



Pennsylvania Public Transportation Association Response to the Human Service Transportation Coordination Study Summary Report

Adopted November 12, 2009

It is the position of the Pennsylvania Public Transportation Association that coordination among departments at the state level must be put into practice before new human service transportation delivery structures and processes can be successfully implemented. With coordination among DPW, Aging and PennDOT, many critical issues would be rectified and a foundation to further identify economies and efficiencies would be in place.

Coordination of human service transportation is already effectively operating in the Commonwealth. However, the study equates coordination with consolidation and regionalization. The terms are not interchangeable and therefore present a confusing framework for the goals and findings of the study which lacks transparency in its criteria, simulations and modeling.

If coordinated state-wide policies were to exist:

- **A meaningful evaluation of human service transportation performance could be conducted;**
- **Efficiencies could be realized at both the state and local levels;**
- **Consistent base service levels would temper disparities among counties; and**
- **Consumers' basic needs and expectations would be met.**

The Pennsylvania Public Transportation Association Recommends the Following Prioritized Steps To Improve Human Service Transportation:

PPTA RECOMMENDATION 1

Require DPW, Aging, and PennDOT to participate in a process to move toward coordinating human service transportation at the state level, with the goal to establish consistent policies, procedures and reporting between departments.

The Commonwealth has had a coordinated approach to human service transportation (HST) delivery since the shared ride program for older adults began in the early 1970s. What has been increasingly lacking over time at the state level between DPW, Aging and PennDOT is the communication and coordination necessary to achieve efficient and effective state-wide program management. More than any other recommendation, the notion of getting the state departments involved in human service transportation to work cohesively should take priority. Only after these efforts progress, can a regional analysis be undertaken.

PPTA RECOMMENDATION 2

Identify areas for implementation of a pilot program to test the coordination efforts of DPW, Aging, and PennDOT and the viability of the study assumptions with transportation providers.

A cooperative approach with the departments and transportation providers to identify areas/regions of the Commonwealth to evaluate the study findings and implement state level program management coordination efforts would provide a reasonable and reliable examination of the study's trip simulations. Additionally, DPW, Aging and PennDOT will gain a better understanding of operations at the local level. However, a pilot program prior to coordination at the state level, as noted in recommendation 1, seems premature and unproductive. Additionally, a pilot should not be constrained by a pre-determined model, but should be free to reflect the needs and resources of the region.

PPTA RECOMMENDATION 3

Work jointly with PPTA to develop consistent performance standards for the delivery of human service transportation.

The public transportation industry was instrumental in the development of performance standards required by Act 44. With that experience and knowledge as a foundation, the members of PPTA are capable of forging a cooperative effort with the departments of welfare, aging and transportation to identify appropriate criteria and achieve increased economies and efficiencies.

PPTA RECOMMENDATION 4

Release a full report of the human service transportation study with detailed information about the basis for findings and recommendations.

Without a transparent presentation of the data, simulations and models used, the study presents flawed findings based on unfounded assumptions. Without full disclosure and a test of assumptions in real time, the study results are questionable.

PPTA RECOMMENDATION 5

Offer training and/or technical assistance to counties that need assistance in planning and management.

In any endeavor, there are those who perform at varying levels of expertise. To raise the bar in human service transportation delivery, more training and technical assistance as well as increased use of improved technology and resources is necessary.

PPTA RECOMMENDATION 6

Convene listening sessions across the state with local county administrators and transportation providers, as well as consumers, to provide additional information on coordination and to gather feedback on the study findings, recommendations and next steps. Attendance by DPW, Aging, and PennDOT staff at all sessions should be mandatory.

Background

In July 2009, the Pennsylvania departments of transportation (PennDOT), public welfare (DPW), aging and office of the budget issued a report outlining Human Service Transportation (HST) in the Commonwealth. This study, mandated by Act 44 of 2007, was guided by the following objectives:

1. Improve customer service
2. Improve service delivery
3. Quantify human service transportation needs
4. Maximize service efficiency and control the rate of cost growth
5. Develop objective and measurable service criteria

Human service transportation is administered and funded by the state through three separate departments (DPW, Aging, and PennDOT), with services delivered locally by more than 60 entities. Utilizing a shared-ride service structure available in all of Pennsylvania's 67 counties, the state's human service transportation program began with a transportation program for seniors. Over time the service has grown and expanded, becoming more complex, but it remains focused on providing transportation to people with limited mobility options.

