transported is disabled under RCW 28A.155.020 and is either not ambulatory or not capable of protecting his or her own welfare while traveling to or from the school or agency where special education services are provided, in which case no mileage distance restriction applies.

To/from school transportation: Refers to pupil transportation for the following purposes:

- Transportation to and from route stops and schools;
- Transportation to and from schools pursuant to an interdistrict agreement pursuant to RCW 28A.335.160;
- Transportation of students between schools and learning centers for instruction specifically required by statute; and
- Transportation of students with disabilities to and from schools and agencies for special education services.

Transportation services for students living within one mile radius from school: Refers to school transportation services including the use of buses, funding of crossing guards, and matching funds for local and state transportation projects intended to mitigate hazardous walking conditions. Priority for transportation services is given to students in grades kindergarten through five.

The Washington Office of Superintendent of Public Instruction (OSPI) categorizes to/from pupil transportation into two programs. The "Basic" program covers most general needs while the "Special" program provides for children with disabilities as defined below:

Basic Program: this category is that daily set of routes that exist to transport students from home to school for their basic education, including those students transported for open enrollment, desegregation, to school (exclusively) midday kindergarten, district-operated Head Start, Early Childhood Education Assistance Program (ECEAP) and other early education programs. Vehicles used on these routes are school buses. Special education, gifted, bilingual, and homeless

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[3] Per Washington Revised Code RCW 28A.160.160

students who are transported along with basic program students are counted as basic program students.

Special Program: this category includes the daily set of routes that exist to transport students who, due to the nature of their educational programs, require special transportation from home to school. Special education students are those who have been determined to be eligible for special education services pursuant to Revised Code of Washington (RCW) 28A.155.020 and chapter 392-172 Washington Administrative Code (WAC). Students determined to have a disability under Section 504 of the Rehabilitation Act of 1973 and requiring specialized transportation are also included. Also included are students who require special transportation to special education, gifted, bilingual, or homeless programs located outside their basic transportation service area or at an alternative program time. This category also includes home to school transportation required by the McKinney-Vento Act for homeless students.

McKinney-Vento Homeless Education Assistance Act

"Homeless" children are entitled the protections of the McKinney-Vento Education Assistance Act. The McKinney-Vento program is designed to address the problems that homeless children and youth have faced in enrolling, attending, and succeeding in school. Under this program, State educational agencies must ensure that each homeless child and youth has equal access to the same free, appropriate public education, including a public preschool education, as other children and youth. In addition, homeless students may not be separated from the mainstream school environment. States and districts are required to review and undertake steps to revise laws, regulations, practices, or policies that may act as a barrier to the enrollment, attendance, or success in school of homeless children and youth.

The Act defines homeless children as "individuals who lack a fixed, regular, and adequate nighttime residence." The act goes on to give examples of children who would fall under this definition:

- Children sharing housing due to economic hardship or loss of housing;
- Children living in "motels, hotels, trailer parks, or camp grounds due to lack of   alternative accommodations"
- Children living in "emergency or transitional shelters"
- Children "awaiting foster care placement"
- Children whose primary nighttime residence is not ordinarily used as a regular sleeping accommodation (e.g. park benches, etc)
- Children living in "cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations…
- Migratory children who qualify as homeless because they are living in circumstances described above.

The McKinney-Vento Act also ensures homeless children transportation to and from school free of charge, with their choice of what school they want to attend regardless of which district the family resides. It further requires schools to register homeless children even if they lack normally required documents, such as immunization records or proof of residence. To implement the Act, States must designate a statewide homeless coordinator to review policies and create procedures, including dispute resolution procedures, to ensure that homeless children are able to attend school. Local school districts must appoint Local Education Liaisons to ensure that school

staff is aware of these rights, to provide public notice to homeless families (at shelters and at school) and to facilitate access to school and transportation services.

State Funding Methodology

State funding allocations have changed over time. District allocations are currently derived on a formula basis using the following primary factors:

Student count: a count of ridership based on a sampling conducted at the start of each school year.

Number of trips per day: most routes have two trips per day (morning and afternoon). However, some trip types have one trip per day, or run less than four days per week and are prorated accordingly. These trips include shuttles between schools and/or learning centers that may only run once or twice a week.

Distance between bus stops and school: distance determined by measuring the straight line distance between a bus stop and the school it serves, also known as the radius mile. Districts are funded up to a maximum of 17 radius miles for each student counted.

Distance weighting factor per radius mile: OSPI established weighting to "weight" the student count, resulting in more funding for longer distances. The regular and special transportation distance weighting factors are used for 11 different types of trips, including home to school (known as basic tripper routes); in lieu or private party contract transportation, which is transportation provided by a private individual under special circumstances; public transit trips (where the district provides passes or tokens for student riders); shuttles of varying frequency between schools and/or learning centers or special education agencies; and midday Kindergarten pick up and drop off.

Allocation rate: a per weighted student allocation rate (in dollars) is set by the Legislature and adjusted each year in the Appropriations Act.19 This rate is multiplied by the student count, number of trips per day and distance weighting factor to determine funding amounts.

Funding Levels

State Allocations

The State currently allocates over $225 million per school year to basic and special pupil transportation programs. Allocations for special needs transportation account for roughly one third of this amount. Allocations have increased over the last decade with special needs transportation allocations increasing at a slightly higher rate.

Figure 2-9   Washington State Pupil Transportation Allocations

School Year	Basic Program		Special Program	
	Allocation	Percent Change	Allocation	Percent Change
99-00	$117,000,000	-	$45,000,000	-
00-01	$119,200,000	2%	$48,900,000	9%
01-02	$123,200,000	3%	$52,500,000	7%
02-03	$126,600,000	3%	$56,600,000	8%
03-04	$129,700,000	2%	$60,300,000	7%
04-05	$134,200,000	3%	$64,500,000	7%
05-06	$144,900,000	8%	$71,600,000	11%
06-07	$151,700,000	5%	$76,400,000	7%
07-08	$153,400,000	1%	$79,600,000	4%

Source: Washington Office of Superintendent of Public Instruction

Adequacy of State Allocations

The methodology used to determine pupil transportation allocations has been questioned regarding its ability to fully fund to/from transportation. A recent study[4] determined that there is a 95% probability that statewide to/from pupil transportation expenditures exceeded state funding between $92,619,322 and $114,376,345 in the 2004-05 school year. This negative variance requires school districts to make up the difference using local funds. The exact value is difficult to determine as local districts have not accounted for to/from transportation independent from other transportation costs. A new accounting system is being used for the 2007-08 school year that will separate to/from expenses from other transportation costs.

OSPI staff estimates current to/from operating expenditures at $335 million per year. The current state budget allocates $12.5 million for FY08 and FY09 from Education Legacy Trust Account to offset some of expected shortage. To account for the variances, the funding report reviewed the formula funding methodology and raised a number of issues ranging from how student ridership is calculated to current applicability of the parameters used. The report highlighted that the funding model may not reflect current mandates and realities, calling out special needs transportation requirements as examples of such model deficiencies.

Investments in School Buses

In addition to funding pupil transportation operations, the state makes a significant investment in purchasing school buses. The FY 2008 state allocation includes $39 million for school bus purchase and replacement. Funding levels for the previous biennium were similar with $77 million provided for buses during the 2006-07 school year.

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[4] State of Washington Joint Legislative Audit and Review Committee (JLARC), *K-12 Pupil Transportation Funding Study, Report 06-10*, November 2006

Currently, just over 10,000 (yellow school) buses are permitted in Washington State. Most of these are owned by school districts with just 13% owned by contract providers. Of the 7,500 buses reported in use for to/from transportation, about 70% were designated for basic program services with the remaining 2,200 for special program services. The median age for Washington buses is about nine year old—somewhat older than fleets in other states.

Funding Summary

Figures 2-10 and 2-11 provide a summary of the expenditures for special needs transportation in the State of Washington[5]. Other state agencies funding transportation are not included in these figures as reliable estimates were not available.

Figure 2-10   Funding Summary Table: FY 2005-06

Transportation Type and Funding Sponsor	Funding Amount	Percentage
Demand Response (public transit operators)	$124,000,000	45%
Special Education (OSPI)	$71,000,000	25%
Medicaid (DSHS)	$58,000,000	21%
Other Community Providers (WSDOT)	$18,000,000	6%
Deviated Fixed Route (Public Transit Operators and WSDOT)	$8,700,000	3%
	$279,700,000	100%

Figure 2-11   FY 2005-06 Funding Summary Chart ($280 million)

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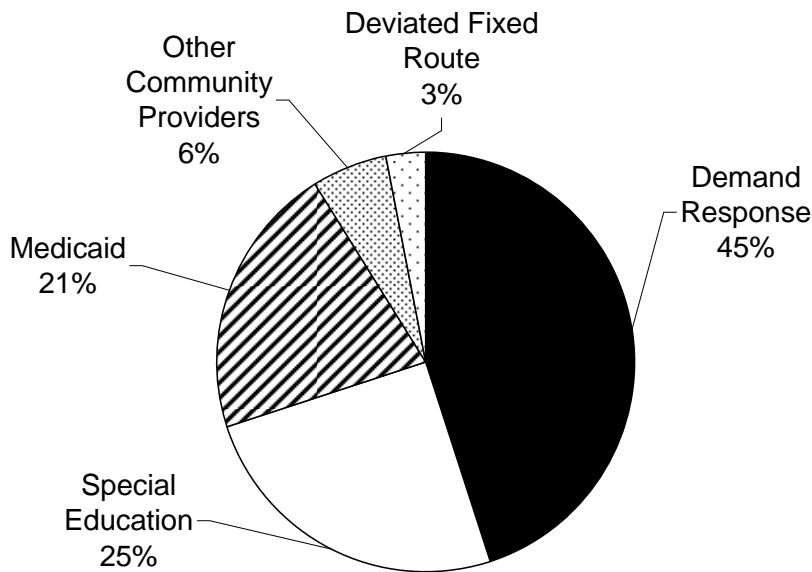
[5] The figures are estimates based on research and stakeholder interviews. In some cases, the numbers will be lower where agencies do not track the amount spent on transportation.

Chapter 3. ACCT

ACCT Purpose and Membership

ACCT is a Council of State agencies, transportation providers, consumer advocates, and legislators with the mission to:

- Promote the coordination of special needs transportation

- Provide a forum for discussing issues and initiating change

- Provide oversight and direction to the state's coordination agenda

- Report to the legislature and propose legislative remedies

ACCT was originally created by the Washington State Legislation in 1998, with the intent of facilitating communication across organizational boundaries and to encourage and support coordination activities among agencies and other parties represented on the council. Since its inception, ACCT has been reauthorized several times, most recently through June 30, 2010.

Pursuant to the ACCT bylaws (Appendix D), there are ten voting members on the ACCT Council, and four non-voting members, representing the legislature. It is also stipulated in the bylaws that ACCT staffing be provided by the Department of Transportation, and that ACCT be chaired by the Secretary of Transportation or his or her designee.

The designated voting members of ACCT include:

- Superintendent of public instruction or a designee

- Secretary of transportation or a designee

- Secretary of the Department of Social and Health Services or a designee

- Representative from the Office of the Governor;

- Three persons who are consumers of special needs transportation services

- Representative from the Washington state transit association

- Representative from the Washington Association of Pupil Transportation

- Either one representative from the Community Transportation Association of the Northwest or a representative from the Community Action Council Association

The four nonvoting members are legislators, including two members from the House of Representatives and two members from the Senate.

ACCT Budget and Spending Summary

Figure 3-1 summarizes ACCT appropriations from the legislature since its inception.

Figure 3-1   ACCT Appropriations

Biennium	ACCT Appropriation	Annual Report Year
1997-1999	$1,000,000	1998, 1999
1999-2001	$750,000	2000
2001-2003	$874,000	2003
2003-2005	$377,000	2004
2005-2007	$381,000	2007

Source: Compiled from ACCT Annual Reports.

Figure 3-2, below, categorizes ACCT spending for each period. It shows that at its inception, ACCT spent its entire budget allocation on local grants and demonstration projects. Several trends developed over successive reporting periods:

- In **1997-1999**, ACCT funded seven demonstration projects across five counties.

- In the **1999-2001** biennium, ACCT shifted to small (approximately $20,000) "coordination" grants, awarded to 17 and 24 counties, respectively. It allocated a smaller amount of funding to three local demonstration projects. This funding pattern continued in the 2001-2003 period, but was eliminated in the 2003-2005 period due to funding cuts. A smaller amount of funding ($72,000 total) is provided in ACCT's 2005-2007 budget, although 77 percent remained unspent as of October 2006.

- Starting during this time, ACCT collaborated with other agencies on two statewide initiatives, an Oregon-Washington trip planning tool and the WorkFirst Transportation Initiative (WTI), which coordinated federal JARC program funding requests. This seemed to mark an increased emphasis on soliciting outside grants, matched with ACCT and other state and local funds. Outside of staff time, match funds did not come out of ACCT's legislative allocation, although this changed in subsequent periods.

- In **2001-2003**, ACCT used its budget allocation to fund consultant contracts in support of several statewide working groups, in the areas of schools, Medicaid, and communications. The Medicaid contract supported the Common Ground project with Pierce County, related to cost allocation of shared trips.

- In **2003-2005** and **2005-2007**, ACCT assumed responsibility for federal JARC and GSA homeless children transportation grants (FTA 5310/5311 grants are also listed under its budget).

- ACCT received Community Transportation Association of America (CTAA) grants to provide local technical assistance (in 2003-2005 other state funds provided the match while in 2005-2007 the funds came out of ACCT's budget allocation). With the reduction in local coalition funding eliminated in 2003-2005, the CTAA funds provided ACCT's primary funding mechanism for non-JARC local projects.

Figure 3-2   ACCT Budget Appropriation, Allocation by Spending Category
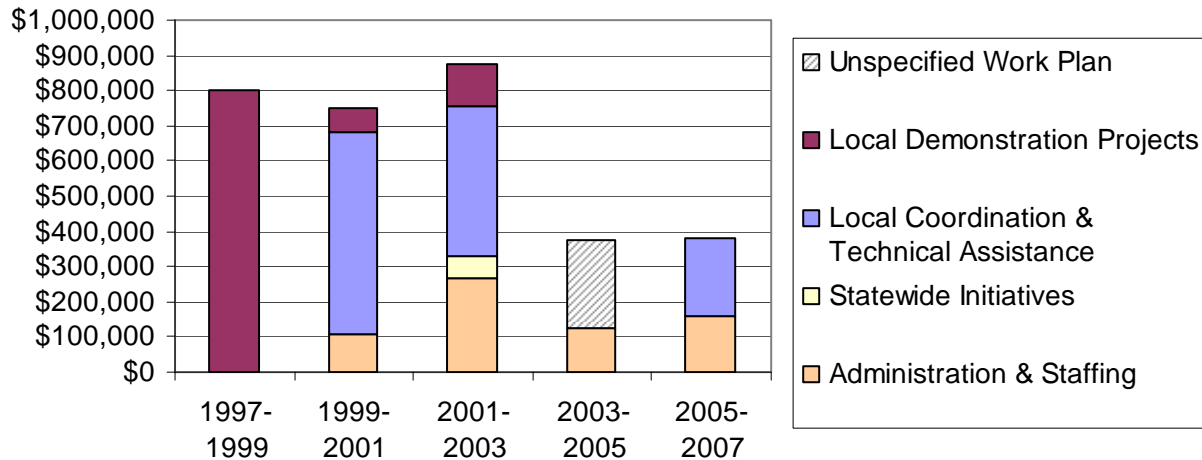
Source: Compiled from ACCT Annual Reports. For the 2003-2005 period, the annual report does not show the programmatic distribution of ACCT ACCT's budget allocation, listing it only as "ACCT Work Plan."

ACCT Issues, Concerns and Perceptions

In 2006, ACCT hired a Seattle-based consulting firm, Cocker Fennessy (CF), to perform stakeholder research to identify opportunities and challenges for both special needs transportation and ACCT, including what ACCT's future might be. Twenty-five stakeholder interviews were conducted by Cocker Fennessy, who also facilitated discussions directly with ACCT. The results were summarized in a memorandum addressed to ACCT in November 2006.[1]

The following themes emerged from their research as reflected in the summary report:

1. The mission of ACCT to coordinate and improve transportation services for special needs communities is well understood and viewed as necessary.

2. ACCT should be continued. There is support for enacting a strong legislative mandate as well as full commitment from key players, Governor, Legislature, and major agencies. Participants said that without that mandate, commitment and participation, ACCT's ability to make improvements to special needs transportation is greatly compromised.

3. ACCT is currently under-funded and under-staffed. There is a desire for providing sufficient, sustained and reliable funding for ACCT's internal operations, its grant making abilities, and for special needs transportation services generally.

4. Performance measures should be developed and implemented. Participants said that ACCT needs to develop performance measures and indicators for the work it is coordinating. They feel measures are will help inform and drive policy decisions and they will demonstrate the benefits of coordination.

5. Streamlining and improving the bureaucracy of the overall special needs transportation system is necessary. Interviews stated that the many different

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[1] Cocker Fennessy memorandum to Robin Phillips, ACCT Executive Director, November 15, 2006

> requirements, regulations, funding mechanisms, etc. create artificial barriers that prevent many resources from being fully used. An example used by many interview participants was the inability to utilize school buses for other types of trips.

In order to assess whether these findings are still relevant and accurate, a brief survey was administered by the project consultant to current ACCT members at their meeting in June 2008. The results were summarized and compared to the Cocker Fennessy findings. The member survey results are consistent with the themes and findings of the Cocker Fennessy stakeholder interview report. In summary, key findings with respect to stakeholder opinions and perceptions of ACCT include:

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

- 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.

Chapter 9 includes recommendations specific to ACCT and its role as a statewide coordination council.

Chapter 4. Transportation Coordination in Washington State

As previously indicated, the primary purpose for examining coordination is to promote and support mobility for those people who are unable to transport themselves. Special needs transportation programs are intended to address the lack of transportation that can be a barrier preventing access to employment, health care, or other needed services. Coordination should be viewed as a viable means to achieve this ultimate goal because, if successful, coordination efforts can do more with existing resources.

One study task is to identify funding barriers that may prevent or impede successful coordination of special needs transportation programs. As a first step, it is important to establish an understanding of what is meant by "coordination." This chapter suggests a definition for and describes various strategies within the "coordination continuum." The benefits and challenges of coordination are also discussed.

What is "Coordination" and Why Is It Important?

Coordination is important and of interest to many states that fund human service transportation programs because:

- Coordination of special needs transportation can enable communities to stretch **limited funding** used to support transportation by increasing the efficiency of programs through economies of scale, and by reducing redundant administration, service delivery, and/or capital expenditures.

- Coordination can also help **leverage new funding dollars**. By improving cost efficiency and bringing in new funding to the mix, organizations responsible for providing community transportation can help expand to keep up with a growing demand and/or to provide services to new areas, or during times when there is no service.

- In Washington, as in other states, there is significant investment of public dollars to fund transportation programs. It is in the public's best interest to ensure that these **dollars are wisely and efficiently used**.

It is important to note that coordination is not a single strategy, but rather a series of options that can range from relatively simplistic actions to complex implementation strategies. This "coordination continuum" often begins with simple networking among stakeholders, and progresses to consolidation, as described below.

- **Networking:** This includes the simplest form of partnerships where participants share a common interest but with no significant action other than information exchange. This might include, for example, the sharing of service policies, a driver training curriculum, a drug and alcohol policy, vehicle specifications, and/or a vehicle maintenance program.

- **Cooperation:** This involves low-level linkages, informal agreements, and some possible resource sharing. This might include, for example, occasional trip exchanges among service providers, or the mutual signing of a memorandum of understanding pledging to adopt comparable service policies.

- **Resource Sharing:** This includes more formal linkages with shared resources to pursue common goals. This might include, for example, joint purchasing of vehicles,

maintenance, fuel, insurance, or training, as well as vehicle sharing. It could also include "allowing" contractors to schedule passengers whose trips are funded with multiple fund sources on a single vehicle at the same time.

- **Collaboration:** This typically entails a sophisticated partnership with strong, formal linkages among partners and complex goals implemented over longer periods of time. For example, organizations may agree to deliver each other's customers where it is more efficient to do so, or one organization could actually purchase service from another. One organization could also purchase maintenance service or training from another.

- **Consolidation**: This is where one organization assumes responsibility for service delivery of other participant organizations. For example, participating organizations that are responsible for and fund the transportation of their clients or constituents would purchase transportation through a lead agency that directly arranges for and/or operates services for the participating sponsors. Hence, there is a single source to purchase transportation, and a single source through which customers can access transportation. One consolidation alternatives would include transferring the transportation element (including vehicles) from each program to a new (typically non-profit) organization established by the participating organizations for this purpose. Another alternative would be to establish a partial brokerage, managed by a one of the organizations or a private management firm, retained by a lead agency but through which other organizational sponsors purchase service.

Lessons learned from previous studies and similar planning efforts reveal that no one "best" coordination strategy exists. Just as each community is unique, the coordination strategy that will be most effective in one community will be the one that best fits the profile of that area. This takes into account the scope and nature of existing transportation services, the needs of the community, the availability of vehicles and funding resources, and the goals and objectives established by local elected officials and/or the governing boards of local transit and human-service agency programs.

In fact, there is often a blending of these strategies at the local level as evidenced by some examples cited below.

Status of Transportation Coordination in Washington State

In the course of conducting research and meeting with project stakeholders for this study, numerous examples of locally-sponsored innovative and creative coordination initiatives were discovered. Some of these examples are highlighted below and, while not an exhaustive list, do serve to illustrate that many coordination efforts are already well established throughout the state. For the most part, these coordination activities have been developed and implemented at the local or regional level. Some, such as recently completed Coordinated Public Transit-Human Service Transportation Plans, are the result of federal requirements.

Coordinated Public Transit Human Services Transportation Plans

The Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users, commonly referred to as SAFETEA-LU, authorized the provision of federal transportation funding

through Fiscal Year 2009. Projects funded through three programs authorized in SAFETEA-LU, including the Job Access and Reverse Commute Program (JARC, Section 5316), New Freedom (Section 5317) and the Formula Program for Elderly Individuals and Individuals with Disabilities (Section 5310) are required to be derived from a locally developed, coordinated public transit-human services transportation plan. These three sources of federal funds are specifically directed to improve access to jobs for low-income individuals (JARC), improve the mobility of persons with disabilities (New Freedom), and provide capital assistance for programs that serve elderly and disabled persons (Section 5310). SAFETEA-LU guidance issued by the Federal Transit Administration (FTA) indicates that the plan should be a "unified, comprehensive strategy for public transportation service delivery that identifies the transportation needs of individuals with disabilities, older adults, and individuals with limited income, laying out strategies for meeting these needs, and prioritizing services."[1]

In addition to tying use of the three required sources of federal funds to the plan, WSDOT also stipulated that federal Section 5311 funds[2] and state funds under WSDOT's purview through the Coordinated Grant Program be tied to the plan. Applicants for WSDOT's public transportation grant program are required to participate in the planning process with their local Regional Transportation Planning Organization (RTPO) or Metropolitan Planning Organization (MPO). A total of 14 plans were completed statewide. As intended, these planning efforts brought together a variety of stakeholders, including transit operators, schools, cities and counties, human service agencies, advocates for elders, persons with disabilities, and low-income persons as well as members of the public to discuss transportation needs specific to the local community, and to identify and prioritize strategies to address those needs.

There is opportunity to build upon this planning effort by continuing the dialogue and advancing the partnerships that were established through the development of these plans. Plan updates are required to be completed, at a minimum, every four years. A current listing of potential projects must be updated every two years to coincide with WSDOT's grant program. Furthermore, ACCT is now charged, as the result of the passage of SHB 1694, with recommending to WSDOT approval of the updated plans. While the procedures and criteria to be used in carrying out this mandate are still under development, this step allows for ACCT to assume a meaningful role in ensuring that projects funded through WSDOT are consistent with findings emerging from the coordinated plans or even to establish stronger coordination objectives.

Local Coordination Councils

Approximately 20 local coordination councils are active within the State of Washington. Many of these local councils were originally established with financial assistance provided through ACCT. Some councils are county-specific (i.e. Snohomish County Special Needs Transportation Coalition (SNOTRAC), Pierce County Pierce County Coordinated Transportation Coalition (PCCTC), while others cover more than one county (i.e. Gorge TransLink includes representatives from Clark, Skamania and Klickitat Counties). Some coalitions meet on a regular basis and have full-time staffing to advance local coordination initiatives, but most do not. Some have adopted bylaws and have developed strategic plans, while others are more loosely organized and meet on an as needed basis.

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[1] Federal Register: March 15, 2006 (Volume 71, Number 50, page 13458)
[2] This federal program provides formula funding to states for the purpose of supporting public transportation in areas of less than 50,000 populations.

For the most part, these local coordination councils formed the basis of the stakeholder groups involved with SAFETEA-LU planning efforts; many broadened their participation in order to ensure a wider range of involvement. Because ACCT funds are not longer available to support local councils, no direct or official ties are in place between ACCT and these local councils and they operate autonomously.

Medicaid NEMT Brokerage Expansion

As described in Chapter 2, eight brokers designated by DSHS oversee and manage Medicaid non-emergency medical transportation services in 13 defined regions. Of these, seven are private non-profit agencies and one (Northwest Regional Council) is a quasi-governmental entity.

Although the brokerage infrastructure was primarily set up with Medicaid funds, DSHS has been very flexible in allowing other services to be provided under the brokerage umbrella. In these cases, agencies or programs other than Medicaid purchase or arrange for services through the broker. Those new agencies participating in the brokerage are charged an administrative fee as well as a direct service fee in order to more fairly distribute administrative fees to all agencies that are able to take advantage of brokerage services. Some specific coordination arrangements building upon the Medicaid broker infrastructure are described below:

Hopelink: Over time, Hopelink, a private non-profit agency serving as the Medicaid broker for King County, has expanded its role to include homeless pupil transportation on behalf of local school districts, and also provides services on behalf of Harborview Hospital in Seattle. Hopelink recently began a new program, Bellevue Easy Rider, which is a coordinated program funded through a variety of fund sources, including Sound Transit, DOT, Metro, United Way, and the City of Bellevue. It provides feeder service to the fixed route or takes eligible (low-income, seniors, persons with disabilities) people where they need to go within the service area. Hopelink operates Dial-a-Ride-Transit (DART) under a contract with King County Metro. DART uses smaller buses to serve 14 routes in areas with smaller streets and fewer riders. Although DART is available to the general public, many riders are from low income families that are highly dependent on public transportation for commuting to work or accessing basic services such as shopping and health care. Hopelink also has some smaller contracts with churches and with the Housing Authority.

People for People (PfP) is a private non-profit agency located in Yakima that started 42 years ago as a Community Action Program (CAP), and has been providing transportation for 25 years. PfP serves as the Medicaid broker for Yakima, Kittitas, Benton, Franklin, Walla Walla and Columbia Counties. It also provides the Community Connector service between Prosser, where there are connections to Ben Franklin Transit, and the Yakima Transit Station. PfP recently began operating a fixed route service on behalf of the Yakama Nation with grant funding the Tribe received from the FTA Tribal Transportation Program. PfP also provides some job access transportation with JARC funds; in addition, PfP acts as the 2-1-1[3] service provider.

Paratransit Services, a private non-profit agency that serves as Medicaid broker for Pierce (in addition to others) County, plays a significant role in the Beyond the Borders Program. This transportation service fills a significant service gap in the rural parts of South Pierce County. The project currently uses the Medicaid transportation brokerage to coordinate and schedule trips to and from rural South Pierce County. The primary focus of the service is on people with special

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[3] 2-1-1 was designated by State statute (ESHB 1787) as the official state number for people to call for information and referral for health and human services and to get information about accessing services after a natural or non-natural disaster.

transportation needs living outside of the Pierce Transit service area trying to access critical services, employment-related services, and youth activities. Other community members are allowed to ride if coordinated with an existing trip. Paratransit Services also has provided transportation for homeless youth on behalf of some Pierce County school districts.

Coordination with Tribal Governments

A new tribal transportation program (Section 5311 (c)) was initiated with the passage of SAFETEA-LU. Eligible applicants for these funds are federally-recognized Indian tribes or Alaska Native villages, groups or communities as identified by the Bureau of Indian Affairs in the US Department of the Interior. These tribes must also provide services in non-urbanized areas. Numerous examples demonstrate how tribes and other local programs can and do coordinate their funding in order to mutually meet the needs of tribal members and others.

- The Kalispel Tribe of Indians recently received two operating grants through the Section 5311 (c) program. The Reservation is located in Pend Oreille County, and the nearest incorporated towns are Usk and Cusick (population 212). The Reservation is situated about 18 miles from Newport, the nearest town with amenities such as shopping, grocery stores, restaurants, etc. In order to maximize use of limited funds and to avoid duplication of services, the Tribe contracted with Special Mobility Services (SMS) to operate the new service. SMS serves as the Medicaid broker for five rural counties, and is also a general public provider funded with rural Section 5311 grants administered by WSDOT.

- The Yakama Nation partnered with PfP to provide services through the Yakama Tribal Transit System with a grant through the Section 5311 (c) program. The service is operated by PfP via a standard fixed route system open to both tribal members and members of the public.

- DSHS has encouraged the state's Medicaid brokers to contract directly with federally recognized tribes; to date, 14 such contracts have been negotiated. These contracts allow for the local tribe to serve as a Medicaid service provider for the broker, resulting in increased medical access for tribal members living in remote areas.

Pilot Coordination Projects

Washington State transportation partners have initiated a number of pilot projects over the years intended to test new concepts, often with the goal of replicating them elsewhere if successful. A number of such projects were sponsored with funds made available by ACCT. Some of these projects are highlighted below:

Mason County Transit

Beginning in 1998, Mason County Transit (MCT) began collaborating with Mason County school districts to augment its small fleet of five vans with which it provided service to the county's approximately 40,000 residents living in a 700 square mile area. The transit authority arranged to use school buses in the afternoon, when they were not in use for home-to-school transportation, to provide additional public transit service. The deviated fixed routes, which begin service at the schools, serve both the general public and after-school student riders.

The Transit Authority provides the service using school buses and drivers, who are cross-trained to provide transit service as well as pupil transportation. The school buses are designated as transit buses by a magnetic "Mason Transit" sign on the side of the bus. There is no fare for

intra-county trips.   The primary motivation behind the coordination arrangement was to find a cost-effective way to provide additional transit service and after-school transportation.

MCT operates the service using school district buses and drivers. It reimburses the districts on a pro-rated basis for the drivers' wages, insurance, fuel, and maintenance. Funding for the service has come from ACCT as well as a local sales tax that was passed by local voters.

Common Ground[4]

The Common Ground demonstration project has been underway, off and on, for 13 years. It seeks to investigate potential efficiencies of combining scheduling of transit ADA and Medicaid-eligible brokered passenger trips. Within the model, passengers were scheduled together on the same vehicle within common service areas. The project consisted of modeling the coordination of trips between Pierce Transit SHUTTLE, the transit ADA provider; and Paratransit Services, Inc., the broker of Medicaid transportation in Pierce County. The project focused on passenger trips to a specific adult day health center, group "on paper" the trips common to both providers, and then analyze the cost benefits of this coordination.

A significant accomplishment for this project was the agreement on a cost allocation model – a mechanism to share the costs and savings of grouping trips. Additionally, the partners identified avenues to share trip information between transit and Medicaid riders while upholding privacy requirements. The project found that Pierce Transit SHUTTLE trips can be routed efficiently in coordination with Paratransit Services, Inc. trips. It also found that Pierce Transit SHUTTLE non-ambulatory (wheelchair) trips are more cost effective, and Paratransit Services, Inc. ambulatory trips are more cost effective. However, this is a preliminary finding. The demonstration project only blended trips from Pierce Transit SHUTTLE with Paratransit Services, Inc. trips. The project did not blend Paratransit Services, Inc. trips with Pierce Transit SHUTTLE. In order to get a true measure of the cost effectiveness of shared trips, the analysis would need to be conducted by both partner agencies.

As of the summer of 2008, the Common Ground project has been discontinued, primarily for the following reasons:

- While the project partners successfully agreed upon a fair and equitable cost allocation formula, actually implementing the formula required intensive labor. To make it easier and more efficient to use, the formula algorithm must be automated.

- Like many coordination activities, the project assumed staff would accomplish necessary tasks on top of existing workloads, when time permitted. However, this project requires time and expertise from a variety of skill areas, including technology, consumer service, policy making, management, and dispatching.

- Concern was expressed by the participating agencies that a major revamping of certain trips could negatively impact the productivity of the remaining trips.

- Due to budget constraints, the anticipated financial commitment from some of the project sponsors was not realized.

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[4] Source: ACCT 2005-07 report to Legislature

Metro's Community Access Transportation

King County Metro's Community Access Transportation (CAT) started as a pilot project in 2002 and has steadily grown since then. Through this program, Metro provides accessible vans that would otherwise be retired, maintenance and driver training to community-based agencies that serve older adults and/or persons with disabilities to help them better meet their clients' needs. In return, the agencies provide van drivers, cover insurance, and are responsible to schedule and deliver up to 50 one way trips per month for persons who would otherwise be eligible for Access ADA service. As an added incentive, for agencies that provide at least 100 trips per month, Metro provides additional operating funds.

Through a second component of the CAT program, Metro also provides, through a similar arrangement, vans to agencies that transport seniors or people with disabilities to work or training. In return, agencies provide at least 50 trips per month for otherwise ADA eligible persons.

In 2007, 20 different agencies participated in the program which, together, provided 141,368 trips. The average cost to Metro for providing those trips averaged $5, compared to an average cost per ride on Access of $36.11. Metro estimates it saved $1,400,000 through this program.

Regional Services

One of the themes emerging from this study is the need for customers to have access to a system that is more responsive to their needs for inter-jurisdictional travel. Just as a person making an automobile trip does not necessarily consider city or county boundaries when completing their journey, public transit often needs to better connect communities and provide more seamless service for customers. Many people need to travel for specialized medical treatment in a community other than where they live, or they need to commute to employment centers from various cities or counties within the region. Implementing regional services means that transit agencies serving local communities need to work together to coordinate schedules, develop a common transit hub, and/or share in the costs of delivering services that extend beyond their boundaries. Some examples where this is occurring include:

- Skagit Station delivers multimodal transportation options so that commuters and travelers can converge on a central location in downtown Mount Vernon to switch between Skagit Transit, Greyhound, Amtrak and local taxis. Skagit Station also serves as the hub of the intercounty bus service for the Bellingham Connector, the Island Connector and the Everett Connector, connecting Skagit County with Whatcom, Island and Snohomish counties, respectively.

- Gorge TransLink partners from Clark, Skamania, and Klickitat Counties have combined efforts with their counterparts in Hood River, Sherman and Wasco Counties, Oregon to develop regionally based services into each others' service areas. They also have a shared marketing strategy and common branding for all of the vehicles in the five county area.

- People for People provides the Community Connector service between Prosser (Benton County), where there are connections to Ben Franklin Transit, and the Yakima Transit Station.

For the most part, regionally-based transit routes are designed to meet the needs of commuters, who may need to make long trips into a city (i.e. Seattle) from outlying areas. It should be noted that commuter services, such as those provided by Sound Transit, are specifically exempt from

complementary ADA paratransit requirements. Therefore, persons with disabilities who need to use paratransit for their commute trips may, in fact, be subject to more onerous travel patterns that require transfers from one system to another.

Barriers to Coordination

Despite the numerous examples of local coordination efforts, untapped opportunities could result in even more meaningful coordination within the State of Washington. The following observations are offered to frame this discussion, and to better understand the barriers that prevent providers from operating their services in the most flexible manner, or from mixing and matching a variety of funding sources to deliver the most cost-effective services.

- **"Silo" Funding prevents coordination:** As documented in Chapter 2, 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 programs[5], and programs funded through DSHS, most notably Medicaid. Together, these programs account for approximately $279 million in estimated expenditures. These programs could benefit from more extensive coordination strategies. While staff from these various programs often participate on local coordination councils, the service operations continue to function by and large separately from each other.

- **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.

Through this study, project sponsors have sought to identify and better understand the barriers that are preventing coordination from occurring and, most importantly, to identify steps or remedies that could be taken to overcome these barriers. These barriers are described below.

Lack of Statewide Policy Direction

Through SHB 1694, the Legislature documented its intent to promote coordination:

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

> *"It is the intent of the legislature that public transportation agencies, pupil transportation providers, private nonprofit transportation providers, and other public agencies sponsoring programs that require transportation services coordinate those transportation services. Through coordination of transportation services, programs will achieve increased efficiencies and will be able to provide more rides to a greater number of persons with special needs."*[6]

However, ACCT, as the statewide coordinating council, is not empowered with the authority to establish or oversee legislative expectations. There are no clear incentives for agencies to participate in coordination objectives; nor are there repercussions if they do not.

Funding and Program Eligibility Restrictions

Many programs sponsoring special needs transportation programs are required to restrict use of grant funds for a designated population; this, in turn, causes confusion for members of the public needing transportation and prevents program sponsors from sharing costs. As described in Chapter 2, some programs, for example, may sponsor transportation that is limited to veterans, or seniors, or homeless youth, or low-income farmworkers, because the use of funds is dedicated and therefore tied to those groups. Because funding is tied to providing transportation for a specific client group, jointly funding a coordinated system is made more difficult.

The two largest funders of special needs transportation, Medicaid and public transportation agencies, are each required by federal law to provide transportation services to Medicaid eligible persons and persons with disabilities, respectively. As illustrated below, the eligibility standards for these programs differ for persons entitled to receive the service as well as for the type of service they can receive.

Figure 4-1 Medicaid and ADA Complementary Paratransit Eligibility Standards

	Medicaid	ADA Paratransit
Basis for client eligibility	Low-income	Disability; unable to use fixed-route transit
Eligible type of trip	Medical only	No restriction as to type or number of trips
Service area	Any	Within ¾ mile of a fixed route
Time of day/days of week	Any	Same hours as fixed route
Customer fare	None	Twice the fixed route fare
Responsible entity	DSHS, through regional brokers	Public Transit Operators providing fixed route service

Cumbersome Cost Sharing Methods

Social service agencies tend to fund or support transportation for their clients as an auxiliary service—as a means to support the end goal of providing a primary service such as training, medical assistance, etc. These agencies must ensure, often through cumbersome audit processes, that agency funds are being spent in support of eligible clients. While in theory some agencies have indicated support for mingling dollars and passengers through a single service delivery system, there is not a consistent methodology that is universally recognized and accepted by all ACCT partners and participating coalition members. Participants need to reach

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[6] SHB 1694, Section 1

consensus on a statewide methodology for equitably sharing the cost of service among various client groups.

Even when such an agreement has been reached (as occurred through Common Ground), implementing it can be difficult without appropriate tools, such as a computerized program that can assign costs to multiple agencies.

Vehicle Specifications or other Vehicle Restrictions

Some programs, by law, must adhere to specific vehicle design guidelines; school buses, for example, must meet certain specifications which are not necessarily practical for other customers. Likewise, public transit vehicles are required to be accessible for persons with disabilities, which is not the case with school buses.

Some funding sources limit or restrict the use of vehicles purchased with their funds to the clientele they serve. For example, FTA Section 5310 vehicles must be used primarily to deliver services for elderly and disabled, and are not intended for general public use. This makes it difficult, or impossible, for agencies to accept different client groups on their vehicles.

Insurance

Insurance issues can have a significant impact on coordination efforts. For example, transporting non-agency clients and combining pupils and general public passengers is viewed as a greater insurance risk. Some agencies may be willing to share their vehicles when they are not being used, but are prevented from doing so due to liability concerns. Volunteer driver programs can be a very cost-effective way to provide services and often can provide a very personalized type of service to feel a specific need, but obtaining insurance for volunteer drivers using their own vehicles can be difficult and discouraging to potential volunteers.

Inconsistent Planning Requirements

While coordination of special needs transportation is encouraged from the highest federal levels,[7] the Departments of Transportation, Health and Human Services, and the Department of Education are not subject to the same planning requirements although, arguably, the greatest opportunity for coordination is between among these agencies.

As indicated, three programs administered by the FTA, including the Job Access and Reverse Commute Program, New Freedom and the Formula Program for Elderly Individuals and Individuals with Disabilities are required to be derived from a locally developed, coordinated public transit-human services transportation plan. No comparable planning requirement exists for human service agencies—while they are encouraged to coordinate transportation program planning and funding, they are not required to do so, and, the provision of their funds is not tied to the demonstration of coordinated planning.

Inconsistent Reporting

Client eligibility, recipient guidelines, accounting and reporting requirements and billing rates vary among state agencies and programs. This environment has led to barriers in designing unified transportation delivery systems, fully integrating transportation resources, achieving service

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[7] In February 2004, President Bush signed an Executive Order establishing an Interagency Transportation Coordinating Council on Access and Mobility to focus 10 federal agencies on the coordination agenda. It may be found at www.whitehouse.gov/news/releases/2004/02/20040224-9.html.

continuity from county to county, gaining consistency in reimbursement rates, and eliminating service gaps. Because it is not always considered a primary service, some agencies do not track the cost of providing transportation for their clients. For example, although the Department of Veterans Affairs directly provides transportation to and from three of its centers throughout the state, it does not itemize costs for transportation.

Likewise, agencies do not consistently track or even define service characteristics such as trips provided, hours of service, miles traveled, etc.

Lack of Shared Customer Information

Coupled with the fact that agencies do not consistently report on transportation expenses or other service characteristics, is the problem that agencies maintain separate client databases. Because of confidentiality requirements, or the perception of such requirements, it is difficult for agencies to share client eligibility information in order to ascertain the extent to which there is overlap. Therefore, although it is assumed many ADA eligible persons may also be enrolled and eligible for Medicaid services, for example, or that customers from various agency-sponsored programs travel to the same locations and could travel on a common vehicle, these assumptions cannot be verified or quantified.

Unique Customer Needs

By definition, customers of special needs transportation programs have difficulty making use--or cannot independently make use of--programs established for the general public. In many cases, these customers need a level of care that may not prove conducive to integration with other passengers. Some agencies have established service standards or guidelines for consideration in transporting their clients, such as maximum time on a vehicle, the need for a higher level of driver assistance, required use of seat belts, etc. that may preclude transporting them with other client groups.

Furthermore, there is often an inherent conflict between the philosophy guiding many human service agency programs that focus on developing a plan focused on meeting the individual's needs and, on the other hand, the need for transportation programs to focus on efficiency. Some agencies serving persons with developmental disabilities, or school districts required to transport homeless students, for example, develop service plans that is in the best interest of the client, which may not be conducive to goals established by transit agencies seeking to "group" trips in order to provide trips in a cost effective manner.

Inconsistent Service Standards

Public transit operators responsible for providing ADA paratransit services are mandated to do so according to federally established service standards. These service standards (i.e. hours of service, service area, "pick-up window") define the operators' program policies and guidelines, as adopted by the agency's Board of Directors. Because the service standards are so specifically prescribed, and non-compliance with these standards is considered a civil rights violation, it can be difficult if not impossible for transit operators to deviate from their policies, which may differ from other agency program guidelines.

Contract Restrictions/Labor Agreements

In some cases, transit agencies may be prevented from contracting out services because of limitations inherent in their labor agreements. For example, King County METRO is limited to dedicating no more than 3% of its total service hours to general public dial-a-ride services, currently provided under contract by Hopelink. (Hopelink also serves as the Medicaid broker for King County.) Likewise, most school districts own their own and operate their own vehicles, subject to local labor agreements. Significant revisions to current operating procedures would require amending these labor agreements.

Resistance to Change

Resistance to change is difficult to quantify and, in part, based on perception and anecdotal evidence; however, arguably it is the most significant impediment preventing system changes from occurring. In part, reluctance to change is based on fear that any shift in the status quo may actually result in increased costs to one participating entity or in loss of control and program oversight. In part, resistance to change is based on speculation of program outcomes or what *could* happen. For example, stakeholders involved in the Common Ground project expressed concern that implementing system changes, even on a limited basis, may result in significant impact to the current service delivery system, or that a change in the status quo could disrupt the base of service providers. However, since the project has not evolved from the planning phase, specific data has not been available to validate—or dispute-- those concerns.

Chapter 5.   Case Studies/ Stakeholder Forums

As part of this project, the consultant team examined human service transportation delivery and related issues in more detail in four "case study" counties. These counties were Lincoln, Pierce, Snohomish and Yakima Counties, which were selected because they represent diverse geographic areas of the state, and also represent urban, suburban, small city and rural constituencies. The case studies allow for a more in-depth assessment of how services are funded at the local level, and about the range of providers that participate in that particular community. A summary of each case study is presented below; the more comprehensive case studies are included as Appendix E. Additionally, the four stakeholder and public forums (see Appendix B) were convened in those counties as part of the outreach process for this project. Key findings emerging from those forums are described further in this chapter.

The case studies report on how coordination activities are conducted in those counties, and suggest key findings that may be relevant to similar counties. Stakeholder forums were convened in the four case study counties. The initial forums, held in Snohomish and Yakima Counties, focused on identification of transportation barriers faced by customers, as well as institutional barriers faced by service providers or funders. The second set of forums, convened in September 2008, focused on review and confirmation of key findings that were revealed through the study's research, and discussion of strategies or solutions that would best address these barriers.[1] In general, the following conclusions or findings can be reached:

- Each county is unique, and has developed transportation solutions to address those specific characteristics. There is no one approach to meeting special transportation needs.

- In each county, the brokers providing service through the Medicaid NEMT program also deliver a wide range of other services and programs.

- Intercounty travel is needed by residents of all counties, especially to reach medical facilities.

- Each county, even the most urban, such as Pierce County, have rural areas that are difficult to serve because of distances traveled, terrain and limited services.

- Coordination efforts are the most advanced where there is dedicated staffing.

Lincoln County

Lincoln County is among the most rural counties in the state. Fifty-five percent of the total population live in incorporated cities and another approximately 25% live in unincorporated areas. This means the balance of the county is very sparsely populated. With the land area so large, people must travel significant distances to reach even the most basic of services. A measure of its rural character can best be illustrated by the fact that it has no traffic signals despite being the seventh largest county in the state. The county has diverse mobility issues ranging from those with no mobility issues to those who are essentially isolated by their lack of ability to move from place to place. This makes the provision of special needs transportation service very challenging and expensive.

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[1] See Appendix C for more detail about the forums.

Existing Transportation Services

- Within Lincoln County there is no agency that is dedicated to providing public transportation.

- Two transportation brokers provide some level of public transportation service under Rural Mobility Grants from WSDOT.

- People for People also provides a demand response service for seniors to senior nutrition sites, shopping and medical appointments.

- Access to medical services for people eligible for Medicaid is provided through a brokerage operated by Special Mobility Services (SMS).

- Paratransit trip volumes vary from 150 to 250 trips per month.

- Volunteers could play a larger role in some of the transportation services but recruiting and retaining volunteers has become very difficult in the past few years due to rising gas prices.

- Perhaps the largest, most comprehensive, and best-funded portion of the special needs transportation network in Lincoln County is provided by the County's eight school districts.

- In the 2004-05 school year, the eight districts received about $1.7 million in state funds to conduct school transportation with some additional amounts for acquiring new vehicles.

Transportation Needs in Lincoln County

The key transportation gaps listed below are directly from the most recently published coordination study of the region, prepared to meet federal SAFETEA-LU planning requirements. In addition, some new gaps are also listed.

