Special Transportation Needs Study

Final Report to the
2001 Washington State Legislature

Real People with Real Transportation Problems

Conducted on behalf of the
Agency Council on Coordinated Transportation
and the
Developmental Disabilities Council

December 2000

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FLT Consulting
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Office of Community Development
Developmental Disabilities Council

December 2000

WASHINGTON STATE ACCT AGENCY COUNCIL ON COORDINATED TRANSPORTATION

Developmental Disabilities Council

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0012-0826 0101-6C

Acknowledgements

A special thank you is extended to the members of the Special Transportation Needs Study Steering Committee, and the members of the Developmental Disabilities Workgroup, Roles and Responsibilities Workgroup, Structure and Funding Workgroup, and Public Awareness Workgroup for their commitment towards the success of this study. This study brought a wide array of interests together—from self-advocates, advocacy groups, transit representatives, private transportation providers, to state and local government program representatives. Without their broad range of expertise, guidance, and willingness to cooperate with each other, this study would not have met its objectives.

Staff from the Agency Council on Coordinated Transportation (ACCT) and the Washington State Department of Transportation, Public Transportation Division deserve recognition and appreciation for their assistance on this project, and for their commitment to coordinated special needs transportation. In particular, the administrative assistance of Debra Mendoza and Jennifer Wiens, and the research assistance of Don Chartock were extremely helpful throughout the study.

In addition, a word of gratitude is extended to all the individuals who made themselves available for interviews, and who provided information and review of the study

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Executive Summary

INTRODUCTION

Washington State's funding crisis for public transportation and its impact on persons with special transportation needs led the Agency Council on Coordinated Transportation (ACCT) and the Developmental Disabilities Council (DDC) to commission this study on special transportation needs.

The intent of the study is to provide recommendations to the 2001 Washington State Legislature regarding:

- The state's roles and responsibilities for addressing special transportation needs.
- Whether or not there is a need for a central point of responsibility for special transportation services, and if so, how it should be structured and funded.
- Identify the specific transportation needs of people with developmental disabilities.

WHO ARE PEOPLE WITH SPECIAL TRANSPORTATION NEEDS?

People with special transportation needs are defined in state law (47.06B.012 RCW) as:

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

Throughout the report, the term "transportation disadvantaged" is used interchangeably with "people with special transportation needs."

WHAT IS PUBLIC TRANSPORTATION?

The Washington Transportation Plan defines public transportation as:

> "...a publicly supported system of services and facilities that provides an alternative to the single-occupant automobile and enhances mobility, environmental quality and appropriate land use patterns. Such systems may include any combination of services, facilities, and the necessary infrastructure related to transit, paratransit, ridesharing, intercity bus, airport shuttles, passenger rail, ferries, pupil transportation, high capacity transit, transportation demand management, people movers, bicycle and pedestrian programs."

This report refers to public transportation systems and transit systems. Transit systems are a part of the public transportation system and are a critical mode of transportation for people with special transportation needs. Transit systems include publicly funded fixed-route bus and curbside ADA paratransit services, and the Puget Sound Transit rail system.

Non-profit providers and service agencies are also a significant public transportation provider for people with special transportation needs in rural and suburban areas. The transportation they offer is generally dependent on annual grant-funding, or on contracts with public programs.

STUDY PURPOSE

The primary purpose of the study is to provide recommendations to the 2001 State Legislature on the states' role and responsibility in addressing special transportation needs. The study also is charged with answering the following questions:

1. Is there a need for a centralized point of responsibility for special needs transportation in the state of Washington?
2. If so, what are the existing state program organizational structures that could accommodate this centralized responsibility?
3. Are any of these options an appropriate choice? If not, what new organizational structure should be created and where in state government should it be placed?
4. If there is a central point of responsibility, what administrative, policy, funding, operational, and regulatory responsibilities should be assigned to it? How many staff should it have and what budget would be required?
5. How would the organization selected as a central point of responsibility differ in scope, authority and responsibility from existing programs that fund or manage transportation disadvantaged programs?
6. How do people with developmental disabilities currently use publicly funded transportation? Is there a need for transportation that is not currently met? What would be required to meet all the identified needs for transportation for this population?

STUDY METHODOLOGY

Steering Committee Process

The Special Transportation Needs study was conducted by an independent consultant, and overseen by a steering committee with representation from advocacy groups, legislative staff, state human service programs, local human service programs, schools, the DD Council, transportation providers and associations, and other stakeholders.

The steering committee met monthly from July to December. The meetings were operated under agreed upon ground rules and guiding principles, which can be found in Chapter 2. The final recommendations of the steering committee were made on a consensus basis.

Workgroup Process

The steering committee was divided into four workgroups—Roles and Responsibilities; Structure and Funding; Developmental Disabilities; and Public Awareness. Where there was a lack of representation, additional people were invited to participate in the workgroup discussions.

The workgroups met for one to two full days, and were responsible for developing recommendations on the study questions for consideration by the steering committee.

Interviews

Through direct contact, phone, and e-mail communication, over 80 individuals were interviewed regarding barriers to accessing transportation, transportation needs, roles

and responsibilities, and whether or not a centralized point of responsibility is needed.

Other Research

The study diagramed the flow of federal and state funds that provide special transportation services in Washington State. An effort was also made to document major public programs serving people with special transportation needs, and whether or not those programs have dedicated or discretionary transportation dollars, use program dollars for transportation, or if no transportation is provided.

To gain perspective on how other states are delivering coordinated special transportation services, web and phone research was conducted on five other states in the nation: Rhode Island, Georgia, Kentucky, Florida and North Carolina. Also reviewed as a possible model for statewide implementation was the smart card pilot project being implemented in the central Puget Sound region.

Other research included review of past studies, reports and other available materials

NEEDS AND CHALLENGES

While this study is not a comprehensive needs assessment, it does attempt to identify some of the transportation needs and challenges of the transportation disadvantaged (Chapter 3). A more in depth focus on the transportation challenges and needs for people with developmental disabilities are provided in Chapter 4.

People with special transportation needs have the same needs as those that are automobile dependent, including access to:

Basic Necessities

- Shopping
- Post office
- Worship
- Veterinary
- Social service programs
- Civic involvement, e.g. voting, jury duty, court, boards and commissions

Employment and Education

- Temporary or full-time employment
- Work-related meetings
- Pre-employment, career advancement or technical training
- Colleges or universities, including evening and weekend classes
- Childcare and summer programs
- After school activities
- Public schools

Medical Appointments

- Annual exams
- Follow-up appointments
- Intensive treatments, e.g. kidney dialysis or chemotherapy
- Pharmacy
- Dentist appointments
- Alternative health care

Quality of Life

- Independence
- Visit friends and family
- Visit spouse in nursing home
- Entertainment, e.g. movies, sport events, dining, dancing, recreation
- Community participation
- Travel
- Freedom from isolation

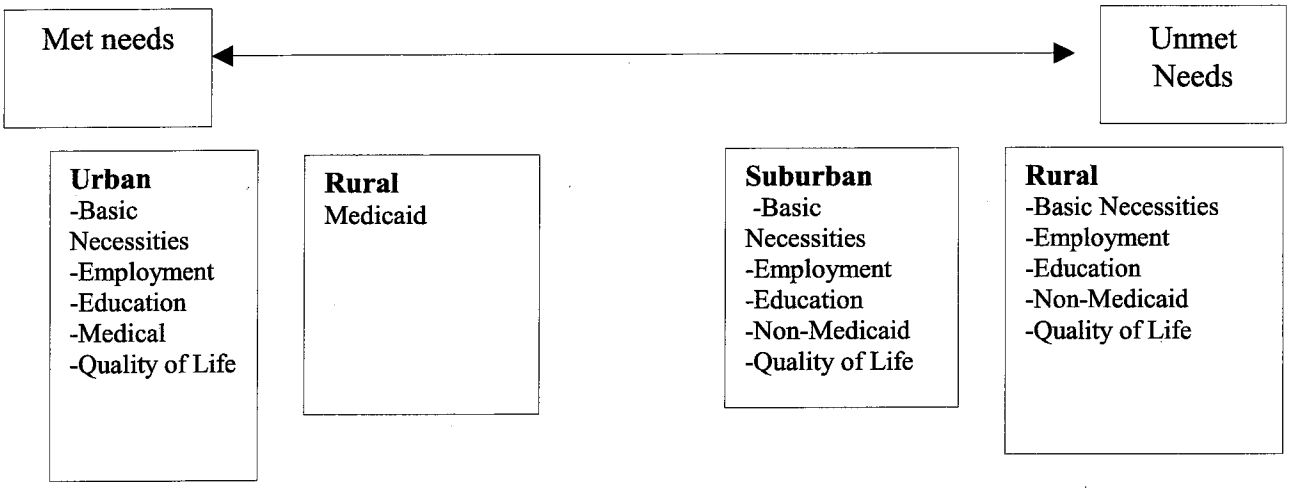
Met and Unmet Needs

Unmet special transportation needs are significant in the rural and suburban areas of the state where transit systems are few or non-existent. While these areas often are served by non-profit transportation providers, funding restrictions and limited resources often limit their ability to fully address the need.

In urban areas, many special transportation needs can be served by transit systems. However, unmet needs within urban centers exist where transit does not, or cannot offer special services that may be required (e.g. increased security needs for mental health patients). In addition, transit services are not always available on weekends, late nights, or early mornings, when many people with special transportation needs need transportation to work.

Individuals statewide that qualify for Medicaid benefits are well served by the Medicaid Transportation Program. However, while Medicaid covers thousands of non-emergency medical trips, some non-emergency medical services are not covered, such as alternative health care services, elective procedures, and many dental services. Consequently, transportation is not provided to these and other non-covered health services.

Thousands of people in Washington State with special transportation needs live in isolation—trapped in their own homes or forced in long-term care facilities—when transportation is not available.



Transportation Challenges For People with Special Transportation Needs

All people with special transportation needs share many of the same transportation challenges, including:

Demand Exceeds Capacity: Repeal of the motor vehicle excise tax after passage of Initiative 695 has caused many transit systems to reduce services. Routes and hours of services have been—or will be—eliminated or reduced. With transportation costs rising, the elimination of resources, and being unable to reasonably raise fares to cover costs, transit systems simply do not have the local funds to provide an extended level of service. The ability to find volunteer drivers for special transportation services is also a major challenge for non-profit social service providers.

Effects of Laws and Policies: When new public programs are put into place that serve the elderly, children, low-income or people with disabilities, funding for transportation is often not provided. People eligible for public services are not able to access the services due to a lack of transportation. Also, changes in program policies, such as reduced health services covered by Medicaid, reduces eligibility for publicly funded transportation. Land use policies also have affect on special transportation services. As more facilities, such as nursing homes, group homes or learning centers, are being sited in remote locations, more people with special transportation needs have limited mobility to and from these locations.

Geographic Barriers: All transportation disadvantaged people in rural, underserved areas of the state face the greatest transportation challenges. Many people with special transportation needs live in rural areas due to the relatively low cost of housing. However, establishing transportation services in rural areas is a challenge for transit agencies when the population densities do not warrant a regular service. Other geographic barriers include primitive roads, weather conditions, or local terrain. In addition, the size or density of a county can make transportation especially lengthy. Another challenge for people with special transportation needs is cross-county travel.

System Barriers: People with special transportation needs desire transit to be more consumer-friendly, convenient, and less complicated. In many circumstances, transit hours are often too infrequent, or the trips take too long to accommodate work, training, daycare, appointments or other multiple daily tasks. Bus schedules can be difficult to read, varying fares can be confusing, and transfers can be intimidating. In some parts of the state, transit is not even available due to a lack of political or community support. If alternative public transportation services exist, many individuals do not know it is available or that they qualify for transportation assistance.

Coordination and Efficiencies: Transportation providers share a common challenge of coordinating special transportation needs and increasing efficiencies in the system. Studies show that more rides at a lower cost can be provided to people that are transportation disadvantaged if duplicative services are reduced through coordination.

Automobile Culture: Depending on public transportation in a society that values mobility by automobile is an overwhelming challenge. Car ownership is equally valued and desired by people with special

transportation needs, however, due to a variety of reasons, they may not be able to purchase or drive a personal vehicle.

Specific Transportation Challenges

Elderly

- Approximately 661,041 people ages 65 years and older live in Washington State. It is estimated this population will nearly double in the next 20 years.
- Many elderly rely on expensive ambulance transportation through Medicare for non-emergency medical transportation.
- Some elderly resist requesting or accepting the assistance of public transportation services.
- Transit systems are sometimes not used by the elderly because they are complex to use, provides limited assistance, or because the person may have fragile health conditions.
- Many seniors would prefer living in their own homes, but may have to move to institutions if they do not have access to transportation.
- Seniors living in nursing homes or other long-term care facilities in remote areas have limited access and mobility. Sometimes spouses are unable to visit because no transportation is available.

Children

- Approximately 1.4 million children ages 0 to 15 live in Washington State. Public schools provide transportation to and from school for all students residing one mile or further from the school, unless walking conditions are hazardous.
- Schools offer many extra-curricular programs that enhance education and offer opportunities to participate in sports, clubs, drama, and other important developmental programs. Many children cannot take advantage of these opportunities due to a lack of transportation.
- Many children are unable to access social service or other education programs due to a lack of transportation.
- Isolation is a major factor associated with child abuse and neglect. While home visits by social workers are positive, it is optimal to bring families to center-based services in order to facilitate interaction with others.
- Unregulated vehicles and a lack of car seats or supervision can prevent parents from feeling comfortable about the safety of their children using public transportation.

Low-Income

- Transportation challenges can be the main deterrence in finding and keeping a job.
- It is very difficult to use the transit system to chaperone a child to daycare, catch a ride to work, and then pick up the child on the way home. If grocery shopping or other appointments are added to the schedule, transportation is more complex.
- Many people with low incomes have beginning level jobs on weekends and evenings, or cannot be selective on the location of employment. These factors oftentimes are not well served by bus schedules.
- People with low incomes are often unable to afford auto maintenance, taxes,

and insurance, or pay for traffic violations.

- Even though transportation assistance may be available through social service programs, it is perceived that some caseworkers do not freely offer it to clients but rather encourage a more self-sufficient approach.

People with Disabilities

- The majority of people with disabilities rely on public transportation for mobility and access.
- The ADA requires equivalent curbside paratransit services for a minimum of ¾ miles of fixed-routes for persons with disabilities who are unable to use fixed-route services. For those that live outside of that ADA corridor however, access to transportation remains a significant challenge. People can be certified as ADA-eligible, yet be unable to use the service unless they are first transported into the ¾ mile service corridor.
- Accessibility problems create challenges, such as failure of bus wheel chair lift equipment, inability of a vehicle to accommodate a large wheelchair, busy intersections, or poor design of curb cuts or bus stops.
- Communication barriers exist for people with hearing, speech, or vision disabilities.
- People with disabilities are often unable to access public hearings due to the lack of transportation, interpreter provision, or other assistance.
- An estimated 72 percent of disabled adults not working say they would prefer to work. Transportation, limited job opportunities, or low-wage, entry-level positions are some of the key deterrents.
- People with mental health disabilities have a need for secure and humane transportation services that are oftentimes expensive and difficult to find.
- Transportation providers do not always understand the range of disabilities, or how to assist people with disabilities.
- The recent Supreme Court decision in Olmstead provides an important legal framework for people with disabilities to live in the most integrated setting appropriate. Many people with disabilities would prefer to be independent, and living in their own homes. However due to a lack of transportation, many are faced with living in institutions.
- When the general public is unaware of the transportation needs of people with disabilities, they do not have sufficient information when casting their votes on issues related to public transportation.

People with Developmental Disabilities

In addition to the challenges of all transportation disadvantaged individuals, people with developmental disabilities face particular transportation barriers.

- Approximately 102,000 to 103,000 people with developmental disabilities live in Washington State.
- 95% of people with developmental disabilities are unable to drive.
- Many individuals with developmental disabilities want to work but don't because of the lack of transportation. Many that had jobs are losing them due to reduced transit services.

- Individuals with developmental disabilities have to work very hard to make the transit system work for them. Fares and schedules can be confusing, trips or wait times can be extremely long, and safety can be questionable.
- Many individuals with developmental disabilities are unable to read, which affects their ability to understand bus schedules and routes.
- Bus drivers sometimes don't want to take the time to help someone with a developmental disability.
- Most people with developmental disabilities and their families can't afford wheelchair accessible vehicles. It costs $20,000 to $30,000 to make a van wheelchair accessible.
- Many people with developmental disabilities and their families are unaware of the public transportation services available, how to access them, or if they are eligible for assistance.
- Dentists are often unwilling to serve patients with developmental disabilities, who then have to travel to major metropolitan areas where more dental choices are available. Between the cost and inconvenience, people with developmental disabilities may not receive dental services, causing more emergent care later.

Tribal Members with Special Transportation Needs:

While this study did not extensively research the transportation challenges of people with special transportation needs that live on tribal reservations, it appears this population faces many of the same critical transportation challenges as those that live in rural areas. Most reservations do not have transit systems, and the geography of some reservations makes transportation very difficult. Strained relationships with government agencies also can be a barrier to coordinating transportation opportunities.

CURRENT FUNDING AND DELIVERY OF SPECIAL TRANSPORTATION SERVICES

Various federal agencies provide grants and appropriations for special transportation services. The state general fund and transportation funds also provide dollars for special transportation services.

Many of the federal and state program transportation funds are restricted to categorical programs, with narrow limitations on how the funds can be expended. These funds are expended in a variety of ways, including bus passes, brokered transportation services, gas reimbursements, car repairs, volunteer drivers, vehicle purchases, contracts with non-profit providers, or other mechanisms specific to a program.

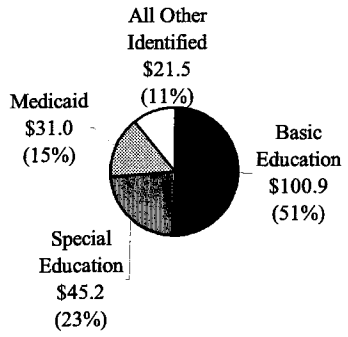
Typically, public programs serving people with special transportation needs either have dedicated transportation funds, discretionary support funds that can be used for transportation, or no transportation funds. In the later case, programs either spend program dollars on transportation or don't fund transportation at all.

Special transportation service delivery dollars are not reported in a uniform manner in Washington State, so it is difficult to know precisely what the public investment is.

However, the amount identified for federal and state government program expenditures for the transportation of the elderly, children, low income and people with

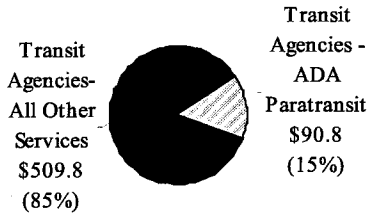
disabilities exceed $199 million each year in Washington State (excludes transit systems expenditures). Over fifty percent of that amount, about $101 million, is spent on basic education transportation.

Identified Federal and State Special Transportation Services
Operating Expenditures-Fiscal Year 2000
$199 million



Local funding sources for transit systems are primarily from voter-approved sales taxes. In 1999, transit system operating expenditures amounted to $600 million, with $90.8 million being expended on ADA paratransit services.

Transit Agency Operating Expenditures, including Paratransit Services
Calendar year 1999 - $600 million



Washington State does not have a dedicated funding source for ensuring mobility and access for all people with special transportation needs.

Chapter 5 of the report identifies major federal and state programs serving people with special transportation needs, charts the flow of funds, and identifies the number of people served and dollars spent on special transportation services, if available.

Coordinated Transportation Service Delivery Models

Coordination of special transportation services is in its infancy in Washington State. In 1998, the Agency Council on Coordinated Transportation (ACCT) was given the responsibility to promote coordination among state agencies, and to assist with regional transportation coordination.

While ACCT has certainly set the stage for coordination through the advisory state agency group (the PACT Forum) and the 18 local coordinated transportation forums, current special transportation services in Washington are still fragmented.

Washington residents with special transportation needs must arrange for transportation either directly through a variety of transportation providers, or through multiple state programs that provide transportation to eligible clients. The state currently is not uniformly tracking the total dollars spent or number of rides provided for people with special transportation needs.

Medicaid Transportation Brokers

The Washington State Department of Social and Health Services (DSHS), Medicaid Assistance Administration implemented a brokerage transportation system in 1987. The transportation program receives high accolades nationwide and statewide for efficiently providing non-emergency medical trips to Medicaid recipients.

The program contracts with 9 transportation brokers covering 13 regions in the state. Medicaid Assistance clients contact the regional broker, and the broker screens the caller for eligibility, identifies the lowest cost and most appropriate transportation provider, and arranges for transportation specific to the needs of the individual.

Under this brokerage model, the cost per trip for Medicaid transportation has almost been cut in half in the last 15 years. In 1985, the average cost per round trip was $33.73. In 1999, the average cost per round trip was down to $16.63.

Service Delivery Models in Other States

In Chapter 6 of the report, different coordinated special transportation delivery systems from five different states are described and illustrated.

Listed in order from highly state centralized to more regionally centralized, the coordinated special transportation systems of the following states were reviewed: Rhode Island, Georgia, Kentucky, Florida, and North Carolina. These states were highlighted due to their varying approaches to addressing special transportation needs.

Rhode Island has a highly state centralized transportation fleet and brokerage transportation model. Georgia is in the beginning phases of implementing a state-run transportation fleet on a regional basis. Kentucky is unique in that it consolidates federal and state social service agency transportation funding, and funnels it through the State Transportation Cabinet to regional transportation brokers.

Florida's coordinated special transportation model has been in existence since 1979. State agencies and a state Commission for the Transportation Disadvantaged purchase trips through regional community transportation coordinators. The Commission administers dollars from a Transportation Disadvantaged Fund, which is an account funded by dedicated state revenues from a $1.50 charge on license tag registration. Coordinating special transportation services has reduced Florida's cost per trip significantly.

North Carolina has a regionally driven coordinated transportation system, where Federal Transit Administration grants and state agencies provide funding for special transportation services to regional transportation providers, who are generally transit systems.

In-State Innovation

Using smart card fare technology, seven transportation agencies are collaborating to plan and implement a regional fare collection program in the Puget Sound area. This system will enable customers to use one fare card on multiple systems throughout the four-county Central Puget Sound area. A central accounting system will receive the smart card transactions and allocate funds to the appropriate vendor.

A similar centralized accounting model for special transportation needs could also be considered statewide.

STUDY FINDINGS AND RECOMMENDATIONS

A summary of study findings, recommendations to the Legislature and others, and expected outcomes are provided in Chapter 7. The chapter is divided into three position paper based on the study questions regarding: A) Roles and Responsibilities, B) Central Point of Responsibility, and C) Developmental Disabilities.

The study findings, recommendations, and outcomes are outlined in the following matrix.

STUDY FINDINGS	**ROLES AND RESPONSIBILITIES** The state, in partnership with federal, local and regional governments, has a role and responsibility in addressing special transportation needs. Unmet Transportation Needs: Thousands of people with special transportation needs around the state are unable to access services. People with special transportation needs living in rural and suburban areas are particularly isolated and are often trapped in their homes or forced to live in long-term care facilities due to a lack of transportation. It's more than transportation: Special needs transportation is about providing the opportunity to fully participate in society. The U.S. Supreme Court Olmstead decision and the state's general fund investment in programs serving people who are in need of transportation highlights that special needs transportation is the responsibility of the state's general fund, as well as the transportation fund. Inadequate funding for Coordination: The identified $199 million federal and state dollars currently being expended annually on special transportation services could be spent more efficiently with coordination. However, sufficient funds are not available to allow ACCT and the local coordinated transportation forums to make coordination a reality. Transit and special transportation are interdependent: The strength or weakness of transit systems has a corresponding affect on special transportation services, including non-profit transportation services. People with special transportation needs are dependent on these systems for transportation.	**CENTRAL POINT OF RESPONSIBILITY** Coordination: ACCT is, and should continue to be, the central point of responsibility for coordination. Funding: In the event the Legislature appropriates new funds for the purpose of addressing special transportation needs that are not tied to existing structures and programs, ACCT should be the central point of responsibility to administer those funds. Accountability: ACCT should be responsible for ensuring that recipients of funds are held accountable for coordinating activities and increasing the number of rides for the transportation disadvantaged. Transportation System: Local coordinated transportation forums should determine transportation systems that best serve local communities. In addition, the Department of Social and Health Services (DSHS) is encouraged to continue reviewing the feasibility of expanding their Medicaid transportation brokerage system to include other transportation requests.	**DEVELOPMENTAL DISABILITIES** Approximately 103,633 people with developmental disabilities reside in Washington State. An estimated 95% of this population are unable drive, and are highly dependent on public transportation, family, and friends for transportation. Particular issues of concern to people with developmental disabilities are misconceptions and misinformation the public and transportation providers have about disabilities; lack of independence and integration; the difficulty of maneuvering a complex transit system; inaccessible facilities; and safety issues. The highest priority transportation needs identified for people with developmental disabilities include: 1. State funding for public transportation and special transportation needs. 2. Development of regional one-stop, on-demand referral and dispatch transportation centers. 3. Inclusion of public transportation needs in the state's transportation plan. 4. Changes to state laws that encourage coordinated transportation. 5. Improved facility design through education and user input. 6. Leadership from the Governor, Legislature, and state agency directors.

	ROLES AND RESPONSIBILITIES	CENTRAL POINT OF RESPONSIBILITY	DEVELOPMENTAL DISABILITIES
RECOMMENDATIONS TO THE LEGISLATURE	1. Adopt a policy statement recognizing the state's role and responsibility in addressing special transportation needs. 2. Recognize the state has a funding role in addressing the statewide crisis in public transportation. In particular, develop a new and stable long-term funding solution for current and future transit systems in all communities. 3. With new and existing general fund and transportation multi-modal fund dollars, fund a basic level of mobility and access for the transportation disadvantaged in all communities, recognizing that even a healthy transit system will not meet all special transportation needs. 4. Fund the Agency Council on Coordinated Transportation (ACCT) so it can continue to make progress towards the goals currently outlined in statute, RCW 47.06B. 5. Ensure that state-funded programs and facilities address mobility and access issues. 6. Give financial incentives, such as business tax relief, to private entities for investing in special transportation services.	1. Appropriate the ACCT budget request of $9.5 million for the 2001-03 biennium, which would support ACCT administration and local coordinated transportation planning and implementation. 2. Invest a minimum of $50 million in the 2001-03 biennium for a basic level of mobility and access for people with special transportation needs. 3. Provide ACCT with the responsibility of administering any new state funding, which is not tied to existing categorical structures and programs, and that is designated for a basic level of mobility and access for the transportation disadvantaged in all communities.	In addition to the other study recommendations, provide funding for: 1. Increased public information, available in alternative formats, which addresses common misconceptions about public transportation and people with disabilities. 2. Increased in-state and out-of-state travel mobility training for individuals with developmental disabilities, including peer or "bus buddy" training. 3. Development of a new structure, or expansion of the current car pool structure, to encourage shared-rides with individuals who own wheel-chair accessible vans. 4. Inclusion of transportation costs as an allowable use of dollars under the Medicaid Personal Care and Community Alternatives Program (CAP) waiver.

	Roles and Responsibilities	Central Point of Responsibility	Developmental Disabilities
Recommendations to Others	1. When acting upon the recommendations of the Blue Ribbon Commission on Transportation, the Governor is encouraged to include state funding mechanisms for public transportation. 2. In order to administer new state funding that is designated for a basic level of mobility and access, the Agency Council on Coordinated Transportation (ACCT)—along with consumer participation—should be responsible for: a. Defining "basic level of mobility and access." b. Identifying funding mechanisms and levels. c. Developing fair allocation formulas. d. Defining target populations and eligibility. e. Allowing for flexibility in trip purpose. f. Recommending options on how to ensure current dollars or service levels for special transportation needs are not displaced.	No recommendations to others.	Recommend the Developmental Disabilities Council and others to: 1. Establish and market community van programs, where individuals or groups can borrow wheel-chair accessible vans at an affordable rate. 2. Educate architects, developers, public work directors, and state and local building code regulators about the needs of people with disabilities, and encourage them to include user input into the design of accessible facilities (e.g. bus shelters, curb cuts). 3. Encourage grass roots approaches to resolving community accessibility issues.

	ROLES AND RESPONSIBILITIES	CENTRAL POINT OF RESPONSIBILITY	DEVELOPMENTAL DISABILITIES
EXPECTED OUTCOMES	Economic, societal and individual benefits are the expected gains through increased coordination, access and mobility for people with special transportation needs.	With sufficient funding, ACCT and the local coordinated transportation forums, in partnership with state agencies and programs, will develop a coordinated transportation infrastructure, which will provide an easy-to-use transportation system that provides more rides to more places for a lower cost per trip. If the anticipated coordinated infrastructure is in place and operating independently by the year 2008—the services of ACCT will no longer be needed and will be allowed to sunset.	With adoption of the recommendations of this study, it is expected that people with developmental disabilities will have more access and mobility, resulting in increased employment opportunities; more productive and engaged citizens; and increased integration and independence

PUBLIC AWARENESS

The steering committee developed a public awareness strategy, which is outlined in Chapter 8.

The committee adopted three key messages to be communicated and a public awareness strategy.

Key Messages:

1. Public transportation is in crisis.
2. Mobility is a sensible investment.
3. The state's investment in public transportation should come from state general and transportation funds.

Public Awareness Strategy:

1. ACCT should identify and build a coalition of diverse groups with a common message.
2. ACCT and the Coalition on Special Transportation Needs should provide, in alternative formats, printed materials, including a brochure on the results of this study, and other advocacy materials.
3. Stakeholders interested in addressing special transportation needs should participate in the Human Services Rally at the Capital Campus on February 19th.
4. ACCT should meet with the Governor and request leadership in addressing special transportation needs.
5. ACCT should raise public awareness by meeting with editorial boards statewide.
6. Coalition members should be responsible, on an on-going basis, for developing a grassroots public awareness campaign using existing networks of coalition members.
7. If funds are available, ACCT should hire a public relations expert to develop a statewide campaign on increasing the public's awareness of special transportation needs.

Chapter One: Introduction

SUMMARY

- People with special transportation needs are people, including their personal attendants, who are unable to transport themselves or purchase transportation due to disability, income status, or age.
- Public transportation is a publicly supported system of services and facilities that provide an alternative to the single-occupant automobile and enhance mobility, environmental quality and appropriate land use patterns. Transit systems, including publicly funded fixed-route bus services, paratransit services, non-profit transportation providers, and the Sound Transit rail system, are a part of the public transportation system.
- People with special transportation needs rely heavily on public transportation, in particular transit systems and non-profit transportation providers. As funding declines for public transportation, the individual and societal impacts of people being isolated at home has become an increasingly critical problem.
- The Agency Council on Coordinated Transportation and the Developmental Disabilities Council funded this study to provide recommendations to the 2001 Washington State Legislature regarding:
  a) The state's role and responsibility for addressing special transportation needs.
  b) Whether or not there is a need for a central point of responsibility for special transportation services, and if so, how it should be structured and funded.
  c) Identifying the specific transportation needs of people with developmental disabilities.

BACKGROUND

Thousands of individuals in Washington State face significant transportation challenges. These individuals are consequently unable to access work, social and health services, participate in community and civic activities, or engage in other necessities of life.

To further complicate an ongoing problem, Washington State recently repealed the motor vehicle excise tax, resulting in reduced funding for public transportation. Many transit systems responded to the funding reductions with reduced service hours and routes. As routes are cut, paratransit services required under the American with Disabilities Act are also automatically reduced to reflect the altered service area.

The people most adversely affected by the reductions in transit services are those who have no other transportation choices. They rely on transit systems to get to their jobs, doctor appointments, grocery shopping, visiting, and all of the other activities that most people take for granted.

Individuals with special transportation needs residing in areas with reduced or no transit services must rely on family and friends for daily transportation needs, or find themselves stranded or forced to live in institutional care facilities.

Major Factors Impacting Special Transportation Services

Providing and funding special transportation needs has always been an uphill battle. Still great strides toward increased accessibility and mobility for all people residing in Washington State have been made in the past ten to fifteen years.

Until recently, the state ranked first in the nation for funding transit systems[1], a primary means of mobility for the transportation disadvantaged or people with special transportation needs.

Passage of the Americans with Disabilities Act of 1990 (ADA) increased the number of wheelchair accessible buses and facilities. Following passage of the Act, all new public transit buses are required to be accessible. In addition, equivalent curbside paratransit services are required for a minimum of ¾ miles of fixed-routes for persons with disabilities who are unable to use fixed-route services.

