



Association of
Oregon Counties

TRANSPORTATION-HUMAN SERVICES COORDINATION STUDY

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A cooperative project of Association of Oregon Counties;
Oregon Department of Transportation, Public Transit Division; and
Oregon Department of Human Services

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EXECUTIVE SUMMARY

A COLLABORATIVE PROJECT AND PROCESS

This Transportation-Human Services Coordination Study (Study) is a collaborative effort by the Oregon Department of Transportation, Public Transit Division (PTD), and the Oregon Department of Human Services (DHS) to understand the current opportunities and barriers for improved coordination of public transportation and human services in Oregon. It has been prepared by Cogan Owens Cogan, LLC under contract to the Association of Oregon Counties (AOC), which is administering the project.

While significant national, state and local level research has been conducted, the Study has been most informed by its two advisory committees – a Policy Steering Committee and a Technical Advisory Committee comprised of representatives from the Governor’s Office, Federal Transit Administration, state agencies, transit agencies, Medicaid brokerages, Oregon Transit Association, and consumers. Additionally, the input of public transportation and human services stakeholders throughout the state has been obtained through interviews, regional workshops and presentations.

A goal of this Study is to build upon coordination efforts initiated by the State in the early 2000’s and subsequent coordination-related studies, such as a 2008 Portland State University special needs study, and identify what has changed and is changing in terms of coordination. It is also intended to identify what the key opportunities and barriers are today to coordination of public transportation and human services at the state and local levels.

In addition to elevating the understanding of the challenges and barriers to coordinating public transportation and human services, an underlying Study goal is to encourage the human services community and public transportation providers to share information and resources. The need is greatest at the state agency level, but it also exists at the local level. Human services providers are often unaware of the public transportation services available for their clients; conversely, transportation providers do not always know what the unmet needs are of the human services community.

Building upon the collaborative approach to this Study, it is hoped that there will be expanded and ongoing cooperation among state agencies involved in providing or funding transportation services and between those state agencies and local/regional service providers. In addition, it is hoped that sustained political leadership will be provided to elevate the importance of and ongoing attention to transportation-human services coordination at the state agency level.

- In Oregon, at least 35 programs administered by 13 separate state and federal agencies have transportation components serving transportation disadvantaged populations.
- Direct public transportation and human services transportation spending for the 2011-13 biennium totals at least \$344 million, not including transportation spending on veterans and by Area Agencies on Aging and other DHS/OHA programs.
- A key lesson learned from national-level research and past initiatives is that high-level leadership is required to elevate and sustain the importance of coordination.

The benefits of coordination are well established. Coordination promises two main types of benefits – improved customer service and economic rewards through increased productivity of the system and reduced costs with elimination of duplication of services.



Federal, state and local governments spend billions of dollars each year on public transportation through highly visible expenditures on mass transit, including local and regional level bus service and commuter rail. Not so visible are the additional billions of dollars spent by agencies that provide specialized transportation services for their clients, such as van services for the aging and Medicaid clients, coordinated job rides, public housing servicers, and special services for persons with disabilities.

Improving Public Transportation Services through Effective Statewide Coordination

National Governors Association Center for Best Practices



COORDINATION IS THE FOCUS

The subject of coordination is complex and multi-faceted. For this Study, the focus is coordination of public transportation services and human services. At the local level, coordination means the efficient and effective use of transportation resources for getting people to important destinations, such as jobs and medical appointments. Coordination is working with transit providers, human service agencies, private institutions, businesses, volunteers and political leaders to broaden transportation options. At the state level, coordination is more about reducing duplication of services and enhancing the use of funding and other resources contributed by the Federal government and the State for transportation services.

This Study concentrates on the governance aspects, rather than the service delivery aspects, of coordination. The prior comprehensive study of this kind (*The Coordination Challenge*, ODOT, 2000) primarily addressed the functional aspects of service provision (e.g., insurance, uniform standards, shared use programs). In contrast, this Study focuses on the governance structure for and organizational aspects of transportation programs at the state and local levels. It does not evaluate specific public transportation or human services programs except in the context of coordination of services. To a large extent, this Study is more of an assessment of issues of who best to provide coordination of services than it is of issues of what services need to be coordinated.

WHAT IS DRIVING THIS STUDY

It has been more than 12 years since the last comprehensive study of coordination in the state and the resultant Oregon Transportation Coordination Initiative, which essentially faded away after several years with a change in State leadership. Much energy has been expended to improve coordination since that study. Among other accomplishments, a statewide system of non-emergent medical transportation (NEMT) brokerages was successfully established. However, there has been no assessment of coordination among state agencies and between state agencies and local service providers since 2000. The barriers to coordination identified then still exist, most notably the absence of a mandate for coordination at the state agency level and the inability to track State spending on coordination activities associated with public transportation for human services. In addition, there are a variety of new factors and emerging trends affecting coordination in the state that justify a fresh look, including:

- Effects of reduced/declining funding, and the uneasiness it creates for providers in undertaking new programs. At the same time, more public transit agencies and transportation and human services providers are looking for ways to improve efficiency and coordination to make up for lost funds.
- Demographic trends such as higher numbers of older adults and homeless persons and increasing transit use by older adults. Contributing to the increased demand for public transportation is the increasing popularity for aging-in-place and a growing awareness that there may be a direct link between increased health/wellness and access to transportation options.
- With the expected surge of armed service members returning from Iraq and Afghanistan, veterans transportation is receiving growing attention.
- New technology developments are providing increased mobility for everyone. These advanced technologies have the benefit of reducing operational costs and energy use while improving efficiency and travel times. Rural transit systems, in particular, will be

challenged to invest in increasingly necessary technology to manage the operations and finances of the transit program, and to provide necessary communication technologies to meet customer needs.

- Provision of NEMT services through Coordinated Care Organizations (CCOs) will impact transportation and human services in unknown ways.
- The passage late last summer of a new Federal transportation funding package – MAP 21 – brings changes in funding programs and in coordination requirements that will affect public transportation services in as yet undetermined ways.

Coordination does not save money, but rather expands the reach of existing transportation — human services programs. It does not increase resources, but can produce better results from the available resources.

The benefits of coordinating public transportation and human services are well established. Since the 1970's, agencies and organizations such as the Government Accounting Office, U.S. Departments of Transportation and Health and Human Services, Transportation Research Board (TRB), Community Transportation Association

of America, and others have published reports articulating the range of benefits to be realized. In essence, these reports all agree that coordination promises two main types of benefits – improved customer service and economic rewards. These are achieved through:

- Increased funding for specialized human service transportation by access to a greater number of funding sources.
- Increased productivity of the system and reduced costs through elimination of duplication of services.
- Reduction or elimination of problems caused by multiple specialized transportation programs.
- Facilitation of customer mobility by allowing access to jobs and recreational activities such as shopping.

Evidence of the beneficial effects of coordination at the local level is easy to find and examples of best practices are identified in this Study. Key among these are programs to improve regional transit, e.g. establishment of the Northwest Oregon Transit Alliance; location of transit hubs in proximity to housing, medical facilities and other community services in communities such as La Grande and Bend; partnering to expand service, e.g. between Cascade East Transit and Mt. Bachelor Ski Area and between South Metro Area Regional Transit (SMART) and Salem-Keizer Transit to serve commuters between Wilsonville and Salem; and partnering to provide transportation for veterans, e.g. between Washington, Multnomah and Clackamas counties.

Current budget constraints are a major impetus to make better use of separate but extensive transportation networks to achieve multiple goals. Effective coordination is an essential tool to provide broader and better transportation access and service without major new investments.

Chief among the barriers to coordination is the difficulty in quantifying its benefits. Despite all the studies of coordination benefits, there is very little data to measure its benefits. Anecdotal stories are the primary basis.



The overall picture of coordination of transportation and human service transportation is jumbled. No single law or bill created programs for transportation disadvantaged populations and no single agency administers such programs. Laws evolved piecemeal as part of federal, state and local legislation. Resulting programs serve rural and urban communities, indigent populations, veterans, people with disabilities, senior citizens and Medicaid recipients and provide transportation for employment, non-emergency health care, child care, recreation, education and other activities. Many federal human service transportation programs are small components of a larger human service program.



In addition to these benefits, coordination of public transportation and human services is important because it is required. In distributing federal funds to states for public transportation, the Federal Transit Administration (FTA) requires coordination of transportation resources. This expectation has been in place for at least 15 years and is encouraged both through funding and policy.

KEY FINDINGS

Contacts with other states, federal agencies and national organizations indicate that Oregon is seen as a model for coordination of transportation services, most notably for its statewide brokerage system and its support of local transportation services through its Specialized Transportation Funding (STF) program. At the local level, coordination occurs primarily out of necessity and because of federal and state funding requirements. Coordination at this level generally works well. Service providers are committed to and passionate about their programs and there are multiple examples of local and regional level coordination successes. Uncertainty of funding sources is identified as the greatest challenge affecting coordination at the local level. Other major challenges focus on improving coordination across and among regions and in efficiently serving rural areas. Regional connectivity is a common obstacle to providing cost-efficient and timely services. In rural areas, transit use is often limited by lack of awareness of available resources and lack of knowledge of how to use transit to access work, school, medical services, etc. Volunteers are a critical component of transportation services at the local level, especially for veterans and DHS clients. A common concern is the aging of these volunteers and the difficulty in recruiting replacements.

A primary conclusion of this Study is that the greatest potential for improved coordination is at the state agency level. Although Oregon is most often viewed nationally as a leader in coordinating local public transportation services, there is no state mandate for coordination and, with exceptions, coordination among state agencies is limited at best.

With multiple state agencies providing various transportation services, there is a great need for improved coordination to identify how services can be provided more efficiently and enhance service to clients. Research indicates that transportation services among the more than 35 agencies and programs that directly or indirectly provide transportation services are very siloed, in large part because of the lack of both a mandate and funding targeted to coordination.

Despite efforts to compile data on transportation spending, **it is unknown exactly where and how transportation funding across state agencies is spent to meet human service program needs.** What is known is that the combination of direct public transportation and human services transportation spending for the 2011-2013 biennium totals at least \$344 million. But this is a very incomplete financial picture. For DHS/OHA, this total includes only non-emergent ambulance transportation and NEMT services provided through brokerages. It does not include transportation funding for Area Agencies on Aging and numerous other programs. Also, other agencies that directly or indirectly provide transportation services, such as the Oregon Department of Veterans Affairs, simply do not track their transportation spending. The transportation coordination funding picture is incredibly complicated and the tracking of coordination funding is prioritized at varied degrees depending upon the agency. **A transportation spending baseline is critical to assess opportunities for internal and interagency coordination.**

Other key findings about the state of coordination include:

- Transportation and human services providers are offering as broad a range of services as possible given limited funds; there is no “fat in the system.”
- The State’s investment in locally-prepared Coordinated Public Transit Human Services Transportation Plans (Coordinated Plans) has generally paid off in terms of better identification of transportation needs and improved coordination among local providers. The process of developing them, more than the plans themselves, has led to better relationships and coordination.
- There is an expectation among many Study participants that visible state leadership can and will elevate the importance of and attention to coordination among state agencies.
- The absence of a statewide policy forum for discussion of how transportation services will be provided in the State’s new Coordinated Care Organizations (CCO) model is an example of the need for collaboration among state agencies and regional and local service providers on coordination policy and implementation.
- Conflicting goals are a fundamental challenge to human services-transportation coordination. Transportation goals involve transporting as many people as possible in the most cost-effective way possible. In human services, transportation is not an entitlement or a primary service but rather is one service among many in the comprehensive service package.
- With specific exceptions, coordination between and within state agencies is limited at best. Within agencies, transportation services tend to be very siloed, in large part because of the lack of a mandate and funding targeted to coordination.
- While individual state agencies have agency-specific performance measures, there is no coordinated program of assessing coordination performance among agencies. There is no known methodology for assessing quality attributes of local transportation coordination efforts. While there is research on mobility management performance measures, there is no industry standard.
- Coordinating transportation services for veterans is increasingly a priority, with lack of coordination between public transportation service providers and the Department of Veterans Affairs being a major barrier.
- Improving linkages between housing and other community services and transportation services will become more critical as the population ages, demand for services grows, and costs rise.
- There is broad interest among public transportation and human services providers to network and dialogue on what coordination is occurring and needs to occur.



Challenges to coordination are greater in rural areas, in part due to distances between communities, the presence of numerous small providers, and the lack of knowledge of services and how to use them. At the same time, transportation is especially critical for rural counties with diminishing resources. Counties such as Coos and Curry could be without deputies, library systems, and other services but the need for transportation continues and coordination becomes all the more important in view of the diminishing resources.

A FOCUSED SET OF IMPLEMENTABLE STRATEGIES

This study recommends seven programmatic strategies to improve the coordination of public transportation and human services. Because of the breadth of potential subject matter, the Study’s advisory committees recommended focusing on a limited set of readily implementable actions that will facilitate ongoing action and dialogue to improve coordination of public transportation and human services.



A key lesson learned from national-level research and the lack of an ongoing commitment to implement the recommendations of the 2000 study is that high-level leadership is required to elevate and sustain the importance of coordination among all the entities involved. Thus, proposed strategies are based on a Statewide Coordination Initiative directed by the Governor's Office. While the Study's strategies can be independently implemented, they are generally tied into Executive action that prioritizes coordination among state agencies on transportation-human services and establishes a task force of high-level implementers to tackle the greatest challenges to improve coordination identified through this Study within a specified timeframe. Convening of regional forums is recommended to help inform and focus the work of the task force, particularly in improving regional connectivity and overcoming regulatory, geographic and cultural barriers to coordination.

1. Statewide Transportation-Human Services Coordination Initiative

STRATEGY	PRIMARY IMPLEMENTER	RECOMMENDED TIMING
Through a Governor's Office Directive, establish a Statewide Transportation-Human Services Coordination Initiative, implemented through a term-limited Task Force charged to: ■ Identify and analyze funding spent on public transportation used for human service program delivery by source. Recommend changes in the reporting formats and management of these funding sources that improves coordinated delivery of transportation; ■ Based upon input from Area Commissions on Transportation (ACTs), Regional Solutions Teams, MPOs, Councils of Governments and the human services community, identify: (1) actions to overcome regulatory, jurisdictional, geographic and cultural barriers to coordination; (2) opportunities to improve regional and out-of-region connectivity in public transportation and human services; and (3) opportunities to leverage public transportation funding and resources at the state and local levels to achieve cost efficiencies and strengthen the public transportation system. ■ Recommend strategies to improve both intra- and interagency coordination in the funding and delivery of public transportation and human services, as well as agency responsibilities for implementation; ■ Engage service providers, including Coordinated Care Organizations (CCOs), to increase their awareness about the most efficient and effective transportation service options; and ■ Develop performance measures to monitor the benefits and costs of coordination, including public transportation services provided by CCOs.	Governor's Office	Executive Action: Fall 2013 Task Force Recommendations: Fall 2016

The Task Force will be of limited duration (18-36 months) and include representation from:

- State agencies involved with human services and transportation, including but not limited to:
 - Department of Transportation (ODOT)
 - Department of Human Services (DHS)
 - Oregon Health Authority (OHA)
 - Employment Department
 - Department of Housing and Community Services
 - Department of Veterans Affairs (ODVA)
 - Budget and Management Division of Department of Administrative Services
- Local and regional providers and organizations that administer public transportation and human services

Staffing for the group should be provided jointly by ODOT, DHS, OHA, and Budget and Management.

The Task Force will report its recommendations to the Governor's Office, state agencies and the Legislature.

During the process of establishing a Statewide Transportation-Human Services Coordination Initiative, the Policy Steering and Technical Advisory committees convened for this Study should be kept intact to help ensure a smooth transition from this Study process and to monitor implementation of Study recommendations. They should continue to be staffed by ODOT Public Transit Division and DHS, with neutral facilitation provided by AOC. If the concept of a Statewide Coordination Initiative is determined to be infeasible or untimely, ODOT Public Transit Division and DHS should continue to convene and staff the combined Study committees as a surrogate. The composition of the advisory group should be revisited to consider greater non-state agency (practitioner) representation. It should meet quarterly and operate in a similar fashion to the committees convened for this Study.

There are no examples in other states of mandates to coordinate without also establishing a task force, council, committee or a new department of government to implement the mandate.



The rationale for establishing a Statewide Transportation-Human Services Initiative to be spearheaded by a Task Force is based on research and outreach conducted as part of this Study, including the strong support for a Statewide Coordination Initiative expressed by the project's multi-stakeholder Policy Steering and Technical Advisory committees and by most of the other participants in this Study.

National level research suggests that successful transportation coordination at a statewide level is associated with an executive or legislative mandate and some type of statewide coordinating mechanism. In response to a federal United We Ride initiative to improve coordination of transportation and human services and the increased emphasis on coordination to improve and provide efficient services, many states have established coordinating councils or committees. According to a 2012 report for the Federal Transit Association (*State Human Service Transportation Coordinating Councils: An Overview and State-By-State Profiles*), at least 23 states have created state coordinating councils by statute, governor's executive order or initiative. The National Conference of State Legislatures reports that an even higher number of states (27) have state coordinating councils and at least 29 have one or more councils at the regional level.



In a very similar and recent effort, the Governor of Alaska established a Coordinated Transportation Task Force to advise the Governor's Office on community-based transportation services and coordination. In February 2012, the Task Force issued its recommendations for a statewide vision for human service-public transportation and an action plan with outcome-based strategies. Recommendations include legislatively creating a state Coordinated Transportation Commission with the authority and responsibility to make needed systematic changes. These recommendations were driven by the same situation experienced at the state agency level in Oregon – there are multiple state and federally funded programs for transportation services; the total amount of transportation funding cannot be quantified because roles, responsibilities, budgets, accounting processes and commitments differ; and **removing barriers to potential cost savings will take time and requires inter-agency, Governor-directed leadership and support.** In another recent example, the Idaho Mobility Council was established in 2012 and charged with advising the Idaho Transportation Department on issues, coordination strategies, policies and procedures relating to mobility planning and implementation and with providing leadership on planning and coordination, among other duties.

In response to the last statewide study of transportation-human services coordination (*The Coordination Challenge*, ODOT, 2000), Governor Kitzhaber convened state agency managers to implement the Plan's recommendations and to develop performance measures as part of what was termed the Governor's Coordinated Transportation Initiative. A variety of projects were co-funded by ODOT and DHS at the regional level to facilitate the establishment of brokerages or central dispatch programs, improve regional coordination, implement technology improvements, improve welfare-to-work transit programs, and other activities to improve coordination and service delivery. Although the 2000 study called for ongoing coordination of state agency transportation programs, the Initiative and its program of interagency coordination were not institutionalized and, absent a mandate for coordination, they faded away by 2003.

Among the charges to a Coordination Initiative Task Force would be identifying opportunities to leverage available public transportation funding and resources to achieve cost efficiencies and strengthen local public transportation programs. The concept of leveraging resources was identified by the Study's advisory committees as critical in an era of declining funding and growing demand for services. While leveraging resources is a common practice at the local level (see Appendix C), participants felt that greater effort could occur at the state agency level and that constant effort is required to achieve cost efficiencies at all levels.

2. Defining regional issues and solutions

STRATEGY	PRIMARY IMPLEMENTER	RECOMMENDED TIMING
To help inform the work of the Statewide Transportation-Human Services Coordination Task Force, establish forums to identify coordination issues at the regional level, including: - Strategies to address regulatory, jurisdictional, geographic and cultural barriers and opportunities. - Strategies to address gaps in regional and out-of-region services and in identifying opportunities to improve linkages among community services.	Regional Solutions Teams	Initially convened in Fall 2013, then periodically

- Regional transportation coordination issues that should be addressed by OHA, CCOs and brokerages in determining how transportation services are coordinated under the CCO system.

These regional forums could be convened by Regional Solutions Teams and should include agencies, Area Commissions on Transportation (ACTs), CCOs, MPOs, Councils of Government, and other service providers and stakeholders involved in providing regional and local transportation and human services. The forums should be convened in a timely manner to provide the Statewide Transportation Coordination Task Force with recommendations within its established tenure period.

A companion strategy to a Statewide Coordination Initiative led by a Governor-appointed Task Force is ongoing dialogue at the regional and local levels among transportation and human services providers to define the issues and strategies to be considered by the Task Force. This community-based approach is intended to ensure that actions proposed by the Task Force are supported and implementable by in-the-field practitioners. In keeping with Study input about the value of regular information-sharing, it also provides a mechanism for networking and dialogue among service providers and other stakeholders that does not otherwise exist.

Although Regional Solutions Teams are identified as a potential convenor, it is recognized that their orientation and composition do not currently encompass human services. Either the mission and composition of existing teams would need to be expanded or separate human services-focused teams would need to be established. Alternatively, using other existing regional groups such as Area Commissions on Transportation (ACTs) would need to be explored. Because regional forums are a precursor to the convening of the Statewide Task Force, identification of the appropriate convenor is an immediate priority.



3. Addressing Policy and Regulatory Barriers

STRATEGY	PRIMARY IMPLEMENTER	RECOMMENDED TIMING
Review internal policies that are potential barriers to coordination, including but not limited to the policy that client-only transportation services are ineligible for funding.	ODOT	Short term and ongoing
Through PTD's regional coordinators, convene transportation and human services representatives at a regional level to share information on programs, best practices and other coordination opportunities.	ODOT	Periodically
As a condition of State funding, require Coordinated Plans to demonstrate expanded coordination efforts with human services agencies and other stakeholders and identification of strategies that address the transportation needs specific to populations of interest in the planning area, including veterans.	ODOT with counties and tribes	As plans are updated
Continue to provide technical assistance and financial support for Coordinated Plans.	ODOT	As plans are updated



Address transportation-human services coordination in statewide and regional planning efforts.	ODOT, DHS/OHA, HCS, ODVA, others	As plans are updated
Revise the 1997 Oregon Public Transportation Plan to provide updated information on public transportation in the state, revisit funding priorities, incorporate appropriate policy direction from this Study, and provide planning guidance beyond its current 2015 timeframe.	ODOT	Within next 3-5 years
Ensure coordination of public transportation and human services and inclusion of Complete Street concepts in Transportation System Plans; identify opportunities for regional connectivity of transportation services; and provide guidance to local governments to ensure TSPs adequately identify and respond to coordination barriers and opportunities.	ODOT	As part of local/regional government TSPs
Continue to support the development and operation of regional call centers as a mechanism for single points of contact for transportation and human services information.	ODOT	Ongoing
Explore opportunities for coordinated training programs among PTD, DHS/OHA and ODVA, as well as with other state agencies, CCOs, brokerages and local providers. For example, because they both have an interest in training, PTD and DHS could collaborate both in training of drivers and in training of trainers.	ODOT, DHS/OHA, ODVA and DAS	Ongoing
Provide accountability for monitoring financial aspects of transportation services across departments.	DHS/OHA, DAS	Ongoing
Provide a Department liaison on issues of statewide and national transportation coordination.	DHS	As soon as possible
Develop common data collection forms for monitoring transportation spending across agency programs.	DHS, DAS	As soon as possible
To obtain a picture of true costs and benefits of public transportation services, collect data for performance measures developed by the Statewide Coordination Task Force.	DHS/OHA, ODOT, DAS, other agencies	Ongoing
Develop strategies to strengthen DHS and ODVA volunteer transportation programs, including coordination and collaboration between the DHS volunteer program and the Disabled American Veterans van system.	DHS/OHA and ODVA	In short term
Establish a recurring forum to provide training and problem solving between brokerages, individual departments, and CCOs.	DHS/OHA	Ongoing
Continue to implement recommendations of the Legislative Task Force on Veterans Transportation.	ODVA	Ongoing
Assess options for service to Veterans Administration clients by DHS volunteers.	ODVA and DHS	Short term

Establish a recurring forum to identify opportunities for interagency coordination with veterans programs and public transportation services, barriers to veterans transportation and strategies to address them, and opportunities to improve coordination with brokerages for veterans transportation.	ODOT, DHS/ OHA, ODVA, Veterans Administration Health Administration	Within one year
Develop requirements for local permitting processes to address access to health and community services and provide notice to public transportation and human services providers.	HCS, DLCD, ODOT and DHS	Within one year

The Statewide Transportation-Human Services Coordination Initiative outlined in Strategy 1 will be the primary venue to further identify and address policy and regulatory barriers to coordination. This strategy includes a variety of several agency-specific actions identified through the Study process to improve coordination within and between state agencies and with local and regional service providers. This is not intended to be a comprehensive list of potential state agency actions, but rather key agency-specific actions that could be taken in addition to those anticipated through a Statewide Coordination Initiative.

During the Study process, ODOT staff identified several potential internal policy barriers to coordination, most notably a practice of denying transportation funding to entities that limit services to clients such as churches and hospitals. Apparently, nothing in policy prohibits such, but through internal interpretations, grant requests are being denied. Participant input indicates that loosening of restrictions on funding is desired from state agencies where it would lead to improved coordination of services and to assisting local transportation programs. Review of and better articulation of policy is needed to reduce confusion among local providers about eligibility.

The recent designation of regional transportation coordinators represents an opportunity for ODOT to bring together local public transportation and human services providers. The regional coordinators could easily serve both as conveners and as information purveyors about available funding, best practices from around the state, changes in regulations affecting coordination, etc. to these two communities — a function which, with some exceptions, is not currently being performed at the regional level. It is also recommended that Area Commissions on Transportation (ACTs) be integrated into this transportation-human services coordination, as ACTs are anticipated to play an increasingly significant role in the allocation of transportation funding at the regional level.

A 2008 *Assessment of Oregon Coordinated Transportation Plans* (Nelson/Nygaard, updated in 2009) recommended strengthening Coordinated Transportation Plans by broadening the base of stakeholders beyond STF advisory committees and existing transportation providers to include representatives of the business community, medical providers, education facilities, local elected officials, faith-based organizations and private transportation providers such as taxi companies. Employer-related stakeholder participation is specifically called out. That study also indicated that very few plans identify transportation needs specific to populations of interest to the plans, e.g. older adults, persons with low incomes, and persons with disabilities. It was also concluded that the plans were inconsistent in their descriptions of existing



There is strong interest in improving the linkages between transportation and other community services, especially housing and medical care, but few suggestions on how to do so. The land use permitting process is seen as one mechanism to require consideration of access to community services.



coordination efforts and opportunities to enhance coordination, with some plans not speaking to coordination efforts at all. The Assessment acknowledges the funding assistance provided by ODOT, but notes that many of the agencies responsible for preparing the Coordinated Plans have no dedicated planning staff or access to planning tools such as Geographic Information System (GIS) technology.

It has been more than 15 years since a statewide Public Transportation Plan was developed and that plan is woefully out of date. Findings and information collected for this Study should be incorporated into an update of that plan. Funding priorities should be revisited and revised as needed to address a new 20-year timeframe. Similarly, transportation and human services coordination should be addressed in planning undertaken by human services, community development and veterans agencies.

AARP has identified the need for effective transportation policies as being one of the cornerstones in creating livable communities where aging in place is possible. They have identified the need to increase mobility options thereby reducing reliance on personal car transportation. A key focus is Complete Street policies. AARP's Public Policy Institute, in its report *Aging in Place*, asserts that improved coordination of housing, transportation and land use policy can help older adults live closer to or within walking distance of the services they need; increased mobility options can reduce reliance on transportation by personal car; and affordable, accessible housing can decrease institutionalization and meet consumer demand.

At the state level, agency coordination is not mandated either by policy or funding sources (primarily Federal Medicaid and State General Fund). Individual transportation programs are generally operated in a silo; it appears that staff involved in specific programs is not coordinating services outside of their individual areas. This is particularly true at DHS where a variety of programs provide transportation services, including Aging and People with Disabilities, Child Welfare and Self-Sufficiency, Vocational Rehabilitation, Developmental Disabilities, the DHS branch offices, and medical transportation programs operated under OHA. For example, a branch office may authorize out of state transport for a client and be operating under old rules and methods of doing business and not be aware of the current policies/procedures/payment mechanisms for authorizing the service. In addition, data bases available to the various programs may not match or coordinate in any way and may include outdated information. Within DHS, there is no single department or staff responsible for overall coordination of transportation services. The consequence is that there are gaps in human services that result in clients either not being served or in expensive alternatives because transportation must be provided and there are no other solutions. For example, within Child Welfare, staff must sometimes patch together expensive options for non-medical transports because no other choices are known to be available. That program apparently does not use brokerages and OHA rules do not allow them to transport children under the age of 12 to medical appointments without an attendant.

A Legislative Task Force on Veterans Transportation found that one of the most promising opportunities to create a statewide veterans transportation network was to coordinate or leverage the existing medical transportation brokerage system operated through DHS.

Establishment of transportation coordination mechanisms at DHS, including an internal agency centralized transportation coordination function, has been suggested as an approach to address barriers to coordination and streamline provision of transportation services across departments within the two agencies.

Veteran's transportation coordination strategies are directly addressed in the recommendations of the Legislative Veterans Task Force on Veterans Affairs. A lack of coordination between public transportation service providers and the Veterans Administration was cited by the Task Force as a major barrier to improving transportation services for veterans. A question to be resolved coming out of the Study process is whether DHS volunteer drivers can serve Veteran Administration clients, given federal and DVA restrictions.

As noted in the discussion of Strategy 2, consideration of access to public transit services has been required for some time in local land use decision-making. However, there is no requirement for similar consideration of access to health care and other human services. An example of why such a requirement for coordination is needed is the recent siting of a new Social Security office in Salem in an industrial park with the closest (and limited) transit service three blocks away. Experience suggests that inclusion of considerations about the connections between public transportation and human services is more likely to occur if there is a state mandate for such. Such a mandate may also stimulate DHS, DVA, and HCS to more actively participate in local site selection and permitting processes. Because of its broad housing and community services mandate, it is recommended that HCS lead this interagency effort.

4. Improving Local Level Coordination

STRATEGY	PRIMARY IMPLEMENTER	RECOMMENDED TIMING
Disseminate the Best Practices white paper developed as part of this Study.	AOC, LOC and ODOT	With Study completion
Periodically update information on best practices and disseminate to interested parties.	AOC, LOC and ODOT	Periodically
Prepare some elements of Coordinated Plans at a statewide level to foster consistency, standardize quality and achieve cost savings. As an example, background data for the needs assessment and associated mapping could be compiled by the agency.	ODOT	Prior to next round of Plan updates
Develop guidance on responding to emerging issues/trends and best practices, such as providing services to veterans and acquiring technology that may not be specifically addressed in Coordinated Plans.	ODOT	Prior to next round of Plan updates

While they identify a variety of barriers to coordination and gaps in service, Study participants confirm that coordination at the local level is generally working well. Numerous local and regional best practices have been identified during the course of the Study (Appendix C) that merit distribution as a specific informational product. While there is broad interest in sharing information on best practices and new/emerging technologies, participants caution that they should not be viewed as applicable in every region or suitable for every provider. They also suggest that this Study not attempt to focus on technological tools as those are changing too rapidly for information to be useful for any length of time.

Reassessment of the current approach to and requirements of local Coordinated Plans was initially identified as a mechanism to assess the relationship of local Coordinated Plans to successful coordination and to define what plan elements lead to improvements in coordination. Research of the coordination planning process indicates that the process of developing the plans is often more beneficial than the plans themselves in fostering

While they identify a variety of barriers to coordination and gaps in service, participants confirm that coordination at the local level is generally working well. Service providers are committed to and passionate about their programs and cite multiple examples of local and regional level coordination successes. Major challenges focus on improving coordination across and among regions and in efficiently serving rural areas. In rural areas, transit use is often limited by lack of awareness of available resources and lack of knowledge of how to use transit to access work, school, medical services, etc. Regional connectivity is an important issue for participants and a common obstacle to providing cost-efficient and timely services.

coordination. No significant changes in required plan elements have been identified. However, it is recommended that some elements of Coordinated Plans can be more efficiently be prepared by PTD, such as background data for the needs assessment and associated maps. This would also help to ensure consistency among the plans in assessing coordination needs.

5. Information Sharing

STRATEGY	PRIMARY IMPLEMENTER	RECOMMENDED TIMING
Convey key transportation coordination issues to assist in determining how transportation-human services could be coordinated under the CCO system.	ODOT, DHS/ OHA, AOC and LOC	Short term
Conduct an assessment of implications of MAP 21 legislation, including requirements for performance measures for evaluating the benefits of coordination. This assessment should be distributed to Study participants and other affected stakeholders.	ODOT, DHS/ OHA, AOC and LOC	Short term

Two evolving topics — coordination issues associated with CCOs and recent Federal transportation legislation, Moving Ahead for Progress in the 21st Century or MAP 21 — stand out for ongoing information sharing because of their potential to affect Study implementation and future coordination activities.