- Older adults lack transportation for health care, shopping, nutrition, social services, banking, social events, religious services, and visitations with friends or family in health care facilities.

- Persons with disabilities lack access to employment, health care, social services, recreation and social events.

- Low-income individuals lack access to social services, health care, job search, education, and training opportunities. The working poor lack transportation for employment, shift-work, and taking children to child care.

- Youth lack transportation for after-school activities, summer activities, recreation, child care, alternative schools, and post-secondary education.

- Regional Trips – Many services are only available in neighboring counties and are often time-consuming for individuals.

Coordination Activities

The requirements of SAFETEA-LU brought about a significant response to coordination within Lincoln County. The four counties in the QUADCO Planning group—Adams, Grant, Kittitas and Lincoln—all have very similar needs as all the counties are quite rural. Grant and Kittitas Counties do have larger cities in them, but outside of those cities, the counties are nearly indistinguishable from the perspective of population density and distance. Prior to SAFETEA-LU requirements the three county region of Adams, Grant and Lincoln had already been involved in

coordinating transportation for special needs population largely through the efforts of People for People to cultivate support services for people who needed them. Kittitas County was added to the planning group as a member of the RTPO, but had not previously been involved in coordination efforts. With those driving forces, individuals established a coordination team and a process. The initial effort was directed toward building an inventory of providers, transportation gaps, a snapshot of the special needs population and a plan to at least continue efforts many of which preceded the regional planning requirement.

Lincoln County Case Study Key Findings and Conclusions

Providing transportation services in Lincoln County is inherently challenging due to its extremely rural and dispersed nature. There are no public transportation agencies operating within the county, although there are limited services provided by transportation brokers. The needs of older adults and persons with disabilities are met with a variety of paratransit services. Due to the county's size and rural quality, Lincoln County residents must often travel long distances to reach specialized services, shopping, etc., which are often located only in neighboring counties. Lincoln County participates in regional coordination efforts such as the QUADCO Planning Group, which includes Adams, Grant, Kittitas and Lincoln Counties. Further regional coordination may be necessary in order to provide enhanced interjurisdictional transportation, which is particularly important for Lincoln County residents.

Pierce County

Pierce County is located in the southern area of the Puget Sound Region. It is one of the most populated counties in Washington, with the second highest countywide population (700,820 in 2000 Census) in the state. Tacoma has approximately 193,000 residents and is the third largest city in Washington State after Seattle and Spokane[2]. In contrast to the urbanized areas around Puget Sound, eastern Pierce County is a mix of rural communities and the sparsely populated Cascade Mountain foothills. In 2000, unincorporated areas of Pierce County accounted for 45 percent of county-wide population.

Existing Transportation Services

- Over $119 million is expended annually to provide transportation services to the general public and to special needs populations in Pierce County. Over 16 million trips were provided by the primary providers.

- Pierce Transit (PT) is the primary public transportation provider in Pierce County. PT offers: 50 local fixed-route bus lines; SHUTTLE complementary ADA paratransit service; a vanpool program; ridematching services; and intercounty express bus service.

- PT recently entered into an agreement with multiple neighboring counties to honor ADA transfers, eliminating the need for riders to pay a second fare.

- DSHS pays for transportation services for non-emergency medical visits for eligible individuals. Assistance is provided through Paratransit Services, the DSHS Regional Broker.

- Each of the 15 Pierce County school districts provides transportation services to students within their district boundaries. The districts primarily operate in-house transportation services for to/from school (including special needs) and extra curricular activities.

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[2] Washington State Office of Financial Management

● A number of entities also provide transportation to the special needs population. These include public, private for-profit and non-profit agencies/companies.

Transportation Needs in Pierce County

Major findings from the Coordinated Public Transit-Human Services Transportation Plan and a needs assessment commissioned by the Pierce County Coordinated Transportation Coalition (PCCTC) are:

● Almost three-fourths of all survey respondents lived within three-fourths of a mile to regularly scheduled bus service (only half of those in unincorporated Pierce County did)

● Over three-fourths were unable to travel by themselves or purchase transportation because of a disability or health condition

● Just over one-half believed their usual form of transportation is convenient and reliable

● Only one quarter of respondents felt that it was easy to make connections with other transportation

● Two-thirds felt that medical appointments are hard to reach while one-half had difficulty getting to the grocery/drug store

Additional service gaps include: Service area limitations, lack of transportation options, eligibility requirements, cost of the trip, lack of information about options, and lack of travel assistance.

Coordination Activities

The PCCTC was established in 1999 to develop and implement a plan for a more coordinated transportation system for all Pierce County residents. The coalition works to increase mobility and access for people who cannot transport themselves due to age, disability or income. The governing assembly makes policy for the PCCTC or advocates for policy changes with the members' parent organizations. The Steering Committee conducts the "day-to-day" work for the coalition. It is responsible for planning and carrying out the coalition's activities including the gathering and disseminating information to the special needs population and the community at-large. The Steering committee is compromised of staff from the major partners, larger transportation providers and social service organizations. The coalition is staffed Pierce County Community Services. It hired dedicated staff for the coalition in 2008.

Pierce County Case Study Key Findings and Conclusions

Pierce County is primarily an urban county, but it also has significant rural portions. It is challenging to meet transportation needs of the general public, and especially older adults and people with disabilities, in the rural areas due to the limited transportation resources and a dispersed population in those areas. In the urban and suburban areas of the county, where Pierce Transit operates, the Shuttle complementary paratransit meets the needs of those who cannot travel via general public transit. The conditions in Pierce County point to a number of general findings, including:

● A formal coordinating body improves transportation options in the community by facilitating communications between providers and users of transportation services

● Coordinating activities should include the setting and implementing of goals that address community needs

● Dedicated staff helps facilitate the work of a coordinating body

- Meeting rural area needs requires greater innovation and level of coordination
- The broker/provider model provides flexibility and cost effectiveness in meeting infrequent and/or unique travel needs.

Snohomish County

With over 600,000 residents, Snohomish County ranks as the third most populated county in Washington State, after King and Pierce Counties[3]. The county's population accounts for 10% of the statewide population and it is the sixth most densely populated county in the state. Everett is its county seat and the largest city with a population of approximately 90,000 residents[4]. The incorporated area accounts for 54% of the countywide population. Approximately two-thirds of the Snohomish County's workers live and work within the county. Approximately 63% of commuting trips occurred within the county[5]. The remaining 37% were out-of-county trips, and of those trips, 91 % were destined to King County.

Existing Transportation Services

- Snohomish County is served by three public transit agencies: Sound Transit, Community Transit (CT) and Everett Transit, as well as the Washington State Ferries and Amtrak and Greyhound. The Transportation Assistance Program (TAP), a component of Snohomish Senior Services, also provides service for persons who live outside the primary service areas.
- The City of Everett is also home to Everett Station--a multi-modal, multi-use building that serves as a major transportation hub, a higher education and career development center and a gathering place for community events. Everett Transit, Community Transit, Sound Transit, Island Transit, Skagit Transit, Amtrak, and Greyhound connect at Everett Station
- Transportation for students is provided by 15 separate school districts. Transportation is provided both for basic transportation, and for special education trips, on behalf of those students whose disability or condition requires them to attend a specialized facility.
- Another important transportation program is that sponsored by the Department of Social and Health Services (DSHS) Medicaid program. In Snohomish County, Paratransit Services operates as the Medicaid transportation broker.
- A variety of other community- based or social service agencies provide specialized services to fill the gaps or provide specialized services not otherwise available.

Transportation Needs in Snohomish County

- Connectivity: Transfers are often required and can inhibit their travel. Nearly 40% of people living in Snohomish County work in another county and need corridor-based service.
- Limited service in rural areas: For those living in more remote areas, transportation options are fewer and more difficult to access.

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[3] Washington State Office of Financial Management
[4] Washington State Office of Financial Management
[5] 200 U.S. Census

- Lack of affordable housing: Some people, especially those on limited incomes, cannot afford housing costs in the more urban parts of the county; therefore, they are re-locating in more remote areas where transportation services are limited.

- Lack of service for veterans: This is an emerging issue that has been raised in several counties. With more and more veterans returning from active service, additional programs and resources are needed to treat or care for veterans.

- Need for improved access to customer information: Often, there is confusion among members of the public regarding eligibility, application procedures, and trip planning.

Coordination Activities

With support from the Agency Council on Coordinated Transportation, the Snohomish County Transportation Coalition (SNOTRAC) first convened in January 2000. Coalition members conducted a survey sent to 1,400 agencies and providers to determine transportation modes, routes, and service delivery models. Coalition members focus on coordinating existing transportation modes to serve the developmentally disabled, the mentally ill, children and the elderly. In June of 2002, SNOTRAC hired a consultant to help develop a decision-making structure, complete the transportation inventory, develop a strategic plan, and create an implementation and evaluation plan. SNOTRAC adopted a five year strategic plan (currently in the process of being updated) that included the following goals. The group meets monthly and considers a range of topics to promote coordination among public and private providers, and to educate and encourage collaboration among various transportation partners.

Snohomish County Case Study Key Findings and Conclusions

Snohomish County is considered to be a suburban county with many of its residents traveling regularly to Seattle or elsewhere in King County for work, school or medical purposes. As such, this case study may be considered most relevant for other counties that are economically linked with nearby urban or employment centers, such as Tacoma, Olympia or Portland, OR. Transit providers in Snohomish County are faced with the need to balance demand for commuter-based services, primarily along the I-5 corridor, with the need to reach more remote communities, or to provide mid-day or late-night service for transit dependent persons. Compared to other counties, Snohomish is more affluent as indicated by lower poverty rates, higher levels of car ownership, and lower levels of families or individuals relying on public assistance.

Yakima County

Yakima County, located east of the Cascade Mountain range in Central Washington, comprises a geographic area of 4,296 square miles. It is the second largest and eighth most populated county among the state's thirty-nine counties[6].   The city of Yakima is located in the northern part of Yakima County and is the county seat. It is the largest city, with approximately 72,000 residents and accounts for 32% of the county's population. Sunnyside, with a population of 14,000 residents, is the second largest and the only other city with over 10,000 residents. The southern portion of the county is less densely populated and mostly consists of the Yakama Indian Reservation. The reservation is primarily agricultural land with range and grazing land. Yakima

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[6] Office of Financial Management, Population and Components of Population Change by County: April 1, 2000 to April 1, 2008, Release date: June 30, 2008.

County ranks as the second highest in total values of agricultural and livestock products produced, after Grant County[7].

Existing Services

- Yakima Transit (YT) is the only public transit system in Yakima County. YT operates fixed-route service, complementary paratransit services, and a vanpool program.

- YT contracts with Access Paratransit and People for People to provide paratransit service for persons with disabilities. Complementary paratransit service is available seven days a week.

- YT also provides vanpool service to Benton and Yakima counties. There are 22 vans in revenue service, which were provided by Washington State's Vanpool Investment Program.

- Each of the 14 Yakima County school districts provides transportation services to students within their district boundaries. All districts in the county operate the transportation services in-house with vehicles owned by the district.

- People for People (PfP) is a private non-profit agency that acts as the Medicaid broker for Yakima County as well as Grant, Adams and Lincoln Counties. PfP acts as the 211 service provider. It directly provides the following transportation services: paratransit service, the Community Connector, Medicaid Transportation, a route for the Yakama Nation, job-access (JARC) transportation, and senior transportation.

Transportation Needs and Barriers in Yakima County

A number of transportation needs or barriers have been identified specific to Yakima County:

- Duplication of transportation resources: Transportation providers operate with local, state, and federal funding which is oriented to specific eligibility criteria for the person and ride purpose. There is a reluctance to integrate resources because of perceived risk, liability, and funding restrictions. This approach results in duplication of equipment and drivers.

- Older adults need transportation to medical appointments, senior meal programs, shopping, personal visits, and for community events that include spiritual, social, recreation, and cultural events. Those who live outside the Yakima Transit service area in rural locations are often isolated from services.

- Individuals with disabilities need transportation to jobs and training opportunities in their communities. Washington State Division of Developmental Disabilities has implemented the "Working Age Adult Policy." to assist adults with disabilities to enter the workforce. In order to maintain independence and mobility, transportation is needed to access health care, shopping, recreation, and social services.

- Youth need transportation to access educational opportunities, employment, and social services. Transportation is needed to participate in after-school activities (a particular challenge for those in rural locations) and to access post-secondary education.

- Low-income individuals identified the need for transportation to access employment, training, education, child care, job search, social services, and health care. Agricultural

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[7] Washington State Department of Agriculture, Agriculture – Washington's NO.1 Employer: Retrieved on July 21, 2008 from http://agr.wa.gov/AboutWSDA/.

work requires dependable transportation to access employment in the rural areas of the county.

Coordination Activities

The Yakima County Special Needs Transportation Coalition works with community service providers to address transportation barriers for the special needs community to access services, employment opportunities, and daily activities. The Special Needs Coalition's goal is to improve transportation effectiveness and efficiency throughout Yakima County by collaboration. PFP coordinates the Special Needs Coalition, providing leadership to facilitate and host the meetings. Since it was formed in 1998, there has been some limited funding that has helped to support the facilitation through ACCT; however, PfP currently does not receive funding for its facilitation. The Yakima County Special Needs Coalition provides a forum for agencies to discuss coordination of services, how to meet the needs of clients who fall under the special needs category and update each other on current projects. The coalition was instrumental in preparing the coordinated plan and hosted community forums and distributed surveys. The coalition was successful in providing the foundation for identifying transportation needs on the Yakama Nation Reservation and for securing FTA funding to implement the Yakama Nation Tribal Transit project.

Yakima County Case Study Key Findings and Conclusions

Yakima County's rural nature is enhanced by the fact that it is surrounded by other rural counties. Yakima Transit serves the city of Yakima, but provides only limited service outside of the city. Those who live outside of the city are often isolated and have difficulty accessing specialized medical services, shopping, and educational opportunities that are located in the city of Yakima and beyond due to limited transportation options. Special needs passengers were also found to have problems understanding and accessing existing services. Yakima County has an active Special Needs Coalition, which promotes transportation coordination throughout the county.

Previous coordination efforts resulted in the county's coordinated plan and a partnership between the Yakama Tribe and Yakima Transit. The county could benefit from additional coordination efforts to addressing unmet transportation needs, especially in the rural areas. However, the Special Needs Coalition is limited by the fact that it does not receive funding for its facilitation. In addition, funding requirements at the state level make it more difficult for a county like Yakima to access resources than for more urban counties. Therefore, enhanced coordination at the state and local levels would help to address these coordination issues.

Stakeholder Forums

A goal for this study was to solicit comments directly from special needs transportation stakeholders at half-day forums held in each of the four case study counties. Two such forums were conducted in May in Snohomish (Everett) and Yakima (Yakima) Counties, and two were conducted in September in Lincoln (Davenport) and Pierce (Tacoma) Counties. In each case, the local coordinating council or other point of contact provided invitation lists, reviewed the forum materials, and otherwise assisted with logistics involved with arranging for the events.

All four forums were designed to address the following two questions:

1. How well is the special needs transportation system is working in the area?

2. What are the *greatest barriers*, or most important things to address, in order to improve the special needs transportation system? The forums sought to answer this question from the users' point of view, as well as those managing the system.

From the user perspective, attendees at all four forums identified the *lack of service when needed* as one of the most critical barriers. Three of four forums identified *rides don't take people where they need to go,* and *rural riders are underserved* as critical barriers. Two forums identified *confusing program eligibility rules* as a critical barrier. Other top vote getters (one forum each) were *housing is located away from transit service*, and *users are afraid to ride the bus*.

From the system management perspective, results differed across the state. The Yakima forum had a broad scattering of responses, with little or no overlap. The Everett forum attendees focused on challenges posed by (1) *existence of multiple, competing and overlapping transportation systems*, and (2) *scarce resources* to provide service. In both the Tacoma and Davenport forums attendees voted *lack of funding flexibility to be able to target gaps and problems as they arise* as a critical barrier – this item received the most votes of any issue, in both forums. The *lack of drivers* was also noted as a critical barrier by both Tacoma and Davenport attendees. The *disconnect between housing, services and transportation planning/siting* was noted as a critical challenge (equal to lack of funding flexibility) in the Tacoma forum. In Davenport, other challenges receiving substantial votes were *service providers are unaware of how to better share assets* and *a lack of any system asset inventory to call on for problem solving or other purposes*.

The last two forums, held in Tacoma and Davenport, also provided an opportunity for attendees to rate a list of thirteen potential solutions to improve coordination and effectiveness of the special needs transportation system. The list of thirteen ideas was prepared in advance by the Consultant Team. Attendees were asked to identify three of these ideas that they thought were most helpful and three that they thought would be least helpful. They were also asked to identify other issues *not on the list* that they thought would be helpful.   In particular, the idea of a *"One-call service center" to get information and arrange rides* ranked highly. Equally as popular was the idea that the *state and local policies should be established regarding coordination of special needs transportation—and all agencies would be required to respect and abide by these policies.*

There was not as much consensus around ideas that would *not be helpful*, however, there was clearly caution expressed about the idea of *"central broker" to coordinate and deploy resources* and services. Most attendees also rated as "not helpful" the idea of *using school buses to serve community needs* when not in user for school purposes.

A wide variety of new ideas were also raised in both the Tacoma and Davenport forums; see Appendix B for detail.

Chapter 6. Human Service Facility Siting: Issues Affecting Proximity to Transit

Overview

The report so far has discussed populations using special needs transportation, and transportation service providers. This chapter focuses on the most frequent origins and destinations of special needs transportation trips, human services facilities: assisted living facilities for seniors and persons with disabilities, hospitals and medical clinics, drug and alcohol rehabilitation clinics, vocational rehabilitation, and job training/employment services facilities. It describes the extent to which transit proximity is considered when siting human service facilities and discusses factors that potentially present obstacles to coordination, for both public and private sector facilities. More than thirty-five staff of state and local public agencies, as well as at key non-profit organizations, were interviewed for this evaluation.

It seeks to address the following questions:

- Are human service facilities conveniently located near existing transit services?
- Which human service facilities are poorly placed with respect to transit?
- What state and local policies influence siting decisions?
- How are social service facility site decisions made?
- When is transportation considered in the siting process?
- What social service agency policies and procedures affect siting decisions? To what extent are they successful?

A case study is presented to illustrate "real life issues" related to coordinating social service facilities near existing transit services. The final section considers barriers to and opportunities for influencing the human services facility siting process.

Purpose of the Evaluation

The purpose of this evaluation is to explore what factors currently affect whether human service facilities are sited with good access to transit and to identify ways in which better siting decisions could be made in the future. The mismatch between human services facilities and existing transit services can have economic, social, and environmental implications:

- **Economic:** Those living below the poverty line cannot easily afford a private automobile and are at a severe disadvantage in reaching job opportunities, skills training programs, and affordable housing if they cannot utilize public transit services.

- **Social:** Human services facilities aren't as effective at reaching their target population if they aren't located near public transit. Persons who are transit-dependent have difficulty in accessing some locations or cannot get there at all. Those needing essential services are pushed from fixed-route public transit onto more costly paratransit services, forced to rely on others for rides.

- **Environmental:** Locating human service facilities or low-income housing where there is limited or no transit services increases vehicle miles traveled and can ultimately contributes to poorer air quality and greenhouse gas emissions.

Location decisions represent long-term investments. Once the location decision has been made, transit operators may be put in the difficult position of needing to re-align service or make a decision not to provide service at all due to lack of resources. There are many factors that affect facility siting decisions, including local real estate trends, market forces, facility needs, zoning requirements, existing legislation, and funding constraints. These factors will be discussed more at length in subsequent sections.

Ultimately, the location of a human service facility affects how many and how well a target population may be served. Those planning facility siting for public agencies may be faced with a trade-off when deciding how to allocate public resources most efficiently. To stretch a capital budget, locations on the edge of urban areas may be more attractive because the cost of land is lower. A larger clinic or more housing units may be provided, thus seeming to serve more clients. Locations with excellent transit service may be more expensive, yet serve the same number of clients simply because it is more accessible. The added value of ancillary services like transit is difficult to quantify in capital budgets, but often shows up in operating costs as transportation services are required.

Types of Human Services Facilities

The public sector is responsible for the policy framework and regulatory process by which all human services facilities in Washington are developed. However, human services are provided by both public and private sector service providers, at facilities that may be publicly or privately owned, including:

- Public sector facilities
- Private sector facilities requiring a state license or using public funding sources
- Private sector facilities

Policies guiding the location of these three types of human services facilities are explored in this chapter.

The process of siting a human services facility is similar for all providers, but more highly regulated depending on the degree of public sector involvement. For example, some nursing homes for senior citizens are state-owned, some are owned by non-profit organizations, and some by for-profit corporations. Even though they are the same type of facility, the location constraints for a state-owned nursing home are different than those of a privately-owned one due to additional regulations guiding the siting of public sector facilities. In most cases, these additional constraints result in the selection of more transit-friendly sites.

Figure 6-1 outlines the three types of human services providers and the facilities they operate. It should be noted that it provides approximate numbers in order to gauge the order of magnitude for each and does not contain a complete inventory. Figure 6-2 illustrates the percentage of total human service facilities that each sector represents.

Figure 6-1   Three Types of Human Services Providers

Type of Service Provider	Examples of Human Services Facilities	Number of Facilities Statewide[1]
Public sector – state, county, city	Public health and employment services facilities, including Community Service Offices, Work Source Centers, County health clinics, hospitals	DSHS: 200 County health departments: 35
Private sector, state licensed or state funded (corporations and non-profit organizations)	Hospitals, medical clinics, senior assisted care, affordable housing dialysis clinics, drug and alcohol rehabilitation clinics	Adult family homes: 2,600 Boarding homes: 550 Nursing homes: 245 Affordable housing: 3,000
Private sector (corporations and non-profit organizations)	Retirement communities	Continuing care retirement communities (CCRC's): over 300 Independent living/active lifestyle communities for 55+: over 300

Figure 6-2   Human Services Facilities

Public Sector
3%

Private Sector
13%

Private Sector
with State
License on
Funding
84%
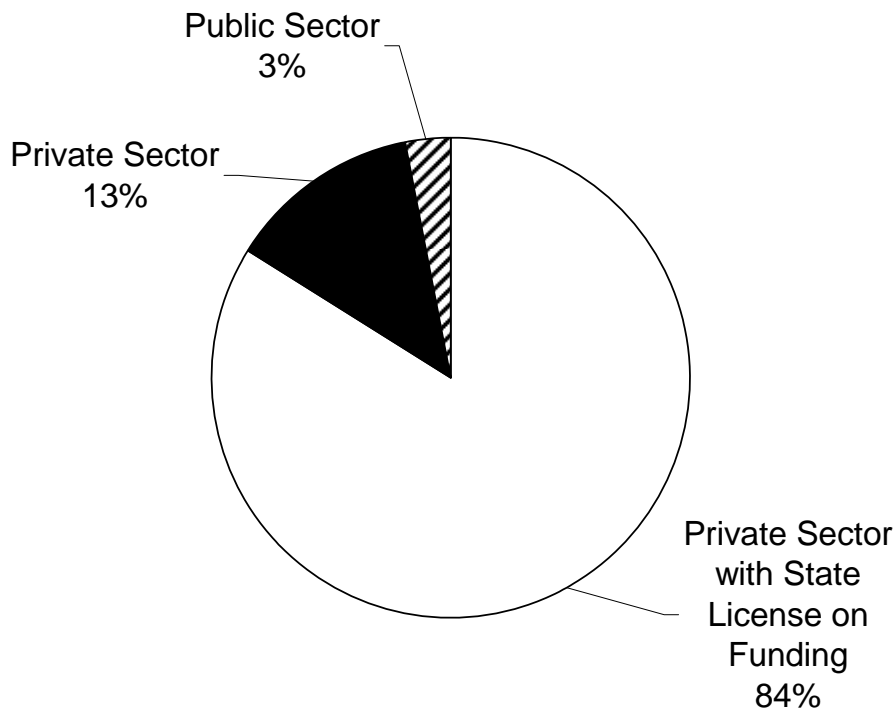
State Procedures for Facility Siting

State owned or leased facilities represent the smallest number of human services facilities, but they serve the largest client bases, meaning accessibility is key. The siting of these facilities is highly regulated and guided by internal departmental policies as well as state policy and local zoning codes. In general, state facility siting decisions are reviewed for proximity to public transit,

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[1] This does not represent a complete inventory of these types of facilities in Washington. These numbers are approximate estimations and were gathered from interviews with state administrative staff, agency websites and retirement housing industry websites.

and it is unusual that a building or lease would be acquired where there is no transit service. Where this is the case, there is typically no transit service in the area. Site selection decisions are initiated by requests from individual state agencies, and implemented by the General Administration.

General Administration

Washington State's General Administration (GA) has the statutory authority to acquire, lease, purchase, and dispose of real estate on behalf of all state agencies[2]. Facility site priorities are determined by the agency requesting a new location, including preferred geographic area, location factors, office space requirements, and parking needs. Generally, an agency providing social services includes access to and adjacency to public transit as one of its site requirements. If more parking spaces are requested than are allowed in the local zoning code, an exemption must be granted before additional parking can be leased.

Once the application is approved, GA's Real Estate Services begins to locate candidate facilities and assessing their feasibility[3]. When all submittals have been received from owners, developers or agents, a site selection team is responsible for rating proposed sites and choosing the most appropriate one. Although proximity to transit is one of the criteria rated during site selection, it is one of many factors that must be considered, and not a determining factor. The vast majority of state agencies are located in leased properties[4].

Department of Social and Health Services (DSHS)

DSHS provides a variety of services to meet the needs of its clients, including food assistance, financial aid, medical care, vocational rehabilitation, drug and alcohol treatment programs and many others. It serves one fourth of Washington residents, which is approximately 2.1 million clients, including children, families, vulnerable adults, and older adults. For this reason, DSHS is the most important social service agency with respect to siting decisions due to its volume of services. The location of DSHS facilities is important because many DSHS clients have to go into the local offices to meet with caseworkers, apply for eligibility, or to receive their benefits. Many of the clients are low-income and may not be able to drive, and may be transit dependent. There are approximately 200 facilities statewide: 180 leased and 20 owned by the state[5].

DSHS has established policies and procedures to ensure that facilities are well-sited with respect to transit. In addition to other supportive legislation, DSHS policies promote the coordination of facility siting with existing transit service. This ensures that all newly leased or built facilities consider transit proximity as a key location factor. DSHS Administrative Policy 8.09 was adopted on July 1, 2001 in response to RCW, Chapter 47.06B.010 which requires state agencies to coordinate transportation services. DSHS Policy 8.09 requires that all DSHS administrations adopt individual policies to ensure that transportation services paid for by DSHS agencies are coordinated for persons with special transportation needs.

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[2] Exceptions include four-year universities, the Department of Transportation, the Department of Fish and Wildlife, the Department of Natural Resources, the State Parks and Recreation Commission, and the Liquor Control Board. Source: House Bill Report (SHB 2366)

[3] This process is described in further detail in Appendix H.

[4] Interview with Ron Wall, General Administration, July 31, 2008." Approximately 99.9% of state facilities are located in leased office space".

[5] A map with the location of DSHS facilities statewide is included in Appendix H.

Washington State Employment Security Department (ESD)

The ESD is a state administration which provides services directly to local residents. It maintains approximately 70 leased sites around the state which provide a variety of employment-related services. Nearly half (38) of these are Work Source job training and placement centers, twelve of which are co-located with district tax offices and many others with DSHS Division of Vocational Rehabilitation (DVR) facilities. Sites are primarily selected based on the access needs of clients. Typically only one or two "new" site location decisions are made in a given year. Because Work Source and DVR sites often co-locate, ESD leasing staff follow the more stringent DVR site selection criteria when evaluating potential locations. A field inspection is made before a lease is signed, to ensure, among other criteria, that a potential new facility is located within 100 yards and "line of sight" of a transit stop.

Washington State Department of Health (DOH)

The DOH manages a limited number of facilities directly, namely a large central staff in state-owned buildings. Services are provided to residents via county-managed local health facilities. There are 35 local health jurisdictions, with site selection decisions made according to the priorities of each county where they are located. More importantly, the DOH is responsible for licensing many types of health care facilities, private and public, where human services are provided. There are approximately 2,600 adult family homes, 550 boarding homes, and 250 nursing homes licensed in Washington. Location decisions for these facilities are guided almost entirely by local zoning code.

Siting of Private Sector Facilities Utilizing State Funding or State License

Facilities which require a state license to operate, or which make use of public funding sources, face more location guidelines than those which do not. This type of facility represents the bulk of human services providers in Washington, as shown in Figure 1.

Affordable housing developments are one facility type that could potentially be influenced through a change in eligibility criteria for public funding. The state Housing Trust Fund has provided financing assistance to approximately half of the estimated 3,000 affordable housing developments in the state. Proximity to transit is not a requirement for Housing Trust Fund eligibility. However, applications for grants are evaluated for proximity to public transportation and social service facilities. Thus, if an application is made by an affordable housing developer for a location that is outside of the transit service area, it will not be very competitive in this process, and is not likely to be awarded funds.

Certain human services facilities require a license in order to operate. Mainly these are assisted care living facilities for seniors: nursing homes, boarding homes and adult family homes. Currently, licensing is often the last step in the development process for these facilities. However, there is one example of a licensing process that considers proximity to transit: the Certificate of Need (CoN) study. Hospitals, nursing homes, and medical clinics such as dialysis clinics must obtain a CoN before acquiring a site and applying for an operating license. The CoN study looks at market factors for health care services, such as growth in demand and the condition of competing facilities, and several potential sites may be considered. This consists of a six-month economic analysis and public hearings. All relevant stakeholders, including public transit providers, are invited to participate. The CoN is granted for a particular site, and may be granted conditionally based upon transportation mitigation measures. In areas of the state where

fixed-route transit service is available, the transit operator is involved early in the process, and a transit-friendly location is always required. Thus the CoN represents a process by which human services facility locations are evaluated and influenced with consideration to transit.

Health care facilities which do not require a state license have only the site location restrictions imposed by local zoning code. For instance, the site plan for an HMO or other private clinic is reviewed for ADA and SEPA compliance, but if it is a "by right" location, no context factors such as accessibility to public transportation are reviewed. The public has little ability to influence the site selection criteria of such private actors other than local zoning code, or if the facility uses public funds. Funding from federal and state sources can set eligibility criteria which constrain how the funds are used; location is sometimes such a criterion.

There are some private facilities providing health services for seniors which fall through a licensing "loophole," that is, a license is not required to operate. These private senior assisted living facilities may accept residents who are capable of using transit when they move in, but who require more care or become non-ambulatory as they age. While Medicare provides payments to state-licensed nursing homes on a per square foot basis, such unlicensed facilities are eligible on a per-room basis. Thus residents are able to "age in place", but become increasingly dependent on paratransit services.

Private Sector Facility Siting

Some human services facilities neither require a state license to operate nor do they use public funding, and their decisions are largely guided by market forces. This pertains mainly to market-rate housing for senior citizens. Known as retirement communities, independent living centers, or continuing care facilities, these private sector housing developments are designed for seniors who are largely independent and care for themselves. Most residents are mobile and deal with their own health care and other needs off-site. Such a facility faces no more development review or location constraints than any other private-sector, multi-family development without age restrictions. This means that access to public transportation may be taken into account by the facility developer, but it will not be a subject of public review.

This evaluation found that although a significant portion of the state population aged over 55 lives in these communities, there is no state oversight. It is unknown how many retirement communities exist in Washington, where they are located, the number of units within them, and number of residents. An estimate was made using an industry website aimed at potential residents, which listed over 1,000 independent living and continuing care retirement communities to choose from.

It is unclear whether the location of these retirement communities is a public policy problem. Residents may not face mobility limitations when they move in, but become more dependent on transportation services as they age. An isolated site may leave residents increasingly stranded as they age, or make them difficult to serve as they become eligible for paratransit or other social services. This segment of senior housing services deserves further study.

Factors Influencing Siting Decisions

Some of the most significant influences on site selection for a human services facility are market factors faced by anyone seeking to build or lease a building, including:

- Cost of land / rent
- Size and quality of leased space
- Size of parcel, parking and vehicle storage requirements
- Access to major roads

In all real estate transactions, "time is of the essence" due to rapidly changing events surrounding the process (old leases have expiration dates, financial institutions have deadlines that must be met, construction must be completed prior to occupancy, etc.). Tight timeframes can often force imperfect decisions in any situation.

Most human services facilities are filling market gaps; that is, they are providing services for people with special needs that not met by normal market services. Thus, they tend to face additional regulatory or funding constraints that also influence siting decisions. They tend to utilize public sources of funding or have some other form of public sector oversight, such as a licensing process. They also may face more regulation as to where they are permitted by local zoning code. Facilities operated by public agencies also follow internal agency policies.

This section describes the primary policy and regulatory tools that influence human services facility location decisions. Figure 6-3 contains a summary.

Figure 6-3   Regulations Guiding Facility Siting for Human Service Providers

	Policy	Service Providers Affected		
		Private Sector	Private Sector, state licensed or using public funds	Public Sector
Local	Local Zoning Codes	X	X	X
Local	Transit Oriented Development (TOD) Incentives	X	X	X
State	State Environmental Policy Act (SEPA)	X	X	X
State	Growth Management Act (GMA)	X	X	X
State	Co-Location Directive			X
State	General Administration site selection criteria			X
State	Housing Trust Fund eligibility criteria		X	
State	Certificate of Need study		X	

Local Zoning Codes

The primary factor in site selection is finding a land parcel where the intended use is allowed. Local governments (e.g. city and county) influence various land use decisions within their jurisdictions. Local zoning codes regulate land use, residential density, parking, and types of commercial services. The parcel must be large enough to accommodate not only the necessary buildings, but also the parking spaces required by the zoning code. A major siting obstacle can be high minimum parking requirements in a local zoning code, which can make siting a facility in a transit-friendly downtown location unaffordable or impractical.

Transit Oriented Development (TOD) Incentives

Some local governments, most notably the City of Seattle, have developed incentive programs to focus new development along high-capacity transit corridors and nodes (light rail and commuter rail stations, bus transfer hubs, and park-and-ride lots). Such incentive programs provide funding, permitting, or density bonus incentives to developments within a zoned overlay around these transit facilities. This is especially effective at making transit-friendly sites feasible for non-profit organizations developing housing and clinics for low-income clients.

State Environmental Policy Act (SEPA)

All new land use development is reviewed for SEPA compliance. Each city and county permitting authority in the state has a SEPA-responsible official who issues a decision and can set mitigating conditions. These can include coordination with a public transit provider before a permit is issued. Over time, transit-related mitigations have become more specific, such as directing an applicant to provide customized shuttle service, or an on-site transit facility. Since mitigation measures are tailored for each individual development, it is difficult to influence a location decision based on client access.

Growth Management Act (GMA)

The Growth Management Act (GMA) requires communities to encourage urban density, avoid sprawl, and consider urban planning approaches to promoting physical activity. Locating state facilities within designated higher density centers and corridors encourages active modes of commuting and allows more employees to walk or bicycle to adjacent services. (RCW 36.70A)

Co-Location Directive

It is the policy of the state to encourage co-location and consolidation of state services into single or adjacent facilities. (RCW 43.82.010 and Executive Order 80-17).

General Administration (GA) Site Selection Criteria

In addition to abiding by local zoning codes and the federal American with Disabilities Act, GA has developed the following Leased Space Requirements. 1) Lease rate: typically higher in central city locations where transit is more accessible. 2) Parking: the number and location of parking spaces, as well as ADA accessibility. Adequate parking in central city locations can be difficult due to cost and availability. Facilities with greater parking requirements tend to locate on a city's periphery. 3) Building efficiency and suitability: suitability for program operations. The facility must be flexible and large enough to accommodate the specified needs of the requesting agency over the lease period. In addition, sustainability and "green building" elements (for example, energy and water conservation and efficiency, and public transit) must be considered. 4) Accessibility to public transportation: always considered, although typically not discussed in

detail until a site is already selected. 5) Transportation access: accessibility to major routes of travel, ingress and egress, and proximity to clients and program needs.

Housing Trust Fund Eligibility Criteria

Administered by the Community, Trade and Economic Development (CTED) department, the state's Housing Trust Fund is an important source of funding for developers of affordable housing for seniors and low-income workers. Such developers, mainly local housing authorities and non-profit organizations, compete for grants through a competitive application process. Grants are evaluated and ranked according to compliance with a number of criteria, including access to public transportation.

Certificate of Need Study

Before a new nursing home or hospital facility is approved for development, DSHS approve it by granting a Certificate of Need (CoN). The CoN requires the applicant to look at market factors for health care services, such as growth in demand and the condition of competing facilities. Several potential sites for a new facility may be considered. Relevant stakeholders, including public transit providers, are invited to the table as part of this process. The CoN is granted for a particular site, and may granted be conditionally based upon transportation mitigation measures.

Case Study

This section presents a siting case study in Wenatchee, Washington for the purpose of highlighting "real life" issues that affect facility siting decisions made by Washington State public agencies. DSHS policies and state legislation ensure that a baseline of transit accessibility is met whenever possible. However, the complexity of the facility siting process may require that an ideal location, with respect to transit, be compromised. This case study investigates some of those obstacles.

DSHS facilities in Wenatchee are located in different parts of the city, which causes some difficulty for clients needing services from more than one division. The DSHS Region 1 Leased Facilities Strategic Plan[6] stated that lining up all of the Wenatchee leases to prepare for a DSHS co-location at a new site beginning November 1, 2008 was a primary objective. In addition to co-location, DSHS also wanted to upgrade its facilities. This option supported both service integration and co-location opportunities.

Due to geographic limitations in the Wenatchee Valley, there are not a lot of developable sites available for new facilities. Furthermore, there are few downtown locations where there is enough developable land to accommodate the co-location of DSHS agencies. Where there are possibilities, the land is normally harder to develop and results in a higher cost per square foot.

During 2005, DSHS considered a joint development project with LINK Transit that would co-locate DSHS facilities at the Columbia Station, a LINK Transit-operated regional intermodal facility, as well as the Employment Security Department, and the Skill Source Offices. This "One-Stop" facility would be developed by LINK Transit or a private developer and leased by DSHS.

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[6] Region 1 Leased Facilities Strategic Plan, Department of Social and Health Services, January 2006. (First approved in March 2005).

The proposed development was particularly well-suited with respect to transit access as it is a transfer center for Link Transit buses with connections to intercity buses (Northwest Trailways), Amtrak service, taxicabs, and bicycle options. The station and parking are owned by LINK Transit, the regional transit agency. Seven routes serve the area and provide local and regional connections. There was land at the transit center where new facilities could be developed. The proposed development included approximately 75,000 sf: DSHS (47,391 sf), Employment Security (11,199 sf), and Skill Source (16,000 sf). It would have accommodated between 146 and 167 employees, and cost approximately $23 Million.

Despite the many potential benefits of locating at Columbia Station, the project did not move forward and DSHS has postponed co-locating with other agencies for the following reasons:

The lease rate was higher than market rate. The proposed lease rate was initially more than $10 more per square foot than the market rate. The cost was higher than a stand-alone site because the plan had to work with constrained and challenging topography. This is typical of downtown sites because there is often a shortage of larger developable sites in the central city that don't require environmental remediation or have topographical, parking or zoning constraints. These characteristics tend to drive up the price which ultimately affects the lease rate.

The lease term was longer than typically permitted by GA. In order to account for the more expensive development, the term lease would have to be at least 20 years to amortize the cost of the development. Twenty-year leases are prohibited by state law (RCW 43.82.010), except by legislative action, and so are exceedingly rare. GA typically does not enter into leases longer than 5 years because they have found that longer leases may result in poor maintenance and service from property owners. Shorter leases are also more flexible and can accommodate changing social, economic and political conditions, which affect program funding levels.

DSHS determined that there was not adequate parking. The proposed project included the cost for the minimum number of spaces required by local zoning codes. This included underground on-site parking and a shared parking facility in an adjacent lot. Although the site met minimum parking requirements, local DSHS planners were discouraged by the quality of the parking and were not confident that the shared arrangement would reliably provide adequate parking.

Lease terms made it difficult to efficiently consolidate co-located facilities. Co-locating various DSHS administrations and other agencies is challenging for numerous reasons. In particular, lining up the lease terms for the various agencies is difficult and could not all be done at the same time. The Area 1 Leased Facilities Strategic Plan suggested renewing the 5-year leases with cancellation clauses, to avoid paying for vacant space. However, the short-term leases are often considerably more expensive.

Maintaining status quo with existing landlord was less controversial. A proposed move can result in challenging dynamics with building owners who may exert political pressure to prevent the relocation. This was the case in Wenatchee, where the building owner of the existing DSHS facility endeavored to keep them from moving.

Findings

Private sector facilities were found to have the fewest site location constraints, and are least likely to consider access to public transportation in the siting process. There is opportunity to influence siting decisions by these service providers through the development review process, and through incentives.

Private sector facilities utilizing public funds or a state license are more likely to serve transit-dependent clients. The bulk of the human services facilities considered in this study fall into this category. There is opportunity to influence location decisions by these providers through state funding eligibility requirements and the state licensing process.

Public sector state and local staff who were contacted for this study did not consider locating public sector facilities near transit to be a significant problem in Washington. This is likely because most public agencies have established policies and procedures to ensure that access to public transportation is taken into account when siting a human services facility. However, many factors must be considered when siting a new facility, including price, building efficiency, suitability for program operations, parking, etc. The number of viable siting options is typically limited, and compromises need to be made. Also there may be conflicting expectations and opinions between a local program (that will occupy the selected site) and the agency headquarters about the most important siting factors.

The findings of this evaluation are summarized in Figure 6-4.

Figure 6-4   Summary of Findings

		Findings
Private Sector / All		**Parking requirements limit potential sites and drive up capital costs.** Local governments usually follow conventional parking standards which assume the car ownership and use rates of middle-income suburban areas. Clients and residents of human services facilities tend to have lower rates of car ownership and higher transit and paratransit dependency than the general population. Parking helps determine the size of land parcel, and thus cost, and thus excessive parking requirements increase development costs.
		Availability and cost of appropriate sites for new development. There are limited downtown locations that meet the size needs of co-located and larger agencies. Downtown locations proximate to high-quality transit are more expensive.
		Sometimes there is limited transit service. Rural areas typically have limited transit service even in downtown locations, so it may be difficult or impossible to locate a facility near transit service.
		High land values in transit-rich downtown areas. The cost of land is a key factor in site location choice. Land prices are particularly an obstacle for non-profit organizations siting facilities serving low-income clients and residents. They tend to drive new affordable housing and health clinics to the edges of urban areas, where transit service is not as good as in central areas.
Private Sector, State Funded / Licensed		**Development review "loophole" for unlicensed, market-rate service providers.** Facilities that do not make use of public funds, or require a state license to operate, are not subject to any formal coordination with transit services at all. Nor is access to transit a "checklist" item for local planning staff reviewing development plans and issuing permits.
		Facilities review for state permits happens after site acquisition. Currently, private sector facilities which require a state license are not reviewed until the site plan is fully developed.
		Vague standards in Housing Trust Fund grant eligibility requirements. While access to transit is a criterion for Housing Trust Fund grants, it is merely "easy access to public transportation." This vague guideline can lead to a range of outcomes not necessarily meeting mobility needs of senior clients, who may be inadequately served by what is considered "easy access" for the able-bodied.
		Level of transit service may not be considered. Locating near a bus stop is usually considered by public sector human service providers; however, the level of service at that stop may not be. Frequency of service is key to accessibility.
Public Sector		**State agency request to GA does not specify proximity to transit.** GA should require state agencies to clearly spell out their transit proximity needs in terms of distance to the nearest bus stop and frequency of service.
		Proximity to transit may not be weighted heavily enough among other factors. Even if proximity to transit is considered a key factor in the siting decision, it may not be weighted as heavily as other factors.
		Office of Financial Management oversight may lead to slower siting process. SHB House Bill 2433 adds additional steps o the facility siting process to involve OFM. Although SHB 2433 was instituted to promote efficiency, it conversely lengthens the process. This may make it more difficult to secure a competitive lease rate due to a less flexible and longer timeframe.
		GA must consider the potential site as it is currently. if a site has poor transit proximity, GA does not enter into discussions with the transit provider to increase or enhance service so that it would influence the site selection.

Chapter 7. Best Practices

Best practices or model programs from other states are examined in this chapter. These programs were selected for inclusion here either because they have resulted in sustained, long-term implementation of local/regional coordination and/or because they offer some additional perspectives or models that have respectively generated local coordination in their own right. The best practice examples identified in this chapter are categorized with respect to:

- State-level Coordinating Councils
- Organization of Local Coordination Efforts
- Local Service Delivery Coordination Models
- Best Practices in Medicaid Transportation

The ultimate purpose of this chapter is to better understand coordination models adopted by other states and to identify strategies, programs and practices that could potentially improve coordination in Washington. The unique characteristics of each program are described below, with "lessons learned" summarized.

State-level Coordinating Councils

As of 2004, at least 38 states had established state-level inter-agency councils or advisory committees focusing on the coordination of community transportation services, while 25 states (some of them overlapping with the 38 states above) had either established Memoranda of Understanding (MOUs) or informal agreement between the State Departments of Transportation and the State Department of Human Services. In addition, 19 of those 38 states had also established statutes or legislation requiring some level of coordination of community transportation services.[1] In this section, the composition and success of state-level coordinating councils from four states are examined. These states include Florida, Iowa, North Carolina and Ohio.

Florida Commission for the Transportation Disadvantaged

Florida is often regarded as a model throughout the country for human service coordination. The Florida Legislature first created the Coordinating Council on the Transportation Disadvantaged in 1979 to foster coordination; the program was amended in 1989 with the establishment of the Commission for the Transportation Disadvantaged (CTD) to improve coordination for the cost-effective provision of transportation for the transportation-disadvantaged population[2] Housed within the Florida Department of Transportation, this commission is an independent state agency that serves as the policy development and implementation agency for Florida's Transportation Disadvantaged (TD) program, and to otherwise oversee coordination in the state. The legislature included 27 specific tasks in the statute for the Commission, including acting as an information clearinghouse, developing coordination policies and procedures, determining performance standards and liability insurance requirements, and designing and developing training programs.

As in Washington, members of the commission include a combination of voting and non-voting members, and representatives from various state agencies, including Transportation, Veterans

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[1] Transportation Research Board, TCRP Report 105, Strategies to Increase Coordination of Transportation Services for the Transportation Disadvantaged, 2004.
[2] Chapter 427 of the Florida Statutes

Affairs, Medicaid and others. The make-up of the Commission was overhauled about two years ago to remove appearance of conflicts of interest from private parties who previously served on the Commission.

A major function of the CTD is administration of the Transportation Disadvantaged Fund. This fund is largely comprised of revenues from vehicle registration fees but also includes grants from the Florida DOT and Highway Trust Fund. These funds are disbursed to the community transportation coordinators to provide services for the transportation disadvantaged, defined as those persons who because of physical or mental disability, income status, and/or age are unable to transport themselves and whose trips are not otherwise sponsored by an existing program. Hence, this program provides the "funding of last resort" for non-sponsored trips.

FY 2005 revenues from all sources that went through the community transportation coordination system totaled $353 million.   The CTD contributed about 16% while Agency for Health Care Administration (Medicaid) contributed about 17%. Other large purchasers of service included Department of Children and Families (6%), Florida Department of Transportation (4%), Department of Elderly Affairs (3%) with local agencies purchasing the largest share at 42 percent.