Medicaid recipients are provided with transportation assistance to and from medical appointments. WorkFirst and Welfare-to-Work clients may receive transportation assistance to and from work or employment training.

The U.S. Older Americans Act and the Senior Citizens Service Act provide discretionary transportation funding for certain aging and adult services. Basic and special education transportation services for students receive significant funding support.

However, the need for special transportation services exceeds these resources. And with passage of Initiative 695, and other attempts to reduce funding for public transportation, a disturbing trend is emerging towards less mobility and access for the transportation disadvantaged.

Initiative 695

In 1999, the people of Washington State passed Initiative 695, which attempted to repeal the motor vehicle excise tax (MVET). Although declared unconstitutional, the Legislature acted on the will of the people and passed legislation repealing the unpopular tax.

Before its repeal, part of the MVET proceeds was dedicated for public transportation, in particular transit, ferries, and freight mobility. Cities and counties also received some of the tax revenues for general and specific purposes.

The Legislature provided temporary and partial payment to local jurisdictions to help replace some of the funding losses, but a long-term funding strategy has yet to be developed.

Without ongoing replacement state funds, transit systems will lose approximately $265 million per year, including approximately $36.8 million for paratransit services.[2]

However, with the recommendations of the Governor's Blue Ribbon Commission on Transportation and the U.S. Supreme Court's Olmstead Decision, it appears the state has an interest in becoming more sensitive to the needs of people who are transportation disadvantaged.

[1] 1996 Public Transportation Assessment, Legislative Transportation Committee, December 1996.

[2] According to the Washington State Transit Association.

The Blue Ribbon Commission on Transportation

In 1998, the Blue Ribbon Commission on Transportation was created by the Legislature and Governor to conduct a comprehensive analysis of statewide transportation needs and priorities.

The Commission released their recommendations in December 2000. Included in the recommendations was a request to the Legislature to invest $3 to $4 billion in the next six years to:

> "restore and expand transit, passenger and freight rail, TDM, park & rides, smart growth, vanpools, bikes, pedestrian services and improvements, and ***special needs transit and rural mobility***."

The Olmstead Decision

The recent Supreme Court decision in Olmstead v. L.C., 119 S. Ct. 2176 (1999), provides an important legal framework for people with disabilities to live in the most integrated setting appropriate.

The case was brought by two women from Georgia whose disabilities included mental retardation and mental illness. At the time the suit was filed, both plaintiffs lived in state institutions, despite the fact their treatment professionals determined they could be appropriately served in a community setting.

The Olmstead decision requires states to administer their services, programs, and activities "in the most integrated setting appropriate to the needs of qualified individuals with disabilities."

Since mobility is a critical component of being independent and integrated into society, the Olmstead decision highlights the needs for increased transportation opportunities for people with disabilities.

Under the lead of the Washington State Department of Social and Health Services (DSHS), Washington State is developing a state plan to assure compliance with the Olmstead decision. Transportation will be an integral part of that plan.

WHO ARE PEOPLE WITH SPECIAL TRANSPORTATION NEEDS?

State law (47.06B.012 RCW) defines persons with special transportation needs as:

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

Throughout the report, the term "transportation disadvantaged" is used interchangeably with "people with special transportation needs."

WHAT IS PUBLIC TRANSPORTATION?

Public transportation is defined as[3]:

> "...a publicly supported system of services and facilities that provides an alternative to the single-occupant automobile and enhances mobility, environmental quality and appropriate land use patterns. Such systems may include any combination of services, facilities, and the necessary infrastructure related to transit, paratransit, ridesharing, intercity bus, airport shuttles, passenger rail, ferries, pupil transportation, high capacity

[3] Washington Transportation Plan, 1997-2016.

transit, transportation demand management, people movers, bicycle and pedestrian programs."

This report refers to public transportation systems and transit systems. Transit systems are a part of the public transportation system and are a critical mode of transportation for people with special transportation needs. Transit systems include publicly funded fixed-route bus, curbside paratransit services, and the Sound Transit rail system in Puget Sound.

Non-profit providers and service agencies are also a significant public transportation provider for people with special transportation needs in rural and suburban areas. The transportation they offer is generally dependent on grant-funding that must be applied for each year, or on contracts with public programs which are re-bid periodically.

While transit systems charge relatively inexpensive, subsidized fares, the non-profit providers rarely charge a passenger fare.

STUDY PURPOSE

Due to the funding crisis for public transportation and the impact it is having on persons with special transportation needs, the Agency Council on Coordinated Transportation (ACCT) and the Developmental Disabilities Council (DDC) commissioned an independent study to provide recommendations to the 2001 State Legislature on the states' role and responsibility in addressing special transportation needs.

In addition to defining the state's role and responsibility, the *Special Transportation Needs Study* addresses the following questions:

1. Is there a need for a centralized point of responsibility for special needs transportation in the state of Washington?

2. If so, what are the existing state program organizational structures that could accommodate this centralized responsibility?

3. Are any of these options an appropriate choice? If not, what new organizational structure should be created and where in state government should it be placed?

4. If there is a central point of responsibility, what administrative, policy, funding, operational, and regulatory responsibilities should be assigned to it? How many staff should it have and what budget would be required?

5. How would the organization selected as a central point of responsibility differ in scope, authority and responsibility from existing programs that fund or manage transportation disadvantaged programs?

6. How do people with developmental disabilities currently use publicly funded transportation? Is there a need for transportation that is not currently met? What would be required to meet all the identified needs for transportation for this population?

About the Study Sponsors

The *Special Transportation Needs Study* is funded by the Agency Council on Coordinated Transportation and by the Developmental Disabilities Council.

The Agency Council on Coordinated Transportation

Officially authorized by the Washington State Legislature in 1998, the 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 transportation for people with special transportation needs.
- Provide an institutional framework for discussing issues and initiating change.
- Report to the legislature and recommend legislative remedies.

The Program for Agency Coordinated Transportation is charged with facilitating state-wide coordination of special needs transportation and support the development of community-based coordinated transportation systems.

ACCT is an independent council that receives its administrative support from the Washington State Department of Transportation, Public Transportation and Rail Division. The Council is scheduled to sunset on June 30, 2008.

Authorizing legislation for the ACCT (47.06B RCW) is available under Appendix A.

The Developmental Disabilities Council

The Developmental Disabilities Council (DDC) was established in 1976 by Executive Order 96-06.

Through systems change and capacity building, the DDC advocates for services that enhance independence, productivity, integration and inclusion into the community for individuals with developmental disabilities in Washington State.

The Governor appoints the members to the DDC. Half of the 33-member council are individuals with developmental disabilities, their parents, family members or guardians. The balance includes representatives from local service-providing agencies and state agency members.

The DDC establishes and implements activities to promote an individual/family-centered, comprehensive system of culturally competent services, support and other assistance.

Activities include:

- Advocating for the needs of individuals with developmental disabilities and their families;
- Educating and advising local, state and federal policy makers on developmental disability issues;
- Developing public policy recommendations;
- Advising and informing the Governor and members of the state legislature on developmental disability issues;
- Collaborating with state agencies to improve needed services;
- Testing new services;

- Supporting ideas and building bridges between public and private sectors; and
- Providing grants to build capacity and improve services in communities.

The DDC is an independent council that receives its administrative support from the Department of Community, Trade, and Economic Development.

REPORT OUTLINE

This report describes the findings of the *Special Transportation Needs Study.*

Chapter 1 outlines the need for the study, the study purpose, and how it is funded. Chapter 2 reviews the methodologies used in the study.

While this study is not a comprehensive needs assessment, an effort was made to identify existing special transportation needs and challenges. The identified needs are discussed in Chapter 3. Chapter 4 details the specific transportation needs for individuals with developmental disabilities.

Chapter 5 reviews the current funding of special transportation services in Washington State, and charts the flow of federal and state special transportation funds. Coordinated special transportation service delivery models from five other states are described in Chapter 6.

Recommendations to the 2001 Washington State Legislature and others are outlined in Chapter 7. Chapter 8 conveys key messages and strategies that will increase public awareness of special transportation needs.

Chapter Two: Study Methodology

SUMMARY

- The *Special Transportation Needs Study* was conducted by an independent consultant, and overseen by a steering committee with broad representation.
- The steering committee developed measurements of success, ground rules and principles for the committee and workgroups, and finalized recommendations for the 2001 Legislature.
- The steering committee was divided into four workgroups addressing: Developmental Disabilities, Roles and Responsibilities, Structure and Funding, and Public Awareness. Other stakeholders were also invited to participate on the work groups.
- 80 stakeholders were interviewed to identify transportation barriers and needs and to gather input on the study questions.
- Special transportation services in Washington and five other states were identified through web searches, phone interviews, and materials review.
- Past studies and current materials related to public transportation, coordinated transportation, and special transportation needs were reviewed.

STUDY RESPONSIBILITIES

The Agency Council on Coordinated Transportation (ACCT) and the Developmental Disabilities (DD) Council hired an independent consultant from FLT Consulting to conduct the *Special Transportation Needs Study*.

Administrative and research support was provided by ACCT staff.

The consultant was commissioned to design and conduct a study of special needs transportation in the state of Washington, and develop consensus around a set of recommendations to present to the legislature.

Responsibilities included:

- Design a study protocol and research methodology to answer the study questions (see Chapter 1 for study questions).
- Work with advocacy groups, state human service programs, local human service programs, school districts, tribes, the DD Council, and transportation providers and associations to form a steering committee to provide oversight to the project.
- Conduct research on state program management structures, service delivery mechanisms, and funding processes as they relate to special needs transportation, including Washington state and other states around the country.
- Consult with and communicate with legislative staff, legislators, the ACCT council, state agency executives, state and local program managers, school

districts, tribes, advocacy groups, transportation providers, ACCT coordination grant managers, and stakeholders on all aspects of project design, research and information gathering, development and analysis of options, and development of recommendations.

- Form work groups and manage these groups as needed to complete the study.
- Keep the ACCT council, legislative staff and stakeholders apprised as to the progress of the study.
- Develop wide-spread consensus for the recommendations that emerge as a result of the study.
- Write a final report for the legislature and a report for the DD Council.
- Present the recommendations and report to the ACCT Council for endorsement before sending to the legislature.
- Present the report, findings, and recommendations to the legislature in the form of a verbal presentation, as well as a written report.

STEERING COMMITTEE PROCESS

The *Special Transportation Needs Study* was overseen by a steering committee comprised of advocacy groups, legislative staff, state human service programs, local human service programs, schools, the Developmental Disabilities Council, transportation providers and associations, and other stakeholders.

A steering committee roster and attendance record is provided in Appendix B. From July to December, the steering committee met monthly. The primary responsibility of the steering committee was to develop recommendations for the 2001 Legislature regarding the study questions (see Chapter 7 for the recommendations).

Preliminary committee recommendations were identified and distributed for feedback in October and November. Recommendations were finalized in December 2000.

The committee also identified the measures for the study's success, and agreed upon ground rules and guiding principles for the committee and workgroups.

Measures of Study Success

During the first meeting of the steering committee, a list of four criteria were developed that would determine the success of the study.

The committee agreed that the study would be successful if it:

1. Determined the roles and responsibilities for special transportation needs for:
   - The State; and
   - Locally and regionally
2. Identified needs, barriers, and issues for:
   - Met needs
   - Unmet needs
3. Recommended options to the 2001 Legislature on:
   - Structural needs
   - Funding needs
   - Additional research needs
4. Increased awareness

Ground Rules

The steering committee adopted ground rules to serve as meeting etiquette and

approach for both the steering committee and workgroups. The ground rules are:

- Start on time.
- Every question is a good question.
- Allow others to speak without interruptions.
- No side conversations.
- Active participation encouraged.
- Be open to new ideas.
- The goal is to make decisions through consensus. In the event consensus is not reached, decisions will be made based on a majority vote. Minority opinions will be included in the final report. The minority voters will be responsible for drafting the minority report.
- Any issue can be postponed, but must be on the next meeting agenda.
- Distribute agenda with previous meeting minutes prior to current meeting.
- Finish on time with a reminder midway.

Guiding Principles

The steering committee also adopted guiding principles for the committee and the workgroups as they developed their recommendations. The principles are:

- ***Everyone Is Responsible***
  Develop recommendations that recognize everyone has a responsibility in addressing mobility and access needs, including federal, state, and local governments (including divisions within each government type), the private sector, and users of public transportation.
- ***Put People before Programs***
  Focus on people getting rides to where they need to go, which will result in increased mobility and access to all locations including social service programs.
- ***Move Towards a Community Emphasis***
  Develop strategies that move the conversation from "special needs" to more emphasis on mobility and access needs of communities.
- ***Think Revolutionary, Act Practically***
  Balance vision with reality. Don't be afraid to be creative and think out-of-the-box when developing the vision, but develop strategies that are realistic for the current environment.
- ***Develop Short Term and Long Term Strategies***
  Develop short-term strategies to achieve the achievable, and develop long-term strategies to achieve the vision.
- ***Manage Expectations***
  Develop recommendations that recognize efficiencies and coordination will not meet all mobility and access needs.

Workgroup Process

The steering committee was divided into four workgroups: Developmental Disabilities, Roles and Responsibilities, Structure and Funding, and Public Awareness. Additional members were invited to participate on the workgroups to ensure a broad representation.

Each workgroup met for one full day, with the exception of the Structure and Funding workgroup, which met two full days. They each developed recommendations on their respective topic for steering committee consideration.

The workgroup rosters and attendance record are available under Appendix C.

Developmental Disabilities

The mission of this workgroup was to provide guidance to the steering committee on how the developmentally disabled population currently use publicly funded transportation, identify unmet transportation needs for people with developmental disabilities, and identify how those transportation needs could be met.

Roles and Responsibilities

This workgroup was charged with providing guidance to the steering committee on defining state, local and regional roles and responsibilities for addressing special transportation needs.

Structure and Funding

The Structure and Funding workgroup was given the task of providing guidance to the steering committee on whether or not a centralized point of responsibility for special needs transportation in the state of Washington is needed.

If a centralized point of responsibility was recommended, the workgroup was also asked to identify where the centralized point should reside, and how it should be structured and funded.

The steering committee, at their October meeting, requested this workgroup to reconvene and provide additional information and guidance on specific issues.

Public Awareness

This workgroup was responsible for developing key messages and a public awareness strategy for the steering committee's consideration.

INTERVIEWS

Through direct contact, phone, and e-mail communication, 80 individuals were interviewed regarding barriers to accessing transportation, transportation needs, roles and responsibilities, and whether or not a centralized point of responsibility is needed.

Interviews were conducted with representatives of state social service programs or commissions, local governments, regional coordinated transportation grant managers, transit agencies, private and non-profit transportation providers, advocacy groups and services, and legislators.

Input was also gathered at two regional coordinated transportation coalition meetings (Moses Lake and Walla Walla), and at the Association of Counties Human Services conference.

Information collected from the interviews was used to facilitate discussion at the steering committee and workgroup meetings. The identity of individuals interviewed was kept anonymous.

The interview information was also used to identify the transportation needs and barriers for people with special transportation needs, which are reported in Chapters 3 and 4.

A list of those interviewed is available under Appendix D.

NATIONAL RESEARCH

In order to gain perspective on how other states have addressed special transportation needs, web and phone research was conducted in five other states in the nation: Rhode Island, Georgia, Kentucky, Florida, and North Carolina.

These states were selected based on recommendations from steering committee and workgroup members due to their unique approaches to addressing special transportation needs. Diagrams are provided that illustrate the various state approaches for coordinated special transportation delivery.

Also presented as a possible model for statewide implementation was the smart card pilot project being implemented by the central Puget Sound region.

OTHER RESEARCH

Many different federal and state resources are expended on special needs transportation services. This study charted the flow of federal and state funds for special transportation needs in Washington State (see Chapter 5 and Appendix H). Individual federal and state agencies and divisions were contacted to identify if and how special needs transportation services are funded and delivered.

Other research that contributed towards the study included review of past studies, reports, and other available materials. A list of reference materials is listed under Appendix E.

Chapter Three: Special Transportation Needs and Challenges

SUMMARY

- People with special transportation needs use all modes of public transportation to access basic necessities, employment and education, medical appointments, and activities that add to quality of life.
- While all special transportation needs are not being met, people living in urban areas have more transportation needs met than people living in rural and suburban areas. Recipients of Medicaid have many non-emergency medical transportation needs met.
- Transportation challenges for all people that are transportation disadvantaged include: a demand that exceeds capacity, effects of laws and policies, geographic barriers, system barriers, lack of coordination and efficiencies, and an automobile culture.
- Transportation challenges specific to the elderly include: resistance to request or accept public transportation assistance, complexity of public transportation, fragile health conditions, nursing homes in remote areas, and a growing demand as the elderly population grows.
- Transportation challenges specific to children include: inability for rural children to access social services or education programs, isolation in abusive homes, inability to participate in after-school activities, and transportation safety issues.
- Transportation challenges specific to low-income individuals include: inability to find and retain employment due to transportation, inability to afford and maintain an automobile, and the inflexibility of transit to accommodate multi-tasking including transportation to daycare.
- Transportation challenges specific to people with disabilities include: a lack of accessibility, communication barriers, lack of access to employment, transportation safety issues, and lack of public awareness.
- Transportation challenges specific to the transportation disadvantaged populations residing on tribal reservations include: lack of public transportation systems, geographic barriers, and mistrust between tribes and state systems.

SPECIAL TRANSPORTATION NEEDS — WHAT ARE THEY?

People with special transportation needs are, by state definition, unable to transport themselves or purchase transportation due to a disability, income status, or age.

If a person with special transportation needs is ambulatory or able to get to a bus stop, the fixed bus route may meet many of their transportation needs.

Others who are transportation disadvantaged may have more specialized transportation needs, such as:

- Access for an oversized wheel chair
- Assistance with stairs
- Increased security needs for mental health patients
- Reclining position such as a stretcher
- Increased flexibility in travel times
- Assistance in reading schedules and other materials
- Travel with a personal attendant
- Car seats for children

In these cases, and in cases where transit systems are not available, alternatives to fixed bus routes are needed. Paratransit services, van pools, volunteer drivers, and commercial and private non-profit transportation companies are often in the position to better serve these individuals.

Regardless of the transportation mode, people who are transportation disadvantaged have the same needs as those that are automobile dependent – getting to work or school, a doctor appointment, grocery shopping, or any activity that adds value to daily life.

Examples of typical transportation needs include accessing:

Basic Necessities

- Shopping
- Post office
- Worship
- Veterinary
- Social service programs
- Civic involvement, e.g. voting, jury duty, court, boards and commissions

Employment and Education

- Temporary or full-time employment
- Work-related meetings
- Pre-employment, career advancement or technical training
- Colleges or universities, including evening and weekend classes
- Childcare and summer programs
- After school activities
- Public schools

Medical Appointments

- Annual exams
- Follow-up appointments
- Intensive treatments, e.g. kidney dialysis or chemotherapy
- Pharmacy
- Dentist appointments
- Alternative health care

Quality of Life

- Independence
- Visit friends and family
- Visit spouse in nursing home
- Entertainment, e.g. movies, sport events, dining, dancing, recreation
- Community participation
- Travel
- Freedom from isolation

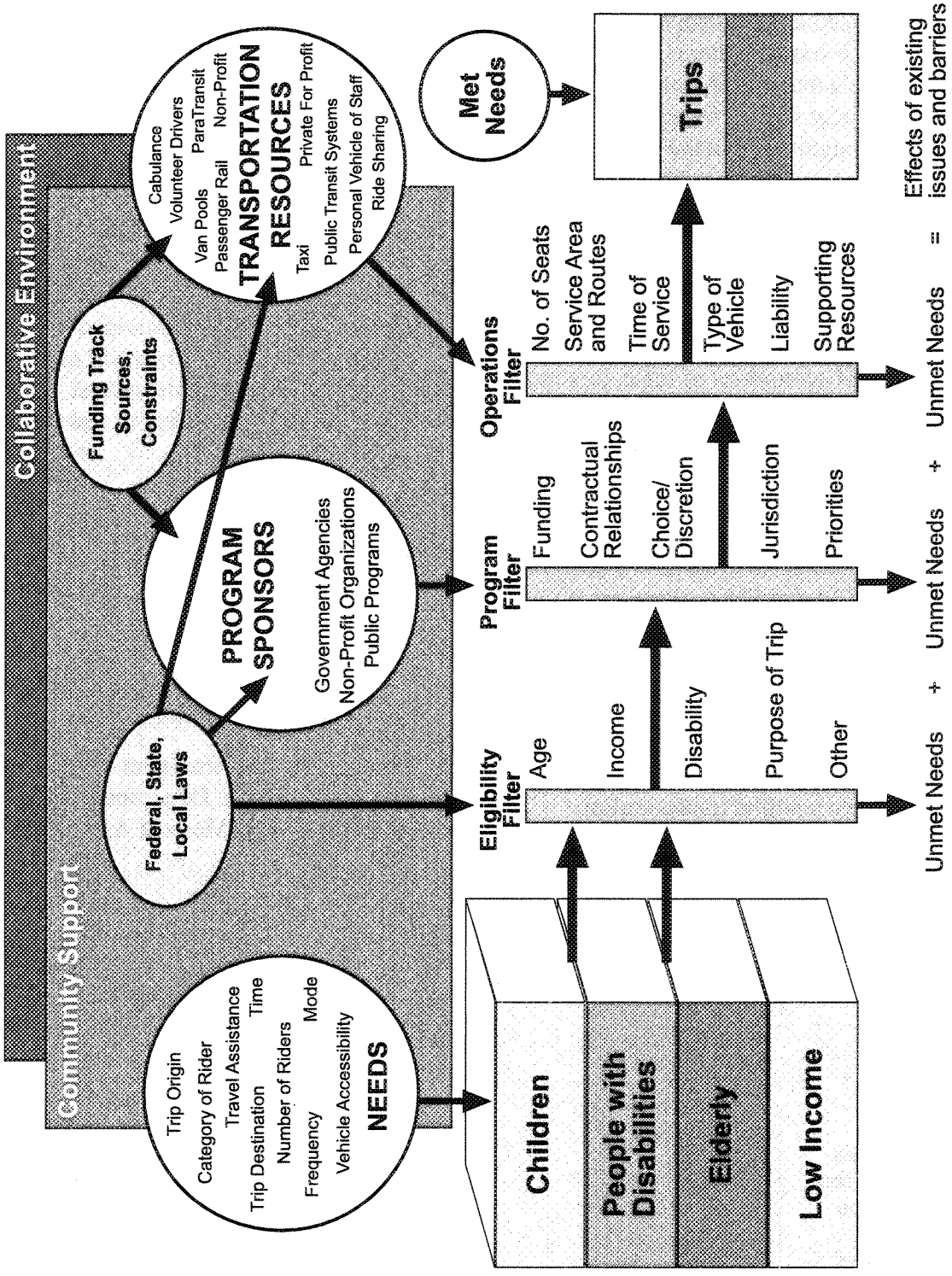
MET AND UNMET NEEDS

While the scope of this study did not include time for a comprehensive needs assessment, a significant effort was made to identify some needs and challenges of the transportation disadvantaged.

Through interviews and workgroup discussions, this study identified that all special transportation needs are not being met statewide.

People with special transportation needs face a variety of transportation barriers. As presented in Exhibit 3-1, public transportation can be arranged depending on available public program funding, eligibility of the rider, availability of a transportation provider, and a range of other factors. If these factors are addressed, then transportation is provided. If not, the transportation needs remain unmet.

Exhibit 3-1



Adapted from a graphic provided by the Blue Mountain Coordinated Transportation Coalition

However, as illustrated in Exhibit 3-2, it appears that special transportation needs are better addressed in the urban areas of the state that have transit systems, and statewide for individuals that qualify for Medicaid benefits. Unmet special transportation needs appear to be significant in the rural and suburban areas of the state where transit systems and other alternatives are few or non-existent.

Urban Areas

As a matter of economies of scale, it is most cost efficient for transit systems to serve dense populations of urban centers—hence the term "mass" transportation. Consequently, people with special transportation needs that live in urban areas—in particular in areas along fixed bus routes and ADA corridors – have more access to transportation through transit.

In addition, urban areas offer people more opportunities for employment, medical facilities, entertainment and more services in general. The many services and facilities combined with a public transportation system in urban areas offers the transportation disadvantaged access to many, if not most of their transportation needs.

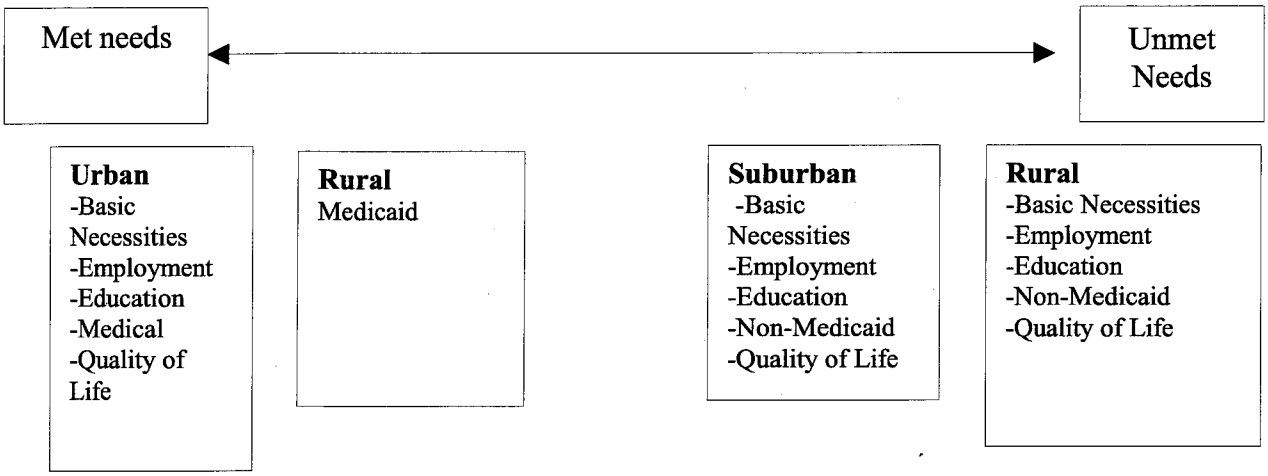
However, it is important to note that even within urban centers, all special transportation needs are not being met. As mentioned previously, many people that are transportation disadvantaged need specialized assistance that transit simply does not, or cannot offer. In addition, transit services are often not provided on weekends, late nights or early mornings when many people with special transportation needs ride to and from work.

Medicaid Transportation

Medicaid is a jointly-funded, federal-state health insurance program for certain low-income and needy people. It covers children, the aged, blind, and/or disabled, and people who are eligible to receive federally-assisted income maintenance payments.

Through the non-emergent Transportation Program, the state Department of Social and Health Services, Medical Assistance

Exhibit 3-2



Administration (MAA) assures access to many non-emergency medical services for all Medicaid clients who have no other means of transportation.

Medicaid does not cover all non-emergency medical services, such as alternative health care services, elective procedures, and many dental services. Consequently, transportation is not provided to these health services, which leaves an unmet transportation need.

The MAA contracts with nine regional brokers to screen client requests, check for eligibility, and arrange the most appropriate, least costly method of transportation for the client, including (from least to most costly): public bus, gas vouchers, client and volunteer mileage reimbursement, nonprofit providers, tax, cabulance and commercial bus and air.

The Medicaid brokerage transportation model is nationally recognized as being an efficient and progressive transportation delivery system.

Since people who qualify for Medicaid are entitled to transportation to and from non-emergency medical services—regardless of their place of residence—transportation needs for allowable medical visits are well-served for Medicaid recipients.

Rural and Suburban Areas

Transportation disadvantaged people who live in rural or suburban areas appear to have the largest and most critical unmet transportation needs.

Transit systems are either limited or non-existent in many areas of the state due to lack of local community support and/or funding capacity.

It is typical for suburban and rural parts of a county to have limited fixed-route buses and consequently less ADA service. Transit routes are often limited on evenings and weekends.

In many rural counties of the state, and on all tribal reservations, there is no transit system available. As illustrated by the map of Washington's transit authorities in Appendix F, many counties on the eastside of the mountains are not served by transit systems.

Non-profit providers and service agencies provide transportation in some rural and suburban areas. The transportation they offer is generally dependent on grant-funding that must be applied for each year, or on contracts with public programs which are re-bid periodically. Therefore, stability and continuity of service is always in question.

With the exception of Medicaid recipients, rural and suburban dwellers with special transportation needs are either limited to a very limited transit schedule or transportation providers that rely on special grants on a year by year basis, dependent on family and friends for transportation, or are literally isolated in their homes.

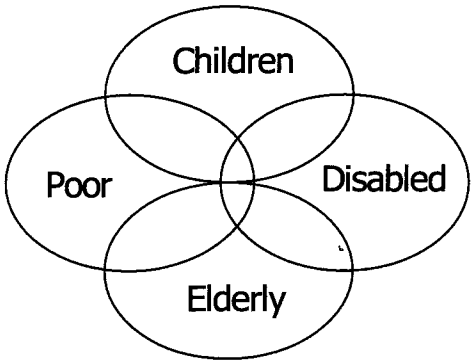
While it may stand to reason that those with special transportation needs would be better served if they lived in an urban area, the lack of affordable housing in metropolitan areas often restricts many from living in the city. The place of residence may not be a matter of choice, but rather an economic decision.

WHAT ARE THE TRANSPORTATION CHALLENGES?

As illustrated in Exhibit 3-3, the special transportation needs population groups overlap each other. Some elderly are also poor and disabled, some people with disabilities are children, elderly, and poor, some children are poor, and so on.

Likewise, the transportation challenges and needs of the transportation disadvantaged also overlap. The remaining pages of this chapter outline challenges shared by all people who are transportation disadvantaged, followed by challenges specific to a certain population group.

Exhibit 3-3



Demand Exceeds Capacity

Funding Limitations: As mentioned previously, elimination of the MVET has, and will continue to severely reduce public transportation services. Transit service routes and hours of services have been—or will be, if state funding is not provided—either eliminated or reduced.

In addition, transit systems continue to struggle to fund the transportation requirements under the federal Americans with Disabilities Act (ADA), which did not provide additional funding for local transit agencies to administer. In order to fund the services required under ADA, many transit agencies have reduced overall transit services—an unintentional, yet real affect of the federal law.

With transportation costs rising, the elimination of resources, and the inability to reasonably raise fares to cover costs, transit systems simply do not have the resources to address all the demands of special transportation needs.

Volunteers Needed: As one interviewee stated, "it would take an army of volunteers" to meet all the special transportation needs. It's impossible for transit to respond to every individual's needs, and volunteers have played a critical role in providing special transportation services.

The problem however, is that volunteerism is declining nationwide, and Washington state is no exception. Providing special transportation is an extremely time-intensive endeavor, which poses a serious challenge for the time-starved culture of today. Non-profit providers and service agencies fill some of the gaps, but depend on the continued funding of grant programs.

While more funding for volunteer mileage reimbursement would help, finding more volunteer drivers is a major challenge.

Effects of Laws and Policies

Passage of Initiative 695 is an extreme example of how laws can affect the ability of transportation providers to address special transportation needs.

Perhaps less apparent are the transportation impacts of state and local government programs and policies.

Public Programs: Public programs that serve the elderly, children, low-income and people with disabilities increase demand for transportation, but adequate transportation funding is often not available to meet the demand. Consequently, people eligible for needed public services are not able to access them due to a lack of transportation.

In some cases where transportation funding is available, an unexpected demand can surface from people with unmet transportation needs. Social service providers in this position are faced with the challenge of trying to make people aware of the service without creating a demand that can't be met.

In other instances, program funding for transportation was eliminated as transit systems became available, assuming that transit systems would meet the transportation needs of the program's clients. As mentioned earlier, transit does not address all special transportation needs.

Changes in program policies may also have unintended impacts on public transportation. For example, due to budget reductions necessary to accommodate recent initiatives, the Medicaid program may reduce its dental coverage and other services, which means transportation to these appointments for Medicaid recipients will no longer be provided.

Land use policies: Some facilities, such as nursing homes, group homes or learning centers, are increasingly located in rural areas due to the restrictions of local land use policies. Residents in rural areas have limited access to transportation. As these facilities are being sited in remote areas, more people with special transportation needs have limited mobility to and from these locations.

Geographic Barriers

Rural Areas: All transportation disadvantaged people in rural, underserved areas of the state face the greatest transportation challenges.