Relationship-building between CCOs and brokerages is at different stages throughout the state. There are particular challenges in those cases where more than one CCO proposes to serve an area covered today by a single brokerage. In some areas, CCOs have not entered into dialogue with brokerages. Conversely, in other areas, positive conversations and negotiations among CCOs and brokerages have been underway for some time. Irrespective of the status of these relationships, there are important potential issues that merit attention related to CCOs assuming responsibility of NEMT transportation services. Of note, OHA has been convening monthly meetings of CCOs and brokerages to address the provision and funding of NEMT services.

As previously discussed, MAP 21, last summer's new federal transportation funding legislation includes coordination and performance measure requirements that will affect public transportation-human services coordination. While implementing regulations have not yet been promulgated, research is needed to assess how MAP 21 provisions may revise or augment recommended strategies. This information needs to be conveyed to service providers and other stakeholders.

Coordinating transportation and human services for persons with disabilities is particularly challenging due to a combination of factors, notably federal regulations, the cost of services and providing convenient access to public transportation.

6. Future Studies

STRATEGY	PRIMARY IMPLEMENTER	RECOMMENDED TIMING
Assess coordination issues and opportunities associated with transportation services for persons with developmental disabilities.	ODOT and DHS/ OHA	Longer term
Assess coordination issues and opportunities associated with shared school ride programs.	ODOT, DHS and ODOE	Longer term

As previously noted, the number of issues meriting analysis in this Study exceeds its available resources. Two issues — transportation of persons with developmental disabilities and shared ride school programs — stand out as needing detailed exploration in future studies; both of these issues are complicated and require significant research and evaluation.

Coordinating transportation and human services for persons with developmental disabilities was identified by Study participants as particularly challenging due to a combination of factors, notably federal regulations, the cost of services, and providing access to public transportation to persons with developmental disabilities. The safety needs of some individuals with intellectual/developmental disabilities and the safety needs of the general public may present challenges to transportation integration.

Under the Medicaid Title XIX DD53 program, home to work transportation costs for developmentally disabled persons is eligible for reimbursement to counties with a local match. STF funds have long been used for this match; DHS does not provide such funding. With declining STF funding and increasing transportation needs for disabled and senior populations, providing the required local match is becoming a significant challenge for counties.

Assessment of this issue could include:

- Identify and review current and future transportation needs and issues involving persons with developmental disabilities.
- Identify the current resources available and required to address anticipated future needs.
- Identify potential methods of providing resources to address the transportation needs in an equitable and sustainable manner.
- Explore the potential for DHS to provide the local match required for the DD53 program or the establishment of dedicated funding for special needs transportation.

Among the potential funding sources that should be explored is a permanent state trust fund that would subsidize transportation costs for those with developmental (and other) disabilities, income status or age, cannot transport themselves and are dependent upon others to access basic services. A model for this is the Florida Transportation Disadvantaged Trust Fund enacted in April 2012 that allocates \$10 million per year. Legislation was introduced in Oregon in 2011 and in the 2012 special session to dedicate an increase in the tobacco tax to special needs transportation but no action has been taken on this legislation.

The most significant regulatory barrier to coordination has been identified by some to be coordination of education and transportation services. Federal and state funding restrictions are a key challenge to coordinating education funding with public transportation. Another barrier is that education transportation is provided by the private sector, with a couple of companies providing the bulk of student transportation in the State. While State law permits the use of school buses for general transportation, due to reimbursement procedures for student transport, there are few incentives to expand the service to non-student transportation. Additionally, the highly decentralized nature of school districts results in individual school principals having to become comfortable with mixing of student and non-student populations. There is little monetary incentive for the private sector to coordinate. Other barriers include concerns about combining adults and students on buses and higher vehicle standards for school buses than for public transit vehicles.



While there are significant barriers to the use of school buses for public transportation, there are good examples in Portland and Eugene of use of public transit to help provide school rides. Lane Transit District and TriMet have both supported student transportation through special agreements with local jurisdictions and school districts. Exceptions to state law were required to enable these services.

Nationwide, there are a few examples of general public transport by school buses. The Ohio Transportation Coordination Task Force worked with the Ohio Department of Education to amend rules to allow school bus usage for transporting “Ohio Works First” clients during times when school buses were not utilized for transporting students. Under certain conditions, Washington State law allows the general public to share rides on school buses along with students. Since 1998, Shelton School District No. 309 & Mason County Transportation Authority have used school buses as transit vehicles, providing transportation to the general public as well as school children.

If further exploration of opportunities for shared bus rides is deemed feasible, a number of critical questions need to be addressed, including:

- What are the school bus regulations that create barriers to coordination with other entities? Are there ways to collaborate within those regulations or ways to waive requirements when it makes sense to do so?
- With regard to budgeting, is there a way to accurately anticipate program costs in order to work within the school’s budgeting process?
- Where could there be savings or opportunities for increased revenue as a result of coordination?

8. Implementation

STRATEGY	PRIMARY IMPLEMENTER	RECOMMENDED TIMING
Assess the progress in implementation of Study recommendations and their effects on improving transportation-human services coordination, particularly at the state agency level and in regard to regional connectivity.	ODOT, DHS, AOC, LOC	Within 5 years
Conduct additional research on potential performance measures, including requirements in MAP 21 Legislation.	ODOT and DHS/OHA	Within one year
Continue to engage Policy Steering and Technical Advisory committees in advisory role to the statewide Task Force, at least through its first 6-12 months of operation.	ODOT, DHS/OHA and AOC	Through first 6-12 months of Task Force

Due to the constant and rapid changes in emerging conditions affecting coordination, review of the progress in implementing Study recommendations is recommended no more than five years after its completion. A focus on coordination improvements in regional connectivity and at the state agency level would be responsive to areas of some of the greatest opportunity for improvements.

Improved access and reduced cost are identified in most literature and through interviews as common measures of successful coordination. While individual state agencies have agency-specific performance measures, there is no program for assessing coordination performance among agencies. Based on national research, there is no known methodology for assessing quality attributes of local transportation coordination efforts. While there is research on mobility management performance measures, there is no industry standard. However, as noted, there are specific requirements in the MAP 21 legislation related to performance measures that should be tracked and shared with state agencies, transportation and human services providers, and other stakeholders.

The goal in developing measures for assessing the coordination of transportation and human services should focus less on the functions of individual service providers or funders and more on how those parties are collaborating in providing services. Measures that are focused on standard service provision calculations — numbers of riders served, numbers of trips provided — miss the boat in terms of measuring the outcomes of coordination. Rather, coordination should be judged on whether the services that are provided are coordinated where they can be, whether those who need services are served, whether the services are provided where they are needed and to those who need them, and whether the services are provided efficiently and equitably.

As discussed under Strategy 1, having some type of group advising on implementation of this Study and other statewide coordination issues is critical to improvements in coordination of transportation and human services. The advisory committees convened for this Study have been invaluable in providing background information, helping prioritize Study efforts, and developing strategy recommendations. Combining those two groups into a single body (they have met concurrently throughout the process) to advise a newly-established statewide coordination committee can facilitate a smooth transition from this Study process and help ensure implementation of its recommendations.

COMMON ACRONYMS

Acronym	Full Title
AAA	Area Agency on Aging
AARP	American Association of Retired Persons
ACT	Area Commission on Transportation
ADA	Americans with Disabilities Act
AOC	Association of Oregon Counties
APD	DHS's Office of Aging and People with Physical Disabilities
CCO	Coordinated Care Organization
Coordinated Plan	Coordinated Public Transit Human Services Transportation Plan
DAV	Disabled American Veterans
DD	DHS's Office of Developmental Disability Services
DHS	Oregon Department of Human Services
DMAP	OHA's Division of Medical Assistance Programs
VA	U.S. Department of Veterans Affairs
FHWA	Federal Highway Administration
FTA	Federal Transit Administration
FY	Fiscal year
OHCS	Oregon Department of Housing and Community Services
MAP 21	Moving Ahead for Progress in the 21st Century
NEMT	Non-emergent medical transportation
ODOT	Oregon Department of Transportation
ODVA	Oregon Department of Veterans Affairs
OHA	Oregon Health Authority
OHP	Oregon Health Plan
OTCI	Oregon Transportation Coordination Initiative
PTD	Oregon Department of Transportation, Public Transit Division
Study	Transportation-Human Services Coordination Study
STF	Special Transportation Fund
TRB	Transportation Research Board
TriMet	Tri-County Metropolitan Transportation District
VA	U.S. Veterans Administration
VR	DHS's Vocational Rehabilitation Program

I. INTRODUCTION

A COLLABORATIVE PROJECT AND PROCESS

This Transportation-Human Services Coordination Study (Study) is a collaborative effort of the Oregon Department of Transportation, Public Transit Division (PTD), and the Oregon Department of Human Services (DHS) to understand the current opportunities and barriers for improved coordination of public transportation and human services at the state agency and local levels in Oregon. The Study is being administered by the Association of Oregon Counties (AOC), which has contracted with Cogan Owens Cogan, LLC. It has been advised by a Policy Steering Committee, composed of representatives from federal and state agencies and the Governor's Office, and a Technical Advisory Committee, composed of transit and human service providers and others.

A goal of this Study is to build upon coordination efforts initiated by the State in the early 2000's and subsequent coordination-related studies (e.g., 2008 Portland State University special needs study) to identify what has changed and is changing in terms of coordination. An ambitious range of expectations was identified early on by Study partners, advisory committees and key stakeholders. Chief among these:

- Research the current state of public transportation – human services coordination in Oregon and nationally.
- Identify the opportunities and barriers for improved coordination in Oregon at the state agency and local levels.
- Evaluate policies, governance structures, evidence-based measures, and the feasibility of various coordination practices at both the state and local levels.
- Focus on a limited set of feasible actions that will demonstrably improve coordination.
- Ensure broad opportunities for participation in the development of recommended actions.

While significant research has been conducted, the Study has been most informed by dialogue with its two advisory committees and the input of key stakeholders throughout the state obtained through interviews, workshops and presentations. There was no preconceived agenda among the Study's partners and the Study's scope has evolved to respond to the input received about issues and solutions on which it should be focused.

COORDINATION IS THE FOCUS

The subject of coordination is complex and multi-faceted. For purposes of this Study, the focus is coordination of public transportation and human services (as defined in Section II). While human services transportation is often perceived as being geared to "transportation disadvantaged" populations (seniors, physically and developmentally disabled persons, and low income individuals without a reliable way to get to work), it also includes transportation for Medicaid recipients, children and families in child welfare programs, children in foster care, veterans, etc.

This Study concentrates on the governance aspects, rather than the service delivery aspects, of coordination. The prior comprehensive study of this kind primarily addressed the functional aspects of service provision (e.g., insurance, uniform standards, shared use programs). In contrast, this Study focuses on the governance structure for and organizational aspects of

Federal, state and local governments spend billions of dollars each year on public transportation through highly visible expenditures on mass transit, including local and regional level bus service and commuter rail. Not so visible are the additional billions of dollars spent by agencies that provide specialized transportation services for their clients, such as van services for the aging and Medicaid clients, coordinated job rides, public housing servicers, and special services for persons with disabilities.

Improving Public Transportation Services through Effective Statewide Coordination

National Governors Association Center for Best Practices

transportation programs at the state and local levels. It does not evaluate specific public transportation or human services programs except in the context of coordination of services. To a large extent, this Study is more of an assessment of issues of who best to provide coordination of services than it is of issues of what services need to be coordinated.

As a “study,” its purpose is to inform decision-makers and practitioners of what actions may be necessary to respond to recommended strategies. Successful implementation of these recommendations will require the continued leadership of Study partners and the ongoing collaboration of those who participated in its development.

Transportation coordination is defined by the Federal Transit Administration (FTA) as a series of related activities to reduce duplication of transportation services and to enhance the use of funding and other resources already contributed by the federal government for transportation services. For the National Resource Center for Human Service Transportation Coordination, coordination means the efficient and effective use of transportation resources for getting people to important destinations, such as jobs and medical appointments. Coordination is working with transit providers, human service agencies, private institutions, businesses, volunteers and political leaders to broaden transportation options.

WHAT IS DRIVING THIS STUDY

It has been more than 12 years since the last comprehensive study of coordination in the state, the 2000 *The Coordination Challenge* and the resultant Oregon Transportation Coordination Initiative, which essentially faded away after several years with a change in state leadership. More recently, there have been two statewide reviews of Coordinated Public Transit Human Services Transportation Plans (also known as *United We Ride* plans) prepared by counties and tribal governments to address local and regional specialized transportation needs. These reviews focused primarily on the adequacy of the plans in identifying and responding to transportation needs, rather than on coordination between the transportation and human services sectors.

As further discussed in this Study, the barriers to coordination identified 12 years ago still exist, most notably the absence of a mandate for coordination at the state agency level and the inability to track state spending on coordination activities associated with public transportation for human services. The numerous emerging trends at the national, state and local levels affecting coordination (see Section II) further argue for this evaluation of coordination.

WHY COORDINATION IS SO IMPORTANT

The benefits of coordinating public transportation and human services are well established. Since the 1970's, agencies and organizations such as the Government Accounting Office, U.S. Departments of Transportation and Health and Human Services, Transportation Research Board (TRB), Community Transportation Association of America, and others have published reports articulating the range of benefits to be realized. In essence, these reports all agree that coordination promises two main types of benefits — improved customer service and economic rewards. These are achieved through:

- Increased funding for specialized human service transportation by access to a greater number of funding sources.

There has been no assessment of coordination among state agencies and between state agencies and local service providers since the 2000 Coordination Challenge study.

- Increased productivity of the system and reduced costs through elimination of duplication of services.
- Reduction or elimination of problems caused by multiple specialized transportation programs.
- Facilitation of customer mobility by allowing access to jobs and recreational activities such as shopping.

The TRB estimates that, nationwide, successful coordination programs could generate more than \$700 million in economic benefits to human service and transit programs. Evidence of the beneficial effects of coordination at the local level is easy to find and examples of best practices are identified in Appendix C, Best Local Practices for Coordinating Transportation and Human Services.

In addition to these benefits, coordination of public transportation and human services is important because it is required. In distributing federal funds to states for public transportation, the Federal Transit Administration (FTA) requires coordination of transportation resources. This expectation has been in place for at least 15 years and is encouraged both through funding and policy.

Current budget constraints are an impetus to make better use of separate but extensive transportation networks to achieve multiple goals. Effective coordination is an essential tool to provide broader and better transportation access and service without major new transportation investments.

NUMEROUS BARRIERS CONFRONT COORDINATION

Transportation programs are some of the most challenging to administer and are costly. Barriers to coordination of transportation and human services programs fall into a number of broad categories:

- Organizational/structural.
- Availability of funding and competition for such.
- Policy/regulatory, such as eligibility requirements for programs.
- Attitudinal, most notably turfism and institutional differences.
- Operations, particularly insurance and liability issues and differing service standards.
- Labor arrangements.
- Information/data, including insufficient data about unmet needs and lagging progress in the deployment of state-of-the-art information systems and other emerging technologies.

Chief among the barriers to coordination is the difficulty in quantifying its benefits. Despite all the studies of coordination benefits, there is very little data to measure its benefits. Anecdotal stories are the primary basis.

Coordination does not save money, but rather expands the reach of existing transportation and human services programs. It does not increase resources, but can produce better results from the available resources.

Since the 1970's, the benefits of coordination of public transportation and human services have been well researched and well-documented. Not only is coordination a good idea, it is the law – federal transit laws require coordination between public transportation and human services in statewide and metropolitan area planning, in the provision of urban and rural public transportation, and in the provision of specialized transportation services to the elderly, persons with disability, and persons from low-income households accessing jobs or job-related activities.

National Resource Center
for Human Service
Transportation Coordination



Attitudinal barriers to coordination are numerous. Collaboration can mean diminished local or institutional control. Often, there is a lack of perceived, real benefit to the agency or organization, including a lack of clear direction for what and how to coordinate and a lack of rewards/financial incentives for such. Also, unless it is made a standard business practice, coordination is highly dependent on motivated individuals. When they move on, networks and partnerships are frequently lost.

Another major obstacle is program disparity, which can make cooperation impractical or can make program administrators reluctant to share vehicles and resources. Programs that provide specialized human service transportation have distinct requirements, such as eligibility standards, vehicle needs and insurance. More practically, policy and regulatory differences can make it physically and legally difficult to share resources. Some populations have different needs and cannot share vehicles and resources. Where rules and standards are determined by federal law, state, local and regional providers may be legally prevented from coordination by factors outside their control.

Study participants identified significant barriers to transportation – human services coordination in Oregon to include:

- Combining sources of funding can bring additional and conflicting regulations.
- Government/jurisdictional boundaries are obstacles to service delivery because they frequently do not correspond to service areas.
- There are numerous language (data) barriers among agencies and providers in counting clients, rides.
- In addition to lack of transportation options, there is lack of understanding about “who” available transportation is for. The public perception is that the transportation funded through the state’s Special Transportation Fund is only for persons with disabilities or seniors.
- Coordination challenges seem to increase the larger the jurisdiction due to the number of players involved.
- Challenges to coordination are greatest in rural areas due to the great distances between communities, situations where numerous small providers are independently providing services, and, often, a lack of knowledge about available transportation services and how to use them.
- Funding regulations can result in vehicles being under-utilized and limited in services they provide.

KEY FINDINGS

The two key elements of this Study, a description of current transportation – human services coordination in the state and recommended strategies, are informed both by research and stakeholder input. They are based upon the key findings summarized here and expanded on in the body of the Study:

- Oregon is most often viewed nationally as a leader in coordination of public transportation services.
- From national level research, effective coordination is most often the product of: (1) executive or legislative mandate for coordination, and (2) some type of statewide coordinating mechanism.
- At the local level, coordination occurs primarily out of necessity and because of federal and state funding requirements. Coordination at the local level is generally “not broken” and there are numerous examples of innovative practices. Uncertainty of funding sources is identified as the greatest challenge at the local level. Other major challenges include improving coordination across and among regions and in efficiently serving rural areas.
- The State’s investment in locally-prepared Coordinated Public Transit Human Services Transportation Plans (Coordinated Plans) has generally paid off in terms of better identification of transportation needs and improved coordination among local providers. The process of developing them, more than the plans themselves, has led to better relationships and coordination.
- While multiple agencies directly or indirectly provide transportation services (including agencies that may have “hidden” transportation services, e.g. Employment Division, Labor Bureau, etc.), there is no mandate for coordination at the state level. As a result, with specific exceptions, coordination between agencies is limited at best.
- Within agencies, transportation services tend to be very siloed, in large part because of the lack of a mandate and funding targeted to coordination.
- Most agencies attempt to coordinate their programs internally where they can, although the opportunities to do so are limited by program priorities and responsibilities and by staff turnovers or shortages.
- Conflicting goals are a fundamental challenge to human services-transportation coordination. Transportation goals involve transporting as many people as possible in the most cost-effective way possible. In human services, transportation is not an entitlement or a primary service but rather one service among many in the comprehensive service package
- The transportation coordination funding picture is incredibly complicated and the tracking of coordination funding is prioritized at varied degrees depending upon the agency. A transportation spending baseline is critical to assess opportunities for internal and interagency coordination.
- While individual state agencies have agency-specific performance measures, there is no coordinated program of assessing coordination performance among agencies. There is no known methodology for assessing quality attributes of local transportation coordination efforts. While there is research on mobility management performance measures, there is no industry standard.
- For many participants, the Study’s greatest value has been the opportunity for transportation and human services providers to network with fellow practitioners. Other than the annual Oregon Transit Association conference, there are limited forums for the sharing of information among regional agencies and non-profit transportation providers. Participation in that conference can be limited by an organization’s budget restrictions. Human service sector participation tends to be limited due to the transit focus.



II. OREGON'S PUBLIC TRANSPORTATION SYSTEM

A MULTI-FACETED SYSTEM

Oregon's locally operated public transportation systems include mass transit districts, transportation districts, cities, counties and more than 100 other transportation providers. Many of the smaller transportation providers are senior centers, health care facilities, or other small, private, non-profit entities serving seniors and persons with disabilities such as churches. While public transportation is most often equated with transit (buses, light rail, streetcars), it also includes other publicly-accessible services such as Amtrak, Greyhound, ferries, airports, university shuttles, taxis, etc.

Public transportation services are provided through multiple programs including transit agencies, brokerage services and call centers that help plan, assign, and monitor trips; training services for drivers and potential public transportation users; and escort services to assist riders with special needs. In addition to fixed route transit and demand responsive services (e.g., Dial-a-Ride), there are shopper programs, transport of non-disabled children of developmentally disabled adults, Medicaid non-emergency medical transportation, waived non-medical transportation for seniors and people with disabilities not institutionalized, waived non-medical transportation for people with developmental disabilities to work or training centers, and volunteer escort service to medical appointments providing door-to-door assistance for seniors and people with disabilities not institutionalized. Also part of public transportation are transportation demand management (TDM) programs designed to provide individuals with alternatives to driving alone, e.g. *Drive Less.Connect*.

TRANSIT SYSTEM

The state's largest public transit provider is the Tri-County Metropolitan Transportation District (TriMet). Its district boundaries cover most of the metropolitan areas of Washington, Multnomah, and Clackamas counties. It operates 79 bus lines, four light rail lines with 85 stations, commuter rail line with five stations, and LIFT special transportation for people with disabilities. TriMet provided 101 million passenger trips in Fiscal Year (FY 2011), an average of 322,000 trips per day. Of this total, LIFT services accounted for 1.1 million trips.

There are nine other transit systems within the state that serve areas of 50,000 population and above: (1) South Metro Area Regional Transit (SMART), operated by the City of Wilsonville; (2) Salem Area Mass Transit (SAMTD), serving the urban areas of Marion and Polk Counties; (3) Lane Transit District (LTD), serving the urban area of Eugene/Springfield; (4) Rogue Valley Transportation District, serving the urban area of Medford; (5) Corvallis Transit System (CTS), serving the City of Corvallis with fareless transit service and providing connections to the Philomath and Albany areas; (6) Central Oregon Intergovernmental Council (COIC), serving the Bend area. Collectively, these urban agencies provided approximately 18 million bus trips in FY 2010, of which nearly one million were for older adults and people with disabilities using demand responsive services; (7) Josephine County Transit, serving Grants Pass and other areas in the county; (8) Albany Transit System, serving the Albany urban area and connecting with the Corvallis Transit System through its Linn-Benton Loop service; (9) Milton-Freewater's public transportation system which also provides intercity service to College Place and Walla Walla, Washington. In addition, the City of Ranier (part of the Longview-Kelso metro area) is served by Community Urban Bus Services.

Public transportation benefits all Americans — whether they use it or not. Public transportation equals a strong economy, a cleaner environment, and greater energy independence — which add up to a better quality of life. As America looks for solutions to today's challenges, public transportation takes us there.

American Public
Transportation Association

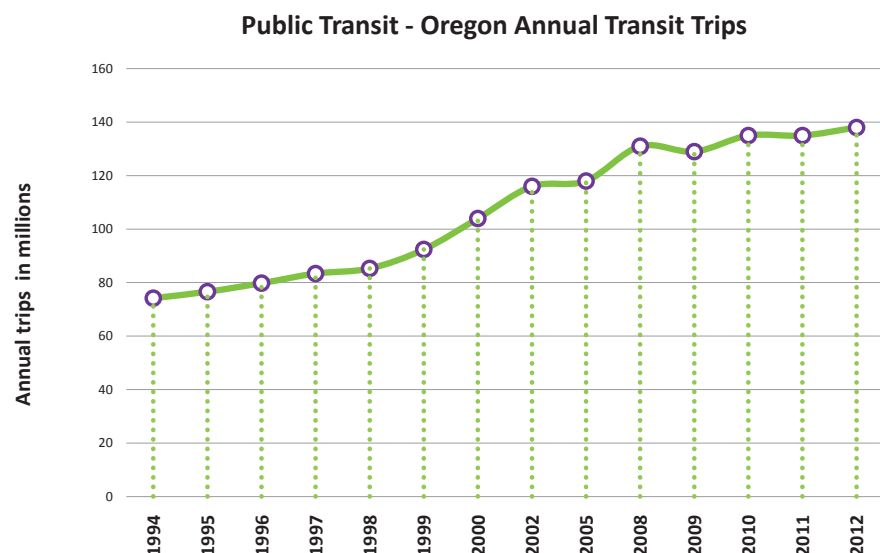
Rural transit districts include Sunset Empire Transportation District, serving Clatsop County; Hood River County Transportation District; Tillamook County Transportation District; South Clackamas Transportation District, serving the Molalla area; Basin Transit Service Transportation District, serving Klamath Falls; Grant County Transportation District; and county transportation service districts in Lincoln, Yamhill, Coos and Curry counties. SAMTD, LTD and COIC also provide rural service.

Cities and counties that operate transit services open to the general public include the cities of Albany, Sweet Home, Lebanon, Grants Pass, Pendleton, Milton-Freewater and Florence, and Benton, Linn, Coos, Curry, Sherman, Gilliam, Wheeler, Lake and Harney counties.

In some rural areas of the state, a regional agency operates the service on behalf of the area, including: Community Connection of NE Oregon, on behalf of Wallowa, Union and Baker counties; Mid-Columbia Council of Governments, on behalf of Wasco County; and Malheur Council on Aging and Disabilities on behalf of Malheur County and in coordination with Payette County, Idaho.

The nine Indian Tribal governments in Oregon also provide transit services, frequently in coordination with other local transit agencies. For example, the Confederated Tribes of the Umatilla Indian Reservation offer regional service linking Mission and Pendleton to Walla Walla, La Grande, and the Tri-Cities. The Klamath Tribes operate transit services in the Chiloquin area, linking to Basin Transit Service in Klamath Falls. Tribal transit services focus on transit services to meet the needs of Native American communities, including access to work and medical care.

In many areas of Oregon, public transit services are supplemented by the efforts of non-profit and human service agencies offering volunteer driver programs. For example, Disabled American Veterans (DAV) provides volunteer drivers to enable veterans to get to health care. Ride Connection, Inc., a non-profit agency operating in Washington, Clackamas and Multnomah counties, operates a regional network of volunteer driver programs in coordination with Oregon and federal veterans agencies, local hospitals, American Red Cross, Multnomah County Aging and Disability Services, City of Forest Grove, and many other partners. In rural areas, DHS and regional hospitals operate volunteer programs that offer a critical link to health care for many people.



Rural providers and non-profit agencies collectively provided about 5.3 million rides in FY 2010, including those for older adults and people with disabilities.

BROKERAGES

Brokerages represent a key element of the public transportation system, especially in Medicaid client transportation. The eight brokerages in the state operate call centers and contract with transportation providers, based on providing the most appropriate and least costly mode of transportation.

At the time of the last statewide coordination assessment in 2000, DHS had established three brokerages, including TriMet in 1994. *The Coordination Challenge* recommended a statewide system and, by 2008, all regions in the state had brokered transportation systems. Prior to Medicaid brokerages, DHS branch offices authorized all Medicaid client transportation. DHS's Division of Medical Assistance Programs (DMAP) contracts with these brokerages to provide transportation services, including non-emergent medical transportation (NEMT) services. This brokerage system provides a consistent program across the state through a neutral public agency model. Benefits include operation of one-call centers for regional medical transportation needs such as NEMT, disabled persons, and other services; the availability of multiple modes of transportation; local knowledge of clientele and transportation options; coordinated travel across regions; and cost reductions through cost sharing among NEMT, Americans with Disabilities Act (ADA), and grant-funded transportation programs. The eight public agencies operating as brokerages and their service areas are listed below.

DHS/OHA/AAA Transportation Brokerages			
Broker	Call Center	Service Area (Counties)	
Central Oregon Intergovernmental Center	Cascades East Ride Center	Baker Crook Deschutes Grant Harney	Jefferson Malheur Wallowa Union
Oregon Cascades West Council of Governments	Cascades West Ride Line	Benton Linn	Lincoln
Sunset Empire Transportation District	Northwest Ride Center	Clatsop Columbia	Tillamook
Lane Transit District	RideSource	Lane	
Rogue Valley Transportation District	TransLink	Coos Curry Douglas Jackson	Josephine Klamath Lake
Mid-Columbia Council of Governments	Transportation Network	Gilliam Hood River Morrow Sherman	Umatilla Wasco Wheeler
Tri-Met	Transportation Services	Clackamas Multnomah	Washington
Salem Area Mass Transit District	Trip Link	Marion Polk	Yamhill

Brokerage costs for NEMT services in FY 2011/2012 were \$40.9 million, with over 1.5 million rides provided, at an average ride cost of \$26.31.

Provided at no cost by ODOT to brokerages, the Oregon Brokerage Software Program (OBSS) facilitates coordination of rider's trips. Through its mapping, scheduling and cost estimation functions, OBSS helps to improve service to riders and funding agencies by assigning trip requests to the most efficient and cost effective provider. Developed by TriMet, this open-source software can be customized by brokerages to serve local needs.

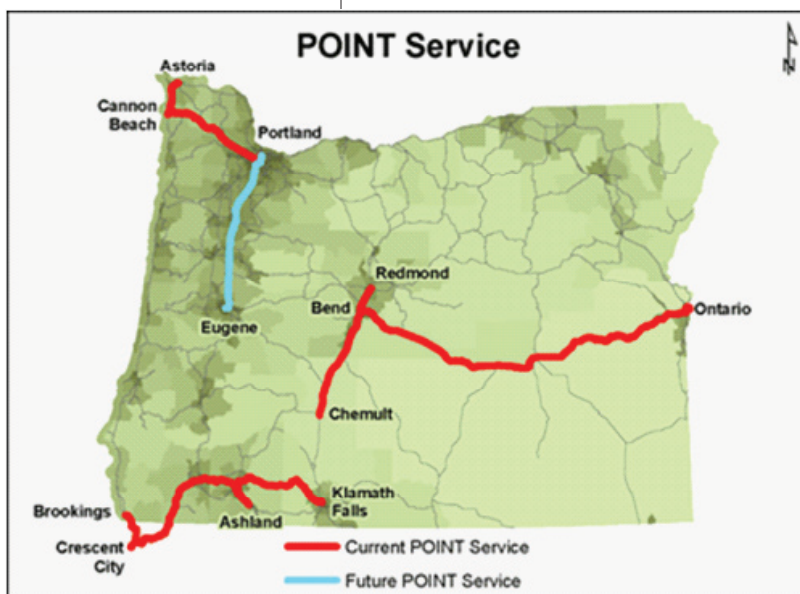
During Study development, two key issues emerged relating to brokerages:

- With establishment of Coordinated Care Organizations (CCOs), NEMT services may be transitioned from brokerages to CCOs. By July 2013, CCOs are scheduled to have contracts in place for the provision of NEMT services. CCOs may choose to contract with local brokerages, provide their own services, or look to other transportation options.
- Brokerages will not transport unescorted children under 12 years due to protocols established by DHS' Child Welfare program and liability issues. This has been identified as a key gap in public transportation services.

CONNECTIVITY AND SERVICE GAPS

Despite the state's size and predominately rural nature, connectivity in public transportation to neighboring regions, larger metropolitan areas or even other states is relatively good and interregional travel is accommodated, albeit not always conveniently. Statewide fixed route transit service is mapped at <ftp://ftp.odot.state.or.us/outgoing/transit>.

The Federal Transit Association (FTA) requires each state to spend 15 percent of its annual Section 5311 apportionment to develop and support a program of projects for intercity bus transportation. The goal of the program is to connect isolated rural areas throughout the country to larger communities and to the interstate transportation network. The services are geared more for the longer distance traveler than the commuter. Using FTA 5311f intercity grants, ODOT provides funds for the POINT program that makes connections between urban areas and to other interstate modes, including Amtrak, Greyhound, interstate bus and air travel. These services make the following connections:



- Eastern POINT: Bend to Ontario
- SouthWest POINT: Klamath Falls to Brookings through Crescent City, CA
- HighDesert POINT: Redmond to Chemult
- NorthWest POINT: Astoria to Portland
- Cascades POINT: Portland to Eugene

Currently, ODOT also uses FTA 5311f to fund services on other routes not part of the POINT system. Working with local providers, funding is provided for the following regional connections:

- Oakridge to Eugene
- Tillamook to Portland
- Milton Freewater to Walla Walla, WA
- Pendleton to La Grande
- Hood River to The Dalles

Providing connectivity in services between neighboring regions has primarily been the responsibility of local transit providers. An example is the coordination of schedules and development of an areawide website by Sherman and Wasco counties in Oregon and Skamania and Klickitat counties in Washington. Another successful program is that of the Mid-Columbia Economic Development District working with five Mid-Columbia counties in Oregon and Washington. In the mid-Willamette Valley, the Linn-Benton Loop, Albany Transit and Linn Shuttle operated by the Senior Citizens of Sweet Home coordinate schedules and have shared transfer points. In Umatilla County, transit providers have coordinated with the Confederated Tribes of the Umatilla Indian Reservation to provide service.