Another task of the CTD is to provide technical assistance to local coordinating bodies.

Iowa State Level Transportation Coordination Council

Iowa has a State-level Transportation Coordinating Council that is responsible for setting coordination policies and allocating demonstration funding. The state legislation that established this council also established 16 regions, each with designated transit agency to lead the coordination efforts in that region; and required that all agencies spending public funds for passenger transportation (other than school transportation) <u>must</u> coordinate or consolidate that funding with the lead coordinator in their region. Thus, these lead transit agencies must coordinate planning for transportation services at the urban and regional level by all agencies or organizations that receive public funds and that purchase or provide transportation services.

Housed within the Iowa DOT Office of Public Transit, the Transportation Coordination Council is comprised of representatives of a variety of 15 state agencies and organizations, including the Iowa Association of School Boards, the Iowa League of Cities, and United Way.

The Iowa Transportation Coordination Council focuses much of its ongoing efforts on educational awareness and outreach, which has included sponsoring coordination conferences and workshops and providing extensive technical assistance. It has also been instrumental in the formation of regional Transportation Action Groups (TAGs) that function as regional coordinating councils.

As part of its technical assistance efforts, the Iowa State Department of Transportation is responsible for distribution of a $500,000 state coordination fund that comes from general state funds. This fund is used for 2-year grants to help fund fledgling coordination efforts on the local/regional level. These grants require a 20% local match in Year 1 and a 50% in Year 2 and cover both operating and capital needs.

North Carolina Interagency Human Service Transportation Council

In December 1978 Interagency Transportation Review Committee (ITRC) was established by executive order. Composed primarily of representatives from the State Departments of Transportation and Health and Human Services, the ITRC was primarily a technical committee with the job of reviewing all transportation funding applications for both departments to determine if proposed projects met certain goals such as coordination and accessibility.

The ITRC continued until 1991 when it was replaced by the North Carolina Human Service Transportation Council (HSTC) which was authorized by another executive order. The Council continues in operation today and meets quarterly, serving in an advisory capacity to the N.C. Department of Transportation, the N.C. Department of Health and Human Services and other state agencies in addressing needs, barriers, policies and opportunities for the provision of human service transportation.

The HSTC also undertakes studies and demonstration projects to enhance the state's coordination efforts. Its mission is to provide leadership in improving the coordination of human service transportation and to ensure that funds are maximized to serve as many elderly, disabled and financially disadvantaged individuals in the state of North Carolina as possible in a safe, efficient and effective manner.

With the support of the state-level council, NCDOT initiated the Community Transportation Program (CTP) which involved consolidating FTA Section 5310, Section 5311, and several state funded programs into one community transportation service block grant. The unique element of this block grant program is that the counties (there are 100 in North Carolina) must prepare a coordination plan to receive the grant monies.

North Carolina also has coordination incentive grants under its Human Service Transportation Management (HSTM) Program using the state highway fund as the primary financial source to help assist local agencies interested in coordination conduct planning and implementation activities. HSTM funds can be used to pay for staff to support human service transportation systems in their coordination efforts. Lead agencies identified by locally adopted transportation development plans are the designated recipients for HSTM funds, which can be used for up to 75% of the cost of the salary and benefits of a fulltime coordinator.

Ohio Statewide Transportation Coordination Task Force

As part of the Transportation Partnership of Ohio, a Statewide Transportation Coordination Task Force was established to improve and increase access to state agency programs and services and enhance service and program quality, and ultimately the quality of life, for Ohioans through transportation coordination.

Efforts of the Task Force have focused on reducing duplicative programs and services, eliminating conflicting State requirements and regulations, and making better use of local, State and Federal resources. The mission of the Task Force is to "provide leadership that facilitates citizen mobility through the coordination of transportation resources and effect pro-coordination policy and communication at all levels."

Task Force goals include:

- Increase awareness and access to information about transportation coordination and statewide transportation resources

- Increase the Task Force's presence statewide

- Empower local leaders to achieve coordination

- Educate the state legislature and state leaders about transportation coordination

- Make existing rules and regulations coordination-friendly

- Identify and use technology resources to accomplish the action strategies needed to meet the goals

- Maximize the availability, use and flexibility of funding resources to support coordination

- Support local agencies in their efforts to increase consumer access to transportation services

Through ODOT, the Task Force oversees a Coordination Fund, financed from the state general fund, used to provide seed money to fledgling coordination efforts on the local level. It should be noted that these efforts are self-starting and self-selecting on the local level. There is no mandatory form or boundary for a coordination body in Ohio. The primary goal of the coordination program is to enhance and expand transportation through coordination in Ohio's counties that lack a public transportation system. All projects must demonstrate some level of interagency coordination in their local area to be eligible for funding, and must designate a lead agency to administer day-to-day operations, execute memoranda of understanding with all participating agencies, have a full time coordinator and commence the project within 90 days of contract award.

The total funding available for these grants was FY 05 is $1.3 million. Since beginning this effort, ODOT has provided approximately $6.3 million in grants to 37 projects. As a result of this program, the number of counties in Ohio without any public or coordinated transportation services has been reduced from 42 to 14, out of a total of 88 counties.

Lessons Learned from the Four States

Four primary lessons learned from these successful state-level coordinating bodies are:

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. Some of the councils made it a point to include the Department of Education, Head Start, and the Association of School Boards One also included a representative from the Governor's Office. Three of the state-level bodies also have representations from additional stakeholder organizations such as an Association of Counties or County representative, a League of Cities, the state's Public or Community Transportation Association, Veteran's Affairs, and the United Way.

3. **The Councils and their composition should be established by statute or executive order.** This legitimizes its mission and gives the council some permanence.

4. **Councils should have "teeth" over coordination policies and the coordination infrastructure.** While all provide – either directly or indirectly – significant technical assistance, it is the councils 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.

Organization of Local Coordination Efforts

Most successful state-wide coordination efforts have (1) instituted local coordination on a county-based or regional level, and (2) have instituted this kind of framework for coordination with a legislative act or Executive Order. Among others, local coordination infrastructures have been established by legislation in Florida, Iowa, Maine, and Pennsylvania, and by Executive Order in Kentucky, Maryland and North Carolina. The specific designs for these programs are discussed below.

Florida

One of the major functions of the state-level Commission for the Transportation Disadvantaged is to designate an Official Planning Agency for each county or region. The official planning agencies that have been so designated include twenty four metropolitan planning organizations or transportation planning organizations, six regional planning commissions, and seven other entities which, in turn, appoint a Local Coordinating Board (LCB). The Local Coordinating Board is an advisory board (meaning it is composed of appointed members, rather than elected members) which provides information, advice, and direction to the Community Transportation Coordinator regarding coordinated transportation.

The Local Coordinating Boards (LCBs) are staffed by a member of the Official Planning Agency. Each county in the state has a LCB. Membership on the LCB is comprised of local elected officials, staff of agencies involved in, or supported by, special needs transportation and people who use special needs transportation. Each LCB meets at least quarterly. Its committees meet when necessary to conduct an annual evaluation of the Community Transportation Coordinator, write annual updates, including goals and objectives and policies for a long range plan, and review grievances which may be brought to it regarding transportation services. The LCBs, through the Official Planning Agencies, recommend Community Transportation Coordinators to the CTD, which then contracts with each Community Transportation Coordinator for the provision of TD transportation in their respective areas. The Community Transportation Coordinator is responsible for arranging transportation for people who are elderly, or low-income, or, who have a disability.

Currently, 49 CTCs cover the state's 67 counties; while most cover a single county, some cover a multi-county region. Once the CTCs are established, sponsoring agencies may purchase service for their clients through the statewide CTD (as the Agency for Health Care Administration does) or directly from the local CTC. The service delivery structure varies by county. Most of the CTCs directly provide transportation or subcontract operations (in the case of brokers), or do both. In some counties/regions, ADA paratransit service goes through the CTC, while in other counties, it is a separate system.

Iowa

The state legislation that established the State-level Transportation Coordinating Council also established 16 regions, each with designated transit agency to lead the coordination efforts in that

region; and required that all agencies spending public funds for passenger transportation (other than school transportation) <u>must</u> coordinate or consolidate that funding with the lead coordinator in their region. These lead transit agencies are required to coordinate planning for transportation services at the urban and regional level by all agencies or organizations that receive public funds and that purchase or provide transportation services.

The State-level Transportation Coordinating Council also has been instrumental in the formation of regional Transportation Action Groups (TAGs) that function as a regional coordinating council, with the local transportation planning agency responsible to oversee the planning process.

Kentucky

In 1999, the Kentucky State legislature mandated that community transportation services be coordinated through a brokerage structure that covered the entire state. Vested with the responsibility to set up this structure, the Kentucky Transportation Cabinet (the equivalent of the State DOT) established 16 regions, and selected brokers through a competitive procurement process. Of the 16 current brokers, 11 are transit agencies/providers, 3 are taxi companies, and 2 are private brokers – one for-profit and one non-profit. The state departments of Medicaid and Families & Children purchase service through these brokers, with rates established for each region. The brokers, many of them providers, all have established a network of subcontracting operators, who are also used for service delivery. For Medicaid, the brokers ensure that clients are eligible based on eligibility lists provided by the state and that the trip they are seeking is an eligible trip. The general structure of this is very similar to Washington State; in particular, the Medicaid trips of recipients who can use fixed route public transit are served in that manner, while the co-mingling of Medicaid trips with other paratransit trips (e.g., ADA, seniors) is limited.

Maine

In the late 1970's, Maine passed a law requiring the departments of Transportation and Human Services and the former Department of Mental Health and Mental Retardation to coordinate the planning of transportation. Taking the lead, the Maine DOT designated nine Regional Transportation Providers (RTPs). Some of the regions cover a single county while others cover multiple counties. (There are 16 counties in Maine.) Various funding sources for community transportation (30 to 40 in all) are funneled through these RTPs, including Medicaid NEMT, which comprises about 80% of all special needs transportation funding in Maine. Other agencies sponsoring large volumes of trips include Child Development Services, MH/MR, and senior programs.

Of the nine RTPs, some are transit agencies, while others are community action agencies. All have fleets of vehicles, subcontracts with taxi companies, and a volunteer driver program.

North Carolina

In North Carolina, a county-based coordination structure was established by the same Executive Order which created the North Carolina Human Service Transportation Council.

As mentioned previously, North Carolina DOT created a block grant program that consolidated community transportation funding, and that each county must have in place a coordination plan in order to be eligible for those block grants. Three additional pre-requisites for block grant eligibility are: (1) a transportation advisory or governing board must be established; (2) there must be a

lead coordination agency designated; and (3) the lead agency must have a Memorandum of Understanding (MOU) with each of five "core agencies" which include the Departments of Social Services, Aging, Mental Health, Health, and Vocational Rehabilitation.

In most of the 100 North Carolina counties, the lead coordination agency is a department of the county or an independent transit agency. In a handful of counties, a private non-profit agency serves as the lead coordinating agency. Note that the block grant is provided to the lead coordinating agency. Capital and project administration activities associated with local coordination projects are among the costs that can be covered by these block grants.

Lessons Learned in other States Local Coordination Efforts

1. **Coordination should have a formal bi-level structure**. In all of the examples provided, a formal infrastructure design for coordination has been established. As mentioned previously, this has typically involved a bi-level oversight structure with a state-level transportation coordinating committee in place to set policies that either foster coordination or put into practice coordination requirements that have been ordained by executive order or the state legislature. The local organization, a county or regional-based coordinating council, put the policies into practice and otherwise foster/implement/oversee coordination activities directly between the customers and the service providers.

2. **Responsible local units should be formally identified for uniformity.** In many cases, it has been the state-level coordinating council or one of the member agencies (typically the DOT) that establishes the coordination infrastructure design. In many cases, the basic building block for this infrastructure design has been the county, especially if most community transportation funding flows through county departments and/or if counties are particularly strong in the particular state.

3. **Coordinating bodies should provide state-wide coverage**. The most successful states have defined community transportation regions that cover the entire state. The premise for full coverage is: (1) it takes into account -- and better addresses -- the need for, coordination of and provision of regional trips; (2) it simplifies statewide administration and technical assistance; and (3) it takes advantages of existing coalitions and stakeholder councils and provides a closer "look" for prioritizing projects; and (4) it is easier to identify a local/regional champion and lead agency.

Local Service Delivery Coordination Models

This section examines in detail best practices from other states on local and regional service delivery designs. The enabling legislation for this study specifically required an in-depth look at the special needs transportation service delivery model in Pittsburgh, Pennsylvania. It is described below, along with one other general public special needs program and two programs with specific implications for delivery of Medicaid non-emergency medical transportation.

ACCESS, Pittsburgh/Allegheny County, PA

System Design and Service Delivery

ACCESS is an administrative, decentralized brokerage that provides coordinated, shared-ride, advance-reservation, door-to-door paratransit service in Pittsburgh and the rest of Allegheny County, which totals 775 square miles and has a total service area population of 1.35 million. While ACCESS is open to the general public, the program primarily serves person with disabilities, seniors, and clients of human service agencies. ACCESS is sponsored by the Port Authority of Allegheny County (the regional public transit provider), which contracts with a for-profit company, ACCESS Transportation Services, Inc. (currently, a subsidiary of Veolia Transportation) to manage the service.

Through a combination of local leadership and circumstance, this model of coordination and service delivery evolved in Pittsburgh without benefit of a state level organization. It should be noted that this formation is not common in the research done on successful coordination efforts, but could occur almost anywhere if the correct set of conditions were present. Following formation of ACCESS the state of Pennsylvania did begin state level coordination efforts and some other parts of the state do have coordinated special needs organizations, but none of them as notable or unique as ACCESS.

The broker is responsible for coordinating ADA paratransit trips, senior trips, and client trips of sponsoring human service agencies. In turn, the broker contracts with a variety of local service carriers, who are responsible to accept reservations, schedule and dispatch trips, and for overall service operations and vehicle maintenance. The service carriers also provide their own vehicles, fuel, insurance, and software.

The broker also conducts ADA paratransit eligibility certification (aided by a contractor), and is responsible for oversight of service contracts with the service providers, performance monitoring, reporting, travel training, customer service and advocacy functions, public participation, and scrip sales, as well as establishing contracts with human service agencies wishing to transport their clients through the ACCESS program.

Currently, ACCESS service providers include two non-profit operators, and six for-profit carriers. Service providers are selected through a yearly competitive bid and negotiation process. Service area assignments are not all exclusive; in some of the more populated areas, customers have a choice of service provider. The system remains competitive, with service area assignments based on demonstrated performance and cost. All together, the carriers operate about 430 vehicles all of which are dedicated to the program.

In 2005, ACCESS served about 1.9 million trips, about 7,000 trips on an average weekday. The system-wide productivity for 2005 was 2.35 trips per revenue vehicle hour. On-time performance was 94.6%, while the complaint rate was 5 per 10,000 trips.

Types of Trips Provided

ACCESS has achieved a large measure of success in coordinating ADA paratransit, senior shared services, and human service agency transportation services, with trips sponsored by multiple funding streams co-mingled using a simple, but effective and agreed upon cost-allocation model. In terms of service consumption, senior trips reflect about half the trips, ADA trips about 30%, escorts 5%, agency-sponsored trips 14%, and general public trips at less than 1%.

Section 504 and ADA Paratransit Service

ACCESS has been providing services for persons with disabilities since 1978, as a result of local agencies and providers working together under a federal demonstration grant. Following passage of the ADA in 1990, ACCESS has served to meet the Port Authority's ADA complementary paratransit obligations. The program actually exceeds the minimum ADA paratransit requirements in a number of different ways.

Senior Shared-Ride Program

In Pennsylvania, a state program utilizes state lottery proceeds to fund 85% of the cost of shared-ride services for seniors. In Allegheny County, ACCESS (through the Port Authority) provides shared-rider services funded by this program.

Human Service Agency Transportation Programs

ACCESS provides service for clients of 121 different human service agencies including Medicaid recipients whose non-emergency medical transportation is sponsored through the state's Medical Assistance Transportation Program. The primary reason for this degree of acceptance and success is that ACCESS has effectively demonstrated that a well managed cost effective brokerage can provide high quality services and contain costs through coordinating resources and maintaining a high degree of competition among transportation providers. Interestingly, the Pittsburgh model has seen limited application in other communities but some communities in Pennsylvania have adopted other centralized coordination agencies by pooling resources or contracting for specific areas through a centralized body. However, the closest replication to the ACCESS model is Access Services in LA where a centralized manager operates ADA paratransit service for the entire county.

Decentralized Reservations; Cash-less Fare System

To request service, customers call a carrier serving the area in which the customer lives. ADA paratransit customers and seniors pay fares with discounted scrip they buy from ACCESS. Clients of human service agencies do not pay a fare; fares for these trips are billed to the sponsoring agency. For sponsors with a low volume of trips, the trip rates are based on the zone fares. For heavy-use agencies, a per-trip rate is estimated. This is based on two parts: (1) an estimate of the previous year's average actual cost of providing service for each sponsoring agency; this is calculated from a statistically-relevant sample of trips sponsored by that agency, with cost assessed by time and based on the particular carrier's hourly rate. This average operational cost per trip is then added to the average cost of brokerage administration fees calculated on a per trip basis. This process is done once a year and is reviewed mid-year. This method of allocating costs has been accepted by PenDOT, the state Medicaid Administrator and the local transit provider, the Port Authority of Allegheny County.

Lesson Learned from ACCESS

1. **Competition and economy of scale**. With its ongoing efforts to improve and maximize ride-sharing opportunities and shared administrative costs, ACCESS has been able to achieve significant cost efficiencies and service quality over the years. While economies of scale certainly contribute to the efficiencies, managing a competitive marketplace is equally as important.

2. **Continuous review of providers**. A related element that is unique to ACCESS is annual procurements, which contributes to both cost control and service quality. With annual

procurements, the ACCESS broker can implement changes with relative ease. Another element is ACCESS' focus on grooming local carriers.

3. **Portability of concept may only be possible in unique circumstances.** The ACCESS design was based on the volume of trips from likely participating sponsors, and the existence of several carriers – both for-profit and non-profit – from the private sector, many of whom continue to be a part of the system. If these carriers had not been present, the design of ACCESS might have been very different.

4. **Private agencies have greater flexibility**. ACCESS, for many special needs individuals and agencies that serve them, is the face of the public transit authority in Pittsburgh. But, because it is not a public entity, it can manage the brokerage in a way that public entities may not be able to.

5. **Local conditions may largely determine success**. The service delivery design was and is dependent on the there being a sufficient number of local carriers in place to handle the zones (there are 8 zones). A recent national trend has been acquisition of successful local paratransit providers by large multi-national transit providers. ACCESS, wanting to guard competition among providers, limits each provider to no more than 60% of the trips in the area.

6. **Cost allocation models can be simple, accurate and acceptable**. The cost allocation model (based on a statistically valid sample for heavy-usage agency's trips) is universally applicable.

Best Practices in Medicaid Transportation

In this section, examples of best practices in the delivery of Medicaid transportation in a coordinated setting are provided; both state and local level examples are discussed. In coordinating Medicaid transportation with other community transportation services throughout the nation, particular service issues have been identified. These issues include:

1. **Allowing co-mingling/non-exclusive rides**: Most coordinated community transportation systems provide public transportation and are supported with FTA funding. FTA funds can be used to support public transportation and generally not used to compete with privately operated transportation services, although FTA has recently clarified that coordination with Qualified Human Service Organizations does not violate the no compete requirements. In some areas, concern has been expressed that co-mingling Medicaid clients with other public patrons could violate Health Insurance Portability and Privacy Act (HIPPA) regulations.

2. **Curb-to-curb vs. door-through-door**: Most community transportation systems operate under a passenger assistance policy that provides "curb-to-curb" service, a standard that is consistent with federal ADA requirements. Some human service agency clients, notably Medicaid clients returning from physically demanding treatments, may require a higher level of passenger assistance, including "door-to-door" or "door-through-door" assistance.

3. **Written confirmation of delivery**: Providers of Medicaid transportation services must be able to establish, through written documentation, that the transportation services were actually provided to an individual client. This is not a common practice with public transit authorities.

4. **User choice vs. assigning carrier or system**: Medicaid rules provide that participants have a choice of service providers. In coordinated systems that have actually consolidated service delivery under the auspices of a single operator, there are issues as to whether such systems comply with the "freedom of choice" provision within Medicaid rules. It should be noted however, that this only applies to states providing transportation under the Medicaid Transportation Program rules as opposed to those providing service under an administrative waiver, which is what is done in Washington, leaving this as a non-issue for this state.

Despite these local service issues, several states have achieved success in maintaining Medicaid as a key and critical component of a fully coordinated system. These states include Florida and North Carolina.

Florida

The Commission for the Transportation Disadvantaged (CTD) discussed previously has statutorily mandated oversight over local coordinators and conducts periodic reviews of each operation in addition to the annual local reviews discussed above. This internal quality assurance mechanism is supplemented by occasional external review, as well. An independent assessment conducted for the Agency for Health Care Administration (AHCA) showed the coordinated system saved between \$23 and 54 million to the State of Florida in Fiscal Year 2002 (Executive Summary is included as Appendix G).[3] These savings are achieved because local coordinators are given wide latitude in the methods of transportation service delivery provided to eligible individuals. This works to ensure that coordinators are making efforts to find the lowest cost transportation for all individuals, including Medicaid eligible individuals.

The structural arrangement making this partnership successful is the state level agreements that have been forged. The Commission for the Transportation Disadvantaged is under contract with the Agency for Health Care Administration, the state Medicaid agency. Under the terms of this agreement, a flat monthly fee is paid to the Commission. The Commission, in turn, pays the state's forty nine Community Transportation Coordinators who provide services through a network of providers (480 providers statewide) based on annual review of a cost allocation model. The CTCs may use any method to provide transportation services (gas vouchers, mileage reimbursement, rental cars, etc.), including direct operation of services.

This unique state level partnership has resulted in Medicaid remaining a significant contributor to the community transportation system. Indeed, behind local government contributions, Medicaid is the second largest funding source in the system, comprising 16.5 percent of all revenues. However, it should be noted that in recent years AHCA funding for Medicaid trips has remained at 2002 levels with no increase reflecting inflationary pressures nor any increase in the number of Medicaid eligible individuals. This has resulted in a local dilemma for the CTC's. Many are now using TD funds to take care of Medicaid trips, leaving new gaps for people previously funded through the TD funds.

North Carolina

As noted earlier, the State of North Carolina has one of the longest running state level coordination efforts in the nation. North Carolina's program has historically been based on the development of county-based community transportation systems. The state Medicaid agency,

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[3] full report available at: http://www.dot.state.fl.us/ctd/docs/Independent%20Assessment%20October%202003.pdf).

uses a county based system that corresponds to the infrastructure supported by the Department of Transportation through its Community Transportation Program.

In the early stages of coordination implementation, North Carolina used a transit development planning process to permit local counties to designate an entity to serve as the consolidated service provider who in turn would coordinate services among five major human service agency programs: Medicaid, Social Services Block Grants, Title III-B of the Older Americans Act, Area Mental Health programs, and Vocational/Rehabilitation programs. In the mid-1990s, as the state moved to implement welfare-to-work reforms, a new alternative to the single (consolidated) service provider emerged. The state embraced the "family of services concept" wherein the lead service provider in each county would continue to provide services but would also engage the services of contractors to expand the types of service and the days/hours of service of the coordinated system. Additionally, the coordinated systems were permitted to provide direct payments to clients, including mileage reimbursements, payments to families, provision of taxi and bus fares, etc. By expanding the allowable scope and role of the designated lead agency for coordination, local systems were in a position to work cooperatively with local Departments of Social Services in arranging for the most cost effective transportation service for Medicaid clients.

Lessons Learned in other States Medicaid Programs

The keys to successful coordination of Medicaid services with the local community transportation system are based on:

- Medicaid participation in a statewide program of community transportation services is feasible. The Florida example has shown that and it documented that cost savings can occur as a result of this type of partnership.

- A funding source that grows as demand grows is necessary when accepting responsibility for an entitlement transportation service, such as Medicaid. Recent financial woes for Florida's Commission for the Transportation Disadvantaged caution against accepting responsibility for Medicaid, or any entitlement transportation, without a dedicated stable and growing funding source is a high risk venture.

- Strong state legislation and participation are important ingredients to successful integration of state and local programs.

- On-going communications between state agencies charged with transportation for people with special needs is critical to success.

- Accountability and inspection are important components to ensure customers receive appropriate and cost effective services.

- State support of locally based community transportation systems is important to achieve flexibility in combination with local knowledge.

- Brokerage structures provide the necessary scope and flexibility to serve Medicaid reform and cost containment priorities as well as provide necessary and quality services to Medicaid clients.

- Strong financial incentives and written agreements between the state and local entities can play a role in fostering coordination in a manner that builds a flexible system that can meet a number of differing customer needs.

Establishing a Bi-Level Coordination Model in Washington State

How can the lessons learned from these model programs be applied locally? The following discussion proposes a potential coordination model that builds on those best practices and acknowledges the strengths of the Washington State Medicaid broker arrangement. Successful elements of a bi-level structure include both strong coordination oversight at the statewide level, and an infrastructure to implement coordination at the local level. Steps proposed to advance this concept include:

1. Strengthen the role of ACCT by empowering it to develop and implement statewide transportation coordination policies, and to designate local Community Access Managers statewide.

2. Establish a Local Coordinating Council (LCC) in each region to (a) recommend the designation of the Community Access Manager (CAM), (b) to remain informed of the CAM's progress and performance, and (c) to advance local coordination initiatives and programs.

3. Delegate a Community Access Manager for each region to operate and/or coordinate community-based transportation services within its designated area.

Specific recommendations are further presented and discussed in Chapter 9, and are based on the following principles:

- **View coordination is a process, not as the ultimate goal.** Coordination can be an effective tool or strategy to enhance mobility, but should not be viewed in isolation from achieving this goal.

- **Effective coordination policies and procedures need to be established at both the state and local levels.** Those states identified as "best practices" coordination programs have established a bi-level coordination structure with a statewide council to define and oversee statewide policy guidance, and local coordination councils to implement locally-based solutions. This approach allows for both clear direction to be issued at the statewide level, and for the development of solutions based on unique local circumstances.

- **Seek to advance coordination where there is greatest opportunity and potentially the highest "bang for the buck."** As implied, it makes sense to initiate coordination where there is the greatest impact. In Washington, one such opportunity is in addressing duplicative trips provided through the Medicaid and ADA paratransit programs.

- **Build on strengths:** Future coordination activities should build upon and take advantage of lessons learned from successful building blocks already underway in Washington.

- **Test new concepts:** Pilot projects are an ideal way to test new concepts and approached that have the potential to be applied state wide. There is great opportunity to learn from pilot projects while minimizing risks to clients.

- **Recognize tradeoffs between efficiency and quality:** Public programs must be accountable and focus their programs to serving the public good. It is important to recognize the inherent tradeoffs and ensuing compromises when decisions are made in

directing the use of limited public funds. These trade-offs may differ by community and reflect local priorities and values.

● **Foster creativity:** The current economic environment is one of budgetary constraint as public programs economize and seek further efficiencies. This economic climate and concern for increased demand as the population ages provide a strong incentive to consider flexible and alternative approaches to how services are delivered.

Figure 7-1 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.

Figure 7-1   Proposed Washington State Coordinated Community Transportation Services Organizational Chart
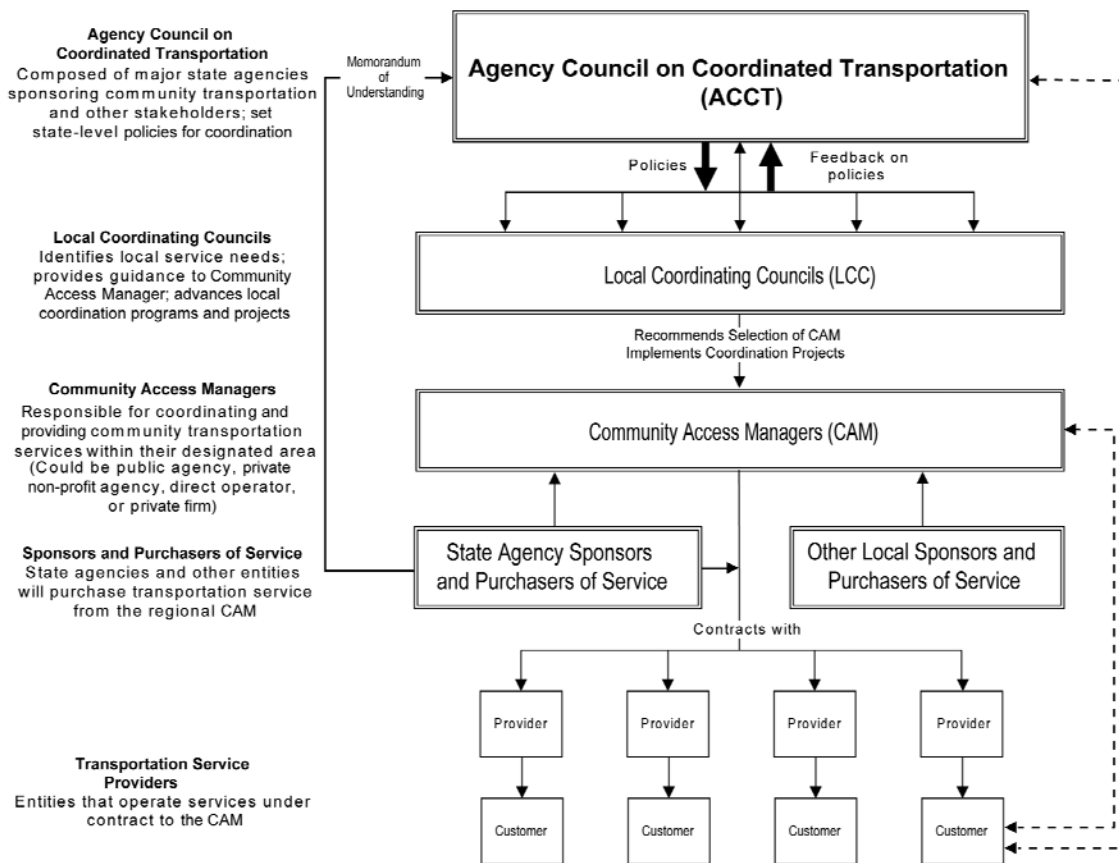
A number of factors were considered in developing a bi-level coordination structure for Washington State, including:

- What new roles and responsibilities should be taken on by ACCT?

- Where should ACCT be housed, and what resources are needed to staff a council assigned with new responsibilities?

- How should "local" be defined when establishing coordination regions?

- What are the roles and responsibilities of Local Coordinating Councils and Community Access Managers?

- What staffing resources are needed to support Local Coordinating Councils?

- How should the Community Access Managers be selected?

- What are some benefits and risks inherent in this proposed arrangement?

In some cases, a variety of options were considered in developing the final recommendations. Ultimately, preferred approaches were based on findings that emerged from conducting stakeholder interviews and public forums, as well as examining best practices and model programs. These conclusions are intended to support the goal of establishing a meaningful coordination structure that can build on existing program strengths.

ACCT's Role

Chapter 3 discusses in detail ACCT's roles and responsibilities and the perception of its effectiveness as expressed by ACCT members and other stakeholders. As pointed out, ACCT, as the statewide coordinating council, is not empowered with the authority to establish or oversee legislative expectations. There are no clear incentives for agencies to participate in coordination objectives; nor are there repercussions if they do not. The first step in establishing a bi-level coordination structure, then, as evidenced by other successful models, is to delegate this authority to the Council. Through statewide legislation, ACCT bylaws should be amended to include the following tasks and responsibilities:

- Create a statewide infrastructure for coordination

- Execute a Memorandum of Understanding (MOU) with participating state agencies that would spell out respective roles and responsibilities

- Designate Local Coordinating Councils and Community Access Managers

- Compile all available information on the transportation operations for and needs of the special needs transportation groups in the state

- Establish statewide objectives for providing special needs transportation services

- Develop policies and procedures for the coordination of local government, federal, and state funding for special needs transportation

- Identify barriers prohibiting the coordination and accessibility of transportation services and aggressively pursue the elimination of these barriers

- Serve as a clearinghouse for information about transportation services, training, funding sources, innovations, and coordination efforts

- Provide statewide policy oversight and direction to ensure local coordination efforts are carried out in a consistent manner

- Develop uniform and consistent definitions and reporting requirements for use among all participating agencies and community transportation coordinators

- Provide incentive funding to assist coordination efforts and fund pilot projects

- Provide education/awareness about coordination, and provide technical assistance beginning with the establishment of local/regional coordinating councils.

- Support development of tools to advance coordination, such as automated software to implement cost-sharing arrangements.

- Monitor the progress of local coordination efforts, and report results to the legislature and other stakeholders.

Where should ACCT be housed, and what resources are needed?

ACCT is housed within WSDOT and staffing is also provided and financially supported by WSDOT. This arrangement has been beneficial in that it allows for transportation expertise to be available to ACCT members, and it has facilitated communication between WSDOT and the Council. A viable option would be to maintain this arrangement even if ACCT significantly expands its role, as is proposed.   However, in order to promote independence and autonomy, it may be in the best long-range interest of ACCT and its members to not affiliate itself or be housed with one partner agency. Such independence reinforces ACCT's stature as a statewide agency or commission ultimately serving the Governor and the legislature. Potential options for housing ACCT are the Governor's office, or with the Department of Community, Trade & Economic Development (CTED), which already houses and supports numerous statewide commissions and councils.

Currently, approximately $96,000 per year is available for ACCT overhead and personnel, or to support one full-time equivalent (FTE). Clearly, assuming new administrative roles such as those envisioned above will require additional staffing resources. In addition, for ACCT to be most effective, it should have funding available to support local coordination programs or to sponsor pilot projects, research, or studies. As discussed below, ACCT funds may be needed to help support, in part, staffing Local Coordination Councils. In the past, ACCT received a maximum of $1 million for a biennium (1997-99); this financial support has decreased over the years. While ultimately specific tasks and staffing assumptions will need to be developed as part of a comprehensive implementation plan, an estimated range of resources needed for ACCT to assume its new role would be between $600,000-$1,000,000 per biennium.

Although this suggested budget represents an increase from resources currently available to ACCT, the case can be made that the investment will result in a more efficient approach to delivering services, one that more clearly articulates standards and expectations for agency participation in coordinated efforts and provides the staffing and resources needed to carry them out.

How is "local" defined when establishing coordination regions?

An important linchpin in the development of the bi-level coordination structure is to reach agreement on the definition of "local" or "regional". Several potential scenarios, along with their pros and cons, are described below.

As indicated in Chapter 9, it is recommended that, as a starting point, the current Medicaid service areas be adopted when defining regions. However, some regions may wish to redefine

themselves over time to align more specifically, for example, with transportation planning regions. There is no single definition of "regional," so long as each county is affiliated with a specific region.

Option	Pros	Cons
Medicaid Regions *Currently, Medicaid services are provided through a brokerage arrangement in 13 regions, based on counties, as established by DSHS. These regions were originally designed to take into consideration the trip patterns of persons needing to reach medical facilities, and have basically remained unchanged for many years.[4] A map of these regions is provided in Chapter 2.*	Brokerage system already in place within these regions Definition of regions has worked well Least disruptive for largest purchaser of service	Not integrated with other DSHS regions In the long-term, it may make sense for regions to be more aligned with transportation planning agencies
DSHS Regions *DSHS services other than Medicaid NEMT are provided through six regions (county-based) statewide.*	Brings Medicaid and other DSHS services into alignment in defining regions	Could be disruptive to current Medicaid program
RTPO Regions *There are 14 RTPOs within the State of Washington, whose regions are defined by counties.[5] These entities are already charged with conducting transportation planning activities.*	RTPO is charged with transportation planning Technical resources available to support local coordinator	Assumes level of involvement from RTPOs that may not be feasible in all cases Not a traditional role for RTPO Could be disruptive to Medicaid program
2-1-1 Regions *There are 8 designated (county-based) 2-1-1 regions within the State of Washington.*	Infrastructure already supports one-call centers Consistent with role of 2-1-1 centers	Would establish regions not currently defined as either Medicaid or transportation regions

Role of Local Coordinating Council

ACCT would be responsible to confirm the designation of a Local Coordinating Council within each region that is comprised of representatives from agencies that purchase transportation, schools, transportation agencies, advocates of special needs transportation clientele and other stakeholders. In many parts of the state, such councils already exist, and would continue their efforts to work on local programs and priorities. It is not intended that the establishment of Local Coordinating Councils duplicate or replace existing councils; on the contrary, as applicable, existing coordination councils or committees should serve in this capacity. An important function of the LCC will be to serve as the clearinghouse for local coordination issues of interest and

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[4] Currently, Mason County is divided among two Medicaid brokerage regions. North Mason County is considered part of Medicaid Region 5, and South Mason County is considered part of Region 6
[5] Only San Juan County does not participate in any RTPO.

concern to special transportation needs stakeholders within the local community. In addition, the LCC will communicate on a regular basis with ACCT, and will respond and provide feedback on various initiatives undertaken by ACCT.

Each LCC would to recommend to ACCT the designation of the CAM. [6] The local coordinating council will also be responsible to participate (in conjunction with the RTPO), in the development of SAFETEA-LU plans and/or updates, a coordination action plan to identify local priorities and strategies to enhance coordination, and to incorporate findings related to connectivity, described in more detail below.

It is assumed that the LCC will serve in an advisory capacity and will be kept informed of the progress and performance of the CAM, but will not directly supervise or oversee its activities.

Staffing Local Coordinating Councils

Many coordination activities are not able to reach fruition because they are taken on by staff whose primary job functions are agency specific and do not allow for attention to taking on new—and often—challenging tasks. In order to succeed, local coordination councils will need to have resources available to allow for dedicated staffing. Resources are needed to cultivate coordination activities at the local level.

One opportunity to provide this resource is by developing mobility management strategies. Mobility management includes a broad menu of practices, which can be grouped into broad strategies, including those that are operational, technological, informational, and land-use oriented. In other words, mobility managers are tasked with carrying out the very functions envisioned to advance coordination initiatives.

Mobility management activities are eligible to receive funding federal funds available through SAFETEA-LU. Mobility management is considered an eligible capital expense under five separate FTA programs (5307, 5310, 5316, 5317, and 5318). This means FTA can fund 80 percent of mobility management expenses. WSDOT (and other designated recipients of federal funds) should prioritize use of applicable funds for this purpose and make them available to support the Local Coordinating Councils and staffing of those councils.

It should be noted, however, that prioritizing use of funds for this purpose would make less funding available for other types of projects. Furthermore, use of Mobility Management funds cannot cover the entire cost of staffing; additional staffing assistance should be made available through ACCT if needed.

Each Local Coordination Council should determine the best approach to arrange for its staffing; there is no single method. Staffing could be housed within a local agency such as a county, transit agency, RTPO, or local non-profit agency, or the task could be assumed by an independent contractor.

Role of Community Access Manager (CAM)

The basic approach utilized by the Washington State Medicaid program to contract with brokers to deliver transportation services at the local level has worked well and should form the basis for establishing a CAM in each region. Specific roles and responsibilities would need to be spelled

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[6] It will be important to ensure that there is no conflict of interest among members of the Local Coordinating Council when the CAM is selected.

out on a case-by-case basis, depending on guidance provided by the Local Coordinating Council. In general, the CAM would be responsible to:

- contract with a variety of service providers

- arrange for the appropriate mode of service based on customer eligibility

- operate—or contract out, through the local 2-1-1 program, a call center that would provide information and referral to customers

- contract with DSHS and other state agencies who purchase transportation services for their clients

- contract with other local agencies or programs that wish to purchase transportation services through a brokered arrangement

- ensure that services are delivered according to those agencies' expectations

- report on service performance

Selecting Community Access Managers

Currently, the Medicaid brokers are selected through a competitive process administered by DSHS. An alternative used by other states (for example Iowa, Oregon) is for the state to designate the public transit operator as the Medicaid broker. Such an approach avoids time-consuming procurement processes, establishes more stability, and makes use of existing transportation expertise. On the other hand, selecting a broker or community coordinator through a competitive process allows project sponsors to have a choice and to more easily make changes if the status quo is not responsive to local needs.

Potential candidates for serving as a Community Access Managers include but are not limited to local private non-profit agencies, transit operators, local jurisdictions such as a city, county or RTPA, or a private for profit entity. It is assumed that the existing Medicaid broker agencies (seven of eight brokers are private-non-profit agencies) would be viable candidates given their previous experience and expertise.

If a competitive procurement process is initiated, who would manage the selection process? This is an important decision as it potentially represents a significant departure from the status quo. Some options include:

- Direct DSHS to select the CAM: Currently, regional Medicaid brokers are selected by DSHS, and this arrangement could continue. As the largest purchaser of service, DSHS has a vested interest in the outcome. This approach, however, does not promote a locally-driven decision and does not allow other stakeholders an equal voice in the decision-making process.

- ACCT could conduct the procurement process

- ACCT could, by mutual agreement, delegate responsibility for administering the procurement process to a local agency, such as the RTPO or County. In either case, the LCC would recommend a candidate, and ACCT would approve the selection.

Benefits and Concerns

Although recommendations build upon current program strengths, potentially, the development of this arrangement represents a significant departure from the status quo. Therefore, it is important to anticipate the potential benefits and concerns in implementing such an approach.

Benefits

- Establishes a single point of initial contact for customers
- Potentially eliminates or reduces program redundancy (call center staffing, administrative and overhead costs, etc.)
- Allows social service agencies to better focus on their primary mission by delegating oversight of transportation programs
- Allows social service agencies purchasing transportation to establish service expectations unique to their customer base
- Facilitates, where appropriate, vehicle sharing and co-mingling of agency customers to improve cost-effectiveness, and other coordination strategies
- Empowers state and local coordination councils and clarifies their roles
- Allows for local selection of CAM and more direct community oversight

Concerns

- Perceived lack of direct control by social service agencies over transportation
- Transition may prove challenging and confusing, at least in the short term, to customers
- May place too much authority with one entity (ACCT)
- This approach represents a significant departure from current practices for DSHS. The buy-in and support by DSHS is critical to its success.

Specific program recommendations and proposed next steps are outlined in Chapters 9 and 10.

Chapter 8.   Approaches to Uniform Cost and Reporting Procedures

Cost accounting systems and data collection are integral to the success of coordination. To be successful, many coordination strategies require either sharing transportation costs, or the allocation of costs between programs. Without uniform accounting procedures, transportation costs are frequently unknown, underestimated and/or not reported in consistent formats. It becomes difficult to allocate transportation costs between entities when multiple programs seek to share costs or contract for services.

Uniform cost and reporting procedures seek to address a number of questions including:

- Are costs fully allocated to include appropriate levels of overhead in addition to direct costs?

- How many categories of account detail are sufficient to identify costs across program functions and for funder requirements?

- Can the resulting costs be reported in service units (cost per mile, passenger, hour etc) as required by coordination partners and/or funders?

- Are costs reported over appropriate timeframes and in a timely manner?

- Is the system easy to use and maintain?

Some federal programs contain additional provisions that add further complexities to the issue of cost accounting. For example, the Medicaid program requires that when transportation services are provided to clients, the trips must be for medical eligible purposes only, using the least cost method appropriate to client needs. This concept has been incorporated into the Washington Non-Emergent Medical Transportation (NEMT) & Interpreter Services (IS) Brokerage program. Additionally, when services are provided by third party contractors, the NEMT program is obligated to ensure that the only the vendor's usual and customary fee for the service is charged. This requirement has been identified as a potential barrier to new and innovative approaches to transportation coordination in Washington State, as described below.

This provision is often raised when examining options for coordination between Medicaid transportation and ADA paratransit services. When Medicaid procures medical or medical support services from third party vendors, the administering agency must conduct due diligence to ensure that it pays the provider its usual and customary fee that would otherwise be charged to a non-Medicaid eligible individual. If the provider organization lacks a comprehensive or uniform approach to cost accounting (*e.g.,* the ability to distinguish its cost of service of non-emergency medical services vis-à-vis other service delivery), the administering agency cannot make this determination. Moreover, issues have arisen in the definition of what constitutes the "usual and customary fee" in cases where another federal program has provided subsidies and/or grant funds to provide transportation. For example, the usual and customary fee charged by a public transit operator is its fare; however, the fare is typically heavily subsidized by FTA grant funds. This fact notwithstanding, DSHS, through guidance it has received over the years, has concluded that fares, subsidized or not, constitute the usual fee for service. It should be noted that this issue is not unique to Washington State. The Federal Coordinating Council on Access and Mobility (CCAM) is currently working with the Office of Management and Budget (OMB) – the agency of the Federal government that promulgates cost allowability and audit standards for Executive Branch Federal departments – to develop standards to address this problem.

Finally, Medicaid is among the few federal programs that would actually audit provider costs to ensure that this program provision is met. The inability to readily identify trip-level costs on shared rides is a primary reason for not moving forward with shared rides on these often overlapping services. The discontinuation of the Common Ground project in Pierce County is a prime example where the unavailability of accurate, passenger-trip level cost data, without manual processing, was a major impediment to the implementation of the coordination activity.

Obstacles to Uniform Reporting Procedures

Various states have developed uniform procedures and practices to ensure that transit systems that seek to coordinate services have a uniform approach that incorporates the fully allocated costs of service delivery. Such efforts are not without difficulties, as recent research has identified:

- **Lack of sufficient account detail in organizational accounting systems**: Generally designed for other purposes, the account structures (the chart of accounts) in an organization's accounting system may lack sufficient detail to permit adequate accumulation, segregation, and allocation of transportation costs. Unlike the standard chart of accounts used by most transit agencies, other non-DOT funded programs lack similar guidance.

- **Failure to capture and/or allocate agency indirect or overhead costs**: Many local organizations deliver a range of human services. In many cases, two or more programs share human resources and common facilities-related expenses. These indirect expenses must be equitably allocated to all direct activities of the organization in order to fully reflect the cost of any service provided by the organization. Despite substantial federal guidance on this topic, organizations do not always delineate such costs in basic schedules of program expenses.

- **There is a lack of common definitions for accounts**: Accounting practices vary by local program entity. Accumulation of a certain expense at one agency may be classified as a totally different expense at another organization. Fuel, for example, may be treated as a "fuel" expense at one organization and as "program supplies" at a comparable organization. Common definitions would facilitate more uniform approaches to cost accounting.

- **Lack of common definition of service units**: Even in organizations that account for transportation as a discrete program service and that equitably assign all general and administrative overhead expenses to each benefiting program operated by the agency, there may be deficiencies in tabulation and recording of service data that result in little meaningful insights for management. Different agencies have adopted varying units of services (hours, miles, passengers, trips) and, in some cases, different definitions of a particular unit of service (*e.g.,* trip). Identification of costs is merely a first step in the process; common approaches to unit cost reporting are also needed.

- **Failure to capture service unit data**: Again, even in agencies that practice full cost accounting for transportation, not all organizations capture the requisite level of service unit data to perform meaningful cost analysis.