Many people with special transportation needs live in rural areas due to the relatively low cost of housing. However, establishing service in rural areas is a challenge for transit agencies when the population densities do not warrant a fixed route service. Consequently, rural areas are difficult to serve without incurring high costs per trip.

In addition, transit agencies also risk political fallout in rural areas when taxpayers see buses carrying only a few people. For these and other reasons, some areas have no transit systems.

If people with special needs in rural areas are unable to find transportation, they not only have unmet transportation needs, but sometimes serious health and other human service needs are unmet. For example, if a community doesn't have specific medical services such as kidney dialysis, and there is no available transportation to a facility that does have it, the person is literally in a life or death situation.

Hazardous Conditions: Other geographic barriers include primitive roads, weather conditions, or difficult local terrain such as mountainous regions. It is difficult, and sometimes dangerous, for buses or other public transportation to traverse these regions.

Proximity and Cross-County Travel: The size or density of a county can make transportation a challenge.

If a county is relatively large, it may take hours to travel within a county. This is especially tedious for people whose residence is on one side of a county, and employment is on another side of the county.

If the population of a county is not necessarily large, but is dispersed, it is difficult for a bus or other public transportation to meet all the needs on a regular basis.
Another challenge for the transportation disadvantaged is cross-county travel. For example, a Shelton, Mason County resident must take Mason Transit to Olympia, Thurston County in order to catch a bus to McCleary, Grays Harbor County—an otherwise 10-15 minute drive by car.

System Barriers

Service Levels: In many circumstances, the service levels of fixed bus routes simply do not meet the needs of the transportation disadvantaged. Bus hours are often too infrequent, or bus rides too long to accommodate work, training, daycare, appointments or other multiple daily tasks.

All times and destinations that every individual might require are not and cannot be addressed by fixed-bus route service.

All public transportation systems have a wide demand and limited resources. They must make difficult decisions on whether to provide less service to more individuals or a more service to fewer individuals. Regardless of the decision, unmet needs and expectations will result.

Ease of Use: Many people that are transportation disadvantaged find transit systems to be cumbersome and confusing.

Some find the schedules to be difficult to read, varying fares to be confusing (there are over 300 ways to pay fares in the Central Puget Sound area), and bus transfers intimidating.

If alternative public transportation services exist, many individuals do not know it is available or that they qualify for transportation assistance.

Customer Service: In some areas of the state, the relationship between transit agencies and people with special transportation needs has not always been positive. Some transit agencies view special transportation needs as unrealistic expectations or unfunded service requirements, while people with special transportation needs desire transit services to be more consumer-friendly, convenient, and less complicated.

Lack of Political Support: In many cases, people with special transportation needs are at the mercy of those that have transportation. Transit systems are primarily funded by voter-approved sales taxes in a designated region, or public transportation benefit areas (PTBA).

The majority vote has the power to determine whether or not a public transit system in a given community will exist.

In some areas of the state, transit systems have never received political or community support.

Coordination and Efficiencies

Transportation providers share a common challenge of coordinating special transportation needs and increasing efficiencies in the system.

Research shows that more rides at a lower cost can be provided to people that are transportation disadvantaged if duplication is reduced through coordination.[1]

It is for this purpose that the Legislature formed the Agency Council on Coordinated Transportation (ACCT).

The many challenges that coordination is faced with are outlined in ACCT reports to the Legislature as well as the October 1996 "Baseline Coordination Study Final Report," by Moss Adams LLP.

An additional barrier stated by individuals interviewed for this study was a concern that legislators may perceive that creation of ACCT and increased coordination would alone take care of the multiple complexities of addressing special transportation needs.

While it remains to be seen what the exact benefits of coordination will be, most expect that coordination alone will not meet all special transportation needs.

Automobile Culture

Finally, but not least, America is known to be a country in love with their cars. Cultures are developed over time and become ingrained into behaviors and systems that are not easily changed.

One example of how the automobile culture has dictated Washington policy is exemplified in the differential between public funding of infrastructures that support automobiles versus infrastructures that support mass transportation.

Car ownership is equally valued and desired by people with special transportation needs, however, due to a variety of reasons, it may not be an available or viable transportation option. Depending on public transportation in a society that values mobility by a personal automobile is an overwhelming challenge.

Specific Transportation Challenges

While all people with special transportation needs face common challenges in accessing transportation, challenges specific to the various population groups also exist.

Elderly

The Community Transportation Association reports that seniors have many transportation needs and priorities, most of which are ill-suited to movement by ambulance.

However, nearly half of all Medicare ambulance transportation is identified as "non-emergency medical transportation." While this is a poor allocation of investments, current laws permit Medicare payments only for ambulance-provided transportation.

Many people 65 years and older prefer to drive, and in some case perhaps drive longer

[1] National studies have shown that coordination provides more services at a lower cost per trip. See Burkhardt, Jon E. (2000), *Coordinated Transportation Systems*, Rockville, Maryland, Ecosmetrics, Inc.; and *Transportation Coordination: Benefits and Barriers Exist, and Planning Efforts Progress Slowly* (October 1999), General Accounting Office Report to Congressional Committees.

than they should. A key transportation challenge for many elderly is that when they are no longer able to drive, they resist requesting or accepting the assistance of public transportation services.

Some elderly would use transit systems, but do not because of its complexity, limited assistance, or fragile health conditions that limit their ability to ride long distances or wait at a terminal.

Many seniors would prefer living in their own homes, but may have to move to institutions if they do not have access to transportation. Transportation challenges continue to exist for the elderly living in nursing homes or long-term care facilities in remote areas. In some cases, spouses are unable to visit due to a lack of transportation.

Some believe that the transportation needs of the elderly are given less priority because society values people that work. However, as the "baby boomers" age and are no longer able to drive cars, that transportation demand will be too large to ignore.

According to the Washington State Office of Financial Management (OFM), approximately 661,041 people 65 years and older are currently residing in Washington State. OFM estimates this population will grow to 1,209,769 in the next 20 years, nearly double the size of the elderly population today. Extreme challenges will emerge if the capacity is not there to meet the future demand of Washington's rapidly aging population.

Children

Approximately 1.4 million children ages 0 to 15 live in Washington State. Public schools provide transportation to and from school for all students residing one mile or further from school, unless walking conditions are hazardous.

Most schools offer after-school programs that enhance the education program and offer opportunities to participate in sports, clubs, drama, and other important developmental programs. However, many children cannot take advantage of these opportunities due to a lack of transportation.

Kids are unable to access needed social service programs that are available. For example, the Early Childhood Education Assistance Programs (ECEAP) is a state program that provides preschool for four-year olds that are at 110% of the federal poverty level. Many of the program sites have no transportation services, so children that qualify for the program, but do not have transportation, are unable to participate.

Social service providers also are concerned about the transportation needs of rural children living in abusive homes. Isolation is a major factor associated with child abuse and neglect. While home visits by social workers are positive, it is optimal to bring families to center-based services in order to facilitate interaction with others.

Safety issues are another key challenge for transporting children. Unregulated vehicles and a lack of car seats or supervision can prevent parents from feeling comfortable about the safety of their children using public transportation.

Low-Income

Access to employment and education is the key transportation need of the low-income population. With changes in welfare laws, unemployed people on public assistance now have strong incentives to find

employment. However, transportation challenges can be the main deterrence in finding and keeping a job.

In a survey of people leaving the Temporary Assistance for Needy Families (TANF) program, the Washington State Department of Social and Health Services found that two of eight reasons clients were not working after leaving welfare was because of the inability to arrange for transportation (4%) and the inability to arrange for daycare (11%).

In many cases the inability to arrange for daycare is a transportation problem. The inflexibility of a transit system does not accommodate the multi-tasking needs of a working parent. It is very difficult to use a bus to chaperone a child to daycare, catch a ride to work, and then pick up the child on the way home. If grocery shopping or other appointments are added to the schedule, transportation is more complex.

Many people with low incomes are working in beginning level jobs on weekends and evenings, or cannot be selective on the location of employment. These factors oftentimes are not well served by bus schedules.

In instances where people with low incomes own automobiles, the ability to afford the maintenance, taxes, and insurance becomes a challenge. Suspended driver's licenses and the inability to pay traffic violations is also a problem for some people with low incomes.

The WorkFirst and Welfare to Work programs offer limited funding to help welfare clients purchase transportation. Some low-income advocates argue caseworker mentality can be a transportation barrier. Even though transportation assistance may be available, it is perceived that some caseworkers do not freely offer this information to clients but rather encourage a more self-sufficient approach.

The bottom line is that job and education opportunities depend on transportation. If people with low-incomes are unable to access transportation, their ability to be employed or achieve career advancement is limited.

People with Disabilities

The majority of people with disabilities rely on public transportation for mobility and access, so all the transportation challenges using transit and other public systems are especially relevant to this population. Other challenges include:

Access and Design: While the Americans with Disabilities Act (ADA) addressed many access and design issues and required equal access to services for people with disabilities, access issues are still a major problem.

The ADA requires equivalent curbside paratransit services for a minimum of ¾ miles of fixed-routes for persons with disabilities who are unable to use fixed-route services. For those that live outside of that ADA corridor however, access to transportation remains a significant challenge. People can be certified as ADA-eligible, yet be unable to use the service unless they are first transported into the ¾ mile service corridor.

Failure of bus lift equipment or the inability of a bus to accommodate a large wheelchair is also an access problem for some, as is poor design of curb cuts or bus stops.

Communication: Communication barriers exist for people with hearing, speech, or

vision disabilities. Public transportation systems may not have responsive TTY TDD services available, nor have schedules and other materials available in Braille. Communication also becomes a problem when public transportation systems are taking public input, but people with disabilities are unable to access public hearings due to the lack of transportation, interpreter provision, or other assistance.

Employment: The Governor's Committee on Disability Issues and Employment, and the Governor's Task Force on Employment of Adults with Disabilities both identify the lack of transportation as a major challenge for people with disabilities in accessing employment. An estimated 72 percent of disabled adults not working say they would prefer to work.[2] Transportation, limited job opportunities, or low-wage, entry-level positions are some of the key deterrents.

Safety: People with mental health disabilities have a need for secure and humane transportation services that are oftentimes expensive and difficult to find. In many cases, transportation providers need special expertise, equipment, and assistance to provide transportation to people with mental health disabilities.

Another safety concern in accessing transportation is unsafe crosswalks. People with disabilities may have to cross busy intersections in order to get to a bus stop, posing an extreme safety hazard and in some cases a deterrent to using a transit system.

Public Awareness: Transportation can become a challenge for people with disabilities when transportation providers do not understand the range of disabilities, or how to assist people with disabilities. Also, when the general public is unaware of the transportation needs of people with disabilities, they do not have sufficient information when casting their votes on issues related to public transportation.

Developmental Disabilities: A more in depth review of transportation challenges and needs of people with developmental disabilities is outlined in Chapter 4.

Tribal Members with Special Transportation Needs

While this study did not extensively research the transportation challenges of people with special transportation needs that live on tribal reservations, it is worth noting that it appears this population faces many of the same critical transportation challenges as those that live in rural areas.

Most reservations do not have transit systems, and the geography of some reservations makes transportation very difficult. In addition, mistrust that may exist between some tribes and state systems can be a barrier to transportation coordination since communication and trusting relationships are instrumental when sharing resources.

[2] Washington State Division of Vocational Rehabilitation Strategic Plan, 2001-2007, page 11.

Chapter Four: People with Developmental Disabilities and Public Transportation

SUMMARY

- The Developmental Disabilities Council, who partially funded the *Special Transportation Needs Study*, requested the study to include a focus on the transportation needs for people with developmental disabilities.
- Transportation is key to enhancing the quality of life for individuals with developmental disabilities.
- Approximately 103,633 people with developmental disabilities live in Washington State.
- Approximately 95% of people with developmental disabilities are unable to drive, and are dependent on family, friends and all modes of public transportation for mobility.
- Thousands of individuals with developmental disabilities are able and want to work, but are unemployed because of a lack of transportation.
- Transportation challenges include:
  -reduced or non-existent transportation services;
  -lost employment opportunities;
  -complexity, inconvenience, safety of transit;
  -cost prohibitive transportation; and
  -lack of accessibility.
- Strategies to address transportation needs include:
  -improving communication and education;
  -improving the ease of use of transit systems;
  -requiring coordinated transportation;
  -addressing design and accessibility issues;
  -funding public transportation; and
  -leadership from the governor, legislature and state agency directors.

DEVELOPMENTAL DISABILITIES COUNCIL

The Developmental Disabilities Council (DDC) commissioned the *Special Transportation Needs Study* to identify and integrate into the study:

- How people with developmental disabilities currently use publicly funded transportation.
- Whether there is a need for transportation that is not currently being met.
- What would be required to meet all the identified needs for transportation for this population.

This chapter will report on the study findings in relation to these questions.

DEFINITION OF DEVELOPMENTAL DISABILITY

The definition of a developmental disability is provided in federal and state law.

The federal Developmental Disabilities Assistance and Bill of Rights Act defines developmental disability (USC Title 42, Section 6001) as:

> "..a severe, chronic disability of an individual 5 years of age or older that—
>
> A) is attributable to a mental or physical impairment or combination of mental and physical impairments;
>
> B) is manifested before the individual attains age 22;

C) is likely to continue indefinitely;

D) results in substantial functional limitations in three or more of the following areas of major life activity—

i) self-care:

ii) receptive and expressive language;

iii) learning;

iv) mobility;

v) self-direction;

vi) capacity for independent living; and

vii) economic self-sufficiency and

E) reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, supports, or other assistance that is of lifelong or extended duration and is individually planned and coordinated, except that such term, when applied to infants and young children means individuals from birth to age 5, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided."

Under state law, a developmental disability (71A.10.020 RCW) is defined as:

- A disability attributable to:
  - Mental retardation
  - Developmental delay (ages birth to six)
  - Cerebral palsy
  - Epilepsy
  - Autism
  - Another neurological or other condition closely related to mental retardation
- Originates before age 18
- Expected to continue indefinitely
- Constitutes a substantial handicap

Eligibility for a child under three years of age is defined as:

- Children who demonstrate a developmental delay, of at least 25% of his or her chronological age, in one or more of the following five areas as measured by qualified personnel: physical (including vision, hearing, and gross motor), cognitive, communication, social or emotional, or adaptive. A child shall also be eligible if he or she has diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.

Simplified definitions of disabling conditions under state law are provided in Appendix G.

DEMOGRAPHICS[1]

Under the federal definition of developmental disability, approximately 102,000 to 103,000 people with developmental disabilities live in Washington State (about 1.8% of the total population).

Depending on how the state definition is interpreted, there are about 70,000 to

[1] Data provided by the Developmental Disabilities Council, DSHS Division of Developmental Disabilities and the Pierce County Community and Human Services Department.

110,000 people with developmental disabilities living in the state.

About 50% of people with developmental disabilities live with their families. The remaining population lives independently, in nursing homes, foster homes, or other residential care centers.

Roughly one-third or 32,000 people with developmental disabilities are clients of the Washington State Department of Social and Health Services (DSHS), Division of Developmental Disabilities.

The programs this division provides include assessments and case management, residential habilitation centers, community residential programs, county contracted services, family support services, professional support services and supplemental community support.

People with developmental disabilities live in every county of the state. Those that are DSHS clients represent a higher percent of the total population in the following counties: Clallam, Pierce, Yakima, Franklin, Walla Walla, Columbia, Asotin, and Spokane.

Many individuals with developmental disabilities receive federal public assistance, including the Supplemental Security Income (SSI). Working half-time at $7 per hour, an individual would still make less than what they could receive from SSI. Nevertheless, thousands of adults with developmental disabilities are seeking employment.

Statewide employment statistics are not available for people with developmental disabilities. However, adults with developmental disabilities continue to be unemployed, underemployed and lack job benefits. Current state programs report that significant strides have not been made in reducing the unemployment rate for adults with developmental disabilities over the last 10 years.

How do People with Developmental Disabilities Use Public Transportation?

Like all people, individuals with developmental disabilities have a need to access basic necessities, employment and education, medical appointments, and activities that enhance quality of life (see Chapter 4).

Given that 95% of people with developmental disabilities are unable to drive, the only transportation choice—other than dependency on family and friends—is publicly funded transportation.

All modes of public transportation are utilized by people with developmental disabilities, including buses, paratransit, trains, ferries, car and van pools, and cabulances.

Transportation Challenges and Unmet Needs

The largest identified transportation challenge for people with developmental disabilities is the employment and quality of life impacts due to the recent reductions in transit routes statewide in response to passage of Initiative 695.

Men and women with developmental disabilities, who have struggled to reach some level of independence and financial security, have lost their jobs because they no longer have transportation. Many will have to return to public assistance programs for total living support.

While these numbers are unverified, the Rehabilitation Enterprises of Washington estimates that 3,500 to 4,000 individuals with developmental disabilities statewide might lose their jobs after passage of Initiative 695, at a cost of $5,000 - $10,000 for each person.

Public transportation is also the linchpin for individuals with developmental disabilities to have a life beyond employment. Many people with developmental disabilities have a lonely and isolated life because they are unable access recreation, the benefits of participating in a community, or independence. The individual impact of isolation can increase medical complications and shorten lives. The societal impact can be costly due to increased need for social and health services.

The following transportation challenges and unmet needs were identified by the *Special Transportation Needs Study* Developmental Disabilities Workgroup, and through interviews with people with developmental disabilities, advocates, social service providers, parents of people with developmental disabilities, transportation providers, and other stakeholders.

Many of these challenges and unmet needs are generic and apply to more than people with developmental disabilities.

Reduced or Non-Existent Services

- Passage of Initiative 695 has resulted in elimination of transit routes, which has cut ADA-paratransit routes as well.
- Many transit systems have eliminated weekend and evening service.
- People who live in areas not served by transit systems are especially isolated.

Lost Employment Opportunities

- People with developmental disabilities are losing jobs because they do not have rides to work.
- Many more individuals with developmental disabilities want to work but don't because of the lack of transportation.
- Bus schedules don't always accommodate work hours. Buses may not run at night or on weekends—the times when many people with developmental disabilities work.
- New employment programs may help people with developmental disabilities find work, but don't always help with finding and paying for transportation to get there.

Inconvenience, Complexity, Safety

- Individuals have to work very hard to make the transit systems work for them.
- A person eligible for a paratransit trip must schedule 24-48 hours in advance. Many times, that is not feasible. Often, a person is unable to get a ride at the time needed.
- An individual may have to wait for a scheduled paratransit ride within a 2-hour time frame.
- Varying fares can be confusing.
- Bus travel time is long. A trip that takes 10 minutes by car can take 1½ hours or longer by bus.
- Traveling between jurisdictions or cross-country presents challenges.
- Many individuals with developmental disabilities are unable to read, which affects their ability to understand bus schedules and routes.

- There is a lack of travel training. Some, but not all transit agencies have travel trainers that work with individuals on how to ride the bus.
- Transit sometimes makes people with disabilities the enemy.
- Bus drivers sometimes don't want to take the time to help someone with a developmental disability.
- Parents and caregivers of individuals with developmental disabilities are concerned about the safety of transit systems.

Cost Prohibitive Transportation

- Paratransit can cost twice as much as a fixed-bus route, but may be the only available service at certain times. The price difference can make or break a limited budget.
- Most people with developmental disabilities and their families can't afford wheelchair accessible vehicles. It costs $20,000 to $30,000 to make a van wheelchair accessible.
- Taxis and other commercial transportation providers are too expensive for daily travel.

Accessibility

- Individuals are unable to get on the bus in instances when wheelchair lift equipment fails.
- Bigger wheel chairs don't always fit on buses.
- Design of some bus stops and curb cuts are not user-friendly.
- Many people with developmental disabilities are unaware of available public transportation services, how to access them, or if they are eligible for assistance.
- Dentists are often unwilling to serve patients with developmental disabilities, who then have to travel to major metropolitan areas where more dental choices are available. Between the cost and inconvenience, many people with developmental disabilities may not receive dental services, causing more emergent care later.

Meeting the Transportation Needs of People with Developmental Disabilities

The provision of public transportation, in particular transit systems, is critical to the mobility of people with developmental disabilities. Transit alone, however, does not address all of the transportation needs. As one interviewed individual with a developmental disability remarked,

> "If you can arrange your life around a bus schedule, than many of your transportation needs can be met. If not, you must find alternative transportation, pay for more costly transportation, or just stay at home."

Given the identified challenges, the Developmental Disabilities Workgroup was charged with developing recommendations for consideration by the Steering Committee on how to address the transportation needs of people with developmental disabilities.

The original recommendations from the Developmental Disabilities Workgroup included strategies in six areas:

- Improving Communication and Education of Transit, Riders and the Public

- Improving the Ease of Use of Transit Systems
- Requiring Coordinated Transportation Systems at the State and Local Levels
- Addressing Unmet Design and Accessibility Issues
- Identifying State Funding Mechanisms for Public Transportation
- Leadership from the Governor, Legislature, and State Agency Directors to Address Social Service and Public Transportation Needs.

Following are the original strategies in priority order that were recommended by the workgroup, followed by additional comments through interviews. Many of the strategies may apply to more than people with developmental disabilities.

Final recommendations adopted by the Steering Committee are provided in Chapter 7.

Communication and Education

- Public transportation needs should be included into an integrated state transportation plan, such as the recommendations of the Governor's Blue Ribbon Commission on Transportation.
- Training of dispatchers and bus drivers on the broad range of disabilities, including cognitive disabilities, should be increased.
- Bus drivers need to be taught how to help individuals with developmental disabilities and their personal attendants.
- Public information on common misconceptions about public transportation and people with disabilities should be increased.
- Availability of Job Access Reverse Commute (JARC) grants should be communicated to counties.
- In-state and out-of-state travel/mobility training for individuals with developmental disabilities, including peer or "bus buddy" training should be increased.
- A statewide clearinghouse of information for best practices, transportation opportunities, and general information should be developed.
- Communities need to be educated about the transportation needs, and then asked if they are willing to pay for it.
- All of the interested parties in public transportation need to develop a clear message.

Ease of Use

- Develop regional one-stop, on-demand referral and dispatch centers, with telephone and web access. Use the Medicaid brokerage model as the infrastructure.
- Identify and map the transportation providers in every community. Develop a statewide directory of providers.
- Explore use of statewide passes for all modes of public transportation, rather than separate passes in each county.
- Improve public transportation services between cities.

Coordinated Transportation

- State laws and rules should be changed to encourage coordination and the use of shared assets. In particular, rules in regards to insurance and liability issues need to be reviewed and changed.

- Every county should be required to have transportation coordination coalitions that identify and eliminate barriers to coordination and private-public and private-private partnerships. Adequate funding should be provided for the coalitions.
- A new car pool structure should be developed, or the current car pool structure should be expanded, to encourage shared-rides with individuals who own wheel-chair accessible vans.
- Community van programs, where individuals or groups can borrow wheel-chair accessible vans at an affordable rate, should be established and marketed.
- School buses should be used when not transporting children.
- Public transportation systems should be held accountable for ensuring efficiencies through coordination.

Design and Accessibility

- Architects, developers and public work directors need to be educated on the needs of people with disabilities.
- User input should be sought for the design of accessible facilities (e.g. bus shelters, curb cuts).
- Grassroots approaches to resolving community accessibility issues should be encouraged.
- Easier and more effective avenues for the public to voice their opinion on needed or unneeded bus routes need to be developed.

Funding

- Transportation should be an allowable use of personal care dollars in the developmental disabilities waiver.
- Funds should be earmarked for mobility and access for the transportation disadvantaged, which could include the funding of volunteer drivers.
- A long-term solution needs to be developed for public transportation for all people.
- Financial incentives should be given to private entities to invest in public transportation, such as sales tax exemptions or business and occupation tax credits for providing mobility and access for the transportation disadvantaged.
- Unallocated Welfare to Work/WorkFirst support dollars should be used for public transportation.
- A grant application to the Gates and Allen foundations should be submitted that would implement a statewide, web-based public transportation information and referral system for the transportation disadvantaged.
- Social service program transportation impacts should be funded, similar to the federal impact fee model for military installations.
- Use of Community Development Block Grant funds for social service transportation in cities and counties should be promoted.
- Social service budgets and policies need to include fiscal impact statements for transportation.
- Transit needs ample money to provide services beyond the ADA boundary.
- Fixed bus routes should be expanded, or alternative transportation choices should be developed, such as contracts with taxi services, smaller buses, stipends.

- Individuals need to keep Medicaid benefits if they are employed but no longer qualified for SSI.

Leadership

- The Governor should require state agencies to coordinate their social service transportation.
- The Governor and State Legislature should make it a priority to address the crisis in public transportation.
- The State Legislature should provide leadership in funding public transportation, including social service transportation, and removing statutory barriers to coordinated transportation.
- State department heads should provide leadership and accountability in changing agency rules that create barriers to coordinated transportation.

Chapter Five: Current Funding and Delivery of Special Transportation Services

SUMMARY

- Funding for special transportation needs is provided by federal, state, and local agencies through grants, direct payments to programs or individuals, or transportation service delivery. No dedicated funding exists for statewide mobility of the transportation disadvantaged.
- Public funds are expended on the purchase of special transportation through bus passes, grants, brokered transportation, gas reimbursements, car repairs, contracts, and other mechanisms specific to programs.
- Identified federal and state program annual operating expenditures (excluding transit systems) for the transportation of the elderly, children, low income and people with disabilities exceed $199 million in Washington State, including approximately $101 million for basic education transportation.
- Transit agencies expended about $600 million in 1999, including approximately $90.8 million for ADA paratransit services.
- Public programs serving people with special transportation needs either have dedicated transportation funds, discretionary support funds that can be used for transportation, or no transportation funds. In the later case, programs either spend program dollars on transportation or don't fund transportation at all.
- Many public programs do not have sufficient transportation dollars to ensure clients have access to public services.
- Programs identified as serving people with special transportation needs are:

Washington State Department of Social and Health Services
- Aging and Adult Programs
- Childcare and Development Block Grants
- Children Services
- Community Mental Health Block Grants
- Developmental Disabilities Programs
- Medicaid
- Mental Health Managed Care
- Rehabilitation Act of 1973
- Substance Abuse Prevention and Treatment
- WorkFirst

Washington State Department of Community, Trade and Economic Development
- Community Development Block Grants
- Community Services Block Grants
- Early Childhood Education Assistance
- Job Access and Reverse Commute Grants

Washington State Department of Health
- Community Access Program
- Community and Migrant Health Centers
- Health System Resource Grants

Washington State Office of the Superintendent of Public Instruction
- Basic Education
- Special Education

Washington State Department of Transportation
- FTA Grants
- Rural Mobility

Washington State Department of Veteran Affairs
- Veteran Services

Washington State Employees Security Department
- Welfare to Work

Other
- Head Start
- Native Americans
- Ticket to Work
- Transit Agencies

How are Special Transportation Services Funded?

Various federal agencies provide grants and appropriations for special transportation services. In addition, the Washington State general and transportation funds provide matching or state-only funds for special transportation services.

Local funding sources are primarily from voter-approved sales taxes for transit purposes. These revenues fund fixed-bus routes, paratransit services, and the Sound Transit rail system. Contributions from cities and counties for special transportation services vary by region.

Washington does not have a dedicated funding source that ensures mobility and access for all people with special transportation needs.

How Much is Being Spent?

Federal, state, local and regional agencies individually purchase transportation for the transportation disadvantaged through numerous grant awards, direct payments to programs or individuals, or actual delivery of transportation services.

Many of the federal and state transportation funds are restricted to categorical programs, with narrow limitations on how the funds can be expended.

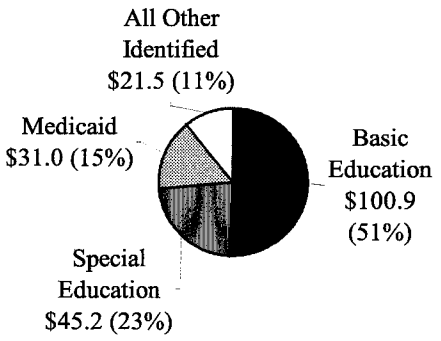
These funds are expended in a variety of ways, including bus passes, brokered transportation services, gas reimbursements, car repairs, volunteer drivers, vehicle purchases, contracts with non-profit providers, or other mechanisms specific to a program.

While a few programs have dedicated dollars for special transportation (e.g. Medicaid and WorkFirst), most programs must choose whether or not to spend program dollars on transportation or just leave the responsibility of transportation to the client.

Total special transportation dollars are not tracked in a uniform manner in Washington, so it is difficult to know precisely what the public investment is. However, the amount identified for federal and state government program expenditures for the transportation of the elderly, children, low income and people with disabilities exceed $199 million each year in Washington State (excludes transit systems expenditures). Over fifty percent of that amount, about $101 million, is spent on basic education transportation. It is difficult to know how much this figure under-represents actual expenditures, due to the lack of uniform reporting.

Exhibit 5-1

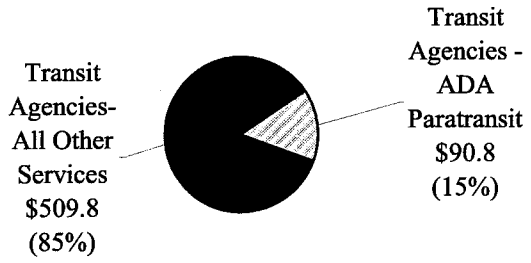
Identified Federal and State Special Transportation Services
Operating Expenditures-Fiscal Year 2000
$199 million



Operating expenditures for transit agencies in 1999 amounted to $600 million, with $90.8 million being expended on ADA paratransit services.

Exhibit 5-2

Transit Agency Operating Expenditures, including Paratransit Services
Calendar year 1999 - $600 million



WHAT MAJOR PUBLIC PROGRAMS SERVE PEOPLE WITH SPECIAL TRANSPORTATION NEEDS?

Even with the amount of money being expended, many public programs do not have sufficient transportation funds to ensure access to public services.

As illustrated in Exhibit 5-3, federal and state dollars expended on special transportation services is a complicated maze. This diagram charts the flow of federal, state and local program funds and how those funds eventually purchase transportation for the transportation disadvantaged.

A glossary of acronyms can be found following the flow chart. Funding flow charts for major programs are available under Appendix H.

Most of the federal funds are passed through state agencies, which are often then distributed to regional agencies. In some instances, regional agencies have discretion on whether or not to spend the funds on transportation, or other support services.

While not comprehensive, following is a list of public programs that serve people with special transportation needs. After each program description, an effort was made to document whether the program has dedicated transportation funds, uses program dollars for transportation, or if transportation is the responsibility of the consumer. The number of people served by the program is also identified where available.

