

**REPORT OF THE SECRETARY OF HEALTH
AND HUMAN RESOURCES ON THE**

**Study of the Human Services
Transportation Needs
in Virginia**

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**



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Study of the Human Services Transportation Needs in Virginia

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Study of the Human Services Transportation Needs in Virginia

I. Introduction

In 1988, the General Assembly requested that the Virginia Department of Transportation (VDOT) study the transportation needs of human services agencies and clients (SJR 26, 1988). As part of this study, an extensive analysis was conducted which focused on the transportation responsibilities of a number of human services agencies, including:

- the Department for the Aging (VDA),
- the Department of Health (VDH),
- the Department of Medical Assistance Services (DMAS),
- the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS),
- the Department of Rehabilitative Services (DRS),
- the Department for Rights of Virginians with Disabilities (DRVD),
- the Department of Social Services (DSS), and
- the Department for the Visually Handicapped (DVH).

The analysis raised a number of policy and programmatic issues which required additional study.

The 1990 General Assembly passed Senate Joint Resolution 2 (SJR 2, 1990), which directed the Secretary of Health and Human Resources to continue the study of human services transportation. The objectives of the SJR 2 study follow:

- To explore the transportation needs of clients of Virginia's human service agencies and of citizens with disabilities.
- To identify the transportation responsibilities and current activities of human service agencies.
- To identify barriers to the provision and coordination of transportation by human services agencies.
- To identify existing efforts and models to coordinate human services transportation policies and services.
- To recommend short-and long-term strategies to enhance the provision and coordination of transportation by human services agencies.

The Office of the Secretary of Health and Human Resources designed this study to meet these objectives and to develop short-and long-term recommendations

to enhance the effectiveness and efficiency of transportation-related activities of human services agencies. Major activities of the study included:

- Reviewing previous human services transportation studies and the status of study recommendations.
- Updating state human services agency assessments of transportation needs, responsibilities and activities.
- Assessing human services transportation barriers and opportunities for service and policy coordination.
- Reviewing the current responsibilities of the Virginia Department of Transportation related to human services transportation.
- Identifying model programs and potential resources to address human services transportation needs.

In order to accomplish these activities, the Office of the Secretary of Health and Human Resources surveyed each relevant state human services agency regarding:

- The nature and extent of its transportation responsibilities;
- Current and projected demands for transportation;
- Transportation system characteristics, including whether the agency system was centralized or decentralized, transportation-related expenditures in FY 90, the number of drivers employed, fleet size, the age and condition of vehicles used to provide transportation services, and the number of trips made and passengers served in a year;
- Transportation barriers and opportunities; and
- The extent of need for state and local transportation policy coordination.

Subsequent to the survey, agency heads were interviewed to discuss issues raised in their responses to the survey. Interviews focused on agency perspectives regarding the feasibility and desirability of local/regional and state transportation policy coordination. Agency heads identified various models of local coordination, some of which are discussed later in this report. Representatives of these coordinated transportation systems in the Commonwealth were invited to share information regarding the history and development of their programs. Their experiences may prove helpful to other communities interested in addressing transportation concerns.

Staff from the Virginia Department of Transportation's Division of Rail and Public Transportation at VDOT provided information on current federal and state grant programs and potential funding sources for human services agencies. Discussions with VDOT staff also focused on opportunities for improved coordination and cooperation in the future.

II. Transportation Needs of Clients of Virginia Human Services Agencies and Citizens with Disabilities

In 1986, the Board for Rights of the Disabled issued a report entitled "*Proposal for Coordination of Specialized Transportation Services*" which succinctly discussed the integral nature of transportation to the lives of Virginians with disabilities. The report stated:

Efficient and accessible transportation is an essential element to the well-being of the Commonwealth of Virginia. The free movement of its people promotes economic and social activity. Responsive and affordable transportation services allow individuals avenues to become self-supporting. Inseparably linked to transportation are employment, independent living, housing and community-based services. The same benefits that result from the mobility of the general public also apply to the mobility of persons with disabilities. Providing effective and affordable transportation to these individuals enables them to live self-supporting, independent and productive lives. The benefits to society are not only a reduction in the need for services and institutions for persons with disabilities, but also an increase in the productive capacity of the economy and the promotion of an equitable society. (p. 1)

Most Virginians take transportation for granted. If they need to go to work, to the doctor, or to visit a community center, they simply drive or catch a bus. For many clients of human services systems, however, transportation often can be far more difficult to access. Many people with disabilities are not able to drive and cannot physically access the public transit system. Others are not able to afford the luxury of a car. For some, public transit also poses a financial barrier. Still others live in Virginia communities where limited or no public transportation is available.

The preliminary findings of a statewide disability survey of persons ages 16 to 64 dramatically emphasize this problem. The Virginia Disability Survey, sponsored by the Department of Rehabilitative Services in 1990, was designed to collect information about working age Virginians who have a health condition which limits their ability to function independently at home or on the job. Of the persons surveyed (1,255), approximately one-third were limited in their ability to move around in the community.

- Of the 365 respondents with limited mobility:
 - ▶ 48% could not use public transportation without help;
 - ▶ 30% attributed their limited mobility in part to inadequate transportation options; and
 - ▶ 67% affirmed that they would take advantage of more transportation services if were they available in their communities.
- Regarding specially equipped transportation, one-fourth (26%) of the persons surveyed had special transportation needs, signified by an inability to drive or the need to modify a vehicle. Of these 325 persons:
 - ▶ 34% could drive if they had a specially equipped car;

- ▶ 66% reported that they could not drive a car;
 - ▶ 57% could use public transit without any assistance from other persons;
 - ▶ 4% could use specially equipped public transportation without help; and
 - ▶ 39% could not use public transportation without assistance.
- The respondents who noted special transportation needs also commented on the availability of special transit services in their communities:
 - ▶ 21% indicated that their communities are served by fixed-route buses without lift equipment;
 - ▶ 16% reported that their communities have fixed-route buses that are lift-equipped; and
 - ▶ 19% noted that their communities operate special buses or vans to provide service.

Over half (56%) of this group of 325 persons with special transportation needs reported that they would take advantage of additional special transportation services if they were available.

This report focuses upon the needs of people who are elderly, physically or mentally disabled, or indigent. To a large extent, these persons must now rely upon human services programs, families or friends for transportation. It is important to understand the transportation needs of these individuals on two levels:

- **Access:**

First and foremost, recipients of human services must be able to get to and from services. Although there is an increasing emphasis on in-home intervention and community-based services, most services require travel on the part of the client. Interviews with the directors of health and human resources agencies indicate that some potential clients are not served because they have no way to get to locations where services are provided.

Transportation may also be a factor in maintaining effective treatment programs. If needed services are located in public or private facilities outside an individual's home community, families with limited resources may not be able either provide transportation or participate in treatment planning.

- **Independent Living:**

Helping clients live independently is a primary objective shared by all human services agencies. In order to achieve this, clients must be able to perform basic tasks -- such as grocery shopping or commuting to and from work -- on their own. Those who do not have access to transportation must stay at home, isolated and dependent on others for their most basic needs.

III. General Overview of Human Services Agency Transportation Responsibilities and Activities

Human services agencies are extensively involved in providing or supporting the transport of their clients to needed services. Specific approaches used by individual agencies vary according to a number of factors such as:

- The needs of clients being transported,
- The type of program or service to which the client is transported, and
- The availability of alternative transportation.

Depending upon the service offered and the needs of clients, transportation may be provided on an individual demand-responsive basis (e.g., the ambulance transport of a client to a hospital) or it could be provided to a group of clients through a fixed route arrangement (e.g., clients who participate in a mental health day program). Other services are taken directly to the client (e.g., meals on wheels). In this last case, staff rather than clients are transported.

Although the transportation responsibilities of human services agencies vary considerably, they generally conform to one or a combination of the following models:

- Agencies that provide transportation as a separately identified "core" service, with identified expenditures;
- Agencies that directly operate vehicles as a support or ancillary service to clients with expenditures "built into" the cost of the service provided;
- Agencies that pay vendors for client transportation, reimburse clients/staff, or rely upon volunteers to transport clients to and from services.

In some communities where public transportation is available, human services agencies may reimburse clients for fares or contract with the transit authority for a specified number of client rides. The following matrix illustrates the use of these transportation approaches by Virginia human services agencies.

**Table 1
Human Services Agency Transportation Approaches**

Agency	Separately Identified Service	Ancillary or Support Service	Purchased from Vendors/Other Agencies	Reimburse Clients/Staff
VDA	●		●	
VDH		●	●	●
DMAS	●		●	
DMHMRSAS		●	●	●
DRS	●		●	●
DSS		●	●	●
DVH		●	●	●

Individual human service agency summaries of transportation responsibilities follow.

SUMMARY OF TRANSPORTATION RESPONSIBILITIES OF HEALTH AND HUMAN RESOURCE AGENCIES

DEPARTMENT FOR THE AGING

Agency Overview and Transportation Responsibilities:

The Virginia Department for the Aging (VDA), is the agency responsible for improving the quality of life for older Virginians. The VDA:

- oversees programs funded by the U.S. Department of Health and Human Services through the Older Americans Act,
- advocates on behalf of older adults,
- evaluates needs and forecasts needs of older citizens, and
- trains and provides technical assistance to professionals working with persons who are elderly.

Among the programs which VDA administers are: nutrition, employment, in-home services, transportation and other supportive service programs provided under the Older Americans Act.