- **Blended program expenditures**: In some cases, federally supported programs are managed and administered in concert with a corresponding state program. As reported in the following state case studies, in some cases Medicaid funding has been "blended" with significant state funding to provide a comprehensive health care system for a defined user

population. Similarly, many states have developed a wide range of program services under their respective Welfare-to-work initiatives that include a blending of federal and state funds well beyond that of grant matching program requirements. Blended programs can create problems in that entities at the local level may not have the accounting structure in place to segregate expenditures allocable to only the federal portion of program expenditures. In other cases, the local entity may not even be aware of the specific mix of federal and state funds provided by a state agency to implement program activities.

● **Use of capitated payments**: In some programs, particularly those that have adopted a managed care approach to client service delivery, states have adopted an established fixed rate to pay for a range of eligible client services, including transportation. This has become a common feature of managed health care/medical plans or when client services are provided in a long-term care facility. In these instances, there were no examples found in the case studies where the state administering agency required the provider organization to segregate transportation costs.

Florida and North Carolina – Two Case Studies

Two states have developed tools to account for the full cost of transportation services and translate this cost information into rates to charge third parties who may be interested in purchasing service from the transit provider organization. Once again, the two model states are Florida and North Carolina.

These two states were selected as neither has encountered the problems identified above because prior administrative agreements were reached among departments of state government on these cost accounting issues. These agreements were possible because there were existing and active state level coordination agencies and/or committees. To further utilization of longstanding coordinated transportation infrastructure at the local level, agreements were reached on the issue of usual and customary fare.

In both case studies, practices were adopted that embrace the following principles:

● Wherever possible, Medicaid clients are encouraged or required to use, where appropriate to client needs, existing fixed route public transportation services. Medicaid clients pay the same general public fare charged to a non-Medicaid client for a comparable trip. In many cases, arrangements are made between the transit system and the local Medicaid agency to develop passes specific to the Medicaid program or institute other pre-paid fare plans.

● State agencies have recognized and agreed that the public transit fare for demand responsive services is not represented by the fare charged to a "non-sponsored" passenger. The fully allocated cost of the service is recognized as the cost to the transit provider to provide the service.

● Both states have developed cost accounting tools for use by local transit providers to document their fully allocated rate structures and ensure that a uniform approach to costing transportation services provided under contract. Thus, Medicaid pays on the same fully allocated cost basis as other local programs that may be using Federal funds to support client access to program services.

Uniform Cost Models - Florida

The Florida Commission for the Transportation Disadvantaged has prepared a "Rate Model Worksheet" to assist local community transportation programs with computing rates for services provided. This spreadsheet application provides flexibility by enabling the provider to generate multiple rate structures, including:

- Rate per revenue mile;

- Rate per passenger trip;

- Combination rate per passenger trip; and

- An add-on rate for ambulatory, wheelchair, stretcher, and group paratransit services.

The model relies on a detailed breakdown of budgeted expenditures for transportation and statewide data to compute various factors that go into the rate setting decision making process (e.g., wait time, groups service load rates, etc.). The model enables a provider to determine the fully allocated rates to charge to agencies that enter into purchase of service agreements with the system and enables purchasers to evaluate rates charged by the provider.

The budget input screen permits model users to input historic, current, and projected revenue and expense data. It should be noted that the model uses the transit type expense categories, as incorporated into this framework's expense account objects. Actual rate computations are estimated, based on projected passenger trips and units of service delivered (hours and miles), so that model incorporates provisions to adjust rates to reflect actual experience.

Once all data is entered into the worksheet and adjustments made (only in the third year), "program-wide" rates are computed. Reflecting characteristics of Florida community transportation, the model can also compute specialty rates for ambulatory, wheelchair, and stretcher, or other group rates.

Uniform Cost Models – North Carolina

The North Carolina Department of Transportation (NCDOT) has developed a similar model designed to provide a rate setting model on behalf of its community transportation programs. NCDOT's "Cost Allocation and Rate Setting Model" has been in use for many years now and is a program requirement. NCDOT does not subsidize the provision of service under contract by a transit system to a human service agency. The Department required that a tool be used to ensure that transit providers would recover the fully allocated cost of providing the service.

The NCDOT Model is not as complex as the Florida model, but has similar objectives in that the mode's output reflects a fully allocated cost, incorporates the potential for direct subsidies directed at particular users, and computes adjustable rates based on various scenarios. The model is capable of computing a rate per mile, rate per hour, or rate per passenger.

Similar to the Florida model, users must enter budget data in order for the model to compute fully allocated costs of service provision. The model then uses the cost allocation methodology originally developed by Price Waterhouse for the Federal Transit Administration and then adopted for use in by the Multi-State Technical Assistance Program of the American Association of State Highway and Transportation Officials.

The NCDOT model provides several output variables that are used in the cost allocation process. Transit systems can then used these fully allocated rate factors to compute the cost of any service provided to a human service as long as management can estimate the number of vehicle hours and vehicle miles that will be consumed in the service. Users can then convert the fully allocated cost of service into a price or rate for service by selecting from a series of menu driven choices

NCDOT has adopted a policy where grant funds used to support the administration of community transportation programs should be used to discount the rate charged to human services agencies that purchase service from the transit provider. Thus, some options on the treatment of subsidies, designed to lower costs to purchasers, is incorporated into the model. NCDOT has required use of this modeling process since FY 2002.

Chapter 9. Recommendations for Improving Coordination of Special Needs Transportation Programs

The following recommendations 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

1. Strengthen ACCT's Role as Statewide Oversight Body

One of the key lessons learned from best practice or model programs established elsewhere in the country is that an effective coordination structure is rooted both at the state level and at the local level. As described in Chapter 7, model programs employ and reflect both a "top down" and a "bottom-up" approach. The majority of stakeholders consulted during this project support the continuation of ACCT. At the same time significant steps are needed to enhance ACCT's effectiveness and to more clearly direct it to assume a statewide leadership and oversight role. This step is needed to effectively implement a bi-level coordination structure.

The following recommendations would provide clear guidance and empower ACCT to effectively promote coordination at the statewide level.

1(a) Clarify ACCT's tasks and responsibilities as follows:

- Establish statewide objectives for providing special needs transportation services.

- Identify barriers inhibiting the coordination and accessibility of transportation services and aggressively pursue the elimination of these barriers.

- Create a statewide infrastructure for oversight of use of state and federal funding dedicated for special needs transportation.

- Execute Memoranda of Understanding with agencies using state funds to purchase transportation for their clients.

- Designate local Community Access Managers (See Recommendations 2 b-e)

- Serve as a clearinghouse for information about transportation services, training, funding sources, innovations, and coordination efforts.

● Provide incentive funding to assist coordination efforts and fund pilot projects.

1 (b) Reassess ACCT Membership: Consideration should be given to ensure ACCT's membership adequately reflects representation of all special needs constituency groups, including older adults, youth, persons with disabilities, and low-income persons. Agencies purchasing services should also participate. As such, there may be interest in expanding ACCT's membership to reflect a broader base of member representation, and at the same time acknowledge that some current membership categories may no longer be consistent with long-term objectives of ACCT. Care should be taken to ensure that the membership is comprehensive but of a manageable size. It may also make sense to establish autonomous working groups separate from the Council itself to advise ACCT on particular areas of concern, such as customer services.

1 (c) Diversify ACCT Leadership: Currently, ACCT is housed within the Department of Transportation, and its bylaws call for it to be chaired by the Secretary of Transportation or a designee, and staffed by DOT. Such an arrangement is limiting in that it does not allow for cultivating leadership among other agency representatives which, in the long run, could benefit ACCT. The ACCT chair and/or other officers should be selected by its members.

1 (d) Evaluate Options to Re-Locate ACCT: To promote independence and autonomy, ACCT should consider the benefits of not affiliating itself or being housed with one partner agency. Such independence reinforces ACCT's stature as a statewide agency or commission ultimately serving the Governor and the legislature. Potential options for housing ACCT are the Governor's office, or with the Department of Community, Trade & Economic Development (CTED), which already houses and supports numerous statewide commissions and councils

1 (e) Provide adequate funding: Resources should be available to support full time staffing needed to carry out ACCT's mission.

2. Establish Local Coordinating Councils and Community Access Managers

Chapter 7 examined in detail some best practices with respect to bi-level coordination, and how these best practices might be replicated in Washington State. These best practices offer real-life examples of how coordination efforts are directed by the state and carried out at the local level. These serve to illustrate that there is no single model that works. Ultimately, it will be up to the State of Washington stakeholders to craft a local infrastructure that both allows for local input and policy direction, and for consistent oversight at the state level. 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 remain informed of its progress and 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.

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.
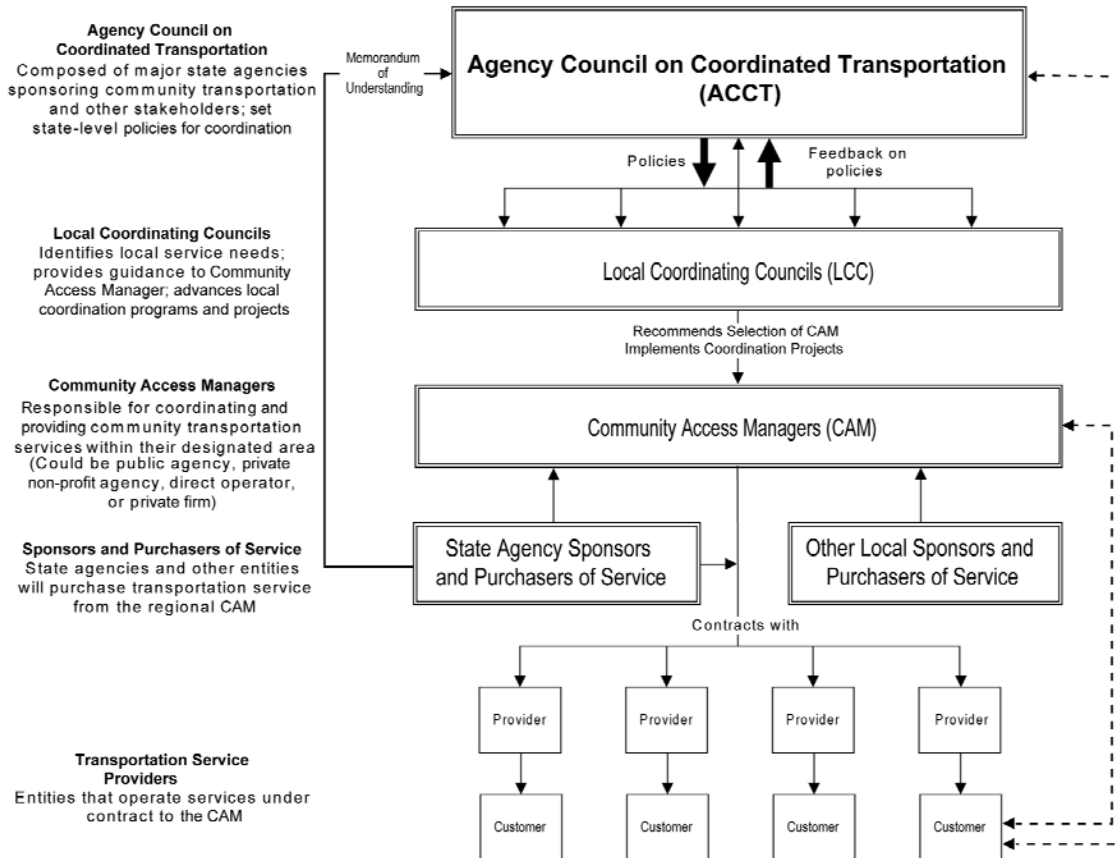
2 (a) Use Medicaid service areas when defining regions: In the short term, to minimize disruption, the Medicaid regions provide the most logical geographic boundaries for a region. In the long term, however, there may be interest in redefining the regions to better align with transportation planning regions or other local planning considerations.

2 (b) Select CAMs through a competitive selection process: Procurement specifications should be structured in such a way as to encourage responses from public agencies, transit agencies, private non-profits, or private contractors—all of whom could potentially serve in this capacity, depending on the direction provided by the Local Coordinating Council (LCC). The processes for selecting the CAMs should be consistent throughout state; however, each solicitation could be tailored as needed to address local circumstances.

2 (c) Consider participating agencies' needs and requirements when developing the RFPs: Agencies purchasing transportation through the CAM (i.e. Medicaid and/or other state agencies) should be able to specify the level and type of services needed to serve their clientele, and these expectations included in the solicitation for the CAMs.

2 (d) Direct ACCT directly, or by delegation, to oversee the selection process for the CAM. Major purchasers of service should participate in the selection process, as well as other stakeholders representing the LCC.

2 (e) Authorize ACCT to designate LCCs and execute Memorandum of Understanding (MOU) with CAMs: It is envisioned that ACCT, in its new role, would designate each CAM; currently, there are 13 regions and there would be 13 such agreements in place, unless or until the regions are redefined. The MOU would specify roles and responsibilities of each entity.

3. Promote Coordination of Public Transit and Medicaid Services

This report has pointed out both opportunities and challenges with better coordinating 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.

3 (a) Direct DOT and DSHS, in coordination with ACCT, to develop and implement a pilot project to demonstrate cost-sharing of public paratransit and Medicaid NEMT trips.

The Common Ground Project (described in Chapter 4) examined the feasibility of coordinating Medicaid and public transit trips in Pierce County off and on for over thirteen years. Despite setbacks and challenges, progress has been made, and it is worth the effort to continue seeking a breakthrough, although it may make sense to do so in another part of the state.

The following steps would be needed:

- **Document client overlap**: There is a lack of solid data to indicate the extent to which clients among the two groups overlap. This is an important first step in determining whether trips and costs can be shared. Agreements can be executed to address confidentiality issues.

- **Assess trip patterns:** Transit agencies and brokers would identify common trip origins and destinations in an effort to group or share client trips on a single vehicle, rather than providing two separate trips.

- **Define cost-sharing arrangement**: While difficult, partners in the Common Ground Project did, in theory, reach agreement on a methodology for sharing the cost of trips among multiple agencies. There are a variety of methods that could be used, including the method agreed to in Pierce County.

- **Implement cost-sharing arrangement:** One reason the Common Ground Project did not reach fruition is because the methodology, although agreed to in concept, could not be automated. In that case, a special software program needs to be developed to be able to

implement the cost-sharing formula. Other types of agreements, however (such as a sampling of trip costs) do not require extensive software development.

- **Develop compatible scheduling software programs:** One barrier to coordinating Medicaid with other trips is that the broker and transit operator may not have the same scheduling software programs. Efforts should be taken to either revise the current programs to ensure their compatibility, or to jointly purchase new programs.

3 (b) Certify transit operators as Medicaid service providers: There are very few cases in Washington where the public transit operator serves as a provider for the Medicaid program. Efforts should be taken to ensure that the public paratransit program is certified as an eligible provider, and can seek reimbursement, consistent with Medicaid guidelines, for trips it provides. These guidelines specify that, if the trip provided is consistent with and could otherwise be considered an ADA paratransit trip, that Medicaid will reimburse the transit agency the "usual and customary" rate that the customer would otherwise pay, or up to twice the fixed route fare. If the trip provided is above and beyond the minimal ADA service standards (i.e. beyond the designated service area), then the broker can negotiate a reimbursement rate.

3 (c) Encourage public transit operators to purchase trips from the community broker: As has been pointed out, most "Medicaid" brokers wear several hats, and provide a variety of services under contract to other agencies, including public transit agencies. This practice of contracting with the public transit agency is not wide-spread, however, and is the exception rather than the rule. It would behoove transit agencies to examine the feasibility of making use of the provider network available through the brokerage and to consider purchasing some trips it can't provide directly.

3 (d) Explore the feasibility of expanding the Medicaid program beyond the provision of medical trips: Some states (for example, Oregon) have expanded their Medicaid programs to provide trips other than for medical purposes on the rationale that providing such "lifeline" service can prevent more expensive nursing home or institutional costs. Some people would be able to stay longer in their homes if they are able to have transportation assistance for grocery shopping, social service appointments, etc. Should Washington be successful in adapting its own program accordingly, public transit can help provide additional capacity that may be needed to expand the program.

3 (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: An interesting concept has been raised by several stakeholders in the course of conducting this project—that of capturing the value of Medicaid trips provided by public transit operators and considering that value as match to the federal dollars. Such a concept, if successful, could reduce the State's general funds needed for the match, thereby freeing those dollars for additional service to meet documented unmet needs. In theory, this approach is plausible, but would require planning, testing, and careful documentation in order to ensure its acceptance by the federal Medicaid administration.

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.

4 (a) Establish common service definitions: At a minimum, ACCT should establish common definitions for units of service, such as vehicle miles, vehicle hours, passenger trip, etc. FTA's Uniform System of Accounts (USOA) used for National Transit Database reporting provides a good starting place to establish such definitions.

4 (b) Require ACCT members and CAMs to use common definitions: Reaching agreement on common definitions is only beneficial if they are used. ACCT members and local CAMs should be required to use definitions agreed to.

4 (c) Develop uniformity in performance and cost reporting: ACCT should develop, following the Florida and North Carolina best practices case studies, a model cost reporting and allocation tool that could be used by all providers in providing services under contract to third parties.

4 (d) Establish a single clearinghouse for driver background checks: Currently, there are inconsistent requirements for pupil and public transportation programs when certifying drivers for their respective programs. The process for obtaining background checks is cumbersome and time-consuming. ACCT should work to streamline this process.

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.

5 (a) Provide funding to support ACCT more effectively carry out its mission. This financial support is needed to expand staff to carry out roles and responsibilities defined through this study, and such funding can also help sponsor local coordination efforts. When ACCT did have funds available for this purpose, a number of coordination efforts were implemented. Seed grants are often necessary for these efforts to "get over the hump." ACCT is the appropriate body to oversee a coordination fund.

5 (b) Prioritize use of federal transportation SAFETEA-LU funds for mobility management purposes to help support local coordination councils. Four programs sponsored by Federal Transit Administration allow for the use of funds to develop "mobility management" programs. These funds are very appropriately directed to supporting local coordination efforts. While it is required that these funds be allocated based on a competitive selection process, WSDOT and other designated recipients of these federal funds can determine a priority for their use. Such projects are considered as "capital" expenditures, and as such require a lower match requirement (20% compared to 50% for an operating program).

5 (c) Direct WSDOT to tie the use of funds it oversees to advance coordination efforts. Currently, WSDOT requires that use of federal and state funds it oversees be consistent with the development of locally developed coordinated public transit human services transportation plans.

WSDOT should establish stronger coordination objectives for use of formula-based state funds to encourage participation in local brokers, and to encourage better coordination of Medicaid and public transit programs. Even stronger incentives could be associated with use of discretionary funds overseen by WSDOT to ensure use of these funds advances stated coordination efforts.

5 (d) Require any agency purchasing transportation (excepting school districts) with other sources of state funds to (a) execute a Memorandum of Understanding (MOU) with ACCT, and (b) purchase transportation directly through the community transportation program. These agencies would contract directly with the Community Access Manager to pay an administrative fee to cover overhead costs as well as a negotiated rate for the direct service.[1] The contract will incorporate a comprehensive scope of work to define service expectations and specifications as established by each participating agency. In addition, ACCT should investigate the feasibility of including other entities receiving state funds to purchase transportation in the community-based brokerage.

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 Board. Specifically, these steps could include:

6 (a) Identify existing or new transit "hubs" and develop a connectivity plan for each: Transit hubs or facilities used by multiple operators should be identified, and data collected to document their usage. Examples of such facilities may include Skagit Station, Everett Station, and virtually all of Sound Transit's Regional T sites.[2] In some cases (i.e. Regional T) agreements have already been forged among participating operators to establish common procedures and to use regional transportation information systems. Where these agreements are not in place, or where there are inconsistent policies and procedures, a connectivity plan should identify improvements needed to enhance the usage of a transit hub.

6 (b) Identify and adopt common connectivity standards. Efforts to enhance connectivity are sometimes compromised because each individual operator has adopted its own logo, signage, fare system, etc. At places where multiple operators converge, efforts should be taken to adopt common connectivity standards, especially to coordinate schedules to allow for seamless transfers, and to allow for a coordinated fare structure so a customer does not have to carry multiple fare instruments. Signage is also an important feature to help customers, especially new transit customers, navigate their way through a facility that may be served by multiple providers.

6 (c) Develop, test and implement technology that can promote connectivity: Technology can be an effective tool in overcoming connectivity barriers. Some of these tools are still under

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[1] Recently, ACCT reached agreement with DSHS that its administrations will report on transportation expenditures and services provided. This is a good first step towards building a baseline of information for potential participating agencies.

[2] Regional T is a network of transit hubs that was developed by Sound Transit and adopted by the transit partnership that includes Sound Transit, King County Metro, Pierce Transit, Everett Transit, Community Transit, Amtrak, Washington State Ferries, and the Washington State Department of Transportation.

development, such as the use of a "smart card' that will serve as a universal fare instrument among multiple participating agencies.

6 (d) Eliminate artificial barriers that force transfers: As pointed out in Chapter 2, transit operations within the State of Washington are supported 72% by local sales tax revenues. Local elected officials and transit board members, therefore, need to assure their customer base that local revenues are being used to support local services. At the same time, the case has been stated for the need for regionally-based trips, or those that require crossing service boundaries. Where "artificial" boundaries restrict the provision of such trips, the regional coordination council should work with local transit agencies to develop cost-sharing arrangements that may fairly and equitably promote transporting customers into each others' service areas, and/or develop decisions policies for direct service for some trips or destinations.

6 (e) Institute corridor service where demand justifies it: A more efficient way to eliminate artificial boundary barriers is to develop more corridor-based service. This service would be set up to provide more express-like service to major destinations. It should be noted that, in the absence of new revenue sources, establishing new corridor service would most likely result in cutting back other, more locally-based services.

7. Influence Facility Siting Practices

Key findings that emerged in investigating how facilities serving special needs customers are sited include the following:

- 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.

7 (a) Take accessibility into account as an operating cost when comparing potential sites. Traditionally capital costs and operating costs such as utilities are factored into a site decision. The costs of providing transportation services should also be considered. This practice could be developed by the state and used to educate private sector practitioners.

7 (b) Locate sites near a "cluster" of clients to ensure more efficient provision of Dial-a-Ride services. This is already a practice of the state Employment Services Division, which studies local economic conditions before siting a Work Source Center.

7 (c) Provide state and local incentives for private sector facilities to locate near transit. Seattle's transit-oriented development (TOD) program serves as an excellent model for cities state-wide. CTED staff could work with local governments to develop similar programs.

7 (d) Review access to transit for all private sector human services facilities. Local planning staff should review human services facilities for access to public transit as part of their development planning and permitting process. The state lacks jurisdiction over local planning, but this measure could be incorporated into the technical assistance and best practices education provided by CTED staff to local planners. It could also be formalized under the GMA.

7 (e) Review preferred location with transit provider before purchase/lease finalized. The state's Certificate of Need program represents a method for transit providers to be involved early in facility siting decisions. This program is intended to assess the market for large and expensive facilities, yet a less intensive review could be used for smaller developments. This could take the form of a "checklist" for applicants to the state Housing Trust Fund or state facilities licenses which would be required as part of the eligibility criteria. Such consultation is a "two-way street" and should also provide opportunities for transit agencies to consider revising routes or schedules to better meet changing community needs.

7 (f) Provide more specific language defining "access to transit" in siting guidelines for state facilities. While too much specificity can form a barrier to site selection, the current guidelines are so vague that they do not give preference to more ideal sites.

7 (g) Make "access to transit" (defined) an eligibility guideline for state licenses and funds. Parties developing human services facilities that utilize state funds, or require a state license to operate, are guided by criteria set by the state in order to qualify. For instance, transit access is reviewed for applicants seeking Affordable Housing Trust Fund grants, but the guidelines should be more specific. Site plans for facilities requiring operating licenses are reviewed, but only for on-site characteristics, not for location context such as transit access.

7 (h) Reduce parking requirements for housing developments serving senior and low-income residents, and for transit oriented developments (TODs). Parking requirements are a "driver" forcing human services facilities to peripheral locations that often lack transit or paratransit service. Such locations generate more trips by special needs transportation providers. The City of Seattle has addressed this issue by reducing minimum parking standards for affordable housing developments. This policy may serve as a model for other communities.

8. Enhance Coordination with Pupil Transportation

For reasons that have been cited in this 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.

8 (a) Evaluate a wider use of community brokers to provide transportation for homeless students. Currently, at least two Medicaid brokers (Hopelink and Paratransit Services) are contracting with school districts to provide for transportation for homeless students. Evaluate the cost-benefits realized by school districts by contracting these services. Such an analysis should also consider indirect cost savings realized by the district in that administrative and overhead costs are reduced.

8 (b) Direct OSPI to require local districts to track their expenditures for providing transportation for homeless students; currently, the extent of these costs is not known. Collecting cost and service data would help evaluate whether other options should be more aggressively pursued.

8 (c) Evaluate use of capital resources (school buses) when they are not being used for school purposes. Existing state statute (RCW 28.A.160.080) already allows for such use:

> *"In addition to the right to contract for the use of buses provided in RCW*
> *28A.160.080 and 28A.160.090, any school district may contract to furnish the use*
> *of school buses of that district to other users who are engaged in conducting an*
> *educational or recreational program supported wholly or in part by tax funds or*
> *programs for elderly persons at times when those buses are not needed by that*
> *district and under such terms as will fully reimburse such school district for all*
> *costs related or incident thereto: PROVIDED, HOWEVER, That no such use of*
> *school district buses shall be permitted except where other public or private*
> *transportation certificated or licensed by the Washington utilities and transportation*
> *commission is not reasonably available to the user."*

Although the provision exists to allow for use of school buses for other purposes, in reality it is rarely utilized. Ultimately, it is up to each local district, under the direction of a locally-elected school board, to set policies with respect to use of its own resources. Not all districts are willing or interested to consider the use of buses beyond their basic purpose, in part because of liability concerns, or that increased use of the vehicles will require them to be replaced sooner. Furthermore, because of the provision that buses cannot compete with private charters, their use is restricted. Buses in Mason County are used for multiple purposes, and there are probably other untapped opportunities to better coordinate the use of school resources for broader community purposes. These should be explored by each local coordination council.

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; transportation provisions established through ADA, McKinney-Vento, and Medicaid programs are all based on federal legislation. There may be opportunities to influence legislation affecting these or other human service programs when they are reauthorized.

9 (a) Include comparable planning requirements for human service agencies as established for use of public transit funds authorized through SAFETEA-LU. Funding for three federal transportation programs are tied to the preparation of a coordinated transportation plan, but comparable requirements are not in place for human service agencies funding transportation. As these programs are reauthorized, efforts should be made to adopt similar planning requirements that tie the use of their funds to coordinated planning.

9 (b) Advocate for funding to support transportation programs required through the McKinney Vento Act. The responsibility to provide and fund transportation for homeless students has been directed to the local (school district) level without additional resources. It would behoove ACCT and its partners to participate in and be aware of other advocacy efforts or proposed regulatory and/or policy revisions when the McKinney Vento Act is reauthorized.

9 (c) Support federal legislation that would increase the reimbursement rate authorized for volunteers. S.3429, the Giving Incentives for Volunteers Everywhere (GIVE) Act of 2008, has been introduced with bi-partisan support to address the impact of high gas prices on charitable volunteers. The bill does two things:

Deduction Rate: The bill would raise the volunteer standard deduction rate from the current 14 cents per mile to 70 percent of the standard business deduction rate. This would set the rate at 41 cents/mile and the rate would be adjusted annually.

Reimbursement: The bill would exempt from taxable income reimbursements from charities for mileage traveled by a volunteer up to the business rate (currently 58.5 cents/mile

9 (d) Expand funding programs to be subject to Coordinated Public Transit Human Services Transportation Plans. When SAFETEA-LU is reauthorized (currently authorized through 2009), tie the use of Sections 5311 (rural transportation) and 5311 (c) (tribal transportation program) to the development of a coordinated plan.

Chapter 10.   Next Steps

Chapter 9 presents a series of recommendations to promote coordination of special needs transportation programs in Washington State. In some cases, a range of options is suggested for implementing recommendations; it is important to note that there is not a single best way to move forward. It will be up to Washington State special transportation needs stakeholders, such as members of ACCT, local coordination councils, Community Transit Association of America Northwest (CTAA NW), WSDOT, DSHS, OSPI, and others to weigh in on **how** best to advance these efforts.

It is also important to recognize that establishing local priorities will differ around the state. As such, key players tasked with implementation may also differ—many regions with effective non-profit agencies are already playing a role in service delivery and in promoting coordination while in other regions, service providers such as transit agencies may be best equipped to expand their role and take on new responsibilities.

Together, these recommendations represent a complex and ambitious scope of work. Should these recommendations 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, for flexibility and adaptability to best meet local circumstances, and to 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.

Figure 10-1 provides an overview of the recommendations, and suggests a lead entity and a timeframe to implement them. A proposed timeframe is also suggested to guide implementation efforts.

Short term objectives would be to clarify ACCT's role, including an examination of its membership, staffing and potential housing arrangements. ACCT should also be directed to produce a strategic plan that would define coordination goals and objectives, and lay out a specific implementation plan to develop the bi-level coordination structure at the local level. The plan should also establish benchmarks against which to measure progress of coordination efforts. Additional tasks that could be implemented in 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.

Recommendations specific to OSPI can also be considered as short-term objectives.

Medium term objectives: Other activities, such as designating Community Access Managers (CAMs), would most likely be phased in incrementally and may take several years to reach full fruition. Yet other activities are ongoing in nature, or are independent of initial legislative action. As the infrastructure for CAMs is further defined, state agencies purchasing transportation would be required to participate in them.

Recommendations specific to facility siting are, in some cases, ongoing and require identification of a lead-entity to implement 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.

Figure 10-1   Summary of Recommendations and Implementation Timeframe

Recommendation	Lead Entity	Timeframe
1. Clarify 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. Subtasks include: a. Clarify ACCT's tasks and responsibilities b. Reassess ACCT Membership c. Diversity ACCT Leadership d. Evaluate Options to Re-Locate ACCT e. Provide adequate funding to ACCT	Legislative action to clarify ACCT's role and direct development of an implementation plan with the goal of establishing a bi-level coordination structure ACCT to assess membership, evaluate housing options	Short-term (prior to ACCT "sunset" June 30, 2010.) Short-term, upon Legislative action
2. Establish Community Access Managers and Local Coordinating Councils: • Local Community Access Manager to coordinate and provide special needs transportation services within its designated service area. • Local Coordinating Council to recommend designation of CAM, be informed of its performance, advance coordination locally Subtasks include: a. Use Medicaid service areas when defining regions b. Select CAMs through competitive procurement process c. Consider purchasing agencies' needs and requirements when developing RFP d. Direct ACCT to direct or delegate procurement process e. Authorize ACCT to designate CAMs, in consideration of LCC recommendation and execute MOU	Legislative action (above) to authorize bi-level coordination structure. Implementation efforts to be defined. ACCT to designate Local Coordinating Councils ACCT, in partnership with DSHS, to develop procurement procedures	Medium-term; phase in local coordination efforts Medium-Long term (1-3 years) to implement CAMs; Phase-in recommended

Recommendation	Lead Entity	Timeframe
3. Promote Coordination of Medicaid and Public Paratransit Programs Subtasks include: a) Direct WSDOT and DSHS to develop and implement a pilot project to demonstrate cost-sharing of public paratransit and Medicaid NEMT trips. b) Certify transit operators as Medicaid providers c) Encourage transit operators to purchase service from CAMs 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	DSHS and WSDOT in partnership to develop and sponsor two pilot programs Local CAMs and local transit agencies to certify transit agencies as Medicaid providers DSHS and WSDOT to sponsor research to test feasibility of expanding Medicaid program and assess cost-benefits	Short-Medium term Medium-term, upon establishment of CAMs; arrangement could be initiated sooner with current Medicaid brokers Medium-term
4. Establish Uniform Definitions and Reporting Requirements Subtasks include: a. Establish common service definitions b. Require ACCT members and CAMs to use common definitions c. Develop uniformity in performance and cost reporting d. Establish a clearinghouse for driver background checks	ACCT ACCT	Medium-term; upon clarity of ACCT's roles and development of implementation plan Medium-term; upon clarity of ACCT's roles and development of implementation plan Efforts to establish central clearinghouse for driver checks to begin in short-term

Recommendation	Lead Entity	Timeframe
5. Provide Adequate Funding to Support Coordination Subtasks include: a. Provide adequate funding to support ACCT and local coordination efforts b. Prioritize use of federal transportation SAFETEA-LU funds for mobility management purposes to help support local coordination councils. c. Direct WSDOT to tie the use of funds it oversees to advance coordination effort. d. Require state agencies purchasing transportation (except school districts) with other sources of state funds to execute a Memorandum of Understanding (MOU) with ACCT, and purchase transportation directly through the community transportation program. Investigate feasibility of participation for other entities receiving state funds to purchase transportation.	Legislature to approve budget allocation WSDOT to prioritize use of funds for mobility management purposes, revise policies to direct competitive grant funds to support coordination efforts Legislature to require agencies to purchase services through local programs	Short-term; with legislative action described above Short-term, with implementation to coincide with WSDOT grant cycle Medium-term, with legislative action described above and designation of CAMs
6. Improve Service Connectivity for Customers Subtasks 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	Local Coordinating Councils, transit agencies, guidance from ACCT	Medium-term; planning effort to be assessed at local level by LCC

Recommendation	Lead Entity	Timeframe
7. Influence Facility Siting Practices Subtasks include: a. Take accessibility into account as an operating cost when comparing potential sites	Local Governments	Ongoing
b. Locate sites near a "cluster" of clients to ensure more efficient provision of Dial-a-Ride services	General Administration	Ongoing
c. Provide state and local incentives for private sector facilities to locate near transit.	General Administration, Local Governments	Ongoing
d. Review access to transit for all private sector human services facilities.	CTED, Local Governments	Short-term
e. Review preferred location with transit provider before purchase/lease finalized	CTED, Local Governments	Short-term
f. Provide more specific language defining "access to transit" in siting guidelines for state facilities	Local Government	Ongoing
g. Make "access to transit" (defined) an eligibility guideline for state licenses and funds	General Administration	Short-term
h. Reduce parking requirements for housing developments serving senior and low-income residents, and for transit oriented developments	CTED, DOH, DSHS	Medium-term
8. Enhance Coordination with Pupil Transportation Subtasks include: a. Evaluate a wider use of community brokers to provide transportation for homeless students	OSPI, CAMs, ACCT to assess use of brokers for providing transportation for homeless students	Medium-term
b. Direct OPSI to require local districts to track their expenditures for homeless students	OSPI to direct local districts to track expenditures	Short-term
c. Evaluate use of capital resources (school buses) when they are not being used for school purposes	OSPI, LCC, ACCT	Short-term

Recommendation	Lead Entity	Timeframe
9. Seek to Influence Federal Planning and Program Requirements Subtasks include: a. Include comparable planning requirements for human service agencies as established for use of public transit funds authorized through SAFETEA-LU 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	Legislature, ACCT, LCCs to track, monitor, develop position and communicate positions on federal plans and requirements	Ongoing: as programs are reauthorized

Glossary of Terms

ACCT

Agency Council on Coordinated Transportation (ACCT) is a Council of State agencies, transportation providers, consumer advocates, and legislators with the mission to:

- Promote the coordination of special needs transportation

- Provide a forum for discussing issues and initiating change

- Provide oversight and direction to the state's coordination agenda

- Report to the legislature and propose legislative remedies

Accessibility

The extent to which facilities, including transit vehicles, are barrier-free and can be used by people who have disabilities, including users of wheelchairs and other mobility devices. Accessibility also refers to making information available in alternative formats for persons who are visually impaired.

Administration on Aging (AoA)

The agency within the U.S. Department of Health and Human Services that oversees the implementation of the Older Americans Act, including senior nutrition programs, senior centers and supportive services for elders.

Americans with Disabilities Act (ADA)

Passed by Congress in 1990, this act mandates equal opportunities for persons with disabilities in the areas of employment, transportation, communications and public accommodations. Under this Act, transportation providers are obliged to ensure their fixed-route vehicles (and key rail stations) are accessible for persons in wheelchairs.   Public transit providers also must supplement their fixed-route services with ADA Complementary Paratransit Services for those persons unable to use fixed-route service because of their disability.

ADA Complementary Paratransit Service

Specialized demand-responsive service provided for people who cannot use fixed-route transit or rail service due to a disability, and meeting specific requirements as established under the Americans with Disabilities Act. The service is considered "complementary" because it is provided, at a minimum, where and when the fixed route service is provided, and because it complements fixed-route service in providing service needed to make the entire system usable by people with disabilities.

Brokerage

A transportation brokerage provides a point of transportation access for one or more sponsoring funding organizations and purchasers of service. The broker also manages a complex service delivery network, assigning trips -- either directly or indirectly (by way of service design) -- to carriers.

Brokers may also perform or be responsible for additional functions more typically associated with funding agencies, such as eligibility determination, trip ticket/scrip sales management, carrier/service monitoring, and carrier invoice processing.

Capital Costs

Refers to the costs of long-term assets of a public transit system such as property, buildings and vehicles.

Common Ground

A pilot project in Pierce County that investigated potential efficiencies of combining scheduling of transit ADA and Medicaid-eligible brokered passenger trips. The project was discontinued in 2008.

Community Transportation Service

Specialized, demand-responsive services that are available to the general public, specific populations (e.g., older adults, persons with disabilities, and/or persons on limited income), and/or clients of sponsoring human service agencies. Community transportation services are typically categorized into two groupings:

1. ADA complementary paratransit services or municipal-sponsored dial-a-ride services for the general public or for target populations mentioned above; and

2. Human service transportation programs

Consolidation

Restructuring transportation services to serve the same market with fewer service providers (and sometimes only one provider).

Coordination

A process through which two or more organizations interact jointly to accomplish transportation objectives that benefit each participating organization, usually for the purpose of achieving greater cost-efficiencies in service provision through economies of scale, and/or eliminating or reducing duplication of services. Participating organizations are able to stretch their funding dollar in order to accommodate under-served demand and/or expand service to address service gaps. Coordination models vary from very simple to very complex efforts. Some examples include joint purchasing; shared use of facilities, training or maintenance, co-mingling trips on common contracted carriers, brokerages, and consolidated transportation service providers.

Cost Efficiency

Cost efficiency for demand-responsive systems is usually measured in terms of average cost per trip, although it can also be measured in terms of cost per mile, and for Dedicated Service, cost per hour. The lower the cost per trip, the more cost efficient the system. Service Productivity, typically measured as average trips per hour, can serve as a surrogate measure for cost efficiency but is usually only for Dedicated Service.

Co-Mingling of Trips

Typically refers to clients of more than one agency sharing a single vehicle, or ride-sharing of trips sponsored by different funding sources.

Cost sharing

A funding arrangement where more than one agency financially supports the direct provision of transportation or other supportive services.

Curb-to-Curb Service

A level of service or passenger assistance for **Demand-Responsive Service**, in which pick-ups and drop-offs are performed at the curbside or roadside nearest their origin and destination. Passenger assistance is not provided other than for actual boarding and alighting.

Dedicated Service

This is a transportation service in which the vehicles in operation are exclusively used to transport customers of the transportation program (or coordinated set of programs) during a specified period of time.

Demand-Response Service

A type of transit service where individual passengers can request transportation from a specific location to another specific location at a certain time. Transit/paratransit vehicles providing demand-response service often do not follow a fixed route, but travel throughout the community transporting passengers according to their specific requests. These services usually, but not always, require advance reservations.

Department of Social and Health Services (DSHS)

The Department of Social and Health Services oversees the social services provided to the citizens of Washington State. There are six administrations that handle the diverse range of services, including Medicaid services.

Deviated Fixed Route Service

This type of transit is a hybrid of fixed-route and demand-response services. A bus or van passes along fixed stops and keeps to a timetable, but can deviate from its course between two stops to go to a specific location for a pick-up or drop-off that is requested (typically in advance). In some systems, deviations may be requested by any rider; in other systems, only by specific populations (such as older adults or persons with disabilities). The area (and sometimes, times) allowed for deviations is often limited

Dial-a-Ride Service

A name that is commonly used for demand-responsive service. It is most often used to describe a demand-responsive service that is available to the general public.

Door-to-Door Service

A form of demand-responsive service that includes passenger assistance between the vehicle and the door of his or her home or other destination. Door-to-door service provides a higher level of assistance than curb-to-curb service, yet not as much as "door-through-door" service, in which the driver actually provides assistance within the origin or destination. This term is sometimes used loosely as a synonym for demand-responsive service.)

Federal Transit Administration (FTA)

A component of the U.S. Department of Transportation that regulates and helps fund public transportation. FTA provides financial assistance for capital and operating costs and also sponsors research, training, technical assistance and demonstration programs.

Feeder Service

This includes fixed-route, flex-route, and/or demand-responsive service that provides service to/from stops on a trunk bus line or rail service. ADA complementary paratransit service may be used as feeder service for ADA paratransit trips.

Fixed-Route Transit Services

Transit services in which vehicles run on regular, pre-designated, pre-scheduled routes, with no deviation. Typically, fixed-route service is characterized by printed schedules or timetables, designated bus stops where passengers board and alight and the use of larger transit vehicles. Entities that operate fixed-route public transit are obligated to also provide ADA complementary paratransit service.

Human Service Agencies (also called Social Service Agencies)

A public or private, not-for-profit organization that provides services for essential needs such as medical care, income support, housing, education, training, and public health, typically targeting populations such as older adults, person with disabilities, and/or individuals with limited incomes.

Job Access and Reverse Commute Program (under FTA Section 5316)

A federal funding program for work-related transportation for low-income individuals, originally authorized in the TEA-21 transportation funding act, and reauthorized through SAFETEA-LU. The purpose of this grant program is to develop transportation services designed to transport welfare recipients and low income individuals to and from jobs and to develop transportation services for residents of urban centers and rural and suburban areas to suburban employment opportunities. Valid trip purposes not only include jobs themselves, but educational and/or training sites that directly lead to employment. SAFETEA-LU requires that the distribution of funds under Section 5316 be coordinated with the distribution of funds under Section 5310 and 5317 through a locally-coordinated planning process.

Medicaid Non Emergency Medical Transportation (NEMT)

A health care program for low-income and other medically needy persons, jointly funded by state and federal governments. The Medicaid program pays for transportation to non-emergency medical appointments if the recipient has no other means to travel to the appointment. In Washington, Medicaid-sponsored non-emergency medical transportation (NEMT) is arranged through regional brokerages under contract to the DSHS. The agencies currently serving in this

capacity are Paratransit Services, Northwest Regional Council, Trancare, Special Mobility Services, COAST, People for People, Human Services Council, and Hopelink.

Metropolitan Planning Organizations (MPO)

The organizational entity designated by law with lead responsibility for developing transportation plans and programs for urbanized areas of 50,000 or more in population. MPOs set coordination standards and manage processes for selecting projects to be funded through federal transportation programs.

New Freedom Program (under FTA Section 5317)

A new program under the SAFETEA-LU federal transportation funding act, New Freedom is intended to provide capital and operating funding for service and facility improvements that go beyond those required by the ADA in addressing transportation needs of persons with disabilities. The New Freedom formula grant program aims to provide additional tools to overcome existing barriers facing persons with disabilities seeking integration into the work force and full participation in society. Examples of new public transportation services beyond the ADA include spatial or temporal expansion of service beyond what is required, the provision of same-day service; door-through-door service; vehicles and equipment that accommodate larger mobility aids; feeder services; accessibility improvements at non-key stations; and travel training. Examples of new *alternatives* include purchasing of accessible vehicles for new accessible taxi, ridesharing and/or vanpooling programs; administration of new voucher programs; supporting new volunteer driver/aide programs; and supporting new mobility management and coordination programs among public transportation providers and other human service agencies providing transportation.

Non-Dedicated Service

This is a transportation service in which the vehicles in operation are **not** used exclusively to transport customers of a transportation program (or coordinated set of programs). The drivers and vehicles of non-dedicated services are free to transport other riders, e.g., from the general public or from other contracts. An example of non-dedicated service is taxis. Non-dedicated service can be used in conjunction with **Dedicated Service** to efficiently accommodate demand during peak periods and other situations where the use of additional dedicated vehicles may not be as cost efficient.

Older Americans Act (OAA)

Federal law establishing a network of services and programs for older people. This network provides supportive services, including transportation and nutrition services, and works with public and private agencies that serve the needs of older individuals. Transportation funding available through the OAA is also known as Title IIIB funding.

Operating Assistance

Funding that helps support the day-to-day costs of operating or providing services; in transportation settings, this category often includes driver salaries and operating staff expense, as well as fuel, and other routine, ongoing costs of having and operating a transportation service.

Operating Costs

Non-capital costs associated with operating and maintaining a transit system, including labor, fuel, administration and maintenance.

Paratransit

Types of passenger transportation that are more flexible than conventional fixed-route transit and as such are able to meet a variety of more specialized transportation needs. Paratransit includes demand-response transportation services, shared-ride taxis, carpooling and vanpooling, jitney services and other service models. This term is most often used to refer to wheelchair-accessible, demand-response van service.

Pittsburgh ACCESS

ACCESS is an administrative, decentralized brokerage that provides coordinated, shared-ride, advance-reservation, door-to-door paratransit service in Pittsburgh and the rest of Allegheny County. It is often cited as a best paratransit practices, and is discussed in this report.

Productivity

A measure of the quantity of desired results produced per unit of resources applied. For **Demand-Response Services**, productivity is commonly measured as the average number of passenger trips per hour. Unfortunately, systems do not all define "passenger trips" and "hours" the same way. With some systems, passenger trips are defines as total (one-way) passenger-trips, including personal care assistants, companions, etc. In other systems, passenger trips include only trips made by program eligible passengers. As the denominator for the productivity calculation, most systems use "revenue vehicle hours" which the National Transit Database defines as the first pick-up to the last drop-off less breaks and not including deadheading to and from the vehicle storage facility.

Purchased Transportation

A specific transportation service provided to a public agency by a public or private transportation provider based on a written contract.

Regional Transportation Planning Organization (RTPO)

A Regional Transportation Planning Organization (RTPO) is formed through a voluntary association of local governments within a county or contiguous counties. RTPO members include cities, counties, WSDOT, tribes, ports, transportation service providers, private employers and others. RTPOs are required to:

- Prepare a Regional Transportation Plan
- Certify that countywide planning policies and the transportation element of local comprehensive plans are consistent with the Regional Transportation Plan
- Develop and maintain a six-year Regional Transportation Improvement Program

SAFETEA-LU

The current federal funding act for surface transportation programs (including federal transit programs), providing funds over a six-year period though FY 2009. SAFETEA-LU requires that,

as of FY 2007, projects funded with Section 5310, (capital for elderly and disabled persons), JARC (job access for low-income) and New Freedom Programs (improved mobility for disabled) be derived from a Coordinated Public Transit-Human Services Transportation Plan.

Section 5307

The section of the Federal Transit Act that authorizes grants to public transit systems in urban areas. Funds authorized through Section 5307 are awarded to states to provide capital and operating assistance to transit systems in urban areas with populations between 50,000 and 200,000. Transit systems in urban areas with populations greater than 200,000 receive their funds directly from FTA. However, for these urban systems, operating assistance is not available.

Section 5309

The section of the Federal Transit Act that authorizes discretionary grants to public transit agencies for capital projects such as buses, bus facilities and rail projects.

Section 5310

See also **Transportation for Elderly Individuals and Individuals with Disabilities Program.** This section of the Federal Transit Act authorizes capital assistance to states for transportation programs that serve the elderly and people with disabilities. States distribute Section 5310 funds to local operators in both rural and urban settings, who are either public or nonprofit organizations or the lead agencies in coordinated transportation programs.