Exhibit 5-3

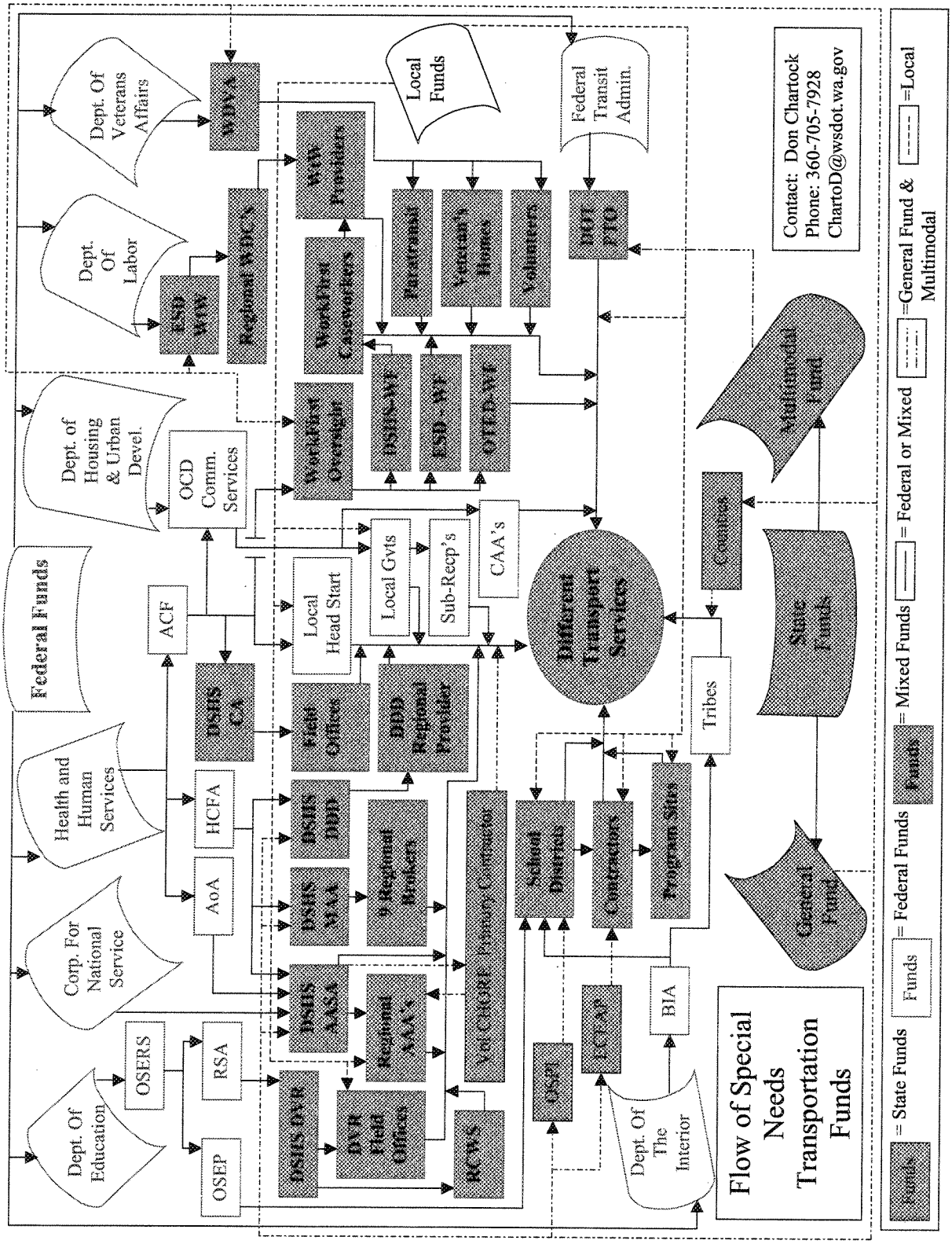

Flow of Special Needs Transportation Funds
Contact: Don Chartock
Phone: 360-705-7928
ChartoD@wsdot.wa.gov
Federal Funds
Dept. Of Veterans Affairs
Dept. Of Labor
Dept. of Housing & Urban Devel.
Health and Human Services
Corp. For National Service
Dept. Of Education
Dept. Of The Interior
WDVA
ESD WIN
Regional WDCs
OCD Comm. Services
ACF
HCFA
AoA
OSERS
RSA
OSEP
DSHS CA
DSHS DDD
DSHS MAA
DSHS AASA
DSHS DVR
DVR Field Offices
RCW 5
Local Head Start
Field Offices
DDD Regional Provider
9 Regional Brokers
Regional AAA's
Yel CAORF Primary Contractor
OSPI
ECEAP
BIA
Local Gvts
Sub-Recp's
CAA's
WorkFirst Oversight
DSHS-WF
ESD -WF
OTED-WF
WorkFirst Contractors
WW Providers
Paratransit
Veteran's Homes
Volunteers
Local Funds
Federal Transit Admin.
DOT FTO
Different Transport Services
School Districts
Contractors
Program Site
Tribes
Counties
Multimodal Fund
State Funds
General Fund
Funds = State Funds
Funds = Federal Funds
Funds = Mixed Funds
= Federal or Mixed
=General Fund & Multimodal
=Local

Exhibit 5-4: Flow Chart Glossary

AAA — Area Agency on Aging. There are 13 of these regional AASA offices statewide.

AASA — Aging and Adult Services Administration, a state division in the Department of Social and Health Services.

ACF — Administration for Children and Families, a federal agency in the Department of Health and Human Services.

AoA — Administration on Aging, a federal agency in the Department of Health and Human Services.

BIA — Bureau of Indian Affairs, a federal agency within the Department of the Interior.

CA — Children's Administration, a state division within the Department of Social and Health Services.

CAA — Community Action Agencies. There are 31 of these.

DDD — Division of Developmental Disabilities, a state division within the Department of Social and Health Services.

DOT — Department of Transportation, a state agency.

DSHS — Department of Social and Health Services, a state agency.

DVR — Division of Vocational Rehabilitation, a state division within the Department of Social and Health Services.

ECEAP — Early Childhood Education and Assistance Program.

ESD — Employment Security, a state agency.

HCFA — Health Care Financing Administration, a federal agency within the Department of Health and Human Services.

MAA — Medical Assistance Administration, a state division within the Department of Social and Health Services.

OCD — Office of Community Development (part of the Department of Community Trade and Economic Development), a state agency.

OSEP — Office of Special Education Programs, a federal program within OSERS and the Department of Education.

OSERS — Office of Special Education and Rehabilitative Services, a federal program within the Department of Education.

OSPI — Office of the Superintendent of Public Instruction, a state agency.

OTED — Office of Trade and Economic Development (part of the Department of Community Trade and Economic Development), a state agency.

PTO — Public Transportation Office, a state division of the Department of Transportation.

RCWS — Rehabilitation Council of Washington State, a state advisory council to the Division of Vocational Rehabilitation.

RSA — Rehabilitation Services Administration, a federal agency within OSERS and the Department of Education.

Sub 2 — The financial oversight committee which is made up of representatives of all of the WorkFirst partner agencies.

WDC — WorkForce Development Councils, a regional office in the Employment Security Department.

WDVA — Washington Department of Veterans Affairs, a state agency.

WtW — Welfare to Work, a federal program originating in the Department of Labor.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

The Department of Social and Health Services (DSHS) is the umbrella social services agency that manages the federal/state welfare and assistance programs. The department has five administrations and most of them have divisions. The department does most of its business by contracts with local providers. Major programs and partners are described below in the administrations. More information is available at http://www.wa.gov/dshs/.

Aging and Adult Programs

- U.S. Department of Health and Human Services, Administration on Aging (AoA) and the Health Care Financing Administration (HCFA)
- U.S. Corporation for National Service
- U.S. Department of Agriculture (USDA)
- WA Department of Social and Health Services (DSHS), Aging and Adult Services Administration (AASA)
- Regional Area Agencies on Aging (AAA)

Aging and Adult Services Administration (AASA) provides services to adults over age 18, who need long-term care. In addition it manages the U.S. Older Americans Act.

Most of the long-term care programs are funded by Medicaid, Title XIX of the Social Security Act. Much of the transportation is provided by the Medical Assistance Administration under the Medicaid Broker system.

Specific programs include:

- Medicaid Personal Care
- COPES, a program that replaces Nursing Home Care and is managed by a waiver process from the U.S. Department of Health and Human Services, Health Care Financing Administration (HCFA)
- Nursing Homes, Boarding Homes (which provide Assisted Living) and Adult Family Homes.

Each of these programs provides some transportation, but the division is unable to separate out the amounts from the accounting system.

Under the Older Americans Act there are thirteen Planning and Service Areas, each of which has a regional Area Agency on Aging to provide services. The state supplements the money-received from the Administration on Aging with the Senior Citizens Services Act funding.

Each Area Agency can opt to provide certain functions from a menu of about forty services. Among these is transportation. Some Area Agencies do so.

Other transportation money is spent on Meals on Wheels, Volunteer Core, and other volunteer reimbursement for trips with clients, and to some extent non-Medicaid transportation in the COPES program.

† Number of people served: AASA serves a total of 45,000 people. The programs provided approximately 219,705 one-way trips for 6,375 people in the year 2000.

$ Dollars spent on special transportation: Other than through the Medicaid Assistance Transportation Program, in the year 2000 approximately:

State funding = $562,917; Federal funding = $806,425; Total = $1,369,342

Childcare and Development Block Grants

- U.S. Department of Health and Human Services, Administration for Children and Families (ACF)
- WA Department of Social and Health Services (DSHS), Office of Childcare Policy

The Child Care and Development Fund (CCDF) was a block grant created along with the welfare reform legislation in 1996 (PRWORA). It provides grants to states, territories, and tribes primarily to help low-income working families access child care, and to improve the quality of child care. In FY 1999, approximately 1.8 million children nationwide were served with CCDF funds.

States are required to operate certificate programs that allow parents to choose from the same categories of care as privately paying families in their communities. States must demonstrate in their biennial plans that the rates paid to child care providers allow parents access to the range of child care choices.

If a child care provider includes transportation as part of the child care services they offer, and their charges are within the maximums paid by the state, the reimbursement they receive from the state through CCDF can include the cost of transportation.

In addition, states are encouraged to collaborate with other entities to address the transportation needs of families.

Grant funds in Washington are used for licensing operations, and other programs such as childcare for homeless children, the wage and career ladder project, and the infant/toddler initiative.

- Number of people served: 172,000 childcare slots are available.
- $ Dollars spent on special transportation: Unknown

Children Services

- Washington State Department of Social and Health Services (DSHS), Children's Administration (CA)

This state agency provides child protective services, child welfare services, family reconciliation, adoption program, and childcare and foster home licensing. Social service workers in field offices or volunteers often provide transportation for the children they serve, and are reimbursed for gas expenses.

- Number of people served: 10,000 children in foster care; 17,340 children in out-of-home care.
- $ Dollars spent on special transportation: Unknown.

Community Mental Health Services Block Grant

- U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration
- Washington State Department of Social and Health Services (DSHS), Mental Health Division (MH)

This federal grant supports the development of comprehensive community systems of care for adults with serious mental illness and children with serious emotional disturbance.

The grant dollars are passed through the state DSHS Mental Health division, which distributes 80 percent of the funds to14 regional support networks. The regions determine whether or not to use the funds on transportation. Transportation is an allowable use of the grant funds, however it is assumed that few dollars are spent for this purpose.

- Number of people served: Unknown
- $ Dollars spent on special transportation: Unknown

Developmental Disabilities Programs

- U.S. Department of Health and Human Services, Administration for Children and Families (ACF)
- U.S. Department of Health and Human Services, Health Care Financing Administration (HCFA)
- Washington Department of Social and Health Services (DSHS), Division of Developmental Disabilities (DDD)
- Local Property Tax

With federal and state general funds, the DSHS-DDD provides transportation reimbursements through the Family Support Program and Other Community Support Program. DDD may provide transportation reimbursements in some community support programs, but it hasn't in County Employment/Day Program Services.

Clients or transportation providers are reimbursed for authorized transportation expenditures. If a client participates in the Community Alternatives Program (CAP Waiver), DSHS-DDD can claim a federal match for the transportation expenditures. If the client is not on the waiver, the client is reimbursed through the state portion of the budget. This does not apply for the County Employment/Day Programs.

In addition to federal and state funds, the county governing authority of each county in the state must levy annually a property tax of two and one-half cent per thousand dollars of assess value [71.20.110 RCW and 84.55 RCW] and dedicate the collections to the coordination and provision of community services for persons with developmental disabilities or mental health services. At the discretion of county boards, all or part of the funds collected can be transferred to DSHS for the purpose of obtaining federal matching funds, which are then granted back to the community for the purposes stated in law.

- Number of people served: 32,000
- $ Dollars spent on special transportation: DDD spent $677,000 in fiscal year 2000.

Medicaid

- U.S. Health Care Financing Administration (HCFA)
- Washington State Department of Social and Health Services (DSHS), Medical Assistance Administration (MAA)

Title XIX of the Social Security Act is a program that provides medical assistance for certain individuals and families with low incomes and resources.

The program, known as ***Medicaid***, became law in 1965 as a jointly funded cooperative venture between federal and state governments. The Medicaid program assures access to medical services that are covered by the state's Medicaid program.

HCFA and the state general fund provide funding for Medicaid transportation, which

is administered by the state DSHS Medical Assistance Administration (MAA).

MAA contracts with 9 transportation brokers covering 13 regions in the state. Medicaid Assistance clients contact the regional broker, and the broker screens the caller for eligibility, identifies the lowest cost and most appropriate transportation provider, and arranges for transportation specific to the needs of the individual. The Medicaid Assistance Transportation Program is the largest special needs transportation program in the state.

- Number of people served: About 750,000 Washington State residents are receiving assistance through Medicaid and state funded medical programs. About 5-7% of Medicaid clients use the transportation services. MAA, through its brokers, arranges about 2 million trips per year.
- $ Dollars spent on special transportation: Approximately $31 million per year.

Mental Health Managed Care

- Washington State Department of Social and Health Services (DSHS), Mental Health Division (MH)

The DSHS-MH division provides outpatient services for mentally-ill consumers who are disabled, low-income, children, and elderly through a Mental Health Managed Care Capitated System. Services are contracted through 14 regional support networks under a federal HCFA waiver. The majority of the medical transportation needs are met through the MAA contracted broker system.

- Number of people served: Current transportation usage is 130,000 to 140,000 trips per quarter, including Medicaid transportation.
- $ Dollars spent on special transportation: The MH division has no appropriated funds for transportation. Due to limitations and Medicaid restrictions, the division provides $20,000 of state program funds per biennium to cover transportation in exceptional situations not covered by Medicaid.

Rehabilitation Act of 1973

- U.S. Department of Education, Office of Special Education and Rehabilitation Services, Rehabilitation Services Administration (RSA)
- Washington State Department of Social and Health Services (DSHS), Division of Vocational Rehabilitation (DVR)

The federal Rehabilitation Act of 1973, Title I assisted individuals with disabilities in preparing for and engaging in gainful employment. Federal and state general funds provide funding to the DSHS-DVR and Rehabilitation Council of Washington State. DVR passes-through funds to field offices, which can contract for transportation services of reimburse for gas. The Rehabilitation Council also reimburses volunteer drivers for mileage.

- Number of people served: Approximately 25,000 people per year. Provides transportation to approximately 7,500 participants.
- $ Dollars spent on special transportation: Approximately $5 million in fiscal year 2000.

Substance Abuse Prevention and Treatment Block Grant

- U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA)
- WA Department of Social and Health Services (DSHS), Alcohol and Substance Abuse Division

The Substance Abuse Prevention and Treatment Block Grant, administered by SAMHSA's Center for Substance Abuse Prevention (CSAP) and its Center for Substance Abuse Treatment (CSAT), provides funds for substance abuse prevention and treatment programs at the state and local levels.

While the program enables states to provide substance abuse treatment and prevention services through a variety of means, both statute and regulations place special emphasis on provision of treatment and primary prevention services to both injecting drug users, and to substance abusing women who are pregnant or with dependent children. Transportation is an allowable use of funds.

To the extent that services are covered by the Medicaid program and clients are Medicaid eligible, transportation can be provided by the Medicaid broker.

↑ Number of people served: Unknown

$ Dollars spent on special transportation: Unknown

WorkFirst

- U.S. Department of Health and Human Services, Administration for Children and Families (ACF)
- WA Department of Social and Health Services, WorkFirst

ACF and the state general fund provides funding to the state DSHS WorkFirst, which offers employment assistance for recipients of Temporary Assistance to Needy Families (TANF).

The WorkFirst program is overseen by a partnership of state agencies, including DSHS, the State Board of Community and Technical Colleges, the Office of Trade and Economic Development, and the Employment Security Department. This oversight body determines where and how the money flows.

State WorkFirst case managers assist TANF recipients with obtaining and retaining employment. Each client is eligible to receive up to $3,000 per year in support services, including up to $700 per year in car repair, reimbursement for mileage, up to $150 per month for public transportation, and $600 per year for auto license, fees (not infractions), and liability insurance.

↑ Number of people served: In 2000, there were 48,000 WorkFirst cases serving 150,000 people.

$ Dollars spent on special transportation: Approximately $1 million annually for WorkFirst and Welfare to Work recipients.

Department of Community, Trade, and Economic Development

Community Development Block Grants (CDBG)

- U.S. Department of Housing and Urban Development
- Washington State Department of Community Development
- Local funds

CDBG provides eligible metropolitan cities and urban counties with annual direct grants that they can use to revitalize neighborhoods, expand affordable housing and economic opportunities, and/or improve community facilities and services, principally to benefit low- and moderate-income persons.

Federal, state and local funds are provided to sub-recipients that deliver services. An allowable use of CDBG funds is transportation.

- Number of people served: Unknown
- $ Dollars spent on special transportation: Unknown

Community Services Block Grants (CSBG)

- U.S. Department of Health and Human Services, Administration for Children and Families (ACF)
- U.S. Department of Housing and Urban Development, Office of Community Development Services (OCD)
- Local Community Action Agencies

Congress appropriates Community Services Block Grant (CSBG) funds to ameliorate the conditions of poverty in communities within each state. The federal Department of Housing and Urban Development, OCD Services contracts with 31 community action agencies to provide a range of services and activities having a measurable impact on the causes of poverty in communities.

The local agencies may or may not spend these funds on transportation.

- Number of people served: Unknown
- $ Dollars spent on special transportation: Unknown

Early Childhood Education Assistance Program (ECEAP)

- Washington State Office of Community Development, Children's Services

ECEAP is a state funded preschool program for four-year olds that are at 110% of the federal poverty level.

ECEAP contracts with local providers for delivery of the pre-school services. Some pre-school sites provide transportation services, other sites do not. The number of sites with transportation services was cut in half after elimination of the motor vehicle excise tax following passage of Initiative 695.

- Number of people served: 8,000 children
- $ Dollars spent on special transportation: $1,214,605 in-kind contributions.

Job Access and Reverse Commute (JARC) Grants

- Federal Transportation Administration (FTA)
- Washington State Department of Transportation (WSDOT), Agency Council on Coordinated Transportation (ACCT)
- Washington State Department of Social and Health Services (DSHS), WorkFirst
- Washington State Department of Trade and Economic Development (DTED), WorkFirst
- Washington State Employment Securities Department (ESD), WorkFirst

The FTA granted a matching JARC grant to Washington State to assist people commuting to and from employment in small urban and rural areas. Matching state funds were provided through WorkFirst. The grant will be administered through the Department of Trade and Economic Development.

† Number of people served: Unknown. The grant was just authorized.

$ Dollars spent on special transportation: For fiscal year 2000, the FTA selected seven projects to receive $829,644. The state's WorkFirst partnership will provide a matching amount, for a total of $1.7 million.

For the following fiscal year, Congress has passed a transportation budget that includes $2 million that is earmarked for the Washington State WorkFirst Transportation Initiative. The state's WorkFirst partnership will provide a matching amount in WorkFirst reinvestment funds, for a total of $4 million dollars.

DEPARTMENT OF HEALTH

Community Access Program

- U.S. Department of Health and Human Services, Health and Human Services (HHS)
- Washington State Department of Health (DOH)

In fiscal year 2000, Congress funded the Health Care Access for Uninsured Workers Program. The program will be implemented as the Community Access Program (CAP) to emphasize its purpose -- expanding access to the uninsured through increasing the effectiveness and capacity of the nation's health care safety net at the community level.

† Number of people served: Unknown.

$ Dollars spent on special transportation: None

Community and Migrant Health Centers

- U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA)
- Washington State Department of Health

Community and Migrant Health Centers are located in every state and territory of the United States. They are non-profit, private corporations, which in addition to providing comprehensive primary care services, also serve as vehicles for community development and economic growth.

The health centers are supported by a variety of funding sources including federal, state, local, and private grants. Transportation is an allowable use of federal funds, however it is estimated that few funds are spent on transportation. 90% of the health center

clients have incomes below 200% of the federal poverty level.

- ↟ Number of people served: 290,782 medical clients and 113,984 dental clients receive services at the community health clinics
- $ Dollars spent on special transportation: Unknown

Health System Resource Grants

- Washington State Department of Health (DOH), Office of Community and Rural Health

The goals of the DOH-Rural Health Systems Program are to promote affordable access to health care services to residents in rural areas, and to assure availability of health care providers to residents of rural and urban underserved. The project works to support the infrastructure of health care delivery, looking for innovation as well as sustaining existing systems.

While transportation would be an allowable use of these funds, most grantees spend the grant dollars on other services.

- ↟ Number of people served: Unknown
- $ Dollars spent on special transportation: Unknown

Office of the Superintendent of Public Instruction

Basic and Special Education

- U.S. Department of Education, Office of Special Education and Rehabilitation Services, Office of Special Education Programs(OSEP)
- Washington State Office of the Superintendent of Public Instruction (OSPI)
- Local School Districts

State and local property taxes are the primary funding source for basic and special education. Transportation to and from school, in addition to other extra curricular activities, is funded through these sources.

Federal funding is also provided for the education of children and youth with disabilities from birth through age 21.

- ↟ Number of people served: Special Education: 21,398 students. Basic Education: 412,835 students
- $ Dollars spent on specialized transportation: In fiscal year 2000: Special education: Approximately $44.4 million to and from school transportation. An additional $800,000 is expended for transportation to other activities. Basic education: Approximately $98.5 million to and from school transportation. An additional $2.4 million is spent for transportation to other activities.

Washington State Department of Transportation

Transportation Grants

- Federal Transportation Administration (FTA)
- Washington State Department of Transportation (WSDOT), Public Transportation Office (PTO)

The FTA provides two transportation grants that particularly benefit people with special transportation needs: Section 5310 grants are for the transit of elderly and persons with

disabilities, and Section 5311 grants are for non-urbanized transit programs. The FTA grants are administered by the WSDOT-PTO.

Through the transportation multimodal fund, the state funds the Agency Council on Coordinated Transportation's coordination and demonstration grants, as well as funds for Rural Mobility grants.

- Number of people served: FTA grants: 8,696,678 passenger trips. Rural Mobility grants: 117,231 boardings. ACCT demonstration grants: 8,100-8,200 projected trips
- $ Dollars spent on special transportation: FTA Grants: $7.7 million. Rural Mobility Grants: $2.5 million. ACCT Demonstration Grants: $70,000

WASHINGTON STATE DEPARTMENT OF VETERAN AFFAIRS

Veteran Services

- U.S. Department of Veterans Affairs
- Washington State Department of Veteran Affairs (WDVA)
- Local Property Tax

The federal Department of Veteran's Affairs administers 4 medical centers in Washington, and the state Department of Veteran's Affairs administers to residential homes for veterans.

The state veteran homes have transportation assets, which are typically used to access the V.A. Medical Centers. The federal Medical Centers, in partnership with the Disabled Veteran Americans, have 7 to 9 buses that transport veterans to and from the V.A. Medical Centers for all veterans. The WDVA also provides bus tokens to veteran service groups and others to distribute to veterans.

In addition, each county administers a Soldiers' and Sailors' Relief Fund, which is funded by a designated property tax and donations (73.08 RCW). Veteran's apply for the dollars to meet a variety of needs, including transportation.

- Number of people served: 650,000 veteran's live in Washington State.
- $ Dollars spent on special transportation: $341,841

WASHINGTON STATE EMPLOYMENT SECURITY DEPARTMENT

Welfare to Work

- U.S. Department of Labor
- Washington State Employment Security Department (ESD), Welfare to Work

Federal and state general fund provides funding for the Welfare to Work program, which is administered by the Washington State Employment Security Department (ESD).

This program provides assistance to TANF clients that face multiple barriers to employment. The ESD passes funds through to 12 WorkForce Development Councils, which either delivers or subcontracts employment and training programs for clients.

The recipients of Welfare to Work receive the same transportation benefits as the WorkFirst recipients. The programs work together to ensure that case managers access WorkFirst funds for support services before using Welfare to Work funds.

- Number of people served: Unknown
- $ Dollars spent on special transportation: Unknown

OTHER PROGRAMS

Head Start

- U.S. Department of Health and Human Services, Administration for Children and Families (ACF)

Head Start is a pre-school program for children at 100% of the federal poverty level. Both ACF and local funds are provided directly to local Head Start providers, which purchases transportation.

- Number of people served: 10,012 children in the year 2000
- $ Dollars spent on specialized transportation: Data is available, but would require time to process.

Native Americans

- Federal Bureau of Indian Affairs (BIA)
- U.S. Department of Health and Human Services, Administration on Aging (AoA)

Federal funding is provided to Washington Native Americans for a variety of purposes. Transportation is one possible use of the funds. BIA funds can also be provided to individual school districts for transporting Native American students to school.

- Number of people served: There are 27 federally recognized tribes in Washington State.
- $ Dollars spent on special transportation: Unknown.

Ticket to Work

Under the Ticket to Work program, the Social Security Administration (SSA) will issue tickets to their beneficiaries, who will have the option of taking the ticket to service providers of their choice called employment networks.

Transportation will be only one of the many services that will be available to the beneficiary.

SSA will issue tickets to beneficiaries in phases, beginning in 2001. This will allow them to evaluate the Ticket to Work program and make any necessary improvements before the program is fully implemented nationwide by 2004. Thirteen states were chosen for the initial phase. Washington was not among them.

The ticket to work program will be administered by "Employment Networks." The Employment Networks will be private organizations or public agencies that have agreed to work with Social Security to provide services under this program. They can be different in each state.

This service has not yet been implemented and it is not known how much this service will cost in each state or how many of the tickets will be used for transportation.

Transit Agencies

- 19 public transportation benefit areas
- Puget Sound Regional Transit Authority
- Three city transit authorities
- 1 county transit authority
- King County/Metro

Publicly funded community transit and ADA paratransit systems, which are the most significant mode of transportation for people with special transportation needs, are funded by locally, voter-approved sales and use tax.

In 2000, the Legislature raised the maximum tax rate for public transportation authorities from 0.6% to 0.9%. Grays Harbor, Clallam, Island, and Jefferson counties have a 0.6% sales tax rate for transit authorities. Citizens in King County recently voted in a 0.8% tax rate for Metro Transit. The tax rates for the remaining counties with transit authorities range from 0.1% to 0.5%. Some are considering asking the voters for tax increases next year.

- Number of people served on fixed-bus route and paratransit statewide: Unknown

- $ Dollars spent on special transportation: $600.6 million for all transit services, including $90.8 million for paratransit services.

Chapter Six: Coordinated Special Transportation Service Delivery Models

SUMMARY

- Coordinated transportation is sharing resources with the benefit of providing more rides to more people with special transportation needs at a lower cost per trip.
- States administer coordinated transportation differently—there is no one correct way.
- Washington State is in the beginning phases of developing a coordinated transportation system.
- A transportation brokerage model is one way special transportation services are delivered. A person with a special transportation needs contacts a broker, who then determines eligibility and contacts the transportation provider. The Washington Medicaid Transportation Program operates under a brokerage model.
- Rhode Island, Georgia, Kentucky, Florida, and North Carolina—listed in order from highly state centralized to more regionally centralized—all are providing some measure of coordinated transportation, as are other states.
- A smart card pilot project being implemented in central Puget Sound is a high-tech centralized accounting model that has potential for statewide implementation.

This chapter reviews the status of Washington's coordinated transportation efforts and current transportation service delivery. Also included are coordinated transportation service delivery models that other selected states are using to transport people with special transportation needs.

In addition, a smart card pilot project being implemented in the four-county central Puget Sound area is described as a possible model for statewide implementation.

WHAT IS COORDINATED TRANSPORTATION?

In the federal guidelines for coordinated state and local specialized transportation services, coordination of specialized transportation services is defined as:

> *"the pooling of the transportation resources and activities of several human service agencies with each other or with mass transit operations."*

In Washington State, the vision for coordinated transportation is that each community will have a transportation system that:

- Serves all people with special transportation needs
- Efficiently uses all community resources, including non-traditional
- Is easy to access regardless of who needs the ride or who pays for it
- Is integrated and interdependent
- Contributes to a livable community, a vital economy, and a sustainable environment

Based on the limited research of this study, coordination can take many forms. In some cases, coordination is highly centralized at the state level. In other cases, coordination is more regionally centralized.

Transportation coordination in some states includes multiple state agencies, in other

states it focuses only on social service agencies. Some states purchase and manage fleets, other states may use a broker to identify appropriate transportation providers. Funding mechanisms for coordinated transportation systems also vary by state.

In all instances, coordinated transportation is an effort to provide more rides to more people at a lower cost per trip. The differences in how states approach coordination reflects the unique needs of each state.

Does Washington have Coordinated Transportation?

Coordination of special transportation services is in its infancy in Washington State. In 1998, the Agency Council on Coordinated Transportation (ACCT) was given the responsibility to promote coordination among state agencies, and to assist with regional transportation coordination.

The Legislature authorized funding to ACCT for demonstration grants, and for planning assistance to locally designated regions that have transportation coordination forums. Most state programs and local transportation coordination forums are in the planning and information gathering phases of coordination.

While coordination is yet to be achieved statewide, ACCT has certainly set the stage. Through monthly meetings of state program representatives known as the PACT Forum, cooperation is occurring between state social service agencies, transportation agencies, education agencies, and others. In addition, 18 regions in the state have established local transportation coordination forums.

However, as illustrated in Exhibit 6-1, the current special needs transportation delivery system in Washington is still fragmented. While certain transportation delivery systems are working effectively for particular programs, such as the Medicaid Assistance Transportation Program, Washington's special needs transportation delivery system in its entirety is inefficient and cumbersome for the user. Indeed, even the Medicaid program would benefit from coordinating with other programs.

Washington residents with special transportation needs must arrange for transportation either directly through a variety of transportation providers, or through multiple state programs that provide transportation to eligible clients. The state currently is not uniformly tracking the total dollars spent and number of rides provided for people with special transportation needs.

What is a Transportation Brokerage Model?

Since the term will appear a number of times throughout this report, it is necessary to define a transportation brokerage model.

Under a transportation brokerage model, transportation is arranged through a third party, who is responsible for determining a person's eligibility, arranging for the most appropriate transportation provider, paying the provider, and then billing the appropriate purchasing agency. Depending on the state or region, a broker might also be a transportation provider.

In Washington State, the Medicaid Assistance Transportation Program operates under a brokerage model. The program contracts with 9 transportation brokers covering 13 regions in the state. Medicaid

Assistance clients contact the regional broker, and the broker screens the caller for eligibility, identifies the lowest cost and most appropriate transportation provider, and arranges for transportation specific to the needs of the individual.

Under the brokerage model, the cost per trip for Medicaid transportation has almost been cut in half in the last 15 years. In 1985, the average cost per round trip was $33.73. In 1999, the average cost per round trip was down to $16.63. Transit systems provide an average of 35 percent of the trips.

In the same time period, total dollars spent on Medicaid transportation has increased about 16-fold—from $1.7 million to $26.9 million. However, the number of trips has increased about 76-fold—from 24,732 to 1,896,626 round trips. So while the overall investment has increased, the number of people transported has increased tremendously.

Other Transportation Models

Due to the limitation of time, a comprehensive study was not conducted of all 50 states and their coordination efforts or special transportation service delivery mechanisms.

Instead, this study focused on five states: Rhode Island, Georgia, Kentucky, Florida, and North Carolina—listed in order from highly state centralized to more regionally centralized. These states were highlighted due to their varying approaches to addressing special transportation needs, and the range in degree of centralization.

The intent was to provide alternative models of centralization for the study steering committee and workgroups to review as they considered the study question regarding a central point of responsibility.

Rhode Island

With only 980,819 residents living in Rhode Island, this state's specialized transportation services is highly centralized at the state level.

As illustrated in Exhibit 6-2, Rhode Island residents with special transportation needs that are clients of certain human service agencies contact a central state transportation broker. The broker then arranges rides with a limited number of state-designated transportation providers, and then directly bills the appropriate state agency.

A state oversight body and the public transit authority also provide approximately $7.2 million for operational costs of the system. An additional sum is provided for the purchase of vehicles for the state-designated transportation providers. The state retains a lien on all the vehicles to assure high standards in transportation provision.

In fiscal year 2000, the transportation system provided 643,784 trips.

Georgia

The state of Georgia is in the beginning phases of developing a new system of transportation for its social service programs.

Previously, each of the five divisions of the Department of Human Resources (DHR) operated and maintained its own fleet of vehicles.

Under the new system, 12 regional transportation coordinators will manage a

consolidated fleet of vehicles, and either provide or contract transportation services for all DHR clients.

The regional coordinators will be state-run entities, with regional transportation coordination committees playing an advisory role. It is expected the primary transportation provider will be the regional coordinator. This system is illustrated in Exhibit 6-3.

The state DHR estimates the system to cost approximately $45 million per year and projects to provide about 20,000 trips per day, or 1 million trips per year.

Kentucky

Kentucky is in the process of combining certain federal and state funding streams and providing transportation through 15 regional brokers. See Exhibit 6-4 for an illustration of the system.

The Transportation Cabinet oversees and monitors the Human Service Transportation Program and acts as a conduit for funding for state agencies.

The state determines the number of eligible persons in a broker's region, and gives the broker a specific dollar amount for each eligible rider. The 15 transportation brokers may also be transportation providers—and in most cases they are.

Recipients of Medicaid, Temporary Assistance for Needy Families (TANF), Vocational Rehabilitation, and the Department of the Blind contact the appropriate regional broker for transportation.