Transportation is viewed as an integral component of the overall agency services package. Transportation is viewed as a "core service" rather than an ancillary function. Under Title III of the Older Americans Act, funding is available to support the provision of transportation services for persons 60 years of age and older for two major purposes:

- providing access to services (e.g., transporting people to nutrition sites)
- delivery of services to clients (e.g., meal delivery to persons' homes).

Funding Source for Transportation:

Federal: U.S. Department of Health and Human Services, Administration on Aging, Title III Program

State: State General Funds

Methods of Providing Transportation to Clients:

- reimbursement of private vehicle use
- contracts with other agencies for transportation
- support operation of agency vehicles, sometimes purchased through the UMTA 16 (b) (2) program

Substate Organization and Responsibilities:

At the local level, there are 25 Area Agencies on Aging who award service contracts to numerous local providers. These 25 Area Agencies on Aging, in cooperation with local governments and human service agencies, plan, coordinate, monitor and evaluate programs and services for older Virginians.

Each Area Agency on Aging reports transportation data monthly to VDA, including the number of trips provided, the type of trip and the cost to provide transportation.

SUMMARY OF TRANSPORTATION RESPONSIBILITIES OF HEALTH AND HUMAN RESOURCE AGENCIES

DEPARTMENT OF HEALTH

Agency Overview and Transportation Responsibilities:

The Virginia Department of Health (VDH) is responsible for planning, development and implementation of a coordinated, prevention-oriented program to promote and protect the health of all Virginians. Among the VDH Family Health Services programs are:

- maternal and child health services,
- family planning services,
- nutrition,
- dental care, and
- children's specialty services.

Within the VDH system, transportation is viewed as a support or ancillary service. The provision of transportation is decentralized. Some health districts transport clients to services. In one health district, vehicles are maintained and operated with Maternal and Child Health grant funds. Authorization for these federal block grant funds is the Omnibus Reconciliation Act of 1981, P.L. 97-35 Section 501 ff.

Currently, local health districts are responsible for preapproving trips to health care providers for Medicaid-eligible individuals.

Funding Source for Transportation:

Federal: U.S. Department of Health and Human Services, Maternal and Child Health Services Block Grant

State: State General Funds

Local: Local Government General Revenues

Methods of Providing Transportation to Clients:

- transportation provided by the agency to its services, using agency vehicles and staff
- reimbursement of staff and clients for private vehicle use

Substate Organization and Responsibilities:

The VDH system is comprised of four regional offices, 36 health districts, and 119 local health departments. Programs such as those described above are provided through district and local health departments.

As transportation is not a "core service," local health departments are not required to report transportation as a separate line-item within their budgets.

SUMMARY OF TRANSPORTATION RESPONSIBILITIES OF HEALTH AND HUMAN RESOURCE AGENCIES

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

Agency Overview and Transportation Responsibilities:

The Virginia Department of Medical Assistance Services (DMAS) administers the Medicaid program in Virginia. Medicaid is a federally and state funded program to assist eligible poor and medically needy persons obtain medical care and related services. Among the groups of eligible persons are all recipients of Aid to Dependent Children (ADC); pregnant women who meet ADC income and resource guidelines; children under 6 (born after September 30, 1983) who meet ADC income and resource guidelines; children under 21 who are in foster care; SSI recipients who are aged (over 65), blind or disabled and who meet Virginia's limit on resources. Those eligible because of medical need must meet income and resource limits, and can include a child under 18 who has one parent who is absent or disabled; pregnant women who need prenatal and delivery services; children under six who live with one or both parents; and individuals who are aged, blind or disabled.

Legal authority for the program is contained in Title XIX, Section 1902 (a) (4) of the Social Security Act. Title 42, Section 431.53 required that state plans for implementing Title XIX specify that the Medicaid agency will assure necessary transportation for recipients to and from medical service providers.

Access to medical services is provided by emergency and non-emergency transportation. Non-emergency transportation must be preauthorized by a local health department. DMAS currently has an agreement with the Department of Social Services to administer a transportation pre-authorization pilot program. These pilot sites have utilized several approaches in assuming the preauthorization function of local health departments.

Transportation service is divided into ambulance (emergency and non-emergency) and non-ambulance transportation. Non-ambulance services can be provided by bus (intracity and intercity), taxicab, special project vehicles, registered drivers and commercial air carriers. Transportation is authorized only when no other method of transportation is available and only for services covered by Medicaid. It is authorized only to the nearest available medical facility that will serve the client's needs for the lowest cost alternative. To the extent possible, trips are coordinated to increase the number of persons traveling in the vehicle.

Funding Source for Transportation:

Federal: U.S. Social Security Administration, Title XIX

State: State General Fund match based on formula

Methods of Providing Transportation to Clients:

- Transportation is provided by reimbursement to independent vendors, registered drivers and other allowable providers (buses, air carriers, etc.) who transport Medicaid clients to medical and other care

Substate Organization and Responsibilities:

Non-emergency trips must be preauthorized 24 hours in advance by local health departments or pilot social service projects.

DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

Agency Overview and Transportation Responsibilities:

The Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) supports the availability of services to Virginians who need mental health, mental retardation, or substance abuse community or institutional treatment. The DMHMRSAS has established six core services that are provided at its state facilities or supported through the community services boards (CSBs). These are:

- emergency services, including crisis intervention, stabilization and referral assistance;
- inpatient services, including hospital and training center services such as medical/surgical, skilled nursing care, intensive psychiatric services (including local inpatient services), and extended rehabilitation;
- outpatient services, including scheduled appointments for counseling, diagnosis, testing and other types of services;
- day support services, including treatment, training and instruction, vocational services, educations, recreation or daily living skills in a supportive environment;
- residential services, including group homes, supervised apartments, non-hospital based stays for detoxification or habilitation, domiciliary care, emergency shelters and sponsored placements; and
- prevention and early intervention services that are focused in the community.

The DMHMRSAS considers transportation to be an integral part of most of the services provided by the CSBs, since, without it, many clients would not be able to participate in service programs. The CSBs provide transportation for many of the client services. The cost of transportation is included in the core services, and there are no separate eligibility requirements. Individually scheduled trips, fixed route pick-ups, and transport of groups to a single destination are all provided. Some CSB transportation services are centralized, but the majority are decentralized.

Funding Source for Transportation:

Federal: Alcohol, Drug Abuse and Mental Health Block Grant [CSBs, as public agencies, are not eligible for UMTA 16 (b) (2) funds]

State: State General Funds

Local: Local Government General Revenues

Methods of Providing Transportation to Clients:

- transportation provided by the agency to its services, using agency vehicles and staff
- contracts with other agencies to provide transportation

Substate Organization and Responsibilities:

The DMHMRSAS operates 16 facilities throughout the Commonwealth to provide institutional care for individuals with mental illness or mental retardation. In addition, the DMHMRSAS contracts with the 40 CSBs to provide local services. The CSBs are funded with state and local funds and are agencies of the local governments which established them. The CSBs either contract for or provide services to clients. The CSBs submit performance contracts to the DMHMRSAS which include costs for transportation as part of general operating costs (separate from personnel costs).

SUMMARY OF TRANSPORTATION RESPONSIBILITIES OF HEALTH AND HUMAN RESOURCE AGENCIES

DEPARTMENT OF REHABILITATIVE SERVICES

Agency Overview and Transportation Responsibilities:

The Department of Rehabilitative Services (DRS) provides services to persons with physical, mental, or emotional disabilities in order to foster independence among those persons. The DRS provides comprehensive rehabilitative services to prepare and train persons with disabilities for suitable job placements. Among the services provided by the DRS are:

- physical or psychological examinations and services;
- vocational evaluation;
- counseling;
- vocational training; and
- other appropriate services needed in support of an individual's rehabilitation.

The DRS also operates the Woodrow Wilson Rehabilitation Center.

The DRS does not operate a transportation system at either the state or local level but arranges for transportation as an ancillary support to the primary rehabilitation services needed to enhance the employability and independence of citizens with severe disabilities. Transportation services are decentralized and provided on a client-specific basis as needed. Clients are eligible for transportation services during the time they are receiving DRS services and for up to 30 days after they have obtained employment following training or until their first check is received.

Based upon individual need and local resource capabilities, the DRS may purchase transportation on behalf of the client or may reimburse the client directly for expenses incurred in accessing rehabilitation services or traveling to work sites. Vendors include consortia or municipalities such as the Tidewater District Transportation Authority. Additionally, DRS contract programs such as rehabilitation facilities, sheltered workshops, and independent living centers provide transportation as part of their overall service programs to clients on either a fixed route or individualized basis.

Funding Source for Transportation:

Federal: U.S. Department of Health and Human Services, Rehabilitation Service Administration, Section 110 Program, Basic Support Grants

State: State General Fund

Methods of Providing Transportation to Clients:

- reimbursement of private vehicle use
- contracts with vendors for transportation, including transportation support provided by contract agency vehicles

Substate Organization and Responsibilities:

The DRS system includes 4 regions, and 41 community offices. In addition, the DRS contracts with rehabilitation facilities, sheltered workshops and independent living centers. The DRS has agreements with 270 vendors statewide to provide transportation services. In FY 90, these vendors provided 69% of transportation support. The remaining 31% of clients were reimbursed directly for transportation costs.

SUMMARY OF TRANSPORTATION RESPONSIBILITIES OF HEALTH AND HUMAN RESOURCE AGENCIES

DEPARTMENT FOR RIGHTS FOR VIRGINIANS WITH DISABILITIES

Agency Overview and Transportation Responsibilities:

The Department for Rights of Virginians with Disabilities (DRVD) operates several programs aimed at advancing and ensuring the rights of persons with disabilities. The DRVD mission includes the protection of equal rights to employment, education, housing, transportation, access to public places and legal services. For purposes of DRVD programs, a person with a disability is

"any persons who has a physical or mental impairment which substantially limits one or more of his major life activities or has a record of such an impairment."