Section 5311

The section of the Federal Transit Act that authorizes capital and operating assistance grants to public transit systems in areas with populations of less than 50,000.

Section 5316

The section of the Federal Transit Act that authorizes funding under the **Job Access and Reverse Commute Program.**

Section 5317

The section of the Federal Transit Act that authorizes funding under the **New Freedom Program.**

Subscription Service (also called Standing orders)

Recurring individual or group trips served on a "standing order" basis. This type of service is frequently used to transport human service agency clients to regular agency programs. Some systems set a minimum number of subscription trips per week. The common trait of subscription trips is that they go to and from the same origin and same destination at the same time of day. This might include a daily work trip, a trip to a congregate meal site, or a regular Monday/Wednesday/Friday trip to a dialysis facility.

Temporary Aid to Needy Families (TANF)

Created by the 1996 welfare reform law, TANF is a program of block grants to states to help them meet the needs poor of families. It replaces AFDC, JOBS, Emergency Assistance and some

other preceding federal welfare programs. Program funds are often used to pay for transportation, child care and other barriers to workforce participation.

Transportation for Elderly Individuals & Individuals with Disabilities Program

This section of the Federal Transit Act authorizes capital assistance to states for transportation programs that serve the elderly and people with disabilities. States distribute Section 5310 funds to local operators in both rural and urban settings, who are either public or nonprofit organizations or the lead agencies in coordinated transportation programs.

Trip

A one-way movement of a person or vehicle between two points. Many transit statistics are based on "unlinked passenger trips," which refer to individual one-way trips made by individual riders in individual vehicles. A person who leaves home on one vehicle, transfers to a second vehicle to arrive at a destination, leaves the destination on a third vehicle and has to transfer to yet another vehicle to complete the journey home has made four unlinked passenger trips.

2-1-1

2-1-1 is the three-digit telephone number assigned by the Federal Communications Commission for the purpose of providing quick and easy access to information about health and human services.

U.S. Department of Health and Human Services (U.S. HHS)

Funds a variety of human services transportation through the Administration on Aging (AoA), Head Start, Medicaid and other programs.

U.S. Department of Transportation (U.S. DOT)

The principal direct federal funding and regulating agency for transportation facilities and programs. Contains the Federal Highway Administration (FHWA) and Federal Transit Administration (FTA).

WSDOT

Washington State Department of Transportation

Special Needs Transportation Coordination

APPENDICES   Final Report

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APPENDIX A

LIST OF INVOLVED STAKEHOLDERS

Special Needs Transportation Coordination Study
Stakeholders Consulted

Stakeholder Name	Organization	Title
Dave Anderson	Dept of Community, Trade and Economic Development	Technical Assistance Manager, Growth Management Services
Joyce Baker	Human Services Council	
Angela Barbre	CTAA (formerly)	
Leonard Bauer	Dept of Community, Trade and Economic Development, Local Government Division	Director of Growth Management Unit
Nancy Brubaker	DSHS Aging & Adult Services Administration/Residential Care Services Division	Central point of contact for licensing facilities
Darren Brugman	Senior Services of Snohomish County	
Madelyn Carlson	People for People	CEO
Don Chartock	WSDOT Public Transportation Division, staff to ACCT	Rural and Coordinated Transportation Advisor
Janet Clarence	Education Services District 105	
Representative Judy Clibborn	Elected Official	
Ted Cohen	General Administration	
Nick Covey	LINK Transit	
Joan Cullen	Washington State Department of General Administration	State Agency CTR Program Manager
Richard DeRock	ACCT, WTA rep (LINK Transit, Wenachee)	
Melinda Dyer	OSPI Education of Homeless Children and Youth	Program Supervisor
Anna Esquibel	OSPI	
Eileen Fielding	DSHS, Division of Vocational Rehabilitation Wapato/Worksource Yakima & Sunnyside	Vocational Rehabilitation Supervisor
Suzette Fredericks	Dept of Health, Facilities Management Division	Manager
Judy Gosney	DSHS, Mental Health	
Tom Gray	DSHS Medicaid	
Jenny Greenlee	Dept of Community, Trade and Economic Development, Housing Division	Program Manager
Tracy Gunter	Lewis-Mason-Thurston AAA	
Paula Hammond	WSDOT	
Ian Harlor	DSHS, Economic Services Division	Program Manager-Policy Analyst
April Harris	Department of Veterans Administration	Executive Assistant to Director
Senator Mary Haugen	Elected Official	
Bob Hubenthal	DSHS, Office of Capital Programs, Lands & Buildings Division	Director
Representative Fred Jarrett	Elected Official	
Jeannie Johnson	DSHS, ADSA (Developmental Disabilities & Home and Community Services)	
Teri Johnson-Davis	Yakama Nation	Economic Development Coordinator
Allan Jones	OSPI	Transportation Manager

Special Needs Transportation Coordination Study
Stakeholders Consulted

Cheryl Jones	Snohomish Special Needs Transportation Coalition	Mobility Coordination Manager
Melony Joyce	King County METRO	
Don Kay	DSHS, Division of Vocational Rehabilitation	Assistant Director
Ann Kennedy	Paratransit Services	
Karen Larkin	Dept of Community, Trade and Economic Development, Local Government Division	Assistant Director
Marilyn Mason	Hopelink	
Pat Mason	Municipal Research Services Center	Senior Legal Consultant
Patty McDonald	DSHS, ADSA (Developmental Disabilities & Home and Community Services)	
Ken Mehin	Yakima Transit	
Kathy Mertes	DSHS, Economic Services Division, Wenatchee	
Paul Meury	DSHS, Health and Recovery Services Administration Office of Transportation and Interpreter Services	Medical Transportation Program Manager
Michael Miller	Sound Transit	
Jeri Mitchel	Catholic Family Services, Snohomish County	Director of Housing and Program Development
Lynne Moody	Hopelink	
Beth Mulcahy	Special Mobility Services	
Amy Neal	People for People	
Chris Olson	DSHS Office of Leased Facilities Lands and Building Division	
Dan Payne	OSPI	
Le Perry	General Administration	Property and Acquisition Manager
Julie Peterson	Aging Services of Washington	Director of Senior Living & Community Services
Dave Peterson	Skill Source	
Gary Pira	Yakima Transit	
Doug Porter	DSHS, ACCT	
Shenon Porter	DSHS Office of Leased Facilities Lands and Building Division	Office Chief
Ashley Probart	WA Association of Cities	Transportation Coordinator
Katherine Randall-Duffy	Employment Security Department	Facilities Manager
Barbara Reed	Employment Security Department	
Tim Refro	Pierce Transit	Special Needs Transportation Coordinator
Cary Retlin	Community Trade & Economic Development, Performance and Communication	
Lynnae Ruttledge	DSHS Division of Vocational Rehabilitation	Director
Christie Scheffer	Paratransit Services	
Eric Schinfeld	Puget Sound Regional Council/ Prosperity Partnership	Senior Economic Policy Analyst
Debbie Schomer	DSHS	
Page Scott	Yakima Valley Council of Governments	Executive Director

Special Needs Transportation Coordination Study
Stakeholders Consulted

Kris Sparks	DOH, Community and Rural Health	
Randy Sparks	DSHS	
Casey Stevens	Stillaguamish Tribe	
Joyce Stockwell	DSHS, Aging and Adult Services Division	Director of Residential Care Services
Fred Stoffer	Special Mobility Services	
Senator Dan Swecker	Elected Official	
Katy Taylor	WSDOT	
Peter Thein	WA State Transit Association	Executive Director
Tom Tierney	Association of WA Housing Authorities/ Seattle Housing Authority	Executive Director
Rick Torrence	Community Trade & Economic Development, Community Programs Unit	
Faith Trimble	FLT Consulting	
John Tyson	DSHS	
Bob Wagner	Wagner Architects	Architect for proposed Wenatchee DSHS project
Ron Wall	Washington Dept. of General Admin, specializing in Wenatchee area	
Meri Waterhouse	DSHS, Children's Administration	
Gretchen Webber	Snohomish County Community Transit	ADA Service Coordinator
Nona White	WA Low Income Housing Alliance	Program Manager
Dotty Wolfa	Transportation Assistance Program, Senior Services of Snohomish County	
Park Woodworth	King County METRO	
Tom Young	Transpro	
Jennifer Ziegler	Office of the Governor	

APPENDIX B

PUBLIC FORUMS SUMMARY AND MATERIALS

- **Forum 1: Yakima County, May 2008**
- **Forum 2: Snohomish County, May 2008**
- **Forum 3: Lincoln County, September 2008**
- **Forum 4: Pierce County, September 2008**

Regional Forums

A key part of the input to this study was received through feedback from stakeholders at four half-day forums held in four different counties around the state. The forums were conducted in May and September, in both urban and rural communities. The locations, dates and attendance information are summarized in Table 1 below. The first two forums were held near the beginning of the study. The last two forums were held near the end, allowing the Consultant Team to test some preliminary recommendations with stakeholders. An overview of the forums and forum results is presented here.

All four forums were designed to address the following two questions:

1. How well is the special needs transportation system is working in the area?
2. What are the *greatest barriers*, or most important things to address, in order to improve the special needs transportation system?

In addition, all forums looked at *possible solutions and ideas* for addressing system barriers. The May forums included a long group discussion session in which attendees were asked to discuss and report out their consensus (as between those attendees seated at each table) on the *three greatest barriers* to improving the special needs transportation system, and *three ideas for overcoming one of those identified barriers*. At the September forums, the consultant Team presented a list of preliminary recommendations for improving the system. Attendees at each table spent over an hour discussing and reporting out on this list. They were asked to identify by consensus (again by each table) which of the ideas presented would be most helpful in improving the system, which would not be helpful, and why.

Invitees to each forum were identified with the assistance of local special needs transportation agencies in each of the four counties. Invitees included riders of the system; representatives from agencies operating transit services; human services agencies that interface with transit service operations; and interested local government representatives. ACCT members we also invited to all forums.

Attendance was varied: one forum had no "riders" in attendance despite repeated outreach efforts (Yakima), while at another forum (Davenport) over half the attendees consisted of riders.

As with any such community meetings, attendees and comments received does not represent a scientific random sample of the full spectrum of agencies and riders in the four counties. Nevertheless, the forums did reveal a number of interesting themes in common across the state, as well as some location-specific variations on those themes.

TABLE 1
Four Regional Forums: Dates, Locations, Attendance

Forum 1: **Yakima County (Yakima)** *May 5, 2008* *Attendees:* 35 stakeholders; no "riders" (155 invitees) *Local agency assisting:* People for People	Forum 3: **Lincoln County (Davenport)** *September 23, 2008* *Attendees:* 54 stakeholders; about 35 "riders"; several stakeholders from Spokane and Klikitat Counties (60 invitees) *Local agency assisting:* People for People
Forum 2: **Snohomish County (Everett)** *May 7, 2008* *Attendees:* +/- 60 attendees; 8 "riders"; several agency reps from Island and King Counties (160 invitees) *Local agency assisting:* Snohomish County Special Needs Transportation Coalition (SNOTRAC)	Forum 4: **Pierce County (Tacoma)** *September 26, 2008* *Attendees:* 38 stakeholders; 4 "riders"; a few stakeholders from Skamania and King Counties (95 invitees) *Local agency assisting:* Pierce County Coordinated Transportation Coalition (PCCTC)

- ***Assessing How Well the Special Needs Transportation System Works – for Riders, and as a System***

At all four regional forums, attendees were asked to rate the current special needs transportation system in their area. By show of hands, attendees rated the system on six characteristics relevant to how the system is *working for riders*, and four characteristics relevant to *how the system works as a system*. In general, attendees rated the system *as it works for riders* as **below average to average** (2 and 3 on a scale of 1-5, with 1 being the *lowest rating*)*.* . Ratings for the system *as a system* were somewhat higher, ranging from **below average to above average**.(2, 3 and 4 on a scale of 1-5, with 1 being the lowest rating) The following tables provide a comparison across all four forums as to the results of these exercises.

Lowest ratings for the system *as it works for riders* were in the areas of **availability of rides (when and where needed)**, and **riders understanding of rules necessary to access rides**. In all forums, very few votes were cast rating the system as above average or excellent in any regard.

Lowest ratings for the system *as a system* were for the **flexibility of federal and state funding**. However, in three of the four forums, a large number of attendees voted that they simply **did not know** how well the system works as a system – on issues such as the relationships between transit and human service agencies or whether there is agreement on the greatest challenges and how to address them.

- ***Identifying Critical Barriers to Improving the System***

As noted above, significant time was spent at all forums identifying current barriers to coordination and effectiveness, and solutions for addressing those barriers. The discussions were divided into two groups: (1) barriers/solutions for issues that affect riders; and (2) barriers/solutions for the improving effectiveness of the special needs transportation system itself. In all forums, the Consultant Team provided a list of sample barriers for attendees to use; attendees were encouraged to identify other barriers not on the list. The process at the first two forums differed from the last two, so the results are not completely comparable. However, there did emerge some common themes.

Barriers for Riders. All four forums identified the ***lack of service when needed*** as one of the most critical barriers for riders. Three of four forums identified ***rides don't take people where they need to go,*** and ***rural riders are underserved*** as critical barriers. Two forums identified ***confusing program eligibility rules*** as a critical barrier. Other top vote getters (one forum each) were ***housing is located away from transit service***, and ***users are afraid to ride the bus***.

Barriers for the System. Results across the four forums on this issue (system barriers) were less cohesive than as regards barriers for riders. The Yakima forum had a broad scattering of responses, with little or no overlap. The Everett forum attendees focused on challenges posed by (1) ***existence of multiple, competing and overlapping transportation systems***, and (2) ***scarce resources*** to provide service. In both the Tacoma and Davenport forums attendees voted ***lack of funding flexibility to be able to target gaps and problems as they arise*** as a critical barrier – this item received the most votes of any issue, in both forums. The ***lack of drivers*** was also noted as a critical barrier by both Tacoma and Davenport attendees. The ***disconnect between housing, services and transportation planning/siting*** was noted as a critical challenge (equal to lack of funding flexibility) in the Tacoma forum. In Davenport, other challenges receiving substantial votes were ***service providers are unaware of how to better share assets*** and ***a lack of any system asset inventory to call on for problem solving or other purposes***.

- ***Rating Potential Solutions***

In the first two forums, attendees were asked to discuss at their respective tables ideas for addressing one barrier to improving the system. Many interesting ideas were presented, however, the range of barriers addressed was so broad that themes did not emerge. Detail from these discussions is presented in the Appendices on the Yakima and Everett Forums.

The last two forums, in Tacoma and Davenport, provided an opportunity for attendees to rate a list of thirteen potential solutions to improve coordination and effectiveness of the special needs transportation system. The list of thirteen ideas was prepared in advance by the Consultant Team. Attendees were asked to identify three of these ideas that they thought were most helpful and three that they thought would be least helpful. They were also asked to identify other issues *not on the list* that they thought would be helpful. Table 2 summarizes the results of this exercise, in which some key ideas received broad consensus support. In particular, the idea of a "***1-call service center" to get information and arrange rides*** was very popular in both forums. Equally as popular was the idea that the ***state and local policies should be established regarding coordination of special needs transportation—and all agencies would be required to respect and abide by these policies.***

There was not as much consensus around ideas that would *not be helpful*, however, there was clearly caution expressed about the idea of ***"central broker" to coordinate and deploy resources*** and services. Most attendees also rated as "not helpful" the idea of ***using school buses to serve community needs*** when not in user for school purposes.

A wide variety of new ideas were also raised in both the Tacoma and Davenport forums; see Appendices for detail.

- ***Overall and Forum-Specific Themes***

At the highest level, the forums provided common feedback on several issues, listed here in no particular priority order.

First, stakeholders are not satisfied with the level of service available to meet the need of persons with special needs.

Second, stakeholders generally feel that lack of flexibility in the use of available state and federal funding is a key barrier in the ability to provide needed service.

Third, there is a significant lack of understanding by many stakeholders as to regional priorities and plans for improving the special needs transportation system.

Fourth, there is a common desire for additional resources to meet the service needs identified.

Fifth, there is an understanding that urban and rural rider needs are quite different, and a feeling that generally rural riders are underserved in comparison with their urban counterparts.

Sixth, there is a desire for better coordination, and for coordination policies to be adopted and enforced—but at the same time there is considerable caution about centralizing broker services.

Seventh, there was broad agreement that a 1-call shop for helping customers schedule riders and understand eligibility rules would be an important and helpful step.

At each forum, slightly different themes emerged, as summarized in Table 2 below:

TABLE 2: THEMES FROM EACH OF THE FOUR REGIONAL FORUMS

YAKIMA / YAKIMA COUNTY   **May 5, 2008**

- Challenges of the geographic and demographic diversity in the county: the **needs are quite disparate depending on where one lives or needs to travel**.
- **Rural riders** (those outside the immediate Yakima area) in particular are **underserved**.
- Special needs riders have difficulty in **understanding and accessing the system;** must improve efforts here.
- **State funding requirements favor urban areas**.
- **Enhanced coordination** needed at all governmental / agency levels.

EVERETT / SNOHOMISH COUNTY   **May 7, 2008**

- Need   **more service and more resources** to provide those services.
- Need   **greater understanding of transportation systems by riders, the public, and agencies** –options, eligibility rules, routes.
- **Human services agencies** have important role to play in connecting transportation systems to special needs riders.
- Need   to **increase coordination** of systems. The idea of **consolidating multiple transportation systems** into a single agency came up frequently as an idea to address coordination.
- Challenges related to the **siting of affordable and special needs housing** and needed services away from fixed-route transit access.
- Challenges of getting transportation information to clients of human services agencies.

DAVENPORT / LINCOLN COUNTY   **September 23, 2008**

- Lack of services meeting the needs of **older adults aging in place in rural areas**.
- Knowledge of local rural needs important in designing, delivering service; strengthen local coordination efforts
- **Support 1-call shop** to arrange rides, help clients understand eligibility

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TACOMA / PIERCE COUNTY   **September 26, 2008**

- Challenges differ in urban and rural areas
- Need   for **increased funding**, and increased **flexibility** in application of funding

- **Support 1-call shop** to arrange rides, help clients understand eligibility—but skeptical of "super-broker" idea
- Need better coordination between siting of housing, services and transit planning

- *Summary of Forums*

While the forums were not designed to yield statistically valid results for extrapolation statewide, they did provide insight into the range of interests involved in these issues, and identified a number of common concerns as well as common support for some key potential solutions. Each forum also yielded information as to unique regional concerns.

One notable value of the forums in addition to the data received was observed by attendees at all four sessions: simply having the opportunity to meet and confer with such a broad range of stakeholders on these issues provided new information, new contacts, and a sense of common cause for many attending.

TABLE 3: REGIONAL FORUM RESULTS: HOW WELL DOES THE SYSTEM WORK FOR RIDERS?

Attendees were asked to rate each item from 1 to 5, with 1 being the lowest rating; shaded boxes indicate the highest two ratings in each category.

YAKIMA / YAKIMA COUNTY

RATING	1	2	3	4	5	Don't Know
Rides available *when* needed	2	6	13	3	0	3
Rides available *where* needed	3	15	6	2	0	1
Riders know how to get information needed to travel	3	10	12	1	0	1
System is responsive to rider input	0	2	10	6	0	8
Eligibility well understood	2	14	8	1	0	2
Connections between systems are efficient	5	7	4	3	0	7

DAVENPORT / LINCOLN COUNTY

RATING:	1	2	3	4	5	Don't Know
Rides available *when* needed	14	6	4	1	0	5
Rides available *where* needed	15	5	11	4	1	4
Riders know how to get information needed to travel	21	4	3	3	2	3
System is responsive to rider input	11	1	8	7	6	3
Eligibility well understood	18	8	6	3	0	2
Connections between systems are efficient	28	7	1	0	0	3

EVERETT / SNOHOMISH COUNTY

RATING:	1	2	3	4	5	Don't Know
Rides available *when* needed	0	14	18	4	1	8
Rides available *where* needed	3	20	15	1	1	7
Riders know how to get information needed to travel	2	19	15	2	2	8
System is responsive to rider input	1	15	15	6	0	13
Eligibility well understood	9	21	9	0	2	8
Connections between systems are efficient	9	17	11	7	0	5

TACOMA / PIERCE COUNTY

RATING:	1	2	3	4	5	Don't Know
Rides available *when* needed	0	2	10	10	0	2
Rides available *where* needed	0	10	12	6	0	2
Riders know how to get information needed to travel	0	3	20	6	1	0
System is responsive to rider input	0	2	12	16	0	1
Eligibility well understood	0	11	18	0	1	0
Connections between systems are efficient	5	17	6	1	0	1

TABLE 4: REGIONAL FORUM RESULTS: HOW WELL DOES THE SYSTEM WORK *AS A SYSTEM?*

Attendees were asked to rate each item from 1 to 5, with 1 being the lowest rating; shaded boxes indicate the highest two ratings in each category.

YAKIMA / YAKIMA COUNTY

RATING	1	2	3	4	5	Don't Know
Service agencies work well with transportation agencies	1	1	6	9	1	9
Providers share assets and information to maximize services and minimize duplication	0	4	4	9	0	11
Federal and state funding can be flexibly applied as needed	0	8	4	0	0	16
Agreement on biggest challenges and how to address them	1	0	13	2	0	12

DAVENPORT / LINCOLN COUNTY

RATING	1	2	3	4	5	Don't Know
Service agencies work well with transportation agencies	0	0	5	10	3	19
Providers share assets and information to maximize services and minimize duplication	4	8	5	4	1	14
Federal and state funding can be flexibly applied as needed	16	3	2	1	2	9
Agreement on biggest challenges and how to address them	1	0	1	11	0	19

EVERETT/ SNOHOMISH COUNTY

RATING:	1	2	3	4	5	Don't Know
Service agencies work well with transportation agencies	1	4	21	7	0	13
Providers share assets and information to maximize services and minimize duplication	1	13	15	3	1	16
Federal and state funding can be flexibly applied as needed	6	20	2	1	1	16
Agreement on biggest challenges and how to address them	3	13	12	5	0	16

TACOMA /PIERCE COUNTY

Rating	1	2	3	4	5	Don't Know
Service agencies work well with transportation agencies	2	3	14	8	1	1
Providers share assets and information to maximize services and minimize duplication	3	8	11	2	1	2
Federal and state funding can be flexibly applied as needed	7	10	1	1	0	9
Agreement on biggest challenges and how to address them	1	6	13	3	0	2

Table 5: FORUMS 3 and 4: RATING 13 PRELIMINARY IDEAS / STRATEGIES FOR IMPROVING SPECIAL NEEDS TRANSPORTATION

In Forums 3 and 4, each Table of attendees was asked to vote on a consensus basis for the 3 <u>most helpful</u>, and 3 <u>least helpful</u> ideas. In Davenport, there were 6 tables voting; in Tacoma, there were 5 tables voting. This table shows the results of the table voting exercise.

#	Idea/Strategy	3 Most Helpful Ideas		3 Least Helpful Ideas	
		DAVENPORT	TACOMA	DAVENPORT	TACOMA
1	Customers have one place to call to arrange for trips	4	4	1	0
2	All agencies, state and local, use a central "broker" to provide services to customers.	0	1	3	3
3	Broker establishes a pool of volunteers to provide rides for people	1	0	2	2
4	Brokers are encouraged to cultivate and support local transportation companies	0	1	2	3
5	Local agencies may purchase transportation services from the local broker at a known cost and may access the volunteer pool.	0	1	2	0
6	Transportation costs are shared equitably among agencies using the broker to provide transportation.	1	1	1	0
7	Establish, or strengthen, a local coordination group – A diverse group of special needs transportation stakeholders to monitor the quality of service provided through the broker and identify and address transportation gaps or shortfalls.	2	2	1	0
8	The local group acts as the liaison between local concerns and activities and state agencies who also act together in a coordinated manner (ACCT)	0	2	1	1
9	The local group will build plans and policies to enhance the ability to travel between areas, for example from Davenport to Spokane.	3	1	1	0
10	Local groups and brokers can assist in local emergency planning efforts and be available as a resource in an emergency situation	0	0	3	2
11	Local school districts make buses available for community transportation when they are not being used for school activities.	1	1	3	3
12	State agencies work together (ACCT) through the local group and the local broker to deliver transportation services to people.	1	1	2	0
13	Establish state and local policies regarding coordination of special needs transportation that all agencies respect and abide by.	4	4	0	0

APPENDIX C
TRANSPORTATION PROVIDER INVENTORY

Operating Name	Agency Type	Service Area	Days of Service	Volunteer Drivers	Demand Response	Fixed Route	ADA Paratransit	Deviated fixed-route	Job access	Intercity	Vanpool	General Public	Disabled	Senior	Low Income	Notes
					Service Type							Passenger Type				
Abbott-Wolfe Center for the Cascade Seniors	Non-profit	Snohomish County		✓	✓		✓						✓			
American Cancer Society (Snohomish County)	Non-profit	Snohomish County														Provides limited transportation to cancer patients going to and from treatments and travel reimbursement for persons meeting income guidelines.
American Red Cross (Snohomish County)	Non-profit	Snohomish County														Volunteer program provides group transportation for clients of Little Red Schoolhouse, Cocoon House, and Pathways for Women.
Appointment Keepers Transportation Service	General Purpose Government	Walla Walla and College Place	Seven days a week		✓								✓	✓	✓	
Arcadia Health Care	For-profit	Pierce County	Seven days a week									✓	✓	✓	✓	Caregivers use their own vehicles to transport clients. Have contract w/Pierce County Aging and Long Term Care. Service days vary.
Around the Sound Transportation Specialistics (formerly JFM Transportation)		Pierce, Kitsap, Mason, Clallam, Jefferson, and South King Counties	Seven days a week		✓							✓	✓	✓		
Asotin County Transit	PTBA	Countywide, Astin County	Monday - Friday		✓		✓					✓	✓			
Auburn Senior Activity Center	General Purpose Government	Auburn and Southeast King County area	Monday - Friday											✓		
Auburn Senior Activity Center	General Purpose Government	Auburn and Southeast King County area. Some northern Pierce County also.	Monday - Friday											✓		Only provide service for trips. Work to facliitate Access use for all other purposes.
Ben Franklin Transit	PTBA	Central Benton and Franklin Counties	Seven days a week		✓	✓	✓				✓	✓	✓			Dial-a-ride (paratransit) service is provided six days a week.
Black Diamond Community Center	Non-profit	the greater Black Diamond area in King County	Two days a week	✓	✓								✓	✓	✓	Van pickup and drop off every Thurs in local vicinity (Black Diamond, Maple Valley, foothills) - charge rate ($2 for Black Diamond, $3 surrounding area). Fri adult day health program (pickup and drop off) - no fee. Operates Thu, Fri. Disabled eligible only if also a senior & limited by type of disability due to no van lift. Low income restricted to seniors.
Buckley Senior Center	General Purpose Government	Pierce County												✓		
Burn Children Recovery Foundation	Non-profit	National	Seven days a week		✓	✓										Transportation for kids at camp, airfare, taxi from airport to hospital.
Camano Senior and Community Center	Non-profit	Camano Island	Monday - Friday	✓	✓								✓	✓		Volunteer drivers, using private cars, provide transportation to doctor's appointments.
CAP-Lower Columbia Community Action Council	Non-profit	Lower Columbia (Vancouver - Tumwater)	Six days a week	✓	✓	✓	✓		✓			✓	✓	✓		Provides paratransit services for seniors age 60 and over who live in Longview/Kelso but live outside of the CUBS service area. This service uses 12–passenger lift-equipped vehicles. Also provides two rural transportation routes: Longview to Vancouver (Salmon Creek) (3 times a day M-F), Longview to Tumwater (two times a day M-F). On Saturdays, provide two trips to Vancouver and 1 trip to Tumwater. Open to general public. Also provides medicaid transportation, free but limited to only twice a month.
Caritas Center - Transportation Service	Faith-based	Northwest Spokane. (north of montgomery and west of division, up to Hawthorne road and the following zip code: 99026)	Seven days a week	✓	✓									✓	✓	Doctor's appointments or groceries. Low income seniors who live alone. Clients need to be able to walk to vehicles. Branch of Volunteer Chore Services. For job access, may provide vouchers.

Operating Name	Agency Type	Service Area	Days of Service	Volunteer Drivers	Demand Response	Fixed Route	ADA Paratransit	Deviated fixed-route	Job access	Intercity	Vanpool	General Public	Disabled	Senior	Low Income	Notes
				Service Type								**Passenger Type**				
Catholic Charities Volunteer Chore Services (VCS)	Non-profit	Spokane County	Monday - Friday	✓									✓	✓	✓	Have to be low-income (or high rent / medical expenses), free.
Catholic Community Services of King County	Faith-based	King County	Monday - Friday	✓	✓								✓	✓	✓	Medical access program primarily serving seniors over 60 with a need (income, unable to drive); uses volunteer drivers. Service provided by Maple Valley Community Center.
Catholic Communiy Services of Snohomish County	Faith-based	Snohomish County	Monday - Friday	✓	✓								✓	✓	✓	Provide medical or essential transportationi for disabled, or elderly and low income. See also Catholic Community Services for King County.
Central Washington Comprehensive Mental Health	Non-profit	Vans in Kittitas County office. Satellite locations serveYakima, Kittitas, and Klickitat Counties	Six days a week		✓							✓				Have 2 vans. No job access at this time, but looking at new program which will offer such service.
Chelan-Douglas Developmental Services	Non-profit	Greater Wenatchee . East Wenatchee Area	Monday - Friday		✓							✓				
Chesterfield Health Services	For-profit	King and Snohomish County	Monday - Friday												✓	
Children's Home Society of Washington	Non-profit	Early Head Start Programs operate in Auburn and surrounding areas (e.g Kent, Maple Valley, Enumclaw) and also Walla Walla	Monday - Friday		✓								✓		✓	Transportation is offered for early head start program, serving birth to 5 years. Home-based transportation provided as needed to medical appointments. Some kids in the program are disabled, but economically disadvantaged is primary criteria.
City of Kent	General Purpose Government	City of Kent (King County)	Four days a week											✓		No longer have transportation from front door to center (wasn't well used). Encourage those who need the service to use Access and provide assistance with forms. For organized trips will pick up and drop off people 50 and older from City of Kent at their home (including grandchildren depending on type of event). Volunteers utilized only for Meals on Wheels program. Operates Tues, Thu, Fri, Sat
Clallam Transit System	PTBA	Countywide, Clallam County	Six days a week	✓	✓	✓	✓				✓	✓	✓	✓		Provids Medicaid transportation 24/7 by appointment.
COAST	Non-profit	Whitman, Asotin, Garfield, and southern region of Spokane Counties	Monday - Friday		✓	✓	✓					✓	✓	✓		
Columbia Basin Health Association		Within 20 miles of their clinics														
Columbia County Public Transportation	Transportation Authority	Countywide, Columbia County	Monday - Friday		✓		✓				✓	✓	✓		✓	No fixed routes, Demand response and vanpooling only. CCPT is the only public transportation available to the residents of Columbia County, as well as to residents of Waitsburg and Prescott in neighorboring Walla Walla County".
Colville Confederated Tribes	Tribal Government	Colville Reservation, surrounding areas, and throughout the NW including OR, Idaho, and Canada	Seven days a week		✓									✓		Operates as needed.
Community Transit	PTBA	Suburban and rural Snohomish County	Seven days a week		✓	✓	✓					✓	✓			

Operating Name	Agency Type	Service Area	Days of Service	Volunteer Drivers	Demand Response	Fixed Route	ADA Paratransit	Deviated fixed-route	Job access	Intercity	Vanpool	General Public	Disabled	Senior	Low Income	Notes
				Service Type								Passenger Type				
Council House	Non-profit	Located on Capitol Hill. Local trips serve local Seattle area; outings can be further out.	Monday - Friday		✓								✓			Council House provides a clean, affordable housing alternative to elderly low-income individuals and couples. Provides transportation to its residents for shopping and weekly outings. Van to shopping and special outings. Partnership with Metro. Serves disabled over 62. Shopping trips on Tuesdays & Thursdays. Outings typically M-F but could be on weekends.
Cowlitz Transit Authority	PTBA	Cities of Longview and Kelso	Six days a week		✓	✓	✓					✓	✓			Dia-a-ride (paratransit) service is provided on weekdays.
C-TRAN	PTBA	The City of Vancouver and its UGB; and the city limits only of Camas, Washougal, Battle Ground, Ridgefield, La Center, and Town of Yacolt	Seven days a week		✓	✓	✓					✓	✓			Provide paratransit services, provides 5 Connector
Davenport Senior Center - Senior Transportation	Non-profit	Davenport and Lincoln County			✓								✓	✓		
disAbility Resource Connection	Non-profit	Snohomish County	Monday - Friday										✓			
Disabled American Veterans Transportation Network	Non-profit	Multiple locations statewide	Monday - Friday	✓	✓								✓			Primarily serves disabled veterans needing medical care.
Diversified		Snohomish County	Seven days a week													
East County Senior Center	Non-profit	Eastern Snohomish County - Within City of Monroe	Two days a week		✓								✓	✓		Provides transportation for senior center events. Operates on Mondays and Thursdays.
Elder Companion Services	For-profit	Approx 30 mile radius around Tacoma	Monday - Friday		✓								✓	✓		Friendly visits, transportation, help with correspondence and personal business, errand running, grocery shopping, escort to social or business functions, daily telephone checkups, advocacy, etc. Doesn't have capability to transport wheelchairs, but can accomodate other disabilities.
Elmview Residential Services	Non-profit	Kittitas, Yakima, and Chelan/Douglas counties			✓								✓			Transportation services as part of residential living and transportation to medical appointments and/or shopping as part of home care.
Enumclaw Community Hospital	Faith-based	King County (Enumclaw, Black Diamond, Bonney Lake, Buckley, Burnett, Carbonado, Cumberland, South Prairie and Wilkeson)	Monday - Friday		✓							✓		✓		Provides service to appointments; service expanded to public from just seniors.
Enumclaw Senior Activity Center	General Purpose Government	King County	Monday - Friday		✓									✓		Adults 55 years and older; provides transportation to/from center
Everett Transit	General Purpose Government	City of Everett	Seven days a week		✓	✓	✓					✓	✓	✓		
Fairfield Good Samaritan Center	Non-profit	Spokane Area (30 miles from Spoken)	Once a month		✓		✓						✓	✓		Provides demand response services once a month; A contractor provides transportation service called Special Mobility Service - 12 trips per month
Faith in Action West Sound	Non-profit	N. Mason, S. Kitsap	Seven days a week	✓	✓					✓			✓	✓		As far as Bremerton and Silverton to take people to medical appointments. Free service, rely on volunteer drivers.
Fort Road Transit	Non-profit	Toppenish to White Swan, WA	Monday - Friday							✓		✓				Operated by People for People
Garfield County Public Transportation	Unincorporated Transportation Benefit Area	Countywide, Garfield County	Monday - Friday		✓		✓	✓		✓		✓	✓			Provides intercity service two days a week, Dial-a-ride services to the general public three days a week, and paratransit service once a week

Operating Name	Agency Type	Service Area	Days of Service	Volunteer Drivers	Demand Response	Fixed Route	ADA Paratransit	Deviated fixed-route	Job access	Intercity	Vanpool	General Public	Disabled	Senior	Low Income	Notes
				Service Type								Passenger Type				
Gig Harbor/Peninsula FISH	Non-profit	Gig Harbor/Key Peninsula			✓										✓	Available for urgent trips to a doctor, hospital, clinic or for chemotherapy or radiation.
Grant Mental Healthcare	General Purpose Government	Grant County	Monday - Friday		✓							✓	✓	✓	✓	Prefer to refer clients to other transportation services (People for People, Grant County transit, etc.). When necessary, staff may be able to provide a ride.
Grant Transit Authority	PTBA	Countywide, Grant County	Monday - Friday		✓		✓	✓		✓			✓			
Grays Harbor Transit	Transportation Authority	Countywide, Grays Harbor County	Seven days a week		✓	✓	✓			✓		✓	✓			
Grays Harbor Transit	Transportation Authority	Countywide, Grays Harbor County	Seven days a week		✓	✓	✓			✓		✓	✓			
Group Health Volunteer Transportation Program (also known as Transportation Assistance Program)	Non-profit	King County (parts); Greater Seattle Area	Monday - Friday		✓									✓		Provide transportation for members to and from medical appointments. Over age of 60 and are *frail,* but must be able to access vehicle with only limited assistance. Must be Group Health member.
Hillyard Senior Center - Transportation	Non-profit	Spokane County	Monday - Friday		✓									✓		
Hopelink	Non-profit	King County	Seven days a week				✓	✓				✓			✓	Hopelink coordinates transportation to and from medical appointments for low income residents on Medicaid assistance. Hopelink operates Dial-a-Ride Transit (DART) under a contract with King County Metro. DART offers variable routing in some areas within King County. It operates on a fixed schedule with more flexibility than regular Metro Transit buses. Hours and days of service vary by route.
HopeSource	Non-profit	Kittitas County	Monday - Friday	✓	✓							✓	✓	✓	✓	
Human Services Council	Non-profit	Clark County. Also Medicaid Broker for Clar, Cowlitze, Klickitat, Skamania, and Wahkiakum Counties	Seven days a week		✓		✓						✓	✓	✓	
Indian Health Services		Pierce and King County	Monday - Friday													
Intercity Transit	PTBA	The cities of Olympia, Lacey, Tumwater, and Yelm and the area approximating the Urban Growth Areas of these cities	Seven days a week		✓	✓	✓				✓	✓	✓	✓	✓	
Interfaith Association of Snohomish County	Faith-based	Snohomish County													✓	
International District Parking Association (IDPA) dba Merchants Parking Association (MPA)	Non-profit	King County, Some Snohomish, Some Pierce. I-5 Corridor. Some F/T throughout state	Seven days a week		✓	✓	✓	✓		✓		✓	✓	✓	✓	Work with Hopelink. Broker for demand response, fixed routes, ADA Paratransit, and Deviated Fixed Routes. Limited intercity service. No Job Access currently, but would like to. General public service is shuttles e.g. for Amazon, Gates Foundation, Schools.
Island County Volunteer Chore and Medical Transportation	Non-profit	Seattle area (200 mile radius)	Seven days a week	✓	✓		✓						✓	✓		60 or older
Island Transit	PTBA	Countywide, Island County	Six days a week		✓	✓	✓	✓				✓	✓		✓	
Jefferson Transit	PTBA	Countywide, Jeffersno County	Seven days a week		✓	✓	✓	✓	✓	✓	✓	✓	✓			
Key Peninsula Ambulance District 16	General Purpose Government	Lakebay - NW Pierce County	Seven days a week		✓							✓				Limited non-emergency medical transportation; people can call emergency line.
King County Metro Transit	General Purpose Government	King County	Seven days a week		✓	✓	✓					✓	✓	✓		

Operating Name	Agency Type	Service Area	Days of Service	Service Type								Passenger Type				Notes
				Volunteer Drivers	Demand Response	Fixed Route	ADA Paratransit	Deviated fixed-route	Job access	Intercity	Vanpool	General Public	Disabled	Senior	Low Income	
Kirkland Community Senior Center Shuttle - Peter Kirk Community Center	General Purpose Government	Kirkland City Limits (not greater Kirkland)/ Juanita area	Monday - Friday		✓								✓	✓		Primarily seniors, 50+. Van is equiped to serve disabled. Pickup/dropoff to activities at center as well as trips to grocery store.
Kitsap Transit	PTBA	Countywide, Kitsap County	Seven days a week		✓	✓	✓					✓	✓			
Korean Women's Association - Senior Daycare Program	Non-profit	Tacoma and Pierce County	Monday - Friday		✓									✓		Have 2 vans, transport clients to center for meals and activities, approx 10 am - 2 pm. Pierce County transit transports disabled clients.
L.E.W.I.S. Mountain Highway Transit	Non-profit	Eastern Lewis and southeastern Pierce Counties	Monday - Friday		✓	✓		✓		✓	✓	✓	✓	✓		Deviated service for disabled and seniors
Link Transit	PTBA	Countywide, Chelan County, and western and south Douglas County	Six days a week		✓	✓	✓	✓				✓	✓			
Lions Low Vision Clinic	Non-profit	Pierce, King, Snohomish County											✓			
Lower Columbia Community Action Council	Non-profit	Longview to Naselle, Longview to Chehalis, Longview to Vancouver	Six days a week	✓	✓	✓	✓					✓	✓	✓		
Makah Public Transit	Tribal Government	Neah Bay village and surrounding housing areas	Six days a week		✓	✓						✓	✓	✓		
Maple Valley Community Center Van	Non-profit	Maple Valley Area in King County	Three days a week		✓			✓					✓	✓	✓	Lift vehicle, MWF, w/in Maple Valley/Cuttington/Baclk Diamond (also larger county). "Access" type rides for elderly or disabled. Will take low income to local food bank. Also provides service for Catholic Community Services medical access program. Operates Mon, Wed, Fri
Mason County Transportation Authority (Mason Transit)	PTBA	Countywide, Mason County	Six days a week	✓	✓		✓	✓		✓	✓	✓	✓			
MediRide		Snohomish County	Six days a week													
Mercy Transportation		King and Snohomish County											✓	✓		
Mt. Adams Transportation Service	General Purpose Government	Klickitat County with adjacent destinations in the Columbia River Gorge, Yakima, Portland and Vancouver	Monday - Friday	✓	✓							✓		✓		
Mt. Si Community Shuttle	Non-profit	Upper Snoqualmie Valley	Monday - Friday		✓							✓	✓	✓	✓	
Mt. Si Senior Center		SV from serve between N. Bend and Monroe	Monday - Friday		✓							✓	✓	✓	✓	Metro funds service to mitigate need to send Access vans to rural area. Have 3 vans and also dispatch 4 vans for Sno Valley Senior Center (Sno Valley Shuttle). Serve seniors and disabled as well as transportation dependent general public.
Mukilteo Family YMCA	Non-profit	Snohomish County												✓		Run senior trips (from web).
Neighborhood House	Non-profit	King County	Monday - Friday		✓		✓		✓				✓	✓	✓	
Northshore Senior Center	Non-profit	King and Snohomish County	Monday - Friday		✓								✓	✓		
Northwest Transport, Inc	For-profit	Pierce, King, Snohomish County			✓							✓				
Northwestern Trailways	For-Profit	Statewide	Seven days a week		✓	✓						✓				
Okanogan County Transportation and Nutrition	Non-profit	Okanogan, Chelan, Lincoln, and Douglas Counties	Monday - Friday		✓			✓	✓	✓		✓	✓		✓	

Operating Name	Agency Type	Service Area	Days of Service	Service Type								Passenger Type				Notes
				Volunteer Drivers	Demand Response	Fixed Route	ADA Paratransit	Deviated fixed-route	Job access	Intercity	Vanpool	General Public	Disabled	Senior	Low Income	
Olympic Bus Lines	For-Profit	Port Angeles to Seattle area (service through Clallam, Jefferson, Kitsap, and King Counties)	Seven days a week			✓						✓				
Olympic Community Action Programs	Non-profit	Clallam and Jefferson Counties	Seven days a week		✓						✓				✓	
Outdoors for All Foundation (formerly SKIFORALL Foundation)	Non-profit	Puget Sound Area	Seven days a week	✓	✓								✓			Provide opportunities to participate recreational activities - accessible transportation for participants. Pickup from a central location, provide transportation to event, then drop off at same location. Participants are picked up by caregivers, etc. In winter, mostly Friday - Sunday
PACE Van Service	Non-profit	Snohomish County Area, w/in & outside (as far as Seattle)	Six days a week		✓							✓	✓	✓	✓	Paratransit Services contracts with them for economically disadvantaged. Demand response but need to schedule about 4 days ahead due to availability. Also accept private pay, which is open to general public. Operate until 3 pm on Saturdays.
Pacific Transit	PTBA	Countywide, Pacific County	Six days a week	✓	✓	✓				✓		✓	✓			
Palouse Industries & Early Learning Services	Non-profit	Agency serves Latah (IH) and Whitman Counties. Program serves Whitman County.	Monday - Friday			✓		✓					✓		✓	Operates a new ADA accessible mini-van and three older 14-passenger maxi-vans in support of its services. One fixed route from Pullman to Colfax. Clients need to get to one of the stop locations and are dropped off at that location after work. A lot of people served also use Pullman Transit Dial-aRide and COAST, e.g. to get to medical appointments. Some clients use Wheatland Express - serves from Idaho to Pullman. Need transit service throughout the county - sees this as one of the biggest barriers to employment. Low-income eligible only if disabled.
Paratransit Clallam	Non-profit	Clallam County	Six days a week		✓		✓						✓	✓		Operated by Paratransit Services
Paratransit Services, Inc.	Non-profit	Clallam, Cowlitz, and King Counties - see notes	Seven days a week		✓		✓					✓	✓	✓	✓	Operate buses in Clallam County (ADA), Longview (ADA; Cowlitz County) and Renton (Medicaid - Appointmentst; King County). Also broker Medicaid Transportation Services for Regions 2, 4, 5, and 6, in northwestern Washington: Snohomish, Pierce, Clallam, Jefferson, Kitsap, Mason, Grays Harbor, Pacific, Thurston, and Lewis Counties. Service days vary by route.
People for People - Hospice Friends	Non-profit	Kittitas County (also Yakima on as-available basis)	Monday - Friday	✓	✓									✓		Volunteers provide transportation for individuals to and from medical appointments in Kittitas County and out of the county (typically Yakima) on an as-available basis (weather permitting). Have a life threatening illness and/or on hospice services and/or considered to be "frail elderly" - typically those over 65 that need some extra equipment or supplies to help them live independently.
People for People - Moses Lake	Non-profit	Yakima, Kittitas, Grant and Adams County	Monday - Friday		✓			✓	✓			✓			✓	
People for People-Yakima	Non-profit	Yakima, Union Gap, Selah	Monday - Friday		✓			✓		✓		✓	✓	✓	✓	
Pierce County Community Services	General Purpose Government	Pierce County	Seven days a week		✓		✓						✓	✓	✓	
Pierce Transit	PTBA	Central and northern Pierce County, including the Gig Harbor and Key Peninsulas	Seven days a week	✓	✓	✓						✓	✓			
Provail	Non-profit	King and Snohomish County											✓			Transportation is provided to participants in the Community Living Program