The state funds the program at about $27 million per year, with an average cost per trip of $23.86.

Florida[1]

Under the coordinated Transportation Disadvantaged Program, Florida has been serving people with special transportation needs since 1979.

The program provides for substantial local discretion and latitude within a framework of state policy and oversight. As illustrated in Exhibit 6-5, federal, state, and local transportation funds are funneled through a Community Transportation Coordinator (CTC) in each of Florida's 67 counties.

State law authorizes the CTC to provide transportation directly, to contract for services with one or multiple providers, or to dispatch and broker transportation services.

An independent state-level commission administers the Transportation Disadvantaged Trust Fund, which is an account with dedicated state revenues from a $1.50 charge on license tag registration. The fund pays for transportation of persons who meet the definition of "transportation disadvantaged" and whose trips are not sponsored by other programs. A voluntary license tag fee is also collected and distributed locally.

In fiscal year 1999, the program provided 43.3 million one-way trips at an average cost per trip of $5.43. The state spends over $235 million annually for the program. Nearly 12% of the expenditures were funded through Transportation Disadvantaged Fund. The remainder of the expenditures was funded through federal, state, and local programs.

[1] Some excerpts from the Burkhardt, Jon E., *Coordinated Transportation System.* Ecosometrics, Rockville, Maryland, © 2000, AARP.

Coordinating transportation services has saved Florida a combined total of $154 million from 1995-1997. These tax dollar savings were used to expand transportation services by providing more trips and serving more clients.

North Carolina

The most regional transportation system that was reviewed for this study was in North Carolina.

As illustrated in Exhibit 6-6, the state allocates Federal Transportation Administration grant funds (5310 and 5311 grants) along with capital assistance to 59 community transportation systems throughout the state. Most of the systems are operated by transit agencies, which also serve as the provider in most cases.

The regions are allowed to develop transportation systems that best serve the region. A state policy committee provides oversight.

Each region is charged with serving people with special transportation needs that are clients of socials service agencies (including Medicaid and welfare clients), mental health, health, aging, and vocational disabilities.

The state estimates that transportation under this system costs $5.43 per passenger.

Puget Sound Pilot Project

A high-tech transportation coordination pilot project in Puget Sound is in the process of being implemented.

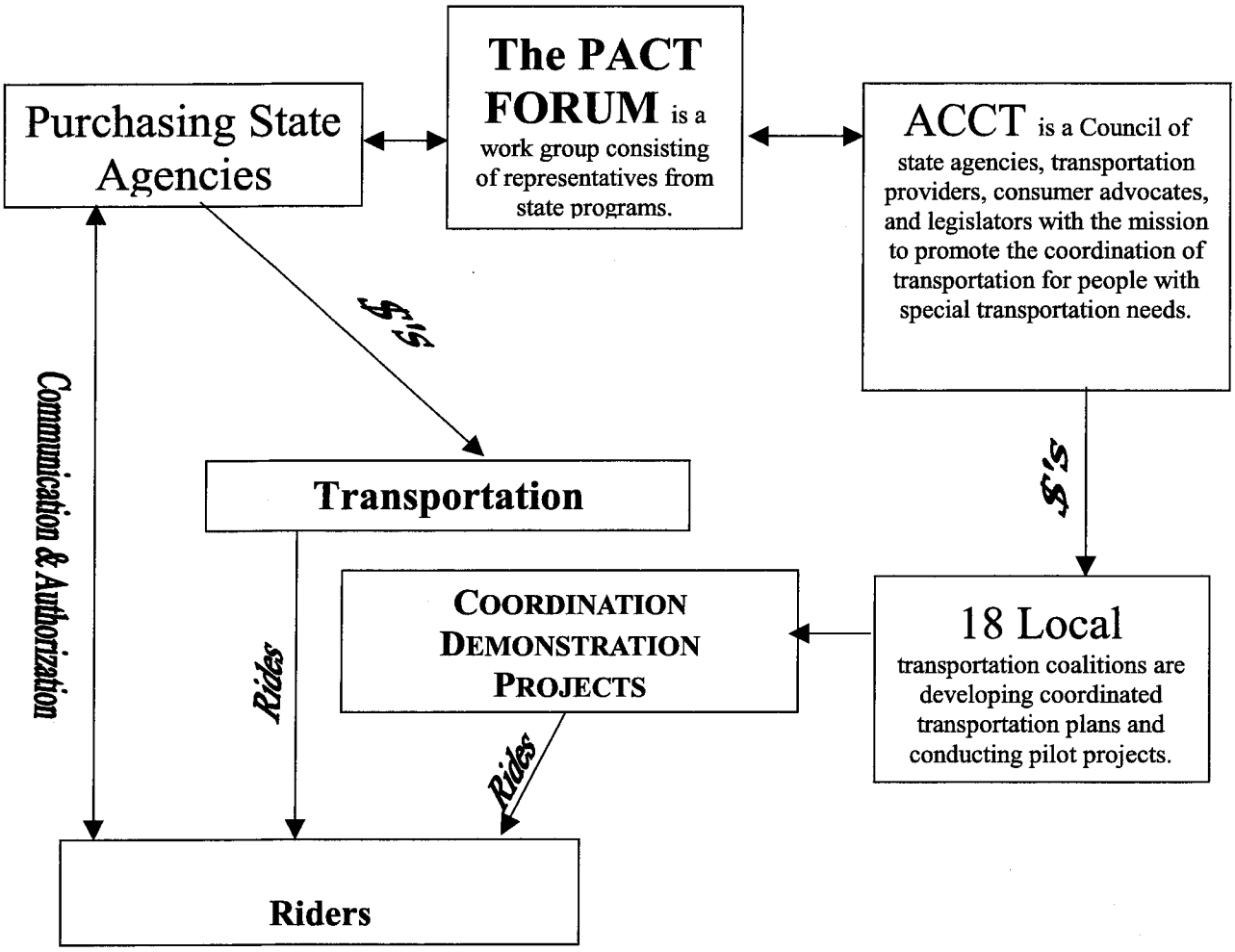
Seven transportation agencies are collaborating to plan and implement a regional fare collection program, which enables customers to use one fare card on multiple systems throughout the four-county Central Puget Sound area.

Smart card fare collection technology will be used to allow linked trips between transit, ferries and rail and to significantly expand each agency's strategic fare policy capabilities. A central accounting system will receive the smart card transactions and allocate funds to the appropriate vendor.

As illustrated in Exhibit 6-7, a similar centralized accounting model for special transportation needs could also be considered statewide. The rider could either purchase or any public agency could provide the rider with a debit "smart card." The rider would determine the mode of public transportation that best meets their needs, and use the debit card to purchase transportation.

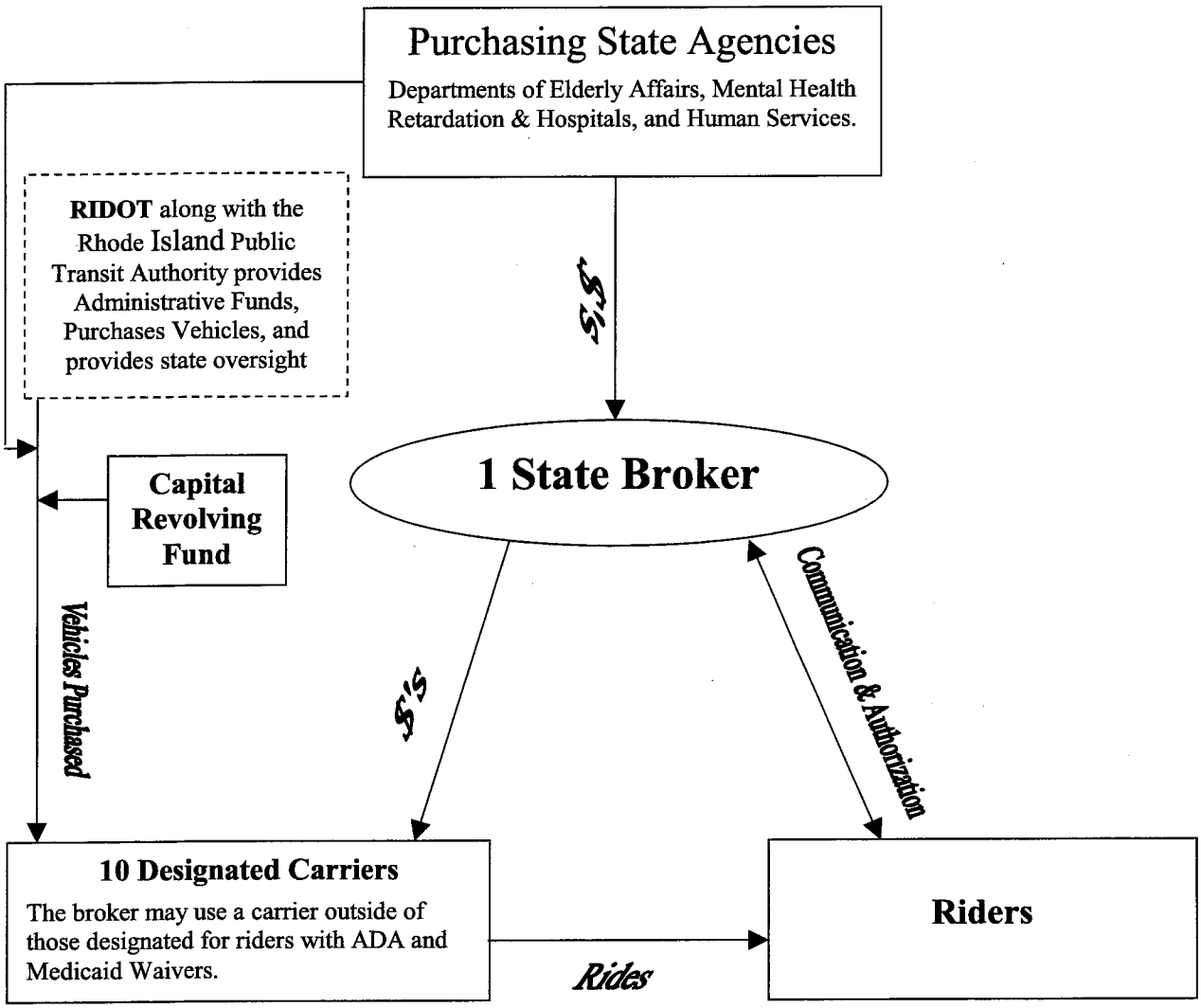
A centralized accounting system would process the transaction, and bill the appropriate public agency and allocate funds to the appropriate vendor. Other than the Puget Sound pilot project, this model has yet to be demonstrated in this or other states.

Exhibit 6-1: Washington State Regional Cooperation Model



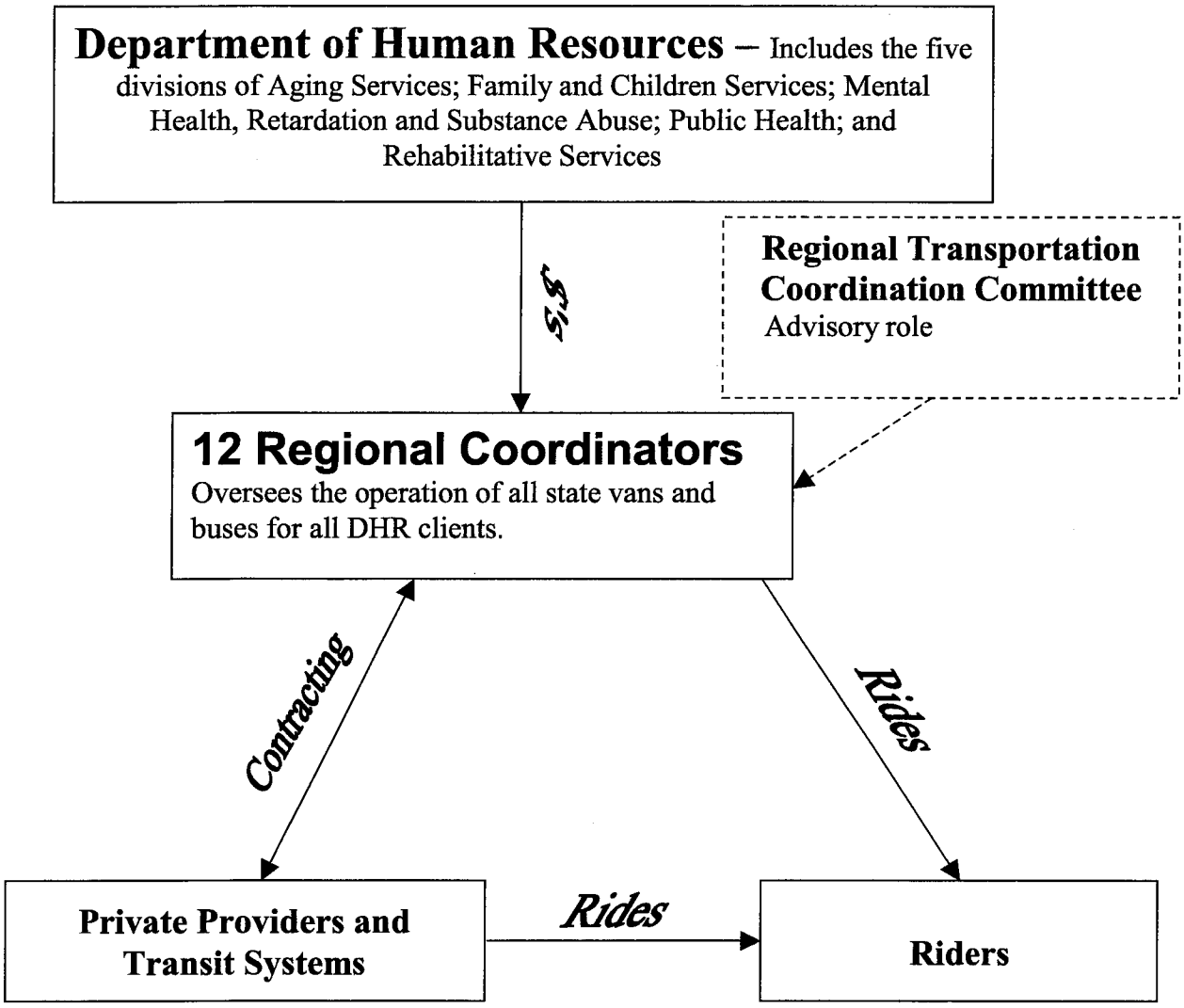
Strengths: Everyone is at the table. Because of the many different human services providers who have a transportation element, there are good models to share among the different divisions and agencies.
Unique Aspects: Medicaid clients served through brokerage system. Most divisions have some kind of transportation system in place.
Limitations: Possible duplication of service and routes. Not a very efficient system. Special Transportation needs not being met. Only now learning how special needs transportation dollars are spent by different agencies.
Population: 5,736,361

Exhibit 6-2: Rhode Island
State Centralized Broker and Fleet Model



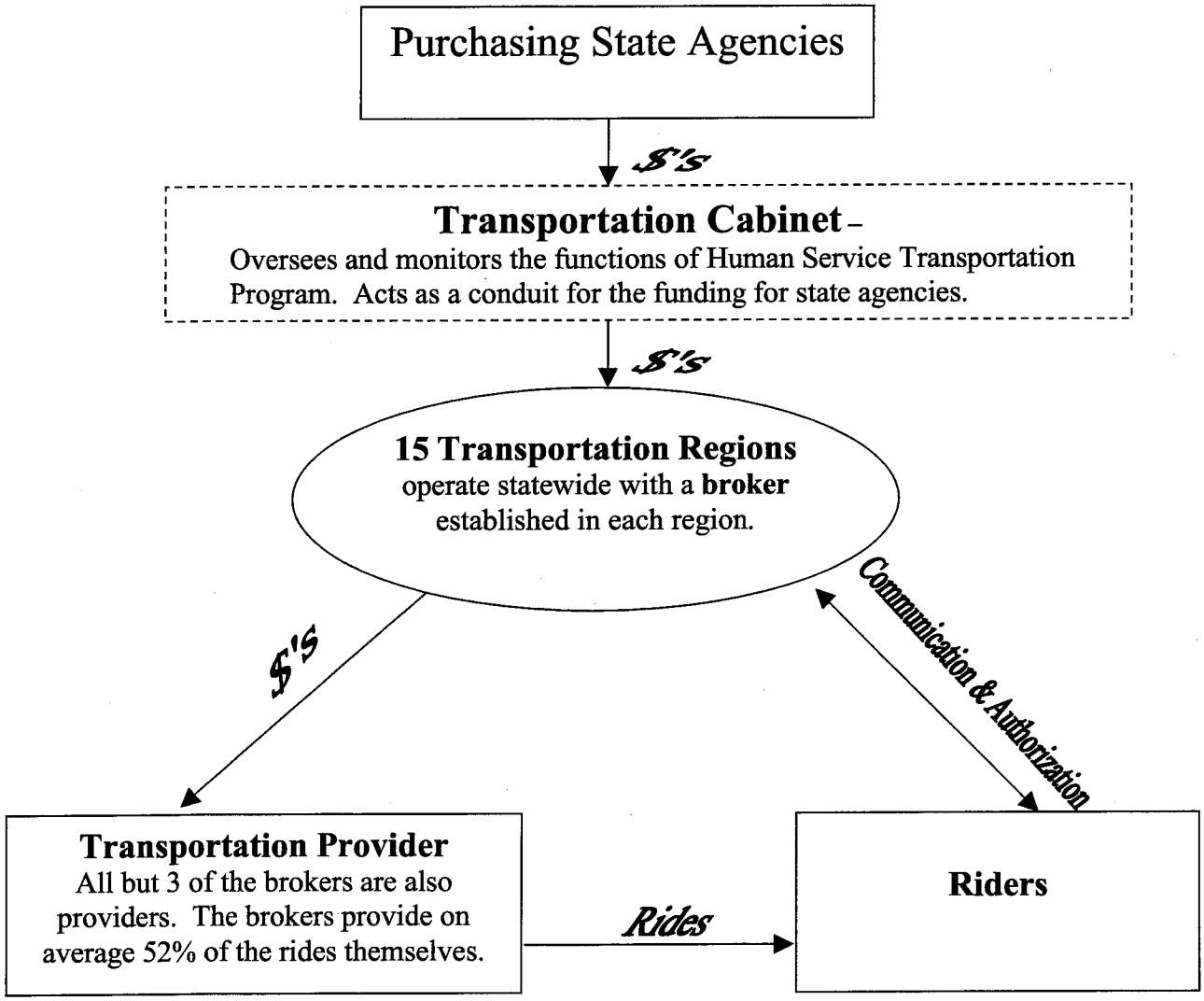
Strengths: Centrally coordinated with one broker and strong central oversight. Clear performance tracking: 643,784 trips in FY 2000; $6.3 million service cost; $0.9 million admin cost.
Unique Aspects: The state holds a lien on the vehicles possessed by the 10 different designated carriers. The broker is, for the most part, limited to designated carriers.
Limitations: Does not cover all special needs transportation. Rhode Island is limited in its coverage of Mental Health service recipients. Does not cover TANF or WtW clients. Medicaid clients are covered as are most of the clients of the purchasing agencies. Designated carriers may not be finding the most efficient means of transportation.
Population: 980,819

Exhibit 6-3: Georgia
State Centralized Fleet Model



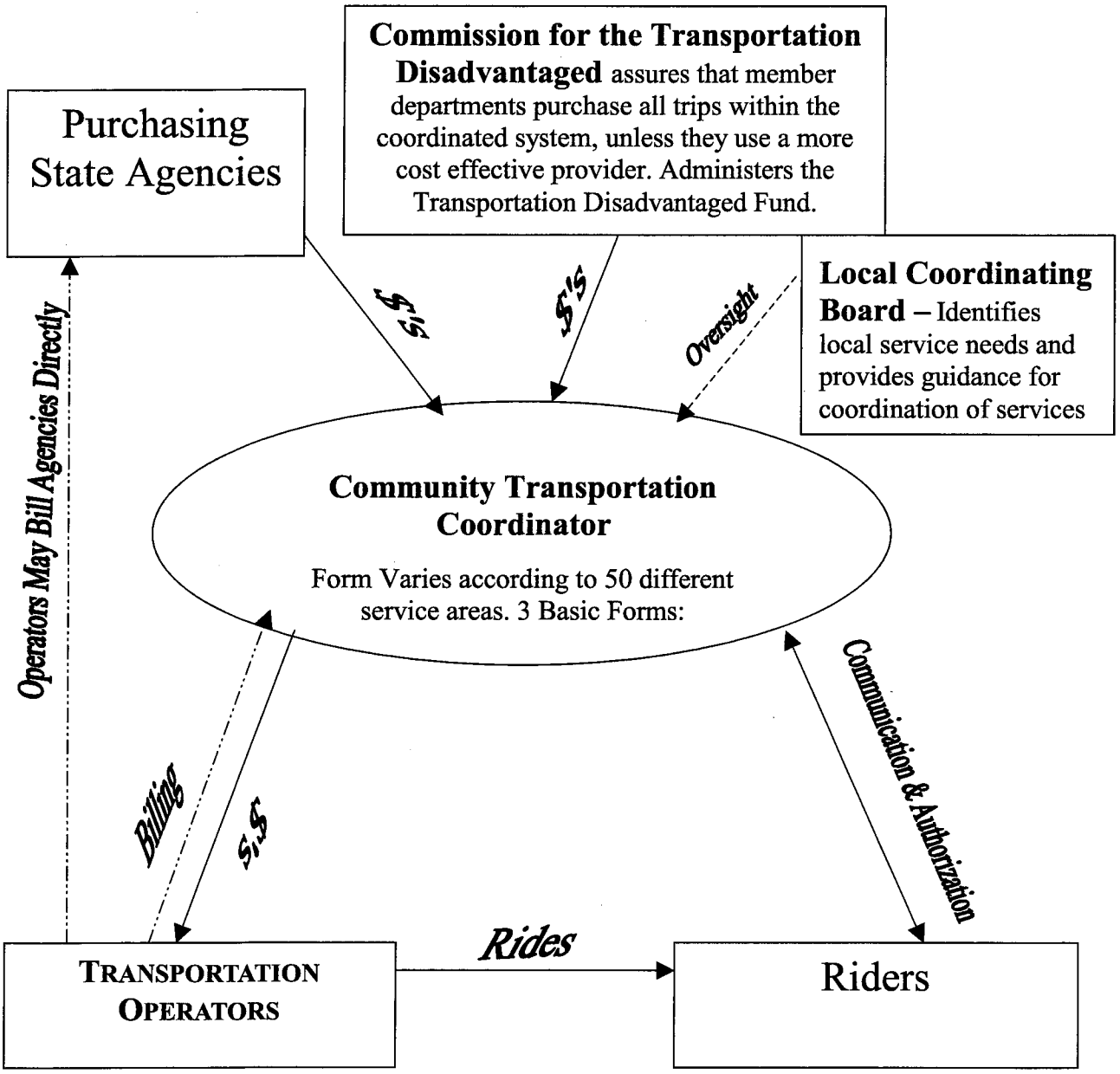
Strengths: Guaranteed coordination. All inclusive state control.
Unique Aspects: The regional coordinator is a state entity. This is the only known state where this exists. Also note, the regional coordinator is also the primary provider of human service transportation services. Projected Use: 20,000 trips/day. Projected Cost: $45 million/year. Each division determines the eligibility of its clients for transportation. Medicaid is covered.
Limitations: May prove to be rigid with such a centralized system, not fostering innovation. Increases the state bureaucracy, may create problems with efficiency. There are human service transportation needs outside of this agency that are not being addressed.
Population: 7,788,240

Exhibit 6-4: Kentucky
State and Regional Broker Model



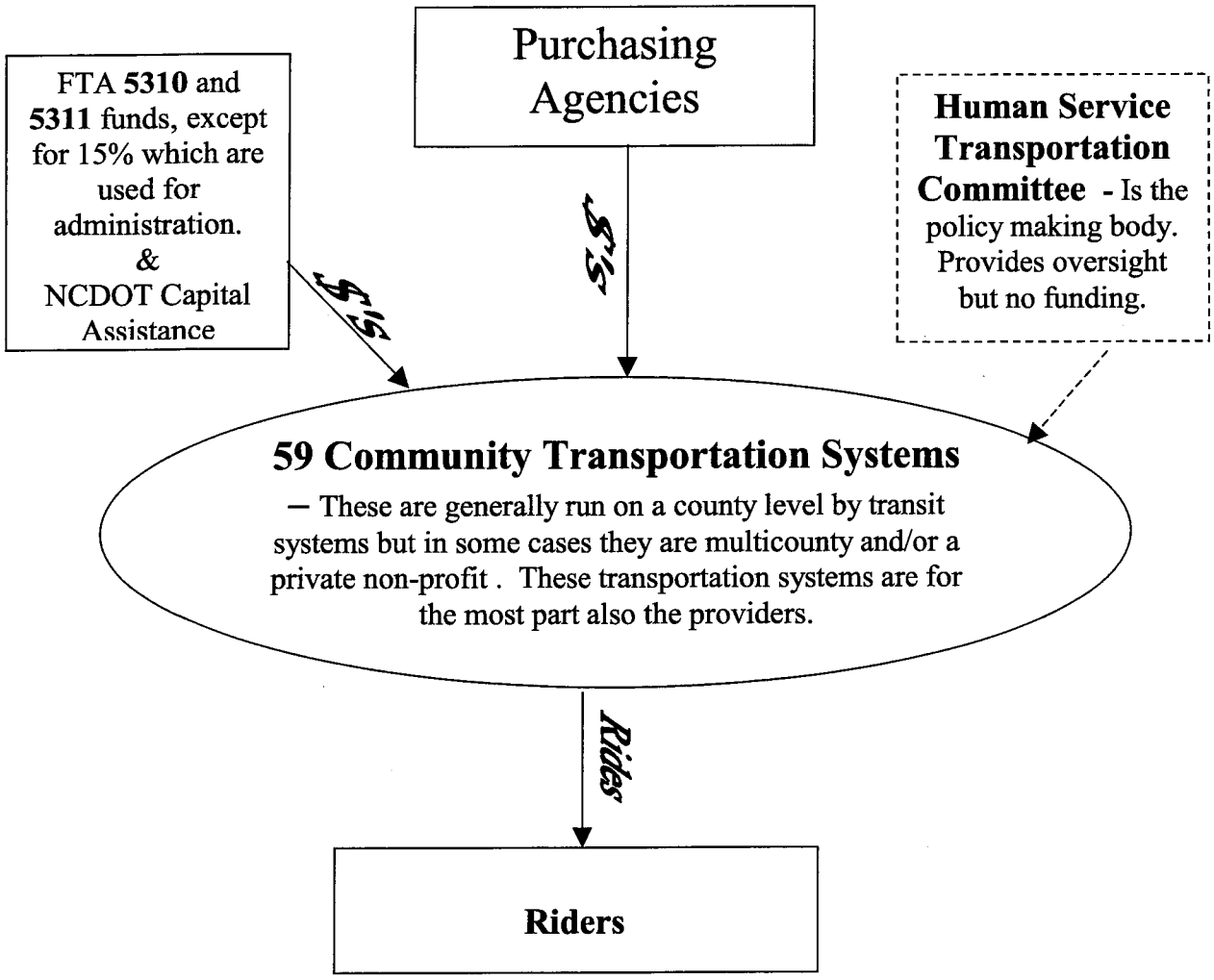
Strengths: System seems to be creating efficiencies. Number of trips provided are up 58% and the average miles per month has decreased 20%.
Unique Aspects: Medicaid and TANF recipients covered. This program also encompasses Vocational Rehabilitation and the Department of the Blind. Cost per trip in 1999: $23.86, down from $29.03 in 1997. The state determines the number of eligible persons in a given broker's area and gives the broker a specific sum of money per eligible person. This places a limit on the state's liability.
Limitations: Partly because of the efficiency, many for-profit providers and brokers have seen their revenues decrease under this system. Less passengers picked up on time, this is assumed to be caused by the trip grouping that is done in this system. Because of the lump sum payment, brokers may have incentives to provide less legitimate trips. Brokers may be giving the most lucrative trips to themselves. There is no set criteria for how trips are allocated.
Population: 3,960,825

Exhibit 6-5: Florida
State and Regional Coordination Model



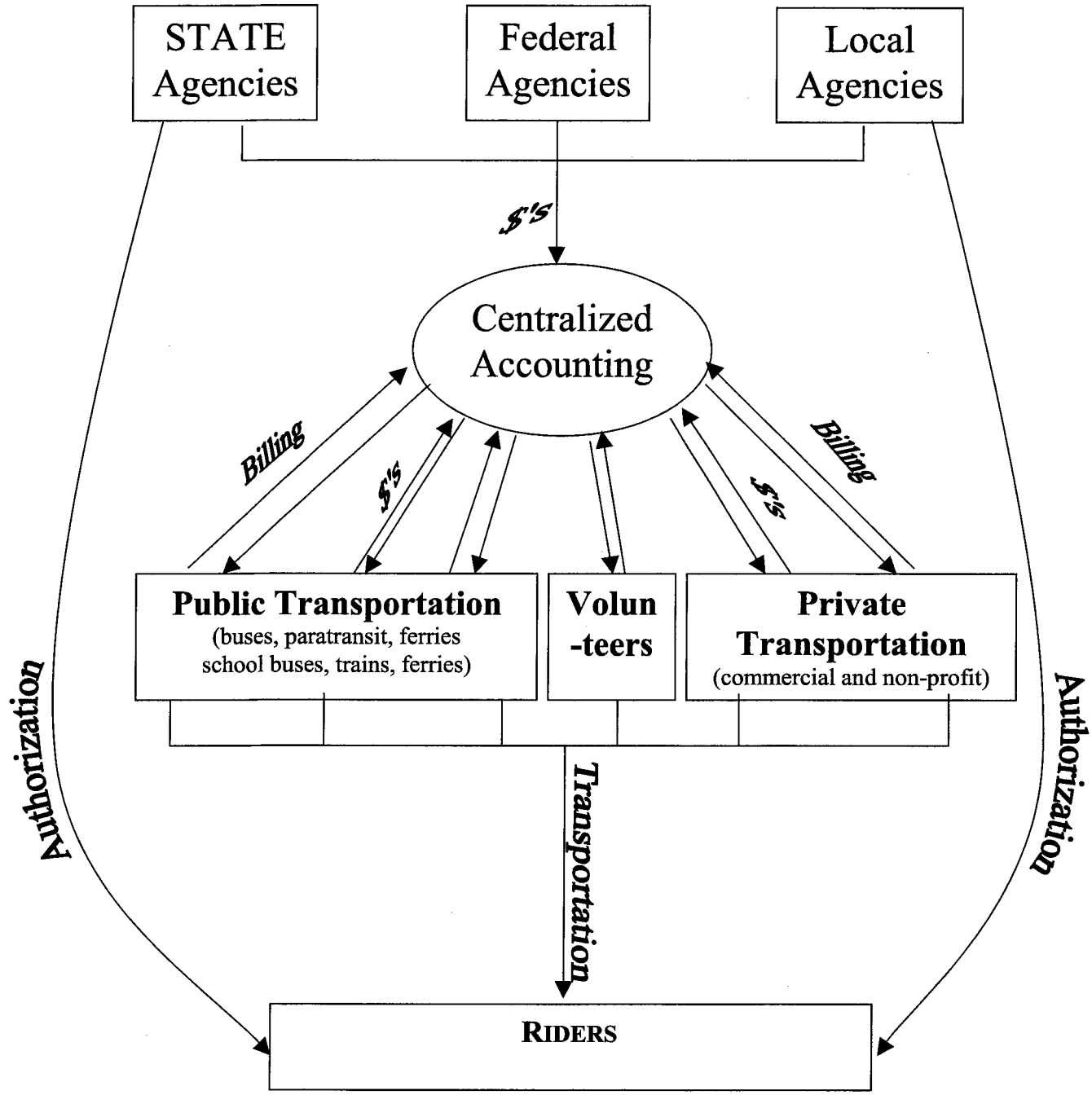
Strengths: Florida probably has the most comprehensive coordinated system of any state. Variation among the Community Transportation Coordinators (CTC's) is allowed for different regional approaches.
Unique Aspects: The CTC's generally fall into three categories: Complete brokerages, Partial Brokerages, and Sole Providers. Partial Brokerages act as a provider in some cases. Sole providers act as both the coordinating service and the transportation provider. Sole providers generally exist in rural areas. Medicaid covered. 1997-98 actual spending: $225.1 million for 60 million one-way trips.
Limitations: There has been reluctance with some agencies to let their clients use mass transit, feeling that the service provided is less. Medicaid co-pays are not being collected in a system that relies on them.
Population: 15,111,244

Exhibit 6-6: North Carolina Regional Coordination Model



Strengths: Gives wide latitude to regional bodies to determine what works best in their region. The regional body is given one main task: they must serve the "5 Core" groups needing special needs transportation. Those who are served by the following agencies: 1) social service; 2) Mental Health; 3)Health; 4)Aging; and 5) vocational disabilities. This system covers both Medicaid and TANF recipients.
Unique Aspects: Very regional. Uses all of their 5310 and 5311 funds to run this program. The system costs 60 million plus an unknown amount that is spent outside the coordinated system.
Limitations: Not very efficient. Currently using incentives in order to get the regions to run more riders for less dollars. Yet, very few innovative ideas are being tried. The state reported they're encouraging regions to try brokerage systems with little success. Changes in the overall system are currently being considered.
Population: 7,650,789

Exhibit 6-7: Smart Card Project
Centralized Accounting Model



Chapter Seven: Study Findings and Recommendations

Following are the study findings, recommendations to the Legislature and others, and expected outcomes if recommendations are implemented. The chapter is divided into three sections: A) Roles and Responsibilities, B) Central Point of Responsibility, and C) Developmental Disabilities.