Among the objectives of the DRVD are to:

- protect the rights of persons with disabilities,
- link persons with disabilities to available resources and services,
- positively influence the attitudes of the public toward the abilities of persons with disabilities,
- provide staff support to the Board for Rights of Virginians with Disabilities and to the Protection and Advocacy Advisory Board for the Mentally Ill

Funding Source for Transportation:

The Department for Rights of Virginians with Disabilities does not receive any funds for the transportation of clients or persons with disabilities.

Methods of Providing Transportation to Clients:

The DRVD does not provide or fund transportation services. Rather, the DRVD advocates for the transportation needs of persons with disabilities and monitors compliance with regulations such as those pertaining to accessibility of public transportation and handicapped parking plates and permits. This advocacy takes several forms, including:

- educating persons with disabilities,
- advocating and monitoring accessible transportation,
- advocating on behalf of a person with a disability in dispute resolution, and
- litigation in the event of an abridgement of legal rights.

Substate Organization and Responsibilities:

The DRVD has four regional offices in addition to the central office in Richmond.

SUMMARY OF TRANSPORTATION RESPONSIBILITIES OF HEALTH AND HUMAN RESOURCE AGENCIES

DEPARTMENT OF SOCIAL SERVICES

Agency Overview and Transportation Responsibilities:

The Department of Social Services (DSS) is responsible for the provision of federal and state funded services that address the needs of low income individuals and families. The DSS is responsible for:

- preventing or remedying neglect, abuse or exploitation of children or adults;
- preserving, rehabilitating, or reuniting families;
- helping people begin or continue to support themselves to function better; and
- assisting people who need institutional care and providing services to people who are in institutions.

Funding to provide the above services are obtained from federal block grants, including the Social Services Block Grant (Title XX) and the Community Services Block Grant. The goals of the Social Services Block Grant are to prevent, reduce or eliminate dependency; achieve or maintain self-sufficiency; prevent neglect, abuse or exploitation of children and adults; and prevent or reduce inappropriate institutional care or secure admission or referral to such care when other alternatives are not available. Under the Social Services Block Grant, states determine what services will be provided. Typical services include day care services for children or adults, homemaker and companion services, counseling services, foster care, protective services, and preparation and delivery of meals. Social Services Block Grant funds cannot be used to fund services provided by other programs. Transportation is an allowable expenditure both as a primary service and as a support service to other primary activities. Transportation is also provided for clients to attend appeal hearings. Most transportation services are support or secondary services to primary social services and, therefore, it is extremely difficult to trace transportation expenditures. There are no specific reporting procedures for transportation.

The Community Services Block Grant (CSBG) provides funds for services to low-income individuals and families. One of the services provided by the CSBG is transportation to improve accessibility to necessary goods and services. During FY 90, over 105,000 one-way trips to critical social services and employment sites were provided at a cost of \$252,024 in CSBG funds.

Additionally, the DSS, in cooperation with the Department of Medical Assistance Services, is operating five pilot projects to test the possible transfer of the Medicaid transportation pre-authorization program to the DSS.

Funding Source for Transportation:

Federal: U.S. Department of Health and Human Services, Social Services Block Grant (Title XX, Social Security Act) and Community Services Block Grant

Methods of Providing Transportation to Clients:

- reimbursement for clients
- use of agency cars or reimbursement for staff travel to transport clients as part of casework activities

Substate Organization and Responsibilities:

The DSS system includes five regional offices and 124 local social services agencies.

SUMMARY OF TRANSPORTATION RESPONSIBILITIES OF HEALTH AND HUMAN RESOURCE AGENCIES

DEPARTMENT FOR THE VISUALLY HANDICAPPED

Agency Overview and Transportation Responsibilities:

The Department for the Visually Handicapped (DVH) provides employment, education and social services to promote social, economic and personal adjustment for legally blind and visually impaired persons in Virginia. Among the services provided through the DVH are:

- intake and assessment services,
- counseling,
- advocacy,
- training, and
- outreach.

Rehabilitative teaching is provided to help clients attain adaptive daily living skills. Vocational rehabilitation services include medical examinations and vocational skill tests followed by appropriate training and education for qualified individuals. The Virginia Rehabilitation Center for the Blind provides prevocational training for clients who require additional skills to attain social, personal and career independence. Transportation is provided only during the training period.

Funding Source for Transportation:

Federal: Section 110, Rehabilitation Act of 1973, as amended

State: State General Funds

Methods of Providing Transportation to Clients:

- by purchase of transportation services for individual clients
- frequently provided by volunteers

Substate Organization and Responsibilities:

The DVH has 6 regional offices, a rehabilitation center, a library and an instructional materials and resource center. Virginia Industries for the Blind are located in Charlottesville and Richmond.

IV. Role of the Virginia Department of Transportation

The Virginia Department of Transportation (VDOT) has few mandated responsibilities in the specific field of human services transportation. VDOT's principle role is to administer the federal grant program authorized in Section 16(b)2 of the Urban Mass Transportation Act of 1964 and funded through the Urban Mass Transportation Administration. This program (described below) provides assistance for the purchase of vehicles and special equipment for certain human services transportation operators.

Through administration of this and other federal grant programs, VDOT has provided technical advice and training to operators of human services transportation. VDOT staff work with operators to assist with establishing record-keeping systems and preventive maintenance programs for their vehicles. VDOT has also encouraged human services transportation providers to share resources and coordinate their systems.

VDOT has participated with other state agencies in examining ways to improve human services transportation in Virginia. For example, VDOT chaired an interagency coordinating council, from 1987 to 1989, to foster coordination among local human services agencies and encourage improvements in service effectiveness (see Section V).

A. Human Services Transportation: UMTA Section 16 (b) (2) Capital Assistance Program

Funding for transportation services for persons who are elderly or disabled is authorized in Section 16 (b)(2) of the Urban Mass Transportation Act of 1964 (UMTA). The UMTA 16(b)(2) program provides funding for vehicle and equipment purchases by private, non-profit organizations that serve the elderly and persons with disabilities in all types of geographical settings -- urban, suburban, and rural.

Federal regulations for UMTA require states to determine specific program criteria and to select projects for funding from all populated areas. Because of the great demand for these funds in Virginia, funds are currently limited to the replacement of unsafe vehicles or to expand the existing pool of vehicles available in underserved areas. Grants may be used to purchase stationwagons, vans, small buses, lift-equipped small buses and vans, wheelchair lifts for retrofit on existing vehicles, and two-way radio equipment.

While grant recipients may coordinate or contract for services with other private, non-profit agencies or with private, for-profit transportation providers, they are restricted at this time from leasing vehicles purchased under this grant program to public agencies. In some areas, this provision has been a significant barrier to expanding the scope of coordinated activities, particularly in localities with a greater demand for transportation resources. When the U.S. Congress reviews the UMTA for reauthorization in 1991, it is expected to consider an amendment that will allow a private, non-profit applicant to lease vehicles to a public agency.

States receive UMTA 16 (b)(2) funding according to an administrative formula that is based on each state's population of elderly and disabled persons, as determined by the most recent U.S. Census. The grants, provided directly to the organizations by VDOT, cover 80% of the cost of equipment purchased. In FY 1989, the UMTA

16(b)(2) program resulted in the purchase of \$816,000 worth of equipment for local transportation services in Virginia. This figure includes \$679,759 in federal funds and the twenty percent local match provided by the funded organizations. Area agencies on aging and community action agencies are among the recipients.

Virginia can expect to receive approximately \$681,000 in federal Section 16(b)(2) funds in FY 1991. Local matching funds will enable the purchase of approximately \$851,000 worth of vehicles and equipment.

B. Public Transportation: Federal and State Assistance Programs

While VDOT's role in human services transportation is limited, the agency has extensive responsibilities in the field of public transportation. VDOT's goal regarding public transportation is to support and promote reliable and convenient public transportation to improve mobility throughout Virginia.

Public transportation services, which are provided for a variety of purposes such as shopping, recreation, and work, are open without restriction to anyone who wishes to use them. Typically, local governments operate public systems. Because public transportation usually serves as a means of increasing the capacity of the highway network as well as a means of facilitating the mobility of persons who do not drive automobiles, VDOT recognizes that public transit systems are extremely important to people who are elderly or disabled.

VDOT currently manages state and federal financial assistance programs that enable localities and local providers to improve public transportation services for all citizens, including those who are elderly, disabled or determined to be otherwise disadvantaged in accessing transportation. These programs and their principal features are listed below by major category.

Federal Assistance Programs

Federal assistance programs for public transportation are named according to the Section of the Urban Mass Transportation Act in which they appear. The federal programs that serve as the principal sources of financial support for Virginia's public transportation systems are:

- the UMTA Section 18 Program and its companion, the Rural Technical Assistance Program; and
- the UMTA Section 9 Program and its companion for transit planning, the UMTA Section 8 program.
- **The UMTA Section 18 Program**
 - ▶ Financial assistance for non-urbanized areas (populations of less than 50,000)
 - ▶ Funds capital expenses (80% federal share) and operating deficits (50% federal share)

Private, non-profit agencies may apply for public transportation grants only through the Section 18 program. Human services agencies which operate both

successfully coordinated transportation programs and public transportation services may receive financial assistance. While Section 18 funds are directed toward the public transit component of these local programs, the blending of human services transportation and public transit funds enhances the total transportation service. Due to the reduction in federal funding for transportation, VDOT has not been able to add any new public transportation programs (operated by agencies or local governments) for at least five years.