Oregon is primarily a rural state and it is very difficult to ensure connections to all parts of the state because of limited demand, limited available services, cost of services and lack of funding. Where services in neighboring areas exist, efforts can and are being made to coordinate routes and schedules. There are, however, areas in the state that have gaps in public transportation services and Study participants identified improved interregional and statewide transportation system connectivity as a key coordination challenge. For example, there are no public transportation connections between:

- Grants Pass and Medford (identified by PTD as a priority for FTA 5311f funding)
- Florence and Yachats (identified by PTD as a priority for FTA 5311f funding)
- Otis (U.S. Highway 101) to Grand Ronde
- Hood River to Bend

Other examples of gaps in service include lack of service between the mid-Southern Coast and inland areas and between rural areas and nearby cities in Central and Southern Oregon, e.g. John Day, Ontario and Klamath Falls.

County and Tribal Coordinated Plans identify a variety of inter-jurisdictional travel needs across county and state boundaries. Portland, Eugene and Bend are most frequently identified as desired out-of-county destinations. Out-of-state travel needs include Boise, Idaho for those living in the eastern part of the state, and a variety of Washington locations for those in Northeast Oregon. The 2008 *Assessment of Coordinated Transportation Plans* (Nelson/Nygaard) maps these inter-jurisdictional travel needs, based on the Coordinated Plans.

Many communities also lack direct transit connections. As an example, to travel from Bandon to Roseburg, transit users are directed by TripCheck to travel from Bandon to Brookings, then Brookings to Medford, and finally Medford to Roseburg — a trip of over 17 hours (whereas by auto and a more direct route, the trip is a little over 2 ½ hours). Even where direct links exist, traveler information can be poor. For a trip from Salem to Lincoln City, for example, Google maps recommends travel to Portland International Airport to transfer to a shuttle to Lincoln City, rather than travel to McMinnville or Grand Ronde for transfer to Lincoln City.

Public transportation services are limited or non-existent in many communities in the state. Examples include:

- There are no public transportation systems in Lake, Jefferson and Lincoln counties.
- In Linn, Lincoln and Benton counties, there is no public transportation available for DHS clients with court orders mandating them to attend parenting, support or language classes.
- Umatilla Tribal bus service to Walla Walla is limited to two buses per day, with no nighttime service.
- In Morrow County, volunteer drivers for veterans transportation operate on an as-available basis with no set schedule or designated routes. This absence of reliable, consistent service is problematic for veterans trying to access medical and other services. For example, it can be difficult for veterans in the south end of the county to access the new telehealth clinic in the county's north end or services in Walla Walla. Access to services in Walla Walla is particularly limited in the winter due to the reluctance of volunteer drivers to transport veterans during the winter driving conditions.
- In Multnomah County, brokerages do not transport children under 12 years of age, limiting this population to fixed-route transit for purposes of accessing human services.

Oregon's local public transit services are funded through a combination of local property taxes, local payroll taxes paid by employers, transit fares, federal funds, state funds, and lesser amounts from advertising, private funds, and other sources. Revenue sources commonly used to fund transit service in other states, such as gas and sales tax cannot be used in Oregon.

LOCAL FINANCING

Due to the constitutional limitations on the use of fuel taxes and vehicle registration fees for transit, the state's larger transit providers rely principally on local and federal revenues, while small transit providers are more dependent on state and federal assistance. Large systems generally also receive a higher percentage of their operating revenues from fares than small systems due to operating efficiencies. Larger transit providers compete for federal discretionary dollars for larger capital improvement projects. In 2010, urban systems received \$39.4 million in federal capital assistance.

Of the nearly 40 agencies providing general public transit services, 12 collect local taxes dedicated to public transit services. Of the 13 transportation districts, only six collect taxes that are more than 50% of their annual budget. PTD estimates that the grant funds allocated to the transit operators constitute about 20-50% of their operations budgets. The majority of vehicles and other capital items purchased to support public transit services are obtained through federal and state grants.

The average cost per trip on fixed route service ranges from about \$3 on high frequency routes to \$10 in rural areas. Special transportation costs are much higher, due to the one-to-one nature of these services. The cost per trip ranges from \$15 to \$35. Hourly operating costs range from \$60 to \$130 per hour. Labor is one of the largest costs to transit. A portion of most fixed route providers' special transportation services are contracted out to either for-profit or not-for-profit companies.

FEDERAL AND STATE FUNDING

For the 2011-13 biennium, federal and state funding directly targeted to public transportation totaled \$80.3 million, down from \$124.6 million in the 2009-11 biennium. Funding for the 2013-15 biennium is projected at \$79.9 million.

Federal funds administered by the Federal Transit Administration derive mainly from 2.86 cents of the 18.4 cent federal gas tax. Amounts received by Oregon providers in 2011-13 included Elderly and Disabled Capital Assistance (\$3.9 million), Jobs Access program (\$1.5 million), Small City and Rural Areas programs (\$19.1 million), Planning Assistance (\$2.1 million), and New

Freedom program (\$1 million for accessibility beyond the ADA). (Note: As explained in Section III, Map 21 legislation rescinds the Jobs Access and New Freedom programs.) Other federal funds are allocated by the Federal Highway Administration (FHWA) to the State, which through its Specialized Transportation Funding (STF) program, supports local transportation services for older adults and people with disabilities. Funds are distributed through a formula based on service area population and a discretionary grant program. For the 2011-2013 biennium, \$19.8 million is being distributed to 33 counties and transportation districts and nine tribal governments.

State revenue is comprised of three sources: a dedicated two cents of the state's cigarette tax, non-vehicle fuel taxes, and a portion of state identification card fees. For the 2011-2013 biennium, the State plans to distribute nearly \$8 million in cigarette tax revenues, \$8.7 million in non-vehicle fuel taxes, and \$3.2 million in state identification card fees. The funds are used primarily for transit operations and are frequently used to match federal-source funds also contributing to transit for older adults and people with disabilities.

Three revenue sources comprise public transportation funding in Oregon:

■ Federal Transit Administration:	\$27.6 million
■ Federal Highway Administration:	\$30.9 million
■ State of Oregon:	\$21.8 million

In addition to the STF program, the State's Special Transportation Operations program allocates General Fund monies for increased operations of transportation services for older adults and people with disabilities. In the 2011-13 biennium, \$2 million is being allocated through this program, a reduction from the \$10 million allocated during the 2009-2011 biennium.

The State also supports some transit districts through state general funds "in lieu of payroll tax" for state employees in those districts. In the 2009-2011 biennium, about \$19.6 million in lieu of payroll tax was distributed to 10 taxing districts. This revenue represents a significant share of Salem Area Mass Transit District's operating revenue due to the number of state employees based in Salem.

Each biennium, ODOT contributes \$4 million of federal Surface Transportation Program funds toward replacement of old urban buses. The state also uses \$1.7 million in these federal dollars to promote "Transportation Options" and develop and provide on-line information about strategies that reduce drive-alone auto trips.

Another state funding source that had previously been available for supporting public transit services was the Business Energy Tax Credit Program, managed by the Oregon Department of Energy. This program was substantially reduced by Legislative action in the 2009 session. Public transit agencies were particularly affected by the scaling back of this program.

Transit agencies also may coordinate funding from ODOT and DHS to help provide transportation for human service clients as necessary to meet their medical and other program needs.

The Legislative Assembly created the multimodal *ConnectOregon* program in 2005, authorizing \$100 million in lottery-backed bonds during each of the 2005, 2007 and 2009 sessions. In 2011 and 2012, \$40 million was authorized for *ConnectOregon* III and IV. *ConnectOregon* provides grants and loans for non-highway transportation projects, including aviation, marine, rail passenger and rail freight, and public transportation projects. ODOT administers a competitive

Oregon has no comprehensive coordination statute specific to human services. There is legislation, however, that establishes services for senior citizens and people with disabilities and requires coordination among state agencies in providing transportation services to these populations: "The state shall coordinate the effective and efficient provision of community services to older citizens and disabled citizens so that services will be readily available to the greatest number over the widest geographic area."

application process for *ConnectOregon*. The Oregon Transportation Commission (OTC) selects projects for funding, with input from modal and regional committees and a Final Review Committee. OTC approved \$13.7 million in grants for six transit projects for *ConnectOregon* I; five transit projects totaling \$10.5 million for *ConnectOregon* II; six projects totaling \$8.6 million for *ConnectOregon* III; and four projects totaling \$4.8 million for *ConnectOregon* IV in 2012.

The 2009 Legislature instructed ODOT to create a structure for investments in communities that will assist in improving sustainable bicycle, pedestrian and transit connections. The Flexible Funds Program funds bicycle, pedestrian, transit and Transportation Demand Management (TDM) projects, plans, programs and services through a competitive process. In 2010, OTC approved thirteen Transit and TDM Flexible Fund projects for \$8.5 million. The 2012 Flexible Funds Program approved 10 transit and TDM projects for \$7,015,000 in funds.

HUMAN SERVICES TRANSPORTATION

Traditional transit service is characterized by fixed-route, hub-and-spoke systems operated by a public agency and designed to serve the largest possible need. For human services populations, this traditional transit service is complemented by multiple small providers serving the specialized needs of human service agency clients for whom public transit and auto travel are not viable options. In communities with little or no public transit, this specialized transportation is sometimes the only option available for people who cannot afford to or are unable to drive. These services vary widely. Some human service providers are direct transportation providers, e.g. a senior center that operates shuttle vans; others contract with for-profit or non-profit transportation carriers to provide their clients with transportation services.

State agencies, particularly DHS and ODVA, provide a variety of transportation services primarily funded through federal entitlement programs, state General Funds and some local revenues. Transportation is an ancillary service available to eligible clients as a means to achieve the goals set forth in their service plans.

Under federal Medicaid law, Oregon, like other states, has responsibility for ensuring that Medicaid beneficiaries have access to needed health services. Since Medicaid's inception, one of the ways to guarantee access is by providing transportation to and from health care providers and by reimbursing beneficiaries for costs associated with gaining access to health services. Termed non-emergency medical transportation or NEMT, Medicaid beneficiaries utilize NEMT to gain access to nearly all Medicaid-funded services. Especially in rural areas, NEMT may be utilized for long-distance trips to health care facilities. Under its NEMT program, DHS and OHA reimburse for a variety of transportation modes including personal and volunteer mileage, public transit, taxis, specialized van services, and air transit.

Other DHS/OHA transportation programs include Child Welfare, Developmental Disabilities (DD), Aging and People with Physical Disabilities (APD); Vocational Rehabilitation (VR); and Addictions and Mental Health Treatment (AMH) transportation programs. ADP programs include 17 Area Agencies on Aging (AAA) around the state that fund assisted transportation for individuals with physical or cognitive impairments who require an escort, as well as transportation from one location to another. Federal funding for Area Agencies on Aging transportation services in FY 2011 was \$320,112; this was matched with \$538,569 in state funds.

A key component of DHS's transportation services is its volunteer program that provides services in each geographic area of the state. Not all of the local programs provide transportation, but in those areas that do, the volunteer program is a major transportation resource for DHS clients in the service area. The program is funded through federal and state resources.

PUBLIC TRANSPORTATION GAPS

While the focus of this Study is on coordination of services rather than improvements to services per se, a variety of gaps in public transportation have been identified that can be addressed, at least in part, through improvements in coordination. Among these gaps:

- *Frequency and hours of service* — More frequent service on existing routes improves connections among routes and to other transportation systems, creating a more reliable and interconnected public transportation system. An expansion in hours of service on existing public transportation routes (especially later at night, earlier in the morning, and on weekends) has been identified as particularly critical for employees in the hospitality, nursing home and agricultural industries.
- *Regional connectivity* — As noted previously, there are gaps in regional connectivity that limit access from rural areas to nearby cities, within regions and between regions of the state.
- *Interjurisdictional travel* — The ability to travel across county or even state boundaries to obtain specialized medical care or reach airports or major shopping centers is constrained by both a lack of services and funding constraints.
- *Rural area service* — Both limited demand and high cost factors result in a lack of transportation services in rural areas throughout the state. At the same time, rural residents are often the ones that most need public transportation services.

The largest transportation program administered by DHS/OHA is the NEMT program which serves Medicaid-eligible individuals throughout the state via a system of eight regional transportation brokerages. In FY 2012, more than \$47.5 million was expended on non-emergent ambulance transportation and NEMT services provided through brokerages.



III. STATE OF COORDINATION

THE LARGER CONTEXT

At both the federal and state levels, there are overlapping responsibilities among agencies for ensuring access to needed human services and numerous public, non-profit and for-profit providers of specialized and paratransit service. The multiple agencies that administer public transportation programs have different goals and serve distinct population segments. Eligibility standards, vehicle needs, operating requirements, accountability procedures, routes and a host of other factors can differ, depending on the program and the agency involved. Programs can differ across county or municipal borders.

The dispersion of specialized human transportation services begins at the federal level, where 62 federal programs are spread through eight different departments. Most federal programs are administered in four departments — 23 programs in the Department of Health and Human Services (HHS), 15 programs in the Department of Labor (DOL), eight programs in the Department of Education (ED), and six programs in the Department of Transportation (DOT). Ten other programs are housed in the departments of Housing and Urban Development (HUD), Veterans Affairs (VA), Agriculture and Interior and in the Social Security Agency.

HISTORICAL CONTEXT

Pre-2000

As noted in key findings, Oregon is most often viewed nationally as a leader for coordinating transportation and human services. A large part of this reputation can certainly be attributed to the efforts of the ODOT Public Transit Division to promote coordination. An even greater contributor to the State's reputation, however, was its implementation of federal statutes in the 1980's and 1990's through establishment of a Special Transportation Fund (STF) and efforts to coordinate transportation and human services. Beginning in the late 1970's, Section 504 of the Rehabilitation Act of 1973 required public agencies to provide meaningful access to transportation on fixed route public transportation systems. An early coordination issue was the plethora of small buses provided by multiple social service agencies along the same routes in order to meet Section 504 requirements (literally, little buses following each other down the street). The 1990 Americans with Disabilities Act (ADA) expanded Section 504 provisions to paratransit services but allowed compliance through collaboration with social service agencies. Coordination of group trips became a common approach to controlling the high costs of ADA compliance.

The Special Transportation Fund was created in 1985 by the Oregon Legislature and initially funded with a \$.01 per pack cigarette tax. Originally, the legislation identified 33 transit districts or counties as eligible to receive the STF monies; subsequently, in 2003, the nine federally-recognized Indian Tribes in Oregon were added as eligible entities. The STF Program provides a flexible, coordinated, and continuing source of revenue in support of transportation services for seniors and people with disabilities of any age. The Oregon Legislature intended that STF funds be used to provide transportation services needed to access health, education, work, and social/recreational opportunities so that seniors and people with disabilities may live as independently and productively as possible. The funds may be used for any purpose directly related to transportation services, including transit operations, capital equipment, planning, travel training and other transit-related purposes.

The overall picture of coordination of transportation and human service transportation is jumbled. No single law or bill created programs for transportation disadvantaged populations and no single agency administers such programs. Laws evolved piecemeal as part of federal, state and local legislation. Resulting programs serve rural and urban communities, indigent populations, veterans, people with disabilities, senior citizens and Medicaid recipients and provide transportation for employment, non-emergency health care, child care, recreation, education and other activities. Many federal human service transportation programs are small components of a larger human service program.

To help ensure that STF funds were addressing ADA issues, an ODOT and DHS working group was convened in the early 1990's. Outcomes of this effort included establishment of the state's first brokerage, waived non-medical programs for seniors and people with disabilities, and negotiations relative to group trips, especially for senior programs.

At the federal level, in the late 1990's, the Federal Interagency Coordinating Council on Access and Mobility was established to achieve the goals of a presidential Executive Order that requires a number of federal agencies to work together. Through policy and funding, the FTA has encouraged states to coordinate in a similar fashion, e.g. coordinated planning is a requirement for FTA funding. Also during this period, FTA Region X and the federal Department of Health and Human Services sponsored a region-wide study to investigate transportation coordination opportunities within the region. At the state level, ODOT initiated a statewide coordination study (described below), while sponsoring grant-funded coordination projects throughout the state, including RideConnection, Clackamas Consortium, Malheur consolidation project, consolidated services in Hood River and Wasco counties, etc.

2000 Coordination Challenge

The Coordination Challenge: State Agency Transportation Coordination Project (Moss Adams LLP and the Community Transportation Association of America, 2000) was the State's last comprehensive review of human services-transportation coordination. Prepared by PTD, the State Agency Transportation Coordination Plan grew out of the recognition that State efforts to provide special transportation assistance were insufficient to meet existing needs at the time, and that service increases could be attained with existing resources through improved coordination. Through this planning process, a vision for transportation coordination in Oregon and a recommended approach to coordination of state transportation programs were developed. The resulting report describes the need for, benefits of, and barriers to coordination. It also recommends a series of actions (implementation strategies) to create the institutional framework required to implement the vision for transportation coordination. The Plan identifies ten priority coordination activities to be undertaken by the State.



To implement these priority activities, two major actions occurred beginning in 2001: (1) the convening by the Governor of a group of state agency managers to implement the Plan's recommendations and to develop performance measures as part of what was termed the Oregon Transportation Coordination Initiative (OTCI); and (2) co-funding by ODOT and DHS of a variety of projects at the regional level to facilitate the establishment of brokerages or central dispatch programs, improve regional coordination, implement technology improvements, improve welfare-to-work transit programs, and other activities to improve coordination and service delivery. Implementation of these projects was intended to both improve coordination at the regional level throughout the state and to assist in identifying coordination barriers, barrier-busting strategies, and potential policy amendments.

Efforts to implement priority activities identified in the Initiative (in *italics*) are summarized below.

1. *Efficiency increases are possible from mixing clients served by special transportation programs and volunteer drivers. Unfortunately, mixing client loads may increase insurance costs. To make this strategy effective, steps will be taken to:*
 - *Create a mechanism to reduce the risks associated with mixing clients in transportation, such as an insurance risk pool.*

As part of the OTCI, a risk management project was undertaken to define the issues related to risk management and insurance, define who the key stakeholders are for the issue and then craft solutions to address defined problems. Several potential solutions to risk and insurance issues were identified, one being a transit risk pool, i.e., collectively seeking insurance coverage. Through a workshop and survey of providers and other stakeholders, it was determined that this was not a widespread problem meriting further action by the State. While the cost of insurance can be high, especially for high-risk clients, it is not by itself a barrier to coordination. This is a risk management rather than a coordination issue, more so for non-profit entities than for public agencies. Public agencies typically have access to tort liability limitations that non-profits do not.

2. *In order to eliminate barriers to the development of shared-use, inter-agency or intergovernmental agreements, leverage resources, improve safety and minimize concerns related to equipment, providers and people using systems:*
 - *Develop consistent standards for transportation services and planning among DHS, ODOT, ODE, Veterans and others.*
 - *Develop uniform operating, safety and vehicle standards/ specifications (such as, child restraints, special licensing) and training.*

Consistent standards for transportation planning among state agencies have not been developed nor have regulatory barriers to coordination been studied in any detail since the 2000 report. During the *Coordination Challenge* planning process, the most significant regulatory barrier identified related to coordination of education and transportation services. PTD and the Department of Education hired a consultant to explore barriers and coordination opportunities associated with regulatory barriers to coordinating pupil and public transportation resources. The consultant's work was terminated before completion of the study and there has been no further work in this arena.

The regulatory environment for transit is minimal as standards are mostly self-imposed as a risk management practice. Uniform operating, safety and vehicle standards are generally not an obstacle to coordination within the transit community as most parties involved in providing transit services are subject to similar federal and state standards. For the human services community, standards are client-driven and thus a uniform approach is not practical.

PTD is developing best practices requirements for training, rather than mandatory requirements. Other agencies such as DHS provide a variety of trainings, including mandatory training for volunteer drivers.

3. *To simplify and clarify local transportation services, to provide a mechanism for evaluating billings and to update information on the "state of public transit" in Oregon:*
 - *Condense existing rules where practical and develop a consistent set of state agency policies, administrative rules and standards to govern eligibility.*
 - *Coordinate transportation programs of ODOT, DHS, ODE, Veterans and other agencies involved in transportation services.*

Transportation funding and planning are not coordinated in any systemized way among state agencies and no state has developed a single transportation coordination grant program. Oregon is cited as a model for coordinating much of its transit grant funding through PTD.

A consistent set of state agency policies, administrative rules and standards to govern eligibility is not practical as each state program has its own set of standards for eligibility for services targeted to specific clientele. Following dissolution of the Initiative, there has been little policy direction to coordinate disparate state agency transportation programs. Nonetheless, most agencies attempt to coordinate their programs where they can, although the opportunities to do so are limited by internal program priorities and responsibilities and by staff turnovers.

4. *Because passengers of transportation services have multiple problems and needs and coordination has proven to be an effective means of increasing the amount of service that may be obtained from a given resource level:*

- *Make available a brokerage or other locally appropriate transportation coordination mechanism in each county or region.*
- *Create incentives that encourage local jurisdictions to integrate transportation services.*
- *Establish a method to reinvest coordination savings into the community to increase transportation service and improve quality.*
- *Assist communities in identifying and overcoming barriers to coordinated transportation services.*

NEMT Brokerages have been established throughout the state as recommended. Non-NEMT brokerages have also been established in some areas.

Statewide Planning Goal and federal and state transportation funding requirements have been effective both in identifying coordination barriers and in encouraging local integration of transportation services, at least in terms of transit services. There are few true barriers to coordination at the local level other than time, initiative and turf.

There is no known methodology for reinvesting coordination savings into the community nor any methodology to determine when there are savings directly attributable to coordination and how to quantify them.

5. *Fragmented systems foster opportunities for gaps to exist and assumptions to be based on misinformation. In order to streamline transportation planning and grants to local communities and to encourage strategies that serve a variety of needs:*

- *Coordinate transportation funding and planning (both generalized and specialized) among ODOT, DHS, ODE, Veteran's and their local partners.*
- *Develop consistent transportation billing and tracking systems among state agencies.*
- *Where appropriate, consolidate fragmented funding and transportation reimbursements from all state agencies including ODOT, DHS, Veteran's and ODE into a single transportation coordination grant to local communities.*

To date, no state has developed a single transportation coordination grant program. The majority of the state's direct transit funding is coordinated through PTD's grant programs.

Investigation of a consistent transportation billing and tracking system among state agencies is recommended by this Study as a key strategy to better understand the transportation funding picture. Developing a single transportation coordination grant among state agencies is not seen as practical due to the many and differing stipulations on the use of each type of funding.

6. *In order for transportation providers to focus on services and to provide best practice examples, technical assistance and peer-to-peer resources throughout the state:*

- *Develop and maintain a consolidated inventory of transportation funding resources, providers and coordinated services within Oregon.*
- *Establish a single point of contact for local communities to call for assistance and "barrier busting."*

An inventory was developed as part of *The Coordination Challenge* but has not been maintained. Service providers that are not state-funded, e.g. senior centers, were not included in that inventory.

PTD serves a regular contact point and provides assistance/advice to local communities in barrier busting. Local Coordinated Plans serve as good resource guides.

7. *Because both the purchase and maintenance of rolling stock consumes a large amount of available resources for special needs transportation:*

- *Maximize the use of existing vehicles in community programs through shared use programs.*
- *Establish a capital asset management plan to identify when vehicles need to be replaced, maximize vehicle utilization, and avoid redundancy.*

Shared use programs are a common element in local Coordinated Plans and ODOT has developed a shared vehicle or "client only" policy that, as a requirement for receipt of public transportation grants, vehicles be shared to the extent possible. Risk management issues are the greatest barrier to such programs at the local level. City and county transportation system plans are beginning to address capital asset management planning for primary service providers.

8. *In order to make transportation services more easily accessible and user friendly:*

- *Create and offer funding for local jurisdictions to integrate transportation services and consolidate funding.*

Federal transportation funding received by ODOT is integrated and consolidated through PTD funding programs. Funding obtained by DHS, ODVA and other state agencies tends to be client program specific and is not consolidated into a coordinated transportation funding program. As noted above, transportation funding is not consolidated among agencies.

9. *In order to create closer links among education, social support and workforce outcomes:*

- *Create incentives in the school transportation allocation for school districts to participate in coordinated transportation services (e.g. allow districts to keep savings in state allocation from coordinating services).*

A 2007 Yamhill County pilot study evaluated the feasibility of pupil/public transportation coordination, including pupil/public transportation coordination examples; potential obstacles to successful coordination; and recommendations on specific coordination objectives, unused funding sources, gaps in service, redundant service, unused capacity, and community support. That study concluded that while pupil and public transportation cannot readily be coordinated, there may be opportunities for coordinating special transportation services.

Education transportation is provided by the private sector, with a couple of companies providing the bulk of student transportation in the state. While State law permits the use of school buses for general transportation, due to reimbursement procedures for student transport, there are few incentives to expand the service to non-student transportation. Additionally, the highly decentralized nature of school districts results in individual school principals having to become comfortable with the mixing of student and non-student populations.

Funding restrictions are a key challenge to coordinating education funding with public transportation. As noted under #2 above, ODOT initiated but did not complete an assessment of the regulatory issues associated with such.

Shelton County, WA is a nationally recognized model of a shared rides school program and represents an opportunity for further study. How Medicaid medical transportation to schools is handled is another study opportunity.

10. *In order to ensure that desired coordination improvement outcomes are being met:*
 - *Develop a performance monitoring and tracking system to assess the effectiveness of agencies in implementing these directives, and in achieving desired outcomes.*
 - *Develop a uniform tool to evaluate local transportation coordination efforts, including quality attributes such as avoided healthcare costs, etc.*

While individual State agencies have agency-specific performance measures, there is no coordinated program of assessing performance among agencies. There is also no known methodology for assessing quality attributes of local transportation coordination efforts. While there is research on mobility management performance measures, there is no industry standard.

With a change in Governor and lack of leadership among state agency managers, the OTCI essentially faded away by 2003. Probably the most significant and visible outcome of the 2000 *The Coordination Challenge* and associated OTCI has been the establishment of Medicaid (NEMT) brokerages statewide. However, following dissolution of the OTCI, there has been no Executive or Legislative-level policy direction to coordinate disparate state agency transportation programs. While there are a number of successful examples of voluntary coordination among ODOT, DHS and DVA, these are case-by-case events.

POST-COORDINATION CHALLENGE

In 2005, FTA mandated coordination planning for federal funding and launched the United We Ride initiative to support coordination. In response, PTD changed its grant policies to benefit collaborative, open access services over client-only providers. It also organized a broad-based United We Ride coordination committee, but that group apparently met infrequently.

The 2005 Federal surface transportation legislation (SAFETEA-LU) introduced a requirement for locally developed, coordinated public transit-human services transportation plans to be eligible for FTA programs that support underserved populations. In response, ODOT, the designated recipient of specific federal funds and administrator of the state's Special Transportation Fund (STF), required STF agencies (counties, transportation districts and tribes) to prepare Coordinated Public Transit Human Services Transportation Plans in order to qualify for grant funding. Two comprehensive, statewide reviews of these local Coordinated Plans have been conducted. The first statewide assessment, published early in 2008, resulted in revisions to many of the Coordinated Plans. A second later 2008 review evaluated 32 updated coordinated plans and summarized findings in a report entitled *Assessment of Oregon Coordinated Transportation Plan Updates — Final Plan*. According to this assessment, most Coordinated Plan updates mentioned a need to focus on maintaining existing services or replacing service that had been discontinued. The report noted that "better coordination of services and programs" ranked 9th

out of 12 most mentioned transportation gaps and needs. About one third of the updated Coordinated Plans identified mobility management as a preferred strategy. However, the report noted that many of the managing agencies have inadequate staffing to advance such coordination activities. Few plans addressed ongoing efforts and opportunities to sustain coordination. The report included recommendations for future preparation of Coordinated Plans.

A 2008 Portland State University (PSU) Institute on Aging study, *The Older Driver in Oregon: A Survey of Driving Behavior and Cessation*, included recommendations for local or regional medical transit services, especially where they do not exist (i.e. rural areas), are not well known, or are not meeting current or anticipated needs; a statewide crosscutting consortium to plan and guide enhanced alternatives to driving and to guide future research; enhanced marketing and delivery of transportation options targeted to older adults, their families and friends; combination of small towns and rural regions into transit regions to pool resources; etc. Except where there have been activities at the local or regional level, these recommendations have not been implemented.

Probably the most significant and visible outcome of the 2000 Coordination Challenge and associated Oregon Transportation Coordination Initiative has been the establishment of Medicaid (NEMT) brokerages statewide.

Another 2008 PSU study, *Needs, Costs and Funding Available for Transportation Services for Older Adults and People with Disabilities in Urban and Rural Oregon*, recommended improving coordination at the policy and leadership levels to systematically explore mutual needs and opportunities among various programs and to maximize investments, including coordinated data collection. These recommendations do not appear to have been addressed because they all presume some sort of centralized coordination function which does not exist at the current time.

COORDINATION TODAY

Observations on the state of transportation-human services coordination in Oregon today are based on research of coordination at the national, state agency and local levels and, more significantly, on input obtained through the Study's outreach efforts from state agency representatives, brokerages, regional governments, local transportation and human services providers, and other stakeholders. (Public input obtained through workshops, presentations and interviews is reported in Appendix B.)

In general, overriding impressions about the state of coordination are:

- The topic of transportation-human coordination is extremely complex and multi-faceted; any approach to addressing improvements to coordination needs to be focused and realistic in scope.
- Transportation and human services providers are providing as broad a range of services as possible given limited funds; there is no "fat in the system."
- The barriers to coordination identified 12 years ago through the OTCI still exist, most notably the absence of a mandate for coordination at the state agency level and the difficulty in tracking state agency spending on public transportation for human services.



Multiple resources are available at the national level to research and advise on coordination, with some of the most valuable being FTA, National Conference of State Legislatures State Coordination Profiles, National Governor's Association Center for Best Practices, United We Ride, Community Transportation Association of America, AARP, Easter Seals Project Action, National Resource Center on Human Service Transportation Coordination, and Government Accounting Office.

- The state's investment in local Coordinated Plans has generally paid off in terms of better identification of transportation needs and improved coordination among local providers.
- The greatest potential for improved coordination resides at the state level.
- Overcoming barriers to coordination requires clear policy direction (mandate).
- The absence of a statewide policy forum for discussion of how transportation services will be provided in the state's new Coordinated Care Organizations (CCO) model is an example of the need for a statewide forum for collaboration among state agencies and regional and local service providers.
- Coordinating transportation services for veterans is increasingly a priority.
- Improving linkages between housing and other community services and transportation services will become more critical as the population ages, demand for services grows, and costs rise.
- There is broad interest among public transportation and human services providers to network and dialogue on what coordination is occurring and needs to occur.
- There is an expectation among many Study participants that visible state leadership can and will elevate the importance of and attention to coordination among state agencies.

Results of research and consultation with more than a dozen states representing a cross-section of programs across the country suggest:

- Primary keys to effective coordination appear to be strong legislative/governor support; a department or agency assigned to carry out coordination; and aligning transportation funding resources with coordination goals. Also key are combining private and public resources, bringing together partnering agencies, and investing in designing transportation to meet the individual needs of the population being served.
- As of late 2012, twenty eight (28) states have coordinating councils, 14 of which were created by statute and 14 were created by executive order or initiative.
- Aligning transportation funding resources available through different state and federal funding departments and programs with coordination goals is among the most challenging undertakings associated with state level coordination. One way some states have helped remove funding barriers is by combining funding across state and federal programs. Some states have established what are, in effect, state coordination funds.

At the local level, coordination occurs primarily out of necessity and because of federal and state funding requirements. Coordination at this level generally works well. Service providers are committed to and passionate about their programs and there are multiple examples of local and regional level coordination successes (Appendix C). Uncertainty of funding sources is identified as the greatest challenge affecting coordination at the local level. Other major challenges focus on improving coordination across and among regions and in efficiently serving rural areas. Regional connectivity is a common obstacle to providing cost-efficient and timely services. In rural areas, transit use is often limited by lack of awareness of available resources and lack of knowledge of how to use transit to access work, school, medical services, etc.