A. Roles and Responsibilities

Study Question

Is there a state role and responsibility in addressing special transportation needs?

Study Findings

Based on the following finding of the *Special Transportation Needs Study,* the steering committee determined the state, in partnership with federal, local and regional governments, has a role and responsibility in addressing special transportation needs.

Unmet transportation needs. Due to a lack of transportation, many people with special transportation needs around the state are unable to access basic services (e.g. shopping, worship, public services), employment and education, medical appointments, and quality of life activities (e.g. recreation, visiting friends and family).

People with special transportation needs living in rural and suburban areas are particularly isolated and are often trapped in their homes due to a lack of transportation.

It's more than transportation. Special transportation needs is not just about transportation. It's about providing the opportunity to fully participate in society. The U.S. Supreme Court Olmstead decision provides the legal framework for ensuring that people with disabilities live in the most integrated setting appropriate. Current state general fund programs offers hundreds of opportunities for the elderly, children, low-income and people with disabilities—that is if transportation is provided. For these and other reasons, it is apparent that state has a responsibility to fund special transportation services through the general fund, as well as the transportation fund.

Inadequate funding for coordination. The identified $199 million federal and state dollars currently being expended annually on special transportation services could be spent more efficiently with coordination.

Although the state has given the Agency Council on Coordinated Transportation (ACCT) the responsibility of encouraging and developing coordinated transportation at the state and local levels, inadequate funding levels have made progress difficult.

ACCT has successfully begun the first steps of developing cooperation between state agencies, providing assistance to local coordinated transportation forums, and funding successful demonstration projects. However, sufficient funds are not available to allow ACCT and the local coordinated transportation forums to carry out the responsibilities.

Transit and special transportation are interdependent. Transit systems and special transportation services are interdependent. The strength or weakness of

transit systems has a corresponding affect on special transportation services, including non-profit transportation services. People with special transportation needs are dependent on these systems for transportation.

Since the elimination of the motor vehicle excise tax following the passage of Initiative 695, state funding for transit systems has been severely impacted. Reduced transit service levels have consequently severely impacted special transportation delivery mechanisms, and the people that rely on them.

At this time, the state Legislature has not found a long-term funding solution for public transportation.

However, the work of the Governor's Blue Ribbon Commission on Transportation and the Governor's initial response has been encouraging. The Commission's Adopted Early Action Strategy[1], requests the Legislature to provide state and regional investments of $3 to $4 billion in the next six years to:

> "Restore and expand transit, passenger and freight rail, TDM, park & rides, smart growth, vanpools, bikes, pedestrian services and improvements, ***and special needs transit and rural mobility***."

Local government has a role and responsibility. In the process of developing recommendations regarding state roles and responsibilities, the steering committee also identified roles and responsibilities for local governments to consider, which include:

1. Local governments should ensure that mobility and access issues are addressed in zoning and permitting processes.
2. Transit agencies should develop easier and more effective avenues for people with special transportation needs to voice their opinion, such as the use of surveys at bus stops or other alternatives to public hearings.
3. A local coordinated transportation forum should exist in every county or region statewide.

Recommendations to the Legislature

The Special Transportation Needs Steering Committee respectfully requests the 2001 Washington State Legislature to:

1. Adopt a policy statement recognizing the state's role and responsibility in addressing special transportation needs.
2. Recognize the state has a funding role in addressing the statewide crisis in public transportation. In particular, develop a new and stable long-term funding solution for current and future transit systems in all communities.
3. With new and existing general fund and transportation multi-modal fund dollars, fund a basic level of mobility and access for the transportation disadvantaged in all communities, recognizing that even a healthy transit system will not meet all special transportation needs.
4. Fund the Agency Council on Coordinated Transportation (ACCT) so it can continue to make progress towards the goals currently outlined in statute, RCW 47.06B.

[1] The Blue Ribbon Commission on Transportation, Adopted Early Action Strategy, 2001-2007, page 4.

5. Ensure that state-funded programs and facilities address mobility and access issues.
6. Give financial incentives, such as business tax relief, to private entities for investing in special transportation services.

Recommendations to Others

1. When acting upon the recommendations of the Blue Ribbon Commission on Transportation, the Governor is encouraged to include state funding mechanisms for public transportation.
2. In order to administer new state funding that is designated for a basic level of mobility and access, the Agency Council on Coordinated Transportation (ACCT)—along with consumer participation—should be responsible for:
   a. Defining "basic level of mobility and access."
   b. Identifying funding mechanisms and levels.
   c. Developing fair allocation formulas.
   d. Defining target populations and eligibility.
   e. Allowing for flexibility in trip purpose.
   f. Recommending options on how to ensure current dollars or service levels for special transportation needs are not displaced.

Expected Outcomes

It is expected the following benefits will be realized if the study recommendations are adopted:

Economic Benefits. People that do not have access to transportation are unable to access employment, and other services that lead to self-sufficiency. Without a source of income or the ability to take care of daily needs, many people with special transportation needs are forced to rely on public assistance or live in long-term care facilities. It is expected the cost of providing access and mobility statewide will be recovered over the long-term as people are given more options to become self-sufficient.

Likewise, investment in a coordinated transportation system is expected to provide more rides for people with special transportation needs at a lower cost per trip.

Societal Benefits. At some point in our lives, every individual will either be or know someone that is transportation disadvantaged. In accepting a role and responsibility for developing access and mobility for people with no other means of transportation, the state would be taking a progressive step towards a humane and livable society for all.

Individual Benefits. As more public transportation becomes available, the quality of life for the transportation disadvantaged among the elderly, children, low-income, and people with disabilities will be greatly enriched.

B. Central Point of Responsibility

Study Questions

1. Is there a need for a centralized point of responsibility for special needs transportation in the state of Washington?
2. If so, what are the existing state program organizational structures that could accommodate this centralized responsibility?
3. Are any of these options an appropriate choice? If not, what new organizational structure should be created and where in state government would it lie?
4. If there is a central point of responsibility, what administrative, policy, funding, operational, and regulatory responsibilities should be assigned to it? How many staff should it have and what budget would be required?
5. How would the organization selected as a central point of responsibility differ in scope, authority and responsibility from existing programs that fund or manage human service transportation programs? How would they coordinate?

Study Findings

The *Special Transportation Needs Study* identified that the term "centralized point of responsibility" means different things to different people. Consensus on this study question was very difficult to achieve due to a variety of concerns.

However, the steering committee reached consensus in the following areas:

Coordination, Planning, Advocacy, Policy
Under current law, the Agency Council on Coordinated Transportation (ACCT) is given responsibility for promoting, planning, assisting, and advocating for state and local coordinated transportation.

▸ The steering committee agreed that ACCT is, and should continue to be, the central point of responsibility for coordination. ◂

To further facilitate coordination, ACCT is encouraged to give the following tasks particular consideration:

a. Identify current special transportation costs of state programs, develop uniform reporting methodologies, and recommend future cost tracking mechanisms.

b. Demonstrate to the Legislature the successes of coordination.

c. Recommend changes to state laws and rules that encourage coordination and the use of shared assets. In particular, develop recommendations on issues related to insurance and liability barriers.

d. Support the development of single entry, community based coordinated transportation systems.

e. Develop a process that considers special transportation costs when decisions are made on facility siting or program policy implementation.

f. Assist state agencies in coordinating contract and planning cycles.

g. Develop a statewide directory and map of special transportation providers using the information collected from local coordination coalitions.

h. Explore the use of statewide passes for all modes of public transportation, rather than separate passes in each county.

i. Develop a statewide clearinghouse of information for best practices for coordinated transportation.

Funding

The *Special Transportation Needs Study* identified the funding flow of current federal and state funds being expended on special transportation needs. Most funding sources are categorical and specific to each program. To consolidate these funds under a central point of responsibility was found to be unmanageable and undesirable at this point in time.

▸ However, in the event the Legislature appropriates new funds for the purpose of addressing special transportation needs that are not tied to existing structures and programs, the steering committee agreed that ACCT should be the central point of responsibility to administer those funds. ◂

ACCT should allocate the new dollars to entities that will coordinate or provide special transportation services that are not being addressed through current federal or state programs. A committee of statewide policymakers and stakeholders, including local representation, should advise ACCT on allocation criteria and mechanisms.

Any funds appropriated to ACCT for this purpose should include dollars for administration costs.

If the state Legislature also provides funding for transit systems, it is assumed that funding would be distributed directly to the appropriate public transportation authorities.

Accountability

▸ The steering committee agreed that if ACCT is responsible for administering any new state funding for special transportation needs, ACCT should also be responsible for ensuring that recipients of funds are held accountable for coordinating activities and increasing the number of rides for the transportation disadvantaged. ◂

Service Delivery Models

Currently, a person with special transportation needs in Washington State either contacts individual public agency systems if they are eligible for transportation through a public program or service; or pays for public or private transportation if it is accessible, affordable, and available.

The *Special Transportation Needs Study* identified several alternative coordinated transportation delivery systems from other states as well as a pilot project in central Puget Sound.

▸ The steering committee determined that, at this point in time, it is premature to identify a central point of responsibility for operating a statewide special transportation service delivery system. ◂

The committee felt it is important that local coordinated transportation forums determine transportation systems that best serve local communities. Currently, 18 local forums are in the beginning phases of developing their coordinated transportation plans.

The committee also recognized the advantages of the brokerage transportation system used by the Department of Social and Health Services (DSHS), Medical Assistance Administration for Medicaid recipients. The department is currently reviewing the feasibility of expanding the transportation brokerage system to include other transportation requests.

The committee applauds these efforts of DSHS, and encourages the department to continue working towards a more coordinated approach to transportation service delivery.

Recommendations to the Legislature

The Special Transportation Needs Steering Committee respectfully requests the 2001 Washington State Legislature to:

1. Appropriate the ACCT budget request of $9.5 million for the 2001-03 biennium, which would support ACCT administration and local coordinated transportation planning and implementation.
2. Appropriate a minimum of $50 million for a basic level of mobility and access for people with special transportation needs.
3. Provide ACCT with the responsibility of administering any new state funding not tied to existing categorical structures and programs and that is designated for a basic level of mobility and access for the transportation disadvantaged in all communities.

Expected Outcomes

With sufficient funding, it is expected that ACCT and the local coordinated transportation forums, in partnership with state agencies and programs, will develop a coordinated transportation infrastructure.

The infrastructure is expected to provide all transportation disadvantaged with an efficient, easy-to-use transportation system that provides more rides to more places for a lower cost per trip.

If the anticipated coordinated infrastructure is in place and operating independently by the year 2008—the services of ACCT will no longer be needed and will be allowed to sunset.

C. People with Developmental Disabilities

Study Questions

1. How do people with developmental disabilities currently use publicly funded transportation?
2. Is there a need for transportation that is not currently met?
3. What would be required to meet all the identified needs for transportation for this population?

Study Findings

Approximately 103,633 people with developmental disabilities reside in Washington State. An estimated 95% of this population are unable drive, and are highly dependent on public transportation, family, and friends, as a means to access basic necessities, medical appointments, employment and education, independence, recreation and other quality of life activities.

The ***Special Transportation Needs Study*** identified that many of the transportation needs of people with developmental disabilities are similar to others who are transportation disadvantaged.

For example, people with developmental disabilities have been significantly impacted by the reduced bus services due to Initiative 695; many that want to be employed cannot because of a lack of transportation; the expense of transportation can be prohibitive; travel across jurisdiction boundaries can be difficult; and the inflexibility of fixed-bus routes does not accommodate all transportation needs.

Particular issues of concern to people with developmental disabilities are the misconceptions and misinformation the public and transportation providers have about disabilities; lack of independence and integration; the difficulty of maneuvering a complex transit system; inaccessible facilities; and safety issues.

The highest priority transportation needs identified for people with developmental disabilities include:

- State funding for public transportation and special transportation needs.
- Development of regional one-stop, on-demand referral and dispatch transportation centers.
- Inclusion of public transportation needs in the state's transportation plan.
- Changes to state laws that encourage coordinated transportation.
- Improved facility design through education and user input.
- Leadership from the Governor, Legislature, and state agency directors.

Recommendations to the Legislature

In addition to the other study recommendations, the Special Transportation Needs Steering Committee respectfully requests the 2001 Washington State Legislature to provide funding for:

1. Increased public information, available in alternative formats, which addresses common misconceptions about public transportation and people with disabilities.
2. Increased in-state and out-of-state travel mobility training for individuals with developmental disabilities, including peer or "bus buddy" training.

3. Development of a new structure, or expansion of the current car pool structure, to encourage shared-rides with individuals who own wheel-chair accessible vans.
4. Inclusion of transportation costs as an allowable use of dollars under the Medicaid Personal Care and Community Alternatives Program (CAP) waiver.

Recommendations to the Developmental Disabilities Council and Other Agencies

1. Establish and market community van programs, where individuals or groups can borrow wheel-chair accessible vans at an affordable rate.
2. Educate architects, developers, public work directors, and state and local building code regulators about the needs of people with disabilities, and encourage them to include user input into the design of accessible facilities (e.g. bus shelters, curb cuts).
3. Encourage grass roots approaches to resolving community accessibility issues.

Expected Outcomes

In addressing all the recommendations of this study, it is expected that people with developmental disabilities will have more access and mobility, resulting in increased:

Employment Opportunities: People with developmental disabilities are chronically unemployed or under-employed. With increased transportation options, more people with developmental disabilities will be able to seek and retain gainful employment.

Productive Citizens: Adults with developmental disabilities offer communities a wide range of skills and attributes. As people with developmental disabilities attain increased mobility, they will have the ability to produce and purchase goods and services, pay taxes, and be engaged members of society.

Independence and Integration: With mobility comes increased independence and integration. As adults with development disabilities become more independent and integrated into society, the quality of their lives will significantly improve.

Chapter Eight: Public Awareness Strategy

The *Special Transportation Needs Study* Steering Committee expanded the scope of the study to develop a public awareness strategy.

It was the feeling of the committee that the general public and many legislators do not have sufficient information, or have misconceived perceptions, about people with special transportation needs.

In response to this concern, a workgroup was given the task of identifying a key message to be delivered, and developing a public awareness strategy. Following are the key messages adopted by the Steering Committee.

KEY MESSAGES

1. **Public transportation is in crisis.**

   a. Elderly, children, low-income, and people with disabilities are especially impacted.

   b. Public transportation includes all modes—e.g. buses, ferries, bicycling, van pools, and paratransit.

   c. The Americans with Disabilities Act (ADA) does not solve the transportation problems of people with disabilities.

   d. Some results of not addressing the public transportation crisis include:
      - People are being isolated at home--and someday it could be you, or someone you know.
      - People cannot get to work and are losing their jobs, or are unable to access education and training opportunities.
      - People may be forced to live in expensive publicly funded, long-term care facilities, when they could be living independently if transportation was available.
      - People are unable to access life-saving medical appointments (e.g. kidney dialysis).
      - Environmental degradation is being accelerated.
      - The state may not be able to meet federal clean air standards and will be penalized for it.
      - There are few alternatives to gridlock and congestion, which affects EVERYBODY.

2. **Mobility is a sensible investment.**

   If people do not have a means of transporting themselves, there will be an increased dependence on public assistance—resulting in tax depletion rather than tax generation.

3. **The state's investment in public transportation should come from state general and transportation funds.**

   Since both the transportation and general fund state agency departments have an interest in special transportation services, the responsibility for funding should be shared.

PUBLIC AWARENESS STRATEGY

Following is the public awareness strategy adopted by the Steering Committee.

1. The Agency Council on Coordinated Transportation (ACCT) should identify and build a coalition of diverse groups with a common message. The coalition could include:
   - Seniors, children, low-income, and disability advocacy groups
   - Transit and other transportation providers
   - Businesses, especially those that hire people with special transportation needs.
   - Cities and counties
   - Local ACCT Special Transportation Needs Coalitions
   - Environmental advocacy groups
   - Churches
   - Supportive legislators
   - Schools – Higher and K-12 education
2. ACCT and a Coalition on Special Transportation Needs should provide, in alternative formats, printed materials, including a brochure on the results of this study, and other advocacy materials.
3. Stakeholders interested in addressing special transportation needs should participate in the Human Services Rally at the Capital Campus on February 19th.
4. ACCT should meet with the Governor and request leadership in addressing special transportation needs.
5. ACCT should raise public awareness by meeting with editorial boards statewide.
6. Coalition members should be responsible, on an on-going basis, for developing a grassroots public awareness campaign using existing networks of coalition members.
7. If funds are available, ACCT should hire a public relations expert to develop a statewide campaign on increasing the public's awareness of special transportation needs.

Appendix A

Agency Council on Coordinated Transportation (ACCT)

RCW 47.06B RCW

Appendix A

Chapter 47.06B RCW
COORDINATING SPECIAL NEEDS TRANSPORTATION

SECTIONS

47.06B.010 Finding -- Intent

47.06B.012 Definitions.

47.06B.015 Program for Agency Coordinated Transportation.

47.06B.020 Agency council on coordinated transportation -- Creation, membership, staff.

47.06B.030 Council -- Duties (as amended by 1999 c 385).

47.06B.040 Local planning forums.

47.06B.900 Council--Termination.

47.06B.901 Repealer.

RCW 47.06B.010 Finding -- Intent.
(Effective until June 30, 2008.)

The legislature finds that transportation systems for persons with special needs are not operated as efficiently as possible. In some cases, programs established by the legislature to assist persons with special needs can not be accessed due to these inefficiencies and coordination barriers.

It is the intent of the legislature that public transportation agencies, pupil transportation programs, 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.

[1999 c 385 § 1; 1998 c 173 § 1.]

RCW 47.06B.012 Definitions.
(Effective until June 30, 2008.)

The definitions in this section apply throughout this chapter.

1. "Persons with special transportation needs" means those persons, including their personal attendants, who because of physical or mental disability, income status, or age are unable to transport themselves or purchase transportation.

2. "Special needs coordinated transportation" is transportation for persons with special transportation needs that is developed through a collaborative community process involving transportation providers; human service programs and

agencies; consumers; social, educational, and health service providers; employer and business representatives; employees and employee representatives; and other affected parties.

[1999 c 385 § 2.]

RCW 47.06B.015 Program for Agency Coordinated Transportation (Effective until June 30, 2008.)

In order to increase efficiency, to reduce waste and duplication, to enable people to access social and health services, to provide a basic level of mobility, and to extend and improve transportation services to people with special transportation needs, the state shall implement the Program for Agency Coordinated Transportation. The program will improve transportation efficiency and effectiveness to maximize the use of community resources so that more people can be served within available funding levels.
The Program for Agency Coordinated Transportation will facilitate a state-wide approach to coordination and will support the development of community-based coordinated transportation systems that exhibit the following characteristics:

1. Organizations serving persons with special transportation needs share responsibility for ensuring that customers can access services.
2. There is a single entry process for customers to use to have trips arranged and scheduled, so the customer does not have to contact different locations based on which sponsoring agency or program is paying for the trip.
3. A process is in place so that when decisions are made by service organizations on facility siting or program policy implementation, the costs of client transportation and the potential effects on the client transportation costs of other agencies or programs are considered Affected agencies are given an opportunity to influence the decision if the potential impact is negative.
4. Open local market mechanisms give all providers who meet minimum standards an opportunity to participate in the program, and, in addition, allow for cost comparisons so that purchasers can select the least expensive trip most appropriate to the customer's needs.
5. There is flexibility in using the available vehicles in a community so that the ability to transport people is not restricted by categorical claims to vehicles.
6. There is maximum sharing of operating facilities and administrative services, to avoid duplication of costly program elements.
7. Trip sponsors and service providers have agreed on a process for allocating costs and billing when they share use of vehicles.

8. Minimum standards exist for at least safety, driver training, maintenance, vehicles, and technology to eliminate barriers that may prevent sponsors from using each other's vehicles or serving each other's clients.

9. The system is user friendly. The fact that the system is supported by a multitude of programs and agencies with different eligibility, contracting, service delivery, payment, and funding structures does not negatively affect the customer's ability to access service.

10. Support is provided for research, technology improvements, and sharing of best practices from other communities, so that the system can be continually improved.

11. There are performance goals and an evaluation process that leads to continuous system improvement.

[1999 c 385 § 3.]

RCW 47.06B.020 Agency council on coordinated transportation -- Creation, membership, staff.
(Effective until June 30, 2004.)

1. The agency council on coordinated transportation is created. The council is composed of nine voting members and eight nonvoting, legislative members.

2. The nine voting members are the superintendent of public instruction or a designee, the secretary of transportation or a designee, the secretary of the department of social and health services or a designee, and six members appointed by the governor as follows:

    1. One representative from the Office of the Governor;

    2. Two persons who are consumers of special needs transportation services;

    3. One representative from the Washington Association of Pupil Transportation;

    4. One representative from the Washington State Transit Association; and

    5. One of the following:

        - A representative from the Community Transportation Association of the Northwest; **or**

        - A representative from the Community Action Council Association.

3. The eight nonvoting members are legislators as follows:

    1. Four members from the house of representatives, two from each of the two largest caucuses, appointed by the speaker of the house of representatives, two who are members of the house transportation policy and budget committee and two who are members of the house appropriations committee; and

    2. Four members from the senate, two from each of the two largest caucuses, appointed by the president of the senate, two members of the transportation committee and two members of the ways and means committee.

4. Gubernatorial appointees of the council will serve two-year terms. Members may 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.

5. The Secretary of Transportation or a designee shall serve as the chair.

6. The Department of Transportation shall provide necessary staff support for the council.

7. The council may receive gifts, grants, or endowments from public or private sources that are made from time to time, in trust or otherwise, for the use and benefit of the purposes of the council and spend gifts, grants, or endowments or income from the public or private sources according to their terms, unless the receipt of the gifts, grants, or endowments violates RCW 42.17.710.

[1998 c 173 § 2.]

RCW 47.06B.030 Council -- Duties (as amended by 1999 c 385). (Effective until June 30, 2008.)

To assure implementation of the Program for Agency Coordinated Transportation, the council, in coordination with stakeholders, shall:

1. Develop guidelines for local planning of coordinated transportation in accordance with this chapter;

2. Initiate local planning processes by contacting the board of commissioners and county councils in each county and encouraging them to convene local planning forums for the purpose of implementing special needs coordinated transportation programs at the community level;

3. Work with local community forums to designate a local lead organization that shall cooperate and coordinate with private and nonprofit transportation brokers

and providers, local public transportation agencies, local governments, and user groups;

4. Provide a forum at the state level in which state agencies will discuss and resolve coordination issues and program policy issues that may impact transportation coordination and costs;

5. Provide guidelines for state agencies to use in creating policies, rules, or procedures to encourage the participation of their constituents in community-based planning and coordination, in accordance with this chapter;

6. Facilitate state-level discussion and action on problems and barriers identified by the local forums that can only be resolved at either the state or federal level;

7. Develop and test models for determining the impacts of facility siting and program policy decisions on transportation costs;

8. Develop methodologies and provide support to local and state agencies in identifying transportation costs;

9. Develop guidelines for setting performance measures and evaluating performance;

10. Develop monitoring reporting criteria and processes to assess state and local level of participation with this chapter;

11. Administer and manage grant funds to develop, test, and facilitate the implementation of coordinated systems;

12. Develop minimum standards for safety, driver training, and vehicles, and provide models for processes and technology to support coordinated service delivery systems;

13. Provide a clearinghouse for sharing information about transportation coordination best practices and experiences;

14. Promote research and development of methods and tools to improve the performance of transportation coordination in the state;

15. Provide technical assistance and support to communities;

16. Facilitate, monitor, provide funding as available, and give technical support to local planning processes;

17. Form, convene, and give staff support to stakeholder work groups as needed to continue work on removing barriers to coordinated transportation;

18. Advocate for the coordination of transportation for people with special transportation needs at the federal, state, and local levels;

19. Recommend to the legislature changes in laws to assist coordination of transportation services;

20. Petition the office of financial management to make whatever changes are deemed necessary to identify transportation costs in all executive agency budgets;

21. Report to the legislature by December 2000, on council activities including, but not limited to, the progress of community planning processes, what demonstration projects have been undertaken, how coordination affected service levels, and whether these efforts produced savings that allowed expansion of services. Reports must be made once every two years thereafter, and other times as the council deems necessary.

[1999 c 385 § 5; 1998 c 173 § 3.]

RCW 47.06B.040 Local planning forums.
(Effective until June 30, 2008.)
The council may request, and may require as a condition of receiving coordination grants, selected county governments to convene local planning forums and invite participation of all entities, including tribal governments, that serve or transport persons with special transportation needs. Counties are encouraged to coordinate and combine their forums and planning processes with other counties, as they find it appropriate. The local community forums must:

1. Designate a lead organization to facilitate the community planning process on an ongoing basis;

2. Identify functional boundaries for the local coordinated transportation system;

3. Clarify roles and responsibilities of the various participants;

4. Identify community resources and needs;

5. Prepare a plan for developing a coordinated transportation system that meets the intent of this chapter, addresses community needs, and efficiently uses community resources to address unmet needs;

6. Implement the community coordinated transportation plan;

7. Develop performance measures consistent with council guidelines;

8. Develop a reporting process consistent with council guidelines;

9. Raise issues and barriers to the council when resolution is needed at either the state or federal level;

10. Develop a process for open discussion and input on local policy and facility siting decisions that may have an impact on the special needs transportation costs and service delivery of other programs and agencies in the community.

[1999 c 385 § 6.]

RCW 47.06B.900 Council--Termination.
The agency council on coordinated transportation is terminated on June 30, 2007, as provided in RCW 47.06B.901.

[1999 c 385 § 7; 1998 c 173 § 6.]

RCW 47.06B.901 Repealer.
The following acts or parts of acts, as now existing or hereafter amended, are each repealed, effective June 30, 2008:

1. RCW 47.06B.010 and 1999 c 385 § 1 & 1998 c 173 § 1;
2. RCW 47.06B.012 and 1999 c 385 § 2;
3. RCW 47.06B.015 and 1999 c 385 § 3;
4. RCW 47.06B.020 and *1999 c 385 § 4 & 1998 c 173 § 2;
5. RCW 47.06B.030 and 1999 c 385 § 5 & 1998 c 173 § 3; and
6. RCW 47.06B.040 and 1999 c 385 § 6.

[1999 c 385 § 8; 1998 c 173 § 7.]

NOTES:

***Reviser's note**: 1999 c 385 § 4 was vetoed.

Appendix B

Steering Committee Member Roster and Meeting Attendance

Special Transportation Needs Study
Steering Committee Members

Name	Organization	Meeting Attendance					
		July	August	September	October	November	December
Adams, Janet	Arc of Washington	NO	NO	NO	YES	NO Alternate Grier Jewell	NO
Ansley, James	Rehabilitation Enterprises of WA	YES	YES	NO	YES	NO	NO
Brannan, Bill	North Western Stage Lines	NO	NO	NO	NO	YES	NO
Brannon, Nathan	Developmental Disabilities Council	NO	NO	YES	NO	NO	NO
Cady, Mary Jo	Mason County Commissioner, WA State Assoc. of Counties	NO	YES	NO	YES	NO	YES
Enes, Skip	Northwest Educational Service Dist 112	NO	NO	NO	NO	NO	YES
Hale, Earl	State Board of Community & Technical Colleges	NO	NO	NO	NO	NO Alternate Rhonda Coats	NO
Holen, Ed	Developmental Disabilities Council	YES	YES	YES	YES	NO	NO
Horlor, Ian	DSHS WorkFirst	NO	NO	YES	YES	NO	YES
Hutchins, Steve	Paratransit Services	NO	NO	NO	NO	NO	NO
Kessel, Dianne	Medical Assistance Administration	YES	NO	YES	NO	YES	YES
Landreneau, Mark	The Lighthouse for the Blind	NO	NO	YES	YES	YES	YES
Lauch, Dick	Rainbow Van Service	NO	NO	YES	NO	NO	NO
Lewis, Bob	Office of Financial Management	NO	NO	NO	NO	NO	NO
Mann-Israel, Jacque	Puget Sound Educational Svc District	NO	NO	NO	YES	NO	NO
McDonald, Patty	DSHS, Aging & Adult Services	NO	YES	YES	YES	YES	NO Alternate Hank Hibbard
McEnery, Anna	Jefferson County Health & Human Svcs	NO	NO	NO	YES	YES	NO

		July	August	September	October	November	December
McKnew, Mary	Employment of Adults with Disabilities	NO	NO	YES	NO	YES	YES
Moody, Lynn	Community Transportation Association	NO	NO	YES	YES	NO	NO
Newson, Betty	Division of Vocational Rehabilitation	NO	NO	YES	NO	YES	YES
Perkins, Christie	WA State Special Education Coalition	YES	YES	NO	NO	NO Alternate Donna Obermeyer	NO
Poetker, Barbara	Area Agency on Aging, Lewis/Thurston/Mason County	NO	NO	YES	NO	YES	NO
Pretz, Steve	Pre Vocational Training Center	YES	YES	NO	NO	NO	NO
Reeves, Bruce	Washington Senior Citizens Lobby	YES	NO	YES	YES	YES	YES
Silins, Cathy	Department of Transportation	NO	NO	NO	YES	YES	NO
Smith, Kelly	NE Washington Rural Resources Development Association	YES	YES	NO	YES	YES	YES
Smith, Liz	Whatcom Transportation Authority	NO	YES	YES	NO	YES	NO
Smith, Luther	State Rehabilitation Council	NO	YES	YES	NO	YES	NO
Snow, Dan	WA State Transportation Association	YES	NO	YES	YES	YES	YES
Stoffer, Fred	Special Mobility Services	NO	NO	NO	YES	YES	NO
Stutey, Sandy	King County Metro Accessible Services	NO	YES	YES	YES	YES	NO
Welliever, Danielle	Lutheran Public Policy Office of WA	YES	YES	NO	YES	YES	NO
Wiggins, Cathy	Governor's Office	NO	YES	NO	YES	NO	NO

Legislative Staff

Penny Nerup	House Transportation	NO	YES	YES	YES	YES	NO

Appendix C

Workgroup Member Roster and Meeting Attendance

Developmental Disabilities Workgroup

October 5, 9:00 am – 3:00 pm
Department of Transportation
Small Commission Board

Attendance	Name	Organization
Yes – Group Leader	Adams, Janet*	Arc of Washington
No	Brannon, Nathan*	Developmental Disabilities Council
Yes	Brodeur, Butch*	Division of Vocational Rehabilitation
Yes	Clark, Julie	Community representative
Yes – conference call	Davis, Emily	Arc of King County
Yes	Lauch, Dick*	Rainbow Van Service
Yes	McEnery, Anna*	Jefferson County
Yes	Pretz, Steve*	Pre-Vocational Training Center
Yes	Rogers, Michael	DSHS-Div of Developmental Disabilities
No	Ross, Tom	Developmental Disabilities Council
Yes	Smith, Liz*	Whatcom Transportation Authority
Yes	Strehlow, Mary	Clark County

*Steering Committee Member

Public Awareness Strategy Workgroup

October 26, 9:00 am – 3:00 pm
Department of Transportation
Small Commission Board Room (1D22)