- **Rural Technical Assistance Program**

- ▶ Financial assistance for training and technical assistance in non-urbanized areas
- ▶ Used to provide training and conduct technical studies for operators of public transportation and human services transportation
- ▶ Principle funding source for public transportation planning in rural areas

- **The UMTA Section 9 Program**

- ▶ Financial assistance for urbanized areas (populations of 50,000 or greater)
- ▶ Funds capital expenses (80% federal share) and operating deficits (50% federal share)
- ▶ Grants distributed directly from the Urban Mass Transportation Administration to local operators
- ▶ Only public transportation providers are eligible

- **The UMTA Section 8 Program**

- ▶ Financial assistance for planning public transportation systems in urbanized areas
- ▶ Most funding distributed to urban metropolitan planning organizations
- ▶ Funds also provided to VDOT each year to address statewide transit issues such as insurance, drug testing, and human services transportation

In the last five years, total federal funding to Virginia via these federal grant programs has decreased by 29%. Section 9 funding alone has declined 30% since 1985. This decrease has significantly constrained the growth and improvements to public transportation in Virginia.

State Assistance Programs

State aid for public transportation programs is authorized in Section 58.1-2425, E.3. of the Code of Virginia. This section describes the distribution of funds, their use, and eligible applicants. Specific provisions include:

- Only public entities that provide public transportation services are eligible;
- Funding supports operating expenses (73.5% of the total amount), capital expenses (25%), technical studies, ridesharing programs, and demonstration programs (1.5% for all);
- Funds for operating expenses are distributed according to a formula that determines each transit system's operating expenses as a percentage of the statewide total (a local match is required);
- The Commonwealth Transportation Board awards, at its discretion, funds for capital grants as well as for the ridesharing programs, technical studies and demonstration projects;
- The state matching ratio for capital grants, which is based on the demand compared to the amount available, varies annually; and
- Although the maximum state participation ratio for capital assistance is 95%, the high demand for funding has kept the ratio at 50% (recent projections indicate the ratio may dip to 24% by FY 94).

During the 1988-1990 biennium, 30 public transportation systems throughout Virginia received more than \$143 million in state grants to assist with transit systems, ridesharing programs and to provide technical assistance (1988-1990 Biennial Report of the Virginia Department of Transportation). During the same period of time, VDOT identified a total of over \$500 million in public transportation needs.

Currently, the Commonwealth Transportation Board has the authority to award incentive capital grants for improvements in public transportation that serves individuals with disabilities. Grants are available to public transportation operators at the maximum (95%) participation ratio. Financial incentive grants for capital improvements to serve people with disabilities aided localities in purchasing 63 vans and wheelchair lifts for 51 buses during the 1988-1990 biennium.

V. Additional Transportation Activities

A. Federal Activities

In recent years, several efforts have been developed at the federal level to promote coordination between the U.S. Department of Transportation and various health and human service programs. A summary of two efforts which potentially could improve the coordination of specialized and human services transportation follows:

● U. S. Department of Health and Human Services and the Department of Transportation

In 1986, the Department of Health and Human Services (DHHS) and the Department of Transportation (DOT) signed an agreement to pursue improved coordination of specialized and human services transportation. As a result, a joint transportation coordinating council and an interagency working group were formed. In 1988, the federal Council began to gather information on the types of complaints, analyze regulations and policies, and investigate successfully coordinated programs.

Representatives of the Department for the Rights of the Disabled and the Department of Transportation participated on Virginia's behalf in the activities of the Region III DHHS/DOT Human Service Transportation Coordination Working Group from 1987 through 1989. Subjects discussed included barriers to coordination and descriptions of state and local coordination activities, both successful and problematic efforts. Comments on the issues were solicited from member agencies of the Virginia Interagency Coordinating Council for the Transportation Disadvantaged and shared with the regional working group.

This process led to the development of a guidebook, entitled "Best Practices in Specialized and Human Services Transportation." The guidebook emphasizes the need to eliminate barriers to promote opportunities for coordination and, in highlighting successfully coordinated systems, includes a description of the JAUNT system in Virginia (see Section VIII). According to the federal Council, states can do much to facilitate better coordination of transportation systems. Specifically, state officials can:

- ▶ Establish effective state-level coordination among the various agencies involved to improve understanding of the implications of policy decisions and to develop more coherent state policies;
- ▶ Improve knowledge of transportation issues through research, development, demonstration, and dissemination of current information;
- ▶ Provide specific support services, such as technical assistance or brokerage service, to local organizations engaged in coordination efforts;
- ▶ Encourage coordination through financial incentives;
- ▶ Mandate or establish a single transportation provider or funding recipient in each area; and
- ▶ Change regulatory, administrative, or legislative provisions to lift real or perceived constraints to coordination.

The federal guidebook on best practices notes: "research confirms that the role of states is so important that barriers to coordination can virtually crumble if there is a commitment at the state level."

- **The Administration on Aging and the Urban Mass Transportation Administration**

Subsequent to the DHHS/DOT agreement, officials at the Administration on Aging (AoA) and the Urban Mass Transportation Administration (UMTAd) signed an interagency memorandum of understanding on December 16, 1988, to improve transportation for senior citizens.

According to the terms of the interagency agreement, both administrations will focus on developing methods "to improve the coordination of transportation services with special emphasis on the low income, minority, disabled, rural, and other 'hard to reach' older persons. The agreement outlines six objectives:

- ▶ To improve the coordination of services funded through the Urban Mass Transit Act of 1965 and the Older Americans Act;
- ▶ To coordinate funding sources at the state and local level;
- ▶ To identify and explore ways to remove federal barriers to coordinated transportation services;
- ▶ To develop activities to share information among agencies involved in transportation services for elderly and disabled persons, particularly information regarding private sector services;
- ▶ To promote the development of volunteer rural transportation systems; and
- ▶ To develop research, demonstration, training, technical assistance, and dissemination activities to promote effective services for older persons.

Since the agreement, AoA and UMTAd have held workshops in Texas and Ohio to review the best case studies contained in the DHHS/DOT guidebook and to prepare "Action Plans" that will describe in detail the responsibilities and steps to be taken by the aging and transportation networks to improve state coordination. Additional collaborative activities are still being developed.

B. Virginia Activities

Human service transportation issues and needs have been addressed in several recent state level program initiatives, conferences and reports.

- **Virginia Medicaid Transportation Pilot Projects**

The Department of Social Services, in cooperation with the Department of Medical Assistance Services, began operating five pilot projects in July 1989 to determine the feasibility of managing regional pre-authorization programs for Medicaid-sponsored transportation. Under the current statewide program, pre-authorization occurs in local health departments.

The pilot projects are testing the process for pre-authorization of transportation for Medicaid recipients and for billing Medicaid vendors. The Department of Social Services will monitor the costs, effectiveness, and efficiency of the pilots, as well as conduct a final evaluation.

Regional transportation coordinators for the pilot programs review requests for transportation for Medicaid recipients to determine if Medicaid-sponsored transportation is necessary. If the request is approved, the pilot staff arrange for the transportation, process the billing information, and forward invoices to the Department of Medical Assistance Services for payment.

Preliminary findings indicate success in the regional approach. Overall, the lack of providers has proven a significant problem in the administration of the pilot projects. In all but one pilot area, taxis provided the majority of trips to Medicaid clients. The Medicaid "Registered Driver" Program, whereby members of the community contract with the Department of Medical Assistance Services to provide personal transportation, appears to be greatly underutilized.

A final report on the Medicaid transportation pilot projects will be available in the Spring of 1991.

- **Governor's Conference for Rural Development**

Convened in September 1990, the Governor's Conference for Rural Development involved 600 participants from both the private and public sectors. Participants in a special workshop on human services in rural areas addressed issues of access to programs and services and recommended the following series of steps to meet existing transportation needs:

- ▶ Provide better coordination of existing transportation services;
- ▶ Improve management, funding, and use existing resources to provide regional transportation services;
- ▶ Expand existing transportation programs with more vans and drivers;
- ▶ Expand outreach services to the indigent; and
- ▶ Increase the use of school buses.

- **"Independence, The Journey Continues"**

A synopsis of the 1990 Report of the Board for Rights of Virginians with Disabilities, this report highlights recommendations to enhance the independence, productivity, and integration of persons with developmental disabilities within their communities. Regarding transportation services, the board called for:

- ▶ Incentive funding for localities to promote the purchase of lift-equipped buses and to encourage continuation and expansion of other transit services for persons with disabilities;
- ▶ Formal transportation agreements among local providers of transportation, especially in rural areas, to better coordinate services;
- ▶ Funding to develop and implement an ongoing awareness and training program for public transportation providers and their riders with disabilities; and
- ▶ A voucher program to enable individuals with developmental disabilities to obtain transportation services needed for employment, to receive services, perform daily activities, or participate in community activities.

- **Interagency Coordinating Council for the Transportation Disadvantaged**

In 1986, the Virginia General Assembly passed Senate Bill 29, which required the Department for Rights of the Disabled to develop a plan for coordinated transportation services, identify the availability of transportation, propose

modifications to transportation services to increase their efficiency, and assign a fixed point of responsibility. The plan developed by the agency proposed the creation of a council to initiate coordination and called for representation from VDOT and state health and human services agencies. In 1987, heads of the relevant health and human resources agencies and the Department of Transportation signed a memorandum of understanding to establish the Interagency Coordinating Council for the Transportation Disadvantaged for a two-year period. Membership included:

- ▶ Department of Transportation;
- ▶ Department for the Aging;
- ▶ Department of Health;
- ▶ Department of Medical Assistance Services;
- ▶ Department of Mental Health, Mental Retardation and Substance Abuse Services;
- ▶ Department of Rehabilitative Services;
- ▶ Department for Rights of the Disabled (now Department for Rights of Virginians with Disabilities);
- ▶ Department of Social Services; and
- ▶ Department for the Visually Handicapped.