Operating Name	Agency Type	Service Area	Days of Service	Volunteer Drivers	Demand Response	Fixed Route	ADA Paratransit	Deviated fixed-route	Job access	Intercity	Vanpool	General Public	Disabled	Senior	Low Income	Notes
					Service Type							Passenger Type				
Providence Elder Place	Non-profit	Most of King County	Monday - Friday		✓								✓	✓	✓	Providence ElderPlace is a program of health care and social services for older adults. PACE (Program of All Inclusive Care for the Elderly) programs keep older adults as healthy as possible in the community by providing comprehensive health care and social services including: primary and specialty medical care, a day health program, social work services, rehabilitation, housing (if necessary) and much more. Transportation service is provided for those enrolled in Providence Elderplace, for transportation to/from the facility and/or other medical care.
Pullman Senior Citizens Association	General Purpose Government	Pullman and surrounding area for special activity trips	Seven days a week		✓									✓		
Pullman Transit	General Purpose Government	City of Pullman, Whitman County	Seven days a week		✓	✓	✓					✓	✓	✓		
Redmond Senior Center MS:CHSC	General Purpose Government	Redmond, King County (must be within city limits for pickup/dropoff but trips open to those outside the city)	Two days a week		✓								✓	✓		The RSC bus offers transportation services, such as grocery shopping and day trips. The RSC also maintains current information on other transportation systems such as METRO, ACCESS, and Sound Transit. 50+. Have lifts. Stopped daily transportation due to lack of demand. Grocery shopping 1x/wk for people w/in city limits. Day trips for people all over, with pickups for those in city limits. Thurs (grocery), Tues (day trips - may vary)
Regional Reduced Fare Permit	General Purpose Government	King County	Monday - Friday										✓	✓		Also known as senior or disabled bus pass, this permit costs $3.00 and entitles you to reduced fares on Metro Transit, Washington State Ferries, Community Transit, Everett Transit, Intercity Transit, Jefferson Transit, Kitsap Transit, Mason Transit, Pierce Transit, Skagit Transit and Sound Transit. Each transit agency sets their own reduced fare structure.
Rural Resources Community Action	Non-profit	Stevens, Ferry, and Pend Oreile Counties	Monday - Friday	✓	✓		✓					✓	✓	✓	✓	Listed as Medicaid access transportation. Also provides Head Start transportation for preschool aged, low-income children. Some volunteer transportation is available evenings and weekends
Salvation Army	Faith-based	Everett and Snohomish County														
Samish Indian Nation	Tribal Government	Between Anacortes, Fidalgo Island and Oak harbor, Whidbey Island	Monday - Friday					✓						✓	✓	
SeaTac Senior Program	General Purpose Government	Residents of Seatac. King County	Monday - Friday	✓	✓								✓	✓	✓	Trips (Seatac residents only) and lunch program. Don't do pickups for motor coach, weekend, or late night events. Also low income and disabled (only if seniors). Mon (trips). Tues-Fri (lunches).
Seattle Indian Health Board		Pierce, King, Snohomish County	Monday - Friday												✓	
Senior Companion Program	General Purpose Government	Varies by program		✓										✓		Four SCP programs in Washington State.
Senior Service for South Sound	Non-profit	Rochester, Tenino, Bucoda, and outlying areas			✓									✓		
Senior Service for South Sound	Non-profit	Rochester, Tenino, Bucoda, and outlying areas	Monday - Friday		✓									✓		Rides are available for Senior Nutrition Programs and essential errands on Tuesdays and Thursdays; medical appointments on Mondays, Wednesdays and Fridays.
Senior Service Transportation Program				✓										✓		
Senior Services of Seattle/King County	Non-profit	Urban, suburban and rural King County	Monday - Friday		✓									✓		
Senior Services of Snohomish County	Non-profit	Snohomish County	Monday - Friday		✓		✓				✓		✓	✓		

Operating Name	Agency Type	Service Area	Days of Service	Service Type								Passenger Type				Notes
				Volunteer Drivers	Demand Response	Fixed Route	ADA Paratransit	Deviated fixed-route	Job access	Intercity	Vanpool	General Public	Disabled	Senior	Low Income	
Sherwood Community Services	Non-profit	Snohomish County (generally from Edmonds to as far north as Arlington and as far east as Sultan/Gold Bar)	Seven days a week		✓				✓				✓	✓	✓	May provide transportation to clients to/from job site, but ideally on a short term basis. Try to connect people with community resources. Help people fill out applications, e.g. for DART service. Support bus training programs provided by transit agencies. Generally Monday - Friday. Seniors and low income only if disabled.
Shriners Hospitals for Children (Spokane)	Non-profit	Generally to/from Airport, sometimes to Inland Imaging (10-15 mile radius)	Monday - Friday	✓				✓								Have shuttles to provide service to/from airport, as needed. Serve children.
Skagit Transit	PTBA	Generally northern three-quarters of Skagit County	Seven days a week		✓	✓	✓			✓		✓	✓			
Skamania County Public Transit	General Purpose Government	Between Skamania County and Clark County, serving communities along State Highway 14(Carson, Stevenson, North Bonneville, Skamania, Prindle)	Monday - Friday					✓		✓		✓				Deviated route for the general public.
Skamania County Senior Services	General Purpose Government	Skamania County and a 50-mile radius outside the county borders	Monday - Friday		✓		✓					✓	✓	✓		The service is also provided for Mediicaid recipients. Weekend service can be arranged.
Sno Valley Senior Center	Non-profit	King County (Snoqualmie Valley only)	Monday - Friday	✓	✓		✓		✓			✓	✓	✓	✓	Focus on disabled and senior. Sno Valley Shuttle - Door to door, w/c equiped vans. Mt. Si Senior Center does dispatch for their senior shuttles. Ruth is the contact there. Mt. Si dispatches their buses as well as SVT (Snoqualmie Valley Transportation) shuttles. For drivers, participate in Senior Services program (Valley Only) . They use volunteers when need to go on trips outside the valley.
Snohomish County Center for Battered Women	Non-profit	Snohomish County	Seven days a week		✓							✓				For clients, provide bus passes on a limited basis, vouchers for gas. Pick up people who are fleeing for safety, to/from court, and also children's program.
Solid Ground (formerly Fremont Public Association) - Personal Transit Program	Non-profit	King County	Seven days a week		✓		✓						✓		✓	ADA transportation for King County Metro. Also have Working Wheels and Community Garage Programs.
Soroptimist International Of Friday Harbor	Non-profit	San Juan County	Seven days a week		✓								✓			Also provide free ferry tickets and/or free courtesy cars/van at ferry terminal, airports
Sound Transit	Transportation Authority	Urbanized area of King, Pierce and Snohomish Counties	Monday - Friday			✓				✓		✓	✓	✓		
South County Senior Center		Lynnwood and Edmonds area	One day per week											✓		Operates on Mondays.
Special Mobility Services, Inc (SMS)	Non-profit	Spokane County, southern Pend Oreille County, and Priest River, Idaho	Seven days a week		✓	✓	✓		✓			✓	✓	✓		
Spokane Mental Health - Care Cars for Elders	Non-profit	Spokane County	Monday - Friday		✓									✓		
Spokane Mental Health - New Hope Resource Center - Transportation for the Elderly / Disabled	Non-profit	Serves from Francis street in Spokane, WA to Mead, Colbert, Elk, Chattaroy and Riverside areas	Two days a week		✓		✓						✓	✓		Operates Tue/Thu

				Service Type								Passenger Type				
Operating Name	Agency Type	Service Area	Days of Service	Volunteer Drivers	Demand Response	Fixed Route	ADA Paratransit	Deviated fixed-route	Job access	Intercity	Vanpool	General Public	Disabled	Senior	Low Income	Notes
Spokane Mental Health - Wheelchair Transport and Quality	Non-profit	Inland Northwest	Seven days a week		✓		✓						✓			
Spokane Transit Authority	PTBA	Most of Spokane County	Seven days a week		✓		✓				✓		✓			
Squaxin Island Tribe	Tribal Government	Kamilche, Mason County; Elma, Grays Harbor County; and Steamboat Island, Thurston County	Monday - Friday	✓	✓	✓	✓						✓			Provided for tribal members and Mason County Service area residents with disabilities
Stanwood Senior Center		King and Snohomish County														
Sunrise Services	Non-profit	Facilities in Everett and King County	Seven days a week	✓	✓								✓			Serve developmentally disabled. Contract w/Paratransit, a few of own vehicles. Grocery shopping, errands.
The Arc of Tri-Cities - Coalition Transportation Service	Non-profit	Benton and Franklin Counties	Monday - Friday		✓		✓		✓				✓	✓		Contract through Ben Franklin transit. No charge, but must meet criteria. Some clients pay for discounted passes. Transport to/from day/programs. Serve Goodwill/Columbia thrift stores for Job Access programs. Also have their own work program. Also serve adult day programs. Can't use volunteer drivers because of state of Washington insurance requirements from the contracting agency.
Thurston Regional Planning Council	Special District	Nisqually Reservation and surrounding rural areas of Yelm and Rainier and the Confederated Tribes of the Chehalis Reservation and adjacent rural communities of Tenino, Bucoda, and Rochester	Monday - Friday		✓			✓	✓			✓			✓	
Transpro Inc.	For-profit	SE Pierce County and Northeaster Thurston County	Monday - Friday									✓				
TRPC Rural & Tribal Transportation	General Purpose Government	Rural portion of Thurston County	Monday - Friday		✓		✓	✓	✓			✓	✓	✓	✓	Provides public transportation services and connections to individuals living outside Intercity Transit's (I.T.) Public Transportation Benefit Area. Special emphasis is placed on people with low incomes and work related trips. Serves general public, emphasis on rural/tribal
Twin Transit	PTBA	Cities of Centralia and Chehalis, Lewis County	Seven days a week		✓		✓	✓				✓	✓			
Valley Transit	PTBA	Walla Walla / College Place Area, Asotin County; Latah, and Nez Perce Counties in Idaho	Six days a week		✓	✓	✓					✓	✓	✓	✓	
Vashon Island Community Care Center	Non-profit	Vashon-Maury Island												✓		
Village Community Services	Non-profit	Snohomish, Island and Skagit counties	Seven days a week		✓				✓				✓			Developmentally disabled adults. Vocational and residential program. Facilitate public transportation use to the extent possible, but have agency vehicles as well. Monday - Friday (vocational); Seven days a week (residential)
Volunteer Transportation	Non-profit	King County	Monday - Friday	✓	✓								✓	✓		Medical service provided by volunteer drivers, serves 60+ only. Senior Shuttle provides demand response service, also serves persons with disabilities of any age.
Volunteers of America Western Washington	Faith-based	Snohomish County	Monday - Friday									✓				

Operating Name	Agency Type	Service Area	Days of Service	Service Type								Passenger Type				Notes
				Volunteer Drivers	Demand Response	Fixed Route	ADA Paratransit	Deviated fixed-route	Job access	Intercity	Vanpool	General Public	Disabled	Senior	Low Income	
Wahkiakum County Health and Human Services	General Purpose Government	Wahkiakum and also into Pacific and Cowlitz Counties	Monday - Friday		✓	✓		✓	✓	✓		✓	✓	✓	✓	Transportation Referrals through Human Services Council. Health and Human Services verifies eligibility. * Medicaid Low Income Transportation * Lower Columbia Community Action Program (CAP) * "Wahkiakum on the Move" transit system - accomodations (LIFT, door-to-door. Also set schedule of stops with ability to deviate). Medicaid Transit through Health Services Council out of Vancouver.
Walla Walla RSVP (Retired and Senior Volunteer Program)	Non-profit	Walla Walla	Monday - Friday	✓										✓		Volunteeers help with Meals on Wheels. Use own vehicles, reimb mileage.
Walla Walla VA.	General Purpose Government	Idaho, Oregon, Washington State (will arrange/refer if can't provide directly)	Monday - Friday	✓	✓	✓		✓		✓					✓	Based in VA Medical Center. DAV provides client-based, access to medical trips using program vehicles and primarily volunteer drivers. Veterans, not necessarily disabled, but not able to drive in general or due to type of appointment, e.g. eye. T/Th La Grande to Walla Walla via Pendleton. W Walla Walla to Pendleton. Tri Cities to Walla Walla. Also Transportation Center, goes by income, provides tickets. Valley Transit provides dial-a-ride service in Walla Walla as well.
Wallingford Community Senior Center	Non-profit	Wallingford and North Seattle	Monday - Friday		✓		✓						✓	✓	✓	Seniors are primary population. Disabled and low income secondarily.
Warm Beach Senior Community	Non-profit	Seattle on some trips (50-mile range), mostly w/in 10 miles. Snohomish County	Seven days a week	✓	✓	✓								✓		Step, 20 pass mini-buses. Minivan. Diff trips/outings, medical appointments. Occasional use of volunteer drivers (maintain a list)
Whatcom Transportation	PTBA	Whatcom County	Seven days a week		✓	✓	✓	✓		✓			✓	✓		
White Express Transportation Inc.		King and Snohomish County	Six days a week													
Work Opportunities													✓			
Yakama Nation Area Agency on Aging	Non-profit	Yakima Reservation	Monday - Friday			✓						✓		✓		The route distance is 41 miles (round trip). Contract it out to People for People. Service provided from 6 am to 6pm.
Yakima Transit	General Purpose Government	City of Yakima	Seven days a week		✓	✓	✓				✓	✓	✓			
Yelm Community Center (Senior Multipurpose Center)	Non-profit	15 mi radius from center in Yelm	Monday - Friday	✓	✓								✓	✓	✓	Mainly pickup for lunch. Affiliated with South Sound Services for Seniors, Both buses with W/C lifts. Also to/from medical appointments. Seniors defined as 50+ are primary focus. Would also accept non-seniors if contact them on space permitting basis.
YMCA of Snohomish County/Southeast Branch		SE Snohomish County	Six days a week											✓		

APPENDIX D

PUBLIC TRANSPORTATION GRANTS PROGRAM

![Washington State Department of Transportation logo]
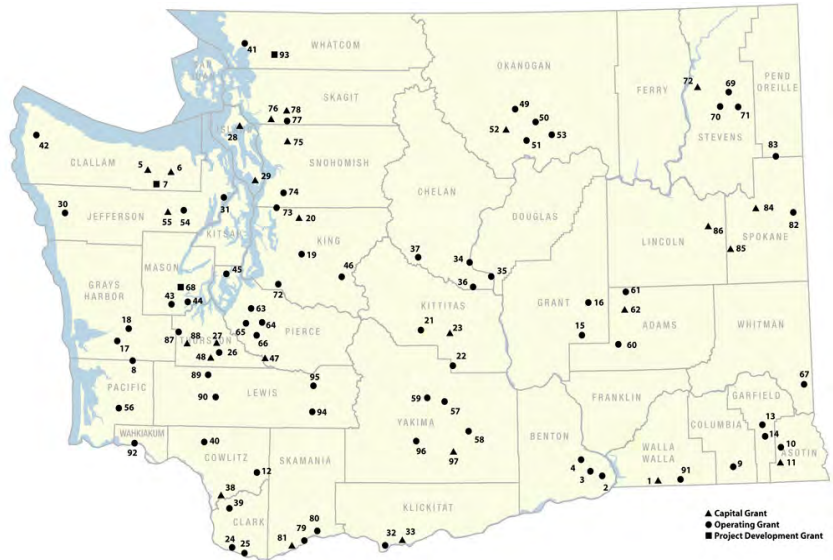
Public Transportation Grants Program

The Washington State Department of Transportation's (WSDOT) public transportation grants help provide access, mobility, and independence to Washington residents. The 2007 State Transportation Budget continued the commitment to public transportation programs made possible by the 2003 Legislative Transportation Funding Package and the 2005 Transportation Partnership Package. Coupled with federal funds, these grants help to provide:

- Transit services within and between cities
- New buses and equipment
- Public transportation service for the elderly and people with disabilities
- Public transportation in rural areas

Who receives the grants?

Many types of organizations may qualify for public transportation grants including:

- Transit systems
- Non-profit agencies
- Tribal governments
- Senior centers
- State agencies
- Cities and counties
- Special districts such as schools and ports
- Private, for-profit operators

2007-2009 distribution of public transportation competitive grants across the state.

How are the funds put to work?

The 2007–2009 public transportation grants are at work across the state. WSDOT awarded state and federal grants in July 2007, for a record 136 projects through the state's competitive and formula public transportation grants program. The grant funds are purchasing approximately 145 vehicles and providing transportation for people living in rural areas, people with special transportation needs and the general public in 38 counties.

What is WSDOT's role in managing the grants?

WSDOT's grants staff are responsible for:

- Managing project selection and funding distribution
- Working with each grantee to finalize project scope, budget, and grant agreements
- Monitoring grantees for performance and compliance with state and federal regulations
- Assisting in vehicle purchases and maintaining a vehicle inventory database
- Providing training and technical assistance to grant recipients in the form of transportation planning, contract management and marketing
- Reporting to the Washington State Legislature and the Federal Transit Administration on performance of state and federally funded projects

What types of grants are awarded?

WSDOT created a consolidated grant application process in 2003 to combine the applications for state and federal public transportation grants. Timelines for all state and federal funding awards were brought in line with the state biennium. This allowed applicants to submit their proposals for all types of grant funding just once every two years instead applying separately for each grant program.

Through the consolidated grant program, WSDOT awarded nearly $59 million in public transportation grants for July 1, 2007 to June 30, 2009 projects statewide. The funding was provided from a combination of state and federal sources.

2007-2009 State Grants

In 2003, the legislature provided the 10-year Legislative Transportation Funding Package that significantly expanded the state's rural mobility grant program and added new Paratransit/

Helping people get to work and back home

Special Needs grants. The Legislature provided an additional $5 million in Paratransit/Special Needs grants through the 2005 Transportation Partnership Package.

For 2007-2009, WSDOT awarded approximately $33 million in the competitive process and $28 million in formal grants.

Rural Mobility Grants - $16.9 million
Rural mobility grants provide a lifeline for many rural citizens who rely on public transportation to hold jobs and maintain their independence. Through a competitive grant application process, $8.4 million was awarded to transportation providers. Through formula based grants, $8.5 million was also provided to rural and small city transit agencies.

Paratransit/Special Needs Grants - $25 million
Paratransit/Special Needs grants support public transportation for persons who, because of their age, disabilities, or income status, are unable to provide

their own transportation. Through a competitive grant application process, $5.5 million was awarded to non-profit transportation providers. Through formula based grants, another $19.5 million was awarded to assist transit agencies with maintaining public transportation services for people with special transportation needs.

2007-2009 Federal Grants

WSDOT administers several Federal Transit Administration (FTA) grant programs. For 2007-2009, WSDOT matched state and local funds with FTA funds and administered more than $21.5 million in federal public transportation grants.

Elderly and People with Disabilities Grant
$2.26 million
This program benefits the elderly and people with disabilities that cannot provide transportation for themselves. FTA allows funding to be used for capital purposes. Recipients are primarily restricted to non-profit organizations.

Rural Public Transportation Grant
$12.7 million
This program provides a lifeline for people in rural areas who need access to health care, education, employment, public services, shopping and recreation. The funds can be used for operating, capital and planning purposes.

Job Access and Reverse Commute Grant
$2.54 million
This program benefits people with low-income by providing transportation to employment or employment related activities. FTA allows funding to be used for operating, capital and planning purposes.

New Freedom Grant
$1.5 million

This program provides additional tools to people with disabilities seeking the ability to enter the work force and other societal activities.

Providing mobility for people with disabilities

FTA allows funding to be used for operating capital, and planning purposes.

APPENDIX E
ACCT BYLAWS

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ACCT By-Laws

- Article I -- Purpose
- Article II -- Membership
- Article III -- Meetings
- Article IV -- Quorum
- Article V -- Minutes
- Article VI -- Change or Repeal of Internal Rules
- Article VII -- Expenses of Council Members
- Article VIII -- Working Groups and Committees

ARTICLE I

PURPOSE

The Agency Council on Coordinated transportation is an interagency team responsible for recommending policies and guidelines to promote institutional and operational structures encouraging the efficient coordination of transportation programs and providers.

Through coordination we can improve access and mobility to those who cannot transport themselves or purchase transportation, such as the elderly, low income, children and people with disabilities. This will allow them access to jobs, education, and needed goods and services.

ARTICLE II

MEMBERSHIP

Section 1. Voting Members

The Council shall consist of nine voting members. The voting members are:

a) Secretary of Department of transportation or designee b) Secretary of Department of Social and Health Services or designee; c) Superintendent of

Public Instruction or designee; d) representative of Washington State Transit Association; e) representative of Community transportation Association of the Northwest; f) representative of Washington Association of Pupil transportation; g) representative from the Office of the Governor; and, h) two persons representing consumers of special needs transportation services.

The Council shall be notified, in writing, of a designee or change of representative prior to or at the beginning of a meeting. In addition, Council members may notify the Chairperson an alternate who may serve as a full voting member in the unavoidable absence of the Council member.

Section 2. Non-Voting Members

Members of the Legislature and/or their staff are recognized as non-voting members of the Council.

Section 3. Officers of the Council

1. The Chair of the Council shall be the Secretary of the Department of transportation or designee. The Chairperson shall preside over all meetings of the Council and do all such other things that are appropriated for or delegated to such officer by the Council.

The Chairperson will be the sole signatory on grant applications. Council members will have one week to review such applications before they are submitted.

2. A Vice-Chair may be elected by the council to serve for a term of one year.

Section 4. Staff of the Council

The Department of transportation shall provide administrative support to the Council. The Department will appoint a Council Secretary to serve that purpose.

ARTICLE III

MEETINGS

Section 1. Time and Place of Meetings

Regular public meetings of the Council must be held at least four times each year.

A special meeting of the Council may be called by the Chairperson or by a majority of the members of the Council, by delivering personally or by mail

written notice to all other members of the Council at least twenty-four hours before the time of such meeting as specified in the notice. The notice calling a special meeting shall state the purpose for which the meeting is called and the date, hour, and place of such meeting.

Section 2. Notice to Members of Meetings

Notice of all regular meetings shall be given by the Council Secretary in writing to each member by posting in the U.S. mail a notice addressed to other member at their business or residency address furnished to the Council. Such notice shall be posted at least ten (10) days prior to the meeting. Members present at any meeting shall be deemed to have waived notice as of that meeting.

Prior to any regular meeting of the Council, subject material on agenda items shall be provided by the Council Secretary and mailed to Council members prior to the meeting.

Section 3. General Notice of Meeting and Agenda Items

A notice of regular public meetings of the Council shall be given by the Council Secretary in writing to all persons who have made a timely request of the Council at least twenty (20) days prior to the meeting.

Section 4. Business of the Council

All business of the Council shall be transacted by motion and/or resolution which may be made by any member in attendance, including the Chairperson, and shall require a second. Voting on all motions and resolutions shall be by voice unless a special division is called for by a member, in which case the roll shall be called by the Chairperson, and the vote of each member shall be recorded. Except as otherwise provided, Robert's Rules of Order, latest edition, shall govern the meetings of the Council.

ARTICLE IV

QUORUM

The presence of a majority of the current voting Council membership or their alternates shall constitute a quorum for the transaction of business of the Council.

It shall require a majority of those members to carry any motion and/or resolution unless otherwise set forth in these rules.

ARTICLE V

MINUTES

All actions of the Council shall be by motion and/or resolution, maintained at the <u>Public Transportation and Rail Office</u> within <u>Washington State Department of transportation</u>, and shall be open to the public for inspection at all reasonable times.

ARTICLE VI

CHANGE OR REPEAL OF INTERNAL RULES

Amendment, alteration, change, additions to or repeal of the rules governing internal management of the Council, not affecting regular procedures available to the public, and not in conflict with state law, may be made by resolution of the Council pursuant to other applicable sections of these rules.

ARTICLE VII

EXPENSES OF COUNCIL MEMBERS

Members of the Council shall not receive compensation for their service on the Council, but will be reimbursed for actual and necessary expenses incurred in performing their duties as members as set forth in RCW 43.03.220. Eligible Council members will receive reimbursement for travel and per diem expenses for attendance and participation in the following activities:

(a) All officially called regular and special meetings of the Council. (b) Attendance at working group or committee meetings at the request of the Chairperson. (c) Attendance at regional or area community and transportation conferences or meetings within the state as designated by the Council or Council Chairperson. (d) Meetings and hearings to such committees as the State Legislature or the Governor's Office as they relate to coordinated transportation, as designated by Council or Council Chairperson.

ARTICLE VIII

WORKING GROUPS AND COMMITTEES

The Council can, at their discretion, establish permanent or ad hoc working

groups or committees. Members of the Council may be appointed by the Chairperson to these working groups or committees.

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APPENDIX F

COMPREHENSIVE CASE STUDIES

- **Yakima County**
- **Snohomish County**
- **Lincoln County**
- **Pierce County**

Background

As part of this project, the consultant team examined human service transportation delivery and related issues in more detail in four "case study" counties. These counties were Lincoln, Pierce, Snohomish and Yakima Counties which were selected because they represent diverse geographic areas of the state, and also represent urban, suburban, small city and rural constituencies. The case studies allow for a more in-depth assessment of how services are funded at the local level, and about the range of providers that participate in that particular community. Through the case studies, efforts were also made to identify additional service providers that may not have been included in the initial inventory findings discussed in Chapter 2.

The case studies also report on how coordination activities are conducted in those counties, and suggest key findings that may be relevant to similar counties. As part of the study process, a stakeholder forum was convened in each of the four case study counties. The initial forums, held in Snohomish and Yakima Counties, focused on identification of transportation barriers faced by customers, as well as institutional barriers faced by service providers or funders. The second set of forums, convened in September 2008, focused on review and confirmation of key findings that were revealed through the study's investigation, and discussion of strategies or solutions that would best address these barriers.[1]

Overview of Case Study Counties

Figures 1 through 4 outline basic population and operating characteristics in the case study counties and statewide.

Figure 1 presents basic population characteristics for the four case study counties, including the total population as well as the percentage of the population who are 15 years and younger, 65 years and older, have a disability, or are low income.

Figure 1   Basic Population Characteristics

Area	Total population*	% of state population	% persons aged 15 or younger	% persons aged 65+	% persons w/ disability	% low income
United States	281,421,906		23%	12%	19%	21%
State of Washington	5,894,121		23%	11%	18%	18%
Lincoln County	10,184	1.7%	22%	19%	22%	22%
Pierce County	626,034	12%	24%	9%	20%	18%
Snohomish County	606,024	10%	24%	9%	12%	12%
Yakima County	218,966	4%	28%	11%	22%	33%

Source: 2000 Census

Figure 2 outlines the total revenue spent by transit agencies in Snohomish, Pierce, and Yakima counties. (There is no transit agency in Lincoln County). In addition, it shows the level of transit

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[1] See Appendix C for more detail about the forums.

investment per person in the county. Community Transit, in Snohomish County, has by far the largest total revenue with more than $121 million and spends $258 per person within its service area; whereas, Yakima County has a smaller budget of nearly $7 million and spends approximately $85 per person within its service area.

Figure 2   Transit Agency Revenues

	Total Revenue	Total Revenue/ Population
Community Transit (Snohomish County)	$121,051,682	$258
Everett Transit (Snohomish County)	$ 20,314,884	$201
Pierce Transit	$116,074,942	$161
Yakima Transit	$ 6,958,708	$85
Statewide Total	$1,640,098,837	$309

Source: 2006 WSDOT Summary of Public Transportation

Figure 3 highlights fixed route operating statistics for transit agencies in Snohomish, Pierce, and Yakima counties in relation to urbanized, small urban, and rural areas and as well as statewide fixed route systems. In addition to showing the service area population, revenue vehicle hours, and passenger trips, the table shows operating cost per passenger trip, an efficiency measure. It also shows revenue vehicle hours per person, a measure of service availability, and the number of passenger trips per person, which shows how much the system is used. Of the case study transit systems, Pierce Transit has the largest service area population and the most revenue vehicle hours and passenger trips. Community Transit spends the most per passenger trip, considerably more than the range of $4.27-$4.88 among other case study agencies. Community Transit offers the highest number of revenue vehicle hours per person (1.17) and passenger trips per person of all of the case study transit agencies.

Figure 3   Fixed Route Operating Statistics

	Service Area Population	Revenue Vehicle Hours	Passenger Trips	Operating Costs/ Passenger Trip	Revenue Vehicle Hours/ Population	Passenger Trips/ Population
Community Transit (Snohomish County)	469,650	550,708	10,757,228	$7.13	1.17	22.90
Everett Transit (Snohomish County)	101,100	100,720	2,112,866	$4.27	1.00	20.90
Pierce Transit	721,445	669,826	14,384,320	$4.88	0.93	19.94
Yakima Transit	81,710	52,301	1,176,616	$4.31	0.64	14.40
Urbanized (excludes Sound Transit)	3,850,670	4,922,278	143,513,048	$4.84	1.28	37.27
Small Urban	1,095,700	736,980	16,652,975	$4.86	0.67	15.20
Rural	361,165	221,088	4,659,954	$ 5.14	0.61	12.90
Statewide Fixed Route	5,307,535	5,880,346	164,825,977	$4.96	1.11	31.06

Source: 2006 WSDOT Summary of Public Transportation

Figure 4 outlines demand response operating statistics for transit agencies in Snohomish, Pierce, and Yakima counties in relation to urbanized, small urban, and rural areas and as well as statewide demand response systems. Of the case study transit agencies, Pierce Transit has the highest number of revenue vehicle hours, approximately 185,000, whereas Yakima Transit has the lowest at about 23,000. Passenger trips range from about 75,000 for Yakima Transit to 405,610 trips for Pierce Transit. Yakima Transit has the lowest operating cost per passenger trip at $14/trip, whereas Pierce Transit's cost is more than double at $34 per passenger trip. Everett Transit has the highest revenue vehicle hours per person (0.39), considerably higher than Community Transit. Passenger trips per person range from 0.56 for Pierce Transit to 0.94 for Everett Transit.

Figure 4   Demand Response Operating Statistics

	Service Area Population	Revenue Vehicle Hours	Passenger Trips	Operating Costs/ Passenger Trip	Revenue Vehicle Hours/ Population	Passenger Trips/ Population
Community Transit (Snohomish County)	469,650	94,888	212,191	$33	0.20	0.45
Everett Transit (Snohomish County)	101,100	39,854	95,169	$27	0.39	0.94
Pierce Transit	721,445	185,269	405,610	$34	0.26	0.56
Yakima Transit	81,710	22,972	74,314	$14	0.28	0.91
Urbanized (excludes Sound Transit)	3,850,670	1,273,470	3,311,452	$29	0.33	0.86
Small Urban	1,095,700	482,802	1,640,829	$24	0.44	1.50
Rural	521,420	156,414	444,561	$23	0.30	0.85
Statewide Demand Response	5,467,790	1,912,686	5,396,842	$25	0.35	0.99

Source: 2006 WSDOT Summary of Public Transportation

Figure 5   Case Study Counties

Lincoln County

Washington's thirty-nine counties show extraordinary diversity from metropolitan t o very rural . Lincoln County is among the most rural counties in the state. Seventh in land area and thirty-fifth in total population places it as the county with the State's third to lowest population density of 4.5 people per square mile. Fifty-five p ercent of the total population lives in incorporated cities an d another approximately twenty-fi ve percent live in unincorporated residential en claves mostly along the shores of Lake Roosevelt. This means the balance of the county is very sparsely populated. With the land area so large, people must travel significant distances to reach even the most basic of services. A measure of the degree of "rural-ness" can b est be illust rated by the observation that Washington State's seventh lar gest county, in land area, has no traffic signals. The county has a vast intermixing o f people with no mobility issues to those who are essential ly isolated by their lack of ability to mo ve from place to p lace. Thi s makes the provisi on of specia l needs service very challenging and expensive.

The rural agrarian nature of the county has historically fostered citize ns with a high degree of independence and a self-sustain ing philosophy, perhaps as a result of their isolatio n. Howe ver, as the economics of farming and the county have changed, the multi-generational p opulation that once made this possible has declined. In its place are an abundance of people who are aging in place, many with very limited ability to provide t heir own mobility. Owing to the relatively small population a nd their vast distribu tion throughout the county, the numbers of peop le seem small when compared to even moderately-sized urb an areas. But the mobility chall enges for th e individuals are perhaps even greater due to the distances from one place to another.

Nor surprisingly as the population is very sparse, so are the services. Grocery stores are few and far between . Modest medical facilities are only located in Davenpo rt and Ode ssa. People needing specialized care must travel to Spokane, Moses Lake, Wenatchee or Yakima.

Demographic Profile

Overall, the county is older and has a higher proportion of low-income households than the state as a whole. Nearly half of the perso ns of disability are also above the age of 65. Th e number of people between the ages of 21 and 64 with a disability, 19%, is comparable to the average for the state. The large popula tion of sen iors is unde rscored even more by t heir concen tration. Th e towns of Odessa, Crest on, Harrington, Davenport, Sprague and Wilbur all have 21%, or more, of the population over the age of 65. About 10 % of the h ouseholds in the count y have no car available.

Figure 6, o n the next page, sho ws the are as of h ighest con centrations of special ne eds individuals.

Existing Transportation Services

Public Transportation – within L incoln Cou nty there is no ackno wledged ag ency that is dedicated to providing public transp ortation. Th ere are two different tra nsportation brokers who do provide some level of public tra nsportation service und er Rural Mobility Grants from WSDOT (more on these below).

Transit Service for General Purpose Travel

The first of these services is a rout e that conn ects L incoln County to Spokane fixed/flex route service provided by Speciali zed Mobility Serv ices, SMS, under a Rural Mobility Grant fro m WSDOT. The service is split into two routes, alternating on different weekdays. One rout e

operates one roundtrip per day, on e in the morning and one in the l ate afternoon, from the Davenport Senior Center into the transit "Plaza" in downtown Spokane along SR-2. Occasionally, service may be provide d to other Spokane dest inations near downtown or en route (such as the airport) depending on the need of the individuals. The route stops as it passes through Reardon and may d eviate a small distance to accommodate special requests. This route operates o n Monday, W ednesday and Friday. For people from locations other than Davenport or Reardon reaching this service re quires a tra nsfer. Typically, ridership on the singular trip is six to 10 individuals. The other route operates on Tuesday and Th ursday on the same time schedule and connects Ri tzville (in n eighboring Adams Cou nty) and Sp rague with downtown Spokane. This route opera tes along I- 90 and has similar rid ership, alth ough most of the rider s originate in Adams County.

The second service in the county is provided b y People for People wit h service th rough part of Lincoln County along SR-2. The route begins in Grant County and s erves the c ommunities of Coulee Dam, Grand Coulee, Hartline, Almira, Wilbur, Creston and into Davenport. Only the latter four cities a re located in Lincoln County, the fi rst three communities a re in neighboring Grant County. Th is route is scheduled to connect in Davenport with the route provided by SMS to facilitate a t rip into Spokane. The route will also deviate up to two miles off SR-2 with pri or arrangement. Transfer activity between the SMS and PfP routes can best be described as "brisk" with about 90% of people arriving on the PfP service transferring to the SMS service to Spokane. This service also operates only on a Mo nday, Wednesday, Friday basis .

Figure 6   Lincoln County Special Transportation Index
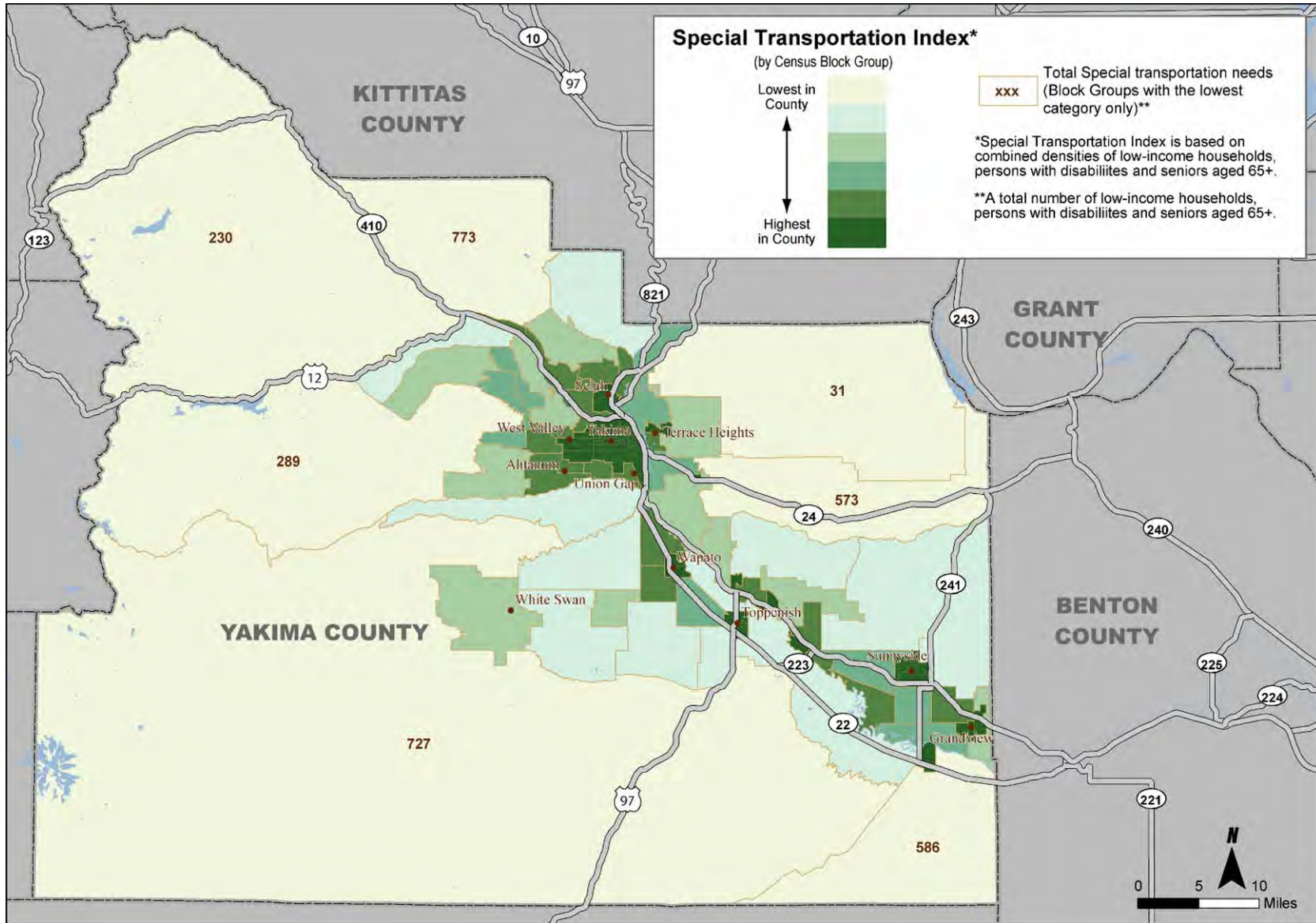
People for People also provides a demand response service for sen iors, defined as those ab ove age 60, to senior nutrit ion site s, shopping an d medical a ppointments. The sit es are located in Odessa, Harrington, Wilbur, Davenport and Sprague.

Medicaid Non-Emergency Medical Transportation

Access to medical ser vices for pe ople elig ible for Medica id is provided through a brokerage operated by SMS. Although much of the medical acce ss is provided through gas vouchers, there remains an element of specialized transportation se rvices in the cou nty. Volumes vary fro m month to month but the paratransit volumes vary from 150 to 250 trips per month. Ninety percent of these trip s are between Lincoln County and medical faciliti es in Sp okane with the other ten percent finding their way into Mose s Lake, We natchee an d even Yakima. A brea kdown of the various types of service s and volumes is provid ed below. Volunteers could play a larger role in some of th e transporta tion service s but recru iting and ret aining volun teers has b ecome very difficult in th e past few years for the same reasons that mai ntaining a volunteer group is difficult anywhere in the state.

Pupil Transportation

Perhaps the largest, most comp rehensive, and best-fu nded portion of the special need s transportation network in Lincoln County is provided by the County's eight school districts. Each district oper ates its own stand-alone transportation system to ensure pupils can r each schools which tend to be centrally located in the sma ll citie s scat tered throughout the county. Th e districts tra nsport abo ut 1,100 st udents daily to and from school with anothe r 27 stude nts qualifying for special transportation programs which may involve more t han a daily roundtrip fro m home to sc hool. The transport is accomplished with eighty-eight school buses with the smallest school district having six buses an d the large st twenty-three. In the 2004-05 school year, t he eight di stricts received about $1.7 million in st ate funds t o conduct school tran sportation wit h some additional amounts for acqu iring new vehicles. In th at year, each school district rece ived enough state funds for t ransportation that local allocations of funds for pupil transportation were minimal to non-existent. The cost of fuel and long route miles traveled by each of the district s transportation programs may ha ve c hanged that situation fo r the current school year, but as of this writing that information was not available.

Transportation Needs

QUADCO, the four county regional transportatio n planning body coverin g Lincoln, Adams, Grant and Kittitas County, has conducted special needs transportation planning. The key transportation gaps listed below are directly fro m the most recently p ublished (a n updated draft is being completed as of this writing) coordination study of the region. Interviews conducted in connection with the case study reinforce these findings as still valid. I n addition some recent occurrences have added some new gaps that are also listed.

1. Older adults lack transportation for health care, shopping, nutrition , social services, bankin g, social events, religious services, and visitations with friends or family in health care facilities. The first three it ems are recognized as the most serious gaps in Lincoln County with t he remaining items in the list regarded as important but of lesser priority.

2. Persons with disabilities lack access to employment, health care, social services, recreation and socia l events. Taken from the QUADCO plan this ite m is more relevant in counties with higher populations of working age persons with disabilities. While there are some of these people

present in Lincoln County and the n eeds are ve ry real, the numbers are considerably lower both in absolute numbers and in percentage terms.

3. **Low-income individuals** lack access to social services, health care, job sea rch, education, and training opportunities. The wor king poor la ck transportation for employment, shift-work, an d taking children to child care.

4. **Youth** lack transport ation for after-school activities, summer activities, recreatio n, child care, alternative schools, and post-secondary education.

5. **Regional Trips –** Distances to many services needed by people with special needs are often extreme in Lincoln County. Many of these services are only available in neighboring counties and are often time-consuming for individuals. For example, for a person in Wilbur who needs to reach Spokane on services available to the public he/she must plan to travel on a Monday, Wednesday or Friday, t he only day services are available. The person boards a PfP bus at 7:35 am an d travels to Davenport, arriving at 8:2 0 am, transf erring to an SMS bus which leaves Davenport at 8:30am arri ving in Spo kane at 9:30 am. The return trip does not leave Spokane until 4:35 pm. For many people dependant on this service it may mean a twelve hour day to attend a 30 minu te medial appointment.

The mileage table belo w displays some of the challenge s faced by p eople with special nee ds trying to get to essential services.

Figure 7   Distance to Services (miles)

	DSHS	Work Source Office	Community Action Program	Hospital	Social Security Office	Senior Center	Community College
Almira	77	110	64	41	77	12	64
Creston	56	89	84	20	56	8	56
Davenport	35	85	88	0	35	0	35
Harrington	49	99	75	14	49	0	49
Odessa	48	163	49	0	48	0	49
Reardan	23	72	114	15	23	0	38
Sprague	36	108	69	37	37	0	37
Wilbur	64	98	76	29	65	0	65

6. **Information** – In addition to the service gaps challenges above, finding information on available services is equally challenging. Most transportation services have information available by phone. Only about a third of th e agencies have it available on the internet. F or direct en d users in this county phone is likely the medium of choice. However, the population is too small to support specialized human service program wi thin the county. Freque ntly, volunteers and case workers are attempting to help peo ple find ways to get to n eeded services. In these cases we b-based information makes the process much simpler.

Coordination Activities

The require ments of SAFETEA-LU brought ab out a sign ificant respon se to coord ination within Lincoln County. As the Federal requirements stipulate co ordination plans be assembled at t he regional transportation planning organization (RTPO) level, it seemed natural that special need s coordination efforts also be established at that level. The four counties in the QUADCO Planning group, Adams, Grant, Kittitas and Lincoln all have very similar needs as all the co unties are quite

rural. Grant and Kittitas Counties d o have larger cities in t hem, but outside of tho se cities, th e counties ar e nearly ind istinguishable from the perspective of populatio n density and distance. There are also some notable differen ces in the make-up of the special ne eds population in each county, but the transportation needs among this group is very similar.

Prior to SAFETEA-LU requirements the three county region of Adams, Grant an d Lincoln h ad already been involved i n coordinating transportation for sp ecial needs population largely through the efforts of People for People to cultivate support services for people who needed them. Kittitas County was added to the planning group as a member of the RTPO, bu t had not previously been involved in coordination efforts.

With those driving forces, individuals establishe d a coordination team and a process. The initial effort was directed towa rd building an inventory of providers, transport ation gaps, a snapshot of the special needs population and a plan to at le ast continue efforts many of which preceded the regional pla nning requir ement. This included a cooperative between several social service groups and People for People for a local tra nsportation service into Spokane. Prior to th e SAFETY-LU planning requirements these efforts were focused on Lincoln County..

Case Study Key Findings and Conclusions

Lincoln County is one of the most rural in the sta te and may be considered relevant to other rura l counties, such as Asotin, Garfiel d, Ferry, Stevens, Skamania, Pend Oreille Counties a nd Whitman, which have similar population densities and very dispersed populations and services.

Providing transportation services in Lincoln County is inhere ntly challenging due to its extremely rural and d ispersed nat ure. There are no pu blic tra nsportation agen cies operating within th e county, although there are limited services provided by t ransportation brokers. Some of t he transportation needs of older adult s and persons with di sabilities ar e met with a variety of paratransit services. Service gaps are we ll known and un derstood by the people who live in Lincoln County. Interest in resolving those gaps is high among the older adult population.

Due to the county's size and rural quality, Lincoln County residents must often travel long distances to reach specialized services, sh opping, etc., which are often located only in neighboring counties.

Lincoln Cou nty particip ates in reg ional coordination effort s such as the QUADCO Planning Group, which includes Adams, Grant, Kittitas and Lincoln Counties. Further regional coordination may be ne cessary in order to provide enha nced inter-jurisdictional transportation, which is particularly important for Lincoln County residents.

Pierce County

Pierce County is located southern area of Puget Sound Region. Overall, it is one of the most populated counties in Washington, with a second highest countywide population (700,820 per 2000 Census) in the state. Tacoma has approximately 193,000 residents and is the third largest city in Washington State after cities of Seattle and Spokane[2]. In contrast to the urbanized areas around Puget Sound, eastern Pierce County is a mix of rural communities and the sparsely populated cascade mountain foothills. Mt. Rainier National Park is located in the far southeast corner of the county. In 2000, unincorporated areas of Pierce County accounted for 45 percent of county-wide population. The following trends[3] are foreseen for special needs populations in the County:

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[2] Washington State Office of Financial Management
[3] Washington State Office of Financial Management and 2000 US Census

- Total Pierce County population is expected to growth by a third between 2000 and 2030, slightly exceeding statewide population growth.

- Countywide, the youth population is expected to increase by 23% between 2000 and 2030, slightly exceeding the statewide growth during this period.

- The county's senior population (age 65+) will grow by 63% by 2030, relative to 2000 and will constitute over 18% of the county population in 2030. A slightly lower growth in seniors over 85 years old is expected over this timeframe. Those over 85 accounted for just over 12 percent of the senior population in 2000.

- Over forty percent of the senior population had claimed a disability in the 2000 Census. This compares with 20% of 21 to 64 year olds and 8% of those between 5 and 20 years old.

Key Activity Centers for Special Needs Population

The 2006 Pierce County *Transportation Needs Assessment* examined the primary origins and destinations for the county's special needs populations. Public transportation on-demand paratransit service and Medicaid transportation trip logs were used to identify key activity centers. Most trip requests are to locations in Tacoma, followed by those in Lakewood and Puyallup. The vase majority of trips to were to/from medical offices/complex, senior living facilities, retail establishments and organizations providing services for the developmentally disabled.

Existing Transportation Services

Over $119 million is expended annually to provide transportation services to the general public and to special needs populations in Pierce County. Over 16 million trips were provided by the primary providers highlighted in Figure 8.