Coordinated Plans are generally felt to have improved coordination at the local level. The process of developing them, more than the plans themselves, has lead to better relationships

and coordination. Based upon interviews with tribal, county and regional planners, other key observations include:

- The most useful elements of the plan appear to be the “needs assessment” and “strategies.”
- The plans help document local priorities and why they are important. They assist in grant applications and finding other funding sources.
- The most important transportation gaps and needs identified in plans are maintaining existing services or replacing service that has been discontinued.
- While the benefits of planning are recognized, coordination is occurring and will continue to occur without the mandated process. Rural portions of the state in particular have a long history of coordination across county boundaries to reach essential services.
- Brokerage and call center operations have improved coordination; their least-cost methods reduce ride costs. The system appears to work best where there are numerous options for ride delivery.
- In many cases, plan development relies on state support and outside expertise as local organizations have limited staff availability or capability for planning.
- Changing conditions cause much data in the plans to become dated and less effective for current needs.
- Increased participation by the human services community in plan development would significantly improve the planning process and coordination.

Transportation goals involve transporting as many people as possible in the most cost-effective way possible. In contrast, transportation for human services is not an entitlement or a primary service but rather is included in the comprehensive service package and is a mechanism to meet case plan goals. Human services transportation depends on client needs and cost effectiveness is not the primary consideration.

Transportation services at the state agency level are extremely complicated due to the number of agencies funding transportation services directly or indirectly, e.g. Employment Division, Labor Bureau, etc, as well as by the differing mandates and guidelines among agencies. Transportation services tend to be very siloed, in large part because of the lack of both a mandate and funding targeted to coordination. Most agencies internally attempt to coordinate their programs where they can, although the opportunities to do so are limited by program priorities and responsibilities and by staff turnovers. With specific exceptions, coordination among agencies is limited at best. Attempting to track transportation funding does not appear to be a priority for any agency except ODOT.

A more detailed evaluation of coordination at the state agency level follows in Chapter IV.

EMERGING TRENDS

There are numerous national, state and local factors affecting coordination. Study research and outreach indicate that the most critical emerging trends that are affecting or will potentially affect coordination in the state in the near term include:

- Effects of **reduced/declining funding**, including effects on coordination between Medicaid and other transportation programs.

Recent years have been difficult for public transit agencies, with local funds reduced or flat while demand for service and costs are rising. The impact of less revenue varies across

At the local level, coordination occurs primarily out of necessity and because of federal and state funding requirements. Coordination at this level generally works well.

Volunteers are a critical component of transportation services at the local level, especially for veterans and DHS clients. A common concern is the aging of these volunteers and the difficulty in recruiting replacements.

At the state agency level, there is no mandate for coordination among agencies and conflicting agency goals are a fundamental challenge to human services-transportation coordination.

A consequence of not having a steady stream of funding is the uneasiness it creates for providers in undertaking new programs. At the same time, with declines in funding, more public transit agencies and transportation and human services providers are looking for ways to improve efficiency and coordination to make up for lost funds

the state. TriMet reduced the days and hours of selected bus routes and the light rail, and increased fares as a result of a budget deficit. Lane Transit District has cut service; Salem Area Mass Transit is responding to demand by reconfiguring routes — reducing service from low use routes and increasing frequency and coverage in other areas. Most agencies in Oregon are making similar cuts in service which result in less opportunity for mobility and increased crowding on buses. Smaller transit agencies, whose service is limited, do not have the revenue or capacity to increase service.

Transportation is especially critical for rural counties with diminishing resources. Counties such as Coos and Curry could be without deputies, library systems, and other services. But the need for transportation continues and coordination becomes all the more important in view of the diminishing resources.

Regional transit networks are increasingly required to meet people's travel needs, as jobs and medical care become more regionalized. However, there is no requirement to provide funding for regional service, leaving it up to the State and local communities to balance such needs against other local system funding needs.

- **Demographic trends** such as higher numbers of older adults and homeless persons and increasing transit use by older adults.

With the aging of the Baby Boomers, the use of public transportation can be expected to increase dramatically. According to AARP studies, by 2015, more than 15.5 million Americans age 65 and older will live in communities where public transportation is poor or nonexistent. By 2030, 8.7 million Americans will be age 85 and older and a substantial portion will no longer drive. Over half of individuals who do not drive stay home on any given day; they make 15% fewer trips to the doctor; 59% fewer trips to eat out or shop and 65% fewer trips to visit friends and family than those who are able to drive.

In 2010, older adults and people with disabilities made up 22% of Oregon's population; by 2030 that total will be 28%. It is estimated that public transportation trips will increase 2.5 to 3% annually until 2030, due to population growth; the increase could actually be between 3.8 and 6.5% annually. Fixed route trips will increase 2% in rural areas and 3.5% in urban areas annually as population increases. If all unmet demand is satisfied, the increase in trips would total 26%. Costs could more than double by 2030 from \$132 to \$246 million.

In a 2012 study, Easter Seals Project ACTION and the National Center on Senior Transportation assessed the intersection between health/wellness and transportation. Especially as it relates to non-emergent medical transportation, the study found that it is harder for older adults and their caregivers to manage chronic illnesses and disabilities without access to NEMT. It concludes that aging baby boomers will present significant demand for NEMT.

- Increasing focus on **veterans services**.

With the growing number of service members returning from Iraq and Afghanistan, veterans transportation is receiving growing attention. For example, the federal Veterans Administration (VA) is proposing to establish a grant program to help veterans in highly rural areas get transportation to VA medical centers. In addition to vehicle procurement and operation, the

proposed program would fund the establishment of carpool or ridesharing programs. The Veterans Transportation and Community Living Initiative, administered by FTA, provides grants to improve access to local transportation for veterans and their families through technologies that make it easier for veterans to access and schedule rides ranging from smart phone applications to real time transit bus locator information.

As reported in Section IV, two task forces on veterans services have been established in Oregon within the past five years, both of which recommended improved coordination between public transportation service providers and the Oregon Department of Veterans Affairs and the federal Veterans Administration. One of the most promising opportunities identified to improve transportation coordination was to utilize the existing medical transportation brokerage system operated through DHS.

- **New technologies**, especially those designed for mobility management.

New technology developments are providing increased mobility for everyone. These advanced technologies have the benefit of reducing operational costs and energy use while improving efficiency and travel times. Modern transit buses employ multiple advanced technologies. In demand-response transportation, such as paratransit systems in which smaller buses or vans are used, automated scheduling software improves pick-up/drop-off efficiencies. Mobile data terminals help provide real-time dispatching data. Interactive voice technologies can connect customers to automatically generated phone calls providing ride information. Ride matching technologies such as *Drive Less.Connect*, employ online ride-matching tools that organize groups of users into networks for shared-ride purposes. As a free service, Google has a worldwide multimodal trip planner platform, Transit Trip Planner, that has transformed travel planning.

Keeping up with the new technologies and their cost are challenges for service providers. Rural transit systems, in particular, will be challenged to invest in increasingly necessary technology to manage the operations and finances of the transit program, and to provide necessary communication technologies to meet customer needs.

A new technology that is expected to receive increasing attention is Personal Rapid Transit. This technology uses automatic personal electric vehicles to provide on-demand service directly to a destination without stopping. Vehicles, called pods, travel unimpeded over a network of guideways that can be elevated to separate them from pedestrians and other traffic.

- **Provision of NEMT services through Coordinated Care Organizations (CCOs)**

As reported elsewhere in this Study, the restructuring of the state's health care system with the establishment of CCOs will impact transportation and human services in unknown ways. Concerns about the relationship between the eight transportation brokerages in the state and newly-established CCOs, particularly as it relates to NEMT services, frequently dominated the conversations at workshops and presentations during Study outreach. Relationship-building between CCOs and brokerages is at different stages throughout the state. There will be particular challenges in those cases where more than one CCO proposes to serve an area covered today by a single brokerage. Irrespective of the status of relationship-building between the brokerages and CCOs, uncertainty is a common concern, with a lack of guidance from the state a common criticism. There are strong concerns about the potential dismantling

Contributing to the increased demand for public transportation is the increasing popularity for aging-in-place and a growing awareness that there may be a direct link between increased health/wellness and access to transportation options.





of a system that is working effectively. As the status of relationships between existing brokerages and CCOs clarifies, potential effects on coordination can be defined and monitored. It is expected that the provision of NEMT services will remain a key coordination issue at both the state and regional/local levels for some time into the future.

Related to the CCO issue is a national trend of states contracting with for-profit brokerages for Medicaid-funded transportation programs, apparently as a cost-cutting measure. Single brokerage or statewide provider systems are in place in 38 states. There is no active single statewide brokerage proposal under consideration in Oregon, however.

■ **MAP 21 (Moving Ahead for Progress in the 21st Century)**

Late last summer, a new federal transportation funding package — MAP 21 — was passed by Congress that includes coordination and performance measure requirements. While implementing regulations have not yet been promulgated, there are a number of changes in funding programs and in coordination requirements that will affect public transportation services:

- None of the funding currently flowing into the Highway Trust Fund will go to the Alternative Transportation Account (formerly the Mass Transit Account); instead, the account would be funded by a \$40 billion transfer of general fund resources. Making transit funding subject to the appropriations process rather than guaranteed could put transit funding at risk of significant cuts and make it difficult for transit agencies to plan their long-term capital investments.
- The Surface Transportation Program is left largely unchanged, although the 10 percent setaside for Transportation Enhancements is eliminated. The setaside for metropolitan planning organizations (MPOs) with a population of 200,000 or more is set at 55 percent of total STP funding. Oregon's STP funding will grow significantly as a consequence.
- Transit funding will be set at \$8.4 billion for FY 2013, slightly higher than FY 2012, and funding for the New Starts program is continued at current levels. Oregon's transit funding will go up about 19 percent on average over SAFETEA-LU levels.
- Most of the main transit programs are continued in their existing form, with two major changes. A number of small human services transit programs are rescinded and their funding consolidated into other existing programs. A new Coordinated Access and Mobility Program also consolidates a number of former separate programs. This program should be less unwieldy than the predecessor programs, but it will not be large enough to cover the growing costs for these services. Half of this program will go to large urban areas (over 200,000 population), with 25 percent to smaller urban areas (50,000-200,000) and 25 percent for rural areas. The Bus and Bus Facilities Program is changed from a discretionary earmark/grant program to a formula program.
- The bill gives formal status to regional transportation planning organizations (RTPO) where they exist, similar to MPOs for non-urbanized areas. No RTPOs exist in Oregon.
- US DOT will be establishing a national performance management system to track progress toward meeting goals for the nation's highway and transit systems. US DOT will establish broad performance goals and work with the states, MPOs and transit providers to establish performance measures in a number of categories, including system condition, safety, congestion, air quality, freight mobility, and public transportation. States will be required to

implement these performance measures by setting targets for each measure set by US DOT and issuing an annual progress report. There will be no penalties for failing to meet targets. ODOT has been recognized as among the national leaders on performance management. While implementation of these requirements will likely have significant implications for ODOT's approach to performance management, it is not likely to pose significant challenges or problems.

IV. COORDINATION AT THE STATE AGENCY LEVEL

THE STATE OF THE STATE

Multiple state agencies directly or indirectly provide transportation services, including agencies that may have “hidden” human services, e.g. Employment Division, Labor Bureau, etc. The 2000 *Coordination Challenge* indicated that “responsibility for transporting agency clients, students, and the general public is scattered among a dozen state agencies and 22 separate programs.” Other sources cite even a larger number of state agency programs involving transportation services for human services populations, e.g., *Needs, Costs and Funding Available for Older Adults and People with Disabilities in Urban and Rural Oregon* (PSU, 2008) identifies 35 programs administered by 13 separate state and federal agencies as having transportation components serving transportation disadvantaged populations. The total number of state agency programs administering transportation funding or services likely exceeds 35, given that DHS alone provides transportation assistance to its various client groups through 20 separate programs.

Early in the planning process, the Study’s consultants suggested that **the greatest potential for improved coordination rests at the state agency level**. This conclusion was endorsed by the Study’s advisory committees who recommended that the analysis of coordination at the state agency level focus on the primary agencies involved in coordinating transportation and human services, rather than using the Study’s limited resources to investigate services and spending among all the potential state agencies involved. As a consequence, the Study has analyzed coordination at ODOT’s Public Transit Division, Department of Human Resources, Oregon Health Authority and Department of Veterans Affairs. Participation by other agencies that play important roles in transportation-human services coordination, e.g. Department of Housing and Community Services and the Department of Education, is recommended in a number of proposed strategies, particularly in a Statewide Coordination Initiative Task Force.

The Study has been challenged to obtain data on state agency spending on human services transportation. Despite efforts to compile data on transportation spending, it is unknown exactly where and how transportation funding across state agencies is spent to meet human service program needs. **This inability to access transportation spending data remains unchanged over the 12 years since the last analysis of transportation-human services coordination but it is not unique among states.** As reported earlier, a recent GAO analysis found that coordination is poor or lacking among the more than 80 federal programs that fund transportation services for the transportation disadvantaged and that total federal spending on transportation services is unknown.

As indicated in Section II, federal and state funding managed by ODOT for public transportation totaled \$80.3 million in the 2009-11 biennium, with state funds comprising about 25% (\$21.8 million) of that total. When other state and federal funds targeted to transportation is added in, the totals increase to \$56.2 million in state funds and \$192.8 million in federal funds for the 2011-2013 biennium. This includes federal funds managed by ODOT and those distributed directly by FTA and FHWA directly to small and urban transit providers.

With multiple state agencies providing various transportation services, there is a great need for improved coordination to identify how services can be provided more efficiently and enhance service to clients. Although Oregon is most often viewed as a coordination leader nationally, especially in regard to its statewide brokerage program, there is no mandate for coordination at the state level and, with some exceptions, coordination among state agencies is limited at best.

CURRENT PUBLIC TRANSPORTATION FUNDING

State Funds

- \$19.8 million in Special Transportation Funds distributed to 33 counties and transportation districts and nine tribal governments.
- \$2 million in Special Transportation Operations Funds (General Fund money) for increased operations of transportation services for older adults and people with disabilities.
- \$19.6 million in lieu of payroll tax for state employees distributed to 10 taxing districts.
- \$10 million in the Energy Tax Credit Program, formerly Business Energy Tax Credit Program, managed by the Oregon Department of Energy.
- \$4.8 million for four transit projects under ConnectOregon IV in 2012.

Federal Funds

- \$158 million for FTA-administered programs.
- \$22 million in capital funding to providers of transportation for older adults and people with disabilities from the federal Surface Transportation Program (STP).
- \$7.1 million for 10 Transit and TDM Flexible Fund projects in 2012.
- \$4 million of federal STP funds for replacement of old urban buses.
- \$1.7 million of federal STP funds to promote "Transportation Options" and develop and provide on-line information about strategies that reduce drive-alone auto trips.

In terms of human services sector spending on transportation, only non-emergent ambulance transportation and Non-Emergency Medical Transportation (NEMT) services provided through brokerages are readily tracked.

The largest transportation program administered through DHS/OHA is the NEMT program which serves Medicaid-eligible individuals throughout the state. Between October, 2011 and September, 2012, \$47.5 million was expended on non-emergent ambulance transportation and NEMT services provided through brokerages. This figure does not include:

- Client reimbursed transportation paid by DHS branch offices out of DMAP funds including client mileage, meals, and lodging for NEMT purposes
- Reimbursements to volunteer drivers for NEMT mileage paid by DHS Volunteer Coordinators out of DMAP funds
- Emergency ambulance transportation paid by managed care plans
- Non-medical transportation paid by DHS out of DHS funds

In addition to the NEMT program, transportation funding for Area Agencies on Aging in FY 2011 through IIIB funding administered by DHS was \$320,112. This was combined with \$538,569 in other cash, with STF funds being the primary source (source: FY 2011 Federal NAPIS report/Elaine Young, DHS Unit on Aging).

Transportation spending is not tracked by the Oregon Department of Veterans Affairs (ODVA). Federal funding is available for reimbursement to veterans for travel costs and for the costs of and maintenance for vans used for transport of veterans. Funding distributed to counties for veterans services is used in multiple ways as locally determined, including for transportation in some counties but not all.

A rough calculation of combined ODOT and DHS/OHA spending on transportation services for the 2011-2013 biennium totals is at least \$344 million or \$172 million annually. This estimate does not encompass the full range of transportation spending by state agencies and does not consider local spending.

In assessing coordination at the state level, another key Study conclusion is that, **with the exception of ODOT, transportation-human services coordination is simply not a priority or an integral part of agency programs.** Part of the reason for this is clearly a function of differing missions. Additional findings include:

- Individual state agency programs are operated in a silo; it appears that staff involved in one program area is not coordinating services outside of their individual areas. This is particularly true for programs at DHS/OHA, including Seniors and People with Disabilities, Children and Families, Vocational Rehabilitation, Developmental Disabilities, the DHS branch offices, and medical transportation programs operated under OHA. For example, a branch office may authorize out of state transport for a client and be operating under old rules and methods of doing business and not be aware of the current policies/procedures/payment mechanisms for authorizing the service.
- Data bases available to entities involved in transportation may not match or coordinate in any way, may be different programs, and may include outdated information.
- There are gaps in services that result in clients either not being served or served through expensive alternatives because transportation must be provided and there are no other solutions. For example, it can cost \$1,000 to provide secured transport for a client requiring special accommodations from a hospital to a facility because there is no specialized transportation provider. Within Children and Families (CAF), staff must sometimes patch together expensive transportation options because there seems to be no other choices available. CAF apparently does not use the brokerages, and brokerage rules do not allow them to transport children under the age of 12.
- The Veterans Task Force cited a lack of coordination between public transportation service providers and the Veterans Administration and concluded that coordination with the brokerage system for veteran transportation services could have benefits.

ODOT PUBLIC TRANSIT DIVISION

ODOT's Public Transit Division administers federal and state transit funds and provides grants, policy leadership and technical assistance to communities and local transportation providers to provide transportation to people. PTD also provides planning and technical assistance to local service providers, offers operating support to smaller providers, and serves as a link between the Federal Transit Administration and local providers. The Division also facilitates local development of ridesharing, telecommuting, and other strategies to reduce single occupancy car trips.

A State Management Plan (updated May 2012) establishes policies and procedures for administration of FTA programs managed by PTD. The 2006 Oregon Transportation Plan (OTP) is the state's long-range multimodal transportation plan and is used as guidance by PTD. The OTP addresses the future needs of Oregon's airports, bicycle and pedestrian facilities, highways and roadways, pipelines, ports and waterway facilities, public transportation, and railroads through the year 2030. The OTP also provides a framework for prioritizing transportation improvements based on varied future revenue conditions, but it does not identify specific projects for development.

The Oregon Public Transportation Plan (OPTP), adopted in 1997, is the state's transit modal plan, addressing public transit, special needs transportation, transportation options, and intercity bus programs. The OPTP presents a long-range vision for public transportation to

Federal funds managed by the State, as well as State funded contributions, are distributed by PTD to local service providers through grant program procedures defined by ODOT. In administering these programs, PTD intentionally does not look at funds individually, but rather takes a systems approach to address transportation needs. In addition to these programs, PTD administers the Oregon Streetcar Project Fund.



2015 and identifies funding priorities and implementation strategies to meet that vision. It is based upon the funding realities of the mid-1990's and has not been updated.

Current Coordination Efforts

Study findings identify ODOT, primarily through its Public Transit Division, as the only state agency with a clear and obvious agenda to coordinate transportation and human services. This is largely a result of the mission of the Division and a requirement for receipt of federal funding.

While coordination of transportation and human services is clearly a part of ODOT's agenda, its interagency coordination with agencies other than DHS/OHA appears to be very limited. Undertaking this Study in cooperation with DHS is an example of ongoing efforts to improve coordination between the two agencies. At the same time, coordination with DHS/OHA (and vice-versa) seems to be more a function of personal motivation and commitment than it is of ODOT policy. Staff suggests that while communication is currently good, there are occasional breakdowns, as exhibited by DHS' recent initiatives to consider a single, statewide brokerage system. Observation of PTD's coordination with other agencies suggests:

- Coordination with ODVA appears to be intermittent. An excellent example of coordination was a recent partnership between the two agencies to get the federal Veterans Administration to waive restrictions on the use of lift-equipped vehicles so that ODOT could provide VA and other agencies with retrofitted vehicles for transport of disabled veterans. At the same time, PTD staff indicates that there is no history of ongoing interagency communication.
- Other than participating on a Homeless Advisory Committee convened by the Department of Housing and Community Services (HCS), there is little coordination with HCS. While HCS does not provide transportation services, Study participants identified a need for HCS and ODOT to ensure better coordination with public transportation and human services providers in local land use permitting processes. A representative of HCS participated in the Study's Policy Steering Committee.
- Coordination with other state agencies occurs primarily on an issue-driven basis.

PTD's reorganization last spring, moving its program managers to Regional Transit Coordinator positions, was in large part intended to improve the Division's grant management and technical assistance programs, as well as support ODOT's move toward intermodalism. This move from a centralized grant management approach to a region-based grant program is intended to provide "proactive Public Transit advocacy and leadership at a regional level" and to facilitate

The greatest challenge at ODOT to continued and improved interagency coordination is PTD staff, both in terms of their limited number and the loss of institutional memory and long-standing relationships associated with turnover.

horizontal coordination with cities, counties, transit providers, and other public transportation stakeholders.

DEPARTMENT OF HUMAN SERVICES/OREGON HEALTH AUTHORITY

The Department of Human Services (DHS) and Oregon Health Authority (OHA) provide a variety of transportation services primarily funded through federal entitlement programs, state General Funds and some local revenues. A key point to consider is that, in human services programs and planning transportation, is not an entitlement but is included in a comprehensive service package. It must be available if it is necessary for the client to gain access to other entitlement services. It is allocated as a mechanism to meet case plan goals

but it is not a primary service in and of itself, and, therefore, data on transportation services is not always collected. A major barrier to accurately determining the true costs of providing transportation and of identifying opportunities for service and resource coordination is the lack of data available through DHS.

DEPARTMENT OF HUMAN SERVICES

Volunteer Program

DHS has a robust volunteer program that provides services in each geographic area of the state. Not all of the local programs provide transportation, but in those areas that do, the volunteer program is a major transportation resource for DHS clients in the service area. In some areas of the state, volunteer coordinators and local transit agencies collaborate in providing services; in other areas, there is little or no interaction. The program is funded through federal and state resources and costs include mileage reimbursement provided for volunteers.

Data on the costs associated with providing transportation services through the volunteer program was not available during this Study.

Child Welfare Transportation for Families

Child welfare transportation programs are available to both eligible children and parents. Transportation assistance or reimbursement is provided for access to services, facilitation of visits between parents and children, and maintaining connections with relatives. For parents, the agency may provide a bus pass, gas voucher, or other transportation when necessary to assist the parent in getting to services. For children, the agency usually reimburses the foster parent for extraordinary transportation. However, most foster parent transportation (school, after-school activities, etc.) is an anticipated cost built into the base foster care payment. On occasion, the agency pays a service provider to conduct the transportation. These include certain court ordered school transportations and transportations for some residential placements where it would be dangerous to have staff or foster parent drive. Children who are in foster care are also transported extensively for visitation with their parents. That transportation is done almost exclusively by agency staff, agency volunteers, or foster parents. In some instances, the transportation is for a qualifying medical need and is reimbursed by Medicaid if the client is eligible.

DHS pays for out-of-state travel when children in Department custody are placed with parents, relatives or adoptive families who live in other states. Typically, travel for this purpose includes one-way airfare and other expenses for the child or children being placed and round-trip airfare plus expenses for an adult escort, typically the DHS Caseworker assigned to the case. Travel in this context is paid by the Child Welfare Interstate Compact Unit, and payments for travel related to child placement garner roughly a 50 percent federal match through Title IVE. The same is true for the cost of travel associated with returning children from out-of-state placements. At any given time there may be between 400 and 500 children placed with families out of state.

Funding sources for Child Welfare programs include Title XIX — medical; Title IVE — Child Welfare funding plus State General Funds required for match; and State General Funds for children who are not eligible for federal programs.

Throughout the course of this study, those interviewed expressed the value of DHS's volunteer program and suggested expansion of volunteer services as a way to increase capacity to provide transportation services.



The only type of transportation provided to parents that is tracked is provision of bus passes or gas vouchers. Those are logged at the time they are provided. Volunteer programs track the number of rides and mileage.

Self Sufficiency

This Division serves parents and children eligible for a variety of programs, including Temporary Assistance for Needy Families (TANFF) and Medicaid-eligible clients. The focus is mainly on the adults in the family unit, not the children. NEMT is provided for Medicaid-eligible clients; some of these requests are referred to brokerages. The three sources of transportation and funding include:

- Food Stamp Employment and Training Program (OFSET). Federal funding is matched with state General Funds.
- Jobs Program — funded through the state General Fund.
- NEMT — funded through Medicaid; tracked through DMAP.



The number of NEMT transportation referrals to brokerages is coordinated at the branch level and varies by geographic area. For example, in Coos and Curry counties, 15-20 rides per month may be provided, while in Portland the number is greater. Transportation is organized based on the client's individual situation. Transportation services are coordinated by client and case manager. The case manager may refer to the brokerage, depending on the reason for the request. Negotiation is directly with the client and payments may be by check directly to client, support loaded on an electronic benefits card, bus pass, or gas voucher. It may be a one-time payment or recurring need. It's all situation-dependent and part of a package of support services but would be tracked as a transportation service. There is no central coordination of expenditures. There are 16 district offices and each has the flexibility to operate based on the needs of their clientele.

Additionally, transportation is coordinated with employment and training partners in each of the 16 regions in the state. Sometimes DHS retains control over providing the transportation but sometimes the partners do and are reimbursed through their contracts.

Systems used to track expenses include narration tracking, bus pass and gas voucher logs, computer tracked payments made as specified in the case plans for OFSET and Jobs programs, or federal reporting as required for certain populations receiving federal funding. Transportation services are coded as transportation, are part of total service dollars and could be tracked as such.

Office of Developmental Disabilities

The Development Disability (DD) program is administered through county-based Community Development Disability programs and DD Support Services Brokerages, serving designated county areas. The DD program provides life-span case management services to children and adults, and has one of the most stable client bases in human services because clients may be eligible to receive services for life. Funding for services is based on assessed individual support needs. Transportation is funded when required for program participation and when no other resources are available. Transportation services may be coordinated with regional transit districts, though services are also provided through public transportation and independent providers.

Adults receiving DD services may have funding for transportation authorized by Community Developmental Disability programs or Support Services Brokerages and allocated through services plans. Transportation is provided by special transit programs, local transit services, or independent providers. The bulk of DD transportation funds, \$11 to \$12 million per year, are spent for individuals receiving residential services, mostly for travel to and from day programs and employment. Funding is provided through Medicaid, the state's General Fund match, and in some areas, local transit agency or other local match funding.

For children's services, funds may be authorized through service plans in some circumstances. Payment to providers is utilized for community access or to assist with the cost of long distance travel for family visits when children are placed outside their family home.

Aging and People with Physical Disabilities

DHS's Office of Aging and People with Physical Disabilities (APD) provides services in two general categories:

- Medicaid/Title XIX services are provided to low-income, Medicaid-eligible individuals over 65 and those who have been determined to qualify for disability through the Social Security Administration. This group of clients is served through 34 local APD branch offices throughout the state and can receive any number of services ranging from Medical-only to various Home and Community-Based and Long- Term-Care services, including nursing home assistance. Transportation services for these clients include:
 1. NEMT: The vast majority, if not all, of NEMT is provided by the brokerages. Case managers assist clients in gaining access to services and arranging for transportation. The only time a brokerage would not be providing the service is when clients or family members are reimbursed for personal use of their vehicle for medical transportation.
 2. Non-medical waived transportation is administered through the Home Care program and is available to clients who are receiving another waived service such as home care or adult day services or community-based care. This transportation is provided by both contracted government entities (counties, cities, transportation districts or tribes) and Homecare Workers (HCW). Home care workers are reimbursed through the Home Care payment system. Once per year, usually by October 1, a Federal Medical Assistance Percentage (FMAP) is issued and used to determine the amount of the state matching funds. For example, effective October 1, 2012, the FMAP rate is 62.44%, requiring a state match of 37.56%. Local transportation providers seeking reimbursement must provide this match. Without this local match, the APD waived program would likely not exist. This program is one of the earliest examples of coordination between DHS and ODOT.
- The Area Agency on Aging (AAA) system serves individuals over age 60 who are eligible for Older Americans Act (Title III) services. There are 17 AAAs in Oregon and Title IIIB of the Older Americans Act includes transportation as a covered service. Two specific services are covered: assisted transportation for an individual with physical or cognitive impairment who requires an escort and transportation from one location to another.

In FY 2011, the total transportation funded through Title IIIB in Oregon (as reported through the Federal NAPIS reporting) was \$320,112. This was matched with \$538,569, with STF being a major source of those matching funds. Assisted transportation accounts for the smallest part of the program with \$22,546 spent statewide, \$3,000 in program income and \$1,000 in additional cash, for a total of \$26,500 for 2,700 one-way rides serving 34 clients.





For all transportation services provided by the AAAs, other funds are leveraged. Most often, they are STF funds or program income (donations from clients or others to the program). In Multnomah County, Title III B, City General Funds, and County General Funds are combined to fund bus and TriMet's LIFT program tickets and passes, taxi rides, and payment to Ride Connection to provide door-to-door service. Unique to Multnomah County is contracting for some transportation coordination services with district service centers, which are non-profit, community-based organizations.

Vocational Rehabilitation

DHS's Vocational Rehabilitation (VR) program operates a little differently than other DHS programs in that it does not transport clients. Though it rarely happens, lack of transportation can mean disqualification from VR services. On an individual basis, VR can purchase bus passes, pay mileage and assist with vehicle repair and modification related to disabilities; and occasionally, assist with vehicle insurance. A detailed record of services provided is maintained and reports can be generated for transportation expenditures.

In a pilot project several years ago funded through a Medicaid Infrastructure Grant, VR was able to fund public transit use by VR clients. When pilot project funding was exhausted, this service was discontinued.

Funding sources are 78.7% in Federal funds through the Rehabilitation Act of 1973; Title I, Part A, Section 110 funding; and 21.3% in matching State General Funds.

OREGON HEALTH AUTHORITY

In 2009, the Oregon Legislature established the Oregon Health Authority and transferred many of DHS's health care functions to the OHA, with the goals to lower and maintain health care costs and to improve access to health care for all Oregonians. The health care divisions administered through OHA include Addictions and Mental Health; Public Health; and Health Care programs, including the Division of Medical Assistance programs (DMAP). The state's medical entitlement programs, including Title XIX Medicaid and Oregon Health Plan (OHP) services for eligible clients served by DHS, now fall under the authority of the OHA.

Transportation is an ancillary service available to eligible clients as a means to achieve the goals set forth in their service plans. Specific transportation services are separated, identified and tracked as such in some programs, but not in all programs. OHA uses intergovernmental agreements to contract with brokerages to provide service.

In Fiscal Year 2012, \$47.5 million was expended on non-emergent ambulance transportation and NEMT services provided through brokerages. This figure does not include:

- Client reimbursed transportation paid by DHS branch offices out of DMAP funds, including client mileage, meals, and lodging for NEMT purposes.
- Reimbursements to volunteer drivers for NEMT mileage paid by DHS Volunteer Coordinators out of DMAP funds.
- Emergency ambulance transportation paid by managed care plans.
- Non-medical transportation paid by DHS out of DHS funds.

Addictions and Mental Health Treatment (AMH) is responsible for programs and services for clients diagnosed with mental illness and/or in need of addictions treatment. Medical transportation for clients eligible for Medicaid is provided through OHA/DMAAP and the brokerage system. Only a small percentage of AMH clients are Medicaid eligible. Public transportation is not typically used by AMH clients because of potential safety and acceptance issues. The majority of clients are served through the budgetary arm of AMH and transportation services fall into three major categories:

- **Secured transport:** This is a statutory public service that is considered an emergent need, with safety being the key element in delivery of the service. Law enforcement and/or mental health professionals can remand custody and order civil commitment for individuals considered to be a danger to themselves or others. Funding is a mixture of indigent dollars provided to counties, Federal Block Grant dollars, and State General Funds, including wine and beer tax monies. No Medicaid matching dollars are available for this service. The funding for secured transport is tracked through contract amendments for counties submitting billings for this type of transport.
- **Acute care and outpatient treatment:** This service is for indigent individuals who are not eligible for the OHP and is paid through General Funds awarded to counties to provide service. Transportation is an inherent part of the service package and it is questionable as to whether transportation costs can be tracked separately.
- **State Hospital System:** A medical model of transportation is used to transport clients between facilities for medical appointments. A very small percentage of this population is Medicaid-eligible; the majority of transportation services are financed through the General Fund. Various levels of transportation are required, including secure and/or medical transport.