The Virginia Department of Transportation served as chair of the Council. The participating agencies shared the cost of one staff person who worked in the Division of Rail and Public Transportation at the Virginia Department of Transportation.

Proposed activities, according to the initial memorandum of understanding and subsequent action plans, were:

- ▶ To review applications for UMTA 16(b)(2) funds;
- ▶ To develop a plan for the use of earmarked Texaco oil overcharge settlement funds;
- ▶ To collect data on local transportation activities and promote consistent data collection as appropriate and acceptable;
- ▶ To provide technical assistance to local transportation operators to enable planning for coordinated systems; and
- ▶ To propose policy changes and waivers to rules and regulations as needed.

In 1988, the Council initiated a pilot project to develop a standardized accounting system for coordinated transportation services. The ongoing project is a joint initiative of a local area agency on aging and a neighboring community services board, with technical assistance provided by the Department of Transportation.

The Council continued to meet until the memorandum of understanding expired in 1989.

● **Texaco Oil Overcharge Settlement Funds**

Limited funding for coordinated transportation services has been available since the mid-1980s through federal court settlements. In Virginia, a plan was

developed to direct a portion of funds accrued during the 1988-90 biennium to public and private human services agencies for transportation for their clients, particularly those who are elderly, disabled, or living on low incomes.

Funds have been available, through grants, for the purchase of new vehicles and radio equipment. The goal of the grant program has been to reduce energy consumption by increasing the operating efficiency of human service transportation providers. Grant requirements have favored better coordinated services and systems.

In 1990, approximately \$868,000 was available for human services transportation needs. As of December 1990, 27 applicants, including hospitals, local mental health agencies and facilities, community action agencies, and area agencies on aging, had been approved for funding.

- **“Confronting Virginia's Transportation Challenge”**

Phase II of the Report of the Commission on Transportation in the Twenty-First Century was released in December 1987. The commission reviewed the provision of transportation in the context of rural “public transportation” and “human services transportation.”

The commission called for further study of the transportation needs of Virginia's human services agencies, with special emphasis on rural and intra-city transportation requirements. The proposed study would examine the sources of funding for both human services transportation and public transportation, particularly the ways funding may be pooled effectively to improve mobility in rural areas. The commission's report led to the introduction and adoption of SJR 26 (1988) and SJR 2 (1990), the enabling legislation for this study of human services transportation.

- **“Study of Human Resources Transportation Services in Virginia and Recommendations for an Integrated Transportation Network”**

The Secretary of Human Resources prepared this report for the Senate Finance Committee and the House Appropriations Committee in November 1982. The report recommended a transitional, experimental approach through the establishment of a fixed point of responsibility for coordination, with adequate authority and funding, to enable the creation and management of an integrated network for transportation services. Authority should reside with the Secretary of Transportation, a lead agency, or an interagency management group.

VI. Transportation Requirements of the Americans With Disabilities Act

In July 1990, the Americans with Disabilities Act (ADA) was enacted to prohibit discrimination against any person who:

- ▶ Has a physical or mental impairment that substantially limits one or more major life activities;
- ▶ Has a record of such an impairment; or
- ▶ Is regarded as having such an impairment.

Addressing employment, public services, public accommodations, and telecommunications, the ADA requires that public programs, facilities and services as well as private businesses make "reasonable accommodations" to assure access and participation. In Virginia, this landmark federal legislation will affect approximately 750,000 persons with disabilities. Nationwide, the law will have an impact on one in seven Americans.

● Provisions

The law identifies specific provisions for public bus systems, public rail systems, and privately owned bus and van companies and prescribes timetables for phased-in implementation. Requirements for the purchase of new, used, and remanufactured vehicles are delineated.

Timetable for Accessibility Provisions of the Americans With Disabilities Act

Type of Vehicle or System	Date
New public and private transit buses	August 26, 1990
New public and private rail cars	August 26, 1990
New vehicles for public demand-responsive systems	August 26, 1990
New vehicles for private demand-responsive systems	Not necessary if level of service can be proven equivalent to that provided to persons without disabilities
Intercity and key rapid transit stations	July 26, 1993*
Light rail systems	July 26, 1993*
Commuter rail systems	July 26, 1993**
Long distance bus systems	
● Large companies	July 26, 1996
● Small companies	July 26, 1997

* Extension available up to 20 years

** Extension available up to 30 years

According to the provisions of the ADA, any public agency that operates a fixed-route public transportation system (other than one that offers commuter bus service only) must provide paratransit or other special transportation services to persons with disabilities by January 1992. Special transportation applies to persons who are unable to use fixed-route systems. Paratransit is transportation for persons unable to board, ride or exit from regular buses. Paratransit services must be comparable both in quality and, to the extent practicable, in response time. Paratransit services must also be available to at least one person accompanying the passenger with a disability.

Additional features of the ADA provisions for transportation include:

- ▶ Entities such as hotels that offer general transportation must provide equivalent transportation service to persons with disabilities;
- ▶ Existing transportation facilities that undergo any type of alteration must be made readily accessible and usable for persons with disabilities at that time;
- ▶ At least one car on every train with two or more cars in light and rapid rail systems must be accessible to persons with disabilities by July 1995;
- ▶ At least one car on every train with two or more cars in light and rapid rail systems must be accessible to persons with disabilities by July 1995; and
- ▶ At least one car on every Amtrak train and one per commuter train must be accessible to persons with disabilities by July 1995.

● Impact of the ADA in Virginia

In Virginia, requirements for public and private bus systems will have the greatest impact, particularly in more rural areas with limited transportation resources. Although regulations are not expected until July 1991, every locality with public or private transportation systems must look ahead to the accommodations and alterations that will have to be made to comply with the ADA requirements.

State agencies and local transportation providers anticipate regulatory changes with significant ramifications. Costs are expected to rise as providers purchase new equipment that must meet accessibility standards. According to one provider, wheelchair accessible vehicles cost two to three times more than standard 15-passenger vans. Modification of vehicles to increase access may result in fewer seats per vehicle, thus requiring either a larger pool of vehicles or more trips to transport the same number of clients. Both alternatives could lead to higher costs in fuel, maintenance, equipment, labor, and insurance.

An additional concern is the prospect that the ADA regulations will eliminate the standard 24-hour advance notice for client service. While the law currently states that response time would have to be comparable to other public transit to the

extent practicable, some providers of paratransit services have expressed concern that they will be required to provide their current demand-responsive (e.g., door to door) service on the same day it is requested. As the providers point out, paratransit services must be carefully coordinated to transport the greatest number of passengers in the most efficient manner possible. With a limited number of vehicles and drivers, notice at least 24 hours in advance is critical to plan each day's routes to meet the local demand for services.

In areas with limited public transit systems, the provisions of the ADA may prompt transportation authorities to seriously consider the feasibility of complying with the ADA. Providers will have to evaluate their service schedules, geographical range, equipment replacement expenditures, fares, and the demographics of the area to determine the demand for specialized transportation. If the costs associated with meeting the ADA provisions seem too high in comparison to local client demand and clients' ability to pay for services, local providers may feel compelled to terminate their transit services rather than risk non-compliance with federal law. Such a decision could have dramatic implications for the entire community.

VII. Challenges to Providing Efficient, Effective Transportation

Research for this report identified significant barriers and challenges to providing efficient, effective transportation for human services clients. The challenges range from structural problems to inadequate funding. Most of the issues identified fall into one of the following groups:

- Challenges to improving access to and expanding the availability of transportation;
- Challenges to effective coordination of local services;
- Challenges to effective management of transportation services; and
- Differing perceptions of responsibility for transportation activities.

Most of these issues were raised by agency heads during interviews for this report. While the approach to meeting these transportation challenges may differ locally, many local agencies face similar challenges with slightly different circumstances. The following summary outlines the basic elements of the most common obstacles human service agencies face when trying to meet the transportation needs of their clients.

A. Making Transportation Available and Accessible

The availability of transportation, both public and private, and accessibility to existing transportation are often cited as the most basic challenges local agencies face. Hearings conducted by human services agencies and by the Commission on the Coordination of the Delivery of Services to Facilitate the Self-Sufficiency and Support Persons with Physical and Sensory Disabilities (the Beyer Commission) have highlighted citizens' concerns about the lack of transportation.

In interviews for this report, agency heads echoed this concern. Providing transportation for human services clients is in itself a major undertaking. If local transportation services provided by private and public transit agencies are lacking, then the task left to human services agencies can be overwhelming. Three specific issues are especially poignant:

- **Funding:** As described in the overview of agency responsibilities, most human services agencies provide transportation only as an ancillary service. Funds have not been available to fully address the transportation needs of clients already receiving services. Expansion of transportation services is not a funding priority for these agencies, which must use available financial resources to meet demand for their primary services.
- **Provider Shortages:** A number of service agencies have reported difficulty in accessing transportation providers, especially agencies that rely upon volunteers or registered drivers. In addition, Medicaid faces a shortage of transportation providers, particularly taxicabs. Some areas of the state have only one provider. This is due in large part to the low reimbursement rate and various regulations which limit provider flexibility.