Figure 8   Pierce County Transportation Program Characteristics FY 2005-06

Transportation Provider	Annual Expenses	Trips Provided	Area Served	Clientele Served
Pierce Transit Fixed Route	$70,194,033	14,384,320	Pierce Transit PTBA District	General Public
Pierce Transit SHUTTLE	$13,883,923	405,610	Pierce Transit PTBA District	Eligible disabled
Pierce Transit Vanpools	$3,026,575	815,139	Trips start or end in Pierce Transit PTBA District	General Public
Medicaid NEMT	$8,326,435	520,429	County-wide	Medicaid eligible persons for medically-related services
School Districts	$24,000,000	58,700	Within each of the 15 school districts; service out of district as required for homeless or special needs students	Public School Students

Sources: Washington State Department of Transportation, Washington State Department of Social and Health Services-Health and Recovery Services Administration and Washington Office of Superintendent of Public Instruction

Pierce Transit

Pierce Transit (PT) is the primary public transportation provider in Pierce County. PT offers: 50 local fixed-route bus lines; SHUTTLE complimentary ADA paratransit service for people with disabilities; a vanpool program; ridematching services; and intercounty express bus service to Seattle, Sea-Tac Airport and Olympia in cooperation with Sound Transit and Intercity Transit. PT is organized as a Public Transportation Benefit Area (PTBA) and is governed by a nine-member board representing the County and local jurisdictions served by the PTBA. It service area encompassed central and northern Pierce County. A 0.6 percent sales and use tax funds almost 70 percent of PT operations.
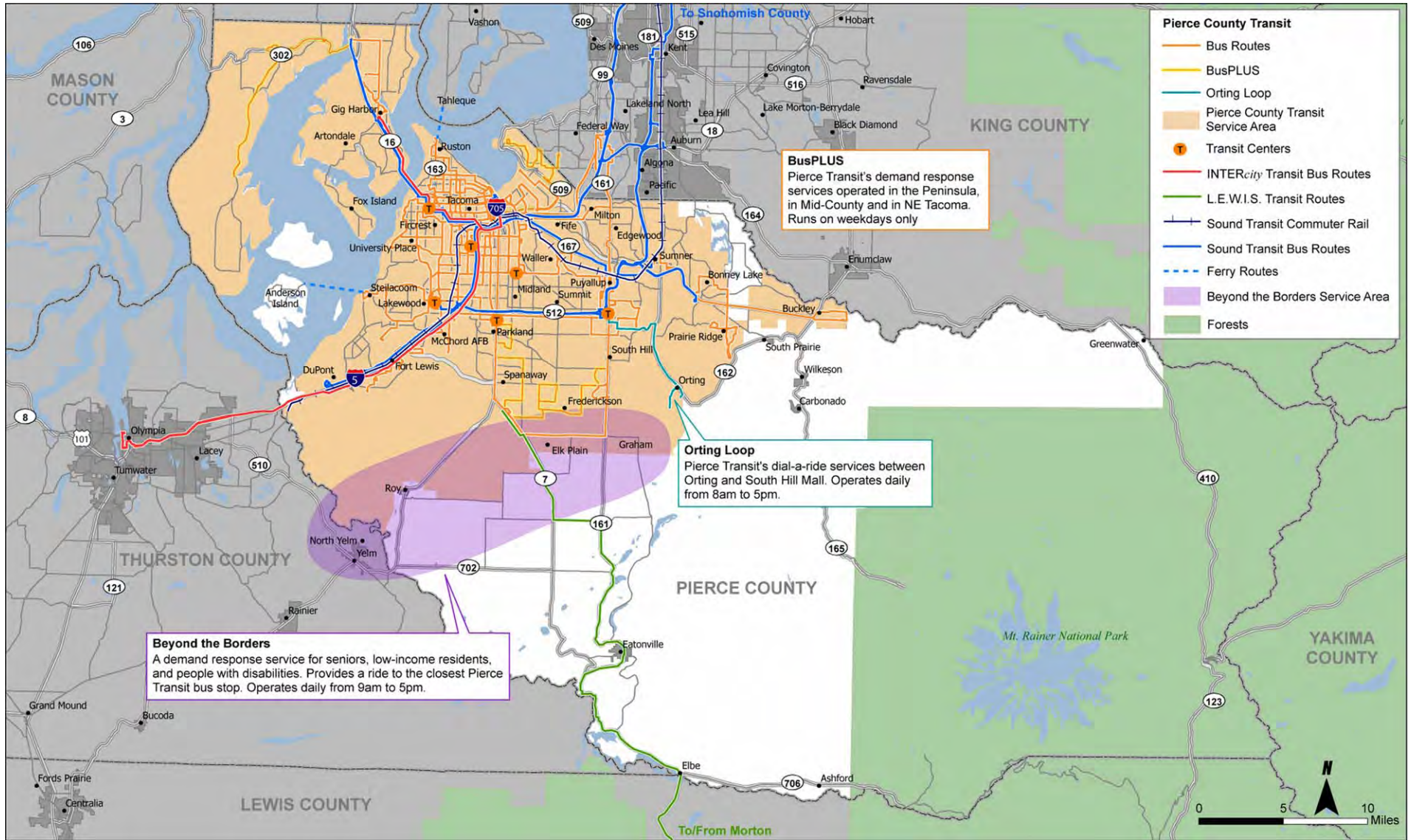
PT generally operates until midnight seven days a week, starting service at 5:00 am on weekdays, at 6:00 am on Saturdays and at 7:00 am on Sundays. The base fare is $1.50 per boarding for local fixed-route service. Passengers over 65 years old or with a doctor-verified disability are eligible for the Regional Reduced Fare Permit which enables them to travel for one-half of the normal fare. Trips on the SHUTTLE paratransit service are also $0.75 per boarding. Transfers to other PT local buses are free if travel is completed within hour. PT transfers are also valid as $1.50 fares when boarding King County Metro Transit buses. Transfers to INTERcity Transit (Thurston County) and Kitsap Transit are not free.

Fixed-route Service

Pierce Transit offers a variety of fixed-route services for the general public and those with special needs. These include:

- 35 local routes serving Tacoma and its urbanized area

- 5 suburban intercity routes (Lakewood/Tacoma, Tacoma/Sumner, Purdy/Tacoma, Lakewood/Parkland, and Federal Way/Graham)

- 2 rural routes (Bonney Lake/Buckley and Bonney Lake/Prairie Ridge)

- 3 express commuter routes (Purdy/Tacoma, Puyallup/Tacoma, and Tacoma/Olympia)

- 2 suburban intercity routes between Pierce County and King County destinations, as a contractor to Sound Transit (Pierce County/Seattle, Pierce County/University of Washington)

- 1 suburban commuter route between Bonney Lake/Sumner and Downtown Tacoma, as a contractor to Sound Transit

- 1 suburban commuter route between Pierce County and King County destinations, as a contractor to Sound Transit (Pierce County/Sea-Tac Airport).

Figure 9   Pierce County Existing Transit Services

Pierce County Transit
- Bus Routes
- BusPLUS
- Orting Loop
- Pierce County Transit Service Area
- T Transit Centers
- INTERcity Transit Bus Routes
- L.E.W.I.S. Transit Routes
- Sound Transit Commuter Rail
- Sound Transit Bus Routes
- Ferry Routes
- Beyond the Borders Service Area
- Forests

BusPLUS
Pierce Transit's demand response services operated in the Peninsula, in Mid-County and in NE Tacoma. Runs on weekdays only

Orting Loop
Pierce Transit's dial-a-ride services between Orting and South Hill Mall. Operates daily from 8am to 5pm.

Beyond the Borders
A demand response service for seniors, low-income residents, and people with disabilities. Provides a ride to the closest Pierce Transit bus stop. Operates daily from 9am to 5pm.

Specialized Schedule Services

Pierce Transit offers custom services in some of the lower density and rural parts of its service area. These routes offer on-demand services to provide greater flexibility for customer living in, or traveling to these areas.

- **Bus PLUS Routes** operate as deviated fixed routes offering a combination of scheduled and on-demand service. Customer can board or alight at any of the schedule fixed stops like any other fixed route. In addition they can make reservations to be picked up or dropped off at designated, off-route stops within in the Bus PLUS service area. Three Bus PLUS routes are available in **Key Peninsula, Northeast Tacoma** and **Mid-County**. These services require valid local fares.

- **Orting Loop** offers a dial-a-ride service between **Orting** and the South Hill Mall. Connections to other PT routes are available the South Hill Mall Transit Center. The Orting Loop is free and available to the general public and those with special needs. Passengers need to make advanced reservations for pick-ups or drop-offs at designated stops along the loop. It operates every two hour from 8:00 am until 8:00 pm on Tuesdays, Thursdays, & Saturdays.

Paratransit Service

Pierce Transit also provides ADA complimentary paratransit services for individuals living near the fixed-route system who are unable to use the fixed-route system. This service operates under the name SHUTTLE.

PT recently entered into an agreement with multiple neighboring counties to honor ADA transfers, eliminating the need for riders to pay second fare. Trips requiring a transfer account for roughly five percent of total trips. SHUTTLE transfers are made at transit centers and SHUTTLE vehicles until at the transit center until transfer is complete.

Vanpool Program

Pierce Transit also manages a vanpool to provide travel options for commuters. The vanpool fleet numbers over 300, including 7- to 15-passenger vehicles. Pierce Transit owns, maintains, manages, insures and licenses the fleet. The vans are assigned to approved groups and are driven by volunteers who share the commute trip and contribute towards operating costs. For workers who lack a convenient transit connection to their employment site, vanpools can offer costs savings relative to driving their own vehicle.

Medicaid Transportation

DSHS HRSA pays for transportation services for non-emergency medical visits for eligible individuals. Recipients must qualify for Medicaid and have no other means to reach an approved medical service. Assistance is provided through Paratransit Services, the HRSA Regional Broker; in Pierce County. As the regional broker, Paratransit Services assigns rides to one of 22 local providers. The Pierce County provider pool ranges from NEMT-only companies with a single vehicle to multi-service operations employing over 50 vehicles.

Paratransit Services staff screen clients for eligibility and then arranges the most appropriate and cost-effective form of transportation assistance for the individual. Transportation or other service options may include: public bus, gas voucher, client and volunteer mileage reimbursement, non-profit providers, cabulance, commercial bus, lodging, and air. Reservations need to be made two business days in advance of the scheduled appointment.

Figure 10 below details the delivery of Medicaid NEMT in Pierce County in FY 2006-06. Most trips were completed using fixed-route transit, the most cost-effective option.

Figure 10   FY 2005-06 Medicaid Transportation in Pierce County

Medicaid Transportation Service Modes and Costs Categories	Passenger Trips	Expenses	Cost Per Trip (to Broker)	Percent Total Trips
Transit -Fixed Route (fare only)*	216,395	$1,028,826	$4.75	42%
Community Trans Demand Response (ambulatory)**	146,208	$3,300,703	$22.58	28%
Community Trans Demand Response (non-ambulatory)	75,738	$2,614,096	$34.51	15%
Transit - ADA Paratransit (fare only)*	69,550	$182,565	$2.62	13%
Gas Voucher	10,438	$52,496	$5.03	2%
Mileage Reimbursement	1,874	$9,379	$5.00	0%
Volunteer - Agency	220	$12,741	$57.91	0%
Ferry	4	$10	$2.44	0%
Commercial Bus	2	$84	$41.88	0%
Total Service	520,429	$7,200,899	$13.84	
Administrative Costs		$1,057,320		
Other Costs (Out of State, Meals & Lodging, Vehicle Modification)		$68,216		
Total Program Cost		$8,326,435		

Notes:
*Service cost and cost-per-trip calculations only represent transit fares paid by brokers, not the full cost to complete the trip.
**Ambulatory demand response services do not require vehicle with lifts. Passengers are able to walk and do not rely on a wheelchairs or other mobility devices which would necessitate a vehicle with a lift or other accommodations.
Source: WSDOT 2005 Summary of Community and Brokered Transportation

Pupil Transportation

Each of the 15 Pierce County school districts provides transportation services to students within their district boundaries. The districts primarily operate in-house transportation services for to/from school (including special needs) and extra curricular activities. Some districts have contracts with Paratransit Services to execute trips that are difficult or costly for them to complete (see discussion below under Homeless Student Transportation).

Determining accurate costs for student transportation is difficult as the accounting systems in place prior to the 2007-08 school year did not fully account for each district's contribution toward each category of school transportation. The 2006 JLARC study on pupil transportation[4] estimated that to/from school transportation resulted in expenses of $42.3 million in 2004-05 in Pierce County. For the 2005-06 school year, OSPI allocated $24 million to the districts for to/from transportation with roughly 60 percent for basic transportation and 40 percent for special transportation. The districts identified 55,000 basic students and 3,400 special students being transported that year. This equates to roughly $260 per basic student and $2,800 per special student for to/from transportation.

Homeless Student Transportation

In response the passage of the McKinney-Vento Homeless Assistance Act (2001), the Pierce County school districts have had to provide transportation from homeless student current residence to their home school. Some of the districts have contracted with Paratransit Services to provide transportation for homeless students. Contracting for service provides the flexibility to service to students with short-term and unique needs, especially when responding to the Act's

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[4] State of Washington Joint Legislative Audit and Review Committee (JLARC), K-12 Pupil Transportation Funding Study, Report 06-10, November 2006 (Appendix 4)

24-hour requirement. It is also more efficient when addressing the need to carry a limited number of students over long distances, particularly when out-of-district travel is required.

Rides have to be arranged at least 24 hours in advance and the school remains as the primary point of contact for students and parents when arranging rides. Parents may contact Paratransit Services directly to cancel trip requests. No-show rates for homeless students are high, but Paratransit Services charges the school district a fee to cover any costs associated with a no-show. Paratransit Services has to meet the same driver requirements established by the schools.

For typical trips, contracted trip costs have not really gone down compared to in-house operation; however, the administrative burden to the districts is greatly reduced. The Tacoma, Puyallup, Sumner and Franklin Pierce districts had contracted in 2007-08, only Sumner is under contract as of the start of the 2008-09 school year. The districts typically wait to see how well they could meet the current year's homeless school transportation needs before deciding whether or not to contract for service. Once a contract is in place, the district can also arrange for special needs transportation from Paratransit Services. As with homeless transportation, contracted special needs service typically used for out-of-district and other hard to serve trips. Paratransit Services staff has found the demand for special needs transportation to be greater than that for homeless student transportation once a contract is in place.

Other Transportation Services and Programs

Beyond The Borders

Introduced in 2004, the Beyond the Borders transportation service provides free on-demand service to seniors, youth, persons with a disability or low income residents living in rural South Pierce County. Paratransit Services coordinates and schedules trips in a region outside of the Pierce Transit service area. Trips are provided from an eligible rider's home to the nearest Pierce Transit bus stop facilitating connection with the larger transit system. When possible, connections are also available to L.E.W.I.S. Mountain Highway Transit, which serves Lewis County.

Other Transportation Providers

A number of entities also provide transportation to the special needs population. These include public, private for-profit and non-profit agencies/companies. Many have restricted service areas or limit rides to eligible clients while others serve anyone in the region. Some utilize professional drivers while others rely on volunteers or agency social service workers.

There are over 40 such providers in Pierce County. The majority are taxi companies and ambulance services. Others are charitable organizations affiliated with faith groups or patient support groups. They provide medical trips, help with errands and shopping trips with many providing one-on-one personal assistance to passengers. Some provide meal and pharmacy delivery services to the homebound.

Sound Transit

In addition to operating the regional bus service contracted out to the county providers, Sound Transit provides "Sounder" peak-hour commuter rail service between Seattle and Tacoma, making stops in Puyallup, Sumner, Auburn, Kent and Tukwila. Sound Transit also operates the LINK light rail line between the Tacoma Dome Station with downtown Tacoma's Theater District. It also contract with Pierce Transit

Ferries

The Washington State Ferry System provides service between Point Defiance and Tahlequah on Vashon Island. And the Pierce County Ferry System travels daily from Steilacoom to Anderson and Ketron Islands.

Findings from Coordination Plan

The Puget Sound Regional Council (PSRC) prepared the SAFETEA-LU required Coordinated Transit-Human Services Transportation Plan for King, Kitsap, Pierce and Snohomish counties which was adopted in April 2007. In addition to the regional plan, the Pierce County Coordinated Transportation Coalition (PCCTC) prepared a county-wide coordinated plan which was adopted in December 2006. The county plan functions as the 2007 to 2001 strategic plan for coordination activities (see Coordination Activities section).

Unmet Needs

In conjunction with developing the coordinated plan, PCCTC commissioned a needs assessment report which was completed in September 2006. This assessment was developed around a survey of elderly, low-income, youth, and disabled residents of Pierce County. Major findings included:

- Almost 3/4ths of all respondent lived within ¾ mile of regularly scheduled bus service (but only one-half of those in unincorporated Pierce County did so)
- Over 3/4ths were unable to travel by themselves or purchase transportation because of a disability or health condition
- One half used SHUTTLE services for their usual form of transportation
- Just over one-half believed their usual form of transportation is convenient and reliable
- Only one quarter of respondents felt it is easy to make connections with other transportation
- Two-thirds feel that medical appointments are hard to reach while one-half had difficulty getting to the grocery/drug store

Building on the needs assessment and integrating in stakeholder opinions, the plan highlights transportation needs and service/program gaps as:

- Service area limitations
- Lack of transportation options in some parts of the county
- Eligibility requirements
- Cost of the trip
- Lack of information about options
- Lack of travel assistance

Strategic goals

The plan identifies five strategic goals for 2007-2011. These goals focus future coalition activities and projects, as outlined in the plan. The goals are to:

- Move from demonstration of coordinated transportation to ongoing operation of a fully coordinated transportation system.
- Reduce duplication in administering and providing trips between transit, schools, social service agencies, and other transportation providers.
- Increase public awareness of mobility options and advocacy for transportation coordination activities.
- Maintain transportation service quality while coordinating transportation
- Increase regional modes of transportation and regional transportation connections

Coordination Activities

The Pierce County Coordinated Transportation Coalition (PCCTC) was established in 1999 to develop and implement a plan for a more coordinated transportation system for all Pierce County residents. Members represent transit agencies, social services agencies, private providers, school districts, passengers, and others. The coalition works to increase mobility and access for people who cannot transport themselves due to age, disability or income.

The decision-making structure for the PCCTC involves: an executive body, called the Interagency Governing Assembly; a Steering Committee; an accountability Consumer Board; project teams; and a Community Assembly. The Interagency Governing Assembly is comprised of executive staff of lead agencies. Its recent makeup included executives from:

- Pierce County
- Puget Sound Educational Services District
- Sound Transit
- Tacoma Area Center for Individuals with Disabilities
- Washington State Department of Transportation, Public Transportation and Rail Division
- Boys & Girls Clubs of South Puget Sound
- Washington State Department of Social And Health Services, Medicaid Division
- Office of the Superintendent of Public Instruction
- Bethel School District

The governing assembly makes policy for the PCCTC or advocates for policy changes with the members' parent organizations. The Steering Committee conducts the "day-to-day" work for the coalition. It is responsible for planning and carrying out the coalition's activities including the gathering and disseminating information to the special needs population and the community at-large. The Steering committee is compromised of staff from the major partners, larger transportation providers and social service organizations. The coalition is staffed Pierce County Community Services. It hired dedicated staff for the coalition in 2008. Previously the coalition had relied on professional consulting services to facilitate its activities.

ACCT has had formal participation in PCCTC taking part in the coalition's planning activities. Other transportation providers, not represented on the governing assembly or Steering Committee, have had limited participation with the coalition

In 2002, the PCCTC conducted an inventory of local resources, identified transportation needs and gaps, and prepared a strategic plan for addressing those gaps. That strategic plan identified a set of demonstration projects to help implement the identified strategies. Figure 11 highlights the projects carried out by PCCTC between 2002 and 2006.

Figure 11   PCCTC Demonstration Projects 2002-2006

Demonstration Project	Description	Status
Beyond the Borders: Providing transportation in rural Pierce County	Build and test the first phase of a coordinated brokerage system by utilizing the existing Medicaid broker to coordinate and schedule trips for residents in rural South Pierce County, with a primary focus on people with special transportation needs accessing critical services, employment-related services, and youth activities.	Current service, available to the public
Common Ground: Coordinating Medicaid and ADA transportation	Assess and demonstrate potential efficiencies when ADA and Medicaid eligible passenger trips are scheduled together.	Project recently put on hold. See discussion under "Status of Transportation Coordination in Washington State" in Chapter 3
LifeLink: Providing crucial service access for Medicaid participants	Enable all Medicaid eligible participants to access non-Medicaid eligible life support services (e.g. grocery store, pharmacy, etc.)	Project did not move forward
Road to Independence: Addressing the transportation needs of WorkFirst participants	Train WorkFirst participants for the transportation employment; and provide for door-to-door transportation services to WorkFirst participants in order to successfully complete a training program or retain unsubsidized employment.	Ongoing program
McKinney - Vento Homeless Pupil Transportation Pilot	Enable homeless students to remain in their school of origin through brokered transportation services. This project will demonstrate if transportation capacity, cost efficiencies, and services quality can be increased by brokering trips for out of district McKinney-Vento eligible students.	No longer a focus project of the coalition, but some school districts contract with broker for homeless student transportation

As part of the 2006 county-wide Coordinated Transportation Plan, PCCTC developed a new set of goals, strategies and implementing project to guide coordinating activities through 2011. The plan identified 21 projects for potential short-term implementation. The estimated budget to implement the proposed projects in the PCCTC 2007-2011 Strategic Plan amounts to $18.8 million over the five-year period. The following table highlights the top ranked projects and commitments and/or funding from coalition partners to carrying them out.

Figure 12   Highly Rank Projects from PCCTC 2007-2011 Plan

Proposed Project	Description	Commitments to Implement
Bus PLUS	Continue and expand service where regularly scheduled service in not available	Four routes are currently provided by Pierce Transit
Beyond the Borders	Continue and seek sponsorship to serve areas outside of Pierce Transit service area	Funded via 2007-09 WSDOT Public Transportation Grant through Pierce County Community Services
Road to Independence	Continue WorkFirst van to assist participants in finding unsubsidized employment	Funded via 2007-09 WSDOT Public Transportation Grant through Puget Sound Educational Service District
PCCTC Mobility Coordination Program	Hire Mobility Coordinator to support coalition activities	Funded and staffed via 2007-09 WSDOT Public Transportation Grant through Pierce County Community Services
PCCTC Web Site	Enhance coalition website	Duty of PCCTC Mobility Coordinator
Coordinated School District Transportation	Create trunk-feeder for regional destinations to increase efficiencies	None to date
Booster Club, Bus Buddy and Volunteer Program	Produce resource materials, identify advocates and conduct trainings to increase and maximize use of public transportation	Duty of PCCTC Mobility Coordinator in conjunction with PSRC, ST and Catholic Community Services programs
Reporting Requirements and Procedures	Standardize and automate procedures to increase provider efficiencies	None to date
Direct Connect Transit Agencies	Support 211 and 511 partners to better provide information on transportation services	Working with United Way and funded via 2007-09 WSDOT Public Transportation Grant through Pierce County Community Services

Case Study Key Findings and Conclusions

Pierce County is primarily an urban county, but it also has significant rural portions. It is challenging to meet transportation needs of the general public, and especially older adults and people with disabilities, in the rural areas due to the limited transportation resources and a dispersed population in those areas. In the urban and suburban areas of the county, where Pierce Transit operates, the Shuttle complementary paratransit meets the needs of those who cannot travel via general public transit.

The conditions in Pierce County and the coordination activities to address community needs point to a number of general findings, including:

- A formal coordinating body improves transportation options in the community by facilitating communications between providers and users of transportation services
- Coordinating activities should include the setting and implementing of goals that address community needs
- Dedicated staff helps facilitate the work of a coordinating body
- Meeting rural area needs requires greater innovation and level of coordination
- The broker/provider model provides flexibility and cost effectiveness in meeting infrequent and/or unique travel needs.

Snohomish County

With over 600,000 residents, Snohomish County ranks as the third most populated county in Washington State, after King and Pierce Counties[5]. The county's population accounts for 10% of the statewide population and, with a population density of 279 people per square mile, it is the 6th most densely populated county in the state.

Everett is its county seat and the largest city with a population of approximately 90,000 residents[6]. Located only 30 miles north to Seattle, the city offers great location advantages for businesses. Boeing's manufacturing plant is located in the city, acting as a catalyst for the local economic growth. Other major cities include Edmonds with approximately 40,000 residents, Marysville with 36,000 residents and Lynnwood with 35,000 residents. The incorporated area accounts for 54% of the countywide population. It is also interesting to note that:

- According to the Washington State Department of Social and Health Services, in Snohomish County, 1.2% of the total county population was enrolled in the TANF program in FY 2006-07, which is the sixth lowest among all Washington counties.

- According to the US Census Bureau, 5% of households in Snohomish County did not own a private vehicle in 2000, which is a 2% lower rate than the statewide figure

- Approximately two-third of the Snohomish County's workers live and work within the county. The US Census Bureau estimated that 63% of commuting trips occurred within the county in 2000. The remaining 37% were out-of-county trips, and of those out-of-county trips, 91 % were destined to King County.

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[5] Washington State Office of Financial Management
[6] Washington State Office of Financial Management

Figure 13   Snohomish County Special Transportation Index
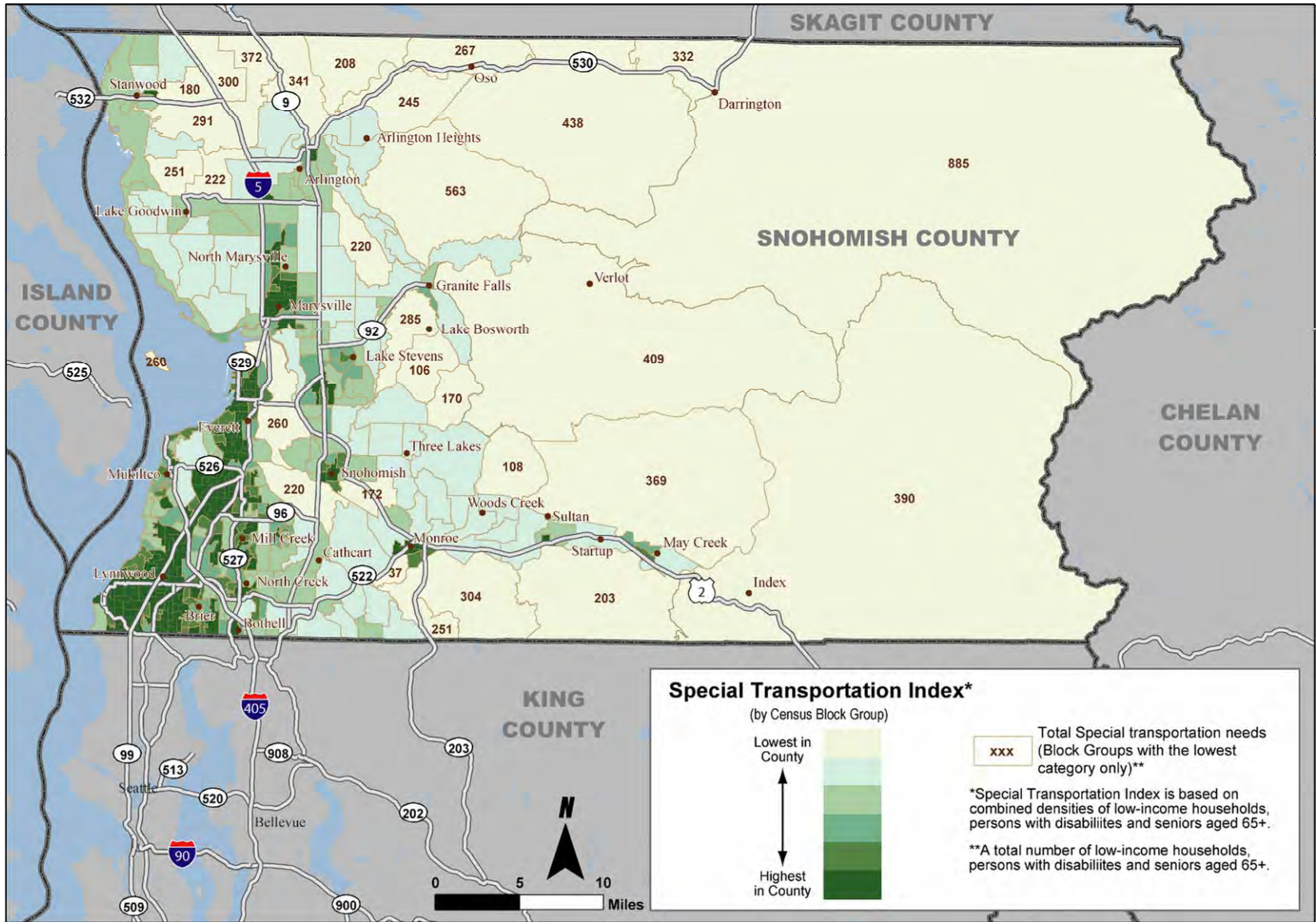
Existing Transportation Services

Snohomish County is served by three public transit agencies: Sound Transit, Community Transit (CT) and Everett Transit, as well as the Washington State Ferries and Amtrak and Greyhoud. The Transportation Assistance Program (TAP), a component of Snohomish Senior Services, also provides some service for persons who live outside the service areas of the primary providers. The City of Everett is also home to Everett Station--a multi-modal, multi-use building that serves as a major transportation hub, a higher education and career development center and a gathering place for community events.   Everett Transit, Community Transit, Sound Transit, Island Transit, Skagit Transit, Amtrak, and Greyhound all provide connecting services at Everett Station.
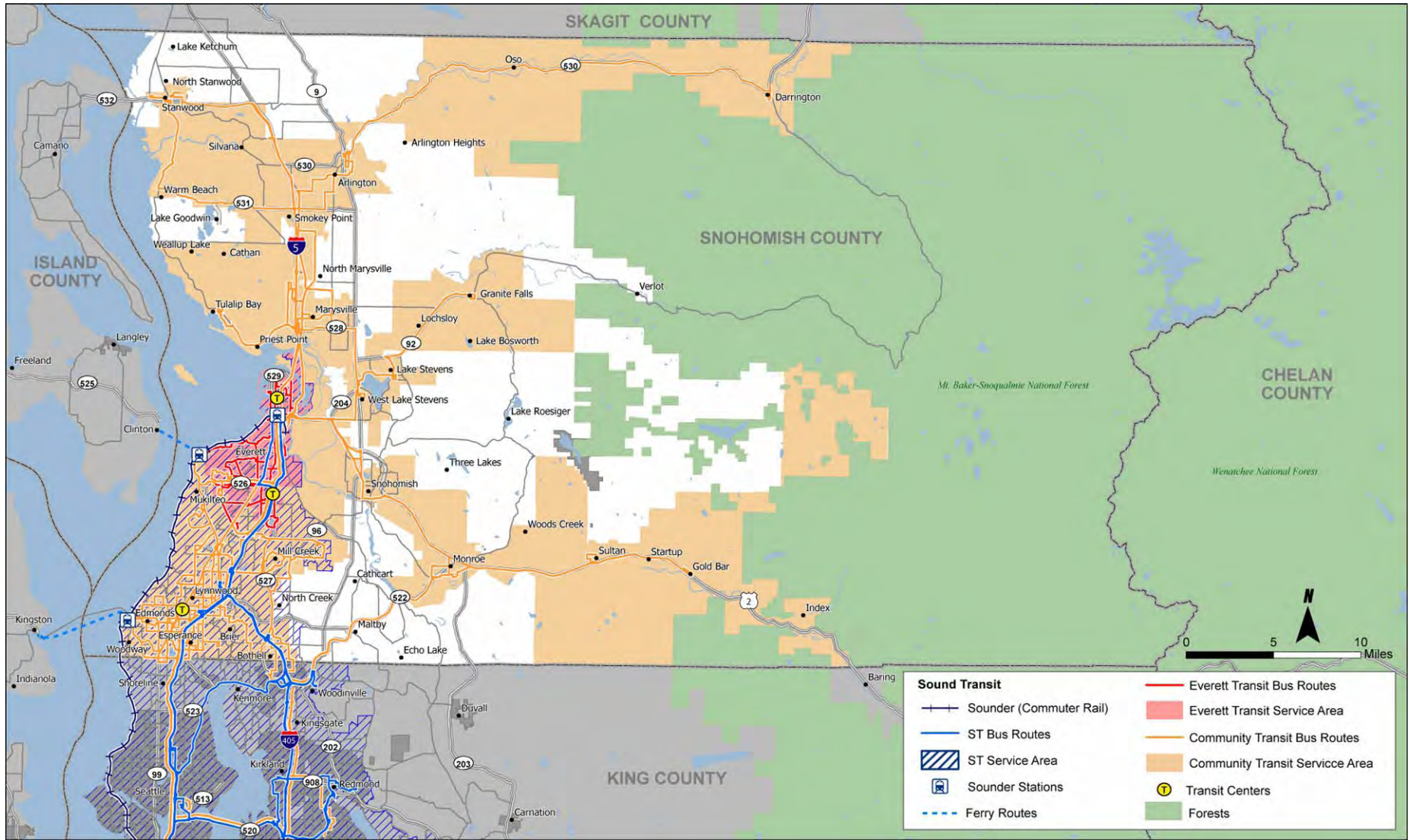
Transportation for Snohomish County students is provided by 15 separate school districts. Transportation is provided both for basic transportation, and for special education trips, on behalf of those students whose disability or condition requires them to attend a specialized facility. Pupil transportation accounts for a significant portion of transportation expenditures within the county.

Another important transportation program is that sponsored by the Department of Social and Health Services (DSHS) Medicaid program. Medicaid eligible persons are provided transportation to medically-related appointments that are arranged through a broker. In Snohomish County, Paratransit Services operates as the Medicaid transportation broker.

A variety of other community- based or social service agencies provide specialized services to fill the gaps or provide specialized services not otherwise available. A summary of the services these programs provide is described further in this report.

Figure 14 illustrates the service areas of the primary public transit providers. Their service and budget characteristics are described below.

Figure 14   Snohomish County Existing Transportation Services

Public Transit Agencies

Community Transit

Community Transit provides countywide commuter service into and out of Everett, and carries 57 percent of all Snohomish County-Seattle commuters to work and back. As a regional transportation player, Community Transit is contracted to operate five Sound Transit routes from Snohomish County to King County. CT's entire bus fleet is wheelchair accessible, either by low-floor ramped vehicles, or buses equipped with wheelchair lifts.

Vanpool Program

Community Transit operates one of the largest vanpool fleets in the nation – it carried about 3,000 passengers each weekday in 2007. A vanpool is a group of 5-15 commuters who ride to work together in a van provided by Community Transit. Vanpools generally follow a set schedule and route, but unlike a bus, these are set by the riders themselves.

Paratransit

Dial-a-Ride Transportation (DART) is a paratransit service which operates within the three-quarter mile buffer from Community Transit's local non-commuter fixed route service and operates within Snohomish County. This curb-to-curb transportation service is available for individuals who have a disability or health condition that prevents them from using Community Transit's fixed route. The service is operated by the Senior Services of Snohomish County through a contract with Community Transit. The service operates seven days a week and provides an average of 580 one-way trips per day.

According to information provided by CT staff, 11% of DART trips involve transfers with Everett Transit, 10% transfer to King County Metro ACCESS, and 8% transfer with TAP. There are two designated transfer areas used to facilitate transfers between ACCESS and CT, and also two designated transfer areas for use with TAP. All agencies involved wait for the connecting bus to arrive so that the passenger is not left unattended.

Everett Transit

Everett Transit is the public transit authority of Everett, Washington, the only city in Snohomish County not to belong to Community Transit. As of 2008, Everett Transit operates 49 buses within Everett on 12 routes. Its annual ridership in 2007 was 2.1 million.

Everett Transit operates ten fixed routes, Monday through Fridays. Of these, nine are suburban local routes, and one commuter route connects Everett Station to the Harbor Point waterfront. It operates six suburban local routes on weekends. Everett Transit also operates a complementary paratransit service seven days a week, in compliance with the ADA.

Everett Transit connects with Greyhound, Amtrak, Sound Transit, and Community Transit at the Everett Station.

Sound Transit

Sound Transit contracts with Community Transit to provide regional express bus service between Snohomish County and King County. Sound Transit also provides rail "Sounder" commuter rail service and runs between Seattle and Everett Station, making stops in Edmonds and Mulkiteo.

Washington State Ferries

The Washington State Ferry System provides service for both commuters and vacationers to more easily reach the recreational opportunities that exist on the Olympic Peninsula. Two ferry routes, the Mukilteo-Clinton and the Edmonds-Kinston, serve Snohomish County. Riders

originating from or traveling to communities that extend from Skagit County to south King County use both routes.

Transportation Assistance Program (TAP)

The Snohomish Count y Transport ation Assist ance Pr ogram (TAP) ha s been in existence sin ce 1996. TAP is a rural transportation program o perated by the Senior Services of Snohomish County that serves areas outside th e DART service area, and is financed with a combination o f state, federal and local funding. It operates 5 days a week, from 4:45 AM-8:30 PM.

Although there are no eligibility requirements for riding T AP, approxi mately 97% of riders a re disabled. Four percent of all riders using TAP tr ansfer to and from other systems. Approximately half the trips provided are medically related, f ollowed by 23% for eth nic din ing a nd nutrition programs, 14% for school, and the remainder a mix of work and shopping trips. TAP also serves as a Medicaid service provider under contract to the Medicaid broker, Paratransit Services.

Pupil Transportation

Snohomish County School Districts

Each of the 15 Snohomish County school districts provides transportation services to students within their district boundaries. All districts in the county operate the transportation services in-house with vehicles owned by the district. They are responsible for driver training, vehicle maintenance, and operations.

The district is required to meet operational requirements set by the Office of Superintendent of Public Instruction (OSPI). The state allocates funding to each school district according to the number of students who need transportation and their distance from school. On average, OPSI allocates funds that cover 65% of pupil transportation expenses with 35% coming from local district sources.

Homeless Student Transportation

The passage of the McKinney-Vento Homeless Assistance Act (2001) had a significant impact on local districts that were required to t ransport homeless students to their school of o rigin. By law, each school district has a homeless liaison, who conducts outreach to identify homeless familie s and to coor dinate services for the m. Subsequently, each district ar ranges for and provides transportation for its ho meless students, and shares these costs with ot her districts if the student travels into another dist rict. The Everett School Di strict ha s such agree ments in place with 16 different dist ricts. There are no relia ble cost estimates of what it co sts to provide these specia l transportation services.

Medicaid

DSHS HRSA pays for transportation services for non-emergency medical visits for eligible individuals. Recipients must qualify for Medicaid and have no other means to reach an approved medical service. Assistance is provided through a HRSA Regional Broker; in Snohomish County, the broker is Paratransit Services.

Paratransit Services staff screen clients for eligibility and then arranges the most appropriate and cost-effective form of transportation assistance for the individual. Transportation or other service options may include: public bus, gas voucher, client and volunteer mileage reimbursement, non-profit providers, cabulance, commercial bus, lodging, and air. Reservations need to be made two business days in advance of the scheduled appointment. During FY 2005-06, a total of $ 5,225,962 supported NEMT in Snohomish County.

Figure 15, below, provides a snapshot of current services, funding, and modes of travel to support special needs transportation programs in Snohomish County. Data are presented for FY 2005-06, the most recent year for which common information is available.

Figure 15   Snohomish County Transportation Program Characteristics FY 2005-06

Program	Operating expenses	# Trips Provided	Area Served	Clientele Served
Community Transit Fixed Route	76,672,476	10,757,228	See Figure 1-2	General public
CT DART	6,975,449	212,191	See Figure 4-2	Eligible disabled
City of Everett Fixed Route	9,022,028	2,112,866	City of Everett	General public
City of Everett Paratransit	2,613,272	95,169	City of Everett	Eligible disabled
TAP	$581,911	27,229	See Figure 4-2	General public
Snohomish County Pupil Transportation	22,371,270		15 school districts; service provided as needed to other districts for homeless students, or those traveling to special education facilities	Public school students
Medicaid NEMT	5,225,962	203,241	County-wide	Medicaid eligible persons for medically-related services

Other Transportation Services and Programs

Catholic Community Services

Catholic Community Services (CCS) operates a volunteer driver program with volunteers driving their own cars. Trips are provided for medical purposes and, in fact, CCS is a certified provider through the NEMT program. Funding to support the program is made available through the state (Balance of State Volunteer Chore Program) and through the County. CCT's budget is approximately $150,000 per year, and on average it provides 2,760 trips.

Stillaguamish Tribe

Since late 2006, the Stillaguamish Tribe has operated a transportation program in Northern Snohomish County. The program was started because of the perceived need for services in this part of the county, particularly for people who need to connect up with services in Skagit or Whatcom Counties. The Tribe now operates a fleet of six vehicles and provides about 1,000 trips per month. The Tribe collaborated with Community Transit to ensure they would not be

duplicating services. Although the service began as a fixed route, it has since transitioned into more of a demand responsive program. The Tribe is now a certified Medicaid provider, and provides trips on behalf of the broker. The Tribe received an FTA grant of $94,000 to operate its services, which is the primary source of funding.

The service is available for members of the public; however, the services are designed with the transportation needs of elders and Tribal members in mind.

Other community-based transportation services

In addition to the programs mentioned above, the SNOTRAC Transportation Inventory, dated (draft) June 2008, identified a total of 18 programs that provide, sponsor or otherwise financially support for the provision of transportation within Snohomish County.

Paratransit Services, the Medicaid broker in Snohomish County, contracts with 19 providers to provide NEMT. Of these, two are senior services programs, one is a volunteer program (Catholic Community Services), one is a tribe (Stillaguamish), and the rest are private for-profit transportation companies.

Coordination Activities

With suppor t from the Agency Council on Coordinated Tr ansportation, the Snoho mish County Transportation Coalition (SNOTRAC) first convened in January 2000. Coalition members initially wrote a four-page me morandum of understanding and a transportation survey tool that was sent to more than 1,400 age ncies and providers to determine available tran sportation modes, routes, and service delivery models. Coalition members focused on coordinating existing transportatio n modes to serve the developmentally disabled, the mentally ill, children and the elderly. They built coalition membership, establishe d common goals and objectives, and identified commun ity special needs transportation resources.

In June of 2002, SNOTRAC hired a consulta nt to help develop a decision-ma king structu re, complete th e transporta tion invento ry, develop a strategic plan, and create an imp lementation and evaluation plan. SNOTRAC ad opted a five year strate gic plan (cu rrently in the process o f being updated) that included the following goals:

SNOTRAC Goals
- Improve and increase awareness and support of transportation options and services to the public and service providers.
- Simplify the eligibility process.
- Simplify trip arrangements.
- Build transportation capacity within existing community resources.
- Increase transportation options in rural areas.
- Increase regional and cross jurisdictional transportation options.

For several years, the Volunteers of America has served as the lead agency and provided full time staffing support for SNOTRAC; recently, the decision was made to transfer oversight of the group to Snohomish County, and that transition is now taking place. The group meets monthly, in Everett, and considers a range of topics to promote coordination among public and private providers, and to educate and encourage collaboration among various transportation partners.

Case Study Key Findings

This case study focused on Snohomish County, which is considered a suburban county with many of its residents traveling regularly to Seattle or elsewhere in King County for work, school or

medical purposes. As such, this case study may be considered most relevant for other counties that are economically linked with nearby urban or employment centers, such as Tacoma, Olympia or Portland, OR. The findings emerging from this case study may be of interest to stakeholders in Clark, Skamania, Pierce, Thurston, Mason, Kitsap and Lewis Counties.

Transit providers in Snohomish County are faced with the need to balance demand for commuter-based services, primarily along the I-5 corridor, with the need to reach more remote communities, or to provide mid-day or late-night service for transit dependent persons. Compared to other counties, Snohomish is more affluent as indicated by lower poverty rates, higher levels of car ownership, and lower levels of families or individuals relying on public assistance.

A number of transportation needs or barriers have been identified specific to Snohomish County. The identification of these needs is based on consultation with local program stakeholders, review of other studies and reports[7], and on findings emerging from the public forum convened in Everett as part of this project. The most significant needs are as follows (not necessarily in priority order):

Connectivity: Snohomish County is served by a variety of public transit bus, paratransit, train and ferry providers. For people whose trip involves more than one provider, or even more than one bus within the same service area, transfers are required and can be difficult for people and inhibit their travel. More than 25% of DART paratransit trips involve a transfer. As indicated in this report, nearly 40% of people living in Snohomish County work in another county (predominately King County) and need corridor-based service to facilitate inter-county service.

Limited service in rural areas: Snohomish County is a large county with the population base along the I-5 corridor in the western part of the county. For those living in more remote areas, transportation options are fewer and more difficult to access.

Lack of affordable housing: Some people, especially those on limited incomes, cannot afford housing costs in the more urban parts of the county; therefore, they are re-locating in more remote areas which exacerbates their transportation problems.

Lack of service for veterans: This is an emerging issue that has been raised in several counties. With more and more veterans returning from active service, additional programs and resources are needed to treat or care for veterans. The nearest (and only) Veteran's Hospital for the region is located in Seattle, and for residents of North Snohomish County, these trips can be difficult to arrange.

Need for improved access to customer information: Often, there is confusion among members of the public as to what type of service they are eligible for, how to apply, and how to learn how to plan for and take a trip on public transit.

Yakima County

Yakima County, located east of the Cascade Mountain range in Central Washington, comprises a geographic area of 4,296 square miles. It is the second largest and eighth most populated county among the state's thirty-nine counties[8]. The 2000 Census found that the total population of Yakima County was 222,581 residents, approximately 4% of the statewide population.

The city of Yakima is located in the northern part of Yakima County and is the county seat. It is the largest city, with approximately 72,000 residents and accounts for 32% of the county's

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[7] Such reso urces i nclude: Senior Serv ices of S nohomish C ounty Operations E xpansion, prepared b y LSC Transportation Co nsultants, Inc., Regi onal Co ordinated Human Serv ices a nd P ublic T ransit T ransportation Pl an prepared for Puget Sound Regional Council, and Transportation Inventory, completed by SNOTRAC.
[8] Office of Financial Managem ent, Population and Com ponents of Population Change by County: April 1, 2000 to Apr il 1, 2008, Release date: June 30, 2008.

population. Sunnyside, with a population of 14,000 residents, is the second largest and the only other city with over 10,000 residents.

The southern portion of the county is less densely populated and mostly consists of the Yakama Indian Reservation. The reservation is primarily agricultural land with range and grazing land. Yakima County ranks as the second highest in total values of agricultural and livestock products produced, after Grant County[9].

In Yakima County, one out of five workers is employed in agricultural businesses. The agricultural nature of the economy attracts a large number of seasonal workers, who tend to have a higher percentage of unemployed workers, those living in poverty, compared to the state as a whole. The county's farm lands account for 11 percent of total farm lands in Washington State

It is also worthwhile to note that:

- US Census Bureau estimated that 95% of commuting trips occurred within the county in 2000. The remaining 5% were out-of-county trips, and of the estimated trips, 76% were destined to Benton County.
- According to the Washington State Department of Social and Health Services, Yakima County ranked first in the number of TANF recipients, with a monthly average of 12,158 recipients during the Fiscal Year 2006-2007. This is 5.1% of total county population and the highest among all Washington counties.
- According to the Washington State Office of Superintendent of Pubic Instruction, 68% of enrolled students applied for free or reduced-priced meal programs in Yakima County in 2007. This is more than double of the statewide percentage of 34%, and the second highest among all counties in Washington State.
- According to the US Census Bureau, 8% of households in Yakima County did not own a private vehicle in 2000, which is higher than the statewide average of 7%.