Attendance	Member	Organization
No	Ansley, James*	Rehabilitation Enterprises of WA
No	Baird, Teresa	Transportation Choices Coalition
No	Enes, Skip*	Northwest Ed Service District 112
No	Hale, Earl*	State Board of Community and Technical Colleges
No	Johns Brown, Lonnie	Social Service Advocate
No	Johnson, Michelle	CTA Northwest
Yes	Landreneau, Mark*	Lighthouse for the Blind
Yes	Parker, Kathy	People for People
Yes	Reeves, Bruce*	WA Senior Citizens Lobby
Yes – Group Leader	Wardell, Robert	People First of Washington
Yes	Welliever, Danielle*	Lutheran Public Policy Office of WA
Yes	Wright, Greg	LINK Transit

*Steering Committee Member

Roles and Responsibilities Workgroup

October 12, 9:00 am – 3:00 pm
Employment Security (next door to DOT)
1st Floor Conference Room

Attendance	Member	Organization
Yes	Lauch, Dick*	Rainbow Van Service
Yes	Mann-Israel, Jacque*	Puget Sound Educational Svc District
Yes	McDonald, Patty*	DSHS, Aging & Adult Svs
Yes	McKnew, Mary*	Employment of Adults with Disabilities
Yes	Meury, Paul	DSHS-Medical Assistance Administration
No	Moody, Lynn*	HopeLink
No	Newson, Betty*	Div of Vocational Rehabilitation
Yes	Parkhurst, Karen	Thurston Regional Planning Council
Yes – Group Leader	Rothleutner, Denise	Pierce Co. Human Services
Representative	Silins, Cathy*	DOT-Public Transportation
Yes	Smith, Kelly*	NE WA Rural Resources Development Association
Yes	Stoffer, Fred	Special Mobility Services
No	Wiggins, Cathy*	Governor's Office

Legislative Staff in attendance: Penny Nerup, House Transportation

*Steering Committee Member

Structure and Funding Workgroup
October 19, 9:00 am – 3:00 pm
November 14, 9:00 am – 3:00 pm
Employment Security (next door to DOT)
1st Floor Conference Room

October Attendance	November Attendance	Member	Organization
No	No	Cady, Mary Jo*	WA State Assoc. of Counties
Yes	No	Brannan, Bill*	Northwestern Stage Lines
No	No	Fleckenstein, Mary	House Democratic Caucus
No	No	Holen, Ed*	Dev. Disabilities Council
Yes	Yes	Horlor, Ian*	DSHS-WorkFirst Division
Yes	No	Hutchins, Steve	Paratransit Services
No	No	Johanson, Karl	Council on Aging and Human Services
Yes	Yes (and Tom Gray)	Kessel, Dianne*	DSHS - Medical Assistance Administration
Yes	Yes	Kirkemo, Gordon	DOT-Public Transportation
Yes	No	Kurtz, Garrison	ECEAP
Representative	Yes	Lewis, Bob*	Office of Financial Mngmt
Yes	Representative	Perkins, Christie*	WA State Special Education Coalition
No	Yes	Poetker, Barbara*	Area Agency on Aging

Yes	Yes	Smith, Luther*	State Rehabilitation Council
No	Yes	Snow, Dan*	WA State Transit Assn
Yes – Group Leader	Yes	Stutey, Sandy*	King County Metro Accessible Services
Yes	No	Vandewall, Tracy	Pierce Co Parent Coalition for Individuals w/Developmental Disabilities
Yes	Yes	Young, Tom	Pierce Transit

Legislative Staff in Attendance-October:
Brian Sims, Senate Ways and Means
Gene Baxtrom, House Transportation

Others in Attendance-November:
Fred Stoffer, Special Mobility Services
Patty McDonald, DSHS Aging and Adult Services

*Steering Committee Member

Appendix D

Interview Contacts and Organizations

Appendix D

STATE AGENCIES AND COUNCILS	
Agency/Division	**Contact**
Agency Council on Coordinated Transportation	Jeanne Ward, Administrator
Department of Community Development, Children Services	Garrison Kurtz, Managing Director
Department of Community Development, Individual Development Accounts	Janet Abbett, Program Manager
Department of Community Development, Long-Term Care, Retired and Senior Volunteer Programs, Reemployment Support Centers Program	Nancy Hanna, Program Manager
Department of Community Development, WorkFirst	Julie Baker, Planning Coordinator
Department of Health, Rural Health	Mary Looker, Program Manager
Developmental Disabilities Council	Ed Holen, Executive Director Tom Ross, Council Member
DSHS, Aging and Adult Services Administration	Jim Erlandson, Former Program Manager Patty McDonald, Program Manager
DSHS, Children's Administration	Sharon Gilbert, Special Assistant
DSHS, Division of Developmental Disabilities	Michael Rogers, Customer Relations Services
DSHS, Head Start-State Collaboration Project	Terry Liddell, Project Director
DSHS, Indian Policy and Support	Gwen Gua, Director
DSHS, Medical Assistance Admin, Div of Client Support	Tom Gray, Section Manager Diane Kessel Paul Meury
DSHS, Mental Health Division	Ray Chisa, Mental Health Administrator
DSHS, Vocational Rehabilitation	Connee Bush, Chief of Planning Rosemary Gallagher, Program Administrator
DSHS, WorkFirst Division	Ian Horlor, Program Manager
Department of Veteran's Affairs	John Lee, Deputy Director
Employment Security, Work First	Kathy Carpenter, Program Manager
Employment Security, Employment and Training Division	Glenda Burch, Program Manager

Governor's Committee on Disability Issues and Employment	Toby Olson, Executive Secretary
Governor's Coordination of Child Care and Early Learning Programs	Robin Zukoski, Policy Analyst
Governor's Executive Policy Office	Cathy Wiggins, Executive Policy Advisor
Governor's Office of Indian Affairs	Michael Peters, Deputy Director
Governor's Task Force on Employment of Adults with Disabilities	Mary McKnew, Attorney at Law
Office of Financial Management	Bob Lewis, State Financial Consultant
Office of Superintendent of Public Instruction, Pupil Transportation and Traffic Safety	Sue Carnahan, Director Allan Jones, Program Supervisor
Rehabilitation Council of Washington State	Luther Smith, Executive Director
State Board of Community and Technical Colleges	Earl Hale, Executive Director
Washington State Department of Transportation, Public Transportation Division	Cathy Silins, Manager Gordon Kirkemo, Mobility Planning Administrator

LOCAL AND REGIONAL SERVICES	
County	**Contact**
Asotin/Whitman County	Karl Johanson, Council on Aging & Human Services – ACCT Grant Manager
Grant/Adams County	Kathy Parker , People for People – ACCT Grant Manager and the Grant/Adams Coordinated Transportation Coalition
Lewis/Mason/Thurston County	Barbara Poetker, Projects Coordinator, Area Agency on Aging
Mason County	Dave O'Connell, Mason County Transportation Authority – ACCT Grant Manager
Pierce County	Denise Rotleuther, Developmental Disabilities Coordinator John Michaels, Aging and Long Term Care
Pend Oreille/Ferry/Stevens County	Kelly Smith, NE WA Rural Resources Development Association – ACCT Grant Manager
Thurston County	Karen Parkhurst, Thurston County Regional Planning Council – ACCT Grant Manager

Spokane County	Dan Schwanz, Special Mobility Services, Inc - ACCT Grant Manager
Walla Walla County	Bob Chicken, ACCT Grant Manager and the Blue Mountain Coordinated Transportation Coalition

ADVOCACY GROUPS AND SERVICES	
Organization	**Contact**
Arc of Washington	Janet Adams, Advocacy Coordinator
Association of County Human Services	Denise Rotleuther, Developmental Disabilities Coordinator, Pierce County
Association of Washington Cities	Ashley Probart, Lobbyist
Catholic Community Services	Jennifer Willliamson, Thurston County Volunteer Chore Services and Long Term Care Lisa Yeager, King County Volunteer Chore Services
Children's Home Society	Laurie Lippold, Public Affairs Director
Community Residential Services Association	Eric Lathyam, PROVAIL Chief Operating Officer
Coordinated Transportation Association-NW	Lynn Moody, Board Member
Fremont Public Association	Tony Lee, Community Action Director
Lighthouse for the Blind	Mark Landreneau Glen McCully
Lutheran Public Policy Office of Washington	Danielle Welliever, Director
People First of Washington	Donna Lowary, State Program Coordinator
Pierce County Parent Coalition for Developmental Disabilities	Tracy Vandewall, Coordinator
Rehabilitation Enterprises of Washington	Jim Ansley, Executive Director Terry Kohl, Lobbyist
Washington Protection and Advocacy System	Betty Schwieterman, Director of Advocacy
Washington State Association of Counties	Jean Wessman, Lobbyist
Washington Senior Citizen's Lobby	Bruce Reeves, President
Washington State Special Education Coalition	Christie Perkins, Executive Director
Washington State Transit Association	Dan Snow, Executive Director

TRANSPORTATION PROVIDERS	
Council on Aging & Human Services	Karl Johanson, Executive Director
HopeLink	Lynn Moody, Director of Transportation
Mason County Transportation Authority	Dave O'Connell, General Manager
Metro Transit	Sandy Stutey, Supervisor Accessible Services
Pierce Transit	Tom Young, Specialized Transportation Manager Timothy Payne, Service Planning Manager
NE WA Rural Resources Development Association	Kelly Smith, Transportation Manager
North Western Stage Lines	Bill Brannan, Co-Owner
Paratransit Services	Bill Mahan, President Steve Hutchins, Executive Vice President Gordon Walgren, Board of Directors Rick Jensen, Consultant
People for People	Kathy Parker, Operations Manager
Special Mobility Services, Inc.	Dan Schwanz, Regional Manager
Rainbow Van Service	Dick Lauch, General Manager
Whatcom Transportation Authority	Liz Smith, Accessibility Specialist

WASHINGTON STATE LEGISLATORS	
House Transportation	Representative Maryann Mitchell, Co-Chair
House Transportation	Representative Ruth Fisher, Co-Chair
House Appropriations	Representative Tom Huff, Co-Chair

Appendix E

Reference Materials

Appendix E

REFERENCE MATERIALS

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Agency Council on Coordinated Transportation, "ACCT 1: Report on 1997-1999 Demonstration Projects," January 2000

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Washington State Department of Transportation, "Public Transportation Systems in Washington State, 1998 Summary," September 1999

Washington State Department of Social and Health Services Budget Division, "DSHS County Data Report, Guide to Client Services and Expenditures," Fiscal Year 1994

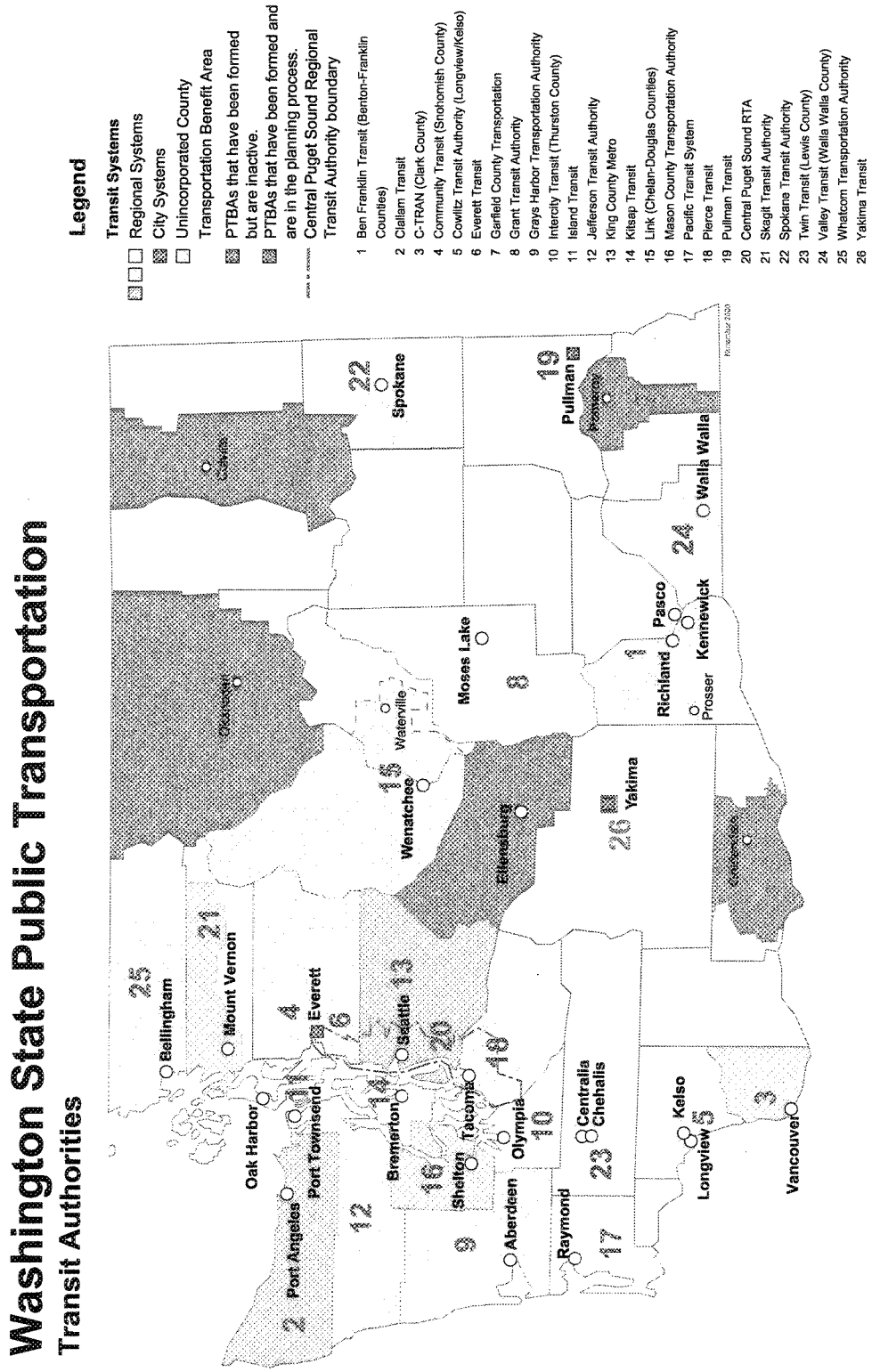
Washington State Developmental Disabilities Council, "Washington State Plan," August 2000

Washington State Developmental Disabilities Planning Council, "Vision into Reality, April 1990

Appendix F:

Map of Public Transportation Systems

Appendix F


Washington State Public Transportation
Transit Authorities
Legend
Transit Systems
Regional Systems
City Systems
Unincorporated County
Transportation Benefit Area
PTBAs that have been formed but are inactive.
PTBAs that have been formed and are in the planning process.
Central Puget Sound Regional Transit Authority boundary
1 Ben Franklin Transit (Benton-Franklin Counties)
2 Clallam Transit
3 C-TRAN (Clark County)
4 Community Transit (Snohomish County)
5 Cowlitz Transit Authority (Longview/Kelso)
6 Everett Transit
7 Garfield County Transportation
8 Grant Transit Authority
9 Grays Harbor Transportation Authority
10 Intercity Transit (Thurston County)
11 Island Transit
12 Jefferson Transit Authority
13 King County Metro
14 Kitsap Transit
15 Link (Chelan-Douglas Counties)
16 Mason County Transportation Authority
17 Pacific Transit System
18 Pierce Transit
19 Pullman Transit
20 Central Puget Sound RTA
21 Skagit Transit Authority
22 Spokane Transit Authority
23 Twin Transit (Lewis County)
24 Valley Transit (Walla Walla County)
25 Whatcom Transportation Authority
26 Yakima Transit
Bellingham
Mount Vernon
Everett
Seattle
Bremerton
Oak Harbor
Port Townsend
Port Angeles
Shelton
Tacoma
Olympia
Aberdeen
Raymond
Centralia
Chehalis
Kelso
Longview
Vancouver
Wenatchee
Waterville
Moses Lake
Ellensburg
Yakima
Richland
Pasco
Kennewick
Prosser
Walla Walla
Pullman
Spokane
Colville

Appendix G:

Simplified Definition of Developmental Disabling Conditions

Appendix G

SIMPLIFIED DEFINITIONS OF DEVELOPMENTAL DISABLING CONDITIONS

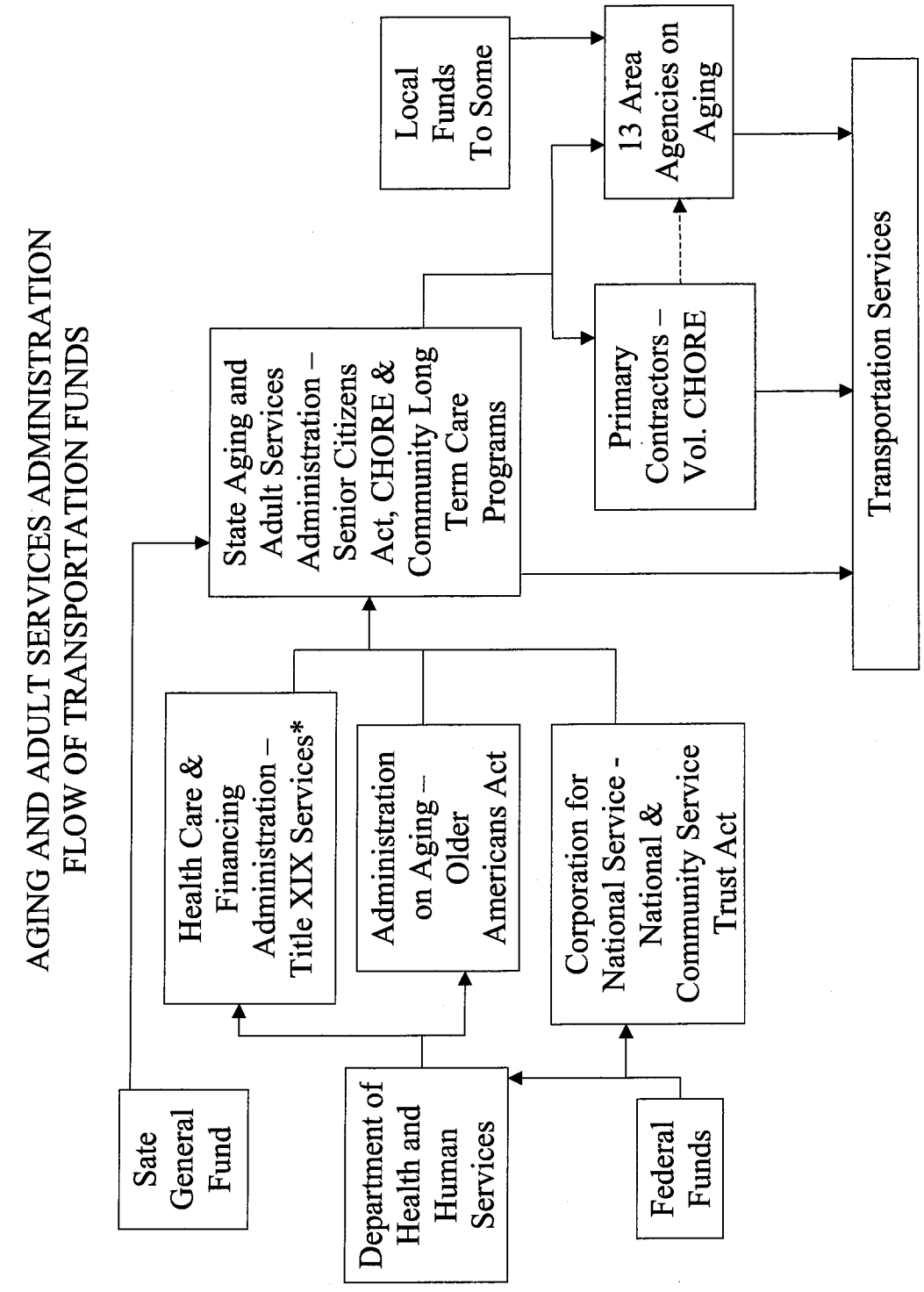
Mental Retardation	IQ of 69 or lower and deficits in adaptive behavior.
Developmental Delay	A delay of at least 25% of his or her chronological age in one or more developmental areas between birth and twenty-four months of age or; a delay of at least 25% of his or her chronological age in two or more developmental areas between twenty-five and forty-eight months of age or; a delay of at least 25% of his or her chronological age in three or more developmental areas between forty-nine and seventy-two months of age.
Cerebral Palsy	Damage to the brain causes lack of muscle control.
Epilepsy	Abnormal electro-chemical brain discharges cause various seizures.
Autism	Impaired cognitive and perceptual functioning.
Another Neurological Other Condition	Examples are spina bifida and spastic quadriplegia caused by brain damage before age 18.

Source: Pierce County Developmental Disabilities Plan

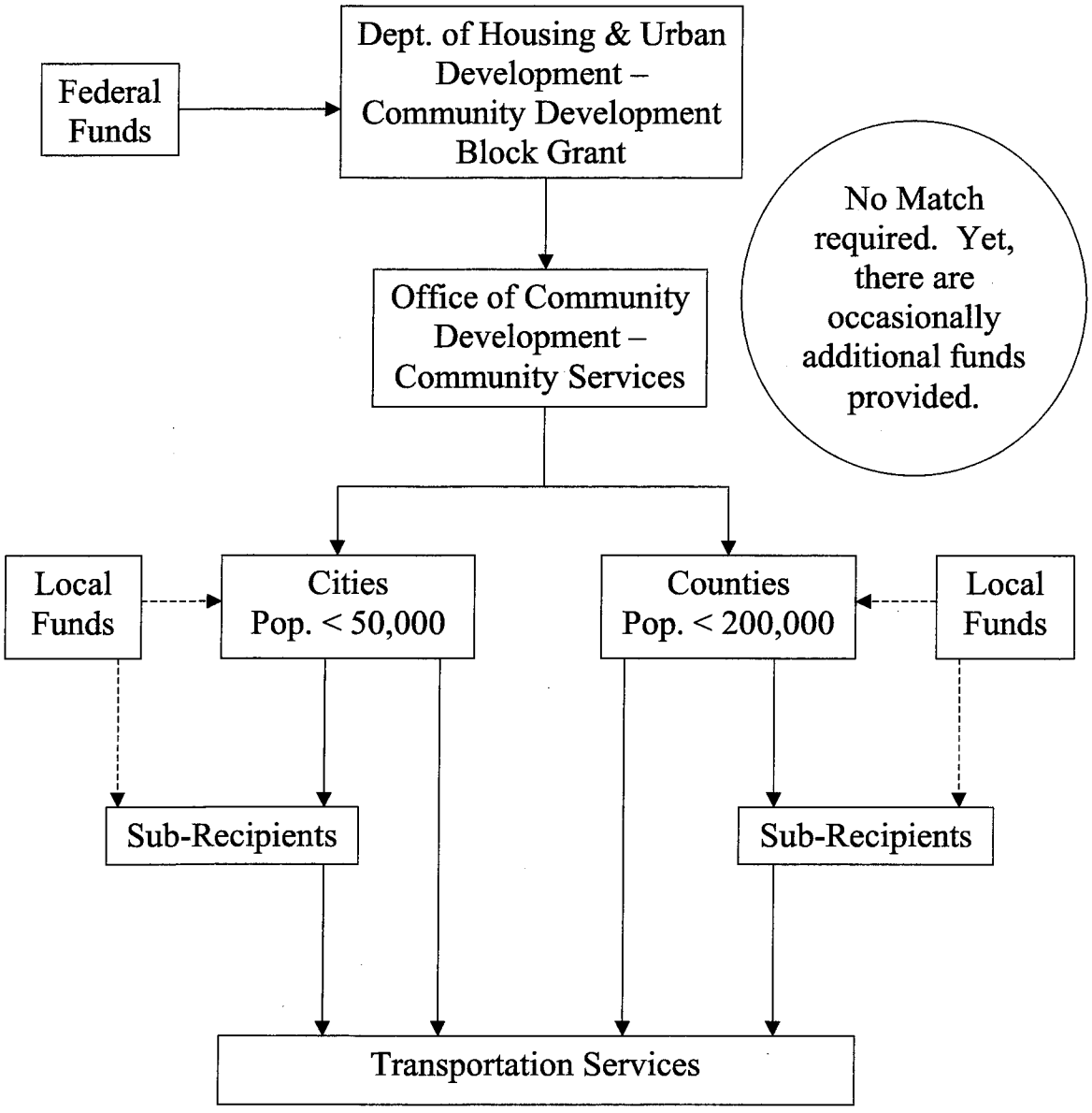
Appendix H:

Program Funding Flow Charts

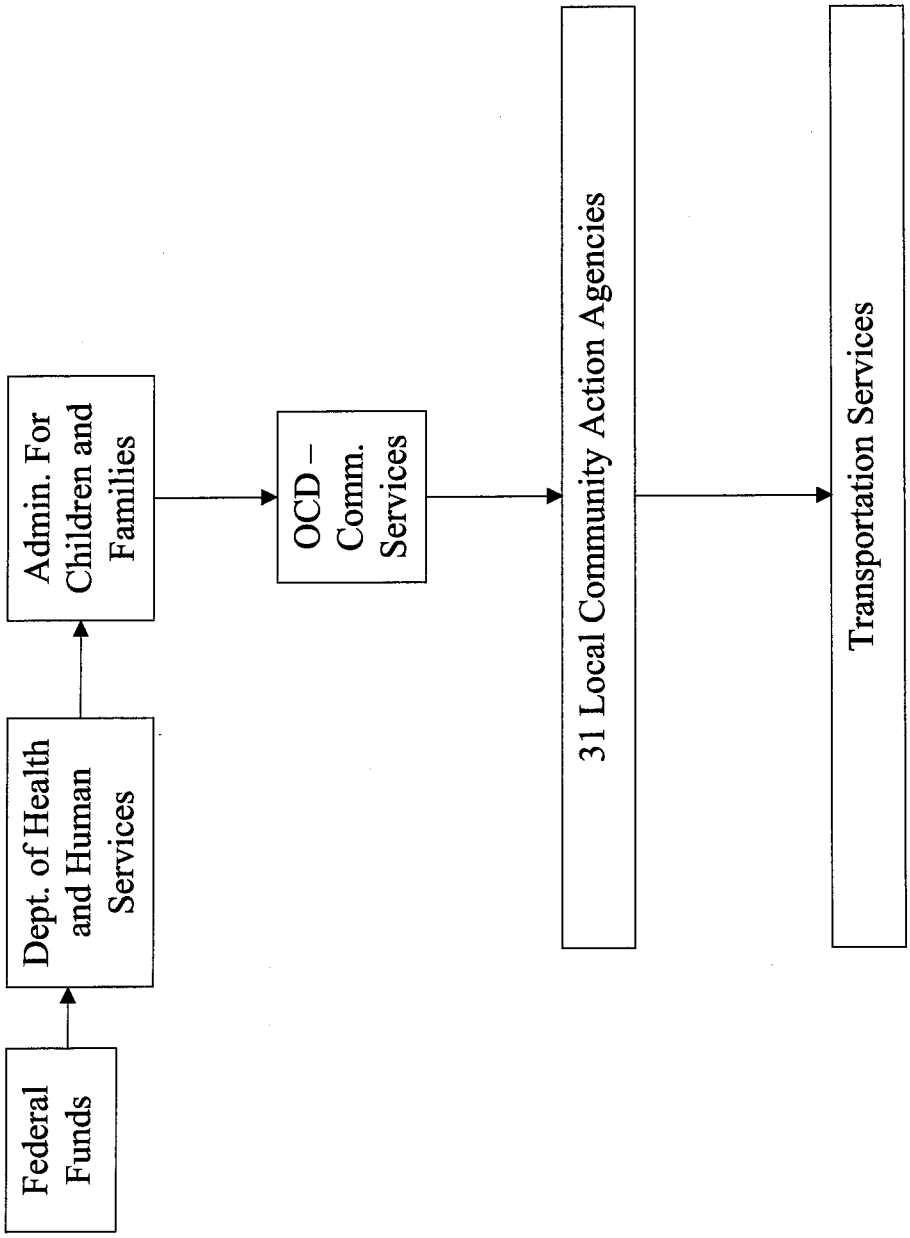
Appendix H


AGING AND ADULT SERVICES ADMINISTRATION
FLOW OF TRANSPORTATION FUNDS
Sate General Fund
Department of Health and Human Services
Federal Funds
Health Care & Financing Administration – Title XIX Services*
Administration on Aging – Older Americans Act
Corporation for National Service - National & Community Service Trust Act
State Aging and Adult Services Administration – Senior Citizens Act, CHORE & Community Long Term Care Programs
Local Funds To Some
13 Area Agencies on Aging
Primary Contractors – Vol. CHORE
Transportation Services
COPES - Community Options Program Entry System.
MPC – Medicaid Personal Care

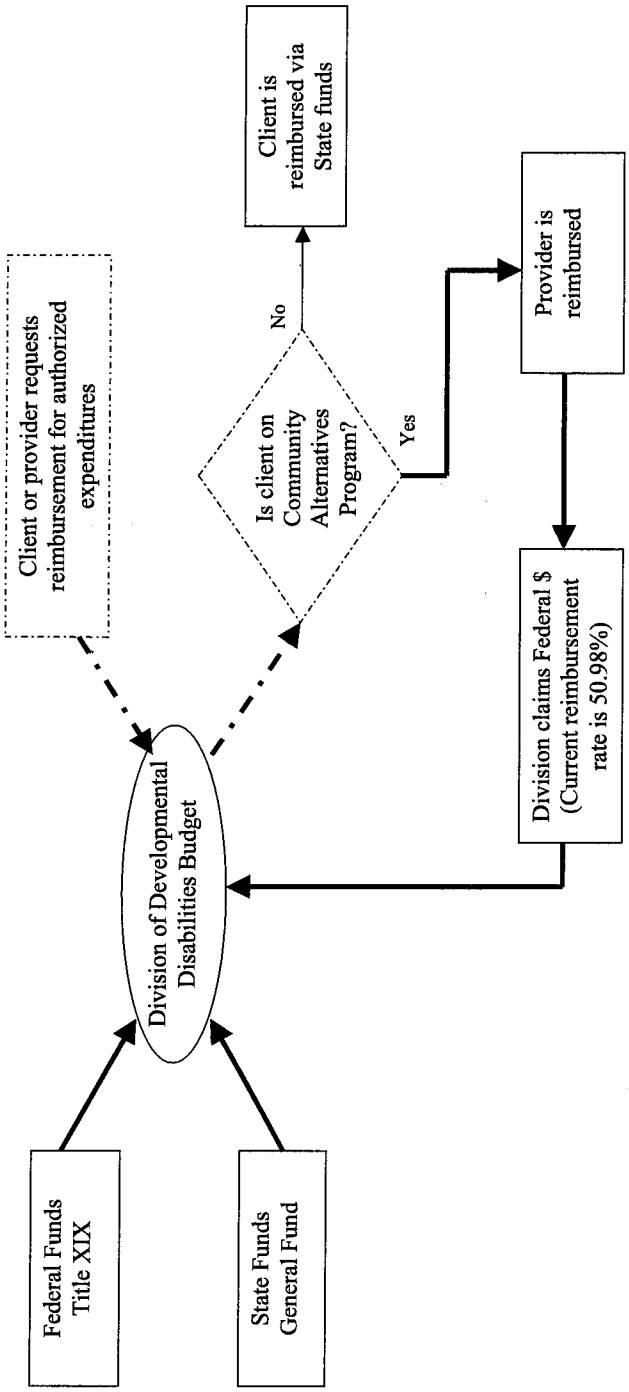
Flow of Transportation Funds
In the Form of Community Development Block Grants