- **Lack of Public Transportation:** Many areas of the state lack adequate public transportation. The shortage of paratransit services that provide demand-responsive services for persons who are elderly or disabled is especially acute. As noted in the interim report of the Beyer Commission, in rural areas and in a number of suburban areas, transportation for individuals with disabilities is unavailable except for that provided by local service agencies for specific purposes such as medical appointments. Even in urban areas where more transportation options exist, paratransit is often available only during certain hours and with 24 hour notice. Costs for this paratransit service have escalated significantly, often beyond the reach of persons who are on fixed incomes. (A map of localities with public transportation is provided in Appendix II.)

B. Coordinating Local Transportation Services

The current "system" of providing transportation to human services clients is extremely fragmented, with the exception of a handful of local efforts. Stringent federal requirements and special client needs are among the factors that tend to preclude or at least inhibit significant progress in coordinating transportation on a broader basis.

Removing the barriers to coordination is one of the most substantial challenges human services agencies face in efforts to improve transportation services. The specific issues include:

- **Differences in Agency Operations:** Differing operating procedures can impede coordination. For example, many local agencies do not hire dedicated drivers but use staff who have other responsibilities. These agencies could coordinate the use of their vehicles, but could not provide drivers.
- **Differing Service Boundaries:** Local service boundaries vary from agency to agency. Coordination is complicated because agencies must first agree on how to serve localities not covered by all participating agencies. Coordination across service boundaries is further complicated by local funding requirements: for example, local governments could resist using local Community Services Board (CSB) money to subsidize transportation outside that CSB's jurisdiction.
- **Differing Eligibility Criteria:** The eligibility criteria for human service agencies differ greatly. Federal money available to support the provision of transportation services is often restricted for use only on behalf of clients eligible for a certain agency's services. For example, a van bought with Title III federal Office of Aging funds cannot be used to transport mental health or rehabilitation services clients unless they also meet Aging's eligibility criteria.
- **Differing Population Requirements:** In some instances, clients' transportation needs can be met only through a designated agency. Some clients have special physical or supervisory needs that require more extensive consideration, on a case-by-case basis, before coordinated transportation arrangements can be made.

C. Managing Transportation Services

In addition to providing and coordinating services, human services agencies face several management challenges in efforts to provide efficient, effective transportation for their clients. For the most part, these issues arise from the nature of the agencies' missions: most provide transportation only as an ancillary service. Their efforts are focused mainly on providing the services fundamentally required to meet their mission objectives. Several types of challenges result:

- **Lack of Expertise:** Some human services agencies simply do not have access to the kind of expertise needed to develop and improve transportation service for their clients. These agencies may not be aware of valuable resources available at the state and federal levels. These resources include grant funding and technical assistance. In addition, local agencies may not have experience in scheduling fixed routes or managing larger fleets of vehicles.
- **Budgeting Information:** Most of the agencies that offer transportation as an ancillary service do not budget transportation as a separate line item. Without budget data to track performance, it is difficult to assess whether or not transportation services are managed efficiently.

D. Determining Agencies' Responsibilities

Largely because of the complexity of the issues involved in providing transportation to clients of human services agencies (e.g. multiple funding sources, complex funding requirements, varying service routes, specific client needs, etc.), agencies have differing perceptions of their roles in providing transportation. Further coordination in defining the responsibilities of agencies regarding funding, technical assistance, and operations is necessary. In developing policies to promote efficient and effective transportation, the following should be clarified:

- The roles of state and local governments in providing transportation;
- The roles of state human services agencies in developing transportation programs; and
- The role the Virginia Department of Transportation plays in promoting and developing transportation for people with disabilities, including those who are clients of human services agencies.

VIII. Models of Coordinated Human Services Transportation Systems

A. Models of Coordinated Interagency Human Services Transportation

In several localities across Virginia, community services agencies have implemented successful coordinated transportation systems. Paratransit services have developed through a collective interest in coordinated service delivery and local initiative to augment the existing conventional transportation services and resources in the community. While community paratransit systems increase the number of transportation options in some regions, they provide the only consistent means of mobility and access to necessary services and daily activities in others. As expected, these services vary according to the area's demographics, resources, and expertise.

Below and on the following pages are selected examples of coordinated transportation systems currently operating in Virginia. These model systems demonstrate that local and regional coordination of transportation services can work. Direct operations, policy development, budgeting, planning, customer service, and scheduling are among potentially coordinated and consolidated components. Benefits may be measured in terms of efficiency, managerial expertise, cost-effectiveness, and higher quality services.

Jefferson Area United Transportation, Inc. (JAUNT)

Genesis	Created in 1975 as a private, non-profit system to serve human services agencies, JAUNT reincorporated in 1982 as a public service corporation with local governments as the stockholders.
Composition	Four counties (Albemarle, Nelson, Fluvanna, and Louisa) and the City of Charlottesville currently own JAUNT. Other localities may participate in the system by written agreement.
Fleet	JAUNT owns 42 vehicles (buses, vans, and sub-compact cars) that are used to transport individuals and agency groups. JAUNT allows agencies to drive the corporation's vehicles, provided the driver is trained and certified by JAUNT staff.
Service	JAUNT provides public transportation throughout the five localities mentioned above. Transportation to elderly and disabled riders unable to use the Charlottesville fixed-route transit system is also a primary service. In the rural counties, JAUNT provides the type of transportation determined by the localities, i.e., both demand responsive for the elderly and disabled population and regular route service for commuters. JAUNT also operates the Planning District's regional ridesharing program, which frequently interfaces with JAUNT's other services. JAUNT clients must request service at least one day in advance, unless they are determined to be regular riders. A recently installed computer dispatching system keeps an individual file on each regular passenger, prints schedule cards, and notifies staff when overbooking occurs.
Funding	UMTA Section 9 (urban public transportation); UMTA Section 18 (rural public); matching state funds appropriated by the Virginia General Assembly; and matching local funds from each participating locality. Public riders pay fares. Agencies pay monthly bills for actual transportation provided.
Special Features	JAUNT surveys passengers and agencies annually to collect data regarding current use and to project public ridership. Regular interaction and planning with local officials and staff ensure that JAUNT keeps up to date on service needs.

Fairfax County Transportation Services

Genesis	The Fairfax County Board of Supervisors began FASTRAN on January 1, 1986, in response to the documented lack of transportation, research on existing programs and service methods, and a proposed model for consolidated, improved services. The Board of Supervisors created a transit office to consolidate planning, administration, policy development, and specialized transportation operations.
Composition	Fairfax County currently contracts with a private company to operate FASTRAN under a three-part, multi-year agreement. Each part of the contract may be extended up to five years, which allows components of the FASTRAN system to be re-bid on a staggered year basis. FASTRAN is developing in four phases (now in Phase III) toward a goal of operating as a fully coordinated multi-part paratransit system throughout three geographic areas.
Fleet	117 light transit coaches
Service	<p>Transportation is provided for clients of selected Fairfax County agencies on a limited basis, weekdays from 8:00 a.m. to 4:30 p.m. Agencies include the community services board, the area agency on aging, the health department, the community action agency, the office for children, public libraries, the department of housing, and the department of recreation.</p> <p>Disabled riders with low incomes may use FASTRAN for travel to medical appointments, shopping areas, and social services appointments via the Dial-a-Ride program. Except for developmentally disabled clients, FASTRAN does not transport people with disabilities to and from work. Chartered service, taxis, and attendant services are also provided via the FASTRAN system. FASTRAN provides service throughout Fairfax County and to selected locations in Arlington and Alexandria. Zones have been established to determine riders' fares. Rides within the same zone are free of charge.</p>
Funding	Direct funding comes from Fairfax County. Most of the program transportation funds originate in county agencies other than the Office of Human Services, where the transportation division is located. The local community services board and the area agency on aging provide significant funding. Human services agencies pay the direct costs of operation based on an hourly rate. Riders' contributions and fares provide additional support.
Special Features	<p>Passengers must register with the Human Services Information and Referral Service (I&R) before transportation is provided.</p> <p>Specially trained staff with transit management and planning skills operate a transit office within Fairfax County's Office of Human Services. The Fairfax County transit office, in coordination with a transportation advisory council (consisting of staff from human services agencies) develops policy for the transit system. The transit office provides funding and positions to the I&R for central client intake, provision of auxiliary taxi services, and coordination with volunteer groups that provide transportation.</p> <p>Fairfax County cites three keys to the FASTRAN system: consolidation of resources and activities; development of a central scheduling and management information system designed to promote compliance with County directives and policies; and contracts with public agencies and private businesses for maintenance, dispatch, operator supervision, training, and other services.</p>

Mountain Empire Older Citizens (MEOC)

Genesis	Created in 1974 as the area agency on aging for Southwest Virginia, MEOC received Section 18 funding in 1986 to become a public transit provider. In 1987, MEOC became the lead transportation agency in the region through operating agreements with the Department of Medical Assistance Services (DMAS) and private, non-profit agencies under contract with the local community services board (CSB). In 1990, MEOC became an agent of the local governments in order to receive state aid to public transit.
Composition	MEOC operates in Lee, Wise, and Scott Counties, and the City of Norton. It also coordinates with private agencies and with DMAS through state-level agreements.
Fleet	27 vehicles are used (21 owner, 6 leased), primarily 15-passenger vans; five new vehicles are on order.
Service	MEOC operates both fixed-route and demand-responsive services. Transportation is available from 7:00 am to 3 pm, and occasionally as late as 5 pm. Ridership is 35% general public ridership and DMAS client trips to providers; 35% contracted through private, non-profit agencies; and 30% MEOC clients. Medicaid clients comprise less than 5% of total ridership.
Funding	UMTA Section 16(b)(2); Older Americans Act, Section 18, state and local aid, and Medicaid trips. Public riders pay fares. No charge for trips to CSB agency activities.
Special Features	MEOC is adding radio dispatching in 1991, and maintains a 96% on-time record. They cite consistent improvement in efficient and effective service over the years, which the staff attributes to overcoming turf battles.