Tracking of Services and Expenditures

In virtually all human services programs, authorization for transportation services begins at the local level with the case manager. Decisions are made by the case manager based on the individual situation. For certain types of transportation, the authorization must come at the state level. In child welfare programs, supervisors, program managers, and district managers are involved in approval and general oversight. Generally, a supervisor must approve any expenditure. Exceptional needs, including all out-of-state child welfare travel, require State DHS office approval.

For DD programs, Community Developmental Disability programs and DD brokerages work with individual clients which may include transportation as necessary to address support needs. A regional utilization review committee reviews requests for comprehensive waiver services for DD53 clients. Within the DD system, if a client leaves the system, that individual's allocation can be redistributed to other clients.

County mental health directors authorize transportation at the local level, while the state AMH department has administrative authority for non-OHP clients and for secured transport.

Following is a short summary of how services are tracked within the various DHS/OHA divisions.

- DHS' Volunteer Program tracks numbers of rides and mileage.

The largest transportation program administered through OHA is the Non-Emergency Medical Transportation (NEMT) program which serves Medicaid-eligible individuals throughout the state. Services are provided through a system of eight regional transportation brokerages.

The tracking of spending on transportation varies widely within DHS/OHA divisions. NEMT services are tracked through the brokerages and DMAP. Because transportation is not considered an entitlement service, it is sometimes included in other service categories and not tracked separately.

- DHS' Office of Developmental Disability Services (ODDS) is tracking data on transportation funding, including match projects, funding for day program transportation, and mileage reimbursement.
- Information from Aging and People with Physical Disabilities (APD) that could be but is not currently tracked includes: the number of miles home workers provide for non-medical transportation services and data from transit agencies on non-medical medical transportation. This data is included in reimbursement requests submitted by transit agencies having contracts with DHS.
- Transportation service provided through the Area Agency on Aging (AAA) system is easily accessible through review of the National Aging Program Information System (NAPIS) reporting system. Duplication in the reporting of this data can be problematic, however. For example, CCNO, an AAA in eastern Oregon, receives 5310 and 5311 funds plus a small amount of AAA funds. Their transportation services are reported in both AAA and ODOT statistics. Ride Connection also reports all rides to ODOT.
- For the Self Sufficiency programs, there is narration tracking including bus pass and gas voucher logs kept within local offices. There is also computer tracking of payments made related to case plans for the OFSET and JOBS programs. Transportation services are coded as transportation and could be tracked. Future spending cannot be predicted but the dollar amount spent on transportation costs in the past can be provided. Transportation is a piece of total service dollars. Federal tracking and reporting is required for certain populations in the OFSET program. For the JOBS program, internal tracking of support services is required. It must be noted what services have been offered to clients and whether clients are participating in that service.
- In the Child Welfare program, ORKIDS is a relatively new case management system that issues and tracks expenditures. Currently, DHS is building reports to extract information from the system. The new system is expected to track transportation at a much more detailed level than previously tracked.
- At Vocational Rehabilitation (VR), expenditures are tracked automatically through a case management system. Data does not match transportation tracking in other DHS/OHA departments because services unique to VR, such as van modification, are considered to be transportation.
- In the Addictions and Mental Health Treatment (AMH) program, the number of patients admitted involuntarily or transferred to other facilities is tracked but transportation costs are not broken out.

Data collection and lack of information related to the true costs of providing transportation to DHS/OHA clients is a barrier to coordination in general and to identifying opportunities for service and resource development and coordination. OHA and DHS are currently working on this issue with the hope that more information may soon be generated.

Current Coordination Efforts

Generally speaking, transportation-human services coordination is limited both within DHS/OHA and between DHS/OHA and other state agencies. At the state level, DHS has a seat on PTD's advisory committee. Some DHS divisions report that they coordinate with DMAP and, in some instances, with other divisions in purchasing bus passes in bulk.

As an example of the coordination challenges within the agency, within Child Welfare, coordination with the Department of Education is essential, though difficult, due to legislation authorizing the court system to determine when is in the best interest of a child to attend their home school after they are placed in foster care (or elsewhere), even if placement is outside the school district boundaries or the county where a child attends school. In those situations, transportation to and from school must be provided. Schools generally do not want to take responsibility for the transportation and their administrative rules are very strict, making it difficult for anyone outside of licensed school buses/drivers to provide transport. As a result, transportation in these situations became very expensive for DHS, with some transportation costs reaching \$100-150 per day for one child. Multnomah County was on track to spend up to \$1.5 million per year on this type of transport. To solve the problem, DHS partnered with the Portland School District and Multnomah County Educational Service District to set up the transportation program and negotiate rates. The schools pay for the transportation and invoice DHS, which processes the billings through their Title IVE program, allowing them to then claim Federal reimbursement. A problem with this system involves differences in budgeting methodologies by schools and DHS. Schools set their allocations at the beginning of the year, making it difficult to anticipate these costs. This new system is estimated to cost about \$300,000 per year in Multnomah County, the only place where this process is being used. Throughout the rest of the state, funding is provided to foster parents or staff to transport children to school. DHS is investigating the feasibility of applying the Multnomah County program statewide.

During the course of this Study, there were no situations found where coordination is a requirement or is being reported as part of data tracking within DHS/OHA. Coordination that does occur is primarily between individual divisions and community partners at the local level.

Brokerages coordinate secure transportation for Medicaid/OHP clients. Counties also receive General Fund dollars to provide secured transport for civil commitments. An important factor in coordination is building relationships between secured transport companies and brokerages. On occasion, the Addictions and Mental Health (AMH) Division is asked to help facilitate connections. There are eleven secured transport companies in the state — some local, some statewide, some approved by brokerages and some not. There are multiple regulations and requirements around certification of these companies, with county mental health professionals and DHS having roles in certification. While limited coordination is happening, improved coordination of this service is needed.

Barriers/Challenges to Coordination

Among the barriers and challenges which inhibit effective coordination at DHS/OHA:

- Staff cuts, frequent agency reorganization and changes in staff assignments resulting from budgetary constraints can affect the provision of transportation services and the ability to effectively coordinate services across departments.
- Federal, state, and local legislative, regulatory and granting restrictions and requirements present barriers to providing seamless, cost-effective transportation services and coordination.
- Eligibility requirements for programs and financial service caps that cannot be exceeded.
- Turf issues and competition for available funds.
- Most work is at the staff level, creating a silo effect where various programs/individuals do not know what is happening in other programs. Staff may not know or have time to learn the various rules and regulations involved in managing transportation services and therefore may not utilize the service in the most effective way.
- The fear of negative effects on private transport businesses or that volunteers will replace paid staff are cited as limiting the use of volunteer drivers.



An example of a local human service agency and a transportation provider working together to address veterans' transportation needs is Veterans Helping Veterans Program, a collaboration between Washington County Disability, Aging and Veteran Services and Ride Connection. In Washington County, more than 500 rides were provided within a ten-month period. There are eight active veteran volunteer drivers providing about 70 rides per month.

- The lack of a uniform data collection mechanism to identify true transportation costs and to assess how service is delivered among the various DHS/OHA departments has been identified in this and at least one previous study (Portland State University, 2008) as a barrier to coordination.
- For human services clients, transportation is not an entitlement or a primary service but rather is included in the comprehensive service package and is a mechanism to meet case plan goals. District office case managers decide the best way to obtain service and they may not know of or have time to research all options to find the most efficient and cost-effective service. In order to meet the individual needs of the client, the least costly transportation option may not be the most effective or appropriate.

DEPARTMENT OF VETERANS AFFAIRS

There are more than 400,000 veterans in the State of Oregon, with transportation for medical and health care purposes identified as a major need for this population.

Available Transportation Services

Although the Oregon Department of Veterans Affairs (ODVA) has no mandate to provide transportation to veterans who reside in the state, veterans are eligible for transportation programs through the federal Veterans' Administration (VA) and for limited transportation services that provide rides to VA medical facilities. The VA will also provide Special Mode Transportation, such as an ambulance or wheelchair van, for veterans if pre-authorized. ODVA is expected to receive about \$6 million in State General Funds in the 2011-13 biennium; 52% is distributed to counties who decide how best to use this funding.

Veterans in Oregon have a dedicated but limited medical transportation system. In partnership with the Veterans Health Administration (VHA), Disabled American Veterans (DAV), a national non-profit organization, operates a van system to transport veterans to and from VA appointments. In 2010, there were 24 non-lift equipped vans in the DAV fleet, with van service staffed by volunteer drivers. These vans run on a regular fixed-route schedule, although those schedules may not be daily depending on the region, and not all parts of the state are served. Limitations of the DAV van system include:

- Vans used by DAV do not meet ADA accessibility requirements, limiting the use of this service to those who are able to walk. Veterans in wheelchairs or those who require oxygen are not able to use this transportation option. Users of this service must also get themselves to meeting points along the route, which further limits access to this service for those without personal transportation.
- Many local transit agencies are willing to provide DAV with used lift-equipped vehicles, however, VA policy has prevented DAV from accepting used vehicles.
- The DAV van system can be used only for medical purposes; it does not allow travel for other purposes. For example, if a 15-passenger van contains only three passengers going from the coast to the Portland VA Medical Center, coordination of other trip purposes for veterans in Portland is not an option.
- Spouses and caregivers can accompany the veteran only if the doctor has provided a statement saying it is necessary. When the veteran's health improves but a spouse or caregiver is still needed to accompany the patient, VA's policy specifies that a caregiver must accompany the patient, even if the doctor has not requested such.

- An issue of common concern across regions in the state is that all drivers are volunteers. DAV staff is not permitted to drive the vans. Because younger veterans are not joining the DAV in the same numbers as in the past, drivers are aging and retiring with fewer replacements. There is concern that older drivers who may themselves have serious health concerns are the primary drivers for this transportation program. Currently, there seems to be no mechanism in place to replace volunteers when they are no longer able to continue with the program.

There are a number of small, local programs initiated by individual counties and organizations within the state to provide veterans transportation services. State Senate Bill 1100 Expansion and Enhancement funds provide an allocation of State General Funds to counties to use in meeting their individual needs. Some counties may choose to use these funds for transportation.

In most rural counties, it is common for Veterans Service officers to work with local transit agencies to obtain transportation services for veterans.

Current Coordination Efforts

In 2008, Governor Kulongoski convened a Task Force on Veterans' Services that identified lack of coordination between public transportation service providers and the VA as a problem. The lack of transportation to and from VA medical appointments was cited as a major barrier to veterans receiving earned benefits (Governor's Task Force on Veterans' Services, December, 2008). In response to the Governor's Task Force recommendations, the 2009 Oregon Legislature created a separate Task Force on Veterans Transportation to examine the transportation system and make recommendations for improvements. The Task Force issued 15 key recommendations, including the following related to coordination:

- Establish a partnership between ODOT, ODVA and VA Health Administration to eliminate barriers to veterans transportation in Oregon and educate the VA on existing transportation modes for veterans.
- Establish a pilot project to schedule veterans' transportation to and from VA medical appointments as part of a public transit scheduling system.
- Use the statewide infrastructure that currently exists — the brokerage system — as the best solution for meeting veteran needs for medical transportation. At a minimum, the existing brokerage system could be used to schedule transportation for veterans.

As an initial step in implementing the Task Force recommendation on establishment of a statewide veteran medical transportation program using the existing Medicaid brokerage system, a pilot project has been initiated by ODOT and ODVA to provide veterans medical transportation through three brokerages — Rogue Valley Transit District, Central Oregon Intergovernmental Council and Cascades West Council of Government. ODOT is contributing state funds to implement the pilot project, with two years of funding committed. If the program is successful, ODOT and ODVA will need to determine if the program should be continued and to identify the sources of funding to expand the program statewide.

In January, 2013, the National Conference of State Legislatures (NCSL) released a report, *A Mission to Serve: State Activities to Help Military Veterans Access Transportation*. All 50 states were surveyed to determine levels of support for veterans' transportation and to highlight efforts to coordinate transportation services at the state agency level. Twenty eight states have interagency coordinating councils. While Oregon does not have a council, its efforts were highlighted in the report as a case study: "Oregon's unique approach to coordinating transportation services for veterans is characterized by state leadership and collaboration, facilitated by a legislatively formed task force."

From a veterans transportation perspective, access to health care is a greater barrier than is access to employment.

While there has been some success in implementing the Legislative Task Force recommendations, additional efforts are needed to coordinate the work of state agencies with the Federal VA. Tom Mann, Administrator of the State's Veterans' Service Division, reports that the Federal VA was in agreement with recommendations made by the Legislative Task Force. The VA convened a task force of their own and addressed five or six of the same goals and recommendations. The VA cited the importance of the Task Force's work and acknowledged the need to fix some of problems. Breaking down regulatory barriers may be one of the biggest gains realized from the Task Force's work.

Also recommended was expanding VA health care in local communities through telemedicine offered through community-based outpatient clinics (CBOCs), thus reducing the need for veteran travel. In rural parts of the state, telehealth clinics staffed by nurses and other health providers are being set up to give veterans access to physicians and specialists located in Walla Walla, Portland and Seattle. Veterans are able to keep their doctor's appointments via computerization and thus avoid a lengthy trip to a medical facility. The VA is increasingly utilizing video conferencing with local CBOCs and setting up phone lines to check blood pressures, blood sugar and other medical issues.

The Task Force also suggested establishing a pilot project to use existing public transit ride scheduling systems to transport veterans to and from VA medical appointments. In summer 2011, the Federal Departments of Veterans Affairs, Labor, Defense, and Health and Human Services established the Veterans Transportation and Community Living Initiative (VTCLI) to improve transportation options and mobility for veterans. The program funds One-Call/One Click Transportation Resource Centers. Lane Transit, Rogue Valley Transit District and Ride Connection (through Tri-Met) have secured funding through VTCLI to improve brokerage and call center technology so that veterans can call to schedule medical rides.

Barriers/Challenges to Coordination

Access to health care may be particularly challenging for those veterans who reside at a distance from medical facilities. Other major challenges to coordination of veterans' transportation include federal, state, and local legislative, regulatory and granting restrictions and requirements that present barriers to providing seamless, cost-effective transportation services and coordination. An example is a federal policy that prevents DAV from accepting used vehicles. In addition, DAV vans are not handicapped-accessible, preventing veterans in wheelchairs or those requiring oxygen from using this transportation option. The Task Force recommended requesting that the VA revisit their policy on only allowing the receipt of new vans for DAV transportation. Consequently, ODVA, in coordination with ODOT, was able to obtain a regulation waiver to allow ODOT to provide DAV with 10 retrofitted handicapped-accessible vans that were given to the VA and other veterans' services across the state. Currently, DAV has not been able to use any of the vans because their volunteer drivers have not received the necessary training to transport non-ambulatory riders. Utilization of used, retrofitted vans will require further exploration to determine if it is a cost-effective, feasible alternative for providing transportation for veterans.

The DAV van system has served as a primary source of transportation services for veterans for many years. Concerns about the continuing viability of this service have been previously noted. To maintain the transportation service, DAV must raise funds to purchase new vans and it must continually recruit new members and volunteers to serve as drivers. DHS's volunteer program provides transportation service in a number of areas throughout the state. Whether the DAV program could be coordinated with the DHS volunteer program is unknown at this point because these two programs, operating within very different systems, do not currently have a working relationship. The DHS Volunteer Program Manager reports that none of the DHS volunteer field coordinators have ever been approached by any of the veterans' programs. This is an area to explore to determine if there could be benefits to both veterans and DHS clients who rely on the volunteer transportation programs.

V. PROPOSED STRATEGIES

A FOCUSED SET OF IMPLEMENTABLE STRATEGIES

This Study proposes a variety of programmatic strategies to improve the coordination of public transportation and human services. These strategies were developed through an iterative review and prioritization process with the Study's Policy Steering and Technical Advisory committees. Because of the breadth of potential subject matter, these committees recommended that the Study focus on a limited set of readily implementable actions that will facilitate ongoing action and dialogue to improve coordination of public transportation and human services.

Contacts with other states, federal agencies and national organizations indicate that Oregon is seen as a model for coordination of transportation services due primarily to its statewide brokerage system and coordination of federal and state funding for public transportation through the STF program. At the local and regional levels, coordination is by necessity a part of doing business and there are numerous examples of innovative practices. Successful coordination at that level is most often a challenge of time and money, more than it is of initiative. At the state level, however, with the exception of ODOT, transportation-human services coordination is not a requirement or priority nor an integral part of agency agendas. Part of the reason is clearly a function of differing missions.

This Study is both a continuation of past coordination initiatives and the beginning of a new effort to elevate the importance of coordination of public transportation and human services. Much energy has been expended to improve coordination since the last statewide coordination study, the 2000 *Coordination Challenge*, and resultant Oregon Transportation Coordination Initiative (OTCI). Among other accomplishments, a statewide system of NEMT brokerages was successfully established. The *Coordination Challenge* recommendations primarily addressed the functional aspects of service provision (e.g., insurance, uniform standards, shared use programs). In contrast, the strategies in this Study are more programmatic and focused on the governance structure for transportation programs at the state and local levels. To a large extent, this Study is more of an assessment of issues of who best to provide coordination of services than it is of issues of what services need to be coordinated.

At first glance, some may view this Study as deflecting specific actions to improve coordination to another study process, i.e. task force. Rather, coordination is and will remain an evolving effort that requires a governance structure that supports ongoing improvements. Governance issues are complex, especially when state agencies with varied missions are involved. The Study's Policy Steering and Technical Advisory committees realized that this subject required more in-depth work beyond the timeframe for this Study. **The need for high-level commitment and action was identified as essential to realize coordination improvements.** Further, important funding information was not available and this information is essential to identify coordination barriers and opportunities. **The inability to access and the lack of data restricted the ability to paint a comprehensive picture of the status of transportation funding at the state level.** This and other barriers to assessing coordination remain unchanged over the past 12 years.

To be fair, the lack of coordination among state agencies and information on total spending on transportation services is not unique to Oregon. A recent (June 2012) U.S. Government Accounting Office (GAO) analysis of federal transportation coordination efforts found that 80

Transportation coordination holds great potential for addressing multiple needs and goals with limited resources. As basic as it may seem, several dynamics are critical to success, including leadership, participation and continuity. By establishing and supporting formal transportation coordinating mechanisms, states can leverage state, federal, local and private resources to provide more efficient transportation solutions that can lead to reduced congestion, better access to jobs, and more efficient provision of transportation services.

Improving Public Transportation Services through Effective State Coordination

National Governors Association

Repeatedly throughout the process, the opportunity for public transportation and human services providers to network and dialogue on what coordination is occurring and needs to occur was identified as the greatest benefit of undertaking this Study.

federal programs administered by eight federal agencies fund transportation services for the transportation disadvantaged, but transportation is not the primary mission of most of the programs. Total federal spending on transportation services is unknown because, in many cases, federal departments do not separately track spending for these services. To promote and enhance federal coordination efforts, GAO recommends Executive action to convene a Coordinating Council to develop a strategic plan that clearly outlines agency roles and responsibilities and articulates a strategy to help strengthen interagency collaboration and communication.

DESIRED OUTCOMES

In addition to the outcomes resulting from implementation of proposed strategies, this Study is intended to elevate the understanding of the challenges and barriers to coordinate public transportation and human services at both the state and local levels. A more informed constituency is essential to successful implementation of coordination improvement strategies.

Other desired outcomes include:

- Building upon the collaborative approach to this Study, expanded and ongoing cooperation among state agencies involved in providing or funding transportation services and between those state agencies and local/regional service providers.
- Sustained political leadership that elevates the importance of and ongoing attention to transportation-human services coordination at the state agency level.
- Continued financial and political support for both current and future local level efforts that result in improved coordination.
- Recognition of geographical differences and specific attention to rural area challenges.
- Policy and financial commitments by ODOT, DHS/OHA and ODVA, in particular, to

An underlying goal is to encourage the human services community and public transportation providers to share information and resources. The need is greatest at the state agency level, but it also exists at the local level. Human services providers are often unaware of the public transportation services available for their clients; conversely, transportation providers do not always know what the unmet needs are of the human services community.

implementation of recommended strategies, including recommended information sharing and future studies, and to ongoing monitoring efforts; continued involvement of AOC and LOC participants in Study implementation.

- The opportunity to regularly network in an organized fashion and for information sharing on best practices.

RECOMMENDED STRATEGIES

The recommended strategies that follow result from national, state and local level research; input obtained through interviews, workshops and presentations; and, very importantly, direction from the Study's Policy Steering and Technical Advisory committees to focus on a limited set of feasible actions that would demonstrably improve transportation-human services coordination.

A key lesson learned from a review of the implementation of *The Coordination Challenge* is that high-level leadership is required to elevate and sustain the importance of coordination among all the entities involved. Thus, proposed strategies are based on a Statewide Coordination Initiative directed by the Governor's Office. While the Study's strategies can be independently implemented, they are generally tied into Executive action that prioritizes coordination among state agencies on transportation-human services and establishes a task force of high-level implementers to tackle the greatest challenges to improve coordination identified through this Study within a specified timeframe. Convening of regional forums is recommended to help inform and focus the work of the task force, particularly in improving regional connectivity and overcoming regulatory, geographic and cultural barriers to coordination.

STRATEGY 1: STATEWIDE TRANSPORTATION-HUMAN SERVICES COORDINATION INITIATIVE

Executive action to establish a Statewide Transportation-Human Services Coordination Initiative is the underpinning of Study recommendations for improving coordination in the State. Other proposed strategies are dependent upon such an Initiative. It is the Study's conclusion that, without strong Executive direction, coordination of transportation and human services will not rise to a priority at the state agency level and improvements in coordination will be piecemeal at best.

Proposed Strategy

STRATEGY	PRIMARY IMPLEMENTER	RECOMMENDED TIMING
Through a Governor's Office Directive, establish a Statewide Transportation-Human Services Coordination Initiative, implemented through a term-limited Task Force charged to: - Identify and analyze funding spent on public transportation used for human service program delivery by source. Recommend changes in the reporting formats and management of these funding sources that improves coordinated delivery of transportation (Note the budget footnote added by the Legislature in DHS's budget four years ago); - Based upon input from Area Commissions on Transportation (ACTs), Regional Solutions Teams, MPOs, Councils of Governments and the human services community, identify: (1) actions to overcome regulatory, jurisdictional, geographic and cultural barriers to coordination; (2) opportunities to improve regional and out-of-region connectivity in public transportation and human services. (also see following strategy); and (3) opportunities to leverage public transportation funding and resources at the state and local levels to achieve cost efficiencies and strengthen the public transportation system. - Recommend strategies to improve both intra- and interagency coordination in the funding and delivery of public transportation and human services as well as agency responsibilities for implementation;	Governor's Office	Executive Action: Fall 2013 Task Force Recommendations: Fall 2016

Collectively, these proposed strategies are intended to elevate the attention given to coordination, recognizing that this goal will be difficult to achieve without a stronger mandate for such, especially but not exclusively at the state level.

Coordination is and will remain an evolving effort that requires a governance structure that supports ongoing improvements.

- Engage service providers, including Coordinated Care Organizations (CCOs), to increase their awareness about the most efficient and effective transportation service options; and
- Develop performance measures to monitor the benefits and costs of coordination, including public transportation services provided by CCOs.

The Task Force will be of limited duration (18-36 months) and include representation from:

- State agencies involved with human services and transportation, including but not limited to:
 - Department of Transportation (ODOT)
 - Department of Human Services (DHS)
 - Oregon Health Authority (OHA)
 - Employment Department
 - Housing and Community Services
 - Department of Veterans Affairs (ODVA)
 - Budget and Management Division of Department of Administrative Services
- Local and regional providers and organizations that administer public transportation and human services

The Task Force will report its recommendations to the Governor's Office, state agencies and the Legislature.

Proposed Implementation

Executive action to establish the Initiative should occur in Fall 2013, following the current Legislative Session. Briefings to inform and to solicit input on expectations for the Task Force should be scheduled by Governor's Office staff in Summer 2013 with appropriate Legislative committees. Assuming it is recruited and appointed by late Fall 2013, Task Force recommendations should be reported to the Governor's Office, state agencies and the Legislature on a periodic basis, with final recommendations submitted no later than Fall 2016. It is anticipated that Task Force assignments will be incrementally completed and that actions to implement its recommendations can be initiated prior to Fall 2016.

Staffing for the group should be provided jointly by ODOT, DHS, OHA, and Budget and Management.

During the process of establishing the Statewide Transportation-Human Services Coordination Initiative, the Policy Steering and Technical Advisory committees convened for this Study should be kept intact to help ensure a smooth transition from this Study process and to monitor implementation of Study recommendations. These two groups should be combined into a single body (they have met concurrently throughout the process) and continue to be staffed by ODOT Public Transit Division and DHS, with neutral facilitation provided by AOC. If the concept of a Statewide Coordination Initiative is determined to be infeasible or untimely, ODOT Public Transit Division and DHS should continue to convene and staff the combined Study committees as a surrogate. The composition of the advisory group should be revisited to consider greater non-state agency (practitioner) representation. It should meet quarterly and operate in a similar fashion to the committees convened for this Study.

Rationale

The rationale for establishing a Statewide Transportation-Human Services Initiative to be spearheaded by a task force is based on research and outreach conducted as part of this Study, including the strong support for a Statewide Coordination Initiative expressed by the project's multi-stakeholder Policy Steering and Technical Advisory committees and by most of the other participants in this Study.

National level research suggests that successful transportation coordination at a statewide level is associated with an executive or legislative mandate and some type of statewide coordinating mechanism. In response to a United We Ride initiative to improve coordination of transportation and human services and the increased emphasis on coordination to improve and provide efficient services, many states have established coordinating councils or committees. According to a 2012 report for the Federal Transit Association, *State Human Service Transportation Coordinating Councils: An Overview and State-By-State Profiles*, at least 23 states have created state coordinating councils by statute, governor's executive order or initiative. The National Conference of State Legislatures reports an even higher number of states (27) have state coordinating councils and at least 29 have one or more councils at the regional level.

In a very similar and recent effort, the Governor of Alaska established a Coordinated Transportation Task Force to serve as advisory committee to the Governor's Office on community-based transportation services and coordination. In February 2012, the Task Force issued its recommendations for a statewide vision for human service-public transportation and an action plan with outcome-based strategies. Recommendations include legislatively creating a state Coordinated Transportation Commission with the authority and responsibility to make needed systematic changes. These recommendations were driven by the same situation experienced at the state agency level in Oregon — there are multiple state and federally funded programs for transportation services; the total amount of transportation funding cannot be quantified because roles, responsibilities, budgets, accounting processes and commitments differ; and **removing barriers to potential cost savings will take time and requires Governor-directed leadership and support.** Also within the past year, the Idaho Mobility Council was established and charged with advising the Idaho Transportation Department on issues, coordination strategies, policies and procedures relating to mobility planning and implementation and with providing leadership on planning and coordination, among other duties.

A primary conclusion of this Study is that the greatest potential for improved coordination rests at the state agency level. With multiple agencies providing a variety of transportation services, there is a great need for improved coordination to identify how services can be provided more efficiently and enhance service to clients. Although Oregon is most often viewed nationally as a coordination leader, there is no mandate for coordination at the state level and, with exceptions, coordination among state agencies is limited at best. State level research indicates that transportation services among the more than 35 agencies and programs that directly or indirectly provide transportation services are very siloed, in large part because of the lack of both a mandate and funding targeted to coordination.

The challenge in obtaining data on state agency spending on human services transportation is a major barrier that this Study has not been able to overcome. Despite efforts to compile data on transportation spending, **it is unknown exactly where and how transportation**



By establishing and supporting formal transportation coordination mechanisms, governors can leverage state, federal, local, and private resources to provide more effective transportation solutions that can lead to reduced congestion, better access to jobs, and more efficient provision of transportation services.

Improving Public Transportation Services through Effective Statewide Coordination

National Governors Association Center for Best Practices

funding across state agencies is spent to meet human service program needs. Of note, the Legislature added a budget footnote to the 2009-2011 DHS budget directing the agency to collect data on state agency spending on human services transportation. Although identified originally as a desired product, this study did not have sufficient time or resources to generate an extensive financial analysis of existing state and federal funding sources. A transportation spending baseline is seen as critical for assessing opportunities for internal and interagency coordination. An in-depth budget analysis is recommended, not just of transportation spending, but of data collection systems. Data collection is identified as one of the largest barriers to improving coordination of funding information. Identifying opportunities for service and resource coordination is a mismatch of data collection processes between DHS and ODOT.

In response to the 2000 *Coordination Challenge*, Governor Kitzhaber convened state agency managers to implement the Plan's recommendations and to develop performance measures as part of what was termed the Governor's Coordinated Transportation Initiative. A variety of projects were co-funded by ODOT and DHS at the regional level to facilitate the establishment of brokerages or central dispatch programs, improve regional coordination, implement technology improvements, improve welfare-to-work transit programs, and other activities to improve coordination and service delivery. **Although the 2000 study called for ongoing coordination of state agency transportation programs, the Initiative and its program of interagency coordination were not institutionalized and, absent a mandate for coordination, they faded away by 2003.**

There are no examples in other states of mandates to coordinate without also establishing a task force, council, committee or a new department of government.

Interagency working groups have been successful not only in promoting transportation coordination, but also in improving working relationships among the members on other issues as well. The common key to success in interagency collaboration is direct gubernatorial involvement and leadership. A mandate appears to be the first step tied to some action to implement it.

Among the charges to a Coordination Initiative Task Force would be identifying opportunities to leverage available public transportation funding and resources to achieve cost efficiencies and strengthen local public transportation programs. The concept of leveraging resources was identified by the Study's advisory committees as critical in an era of declining funding and growing demand for services. While leveraging resources is a common practice at the local level (see Appendix C), participants felt that greater effort could occur at the state agency level and that constant effort is required to achieve cost efficiencies at all levels.

The proposed task force also represents a mechanism for ongoing communication with other states on emerging issues and best practices, both to foster interagency communication and because there does not appear to be any mechanism in place for all of the transportation agencies to keep informed about coordination initiatives and challenges in other states. Current tracking of such appears to be limited to ODOT's Public Transit Division.

Preliminary recommendations included Executive action to establish a standing Statewide Coordination Committee. Working with Governor's Office staff, the establishment of an additional statewide committee was determined to be politically untenable at a time when efforts are being made to reduce the number of statewide committees and commissions. Recommending legislation to direct agencies to carry out the functions proposed for the task

force, most notably reporting transportation expenditures, was also considered but rejected in favor of Executive action. **The recommendation for Executive action is based upon the urgency heard among Study participants in getting an Initiative and task force in place as expeditiously as possible to address issues such as the relationship of Coordinated Care Organizations (CCOs) and NEMT brokerages.**

In lieu of establishing a new entity such as a task force, utilizing an existing statewide committee to assume the functions of a statewide transportation coordination body was considered. No appropriate existing body has been identified. If an existing entity was utilized, issues of a specific state agency committee having oversight on other agency's coordination functions would also need to be addressed.

STRATEGY 2: DEFINING REGIONAL ISSUES AND SOLUTIONS

A companion strategy to a Statewide Coordination Initiative led by a Governor-appointed task force is ongoing dialogue at the regional and local levels among transportation and human services providers to define the issues and strategies to be considered by the task force. This ground up approach is intended to ensure that actions proposed by the task force are supported and implementable by in-the-field practitioners. In keeping with Study input about the value of regular information-sharing, it also provides a mechanism for networking and dialogue among service providers and other stakeholders that does not otherwise exist.

Proposed Strategy

STRATEGY	PRIMARY IMPLEMENTER	RECOMMENDED TIMING
To help inform the work of the Statewide Transportation-Human Services Coordination Task Force, establish forums to identify coordination issues at the regional level, including: - Strategies to address regulatory, jurisdictional, geographic and cultural barriers and opportunities. - Strategies to address gaps in regional and out-of-region services and in identifying opportunities to improve linkages among community services. - Regional transportation coordination issues that should be addressed by OHA, CCOs and brokerages in determining how transportation services are coordinated under the CCO system. These regional forums could be convened by Regional Solutions Teams and should include agencies, Area Commissions on Transportation, CCOs, MPOs, Councils of Government, and other service providers and stakeholders involved in providing regional and local transportation and human services. The forums should be convened in a timely manner to provide the Statewide Transportation Coordination Task Force with recommendations within its established tenure period.	Regional Solutions Teams	Initially in Fall 2013, then periodically



Proposed Implementation

To help inform the Statewide Coordination Initiative Task Force, Regional Solutions teams should convene regional dialogues in Fall 2013. Ongoing regional forums should continue on a periodic basis, both to continue to inform the Task Force and to provide a mechanism for networking and dialogue among service providers and other stakeholders that does not otherwise exist.