Community Services Block Grant
Flow of Transportation Funds

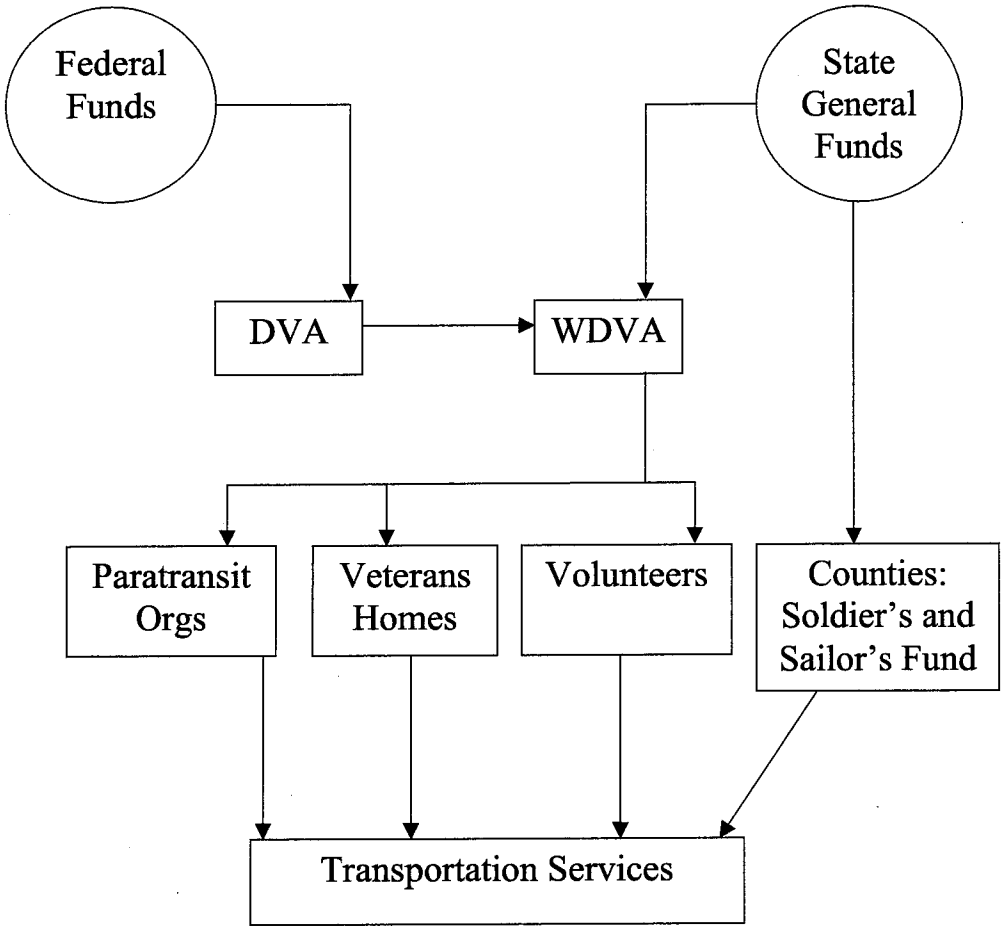


Division of Developmental Disabilities Funding for Transportation Services

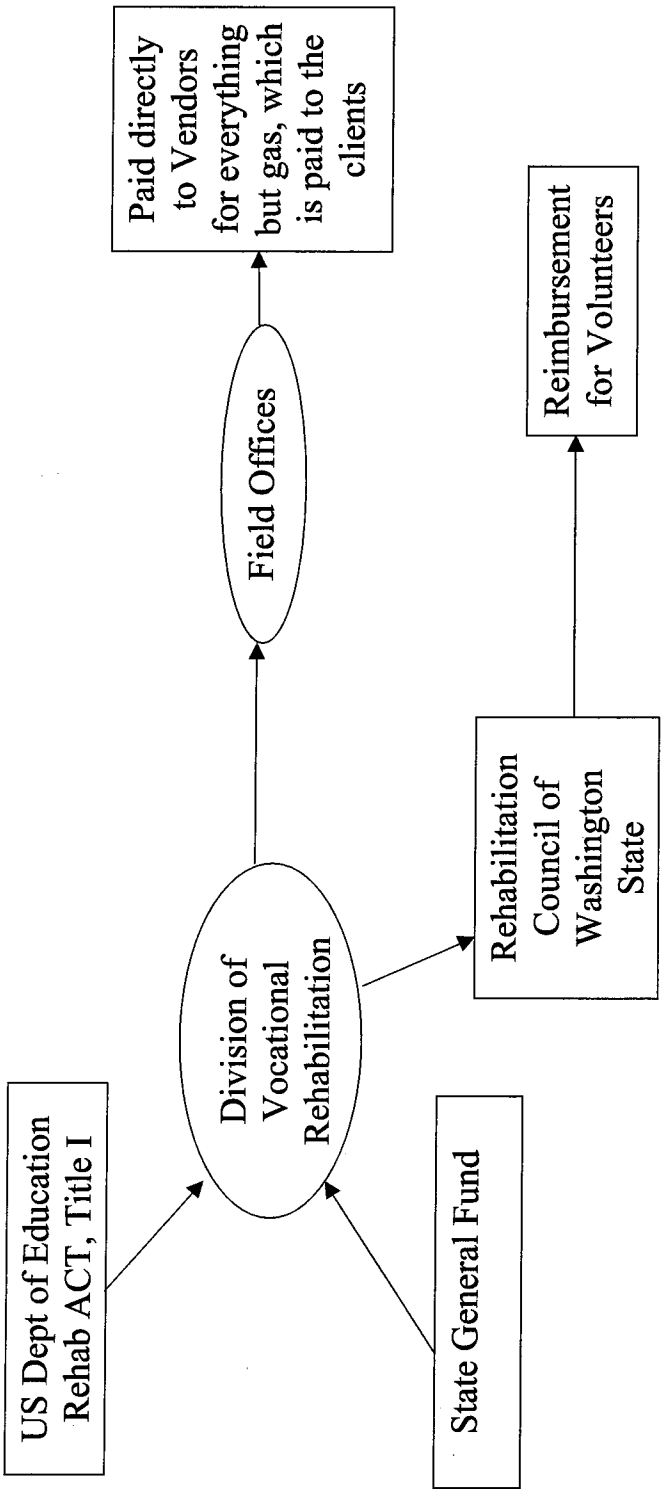


C:\AAWork\Coe's Work\0012-0826 ACCT Spec Trans Needs Study\16-Appendix HDDDFlow.doc
01/29/01
Lisa A. Weber, DSHS/DDD

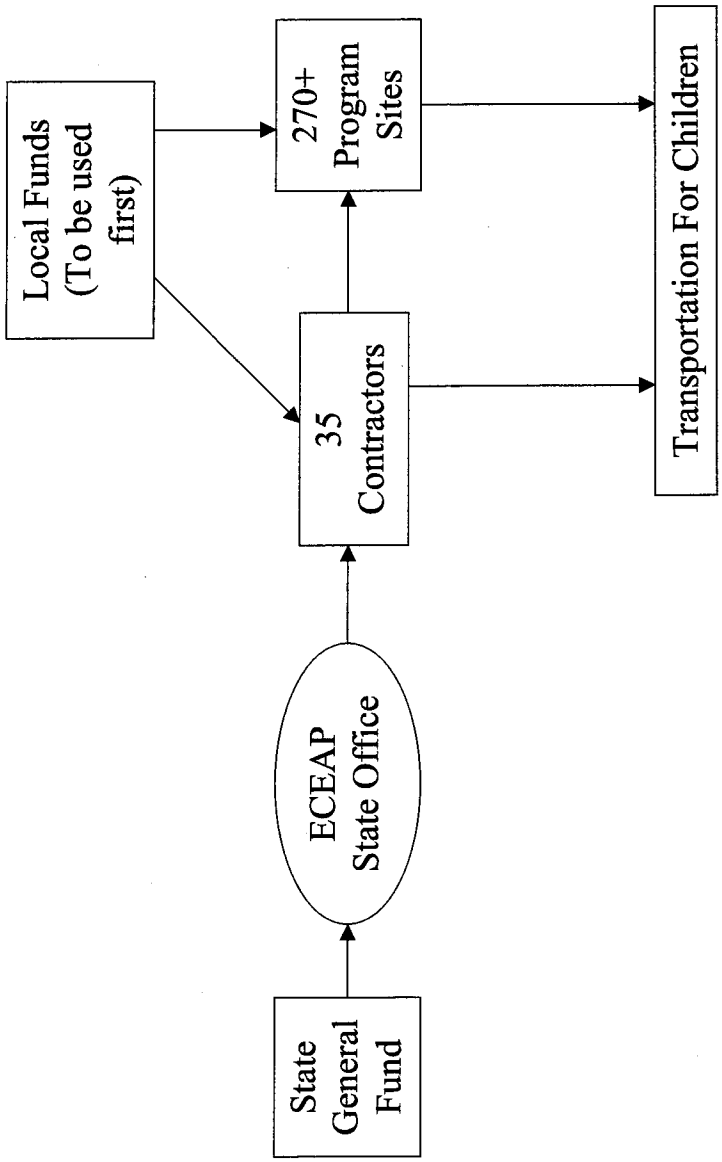
Department of Veteran's Affairs
Flow of Transportation Funds



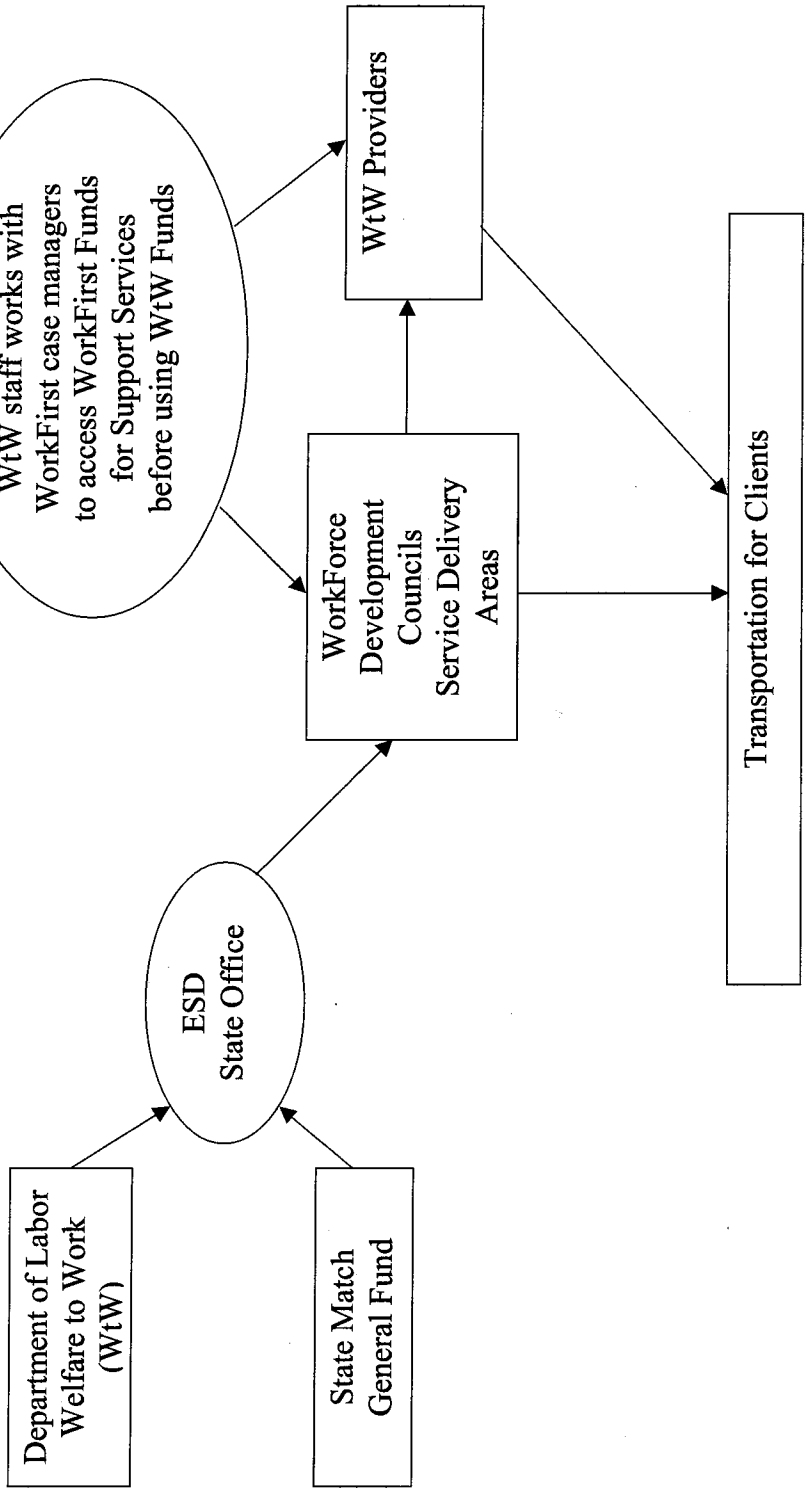
DEPARTMENT OF VOCATIONAL REHABILITATION
FLOW OF TRANSPORTATION FUNDS



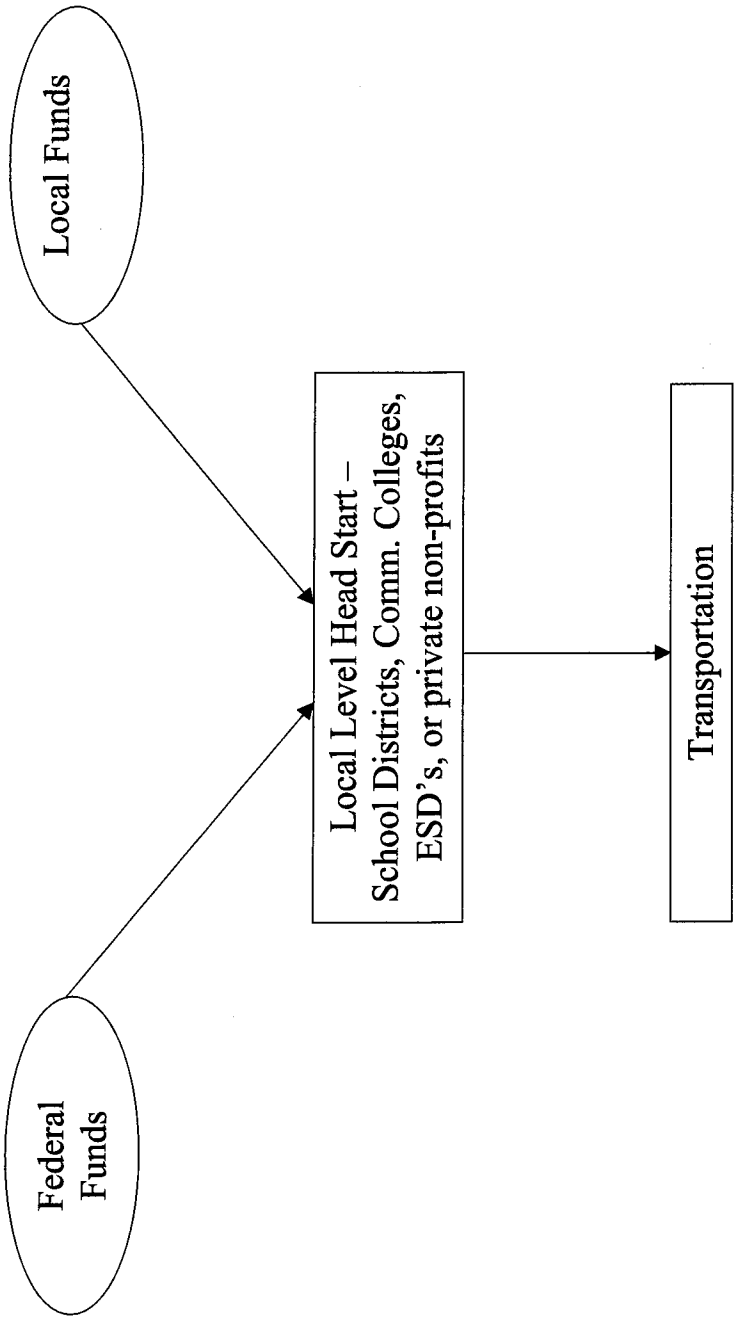
ECEAP
FLOW OF FUNDS TO TRANSPORTATION



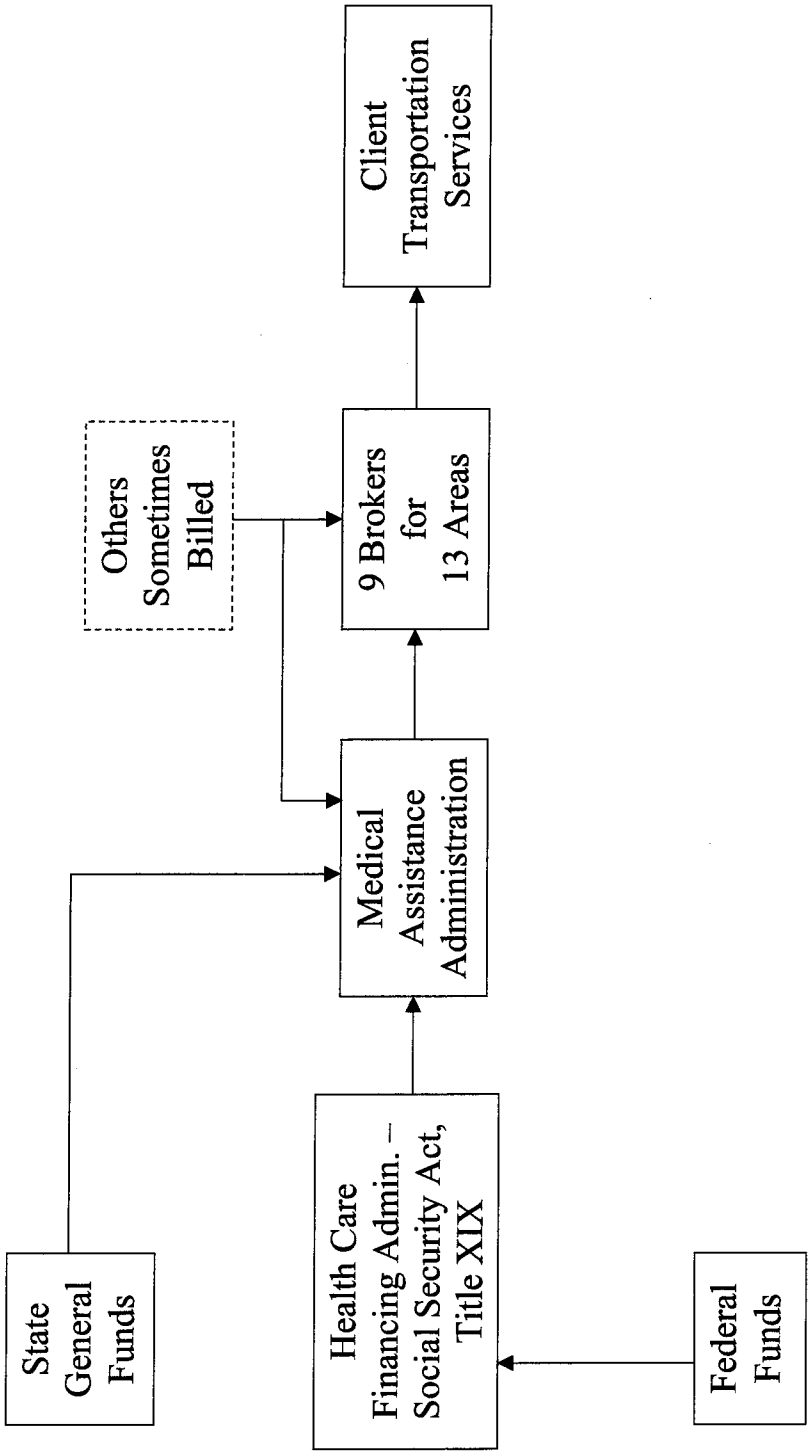
WELFARE TO WORK/ESD
FLOW OF TRANSPORTATION FUNDS

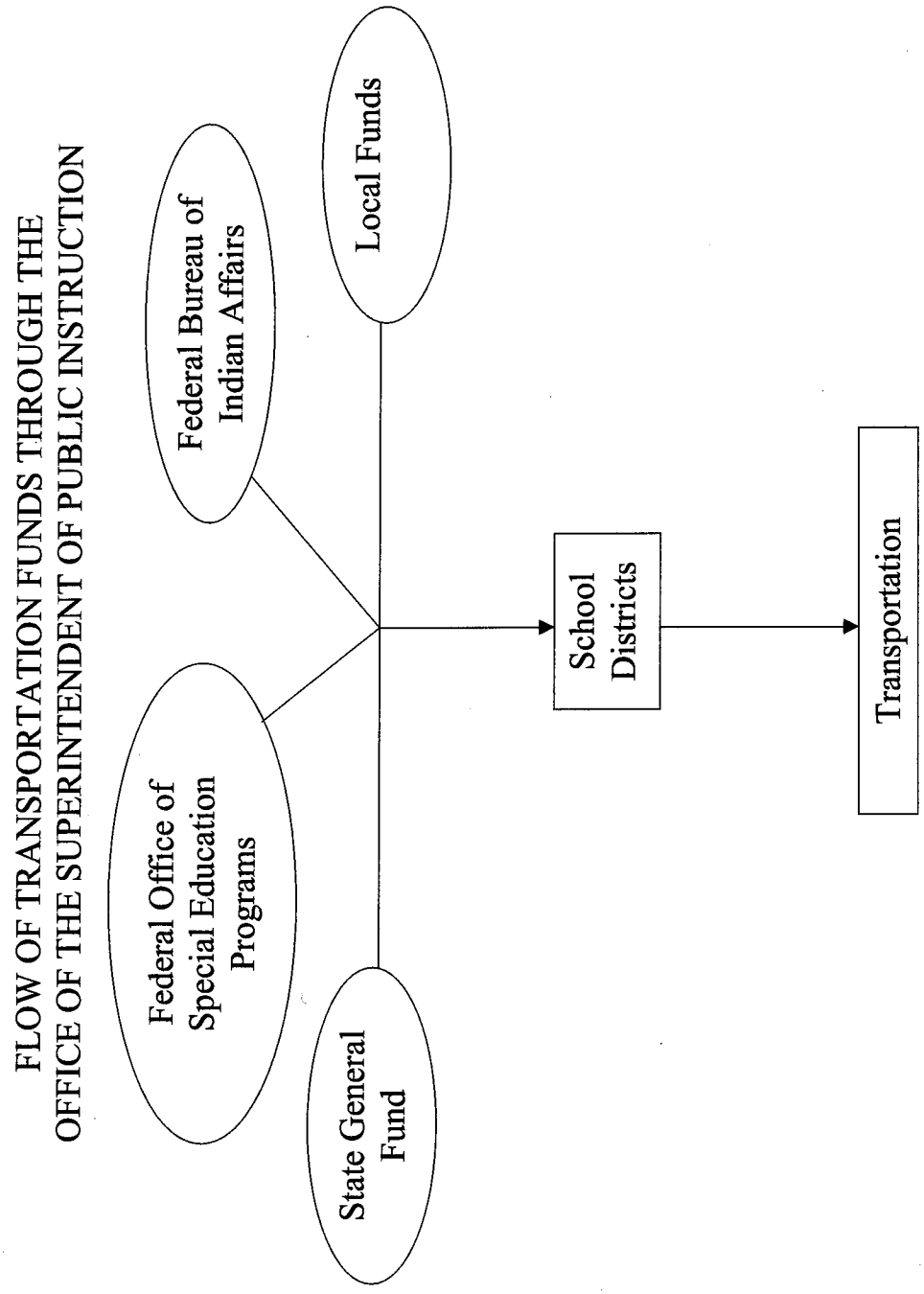


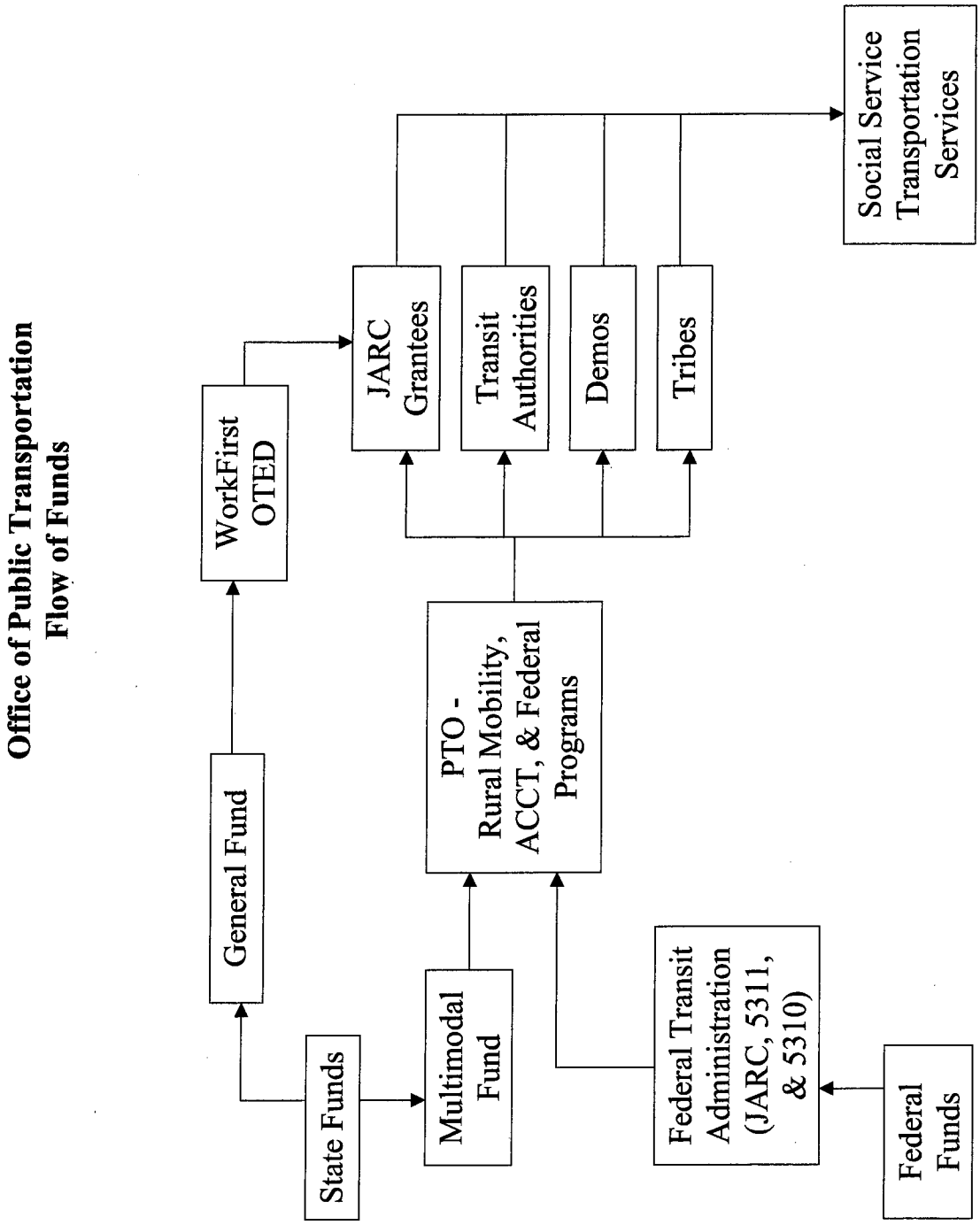
FLOW OF TRANSPORTATION FUNDS THROUGH
HEAD START

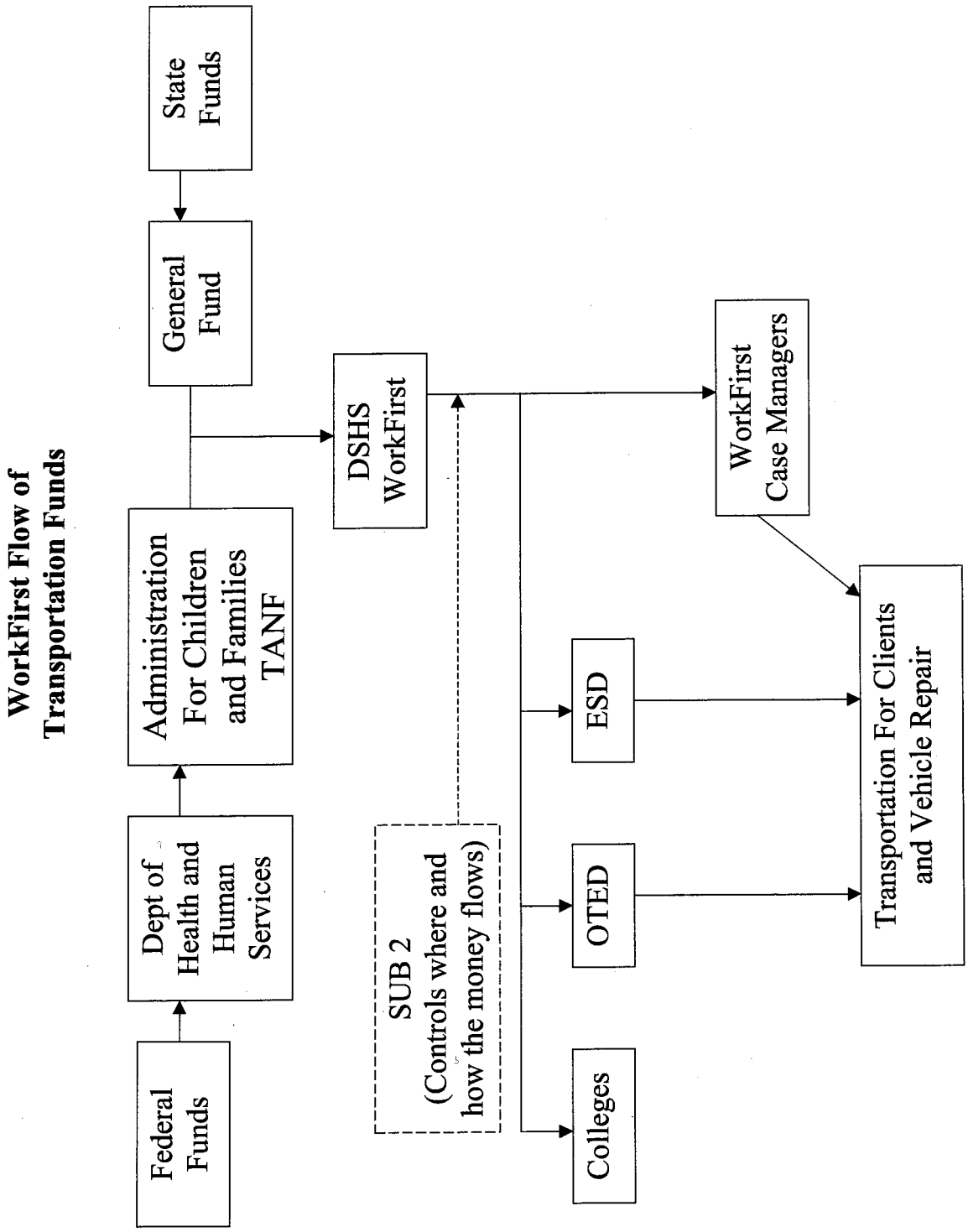


MEDICAL ASSISTANCE ADMINISTRATION
FLOW OF TRANSPORTATION FUNDS




FLOW OF TRANSPORTATION FUNDS THROUGH THE OFFICE OF THE SUPERINTENDENT OF PUBLIC INSTRUCTION
Federal Office of Special Education Programs
Federal Bureau of Indian Affairs
State General Fund
Local Funds
School Districts
Transportation


Office of Public Transportation
Flow of Funds
Social Service Transportation Services
JARC Grantees
Transit Authorities
Demos
Tribes
WorkFirst OTED
General Fund
PTO - Rural Mobility, ACCT, & Federal Programs
State Funds
Multimodal Fund
Federal Transit Administration (JARC, 5311, & 5310)
Federal Funds


WorkFirst Flow of Transportation Funds
State Funds
General Fund
DSHS WorkFirst
WorkFirst Case Managers
Administration For Children and Families TANF
Dept of Health and Human Services
Federal Funds
SUB 2 (Controls where and how the money flows)
ESD
OTED
Colleges
Transportation For Clients and Vehicle Repair

Public transportation provides a lifeline for people with special transportation needs

Children

The Mendoza teens use the city bus to get to and from school and activities. Since the route through their quiet residential neighborhood was eliminated, they must walk a mile to catch the bus on a busy street with 50 mph traffic. On school mornings, Anthony waits on this busy corner in the dark.

People with disabilities

Connie is unable to drive. She lives in Elma and depends on Dial-A-Ride for mobility. With this service she can be an active and contributing member of her community, serving on her local coalition for special needs transportation.

Low-income

Mothers with small children and no car find it difficult to travel to jobs when they must stop at the day care center and get groceries. Here, a stroller that doesn't fold up prevents a mother from riding a regular bus.

Elderly

George is an 80-year-old disabled vet who is unable to drive. He must walk 1.5 miles to a bus stop and then transfer up to three times to get to a veteran's medical facility.

ACCT
AGENCY COUNCIL ON COORDINATED TRANSPORTATION

Developmental Disabilities Council