Unified Human Service Transportation System, Inc. (UHSTS)

Genesis	UHSTS, operating under the trade name "RADAR," was established in 1975 as a non-profit community service corporation.
Composition	Initially, twenty-four agencies in the Fifth Planning District (the Roanoke Valley) cooperated to operate RADAR. UHSTS now contracts with over 50 area agencies, governments, and organizations.
Fleet	34 vehicles (buses, vans, and cars)
Service	UHSTS pools existing funds, resources, equipment and personnel from participating agencies to maintain the system. Transportation services include scheduled routes, special trips and demand-responsive. Similar to JAUNT, UHSTS has a contract with the Roanoke public transit system to provide demand-responsive service to elderly and disabled residents. UHSTS contracts with participating agencies to provide service at an hourly rate.
Funding	UMTA Section 16(b)(2) and local funding
Special Features	UHSTS cites five major benefits of coordination: elimination of duplicated services; better use of underutilized resources; increased cost effectiveness; increased reliability of service; and fewer headaches for agency staff.

Rappahannock-Rapidan Community Services Center (CSC)

Genesis	Since 1977 , the Rappahannock-Rapidan Community Services Center has served as both the community services board and the area agency on aging . The Center began operating CSC Transit to offer coordinated and integrated transportation services to their clients.
Composition	CSC Transit is available in the counties of Culpeper, Fauquier, Madison, Orange and Rappahannock in Planning District 9 and for trips to Charlottesville.
Fleet	23 vans
Service	CSC Transit provides transportation to clients of the Center as well as to the general public. Approximately 20 percent of the riders are not involved in Center programs. CSC Transit coordinates with other transit systems, the Department of Rehabilitative Services, the Department of Social Services, a senior volunteer program, the University of Virginia medical facilities, and Culpeper Memorial Hospital. CSC Transit provides fixed-route service between and within counties. Demand-responsive service is available with 24-hours advance notice.
Funding	UMTA Section 18 and local agency funding. Public riders pay fares.
Special Features	CSC Transit's unique status as both the area agency on aging and the local community services board greatly enhances its ability to coordinate transportation. The Center frequently integrates its ridership.

Rappahannock Area Community Services Board

Genesis	The Rappahannock Area Community Services Board (RACSB) began coordinating transportation services in 1984 to become eligible for UMTA funds.
Composition	RACSB's transit system serves Planning District 16, which includes the Counties of Stafford, Spotsylvania, Caroline, King George, and the City of Fredericksburg.
Fleet	12 vehicles (vans, buses, minibuses)
Service	RACSB contracts with Rappahannock Adult Activities, Inc. and the Rappahannock Area Agency on Aging to provide transportation to the elderly and persons with physical and mental disabilities. While the RACSB manages the financial and personnel aspects of the system, Rappahannock Adult Activities, Inc. maintains the insurance policy and coordinates the service. RACSB is the only provider of wheelchair accessible transportation in the planning district. RACSB case managers also arrange transit service to day support programs, jobs or other services. RACSB's transit system provides both door-to-door and fixed-route service. Fares are based on the type of service is provided.
Funding	UMTA Section 16(b)(2); state DMHMRSAS funds; local revenues; rider fares; and private donations.
Special Features	Since 1988, RACSB has participated in a joint pilot project with the Rappahannock Area Agency on Aging and UMTA to develop a standardized accounting system. The Virginia Department of Transportation has provided technical assistance. RACSB also shares riders, maintenance, vehicles, and management expertise with the Rappahannock Area Agency on Aging. A recent study by the local development commission revealed that lack of transportation is the greatest barrier to obtaining adequate jobs and services in Planning District 16. RACSB cites better management, ease of coordination, cost effectiveness, and reduced duplication of services due to the development of single, coordinated transit system.

IX. Findings

Every day throughout the Commonwealth, human services programs and public transit agencies provide transportation services to thousands of Virginians who are elderly, physically or mentally disabled, or economically disadvantaged. The availability of publicly provided transportation often determines whether citizens can access needed health and human services that are available in their communities. Access to transportation gives citizens the mobility to accomplish daily activities and strengthens their ties to their communities. Conversely, the lack of transportation dramatically affects their lives by limiting employment opportunities, access to needed services, and personal independence.

Virginia does not have a comprehensive, coordinated system of public transportation. Many Virginia communities currently do not have public transportation beyond those provided by individual service agencies to transport clients to and from their programs. This is especially true in rural communities in Southside Virginia, the Shenandoah Valley, the Eastern Shore, and the Middle Peninsula-Northern Neck areas. This insufficiency of public transportation is not limited to rural areas, but also occurs in larger, urban communities. Even in communities with public transportation, demand frequently exceeds the capacity of these systems, causing frustration for citizens who must rely on special transportation services.

Several Virginia localities have taken the initiative and are providing special transportation services in creative and cost-effective ways. Local commitment to assess and collect the resources, harness expertise, and develop the most appropriate approach to providing transportation services has resulted in model interagency and interjurisdictional programs that are described in the report. These model programs illustrate common features that should be considered by other localities interested in developing coordinated transportation systems, including:

- Local initiative to coordinate based on client demand, recognition that services are being duplicated, and/or lack of transportation options;
- The willingness to share existing vehicles, equipment, and personnel;
- The ability to pool financial resources for operational expenses and grant applications;
- Flexibility in transporting passengers with varying disabilities and special needs;
- The capability to assess the level of demand for transportation and to make changes in the system as needed; and
- Public support and/or the involvement of local governments.

During the past five years, federal transportation resources available to establish and support the operation of public transportation programs in Virginia have declined by 29%. The current fiscal situation dictates the need for state and regional policies that encourage the development of coordinated transportation systems in which localities can come together to seek federal and state financial resources described in this report. Such efforts require a commitment by state and local agencies to remove administrative and financial barriers that inhibit the establishment of coordinated public transportation services. Cooperation and collaboration among human services agencies and the Virginia Department of Transportation will be essential to maintain the best use of current funding and pursue any new sources of funding that may develop.

X. Recommendations

A. Short-term Recommendations:

Given the economic climate of the Commonwealth, it is difficult to consider major changes to the structure or capacity of human services transportation programs, at least in the short term. There are, however, certain efficiencies which can be realized by targeted changes such as the following.

1. The Virginia Department of Transportation, human service agencies, and local governments should work together to maximize scarce federal and state resources in order to facilitate the development of better coordinated and responsive transportation services.
2. An inter-secretarial and interagency memorandum of understanding between the Secretaries of Transportation and Health and Human Resources, and their respective agencies, should be developed to address the specific roles and opportunities to cooperate in meeting the transportation needs of Virginia's citizens, particularly those who are elderly, disabled and indigent.
3. The Department of Social Services should continue to explore the establishment of a statewide transportation pre-authorization program for Medicaid clients. Consistent effort should be focused on recruiting and maintaining a pool of local agencies, private companies and individuals to provide necessary transportation.
4. Human service agencies that regularly transport staff and clients to and from regional offices or facilities along similar routes should develop plans to coordinate these trips to avoid duplicating efforts.
5. The Department of Medical Assistance Services should initiate and coordinate activities to expand the use of the Registered Drivers Program, which allows individuals to contract with the agency to provide regular transportation for a specified client.
6. Human service agencies should explore greater use of Medicaid "excess capacity." Due to the irregularity of the demand for Medicaid transportation, providers often have "excess capacity" in their vehicles which could be a resource for clients of other agencies. For example, a 12-passenger van which is used to capacity several hours a day may carry only four to six passengers for the remainder of the day. The "excess capacity" can be used for non-Medicaid clients.
7. The Virginia Department of Transportation should continue to maintain staff who are trained in coordinated transportation services and attuned to the transportation needs of elderly, disabled, and economically disadvantaged citizens, for the purpose of providing technical assistance to local transportation planners.

8. The Department for Rights of Virginians with Disabilities, in coordination with the Board for Rights of Virginians with Disabilities and the Department of Transportation, should develop an awareness and training program to familiarize all transportation providers in the Commonwealth with the technical requirements of the Americans with Disabilities Act and to assist them in meeting those requirements.
9. Human services agencies that provide transportation to their clients, in consultation from the Department of Transportation, should review their driver training requirements to ensure that they promote the highest possible safety standards.
10. Human services agencies should develop, in consultation from the Department of Transportation, a regular program of preventive maintenance for their vehicles to avoid costly repairs and interruptions in service.

B. Long-term Recommendations:

The findings of this study indicate that success in addressing transportation needs of human services clients will require coordination first, to the greatest extent possible, at the local level followed by broader regional coordination as resources permit. In all cases, central agency support is crucial. Human services transportation needs and resources vary dramatically by community. Improved transportation services at the local level (which may mean region in some areas of the Commonwealth) will most likely require the participation of all local offices of human services agencies as well as local government officials and other local planners. A localized approach to planning and coordination would accommodate varying service needs, diverse organizational structures of local agencies and the range of existing transportation services.