Although Regional Solutions Teams are identified as a potential convenor, it is recognized that their orientation and composition do not currently encompass human services. Either the mission and composition of existing teams would need to be expanded or separate human services-focused teams would need to be established. Alternatively, using other existing regional groups such as Area Commissions on Transportation (ACTs) would need to be explored. Because regional forums are a precursor to the convening of the Statewide Task Force, identification of the appropriate convenor is an immediate priority.

Rationale

Part of the intent of this strategy is to capitalize on the kind of local and regional dialogue knowledge and input that occurred during the Study process. Participants identified improving coordination across and among regions and in efficiently serving rural areas as major challenges to successful coordination of services. In rural areas, transit use is either non-existent or often limited by lack of awareness of available resources and lack of knowledge of how to use transit to access work, school, medical services, etc. Regional connectivity is also an important issue for participants and a common obstacle to providing cost-efficient and timely services. While some gaps in regional services have been identified (Section II), little information has been collected on interstate services and potential opportunities to improve connections of non-transit transportation services to human services. While improving regional connectivity and overcoming geographic and cultural barriers were originally posited as two separate issues, these two topics tend to be viewed by Study participants as interconnected, with improvements in regional connectivity identified as a key strategy to overcome geographic barriers in particular.

Improving linkages among community services has been identified as another important focus. Although recognized as a critical strategy for transportation-human services coordination, very limited input was provided on the "how" to accomplish this, aside from getting the various agencies that provide community services to work better together. The Statewide Planning Goals, local planning/zoning programs, and federal and state transportation funding requirements have generally been effective both in identifying coordination barriers and in encouraging local integration of transportation services, at least in terms of transit services. Strategy 3 below includes a recommended strategy for similar consideration of access to health care and other human services in local land use planning processes. The regional forums in Strategy 4 would provide a venue for identification of coordination opportunities among service providers.

The proposed regional forums are also intended to provide a venue to address regional transportation issues in determining how transportation services are coordinated under the state's new CCO system. As detailed under Strategy 5, a number of coordination issues associated with the establishment of CCOs were raised during the Study process. Participants frequently cited the lack of a forum (outside of OHA sponsored meetings) to address statewide

policy issues associated with how transportation and human services will be coordinated under the CCO system.

Similarly, the regional forums can provide a mechanism for responding to new Map 21 provisions that provide formal status to regional transportation planning organizations and addressing how/if ACTs should be integrated into this role.

STRATEGY 3: ADDRESSING POLICY AND REGULATORY BARRIERS

One of the stated Study goals is to identify what has changed in terms of coordination with state agencies since the 2000 Coordination Challenge, as well as an assessment of how they are/are not coordinating. This Study confirms that transportation services at the state agency level are extremely complicated due to the large number of agencies funding transportation services directly or indirectly and the varying mandates and guidelines among agencies. Study participant input indicates that consistent guidance, elimination of siloing and loosening of restrictions for funding are desired from state agencies. It is felt that the state's efforts should be geared to improving interagency coordination and to assisting local programs.

The Statewide Transportation-Human Services Coordination Initiative outlined in Strategy 1 will be the primary venue to further identify and address policy and regulatory barriers to coordination. This strategy identifies several agency-specific actions identified through the Study process to improve coordination within and between state agencies and with local and regional service providers. This is not intended to be a comprehensive list of potential state agency actions, but rather key agency-specific actions that could be taken in addition to those anticipated through a Statewide Coordination Initiative.

Proposed Strategy

STRATEGY	PRIMARY IMPLEMENTER	RECOMMENDED TIMING
Review internal policies that are potential barriers to coordination, including but not limited to the policy that client-only transportation services are ineligible for funding.	ODOT	Short term and ongoing
Through PTD's regional coordinators, convene transportation and human services representatives at a regional level to share information on programs, best practices and other coordination opportunities.	ODOT	Periodically
As a condition of State funding, require Coordinated Plans to demonstrate expanded coordination efforts with human services agencies and other stakeholders and identification of strategies that address the transportation needs specific to populations of interest in the planning area, including veterans.	ODOT with counties and tribes	As plans are updated
Continue to provide technical assistance and financial support for Coordinated Plans.	ODOT	As plans are updated
Address transportation-human services coordination in statewide and regional planning efforts.	ODOT, DHS/OHA, HCS, ODVA, others	As plans are updated

Revise the 1997 Oregon Public Transportation Plan to provide updated information on public transportation in the state, revisit funding priorities, incorporate appropriate policy direction from this Study, and provide planning guidance beyond its current 2015 timeframe.	ODOT	Within next 3-5 years
Ensure coordination of public transportation and human services and inclusion of Complete Street concepts in Transportation System Plans; identify opportunities for regional connectivity of transportation services; and provide guidance to local governments to ensure TSPs adequately identify and respond to coordination barriers and opportunities.	ODOT	As part of local/regional government TSPs
Continue to support the development and operation of regional call centers as a mechanism for single points of contact for transportation and human services information.	ODOT	Ongoing
Explore opportunities for coordinated training programs among PTD, DHS/OHA and ODVA, as well as with other state agencies, CCOs, brokerages and local providers. For example, because they both have an interest in training, PTD and DHS could collaborate both in training of drivers and in training of trainers.	ODOT, DHS/OHA, ODVA and DAS	Ongoing
Provide accountability for monitoring financial aspects of transportation services across departments.	DHS/OHA, DAS	Ongoing
Provide a Department liaison on issues of statewide and national transportation coordination.	DHS	As soon as possible
Develop common data collection forms for monitoring transportation spending across agency programs.	DHS, DAS	As soon as possible
To obtain a picture of true costs and benefits of public transportation services, collect data for performance measures developed by the Statewide Coordination Task Force.	DHS/OHA, ODOT, DAS, other agencies	Ongoing
Develop strategies to strengthen DHS and ODVA volunteer transportation programs, including coordination and collaboration between the DHS volunteer program and the Disabled American Veterans van system.	DHS/OHA and ODVA	In short term
Establish a recurring forum to provide training and problem solving between brokerages, individual departments, and CCOs.	DHS/OHA	Ongoing
Continue to implement recommendations of the Legislative Task Force on Veterans Transportation.	ODVA	Ongoing
Assess options for service to Veterans Administration clients by DHS volunteers.	ODVA and DHS	Short term
Establish a recurring forum to identify opportunities for interagency coordination with veterans programs and public transportation services, barriers to veterans transportation and strategies to address them, and opportunities to improve coordination with brokerages for veterans transportation.	ODOT, DHS/OHA, ODVA, Veterans Administration Health Administration	Within one year

Develop requirements for local permitting processes to address access to health and community services and provide notice to public transportation and human services providers.	HCS, DLCD, ODOT and DHS	Within one year
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Proposed Implementation

Implementation of these proposed strategies involves both agency-specific action and inter-agency collaboration, most notably among ODOT, DHS/OHA and ODVA. While timing varies among strategies, substantive action within the next year will be critical to demonstrate commitment to overall Study outcomes.

Rationale

Department of Transportation Actions

During the Study process, ODOT staff identified several potential internal policy barriers to coordination, most notably a practice of denying transportation funding to entities that limit services to clients such as churches and hospitals. Apparently, nothing in policy prohibits such, but through internal interpretations, grant requests are being denied. Participant input indicates that loosening of restrictions on funding is desired from state agencies where it would lead to improved coordination of services and to assisting local transportation programs. Review of and better articulation of policy is needed to reduce confusion among local providers about eligibility.

The recent designation of regional transportation coordinators represents an opportunity for ODOT to serve in a convenor's role in bringing together local public transportation and human services providers. The regional coordinators could easily serve both as conveners and as information purveyors about available funding, best practices from around the state, changes in regulations affecting coordination, etc. to these two communities — a function which, with some exceptions, is not currently being performed at the regional level. It is also recommended that Area Commissions on Transportation (ACTs) be integrated into this transportation-human services coordination, as ACTs are anticipated to play an increasingly significant role in the allocation of transportation funding at the regional level.

It has been more than 15 years since a statewide Public Transportation Plan was developed and that plan is woefully out of date. Findings and information collected for this Study should be incorporated into an updated plan. Funding priorities should be revisited and revised as needed to address a new 20-year timeframe.

AARP has identified the need for effective transportation policies as being one of the cornerstones in creating livable communities where aging in place is possible. They have identified the need to increase mobility options thereby reducing reliance on personal car transportation. A key focus is Complete Street policies.

A 2008 *Assessment of Oregon Coordinated Transportation Plans* (updated in 2009; Nelson/Nygaard) recommended strengthening Coordinated Transportation Plans by broadening the base of stakeholders beyond STF advisory committees and existing transportation providers to include representatives of the business community, medical providers, education facilities, local elected officials, faith-based organizations and private transportation providers such as

taxi companies. Employer-related stakeholder participation is specifically called out. That study also indicated that very few plans identify transportation needs specific to populations of interest to the plans, e.g. older adults, persons with low incomes, and persons with disabilities. It was also concluded that the plans were inconsistent in their descriptions of existing coordination efforts and opportunities to enhance coordination, with some plans not speaking to coordination efforts at all. The Assessment acknowledges the funding assistance provided by ODOT, but notes that many of the agencies responsible for preparing the Coordinated Plans have no dedicated planning staff or access to planning tools such as Geographic Information System (GIS) technology.

Department of Human Services Actions

At the state level, agency coordination is not mandated either by policy or funding sources (primarily Federal Medicaid and State General Fund). Individual transportation programs are generally operated in a silo; it appears that staff involved in specific programs is not coordinating services outside of their individual areas. This is particularly true at DHS where a variety of programs provide transportation services, including Aging and People with Disabilities, Child Welfare and Self-Sufficiency, Vocational Rehabilitation, Developmental Disabilities, the DHS branch offices, and medical transportation programs operated under OHA. For example, a branch office may authorize out of state transport for a client and be operating under old rules and methods of doing business and not be aware of the current policies/procedures/payment mechanisms for authorizing the service. In addition, data bases available to the various programs may not match or coordinate in any way and may include outdated information. Within DHS, there is no single department or staff responsible for overall coordination of transportation services. The consequence is that there are gaps in human services that result in clients either not being served or in expensive alternatives because transportation must be provided and there are no other solutions. For example, within Child Welfare, staff must sometimes patch together expensive options for non-medical transports because no other choices are known to be available. CAF apparently does not use brokerages and OHA rules do not allow them to transport children under the age of 12 to medical appointments without an attendant.

Establishment of transportation coordination mechanisms at DHS, including an internal agency centralized transportation coordination function, has been suggested as an approach to address barriers to coordination and streamline provision of transportation services across departments within the two agencies. Barriers to coordination which may be addressed through establishment of such mechanisms:

- Provide a central point for coordination of transportation services. Currently, coordination is not mandated or part of reporting requirements. Most work is at the staff level creating a silo effect where various programs/individuals do not know what is happening in other programs. Staff may not know or have time to learn the various rules and regulations involved in managing transportation services and therefore may not utilize the service in the most effective way.
- Minimize effects on provision of transportation services resulting from staff cuts, frequent agency reorganization and changes in staff assignments resulting from budgetary constraints.
- Identify ways to clarify and address regulatory and granting restrictions and requirements that present barriers to providing seamless, cost-effective transportation services and coordination.

- Identify improvements which could be made in the data collection process. Currently, a mismatch of data collection processes amongst various programs creates a barrier to coordination. It is difficult to identify transportation funding and expenditures.
- Identify more effective uses for volunteer services. Conflicts often prevent the use of Volunteer Services which have been identified as a very positive mode of providing transportation. Yet, there is a lack of coordination among the various services and sometimes fear that use of volunteers will adversely affect business of transport providers or that volunteers will replace paid staff.
- Serve as a coordinator to link programs with available grants/resources.

Department of Veterans Affairs Actions

Transportation coordination strategies are directly addressed in the recommendations of the Legislative Veterans Task Force on Veterans Affairs. A lack of coordination between public transportation service providers and the Veterans Administration was cited by the Task Force as a major barrier to improving transportation services for veterans. A question to be resolved coming out of the Study process is whether DHS volunteer drivers can serve Veteran Administration clients, given federal and DVA restrictions.

Housing and Community Services Actions

Safe, affordable and accessible transportation choices are critical for older adults who wish to remain independent. AARP's Public Policy Institute, in its report Aging in Place, asserts that improved coordination of housing, transportation and land use policy can help older adults live closer to or within walking distance of the services they need; increased mobility options can reduce reliance on transportation by personal car; and affordable, accessible housing can decrease institutionalization and meet consumer demand.

As noted in the rationale discussion for Strategy 2, consideration of access to public transit services has been required for some time in local land use decision-making. However, there is no requirement for similar consideration of access to health care and other human services. An example of why such a requirement for coordination is needed is the recent siting of a new Social Security office in Salem in an industrial park with the closest (and limited) transit service three blocks away. Experience suggests that inclusion of considerations about the connections between public transportation and human services is more likely to occur if there is a state mandate for such. Such a mandate may also stimulate DHS, DVA, and HCS to more actively participate in local site selection and permitting processes. Because of its broad housing and community services mandate, it is recommended that HCS lead this interagency effort.

STRATEGY 4: IMPROVING LOCAL LEVEL COORDINATION

This Study found that coordination works relatively well at the local level and that numerous qualitative values are associated with local coordination. That conclusion was initially based upon review of local coordination plans and contacts with local service providers, and later confirmed through the Phase 3 outreach, during which a strong interest in sharing best practices was expressed.



Proposed Strategy

STRATEGY	PRIMARY IMPLEMENTER	RECOMMENDED TIMING
Disseminate the Best Practices white paper developed as part of this Study.	AOC, LOC and ODOT	With Study completion
Periodically update information on best practices and disseminate to interested parties.	AOC, LOC and ODOT	Periodically
Prepare some elements of Coordinated Plans at a statewide level to foster consistency, standardize quality and achieve cost savings. As an example, background data for the needs assessment and associated mapping could be compiled by the agency.	ODOT	Prior to next round of Plan updates
Develop guidance on responding to emerging issues/trends and best practices, such as providing services to veterans and acquiring technology that may not be specifically addressed in Coordinated Plans.	ODOT	Prior to next round of Plan updates

Proposed Implementation

Responsibility for implementation of these strategies will primarily reside with ODOT's Public Transit Division, Association of Oregon Counties and League of Oregon Cities. In conjunction with the Study, the Best Practices white paper should be distributed to all Study participants and to other appropriate stakeholders. They should be periodically updated. Standardized background data and guidance on responding to emerging issues will be needed prior to the next round of Coordinated Plan updates.

Rationale

While they identify a variety of barriers to coordination and gaps in service, Study participants confirm that coordination at the local level is generally working well. Service providers are committed to and passionate about their programs and cite multiple examples of local and regional level coordination successes. Numerous local and regional best practices have been identified during the course of the Study that merit distribution as a specific informational product. While there is broad interest in sharing information on best practices and new/emerging technologies, participants caution that they should not be viewed as applicable in every region or suitable for every provider. They also suggest that this Study not attempt to focus on technological tools as those are changing too rapidly for information to be useful for any length of time.

Reassessment of the current approach to and requirements of local Coordinated Plans was initially identified as a mechanism to assess the relationship of local Coordinated Plans to successful coordination and to define what plan elements lead to improvements in coordination. Research of the coordination planning process indicates that the process of developing the plans is often more beneficial than the plans themselves in fostering coordination. No significant changes in required plan elements have been identified. However, it is recommended that some elements of Coordinated Plans can be more efficiently be prepared by PTD, such as background data for the needs assessment and associated maps. This would also help to ensure consistency among the plans in assessing coordination needs.

Not recommended is development of a regional model for preparation of coordination plans to provide a more consistent approach and to make it easier to define statewide needs. The need for such has not been justified and no interest has been expressed. The opportunity already exists for counties to combine resources to address coordination issues from a regional perspective.

STRATEGY 5: INFORMATION SHARING

Two evolving topics — coordination issues associated with CCOs and recent Federal transportation legislation, Moving Ahead for Progress in the 21st Century or MAP 21 — stand out for ongoing information sharing because of their potential to affect Study implementation and future coordination activities.

Proposed Strategy

STRATEGY	PRIMARY IMPLEMENTER	RECOMMENDED TIMING
Convey key transportation coordination issues to assist in determining how transportation-human services could be coordinated under the CCO system.	ODOT, DHS/ OHA, AOC and LOC	Short term
Conduct an assessment of implications of MAP 21 legislation, including requirements for performance measures for evaluating the benefits of coordination. This assessment should be distributed to Study participants and other affected stakeholders.	ODOT, DHS/ OHA, AOC and LOC	Short term

Proposed Implementation

Establishment of CCOs and enactment of MAP 21 both occurred after initiation of this Study and, while briefly addressed, merit further study in the short term. Continuing to track and report on implications to coordination is critical to keeping agencies and providers informed. AOC may be best positioned to do so.

Rationale

Coordination Issues Associated with CCOs

Relationship-building between CCOs and brokerages is at different stages throughout the state. There are particular challenges in those cases where more than one CCO proposes to serve an area covered today by a single brokerage. In some areas, CCOs have not entered into dialogue with brokerages. Conversely, in other areas, positive conversations and negotiations among CCOs and brokerages have been underway for some time. Irrespective of the status of these relationships, there are important potential issues that merit attention related to CCOs assuming responsibility of NEMT transportation services. Of note, OHA has been convening monthly meetings of CCOs and brokerages to address the provision and funding of NEMT services.

Although there are likely a number of transportation-human services coordination issues associated with establishment of CCOs beyond the NEMT brokerage issue, none were raised during the Study's outreach efforts. Outside of the brokerages, there was little awareness of the overall CCO program among outreach participants.

There is no active single statewide brokerage proposal under consideration. Several past studies attest to the cost effectiveness of NEMT brokerages. Of particular note in considering the replacement of the current regional brokerage system is that brokerages are government entities under Oregon statute. A non-government entity assuming brokerage functions raises questions about the eligibility for federal funds.

Oregon is not the only state struggling with implementing coordinated care programs. While no national research on this topic has been conducted for this Study, it is understood that Pennsylvania, for example, has been addressing similar transportation service provision issues.

Implications of MAP 21 Legislation

As previously discussed, MAP 21, last summer's new federal transportation funding legislation includes coordination and performance measure requirements that will affect public transportation-human services coordination. While implementing regulations have not yet been promulgated, research is needed to assess how MAP 21 provisions may revise or augment recommended strategies. This information needs to be conveyed to service providers and other stakeholders.

STRATEGY 6: FUTURE STUDIES

As previously noted, the number of issues meriting analysis in this Study exceeds its available resources. Two issues — transportation of persons with disabilities and shared ride school programs — stand out as needing detailed exploration in future studies; both of these issues are complicated and require significant research and evaluation.

Proposed Strategy

STRATEGY	PRIMARY IMPLEMENTER	RECOMMENDED TIMING
Assess coordination issues and opportunities associated with transportation services for persons with developmental disabilities.	ODOT and DHS/OHA	Longer term
Assess coordination issues and opportunities associated with shared school ride programs.	ODOT, DHS and ODOE	Longer term

Proposed Implementation

However important, it would be a lower priority to conduct further study of these issues given the challenge of securing commitments and resources to implement other Study strategies. Both issues are complicated and would require either dedication of staff resources or contracting for the studies, as well as securing the necessary funding for such.

Rationale

Transportation for Persons with Developmental Disabilities

Coordinating transportation and human services for persons with developmental disabilities was identified by Study participants as particularly challenging due to a combination of factors, notably federal regulations, the cost of services, and providing access to public transportation to persons with developmental disabilities. The safety needs of some individuals with intellectual/developmental disabilities and the safety needs of the general public may present

challenges to transportation integration. At the state level, there is little to no coordination occurring among agencies or with local service providers. Barriers to coordination include turf issues and fear amongst different departments of losing the services that they do have in these tight funding environments.

Assessment of this issue could include:

- Identify and review current and future transportation needs and issues involving persons with developmental disabilities.
- Identify the current resources available and required to address anticipated future needs.
- Identify potential methods of providing resources to address the transportation needs in an equitable and sustainable manner.
- Explore the potential for DHS to provide the local match required for the DD53 program or the establishment of dedicated funding for special needs transportation.

Among the potential funding sources that should be explored is a permanent state trust fund that would subsidize transportation costs for those with developmental and other disabilities, income status or age, cannot transport themselves, and are dependent upon others to access basic services. A model for this is the Florida Transportation Disadvantaged Trust Fund enacted in April 2012 that allocates \$10 million per year. Legislation was introduced in Oregon in 2011 and in the 2012 special session to dedicate an increase in the tobacco tax to special needs transportation but no action has been taken on this legislation.

Shared Ride School Programs

The most significant regulatory barrier to coordination has been identified by some to be coordination of education and transportation services. Federal and state funding restrictions are a key challenge to coordinating education funding with public transportation. Another barrier is that education transportation is provided by the private sector, with a couple of companies providing the bulk of student transportation in the State. While State law permits the use of school buses for general transportation, due to reimbursement procedures for student transport, there are few incentives to expand the service to non-student transportation. Additionally, the highly decentralized nature of school districts results in individual school principals having to become comfortable with mixing of student and non-student populations. There is little monetary incentive for the private sector to coordinate. Other barriers include concerns about combining adults and students on buses and higher vehicle standards for school buses than for public transit vehicles.

While there are significant barriers to the use of school buses for public transportation, there are good examples in Portland and Eugene of use of public transit to help provide school rides. Lane Transit District and TriMet have both supported student transportation through special agreements with local jurisdictions and school districts. LTD's program Smart Ways to School serves elementary, middle, and high schools in the Bethel, Eugene, and Springfield school districts. Depending on available program funding, students in grades 6 through 12 can ride for free.

In Portland, high school students in the Portland Public School District can ride TriMet at no charge during the school year. This frees the District from providing a separate school bus service. Other youths aged 7 through 17 are given reduced fares throughout the TriMet system. State law does not allow the programs offered in Portland and Lane County to operate elsewhere in Oregon. These two are allowed because of legislative exceptions.

Nationwide, there are a few examples of general public transport by school buses. The Ohio Transportation Coordination Task Force worked with the Ohio Department of Education to amend rules to allow school bus usage for transporting “Ohio Works First” clients during times when school buses were not utilized for transporting students. This included working with the state’s Department of Insurance and the primary insurer for school bus operations to ensure insurance coverage of school buses used in coordination projects. Under certain conditions, Washington State law allows the general public to share rides on school buses along with students. Since 1998, Shelton School District No. 309 & Mason County Transportation Authority have used school buses as transit vehicles, providing transportation to the general public as well as school children. School buses are deployed on four deviated routes in rural areas that Mason Transit was otherwise unable to offer due to lack of vehicles. The service is available Monday through Friday after 5:00 pm. Rides can be scheduled in advance through a customer service center. Using this program, middle and high school students can get rides to and from after-school activities.

Records show that the resulting per hour cost to provide this service is slightly less than the per-hour rate. Mason Transit pays its contractor to operate its own coaches. Additionally, the zone route allowed Mason Transit to remove a demand-response vehicle it regularly deployed to serve the zone area and utilize the vehicle elsewhere. Coordination with the school district also eliminated the need for Mason Transit to purchase new vehicles. The program increases the number of children who are able to attend after-school activities. It also fills service gaps in Mason Transit’s rural service during the afternoon commute.

If further exploration of opportunities for shared bus rides is deemed feasible, a number of critical questions need to be addressed, including:

- What are the school bus regulations that create barriers to coordination with other entities? Are there ways to collaborate within those regulations or ways to waive requirements when it makes sense to do so?
- With regard to budgeting, is there a way to accurately anticipate program costs in order to work within the school’s budgeting process?
- Where could there be savings or opportunities for increased revenue as a result of coordination?

STRATEGY 7: IMPLEMENTATION

Proposed Strategy

STRATEGY	PRIMARY IMPLEMENTER	RECOMMENDED TIMING
Assess the progress in implementation of Study recommendations and their effects on improving transportation-human services coordination, particularly at the state agency level and in regard to regional connectivity.	ODOT, DHS, AOC, LOC	Within 5 years
Conduct additional research on potential performance measures, including requirements in MAP 21 Legislation.	ODOT and DHS/OHA	Within one year
Continue to engage Policy Steering and Technical Advisory committees in advisory role to the statewide Task Force, at least through its first 6-12 months of operation.	ODOT, DHS/OHA and AOC	Through first 6-12 months of Task Force



Rationale

Due to the constant and rapid changes in emerging conditions affecting coordination, review of the progress in implementing Study recommendations is recommended no more than five years after its completion; a ten-year evaluation timeframe would not be timely. A focus on coordination improvements in regional connectivity and at the state agency level would be responsive to areas of some of the greatest opportunity for improvements.

Improved access and reduced cost are identified in most literature and through interviews as common measures of successful coordination. While individual state agencies have agency-specific performance measures, there is no program for assessing coordination performance among agencies. Based on national research, there is no known methodology for assessing quality attributes of local transportation coordination efforts. While there is research on mobility management performance measures, there is no industry standard. However, as noted above, there are specific requirements in the MAP 21 legislation related to performance measures that should be tracked and shared with state agencies, transportation and human services providers, and other stakeholders.

The goal in developing measures for assessing the coordination of transportation and human services should focus less on the functions of individual service providers or funders and more on how those parties are collaborating in providing services. Measures that are focused on standard service provision calculations — numbers of riders served, numbers of trips provided — miss the boat in terms of measuring the outcomes of coordination. Rather, coordination should be judged on whether the services that are provided are coordinated where they can be, whether those who need services are served, whether the services are provided where they are needed and to those who need them, and whether the services are provided efficiently and equitably.

As discussed under Strategy #1, having some type of group advising on implementation of this Study and other statewide coordination issues is critical to improvements in coordination of transportation and human services. The advisory committees convened for this study have been invaluable in providing background information, helping prioritize Study efforts, and developing strategy recommendations. Combining those two groups into a single body (they have met concurrently throughout the process) to advise a newly-established statewide coordination committee can facilitate a smooth transition from this Study process and help ensure implementation of Study recommendations.

OTHER STRATEGIES CONSIDERED

Statewide Mobility Management Program

An early Study recommendation was the development of a statewide program of mobility management. This recommendation was later modified to establishment of a two-year state level pilot mobility management program staffed by a mobility management coordinator. In consultation with the Study's two advisory committees, it is concluded that the case simply has not been made for such a statewide program. The strategy received minimal attention during Study outreach. Generally, participants sought more information about what such a program would entail and how it would differ from current mobility management efforts. It was noted that there are at least 25 mobility management programs already in place in Oregon and the need for statewide mobility management was questioned. It was also felt that, if established, the focus of the program should be on non-urban areas.

As an alternative, it is recommended that the Statewide Coordination Initiative Task Force define whether there is a mobility management problem and investigate solutions, including the need for a statewide mobility management coordinator. A resource analysis will be needed to define available resources.

Collective Transportation Budget

Also not recommended is development of a transportation budget administered by ODOT for all state agencies in lieu of separate transportation budgets for individual agencies. Developing a single transportation coordination grant among state agencies is not seen as practical due to the many and differing stipulations on the use of each type of funding. No state has developed a single transportation coordination grant program. Oregon is cited as a model for coordinating much of its transit grant funding.

Regional Model for Coordinated Plans

In response to an early recommendation to evaluate the advantages/disadvantages of a regional model for preparation of coordination plans to provide a more consistent approach and to make it easier to define statewide needs, participants indicated that the opportunity already exists for counties to combine resources to address coordination issues from a regional perspective and that a regional model would be unnecessary. Existing venues, such as Regional Solutions, Area Commissions of Transportation (ACTs), and Councils of Governments, represent opportunities to address regional coordination issues.



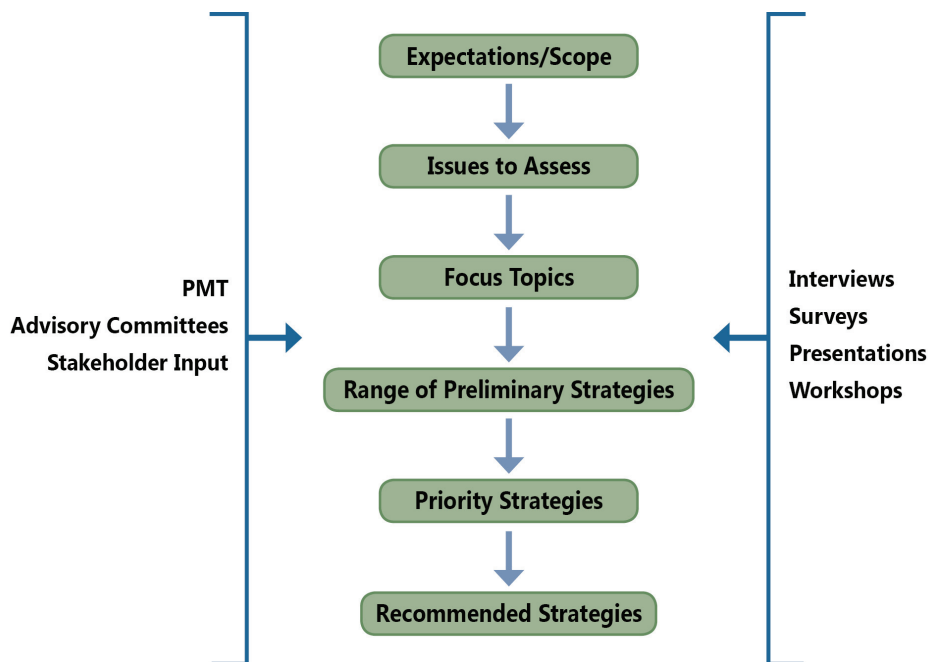
APPENDICES

APPENDIX A: SUMMARY OF THE STUDY PROCESS

This Transportation-Human Services Coordination Study used an interactive and iterative process that led from research and assessment to recommended strategies for improving coordination as depicted in the figure below. The Study was managed by a Project Management Team (PMT) comprised of the Association of Oregon Counties (Ann Hanus, Project Manager) in consultation with ODOT's Public Transit Division (represented by Jean Palmateer) and the Department of Human Services (represented by Jeremy Emerson). It was prepared by a consulting team led by Cogan Owens Cogan, LLC in collaboration with David Mayfield, Sustainable Transportation Strategies; Landsman Transportation Planning LLC; and Christie Larson, MSW.

Two advisory committees — a Policy Advisory Committee (PAC) and a Technical Advisory Committee (TAC) — were assembled by AOC and advised on process, priorities for the Study focus, and recommended strategies. Over the course of the project, these committees held six joint meetings; individual members also participated in interviews, presentations and workshops. Committee members are listed on the Study's inside cover.

A four-phased, iterative process was used that included national, state and local level research; periodic convening of the two advisory committees to obtain input on preliminary products; and broad outreach to stakeholders throughout the state through interviews, surveys, workshops and presentations. The overall process is described by phase below.



PHASE 1 – SCOPING

Early in Phase 1, the consulting team interviewed each advisory committee member to identify expectations for the project and key topic areas to address.

To support work conducted at the first joint advisory committee meeting, the consulting team summarized background research conducted at the local, state agency, and national levels. Queries included topics such as:

- Has coordination improved over the past decade?
- What is innovative?
- What are trends?
- What are the best models of coordination?
- What key strategies are being pursued (at all levels) to improve coordination?

Following the first advisory committee meeting, project expectations and scope were refined.

PHASE 2 – RESEARCH

Phase 2 centered on fact-finding about current conditions in Oregon, including best practices underway, barriers to coordination, and what other studies have concluded about improving coordination both locally and nationally.

Research conducted during this phase included the first of a series of interviews held with stakeholders representing diverse geographic areas and roles in public transportation and human services including transit districts, NEMT brokerages, non-profit organizations, for-profit transportation providers, tribal governments, and state agency representatives. The interviews queried issues such as gaps in transportation service (demographic, geographic, etc.), barriers to coordination, and opportunities to improve service.