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[9] Washington State Department of Agriculture, Agriculture – Washington's NO.1 Employer: Retrieved on July 21, 2008 from http://agr.wa.gov/AboutWSDA/.

Figure 16   Transit Dependency Index in 2000
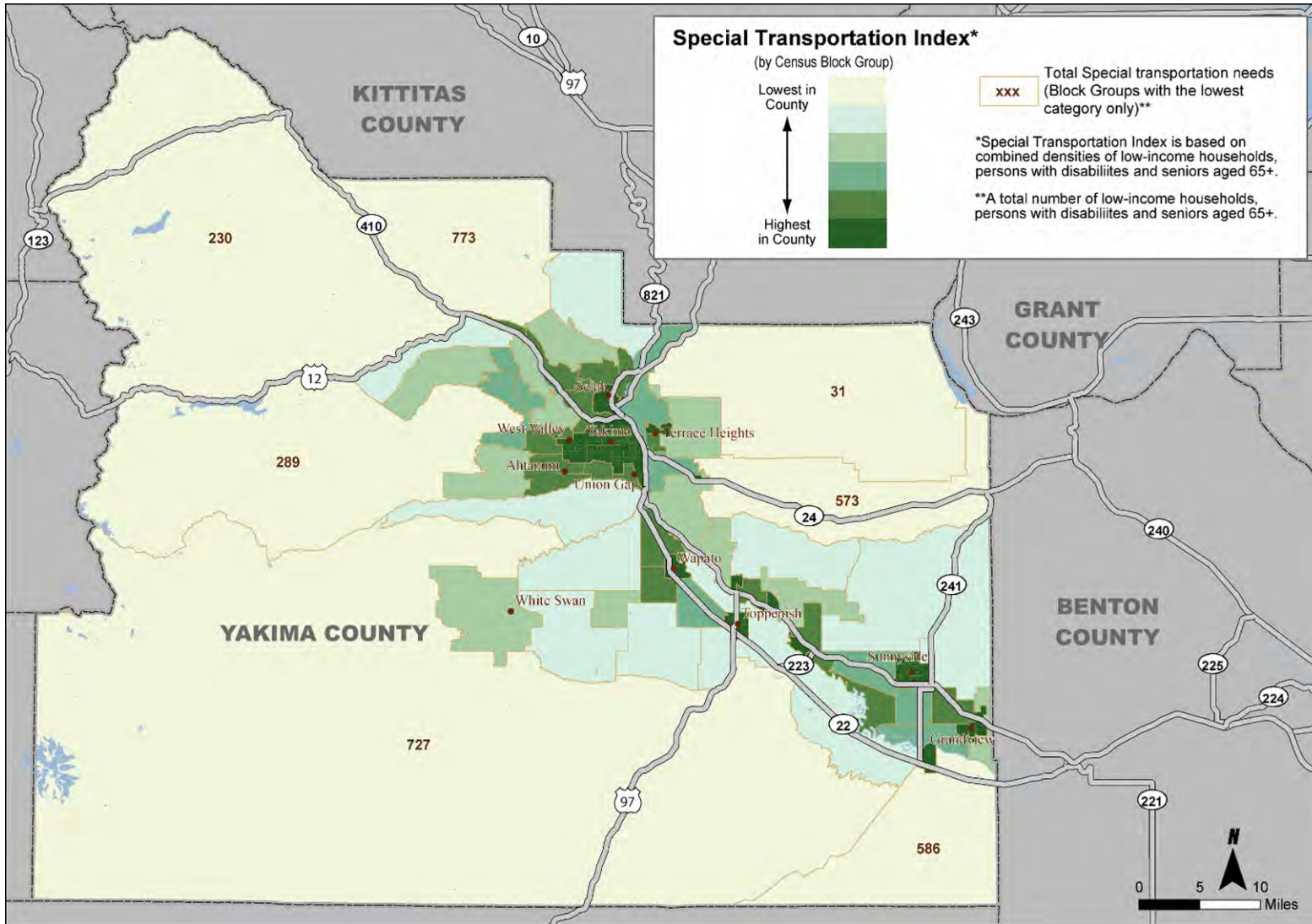
Key Activity Centers for Special Needs Population

Points of Origin

The Yakima County Coordinated Public Transit-Human Services Transportation Plan explains that the special needs population is distributed throughout Yakima County and those living in unincorporated areas of the counties need transportation to access jobs, medical facilities, social services, and educational opportunities in the more populated cities. Of those surveyed for the plan, 73% live outside of the Yakima Transit service area and have limited transportation options.

The most common points of origin for the special needs population are subsidized housing, correctional facilities, homeless shelters, assisted living, and long-term care facilities. Yakima County has 13 nursing homes, 12 adult family homes, and 19 boarding homes/assisted living facilities. Most facilities are in the city of Yakima, while the remaining are in Wapato, Toppenish, Grandview, Sunnyside, Union Gap, and Selah[10]. In addition, there is affordable housing for seniors, migrant seasonal farmworkers, and low-income individuals and families in Yakima County. In addition, in the city of Yakima, there are homeless shelters, the Yakima County Jail and the Juvenile Justice facility, which need supportive public transit services.

Common Destinations

The Coordinated Plan identified the following common destinations for special needs populations:

- Health care facilities (local and out-of-area)

- Social services: DSHS, mental health services, chemical dependency treatment, food banks, senior nutrition sites, child care, Community Action Agencies

- Educational services: post-secondary, English as a Second Language (ESL), Adult Basic Education (ABE), and after-school programs.

- Employment: WorkSource and major employers

- Shopping, banking, legal services, courts

- Recreation, spiritual, and social activities

The Coordinated Plan further explains that residents who live in the more rural areas of Yakima County may need to travel up to 40 miles each way to access basic services. The communities of Cowiche, Naches, White Swan, and Mabton all lack transportation services. The only locations where hospital services can be found in Yakima County are Yakima, Toppenish, or Sunnyside. It is necessary to travel to the city of Yakima, the Tri-Cities, or Seattle.

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[10] Common points of origin were identified through community transportation forums, transportation surveys, and service provider surveys as part of the Coordinated Public Transit-Human Services Transportation Plan.

Employment training services from WorkSource are located in Yakima, Sunnyside, and Toppenish. Medicaid, Temporary Assistance for Needy Families (TANF), food stamps, and social services are offered through DSHS's Community Service Offices in Yakima, Wapato, and Sunnyside. YV-Tech (Yakima Valley Technical Skills Center) provides vocational opportunities.

Employment opportunities are primarily located in the city of Yakima. Companies that provide opportunities to WorkFirst employees as well as entry-level positions include: Wal-Mart, Yakama Forest Products, Yakama Legends Casino, Snokist, Washington Beef, and Western Recreational Vehicles. The positions require shift work and that employees work weekends and holidays.

Existing Services

Public Transit Agencies

Yakima Transit (YT) is the only public transit system in Yakima County. YT operates fixed-route service, complementary Dial-A-Ride services for people with disabilities, and a vanpool program within the city of Yakima and Union Gap. Its service area is approximately 20 square miles and the remainder of the county (4,276 square miles) is not served by a public transit system. There are 27 ADA-accessible vehicles devoted to fixed-route service.

YT contracts with A-1 Tri-City Transportation, a private contracted provider, to operate 11 fixed routes in the Greater Yakima Area. Ridership in 2007[11] was 1.28 million and it is projected to grow to 1.42 million in 2008.

Paratransit

YT contracts with Access Paratransit and People for People to provide paratransit service for persons with disabilities. Even though eight of the fixed bus routes operate Monday through Saturday only, the complementary paratransit service is available seven days a week from 9:00 AM to 2:00 PM. There are 18 wheelchair-accessible paratransit vehicles provided by the contracted provider.

Vanpool Program

YT also provides vanpool service to Benton and Yakima counties. There are 22 vans in revenue service, which were provided by Washington State's Vanpool Investment Program. Vanpool program participants pay a set monthly base fee plus mileage. The program requires that all vanpools begin or end somewhere in Yakima, Selah, or Union Gap.

Some employers that are based in rural areas pay for the travel expenses of their employees. Eleven vehicles travel to Hanford Nuclear Facility, which employs approximately 20,000 people in Benton County. There are 20 vehicles devoted to the vanpool program.

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[11] Calendar year not fiscal year

Figure 17   Yakima County Existing Transportation Services
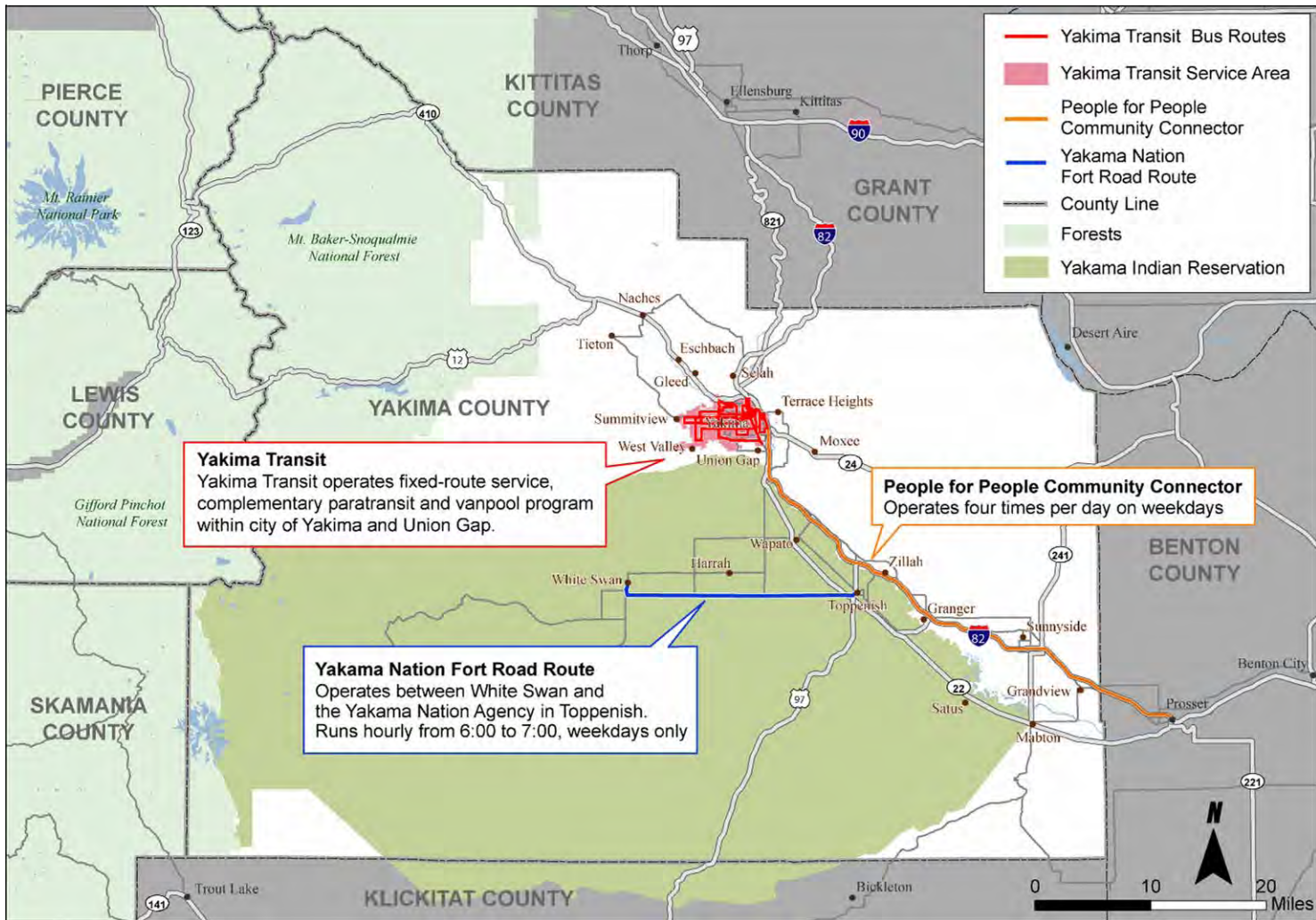
Pupil Transportation

Yakima County School Districts

Each of the 14 Yakima County school districts provides transportation services to students within their district boundaries. All districts in the county operate the transportation services inhouse with vehicles owned by the district. They are responsible for driver training, vehicle maintenance, and operations. Only two districts coordinate vehicle maintenance: Yakima and Union Gap School Districts.

The district is required to meet operational requirements set by the Office of Superintendent of Public Instruction (OSPI). The state allocates funding to each school district according to the number of students who need transportation and their distance from school. Yakima School District, the largest district, received an allocation of $1.86 million for the operation of pupil transportation. On average, OPSI allocates funds that cover 65% of pupil transportation expenses with 35% coming from local district sources.

Homeless Student Transportation

The McKinney-Vento Homeless Assistance Act (2001) requires that local districts transport homeless students to their school of origin[12]. Each district has a homeless liaison responsible for determining which students meet the criteria for homelessness and coordinating transportation. The homeless liaison seeks to address homeless children's transportation needs by[13]:

- Preparing an Individual Education Plan for each special needs student to document transportation needs

- Working closely with other homeless liaisons to arrange the best transportation solution for each student

- Investigating whether current bus routes or transit services can be used to address the transportation need. In this case, the district will provide bus passes or vouchers to students. At times, when it is feasible, districts can re-route school bus routes in order to facilitate a transfer to a neighboring district.

- Reimbursing families or other care givers to transport children to their school of origin. Often there is a family member who can drive the homeless child to their school of origin. In order to share the expense of reimbursement, the two cooperating districts enter into a contract that specifies the terms of the agreement. A parent or guardian submits the mileage reimbursement sheet to the child's school which in turn bills the district. Drivers are reimbursed at the federal mileage reimbursement rate of $0.585. If reimbursement were not an option, the cost of providing the trip would be considerably more expensive since the school district would be required to transport the student itself.

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[12] This is explained in greater detail in the first Technical Memorandum.
[13] The homeless liaison for Yakima School District Yvonne LaGrou described how homeless transportation is handled in the county's largest district.

The Yakima School District has not spent more than about $1,000 per year for homeless student transportation. In the 2006-2007 school year, the district only entered into one contract with another district. Potential reasons for the small expenditure may include:

- **Role of DSHS**: DSHS pays to transport foster children as necessary and provides a significant number of homeless student transportation as part its programs. According to Yakima School District's homeless liaison, without this subsidy from DSHS, transporting homeless students would be a much larger burden on school districts as it is providing the vast majority of homeless student trips in the district.

- **Adequate route coverage**: There are district buses as well as public transit routes throughout the Yakima School District. Good route coverage means that the district has more resources available for local transportation needs.

- **Duration of homelessness**: Often children are only homeless for a few months. The short duration of the transportation need tends to limit the cost to the district.

The districts do not report the amount spent on homeless transportation to the county about how much is going to homeless transportation. Some districts track more than others.

Transportation Provided by Head Start

The following organizations provide Head Start transportation:

- **Enterprise for Progress in the Community (EPIC) Head Start** transports eligible children to preschool classes at 18 different locations in Yakima County. EPIC Head Start provides transportation to approximately 700 children. The organization owns 26 buses and the service is provided in-house.

- **Washington State Migrant Council (WSMC)** provides Head Start programs in seven locations in Yakima County. Each site owns and operates two 32-passenger buses and provides door-to-door transportation services. Given that transportation services aren't fixed, the cost of service provision is expensive.

- **Yakama Nation Tribal Head Start** provides transportation for eligible preschool children to attend Head Start centers in Toppenish, White Swan, and Wapato with two buses transportation 190 students each day.

Medicaid

DSHS HRSA pays for transportation services for non-emergency medical visits for eligible individuals. Recipients must qualify for Medicaid and have no other means to reach an approved medical service. Assistance is provided through a HRSA Regional Broker.

People for People is the HRSA Regional Broker for Yakima County. PfP Broker Customer Service Representatives screen clients for eligibility and then arranges the most appropriate and cost-effective form of transportation assistance for the individual. Transportation or other service options may include: public bus, gas voucher, client and volunteer mileage reimbursement, non-profit providers, cabulance, commercial bus,

lodging, and air. Reservations need to be made two business days in advance of the scheduled appointment.

In FY 2005-2006, People for People Brokering provided 78,191 rides for eligible clients in Yakima County. Transportation providers for Medicaid currently include: A+ Transportation, Appointment Keepers, C&S Transport, Columbia County Public Transportation, Hopesource, Tri-City Taxi, Medstar, People for People, Rodeo Town Taxi, and Transportation Solutions.

Figure 18   Medicaid Transportation by Type (FY 2005-2006)

Trip type	Trips
Ambulatory Ride	42,197
Non-ambulatory ride	15,937
Public bus (paratransit)	8,745
Public bus-fixed route	4,703
Gas Voucher Client	4,311
Mileage Client Associate Vehicle	1,863
Volunteer-broker	1,050
Commercial Bus	11
Airline	4
Total Trips	78,821
Total Cost	*$2,804,548*

Figure 19   Yakima County Transportation Program Characteristics FY 2005-06

Transportation Provider	Annual Expenses	Trips Provided	Area Served	Clientele Served
Yakima Transit Fixed Route	$5,073,559	1,176,616	City of Yakima and Union Gap	General Public
Yakima Transit Demand Response	$1,017,201	74,314	Pierce Transit PTBA District	Eligible disabled
Yakima Transit Vanpools	$91,723	54,562	Trips start or end in Yakima Transit service area	General Public
Medicaid NEMT	$2,804,548	78,821	County-wide	Medicaid eligible persons for medically-related services
School Districts	$1,860,000		Within each of the school districts; service out of district as required	Public School Students

			for homeless or special needs students	

Other Transportation Services

The Washington State Department of Transportation (WSDOT) consolidated grant program provides funding to serve special needs populations as well as the general public on a competitive basis.

People for People

People for People (PfP) is a private non-profit agency that started 42 years ago as a Community Action Program (CAP). It has been providing transportation for 25 years. It acts as the Medicaid broker for Yakima County as well as Grant, Adams and Lincoln Counties. In addition, PfP acts as the 211 service provider.

PfP directly provides the following transportation services:

- **Paratransit service**: PfP provides paratransit services to individuals with disabilities who live outside of the city of Yakima. In 2005, there were 15,480 boardings and logged 7,979 service hours. This service is provided using funding from WSDOT Consolidated Grant Program.

- **Community Connector**: PfP provides the fare-free general public transportation service along the I-82 corridor between Yakima and Prosser. Service is available four times per day on weekdays. There were 28,161 boardings in 2005 and 4,100 service hours. This service is funded with State of Washington rural mobility funds.

- **Medicaid Transportation**: PfP is the Medicaid broker for Yakima County (described in further detail in previous Medicaid section). In addition, PfP directly provides transportation to Medicaid-eligible clients. In 2005 there were 14,728 boardings and 9,768 service hours.

- **Yakama Nation**: PfP recently began operating a fixed route service on behalf of the Yakama Nation with grant funding the Tribe received from the FTA Tribal Transportation Program. (described in more detail in Yakama Nation section).

- **Job Access-Reverse Commute (JARC)**: With WSDOT funding, PfP provides transportation to TANF recipients and their children. PfP transports eligible clients with no other means of transportation to job training activities. In 2005, JARC provided 14,043 rides in Yakima County.

- **Senior Transportation**: Under contract to Aging and Long Term Care (ALTC) and WSDOT, PfP provides senior transportation to residents who are 60+ years and living outside the city of Yakima. Transportation is provided to meal sites, medical appointments, shopping, and other locations when possible. In 2005, there were 21,838 reported senior boardings.

Yakama Nation

Yakama Nation Reservation is located in the southern portion of Yakima County and is the home of approximately 10,000 tribal members and non-tribal members living on the reservation. The Yakama Nation Agency, which handles all the administrative functions of the tribe, is located in Toppenish. Yakama tribal members make trips to a variety of locations for the following trip types:

- **Medical services**: Indian Health Center in Toppenish and the City of Yakima

- **Shopping**: The City of Yakima and Toppenish

- **Educational**: Heritage University in Toppenish

- **Social**: City of Yakima or Sunnyside

Yakama Nation contracts with People for People to provide transportation services for the tribe. Fort Road Route operates between businesses in White Swan and the Yakama Nation Agency in Toppenish. This route serves Yakama Forest Products (a tribe-owned wood mill), Heritage University, Legends Casino, the Indian Health Center, Tribal Headquarters, and housing units on the reservation. The route has been in operation since September 4, 2007 and is the first public transit to be provided by the tribe. Ridership during September 2007 was 549 per month and grew to 3,200 by June. Year to date ridership was 18,191 through June[14].

WorkFirst

DSHS's WorkFirst program provides transportation vouchers to Temporary Assistance for Needy Families (TANF)-eligible parents to assist them with employment-related trips. The local DSHS Community Services Office (CSO), Employment Security, and Community Jobs contractors provide the vouchers to eligible clients. Vouchers may be used to purchase bus passes, fuel, driver's licenses, or vehicle repair.

Case Study Key Findings

Yakima County, located east of the Cascade Mountain range in Central Washington, comprises a geographic area of 4,296 square miles. It is the second largest and eighth most populated county among the state's thirty-nine counties[15].   The city of Yakima is located in the northern part of Yakima County and is the county seat. It is the largest city, with approximately 72,000 residents and accounts for 32% of the county's population. Sunnyside, with a population of 14,000 residents, is the second largest and the only other city with over 10,000 residents.

The southern portion of the county is less densely populated and mostly consists of the Yakama Indian Reservation. The reservation is primarily agricultural land with range and grazing land. Yakima County ranks as the second highest in total values of agricultural and livestock products produced, after Grant County[16].

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[14] Annual ridership figures are not yet available since the service has not been in operation for a year.

[15] Office of Financial Mana gement, Population and Components of P opulation Change by County: April 1, 2000 to April 1, 2008, Release date: June 30, 2008.

[16] W ashington S tate Dep artment of Ag riculture, Agricu lture – W ashington's NO.1 Emplo yer: R etrieved on July 21, 2008 from http://agr.wa.gov/AboutWSDA/.

In Yakima County, one out of five workers is employed in agricultural businesses. The agricultural nature of the economy attracts a large number of seasonal workers, who tend to have a higher percentage of unemployed workers, those living in poverty, compared to the state as a whole. The county's farm lands account for 11 percent of total farm lands in Washington State.

A number of transportation needs or barriers have been identified specific to Yakima County. The identification of these needs is based on consultation with local stakeholders, review of other studies and reports, and on findings emerging from the public forum convened in the city of Yakima as part of this project. The most significant needs are as follows:

Duplication of transportation resources: Transportation providers operate with local, state, and federal funding which is oriented to specific eligibility criteria for the person and ride purpose. There is a reluctance to integrate resources because of perceived risk, liability, and funding restrictions. This approach results in duplication of transportation service. The Coordinated Plan suggested that coordination could be improved by reducing redundancy and cited the following examples:

- *Equipment*: Each transportation system purchases vehicles only for their system.

- *Drivers*: School districts, Yakima Transit, Head Start programs, and other transportation providers hire and train their own drivers.

- *Service Eligibility*: Yakima Transit and the Community Connector are two public transportation systems that have no eligibility requirements. Other transportation systems have restrictions and have different requirements for documentation of eligibility.

- *Funding Restrictions*: Various funding sources restrict transportation services to a specific population for a specific purpose.

Older adults in Yakima County typically rely on their personal automobile for transportation. When they are unable to safely drive, it is often a difficult transition. Older adults need transportation to medical appointments, senior meal programs, shopping, visiting friends or relatives in hospital or nursing homes, and for community events that include spiritual, social, recreation, and cultural events. Those who are not eligible for Medicaid have limited options for non-emergency medical transportation.

Those who live outside the Yakima Transit service area in rural locations are often isolated from services. When access to services is no longer possible, older adults move out of their homes and communities to assisted living or nursing homes. Transportation provides access to services that allow older adults to remain independent and reside in their homes and community for a longer period of time. Transportation is needed for non-Medicaid-eligible older adults so that they can access specialty health care in Yakima, Tri-Cities or Seattle.

Individuals with disabilities need transportation to remain independent. Transportation provides access to jobs and training opportunities in their communities. Washington State, Division of Developmental Disabilities has implemented the "Working Age Adult Policy." This policy is to assist adults (21 to 62 years of age) with disabilities to enter the workforce. Transportation is a critical component. In order to maintain independence

and mobility, transportation is needed to access health care, shopping, recreation, and social services.

Youth need transportation to access educational opportunities, employment, and social services. Transportation is needed to participate in after-school activities (a particular challenge for those in rural locations) and to access post-secondary education. For example, Yakima Valley Community College (YVCC) reported that students have difficulty commuting to their Grandview and Yakima campus due to a lack of reliable transportation options.

Low-income individuals identified the need for transportation to access employment, training, education, child care, job search, social services, and health care. Without reliable transportation, individuals are unable to secure and maintain employment. Agricultural work requires dependable transportation to access employment in the rural areas of the county. Many entry level positions are in retail and warehouses that require weekends, holidays, and shift work. Low-wages make it difficult for individuals to purchase reliable vehicles and maintain automobile insurance. The working poor are left with few public transportation options to maintain employment.

Transportation is available for Medicaid eligible clients to access medically approved appointments, but there are limited transportation services for accessing non-medical services. The Deficit Reduction Act (DRA) requires families that receive Temporary Assistance for Needy Families (TANF) to participate in specific work activities in order to receive cash assistance. This federal requirement affects the increased need for transportation. The Wapato DSHS office conducted a survey in October 2005 with TANF clients and over 70% of the respondents indicated that transportation was a barrier to seeking, obtaining, and retaining employment. Low-income individuals have difficulty accessing education and social services that will assist individuals to become self-sufficient citizens.

The Coordinated Plan outlines the following strategies to address unmet transportation needs:

- Preserve and expand demand-response paratransit services for special needs populations
- Preserve and expand intercity connections throughout Yakima County
- Coordinate transportation services for special needs population

Coordination Activities

The Yakima County Special Needs Transportation Coalition works with community service providers to address transportation barriers for the special needs community to access services, employment opportunities, and daily activities. The Special Needs Coalition's goal is to improve transportation effectiveness and efficiency throughout Yakima County by collaboration.

PFP coordinates the Special Needs Coalition, providing leadership to facilitate and host the meetings. Since it was formed in 1998, there has been some limited funding that

has helped to support the facilitation through ACCT; however, PfP currently does not receive funding for its facilitation.

The mission is to improve effectiveness and efficiency at the county level. Success is measured by the ability to foster cooperation and collaboration among private and nonprofit transportation brokers and providers, local public transportation agencies, local government agencies, service agencies and organizations, private business and riders.

Member agencies and organizations include:
- Yakima   County
- MedStar   Cabulance
- Horizon
-    Washington State Department of Transportation
-    Department of Vocational Rehabilitation
-    Disability Services for the Blind
- DSHS
-    Yakima Valley Council of Governments
- HopeSources,   Ellensburg
-    People For People
- Yakama   Nation
- Local   Citizens
-    Yakima Transit, City of Yakima
- EPIC

The Yakima County Special Needs Coalition provides a forum for agencies to discuss coordination of services, how to meet the needs of clients who fall under the special needs category and update each other on current projects. Currently, the coalition meets quarterly.   Prior to 2008, the coalition was meeting monthly.

The coalition was instrumental in preparing the Coordinated Public Transit-Human Services Transportation Plan that hosted the community forums and distributed surveys. The coalition was successful in providing the foundation for identifying transportation needs on the Yakama Nation Reservation and for securing FTA funding to implement the Yakama Nation Tribal Transit project. The coalition has provided the opportunity for transportation and human service providers to identify needs, prioritize projects, and coordinate limited resources.

One of the biggest challenges of the council is representing a very rural and economically disadvantaged county since the need for additional transportation resources is paramount to the health and well-being of our community.

Case Study Key Findings and Conclusions

Yakima Co unty is a rural count   y which includes the   city of Yakima, which as approximately 72,000 residents.   I ts rural nat ure is enha nced by the fact that   it is surrounded by other rural countie s, such as Kittitas, Grant, Benton, Klickitat, Lewis, and Skamania Counties. Yakima Transit serves the city of Yakima, but provides only limited service outside of the city. Those who live outside of the city are often isolated and have difficulty a ccessing specialized   medical services, shopping, a   nd educationa l opportunities that are located in the city o   f Yakima a nd beyond due to limited

transportation options.   Special nee ds passeng ers were also found to   have problems understanding and accessing exist ing services. Yakima County has an active Special Needs Coalition, which   promotes transportatio n coordination through out the cou nty. Previous coordination efforts resulted in the county's coordinated plan and a partnership between the Yakama   Tribe and   Yakima Tra nsit. The   county could benefit from additional coordination efforts to a ddressing u nmet transportation nee ds, especially in the rural areas. However, the Special Needs Coalition is limited by the   fact that it does not receive funding for its facilitat ion. In addition, funding requirements at the state level make it more difficu lt for a county like Yakima to access resources than   for more urban counties. Therefore, en hanced coordination at the state an d local levels would help to address these coordination issues.

APPENDIX G
FACILITY SITING PROCEDURES

Facility Siting Procedure of General Administration

Washington State's General Administration (GA) has the statutory authority to acquire, lease, purchase, and dispose of real estate on behalf of all state agencies[1]. GA has the authority to determine the location, size, and design of real estate and improvements (although this is done with input from requesting agency). This section describes the process by which state agencies request new leased facilities.

The vast majority of state agencies are located in leased properties[2]. Facility site priorities are determined by the agency requesting a new location and GA is responsible for finding candidate locations, assessing their feasibility, and administering the leasing arrangement.

The requesting agency describes its preferred geographic area, location factors, and office space requirements. Generally, an agency providing social services includes access to and adjacency to public transit as one of its site requirements.

Each applicant for a new facility must determine its parking needs; if it is shown that more parking spaces are requested than what is allowed in the local zoning code, an exemption must be granted before additional parking can be leased. Once the application is approved, Real Estate Services (RES) begins to locate an appropriate facility based on specifications from the requesting agency.

When all submittals have been received from owners, developers or agents, a site selection team is put together to visit each site, or hear a proposed building plan in the form of a formal presentation. The site selection team members play the following roles:

- The leasing agent "scores" the facilities with respect to meeting state specifications and the program needs of the client agency.

- The Barrier Free Access Manager offers the perspective of persons with disabilities and evaluates the accessibility of the site.

- A neutral party, along with the two agency representatives, score the location, site, facility, parking, transportation alternatives, and access as to how well they met program needs.

- Office of Financial Management (OFM) staff conduct a cost analysis of the various proposals.

- The architect scores features such as the building envelope, structure, site plan, etc.

- The engineer scores building systems such as electrical, HVAC, mechanical, plumbing, etc.

The following factors are considered during the site evaluation:

- Location (Parking, public transportation, accessibility to major routes of travel, ingress and egress, proximity to clients and program needs): 34 points

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[1] Exceptions include four-year universities, the Department of Transportation, the Department of Fish and Wildlife, the Department of Natural Resources, the State Parks and Recreation Commission, and the Liquor Control Board. Source: House Bill Report (SHB 2366)

[2] Interview with Ron Wall, General Administration, July 31, 2008. " Approximately 99.9% of state facilities are located in leased office space".

- Building (Efficiency/flexibility, suitability for program operations, heating/air conditioning, energy efficiency, lighting, exterior design): 34 points

- Other considerations (Downtown revitalization, historic preservation): 10 points

- Rental cost (32)

When scoring a proposed facility, access to public transportation is 7 points out of a possible 100 points. This underscores the fact that proximity to public transportation is just one of many factors that are considered in the siting process.

Siting Standards and Policies

GA does not have any policies that directly specify that facilities be coordinated with existing transit services. It relies on the requesting agency to delineate what its individual needs are.

However, it is GA's practice to ensure that service or customer-oriented agency programs are located adjacent to transit and pedestrian friendly facilities as much as possible. GA endeavors to locate social service programs in areas with effective and accessible infrastructure, such as sidewalks and public transit.

In addition, the Accessibility Addendum to GA's Leased Space Requirements provides supplementary requirements that apply to all State-leased facilities. It states that the Lessor shall clearly delineate the location of existing and proposed accessible parking, public transportation stop(s), and the accessible routes of travel from each to the main entrance of the proposed leased space.

GA defers to local zoning code for guidance on minimum and maximum parking requirements. If agencies require client or employee parking in excess of local zoning codes, an exemption justifying why additional parking is needed must be submitted to GA.

The Washington State Barrier-Free Access Checklist for State Leased Facilities, New and Renewals was developed by RES with the assistance of the Governor's Committee on Disability Issues and Employment (GCDE), members of the disability community, and client agencies. The State Barrier Free Manager designed the tool to help State government comply with requirements of the Americans with Disabilities Act Accessibility Guidelines (ADAAG), WAC 51-50, International Building Code (IBC) and ANSI 117.1[3].

RES assists tenant agencies in assessing and achieving program accessibility in leased facilities, although the tenant agency has ultimate responsibility for providing accessible services and programs. The following criteria relate to accessibility to transit:

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[3]ADAAG/ABA: Americans with Disabilities Act Accessibility Guidelines/Architectural Barriers Act. Department of Justice (DOJ): "ADAAG is the standard that must be used for privately-owned public facilities under title III of the ADA.

WAC 51-50:Washington Administrative Code, has requirements (Amendments) unique to Washington State

IBC/ANSI117.1: International Building Codes, can use these, but must also comply w/ WAC 51-50 and ADAAG.

- **Criteria 1.1**: Bus stop with working hour servi ce within 600 feet of th e primary entrance. Distance to the nearest stop_____ ”
- **Criteria 1.5**: The Lessor's Proposal information shall clearly show the location of accessible parking, pu blic transpo rtation stop(s), and the accessible routes of travel from each of the main entrance.

GA typically enters into five year leases and OFM approval is required for 10- or 15-year leases. Te n-year leases are less common, but are often necessary when leasin g new buildings. SHB 2633 states that "GA may not enter into leases greater than 20 years".

APPENDIX H
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION STUDY

UNIVERSITY OF FLORIDA
BUREAU OF ECONOMIC AND BUSINESS RESEARCH

INDEPENDENT ASSESSMENT:

FLORIDA NON-EMERGENCY MEDICAID TRANSPORTATION WAIVER

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OCTOBER 17, 2003

Executive Summary

Purpose

Pursuant to federal regulations governing the renewal of freedom-of-choice waivers, Florida's Agency for Health Care Administration (AHCA) contracted with the Bureau of Economic and Business Research (BEBR) at the University of Florida in order to conduct this independent assessment of Florida's Non-Emergency Transportation Waiver. Under this waiver, eligible Floridian Medicaid beneficiaries receive non-emergency transportation from their local Community Transportation Coordinators (CTC) in the Transportation Disadvantaged (TD) Program.

This assessment's objective is to examine whether AHCA's participation in the TD program is cost-effective, and whether the quality of service provided under this waiver program is at least as good as under complete freedom of choice.

Findings

This assessment finds that the provision of non-emergency transportation (NET) to eligible Medicaid beneficiaries is cost-effective and that the quality of service is not substantially compromised. Its conclusion is that the State of Florida—using the coordinated system—discharges its responsibility to beneficiaries under the Social Security Act and accompanying regulations. There are, however, areas in which the investigators feel that the program could be improved with any eye to both costs and quality of service.

Cost-efficacy: This assessment employs three methods to determine the cost-efficacy of the NET under waiver. The first is a direct comparison of the observed costs of Medicaid NET services in Florida fiscal year (FY) 2002 to the estimated costs in FY 2002 of Medicaid NET services had AHCA not joined the TD program.

Second is an econometric analysis using county-level cost information (such as average cost per beneficiary) under various specifications to estimate the cost effectiveness of the waiver program at the county level. Two specifications of this model under two samples of data, for a total of four regressions, are used to examine the waiver's effects, and all demonstrate that the current NET regime has led to sizeable reductions in total costs, the preferred estimates of which are shown in Exhibit 1 alongside those of previous analysis.

Exhibit 1
Total Cost Effectiveness of Florida NET in FY 2002
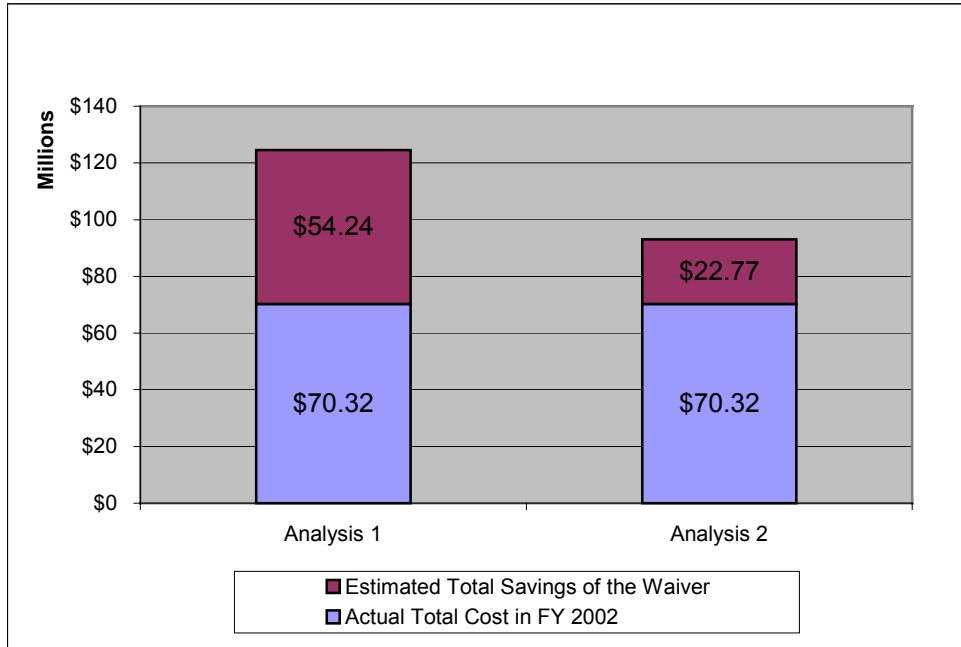
This analysis is then applied to users per beneficiary, claims per user, and cost per claim (of which average cost per beneficiary is the product) in an attempt to examine ways in which the waiver has affected the delivery of NET in Florida. The analysis also finds that Florida's NET program has reduced average cost per beneficiary by a third against the hypothetical non-waiver case for the fiscal year ending June 30, 2002. Additionally, and also against the non-waiver case, the NET program has witnessed large decreases in the costs per claim and users per beneficiaries, yet claims per user are much higher than they would otherwise have been.

Third analysis is another, more nuanced econometric examination which develops and employs a taxonomy of Community Transportation Coordinators, which is itself based on coordination models, described in Exhibit 2. This analysis permits investigation of which of the three models of coordination perform better under the different measures of cost.

Exhibit 2
Taxonomy of Coordinating Models

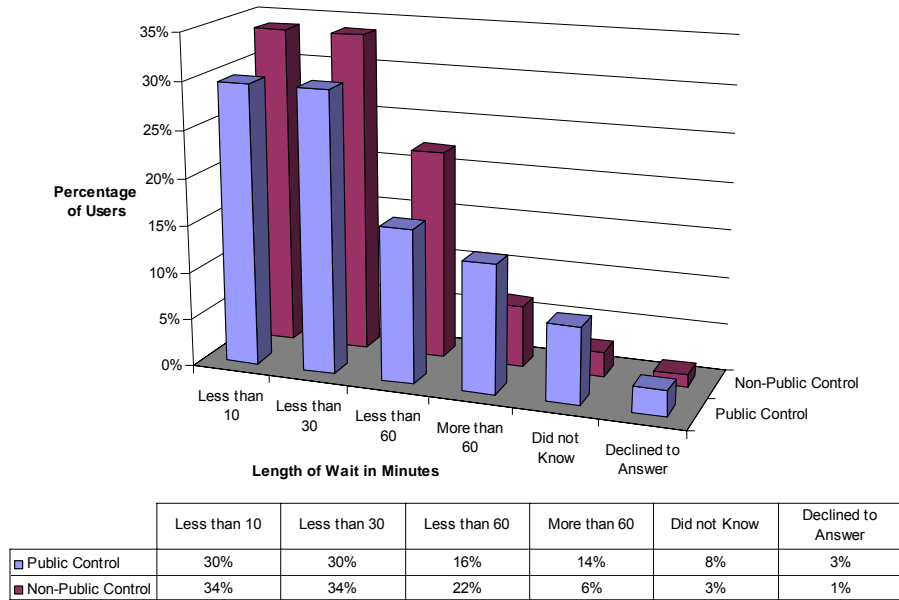| Coordinator Type	Characteristics
Complete Brokerage	Provides only brokerage service.
Partial Brokerage	Provides brokerage service and some transportation services.
Sole Source	Sole source of all brokerage and transportation services.

This analysis shows that Sole Source coordination model, relative to the other two, has had the largest reduction in average cost per beneficiary and in cost per claim, but it has also had

the largest increase in claims per users, a combination suggesting that the incentive structure facing CTCs could be improved.

Quality of Service: The assessment of the availability, accessibility and quality of transportation relies on data obtained from site visits to the CTCs of four diverse counties combined with the survey responses of 147 eligible Medicaid beneficiaries consisting of 77 current users and 122 current non-users of the service (where *current* is defined as the past six months) in those same counties. The general conclusion is that, apart from a few areas for possible improvement, Florida's NET program is successful in achieving its aims.

Nearly all beneficiaries responded that their drivers were "professional and helpful during transport," that their vehicles were clean and had had no mechanical problems. There are some observed instances of exceedingly long periods spent by some beneficiaries waiting for their transportation to arrive, but there is no evidence to suggest that it is endemic to the NET system. Exhibit 3 presents stylized responses of beneficiaries to questions of how long they wait for their transportation, and—taken with other results from the survey—suggest that the quality of transportation received by beneficiaries has not significantly suffered as result of the waiver.

Exhibit 3
Percentage of Users by Length of Wait, in Minutes, by Control

	Less than 10	Less than 30	Less than 60	More than 60	Did not Know	Declined to Answer
Public Control	30%	30%	16%	14%	8%	3%
Non-Public Control	34%	34%	22%	6%	3%	1%

Since, in the TD program, providing and maintaining beneficiaries' access to NET service is the principal role of a county's CTC, access can largely be discussed in terms of how effective CTCs are in discharging their duties. Beneficiaries' opinions of the CTCs were less glowing but still favorable: solid majorities of users responded that the coordinating staff was prompt and friendly in taking their calls, and that their calls usually take on average 13

minutes. Exhibit 4, drawn from results of the survey, shows that beneficiaries' calls to their CTCs are handled in a reasonably expeditious manner.

Exhibit 4
Times Spent Reserving Transportation (in Minutes)

	Mean	Median	Mode
Total Time on the Phone	12.82	5	5
Time on Hold	6.52	2	1

This assessment finds that neither access to nor the quality of transportation has not been substantially compromised as a result of the waiver, and the beneficiaries, by and large, concur: Exhibit 5 presents users' overall opinions of the Medicaid NET program in Florida and shows that a solid majority—58%—of surveyed users rate NET services as Very Good or Excellent, contrasting sharply with the 11% of users giving a rating of Fair or Poor.

Exhibit 5
Users' Ratings of NET Services

Excellent, 27%
Declined to Answer, 1%
Unknown, 1%
Poor, 3%
Fair, 8%
Very Good, 31%
Good, 29%
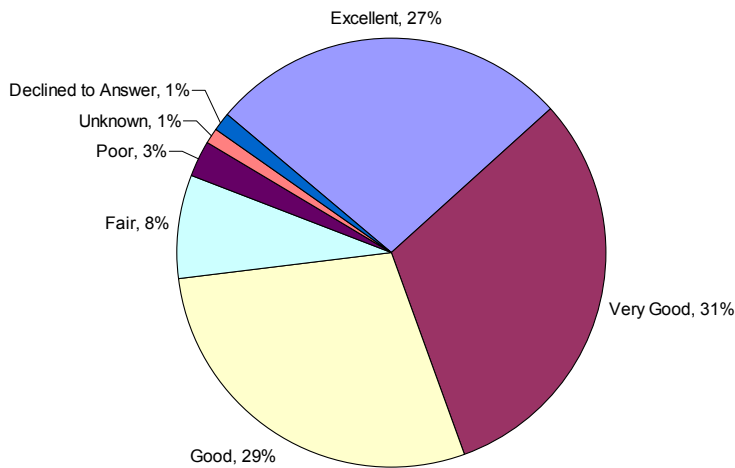
Suggestions for Improving Florida's NET System

As mentioned above, this assessment finds places where, with some further study, AHCA may be able to make its participation in the NET system more cost-effective and responsive to beneficiaries' needs.

- *Improved incentive structures for CTCs to reduce costs and to better monitor beneficiaries' use of the system and providers' services:*
  The current rate structure provides CTCs little incentive to do more screening than for beneficiaries' Medicaid eligibility, introducing the possibility that AHCA is not in

fact treated as the funding agency of last resort. AHCA might thus consider switching to a fixed-budget or cost-sharing system for paying CTCs, forcing them to bear some or all of the losses but also allowing them to retain some or all of the remaining funds. Alternatively, AHCA could impose a bonus system in which CTCs are paid for keeping costs below a certain target.

- *Strengthened monitoring and randomized "micro-audits" of individual trips by AHCA:*
  By slightly altering the trip-verification system (e.g., having drivers' trip sheets signed or stamped by drop-off facilities as opposed to passengers) and imposing a "micro-auditing" system (as distinguished from full audits of CTCs' and providers' operations) in which a few individual claims or batches of claims for payment are flagged for verification, AHCA could reduce the chances for collusion between transportation providers and established NET users to collect funds for fabricate trips.

- *Direct monitoring of quality of service by AHCA or the TD program:*
  The investigators feel that, while most beneficiaries have no complaints with the services they receive, AHCA would do well to monitor the quality of coordinating and transportation services directly. As a front-line measure, AHCA might wish to consider constructing a *mystery-rider program* (similar to that in Broward County), in which selected beneficiaries would report directly to AHCA about the quality of services received from both the coordinating staff and the drivers. A more thorough-going measure would be for AHCA to regularly, yet on a small scale, *directly survey beneficiaries* for their opinions of NET provision.

- *Statistical sampling of AHCA's beneficiary data to assist in budgeting and focus auditing efforts on most unusual cases:*
  In addition to random auditing of individual trips, statistical methods to keep track of the general patters of NET use by certain groups of beneficiaries would facilitate the detection and monitoring of conspicuous patterns of use or extraordinary requests by established recipients. Such analyses could conceivably be used to predict the costs of NET provision, aiding AHCA in the design of financial incentives. Additionally, such analysis would provide AHCA a chance to reexamine its current methods for collecting important user and system data for use in future audits and assessments, a move which might be beneficial in and of itself.

- *Reexamination of current grievance procedures and system of co-payment:*
  The results of the beneficiary survey raise questions about how well co-payment and the grievance procedures are implemented: there seems to be a sense of dissatisfaction with the grievance procedures among beneficiaries who have used them, and there is some slight evidence to suggest that some transportation providers co-pay policies deviate from the mandated norm. The investigators feel that AHCA should at the very least consider further investigation of these aspects of the program and ways in which they might be improved.