Consequently, human services agencies should develop a local/regional (as described above) approach to planning and coordinating the delivery of human services transportation. Each area should identify a "lead agency" for community planning and coordination of human services transportation. This "lead agency" shall be responsible for developing, in conjunction with the other human services agencies, a transportation services plan that is tailored to the differing needs and resources of the area and participating groups. Under this model, local agencies in a would:

- Define the nature and extent of their transportation needs;
- Choose the degree of coordination in the operation of transportation services that works best for the region;
- Explore opportunities to maximize the use of existing transportation resources, including paratransit systems; and
- Seek additional sources of capital and operating funds.

A system of financial and programmatic incentives should be established to encourage agencies to address transportation needs locally and regionally. Examples of incentives that could be made available on a local or regional basis include:

- Continued technical assistance provided by VDOT to local agencies, especially with respect to the availability and application of federal and state resources;
- Systems of information-sharing among the agencies providing transportation services;
- Pooling of transportation activities, including fuel purchases, maintenance contracts and vehicle purchases;
- Directories of transportation providers, including volunteer or registered drivers which could be accessed by local agencies;
- Pooling of insurance;
- Administration of a state established revolving loan fund for agency capital requirements;
- Coordinated dispatching of demand-responsive transportation programs.

In order to improve current transportation services and develop additional community transportation systems, it may be necessary to collaborate to pursue regulatory changes in federal and state laws, state and local agency policies, and local ordinances that will reduce existing limitations on coordination. Additional efforts should be focused on overcoming attitudinal barriers and misperceptions about roles.

Appendix I
SJR 26 (1988) and SJR 2 (1990)

SENATE JOINT RESOLUTION NO. 26

Requesting the Department of Transportation to study the transportation needs of Virginia's rural population.

Agreed to by the Senate, February 10, 1988

Agreed to by the House of Delegates, March 9, 1988

WHEREAS, more of Virginia's population now lives in urban and suburban places than in rural places; and

WHEREAS, with the shift of the center of gravity of Virginia's population from the farm to the factory has come a parallel migration of Virginia's economic center of gravity from small towns to cities; and

WHEREAS, the focus of attention of Virginia's government, too, has become more and more fixed on the Commonwealth's urban and suburban areas; and

WHEREAS, as a consequence of this three-fold translocation of Virginia's residential, economic, and political heartland, those who still live in rural Virginia now find it increasingly difficult to find employment, obtain government services, and maintain contacts with family and friends now living far away; and

WHEREAS, few rural Virginia communities were ever served by bus lines or railways, and of those that ever enjoyed regular bus or rail passenger service, very few indeed still enjoy either one, as small, independent bus companies have, one by one, either become carriers of freight only or ceased operation completely; and

WHEREAS, actions of the state and federal governments have not replaced vanishing private bus company and passenger rail service in rural areas with government-operated or government-subsidized commuter rail service or bus service, and thus for residents of many rural communities there is no alternative to the private automobile; and

WHEREAS, even though rural Virginia may not lie many road miles from urban Virginia, and even though the roads between the two may be equal to or better than those to be found in any other state in the nation, yet the distances remain enormous for those who may not own their own automobiles or who, because of age or infirmity, are reluctant to drive more than very short distances; and

WHEREAS, it is highly desirable that an effort be made to remedy this lamentable situation by finding a way to permit rural Virginians to travel between their homes and sometimes distant urban centers where they often must go for medical care, clothing, entertainment, and the amenities of modern life; and

WHEREAS, it may be possible to develop a partnership between government and the private sector of the economy by which Virginia's urban centers can be linked more closely to their neighboring rural areas to the mutual benefit of transport entrepreneurs, urban businesses, and rural residents;

WHEREAS, in 1987 the General Assembly requested the Governor's Commission on Transportation in the Twenty-First Century to study the mass transit needs of Virginia's rural population; and

WHEREAS, the Commission was able to make only a general and preliminary examination of rural mass transit needs before its mandate expired; and

WHEREAS, the Commission's final report did however, recommend, "that a study to complement and update previous reports on the transportation needs of Virginia's human service agencies should be conducted, with special emphasis on rural and intra-city transportation requirements. This study should include an action plan and examination of the sources of funding for both human service transportation and public transportation, with a close look at how and when the sources can be pooled effectively to improve mobility in rural areas of Virginia. Such a study would be in accord with the preliminary plan for coordination of transportation services prepared by the Department for the Rights of the Disabled."; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the Department of Transportation is requested to study the transportation needs of Virginia's rural population as set forth in Senate Joint Resolution No. 122 of 1987 and the recommendations of the Governor's Commission on Transportation in the Twenty-First Century. Upon completion of this study, the Department shall report its findings to the Governor and General Assembly as provided in procedures of the Division of Legislative Automated Systems for processing legislative documents.

1990 SESSION

LD4254124

SENATE JOINT RESOLUTION NO. 2
AMENDMENT IN THE NATURE OF A SUBSTITUTE
(Proposed by the Senate Committee on Rules
on February 6, 1990)

(Patron Prior to Substitute—Senator Marye)

Continuing the Virginia Department of Transportation's study of human service transportation needs.

WHEREAS, Senate Joint Resolution No. 26, approved by the 1988 Session of the General Assembly, requested the Virginia Department of Transportation to conduct a study to complement and update previous reports on the transportation needs of Virginia's human service agencies, with special emphasis on rural and intracity transportation requirements; and

WHEREAS, the part of the study which identified the needs of rural interregional public transportation was completed and its findings submitted to the 1989 Session of the General Assembly; and

WHEREAS, new developments have required additional study of the transportation needs of Virginia's human services agencies; now, therefore, be it

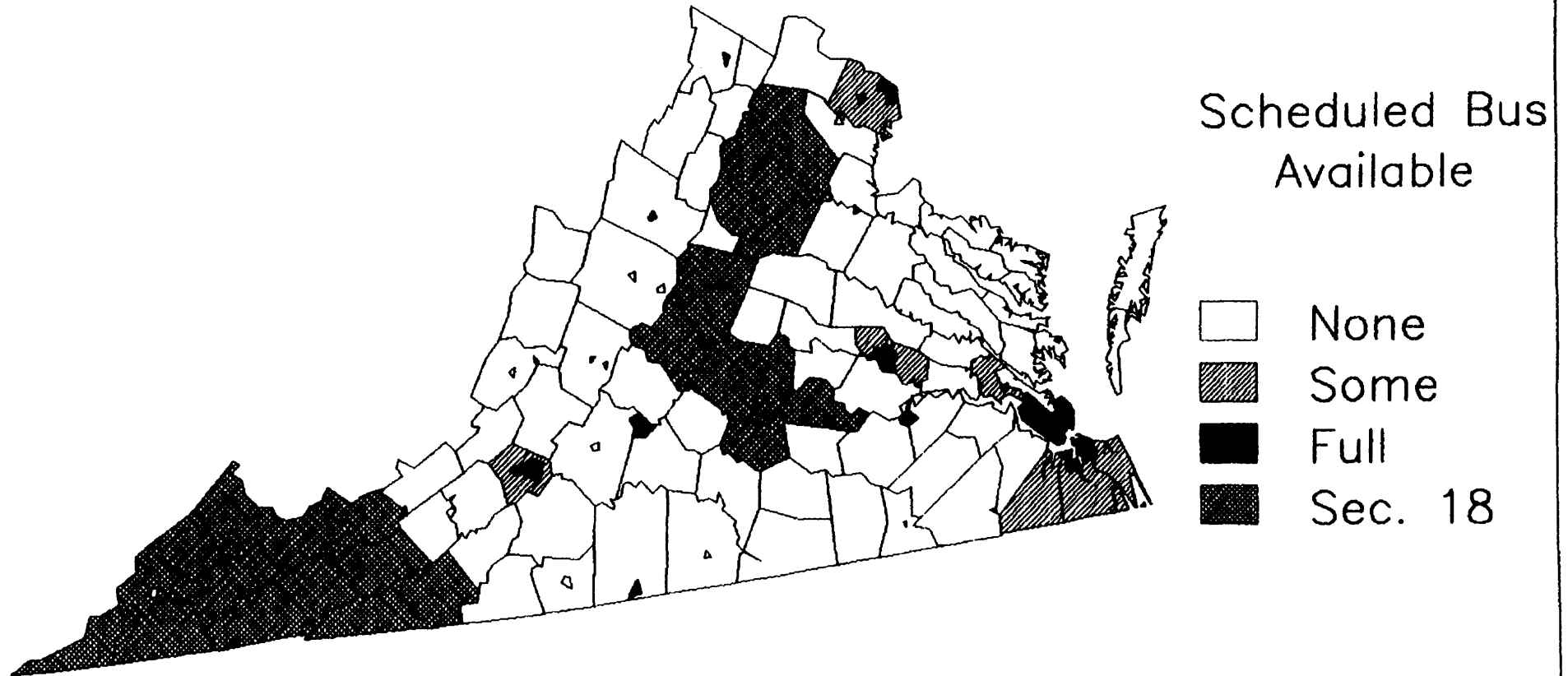
RESOLVED by the Senate, the House of Delegates concurring, That the human service transportation element of the Virginia Department of Transportation's study of the transportation needs of Virginia's population is hereby continued and responsibility for this study shall be assumed by the Plan of Cooperation Special Subcommittee on Transportation under the auspices and supervision of the Secretary of Health and Human Resources.

Upon completion of this study, the Secretary shall report his findings to the Governor and the 1991 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for processing legislative documents.

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Official Use By Clerks	
Agreed to By The Senate	Agreed to By The House of Delegates
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Date: _____	Date: _____
Clerk of the Senate	Clerk of the House of Delegates

VA Localities With Public Transportation
Scheduled at least daily; commuter service excluded



Source: VDA