The consulting team summarized this background research to identify persistent issues and trends that ongoing efforts have not been able to resolve. The team also identified emerging trends and their impact on coordination.

PHASE 3 – EVALUATION

Under guidance of the advisory committees, research continued on gaps and barriers to coordination and information was evaluated to develop preliminary strategies. Stakeholders participated through presentations, surveys, workshops and interviews. Research findings brought to the advisory committees covered topics such as funding problems, governance, gaps in service, overlapping service, and issues associated with state-level delivery of transportation delivery services.

After reviewing findings presented by the consulting team, the advisory committees took a leading role in prioritizing which strategies deserved further research because they appeared to have high potential for effectiveness and feasibility. The consulting team then identified preliminary findings and potential strategies to improve coordination. Following their review,

the advisory committees identified six high priority strategies and another potential six of secondary importance.

Workshops with transportation and human services stakeholders were held in Medford, Charleston, Pendleton, and Albany to test findings and potential strategies. Issues addressed included:

1. How well is the coordination of human services and transportation services working at the local and state levels?
2. What are the key coordination issues that this Study should address regarding linkages between transportation and other community services, such as affordable housing and medical care?
3. What strategies would be most effective to overcome geographic and cultural barriers, including disparities between urban and rural opportunities for coordination?
4. What are best practices models for integration of transportation with human services at the local level?
5. What strategies should be evaluated to improve coordination between state agencies and local service providers?
6. What are coordination issues that should be addressed in the establishment of Community Care Organizations (CCOs)?

Research continued on a range of preliminary strategies that could improve coordination at the state agency level such as:

- The feasibility of a statewide mandate for coordination,
- A statewide coordination committee,
- A statewide program of mobility managers, and/or
- Stronger management of transportation coordination at DHS and OHA.

Another topic receiving continued evaluation included linkages between transportation and other community services.

PHASE 4 – RECOMMENDED STRATEGIES

Development of recommended strategies focused on those that were not only likely to greatly benefit coordination, but also achieve high-level statewide support. The consulting team reviewed a list of 12 priority strategies with the advisory committees. While all these strategies received support, it was recognized that a focus on fewer strategies would be beneficial to moving from planning to action. As a consequence, the list was reorganized and shortened to those detailed in the Study. After these revisions were made, the consultant team conducted briefings with the Governor's office, DHS's Local Government Advisory Committee, AOC's Transportation Subcommittee, and NEMT brokerages. Feedback from briefings resulted in additional refinement of recommended strategies, along with implementation actions, and topics that should receive additional consideration during future studies.

APPENDIX B: REPORT ON OUTREACH INPUT

PURPOSE

During preparation of the Transportation — Human Services Coordination Study, efforts were made to obtain input, through presentations, workshops and interviews, on preliminary strategies recommended by the consultant team for detailed evaluation in the Study. The goal was to solicit response to those preliminary strategies, as well as identify other strategies that should be considered. Additionally, input was solicited on the state of coordination at both the state agency and local provider levels. This input was used by the consultant team and the Study's Policy Steering and Technical Advisory committees to refine Study recommendations.

Outreach efforts included:

- Workshops sponsored by the Association of Oregon Counties (AOC), Oregon Department of Transportation Public Transit Division (PTD) and Oregon Department of Human Service (DHS) in July and August 2012 in Medford, Charleston, Pendleton, and Albany;
- Presentations to Non-Emergent Medical Transportation (NEMT) Brokerages, DHS Local Government Advisory Committee, and Oregon Transit Association annual conference; and
- Interviews with agency representatives, local providers and parties requesting to be interviewed due to their inability to attend one of the workshops.

The input obtained through this outreach is summarized below by topic rather than by event or interview.

NOTE: THIS REPORT SUMMARIZES INPUT, INCLUDING DIFFERING PERSPECTIVES FROM MULTIPLE PARTIES PARTICIPATING IN THE PROJECT'S OUTREACH EFFORTS, AND IS NOT INTENDED TO REFLECT ANY CONSENSUS OF OPINION. IT ALSO DOES NOT REPRESENT EITHER THE CONSULTANT TEAM'S OR ANY AGENCY'S OPINIONS, NOR IS IT INTENDED TO BE A COMPREHENSIVE SUMMARY OF STUDY FINDINGS.

KEY OBSERVATIONS

A wide range of input and opinion was received during the Study's outreach efforts. The following represent key themes or general observations:

- For many participants, the greatest value of the regional workshops was the opportunity for transportation service providers to network with fellow practitioners. "My reason for being here is to be connected with others involved in transportation." An absence of similar forums for the sharing of information among regional agencies and non-profit transportation providers was frequently noted. As a consequence, information sharing was a more dominant part of the workshops than was input on preliminary strategies recommended as part of the Study.
- While they identify a variety of barriers to coordination and gaps in service, participants confirm that coordination at the local level is generally working well. Service providers are committed to and passionate about their programs and cite multiple examples of local and regional level coordination successes. Major challenges focus on improving coordination across and among regions and in efficiently serving rural areas. In rural areas, transit use is often limited by lack of awareness of available resources and lack of knowledge of how

to use transit to access work, school, medical services, etc. Regional connectivity is an important issue for participants and a common obstacle to providing cost-efficient and timely services.

- Volunteers are a critical component of transportation services at the local level, especially for veterans and DHS clients. A common concern is the aging of these volunteers and the difficulty in recruiting replacements.
- Most participants support the concept of a strong mandate for coordination among state agencies providing transportation services or funding for such.
- Most participants also support the establishment of a statewide coordination committee, but opinion is mixed about whether it be established by Executive order or Legislative action. Inclusion of both policy makers and service providers on such a committee is seen as essential.
- The concept of a statewide committee is seen as very timely. The absence of a statewide forum for discussion of how transportation services will be provided in the state's new Coordinated Care Organizations (CCO) model is frequently cited as an example of the need for a statewide committee.
- The issue of the relationship of CCOs and NEMT brokerages dominated the conversation at workshops and presentations. This Study was initiated before the CCO concept was developed and is not tasked with making recommendations relative to implementation of the CCO model. Rather, the scope of this Study is limited to identifying potential effects of the transfer of Medicaid-related transportation services to CCOs. Nonetheless, many participants desire inclusion of specific recommendations promoting the continued use of brokerages for NEMT services or delaying the transfer of transportation services from brokerages to CCOs.
- It is clear that relationship-building between CCOs and brokerages is at different stages throughout the state. There are particular challenges in those cases where more than one CCO proposes to service an area covered today by a single brokerage. In some areas, CCOs have not entered into dialogue with brokerages. Conversely, in other areas, positive conversations and negotiations among CCOs and brokerages have been underway for some time.
- While the CCO/brokerage issue is of paramount importance to the brokerages, outside of these affected parties there appears to be very little awareness of the overall CCO program.
- The preliminary recommendation to establish a statewide program of mobility managers elicited little comment. Respondents generally indicated that mobility management is already being or could be undertaken by brokerages, call centers, and ODOT's regional transportation coordinators.
- Another topic that received minimal input was how training could be used to foster coordination. There is interest in PTD re-establishing its former training program and incorporating the human services community into it.
- Improving linkages between housing and other community services and transportation services is seen as critical as demand for services grows and costs rise. Suggested strategies focused on the land use permitting process.
- MAP 21 includes a strong emphasis on coordination and performance measures. Research is needed on the specifics of these aspects of the legislation and possible consequences on Study results.

RESPONSE TO STRATEGIES RECOMMENDED FOR FURTHER EVALUATION

A. STATEWIDE COORDINATION INITIATIVE

With some exceptions, there was support for a statewide mandate for coordination and for establishment of a statewide coordination committee.

- “We do not have the luxury of not doing this”
- CCO issue is a good example of the need for such a group
- Will have to be mandated because agencies are too busy to come together to coordinate voluntarily. Mandates work
- Especially need a directive for better coordination of human services and transportation services
- A statewide committee would increase awareness of transportation coordination issues
- Without such a committee, there will be no oversight of implementation of this Study's recommendations
- Need a state “barrier removal” committee
- State coordination is a must but regional strategies are also necessary in order to help rural counties have a voice and leverage resources more effectively
- This is a good idea and is urgently needed now! With increased service demand and money woes at the county level, an aggressive mandate is needed; someone needs to be responsible for getting agencies and providers on the same page
- Coordination must start in Salem at the state level. We need the same level of enthusiasm in coordinating transportation as we have in coordinating health care. Must have equal priority and same commitment otherwise service defaults to who you know in the local area. There is a lack of a coordination czar — the informal system won't change without this larger level of coordination
- A statewide committee would be good but needs to have adequate rural representation. Should be by legislative action and be adequately funded
- Washington is a model of having a high level group to ensure that transportation is coordinated in the most cost effective manner.

Questions about the concept mostly centered around what its authority would be. Among the tasks identified for a statewide committee:

- Could be a forum to understand the effects of one agency's initiatives on other agencies
- Addressing jurisdictional boundaries that are impediments to coordination.
- Coordination of funding
- Providing a mechanism for regular communication between transportation advocacy groups and state

Concerns with the concept generally centered around the need for additional directives and whether there were already existing venues for statewide coordination:

- We already have mandates through the existing transportation/human services coordination process
- Cannot be directive about service delivery
- Has the question been answered as to whether there are existing committees that could assume these functions in lieu of establishing a new committee? For example, could the

Public Transit Advisory Committee be expanded to be more than advisory to OTC; advisory to other agencies?

- Coordination committees should be regional. A statewide council could be detrimental because it would be heavily populated by individuals from the west side of the state. A regional coordinating council would be preferable because the issues are different and local solutions are the best

Miscellaneous comments about the strategy included:

- There should be either a sunset or review date for any committee established
- How to bridge the urban-rural divide on a statewide committee could be an issue
- Need to investigate attempt several sessions ago to have Legislature establish a statewide coordination committee for DD services

Regarding whether a statewide coordination committee be established by Executive, Legislative or agency action, the general sense was that Executive action would be quicker and more "doable." For some, however, a Legislative bi-partisan approach would be preferred over Executive action. It was felt that, if Legislatively established, the committee would likely have more authority and be of longer term.

There was a strong sense that both policy makers and technical expertise would need to be represented on the committee.

- Without the major state agency heads at the table, there will be no coordinated decision-making and no implementation

To initiate the process, several participants suggested either convening a task force to develop guiding principles and an initial work plan or pilot projects to test/evaluate the concept.

B. STATEWIDE PROGRAM OF MOBILITY MANAGEMENT

Due to interest in other topics, this strategy received minimal attention in workshops and presentations. Generally, participants sought more information about what such a program would entail and how it would differ from current mobility management efforts. Key comments included:

- Need crisp description of what mobility management entails
- There are at least 25 mobility management programs already in place in Oregon. Is there really a need for statewide mobility management; what would be accomplished that is not already taking place? How much of the need can be met by ODOT's regional transportation coordinators?
- Focus should be on non-urban areas
- A 3-year pilot project to demonstrate its worth should be pursued; performance measure could be a percentage of currently unserved populations that are provided services

C. LINKAGES AMONG COMMUNITY SERVICES

There is strong interest in improving the linkages between transportation and other community services, especially housing and medical care, but few suggestions on how to do so. The land use permitting process is seen as one mechanism to require consideration of access to

community services (NOTE: consideration of access to transportation services is required in jurisdictions of more than 25,000 people; however, there is no requirement for consideration of access to other community services.) Comments included:

- In our area, there is no networking or linkage happening, for example both the Housing Authority and Community Action Program are involved in community services but there is no interaction between them
- Housing tends to be sited on the cheapest land, making efficient connections with transportation services difficult
- Promote the linkage between transportation access and quality of life
- Include brokerages on lists to be notified of city/county land use actions
- Coordinate with planning agencies: link long-range planning, zoning, and permitting to fixed route transit planning
- Incentivize planning for projects that appropriately locate near fixed route transit
- With regard to health care, this is an area where coordination could be of great benefit.

D. IMPROVING REGIONAL CONNECTIVITY/OVERCOMING GEOGRAPHIC AND CULTURAL BARRIERS

These two topics tended to be addressed simultaneously, with improvements in regional connectivity identified as a key strategy to overcome geographic barriers in particular. There was support for a goal to create a seamless network of services across service and jurisdictional boundaries. Workshop participants identified local programs to provide regional connectivity through privately-operated inter-city bus programs that are publicly subsidized through 5311(f) and flex funds: Astoria-Portland, I-5 Corridor, Crescent City-Klamath Falls, Bend-Ontario, Bend-Chemalt. Locally funded programs include Lane Transit District's Diamond Express and services between Walla Walla-Milton Freewater and LaGrande-Pendleton. The Northwest Point was identified as an example of an intercity program that connects to Greyhound and Amtrak. Gaps in service were also identified, e.g. Grand Ronde-Rose Lodge, Florence-Yachats. Other comments included:

- The statewide transportation plan calls for communities of 2500+ to have connections to neighboring communities.
- Councils of Government are a vehicle for regional coordination
- Bilingual coordination is needed as the populations of Spanish-speakers increase.

E. IMPROVING LOCAL LEVEL COORDINATION

Although they were quick to identify gaps in services, participants support the preliminary Study conclusion that communication and coordination works relatively well at the local level. "Coordination at the local level is better than not broken; it is magnificent. We have been working much better in Oregon than nationally." Providing services to rural areas was identified as a key challenge for local service providers.

In response to the question of how best to extrapolate best practices, participants suggested that the focus should be on providing information about these practices rather than trying to apply them across the board.

- Recognize that one size does not fit all; do not force Willamette Valley practices on others.

- Recognize the importance of the provision of transportation services by others besides transit agencies, e.g. senior centers, to which best practices of transit agencies likely would not apply.

Other general comments included:

- There is a question about how much coordination occurs between cities and counties; ODOT's Area Commissions on Transportation (ACTs) can serve as a coordinating body for such.
- With transit agencies tasked with preparing local coordination plans, inclusion of other parties involved in providing transportation services can be difficult to obtain or be overlooked. It is not always a priority for the transit agencies to engage others.

Comments on local coordination programs focused on the geographic areas associated with the individual workshops:

South Coast

- Brokerage services are provided by Translink in Medford
- Partners in local coordination in the Coos Bay area include the South Coast Business Development Corporation, Transit Service District, Coquille Tribe, Coos County
- In the South Coast area, it is very difficult to get from one point to another; lots of outlying rural areas need to be served at enormous cost
- Transit services are coordinated between Coos and Curry counties but their transit districts have no taxing authority.
- In Curry County, key providers are Curry Transit, Southwest Point, Dial-a-Ride, and a few residential care facilities. Curry Transit provides a very productive dial-a-ride program
- There is strong reliance upon a network of volunteer drivers for both DHS client and veterans transportation. The area's DHS volunteer program entails 25 volunteer drivers; 900,000 miles of transportation were provided in 2011
- Star of Hope transports 80 persons/day, which raises an issue of client-only transport rather than the public at large. A few other residential care facilities also provide client only transportation

NE Oregon

- Community Connections is the largest provider in Union County; it receives no monetary support from cities
- In Umatilla County, aging of volunteer drivers is an emerging issue
- Morrow County has chosen not to work with a brokerage
- In the Milton-Freewater area, transit use is growing and there is good coordination between the Tribes and service providers, e.g. trips to dialysis center.
- For the area's Head Start program, local transportation is the greatest need. The program provides some transportation of families to appointments but relies upon other providers for most services
- The Umatilla Tribes have been providing leadership in transportation services. Tribes initiated public transit from its reservation to Pendleton 10 years ago (6 routes, 6 times/day); 8,000+ riders per month. System used primarily for work place access. There is a supplemental taxi program available 7 days/week. Assessing ability to extend services to prison and to Port of Umatilla. Desire to promote tourism with transit services

- DHS Volunteer Services doubled the miles driven over the past 4 years. Dispatching occurs through the brokerage
- Blue Mountain Interregional Transit Association (BIRTA) is assessing the feasibility of establishing a call center
- There are serious gaps in service in Hermiston/Morrow County area and from Hermiston going west

Central Gorge

- Five-county coordination (3 Oregon counties, 2 Washington counties) is provided through Mid-Columbia Economic Development District. There is shared software and an areawide web site

Mid-Willamette Valley

- Services are relatively well coordinated within Linn County. Regionally, very disparate, independent systems
- Half of funding for the Linn-Benton Loop transit service will be unavailable next year
- Linn County Health Services provides its own transportation services (approximately 400 trips/m). Confidentiality issues limit transportation coordination opportunities. There is a key need is for replacement vans. The County's Foster Grandparents/Senior Companions programs is at capacity due to funding limitations; utilize 48 volunteers
- Albany Transit Service coordinates with the colleges; north-south services are lacking
- Barriers to parochialism are coming down due to lack of funding
- A single point of contact is needed (as in Lane County's RideShare program)
- Education about opportunities to coordinate is needed for those providing services

Tribal Transit Services

- Tribes are emerging as strong participants in transportation, with all 9 tribes providing transit services at some level
- Umatilla Tribe has most broad-based system, most advanced in regional coordination; Coos Tribe has the least developed system
- Casino transit services are focused on bringing gamblers to casinos versus providing access to services for employees or low income persons
- MAP 21 will formalize funding for tribes, changing the current competitive approach

F. IMPROVING STATE AGENCY COORDINATION

When asked about strategies to improve coordination among state agencies and between state agencies and local service providers, the conversation tended to immediately go to the issue of the relationship of CCOs and brokerages in providing Medicaid-funded transportation services. Input on this topic is separately summarized below.

Discussed in only a couple of presentations was the strategy of establishing a DHS/OHA transportation manager responsible for internal and interagency transportation coordination. Participants in these sessions felt that this was a worthwhile strategy to implement. "A coordination czar at state level would be the best approach to improving coordination between state agencies and local/regional providers."

In terms of improving internal agency coordination, key comments included:

- Should there be a transportation budget administered by ODOT for all state agencies rather than separate transportation budgets for individual agencies?
- What is desired is a coherent message, elimination of siloing and loosening on restrictions on funding
- Less involvement from the State would be better
- State's efforts should be geared to assisting local efforts
- Consistent/accurate guidance is needed from the State (not being provided now — lack of training/knowledge/experience with some staff)

Other general comments:

- Focus should be on coordinating transportation among agencies rather than within agencies
- The provision of services to people with disabilities is a mess; should be a focus.
- Reward/encourage creative solutions (rather than defunding existing programs that are working well)

Agency-specific comments follow:

ODOT

- ODOT is aggressively striving to be multi-modal, e.g. establishment of an active transportation division
- Example of efforts to improve state-to-local coordination is the recent designation of regional transportation coordinators to manage all ODOT-related transit projects
- ConnectOregon funding program is another example of coordinating funding among modes
- Under Fix-it Enhancement Program, each ACT will have its own funds to allocate to local priorities
- Internal policies (not regulations) that are potential barriers include: (1) client-only services being ineligible for funding, and (2) restrictions on destinations, e.g. transportation costs to the hospital are eligible for reimbursement but trips to dentist are not

DHS

- The goal/challenge is to make DHS view transportation as a core service

Veterans Administration

- Veterans Administration is moving to be more involved in transportation
- PTD has committed \$100,000 to veterans project; \$50,000 this fiscal year, \$50,000 next
- Tele-health clinics are being established to serve rural areas
- While long distance travel to medical facilities is covered, local travel is not
- Investigate whether DHS volunteer drivers could also serve Veterans Administration clients
- Volunteer drives have been critical to providing transportation services to veterans. The problem is the volunteers are aging and younger vets are not volunteering; there are no replacements for retiring drivers.

Employment Division

- Primary transportation services provided are for veterans

- Has previously provided transportation to child care and to community colleges as part of work force programs; is program still in place?
- Unknown if agency provides information/referral on available transportation services

Department of Housing and Community Services

- Agency needs to be engaged in siting of housing in proximity to transportation and community services
- Should be represented on any statewide committee
- Homeless Task Force represents an opportunity to coordinate housing and transportation services

Department of Land Conservation and Development

- Comprehensive Plans and Transportation System Plans should be vehicles to assess and plan for coordination
- The human services piece is not being connected to transportation planning. Not directly required by Statewide Planning goals or Transportation Planning Rule
- Transit funding is not being connected to land uses

Department of Corrections

- Transportation services provided are limited to prisoners and for families for visitation
- Post-release and parole transportation services are limited. Opportunity for education about transit and inter-city services

Department of Administrative Services

- Influences travel patterns through siting of state facilities

G. IDENTIFICATION OF ISSUES ASSOCIATED WITH COORDINATED CARE ORGANIZATIONS

As noted under Key Observations above, the issue of the relationship of Coordinated Care Organizations (CCOs) and NEMT brokerages dominated the conversation at workshops and presentations. Despite advising participants that this Study was initiated before the CCO concept was developed and is not tasked with making recommendations relative to implementation of the CCO model, many participants sought a proactive role for the Study in the CCO/brokerage discussion through inclusion of specific recommendations promoting the continued use of brokerages for NEMT services or delaying the transfer of transportation services from brokerages to CCOs. Others thought that this Study should incorporate the products of the DHS Task Force, Government Efficiencies Task Force, and Legislative subcommittee related to this issue. Additional perspectives included:

- Brokerages need to educate CCOs as to their functions/values
- Delay implementation of CCOs for at least 6 months (to end of next fiscal year). Get a statewide coordinating committee up and running (vs. DHS Task Force that has no authority).
- This Study should convey the message that we have an existing system established to save money (brokerage system) that is extremely successful; innovative system; national model. We're in danger of undoing this system by putting transportation services into a medical system.
- Take the transportation piece out of CCO conversation; don't assign transportation to what is essentially an insurance program.

- Transportation services provided by CCOs need to be designed to meet the needs of the community not just the medical transportation needs of their clients
- A call center structure is in place to serve all riders; this system should not be reinvented by CCOs
- Coordination and provision of service in rural areas will be more expensive
- How will the profit motive of CCOs affect coordination and service?
- CCOs lack knowledge about the transportation issues
- CCOs should be item #1 in your statewide study.
- Transportation has been a big discussion items with the CCOs. They (the CCOs) understand that their bottom line is affected if they can't reduce costs and deal with transportation issue. They have clear understanding of need and urgency. The local brokerage has been in talks with the CCOs in the area --- of particular concern is how to transport people long distances to the doctor. They know they need to build an infrastructure and capacity.

While the CCO/brokerage issue is of paramount importance to the brokerages, outside of these affected parties there appears to be very little awareness of the overall CCO program. Even where there is active involvement in the conversation, local providers tend to be confused and concerned about the effects of CCOs assuming transportation functions, most notably NEMT transportation financed by Medicaid.

- We don't really know what to expect
- Who will provide services to those clients that no one wants to transport because of behavioral issues
- Coordinated care can be expected to increase demand for transportation services, especially public transit
- Concern that non-medical rides will be ignored with a focus on medical transportation. Those who just want a ride to work, shopping or school will be lost in the shuffle

Participants (primarily brokerage representatives) identified a variety of potential effects on coordination and transportation services associated with CCOs assuming transportation functions currently provided by brokerages:

- Rendering dysfunctional a brokerage system that took 10 years to put into place by siphoning off a significant source of operating revenues (Medicaid funding)
- Potential loss of ability to leverage federal funds as a match for FTA grants (FTA encourages use of Medicaid funds as a match)
- Potential loss of opportunities for shared information and resources available to brokerages, e.g. contract management software developed by Tri-Met
- Providers are currently paid quickly by brokerages; concern that payments under brokerages may not be as timely
- Effects on DHS and other volunteer programs
- Loss of statewide training that is a component of the brokerage system, e.g. defensive driver training, and the ability to apply common standards for training
- Ensuring services for clients that no one wants to transport because of behavioral issues
- Coordination and provision of services in rural areas

- With loss of Medicaid funds as a component of comprehensive budget programs, effects on ability of service providers to continue to provide efficient and cost-effective non-medical transportation services

H. TRAINING COORDINATION OPPORTUNITIES

Another topic that received minimal input was how training could be used to foster coordination. When discussed, there was strong sentiment that regardless of who is providing transportation, there is a common need for training. ODOT PTD formerly had a coordinated training program, but it has been cancelled. That program was focused on the transit community and did not involve DHS and the human services community. Brokerages provide their own training programs, in part because they need to ensure adequate training when they contract with private businesses, e.g. taxi companies. Two recommendations were identified by participants:

- In coordination with brokerages, re-establish PTD's training program with a statewide approach, including targeted outreach to the human services community
- Train the trainers: Contract with Ride Connection or another such group to provide statewide training targeted to local trainers

GENERAL INPUT ON COORDINATION

In addition to commenting on preliminary Study strategies, participants provided input on coordination generally.

A. BENEFITS/DRAWBACKS OF COORDINATION

- Very little data to measure the benefits; only anecdotal stories
- Unless made a standard business practice, coordination is highly dependent on motivated individuals. When they move on, momentum is frequently lost
- Collaboration can mean loss of local control
- Combining funds can bring additional and conflicting regulations
- Coordination has a life cycle; have to keep up the effort and constantly seek improvements
- Blending of funds — including NEMT funding — creates cost savings. Many brokerages share costs among programs, including administrative costs
- Coordination results in more efficient use of existing resources
- Opportunity to avoid duplication of services through better use of existing vehicles (resources).

B. GREATEST NEEDS/EMERGING TRENDS

- Concern is for the elderly, disabled, and families who do not qualify for Medicaid medical services and are therefore not eligible for transportation funded through Medicaid. They don't have transportation resources and if they don't have friends or family who can take them, they often cannot get to their medical appointments.
- Coordinating bicycles with transit in the more rural areas of the state; providing bicycle connections to transit ("bike to bus")
- Transportation is especially critical for rural counties with diminishing resources. Counties such as Coos and Curry could be without deputies, library systems, and other services. But

the need for transportation continues and coordination becomes all the more important in view of the diminishing resources.

C. CHALLENGES/BARRIERS

- Limited funding. Limited resources
- Government/jurisdictional boundaries are in the way, e.g., service boundaries
- Language (data) barriers among agencies and providers in counting clients, rides
- In addition to lack of transportation options, there is lack of understanding about “who” available transportation is for. Public perception is that the STF transportation is only for those with disabilities or seniors and if a person doesn’t see him/herself fitting those categories, they don’t see that it’s for them. Lack of knowledge about resources and how services are named are key issues.
- The difficulty in coordinating seems to increase the larger the jurisdiction due to the number of players involved
- Need to overcome turf and fear issues among the small providers.
- There can be limited coordination of public transportation in rural areas. There are a lot of small providers who each do their own thing and it is difficult to figure out who does what
- Transportation coaches are needed to help people use transit in rural areas
- In rural areas, the distances between communities is a challenge
- Many vans/vehicles are under-utilized and limited in services they provide because of the funding regulations dictating who is served.
- Regulatory barriers related to the Department of Veteran Affairs system include:
 - The DAV van system can only transport for medical purposes. If the 15-passenger van only contains 3 passengers going to the VA Medical Center, allowing other veterans who may have other purposes for going to Portland is not an option.
 - Spouses and caregivers can accompany the veteran only if the doctor has provided a statement saying it is necessary. Then, if there is a time when the veteran’s health improves and he doesn’t need a spouse or caregiver to go, the regulations specify that a caregiver MUST go with him.
 - All drivers are volunteers. Staff are not permitted to drive the vans.

D. DESIRED STUDY OUTCOMES

- Identify sources of funding that providers may not be aware of
- Increased coordination among agencies
- Investigation of options for shared use of school buses, especially in low population rural areas
- Ensuring that rural issues are not overlooked
- Goal should be improving current coordination efforts, focusing on PTD and the local level and bringing other state agencies into the coordination picture

E. PERFORMANCE MEASURES/EVIDENCE-BASED PRACTICES

- MAP 21(Section 5310, among others) requires development of performance measures; opportunity to develop measures for coordination
- If research indicates that none exist, Oregon should be the leader in proposing

- Cost allocation plans developed by brokerages may be applicable
- Study should define what evidence-based practice are applied in coordination
- Development of performance measures is constrained by a lack of base case for comparison. For example, to justify the coordination benefits of brokerages, need to go back to pre-brokerage era. No data exists for comparison purposes

F. MISCELLANEOUS

- “Coordination doesn’t have to be limited to sharing buses”
 - Vehicle lending programs are an example of transportation coordination
 - Head Start program receives federal funding to provide transportation; it provides its own services for the transportation of children and sometimes coordinates the transportation of families
- Informal coordination, e.g. directing clients to other services, does not get captured in studies

SUGGESTED RESEARCH/ADDITIONAL STRATEGIES FOR EVALUATION

The following represent comments received about additional research to benefit the Study and additional strategies to be considered for detailed evaluation.

A. ADDITIONAL RESEARCH/ANALYSIS

- Coordinate this coordination study with other coordination initiatives, specifically Governor’s Efficiency Task Force, and with initiatives examining CCO/brokerage issue
- Research on coordination implications of MAP 21, including direction on private sector coordination
 - MAP 21 requires states with NEMT programs to participate in coordination planning
- Interstate coordination — the state of, potential opportunities to expand
- Description of current system for and coordination issues associated with transportation services for persons with disabilities
 - Very complicated picture as services are pieced together
 - Services are very limited for developmentally disabled; access to transportation is a major barrier; transportation services are very expensive
 - Address value of travel training
 - Investigate easing/repeal of regulations that prevent DD clients with drivers licenses from receiving ride vouchers
- Estimate collective state agency spending on transportation services
- Explore opportunities to establish regional transit organizations in non-urban areas

B. ADDITIONAL STRATEGIES TO CONSIDER

- Audit of state agency transportation expenditures
- Encouraging group marketing as an opportunity for coordination among different providers
 - NW Oregon project as an example
 - Shared marketing/public information being initiated in Umatilla County and Douglas County

APPENDIX C: BEST PRACTICES COORDINATING TRANSPORTATION AND HUMAN SERVICES

INTRODUCTION

During the course of researching transportation and human resources coordination in Oregon, the project team noted many successful practices across the state that provide models of providing both innovative and inclusive services to clients and efficient use of personnel and equipment. This paper summarizes selected best coordination practices undertaken by transportation providers in Oregon. *It is a sampling of best practices and is not intended to be an all-inclusive listing.* Evidence of innovative practices is evident at many levels and throughout the state. The selected examples focus on transportation rather than human services programs, as coordination of transportation services for human services populations is the focus of the Study.

The best practices described in this paper have been grouped into seven categories as follows:

Improving Regional Travel

Travel across jurisdictional boundaries remains one of the most difficult issues in coordination of transportation and human services. To improve connections, regional providers have created new organizational structures, such as the Northwest Oregon Transit Alliance, and strategically located transit hubs. These hubs not only focus regional links to one location, but also support residents and businesses within walking distance. Examples of transit hubs in La Grande and Bend are described.

Partnering to Expand Service

To respond to increasing demand for existing services, transportation providers continue to find ways to expand services by combining funding sources and sharing costs and equipment. Examples provided include partnerships with private businesses, local jurisdictions, and tribal governments.

Coordination of NEMT and ADA

In Oregon, coordination of services between non-emergency medical transportation (NEMT) and American Disabilities Act (ADA) paratransit services for disabled persons occurs at the local level, and approaches vary. Brokerages and associated call centers use a diversity of software and operations for scheduling and delivering rides to eligible clients.

Single System for Delivering Transportation Services

Lane Transit District's system for combining human services and public transportation has several attributes that lead to its success, including:

- In-home interviews to prequalify clients for program eligibility.
- A single call center backed by the client database.
- Training, vehicle leasing, and contracting to nonprofit transportation providers.

Cost Allocation Model

A cost allocation program acceptable to all major stakeholders is important to Lane Transit District's approach for integrating transportation programs. Their model allocates costs of equipment and operations (including administrative costs) across funding programs depending on the eligibility profiles of the riders.

Ride Matching Technologies

Oregon's agencies and non-profits are employing innovative programs in web-based access to services and software development. As examples, *Drive Less. Connect* offers ride matching services throughout the state; Ride Connection, based in Portland, has in-house information technology (IT) experts developing new software tools.

Travel Reimbursement Pilot Program

TransLink is testing a travel reimbursement program that is convenient for clients. It allows eligible persons to use a debit card to verify and reimburse certain Medicaid-related travel.

IMPROVING REGIONAL TRAVEL

Northwest Oregon Transit Alliance

The Northwest Oregon Transit Alliance demonstrates how regional partnerships can improve regional transit. The Alliance was formed to enhance connections between NW coastal communities and Willamette Valley urban areas. The combined transit service extends about 160 miles along coastal Highway 101 from Yachats to Astoria and connects inland via three routes: Highway 20 from Newport to Albany; Highway 6 from Tillamook to Portland, and Highway 30 from Astoria to Portland. The Alliance received initial funding through an American Recovery and Reinvestment Act grant. By improving transit service for both commuters and tourists, the Alliance also intends to generate economic benefits for the region.

Five transit organizations in northwest Oregon form the Alliance: Columbia County Rider, Sunset Empire Transportation District, Tillamook County Transportation District, Benton County Transit, and Lincoln County Transit. Major employers, travel industry organizations and coastal businesses have also participated, and have helped create the North by Northwest Transportation Foundation, a 501(c)(3) non-profit organization, which is separate from but closely aligned with the Alliance. The Foundation will help raise funds, promote ridership, and continue to help the Alliance build partnerships with businesses, employers and others. The Foundation was created in part to ensure that funds are available for continued development and operation of services created by the Alliance.

The Alliance initiated the regionally linked transit service in January, 2012 and created the "North by Northwest Connector" brand to market seamless transit serving the region. Transit service is streamlined through matching of schedules to facilitate transfers, structuring fares, and providing information about regional options via the web and other means. Saturday service has also been added.

Transit Hubs

Transit hubs form a physical link to many transportation choices where passengers can transfer to a different service or mode. Hubs also represent an excellent opportunity to locate housing, medical facilities, and other community services in proximity to transportation centers.

La Grande

The La Grande Transit Hub is an example of a transportation center intentionally sited in proximity to high density housing and community services. An important criterion for selecting this site was its easy access to regional transportation routes, i.e. Interstate 84 and Oregon Highway 82. With the creation of this hub, Greyhound moved its local stop to join transportation services operated by Community Connections and other organizations. The hub allows transfers between the fixed route, paratransit, intercity, interstate, and contract rides services. In addition to Greyhound and Community Connections' paratransit services, the hub is serviced La Grande Trolley (fixed route service for La Grande and Island City), Wallowa Link from La Grande to Joseph, Baker Bow connecting to Baker City, ARC Cab Company which offers demand responsive service, and La Grande Arrow which provides service between Pendleton and La Grande. Nearby services for transit hub patrons include the Center for Human Development, Union County Public Health, a senior center, grocery store, and a food bank.

Bend

In the City of Bend, a downtown transit hub was established to facilitate access to a variety of transportation services including nine fixed transit routes run by Cascade East Transit; Mountain Route 18 to Mt Bachelor Ski Resort; High Desert Point providing service from Redmond to Amtrak service at Chemult; Eastern Point, running from Ontario to Bend; Greyhound; Central Oregon Breeze, providing service between Bend and Portland; and local cab companies.

Additionally, the Bend transit hub enhances convenience of regional trips. Through transfers, fixed routes that travel to the hub in fact continue along seven community connector routes that extend beyond Deschutes County and into Crook and Jefferson counties. Travelers can purchase tickets at the hub for local and regional trips, including those provided by Amtrak and Greyhound.

Services within a 4-block distance include offices for Vocational Rehabilitation, the Central Oregon Council on Aging, Volunteer Connect, medical offices, child care, grocery store, banking, motels, shopping, Salvation Army, Habitat for Humanity ReStore, fitness centers, and restaurants.

Transferability

At the core of improving regional travel is coordination of schedules and interlining of service. Ensuring good connections between services through adjustments to schedules and ensuring the services have shared stops is one of the most cost effective ways to improve regional travel. While such practices would be expected to be readily transferable, coordinating schedules can be a challenge due to the many factors that go into schedule and route timing. Regional travel coordination is especially challenging in rural areas with limited or no services.

The Northwest Oregon Transit Alliance connector service can be considered a national model for building regional transit service. The Alliance relied on bringing different user groups together to support the service — primarily the tourist industry and job commuters. The mix of user groups will differ in other communities. Funding for creating the Alliance came from a federal grant for energy conservation. Similar funding may be difficult to obtain.

Transit hubs that support human and community services can be applied wherever there are concentrations of services in proximity to the center of a traditional spoke-and-hub transit system and with access to regional transportation routes. Establishing and enhancing transit hubs benefit from a community-level awareness of the benefits of public transportation and long-term planning.

PARTNERING TO EXPAND SERVICE

Local transportation providers in Oregon develop formal and informal partnerships with other agencies, jurisdictions, faith-based organizations and other non-profits, and private entities. These partnerships expand services including better connections between urban centers and surrounding rural areas.

Cascades East Transit

To expand fixed route service, Cascades East Transit (CET) has executed an agreement with Mt. Bachelor Ski Resort. As a result of the partnership, the Route 18 bus runs several round trips per day from Bend and a park-and-ride facility to transport both workers and visitors to/from the ski area. A Transit in Parks program helped fund the capital equipment. Fares contribute revenue. The ski resort provided 20% match grant for the equipment and covers operational costs that exceed fare revenue. This public/private partnership depends on CET being responsive to private business needs by running an efficient, adaptable operation.

CET is also partnering with the Grant County Transportation District to provide medical transportation locally and out of county to disabled individuals with mobility devices.

Lane Transit District

Lane Transit District (LTD) administers a service link between the rural community of Oakridge and the Eugene-Springfield metro area. Services include the Diamond Express inter-city service, Non-Emergency Medical Transportation (NEMT) under Medicaid, and limited Dial-a-Ride service. The City of Oakridge contributes part of the local match portion for the Diamond Express which is combined with Special Transportation Funds (STF) received from the state, federal funds, and fares. Dial-a-Ride service is funded with rural STF dollars. LTD purchases vehicles and then leases them to a local provider. Special Mobility Services is a private, non-profit organization that currently has the contract for Oakridge services. The inter-city connection, called the Diamond Express, runs between Oakridge and Eugene three times per weekday.

Grand Ronde Tribe

The Grand Ronde Tribe is in the process of contracting with an existing transit provider to add a local route to connect with existing regional bus service that stops at the Spirit Mountain Casino adjacent to Highway 18. The local route would serve nearby Tribal housing and offices,

and possibly the City of Willamina. Both Yamhill County Transit and Cherriots (Salem-Keizer Transit) collaborate with the Tribe to offer bus service to the Casino.

SMART/Salem-Keizer Transit Commuter Service

South Metro Area Regional Transit (SMART) and Salem-Keizer Transit (Cherriots) partner in providing transit service designed for commuters between Wilsonville and Salem. Route 1X provides morning and afternoon/evening service on weekdays between SMART's Wilsonville Station and Salem Transit Center. The two agencies share the costs of operations, equipment maintenance and marketing.

TriMet/Ride Connection

Ride Connection is a nonprofit corporation that partners with TriMet to provide transportation in the Portland metropolitan area. *RideWise* is a new program, born out of this partnership, that helps older adults and people with disabilities travel safely and independently using public transportation. By providing information on transportation choices, personal trip planning, and assistance learning to ride regular buses and light rail trains, *RideWise* helps older and disabled individuals build the confidence and skills needed to use available transit options.

An additional example of expanding services through human services coordination is Ride Connection's mobility management programs. For example, social service staff was hired to assist new customers in a self-guided, customer driven assessment that supports continued mobility. The mini-assessment looks at customer needs, ability level and options available to match services with individual mobility. Ride Connection began with one full-time position for this function with the intent that the staff could schedule home visits when appropriate. Program demand was so great that home visits were not possible and Ride Connection added an additional staff person to meet the need.

Partnering to Provide Transportation for Veterans

There are a number of small, local programs initiated by individual counties and organizations within the state. One example represents a collaborative effort between Washington County Disability, Aging and Veteran Services, Multnomah County Aging and Disability Services and soon-to-be Clackamas County Social Services and Ride Connection to increase the number of rides available to veterans. The program, Veterans Helping Veterans, uses veteran volunteers to transport other veterans and their families to medical appointments, to pick up prescriptions, and to go to senior centers or shopping. Private vehicles or agency-owned accessible vehicles are used, depending on the volunteer's preference. The county agencies support Ride Connection with recruiting volunteers. Ride Connection manages the program and reimburses volunteer mileage from New Freedom Act funds. There are active veteran volunteers involved as drivers and Elyse Brouhard, Transportation Coordinator for Ride Connection said "Vets really like the idea of reaching out to other vets. My veteran volunteers are very flexible and dependable. One of my drivers, Wayne, is a good example of the dedication of our veteran volunteers. He will take any ride I send him regardless of where it is. Of the 7,016 miles driven under the program this year, Wayne has driven 2,173 of these."

Repurposed Vehicles

Several of Oregon's transportation providers partner with private and non-profit service organizations to extend the usefulness of older, reserve, or low demand vehicles. As an example, Community Connections of Northeast Oregon develops partnerships to help others use the backup and low demand vehicles from their fleet inventory. Their Legacy Capital Program repurposes vehicles that, because of their total mileage, are deemed to have exceeded their useful life for day-to-day transit operations. Community Connections currently shares five vehicles through this program and provides maintenance, insurance and driver training. Example organizations include a mental health provider, adult foster care, Head Start, and Anthony Lake Ski Resort. This pool of surplus vehicles is shared among organizations via a monthly subscription fee.

Another similar partnering example related to vehicles resulted from the discovery by ODOT and the Oregon Department of Veterans Affairs (DVA) that transportation services for disabled veterans were constrained by federal regulations. The federal Veterans Administration had limitations on existing programs using lift-equipped vehicles. The two state agencies were able to get the federal agency to waive these restrictions so that ODOT could provide DVA with lift-equipped vehicles that had been retrofitted. DVA then distributed these vehicles to services providing transportation for veterans. Ride Connection offered training at no cost.

Transferability

Partnering is a natural and essential practice in these times of reduced agency and non-profit budgets and there are numerous examples throughout the state in addition to those cited above. These many examples demonstrate that Oregonians have a history of collaboration and innovative solutions. Challenges to partnering to expand services include the capacity to provide the services and increased costs associated with expanded services (although these will typically be shared). Even partnering among willing parties can be difficult, e.g., constrained by a limited administrative capacity of transportation providers such that they are just able to maintain existing services.

The Veterans Helping Veterans program could be implemented in any area of the state where volunteer programs operate. Each county receives state funding for veteran services and is free to use those funds as they are needed, creating a source of funding for this service if the local area elected to use funds in this manner. Areas that do not have the infrastructure that Ride Connection provides in the metro urban area could be challenged in terms of having the necessary resources to put together a volunteer program like this one. Additionally, county veteran service funding may already be earmarked for other programs and services; resources may not be available to divert into starting a volunteer program.

COORDINATION OF NEMT AND ADA

Important sources of funding for transportation-human services coordination include Medicaid's non-emergency medical transportation (NEMT) program and Americans with Disabilities Act (ADA) paratransit services. The coordination of services occurs primarily at the local level through cooperation between transit providers, medical brokerages, non-governmental organizations, and local governmental entities.

NEMT

The largest share of federal transportation funding for human services comes from Medicaid-funded non-emergency medical transportation (NEMT). Medicaid funds health and medical services for qualified individuals and families with low incomes and few resources. Oregon receives a Federal Medical Assistance Percentage that in 2012 paid 62.91% of Medicaid costs.¹ This funding covers the following services:

- Ambulatory
- Wheelchair-accessible vehicles
- Stretcher-accessible vehicles
- Secure transportation (where a person is a safety risk to themselves or others)
- Public transit
- Volunteer drivers
- Out-of-state trips
- Transportation reimbursement for meals, miles, and lodging

In Oregon, NEMT services are currently arranged by eight regional non-emergent medical brokerages under intergovernmental agreements (IGAs) with the Division of Medical Assistance Programs (DMAP). These brokerages are run by transit districts or councils of government. Brokerages coordinate medical rides according to cost efficiency and quality of service. In some areas, the brokerages coordinate rides for other human services programs. Since their inception, brokerages and associated call centers throughout the state have been trending towards more coordination and integration of programs. The role of brokerages may be changing, however. House Bill 3650 and Senate Bill 1580 directed the Oregon Health Authority (OHA) to authorize a statewide system of Coordinated Care Organizations (CCOs). One of their responsibilities will be providing NEMT services. The CCOs may choose to continue to use existing brokerages to arrange NEMT services, offer these services in-house, or contract with entities other than brokerages.

ADA

Since the 1990's, ADA has required fixed route public transit agencies to provide complementary paratransit for those individuals who are not able to use the fixed route system because of their disability. The paratransit requirement is tied to the service area of the fixed route system, extending three-quarters of a mile on each side of the route. Other requirements include:

- Comparable response time
- Comparable fares (no more than twice a regular adult fare)
- Offer service for any trip purpose
- Operate over the same service hours as fixed route service
- Operate ADA paratransit without capacity constraints.²

¹ Found at <http://www.statehealthfacts.org/comparetable.jsp?ind=184&cat=4>. May 30, 2012.

² Gerty, Rosemary B., et al. (2011) Resource Guide for Commingling ADA and Non-ADA Paratransit Riders. TCRP Report 143. Transportation Research Board.

Nationally, most transit agencies expand their paratransit services to serve sectors of the population (such as older persons) that do not qualify under ADA. To do so, they must not reduce the availability of paratransit to persons qualified under ADA. Of 121 transit agencies surveyed nationwide, 53 percent reported that they provided trips for both ADA and non-ADA paratransit riders in the same vehicles. The survey queried what types of groups commingled on ADA-related rides and discovered that Medicaid-related commingling (46%) ranked behind “Non-sponsored older adults” (60%) and “non-sponsored persons with disabilities” (57%) and it tied with “general public passengers (46%). The two top reasons given by the agencies for sharing rides was “demand for the service” and “meeting passenger needs.”³

Practices in Oregon

Approaches to coordinating NEMT and ADA vary across the state. Summary findings from five sample programs described below, as well as from input from other service providers throughout the state, include:

- Brokerages and associated call centers in Oregon use a diversity of software and operations for scheduling and delivering rides for clients eligible under NEMT and ADA.
- Local transportation providers in Oregon run the full gamut of fully integrating ADA paratransit with NEMT (LTD) to maintaining completely separate delivery systems (TriMet for example).
- With supporting policies, software, and accounting in place, the commingling of ADA and NEMT riders and the sharing ride expenses can decrease overall costs.
- Stakeholders mentioned “maintaining available capacity” as the primary factor affecting their ability to mix ADA rides with other programs.
- Equipment, driver training and other expenses for ADA paratransit generally have higher costs than other programs. This could affect decisions to commingle ADA rides with the other programs.
- The most successful ride coordination programs are based upon equitable funding of sponsored rides. A national survey indicates that transit agencies that have quit commingling rides from different programs primarily have done so for funding reasons.⁴
- Determining the success of commingling ADA and NEMT rides will rely on development of uniform performance measures and the collection of consistent data sets. LTD has 2 years of data that show positive results from commingling rides and sharing costs between programs.

Rogue Valley Transit District (RVTD): RVTD provides transportation services for programs including ADA paratransit, NEMT (Medicaid medical for seven counties), DD53, and Title XIX (Medicaid non-medical). RVTD operates the TransLink Medicaid medical transportation brokerage. RVTD combines DD53 and Title XIX Medicaid non-medical with its ADA paratransit service but historically NEMT has not combined with these other programs. At the request of the Oregon Department of Human Services, RVTD has extended Title XIX service to 1.5 miles beyond the fixed route bus lines. This is intended to help people reach essential services within the RVTD service area.

³ Gerty, Rosemary B., et al. (2011) Resource Guide for Commingling ADA and Non-ADA Paratransit Riders. TCRP Report 143. Transportation Research Board.

⁴ Gerty, Rosemary B., et al. (2011) Resource Guide for Commingling ADA and Non-ADA Paratransit Riders. TCRP Report 143. Transportation Research Board.

NEMT and ADA paratransit are handled through separate scheduling queues and, similar to TriMet, the customer chooses which service they are requesting and calls the phone number associated with that service. A primary issue with commingling ADA paratransit trips with NEMT is to ensure adequate capacity for all ADA-related trips. RVTD is considering using the ADA paratransit vehicles as "last resort" for providing NEMT trips to avoid service denials within the Rogue Valley. Trips would be approved only when there is excess capacity on the ADA paratransit ride.

RVTD delivers transportation for people with disabilities and seniors through their STF providers for areas outside of the required ADA paratransit service. They are currently under contract with three providers to service Jackson County areas. In summer 2012, RVTD initiated a new program, scheduling trips for a non-profit community center providing transportation services to rural areas of Jackson County. Through coordination, Medicaid-related trips will be grouped with trips delivered through other funding mechanisms, for example 5310 Funds (for elderly people and persons with disabilities).

Central Oregon Intergovernmental Council (COIC)/Cascades East Ride Center: COIC operates a one-stop call center for public and human services transportation and a NEMT brokerage serving both Central Oregon and much of Eastern Oregon. COIC also operates Cascades East Transit (CET) which provides public transit services in all cities in Crook, Deschutes and Jefferson counties, including a small urban system operated in Bend.

ADA paratransit vehicles in Bend are reserved first for ADA rides but open to low income elderly when seats are available. The Ride Center uses contract providers for NEMT rides because the full cost per ride for the Bend Dial-A-Ride system is greater than that offered by many NEMT contracted providers.

The cities of Bend and Ontario both have fixed route bus service, and Ride Center has worked with DHS in both areas attempting to identify those clients physically able to be assigned to the local fixed route bus system. It has been challenging to identify those who are within walking distance of a bus stop and are physically capable to get to and ride the fixed route bus. Persons with disabilities and the elderly tend to use individualized services instead of the fixed route bus in part because of long walking distances to bus stops. The weather extremes in these areas (snow, ice, and heat) can impede their ability to get to/from, and to wait, for the fixed route bus on a consistent and predictable basis.

Both in Bend and the smaller communities in Central Oregon, CET works with agencies who serve the disabled, elderly and low income. This includes coordinating transportation for veterans, vocational rehabilitation, seniors, centers for independent living, and agencies serving those with developmental disabilities and low income, to meet both client and program needs. This coordination has added services where they were not previously available, and moved services to one provider (CET) where previously programs had provided their own transportation, resulting in a more efficient use of resources.

The cities of Prineville, Madras, La Pine and Redmond offer curb-to-curb bus service that can support NEMT and ADA-related trips. When needed, the CET buses can provide door-to-door services. NEMT identifies and assigns Medicaid rides to the lowest cost provider available, and this is often the local CET bus for transports within these cities. When CET is not lowest cost, or is not available, then other local contractors meet the need.

The Ride Center and contractors providing NEMT services group NEMT riders when possible in an effort to work more efficiently and reduce costs. It is often difficult to identify rides which can be grouped in rural areas because the low population density generates lower trip numbers where times and locations match close enough to allow rides to be coordinated. CERC has made a special effort to develop a system and processes so rides can be identified and shared when feasible, and shared ride numbers have increased significantly.

Community Connection of Northeast Oregon: Community Connection, a nonprofit organization centered in La Grande, operates ADA paratransit for areas served by their fixed route transit service. NEMT trips are scheduled through the Cascades East Ride Center in Bend. NEMT rides in the Community Connection service area are provided either by that organization or by a number of private, for-profit providers. In practice, the ADA paratransit service serves very few non-ADA qualified trips because NEMT-funded trips are spread among multiple providers, and sharing rides in low population areas is often difficult without inconveniencing the clients.

Lane Transit District (LTD): LTD serves as the brokerage for NEMT rides in Lane County; the transit district for Eugene, Springfield, and other communities in Lane County; and the call center and manager for many other transportation services throughout the County. LTD commingles NEMT, ADA, developmental disabilities, and other programs as appropriate. Their cost allocation model includes a system for not only assessing costs for the rides themselves, but also associated administrative activities, maintenance, and equipment. They can directly charge expenses and staff time to a specific program, NEMT being the largest for direct charges.⁵ Staff charges are accrued by LTD, Lane Council of Government staff, and Special Mobility Services, LTD's principal contractor. Since ADA paratransit rides have a cost, people who also qualify for NEMT will have the trip assigned to that funding source, which provides a free trip.

Benton County/Corvallis Transit System: In Benton County, the Ride Line brokerage provides a call center and schedules Medicaid non-emergency medical transportation (NEMT) trips. The brokerage contracts with a network of providers to conduct NEMT rides, including Dial-a-Bus, a private provider who also contracts with the City of Corvallis and Benton County to provide rides for ADA, STF, and Title XIX clients. ADA paratransit trips in the City of Corvallis (the largest population center in Benton County) are scheduled by directly calling Dial-a-Bus. For programs other than NEMT, the County employs software with a database that stores client information to ascertain prequalified eligibility under other human services programs and bills to the appropriate program.

In practice, ADA paratransit rides seldom commingle with NEMT and other programs; ADA takes precedence over other programs because of the federal mandate. Vehicles are shared between programs and to an extent rides are shared, especially when minivans and buses are

⁵ Lane Transit District. (2010, May) RideSource Cost Allocation Plan Methodology and Documentation. Prepared by Nelson/Nygaard Consulting Associates in association with Health Management Associates.

used. Cars used by Dial-a-Bus tend to fulfill one trip at a time. Rides for persons with disabilities and the elderly that do not qualify for ADA paratransit are typically covered under STF. Title XIX transportation-to-work clients are grouped in a bus.

Transferability

Again, as illustrated in the examples cited, coordination of NEMT and ADA services is a common practice. Shared call centers, shared cost allocations, and shared software are typical coordination tools. At the same time, there are significant barriers to such coordination. ADA requires that clients be picked up within a limited time frame, making it difficult to coordinate ADA rides with other services. Geographic boundaries can create problems, with transit service, NEMT and human service programs often having different service boundaries. The extent and frequency of transit routes and the method of cost allocation are main factors in whether and how NEMT and ADA have been combined. The advent of CCOs and how they address NEMT and shared rides will affect ADA/NEMT practices throughout Oregon.

SINGLE SYSTEM FOR DELIVERING TRANSPORTATION SERVICES

Lane Transit District (LTD) leads both public transit and human services-related transportation in Lane County. Among the local and regional transportation providers in the state, LTD's program serves as a model for integration of services.

LTD's RideSource call center is the non-emergency medical brokerage, as well as the one-call service for information and scheduling and dispatching many other transportation services. RideSource coordinates, and where appropriate, commingles trips related to ADA, NEMT and many other programs. The single call center uses its database (including results of in-home interviews) for reservations, scheduling, and dispatching using the most appropriate personnel and equipment for the requested trip. LTD relies on contracted social workers to prequalify people for various funded programs through a comprehensive in-home interview. This is an important method of integrating the mutual needs of human services organizations and transit. The practice helps make the call center better client-focused and responsive. The integration of transportation programs is also supported by a cost allocation model that can assign trip costs to the appropriate funding source.

Lane County was the first county in the state to develop an Aging and Disability Resource Center (ADRC) through grant funding. The purpose of an ADRC is to screen and counsel individuals who call so they can be connected with the appropriate resource information/ services to meet their needs. LTD also provides training, information, and vehicle leasing to numerous nonprofits. LTD enters into contractual service relationships with some organizations and maintains informal cooperative relationships with others. The District partially attributes its success in integrating human services transportation with public transportation to its ability to respond to inherent cultural differences between transit and human services agencies.

Several observers have commented that LTD has been able to effectively integrate multiple programs because the geographic boundaries and number of controlling organizations makes it simpler in Lane County than in other regions in the state. For example, the District's medical brokerage is congruent with County boundaries. Furthermore, LTD is the only public transit district in Lane County and it is well positioned to operate programs throughout the county including areas outside its district boundaries. These political and jurisdictional boundaries

have helped facilitate LTD's ability to coordinate transportation and human services; other regions in Oregon face more complicated decision-making structures that would make implementation of the LTD model much more time consuming. LTD representatives state that the origins and motivational forces for development of their system are based on decades of commitment to provide transportation that serves the entire community including special needs. This has led to the development of outreach, education, and monitoring programs and nontraditional methods of coordination. While LTD's model serves as an outstanding model, other models adapting to local conditions may provide similar efficiencies.

Transferability

The Lane County model of providing individual case assessments could be applied throughout the state. The Area Agencies on Aging have been charged with developing an Aging and Disability Resource Center (ADRC) within the next five years. The purpose of the ADRC model is to provide counseling, needs assessment, and direction toward appropriate resources for callers. Lane County developed the first pilot ADRC in the state through a federal grant. During the course of this study, Lane County transit reported that they coordinate their services with the ADRC, thereby enhancing their ability to provide individuals with the most appropriate transportation to meet their needs. Transit systems throughout the state could coordinate with their local Area Agency on Aging's ADRC. While the timing for coordination is good since the ADRCs are just being developed, geographical boundaries could be a challenge. For example, the ADRC for central Oregon will encompass a large geographic area that includes the center of the state from north to south boundaries. Additionally, the ADRCs are in varying stages of development. Lane County's ARDC is established as are those serving the central part of the Willamette Valley. The ADRC for the Portland metro urban area (Multnomah, Clackamas, Washington and Columbia Counties) is just opening. The southern and eastern parts of the state are in early phases of developing a plan; therefore it could take some time to develop a coordinated effort in these areas. Metropolitan areas that have more complex political and jurisdictional boundaries may find that a more complex model is needed for service delivery. Conversely, smaller communities may not support enough administrative capacity in public transportation to develop such a system.

COST ALLOCATION MODEL

An innovative cost allocation model has been developed by Lane Transit District for distributing transportation expenditures across multiple public transit and human service transportation programs. This model facilitates comingling of rides, the outcome of which is efficient use of resources to provide convenient access for individual riders. The model supports transportation system stability due to the fact that individual trips can be supported from multiple funding sources. LTD has a methodology for adding funding sources and programs to the cost accounting model so that the coordination of programs can evolve and grow.

In the cost allocation model, cost components are estimated for labor, contracted costs, operations, office expenses such as phone service and utilities, and capital costs. Costs are divided according to the number of programs approved through the transportation assessment process. Each program accrues its fair share of recorded expenses or level of effort that is monetized. The cost model operates using a MS Excel spreadsheet. LTD worked with DMAP to determine appropriate methods of accountability.

Program expenditures include administrative costs of running the RideSource Call Center, LTD staff, and interviewers who conduct transportation assessments. RideSource Call Center activities include scheduling, dispatch, customer service, billing, volunteer coordination, and Center management. LTD staff charges time for integrating several transit system program accounts that overlap with RideSource activities. Staff that multi-task can fairly allocate their labor using a random moment time sample that statistically estimates the percent of time expended on each program.

Passengers assisted through different programs are tracked using the cost allocation model. Cost assignment of the ride is based on the number and duration of all the trips for any given ride. Each trip is subdivided according to the funding sources being utilized by each individual.

Transferability

The LTD cost allocation model can be applied to other transportation programs and is likely to increase cost effectiveness of ride sharing. Set-up costs need to be allocated. There is some risk of failure since multiple agencies need to participate in the details of the model, requiring cooperation among the willing.

RIDE MATCHING TECHNOLOGIES

Drive Less.Connect

ODOT, Association of Oregon Counties, Metro and other transportation partners around the state are teamed up to help residents keep money in their pockets by implementing *Drive Less. Connect*, an online ride-matching tool that connects carpoolers and bike buddies and allows commuters to record how they get to work. Vanpool and carpool use is facilitated through creation of unique trip codes that can be shared among persons that may wish to join an existing shared ride. In addition to helping people share rides or join vanpools and carpools, *Drive Less.Connect* also connects bike riders who wish to partner for trips. The routes of persons, carpools and vanpools wishing to share a ride are matched with those that indicate the need.

Drive Less.Connect organizes groups of users into networks based on several criteria such as home and work zip codes. Organizations utilize the networks to manage commute services as well as communicate with the users in the networks. Users can elect to join additional networks. For example, groups can be commute-oriented, or set up for ridesharing to destinations for sports, concerts, and other events.

If users log their trips in their account, information is generated about how much money, fuel, and carbon dioxide are saved by sharing rides or choosing alternative modes of transportation. The log allows inputs such as carpooling, vanpooling, transit, cycling, telecommuting, and walking and also accounts for multimodal trips. According to the *Drive Less.Connect* website, since its launch in July 2011, in the Portland metro alone, participants have avoided using 48,518 gallons of gasoline and collectively saved \$307,931 by joining carpools, bike pools, riding transit and walking.

Under the *Drive Less.Connect* program, 32 regional carpool/vanpool routes have been established, including Waldport-Newport and McMinnville-Sheridan routes. Routes are

established when there is enough demand and enough people have committed to carpool to justify an economical service. The newest route, sponsored by Oregon Cascades West Council of Governments, provides additional travel options for Oregon State University commuters from Eugene and Albany. Using 6-10 passenger vans, commuters pay fees to cover the costs of maintenance, insurance, fuel and the lease of the vehicles. The vanpools are organized by Valley Vanpool, which is a collaborative effort of Cascades West Rideshare in Albany, Point2Point in Eugene, and Cherriots Rideshare in Salem.

In addition to reducing automobile use, the *Drive Less.Connect* program represents an opportunity to coordinate public transportation and human services. As an example, Community Connection of Northeast Oregon, Inc. has been marketing *Drive Less.Connect* as a transportation option to mental health and other specialized health care providers.

For more information about *Drive Less.Connect*, visit the program's website: www.drivelessconnect.com.

Software Development at Ride Connection

Ride Connection, partnering with TriMet, has been developing open source software programs that are available to transportation providers throughout the state. Currently, some transportation providers in the Portland Metro area can remotely connect to Ride Connection's scheduling and dispatch application to create trip plans for customers. Ride Connection is working with larger partners that have their own hardware and software to create seamless machine-to-machine exchange of data to manage trip delivery including shared rides. This involves creating or modifying translation modules for each partner's particular system and using open source software to connect these existing — and sometimes different — software systems.

Key information technology (IT) projects undertaken by Ride Connection include:

- Service database, a comprehensive repository for tracking all trip-related network services. Customer record management is integrated with the scheduling and dispatch software.
- RidePilot, a tool for transportation scheduling and dispatching; and
- WiseGuide, a customer relationship management system associated with the RideWise travel training program.

In addition to these three efforts, Ride Connection is initiating a new clearinghouse project for sharing ride requests between call centers. All transportation service systems have boundaries where trips cross from one service to another — and from one call center to another. To best serve clients, scheduling systems need to readily exchange information that is useful to both systems. Ride Connection envisions a web-based, multiagency clearinghouse that connects multiple scheduling and dispatch systems. The purpose would be to deliver rides that would otherwise be difficult, costly, or impossible to fill. One element would be the ability to quickly convey a customer's need to providers. This clearinghouse would be bi-directional, allowing other systems to post and receive data including machine-to-machine. If a call center cannot fill the trip, that trip could be posted to the clearinghouse. To be effective, there would need to be prompt synchronization of the status of the trip across all connected systems.

Ride Connection, in partnership with Clackamas, Multnomah and Washington counties, recently received grant funds to develop software to streamline medical appointment scheduling for veterans. Doctors, medical providers and veteran service agencies will be able to log on and directly schedule rides for veterans to medical appointments. While this pilot project is limited to the three-county area, discussions are underway about taking this program statewide.

Transferability

Ride matching technologies are readily transferable and can be expected to increase in use and create efficiencies in service. Rural areas and smaller transportation providers will need the most financial and technical support since they will have fewer in-house resources for writing and running software. Low-income populations and areas are most likely to not be able to take advantage of these technologies because of lack of equipment and training.

TRANSLINK'S TRAVEL REIMBURSEMENT PILOT PROGRAM

TransLink is conducting a pilot streamlining program where TransLink can verify and reimburse for certain Medicaid-related travel expenses via debit card. (Mileage is typically reimbursed by the local Oregon Health Plan branch offices.) The program includes reimbursing an eligible person that arranges for transportation themselves, for example, by a family member or friend.

Rogue Valley Transit District operates the TransLink medical brokerage for Coos Curry, Douglas, Jackson, Josephine, Klamath, and Lake counties. They offer a unique mileage reimbursement program where transportation payments can be accomplished using a bank "AccelaPay" debit card. The card can be obtained through TransLink by providing basic personal information and becoming verified as eligible under Oregon's transportation reimbursement rules for medical transportation. Once a medical appointment is verified, the card is credited according to the calculated distance and the current transportation reimbursement rate per mile. Google Maps is used to calculate the shortest, most appropriate route to and from the medical appointment. The ride can then be provided by a professional or a friend or family member. Payment for the ride is completed via the funds allocated to the debit card.

Transferability

Once the TransLink program has demonstrated success, other organizations around the State are likely to adopt it. No specific constraints to transferability have been identified.

APPENDIX D: KEY INFORMATION SOURCES AND STUDY PARTICIPANTS

[to be added]