Locally managed and operated, each provider determines how its shared-ride transportation service operates. Today, many providers coordinate the senior citizen shared-ride program, persons with disabilities program, behavioral health/ developmental disabilities transportation services (formerly MH/MR), human service development fund services, JARC and MATP services, urban and rural fixed route services including ADA complementary paratransit and numerous contracts with local non-profit organizations. This coordinated shared-ride system currently in place integrates transportation services which are outside the scope of the human service transportation programs funded by the Commonwealth to create economies of scale. It creates seamless delivery, targeted to meet each community's needs, the goals and objectives of their FTA required Human Services Coordinated Plan and the cross cutting goals of the United We Ride Program.

The level of transportation coordination currently in place today throughout the state is extensive. With such a high level of ride sharing, providers navigate through the diverse operational, eligibility, reporting and invoicing requirements so that the customer's exposure to the maze of restrictions is limited. One customer may be eligible for four or five diverse transportation programs, but for the most part, customers make a call and are provided a ride. Pennsylvania's coordinated transportation delivery system serves as a national model.

Commonwealth's Fragmented Program Management

One of the biggest challenges in human service transportation delivery is fragmented program management at the state level. The study's findings that the Commonwealth's fragmented approach to the administration and provision of human service transportation results in inconsistent data, as well as policy and program conflicts that can be fully documented and demonstrated. PPTA believes this is the root cause of many of the problems that exist with human service transportation in Pennsylvania, thus contributing to rising costs. Each state agency (PennDOT, DPW and Aging) independently communicates with local transportation providers, develops policy, and manages individual programs despite overlapping elements. Therefore, Pennsylvania's human service transportation is not viewed in its entirety and no one agency can assess human service transportation as a whole.

The lack of communication and coordination at the state level thwarts efforts to achieve efficiencies at the local level. Transportation providers struggle to implement varied and often conflicting rules that are inconsistently applied by PennDOT, DPW and Aging. These three departments do not work collaboratively and do not provide coordinated support. Each “silo” dictates its own reporting and its own guidance on delivering transportation to their specific program interests. Any idea of achieving economies of scale is challenged by the inequities and inconsistencies inherent to such fragmented, uncoordinated program management. If it is the Commonwealth’s goal to reduce the individual points of contact in the transportation programs it funds, then stating that as a goal will help to guide subsequent policy decisions.

Increasing Program Costs

The study is absent discussion of one crucial and obvious issue. It is the opinion of PPTA that, more than any other factor, the Medical Assistance Transportation Program itself has contributed to the increased costs of human service transportation. Driven by impractical consumer choice options and the lack of medical providers, the cost of the MATP has increased dramatically. As a result, the effective coordination of human service transportation has been hindered throughout the state. Without effective direction and oversight at the state level the true cost of transportation appears to be an afterthought in the process of assuring access to medical services.

In coordinated systems, like the majority of the systems outside of Philadelphia County, each “program” shares its cost of operation. The number of programs working together combined with the number of trips creates significant economies of scale. Removing MATP trips from the coordinated system would decrease overall efficiency and would shift additional expenses to the remaining coordinated programs, as well as to fixed route services. This shift would create a situation where the Commonwealth is funding a duplication of effort which has the potential to significantly erode the positive benefits of coordinated service delivery currently in place across the Commonwealth.

Furthermore, costs are affected by the inability to utilize more cost efficient mass transit service due to facilities changing their location of services. In many areas, health care providers are moving into new buildings outside the urbanized areas and off the routes served by mass transit. Trips then shift to community transportation providers at a much higher expense. The study recommends that a regional coordinator take financial risk but does not specify how this capitated service operates, nor does it discuss its impact on service delivery.

Complex and Unique Human Service Transportation

The report recognizes the complexity of providing human service transportation and identifies many of the challenges faced by providers. Therefore, a single approach to human service transportation would not be best for all. However, PPTA has many questions about the basis for conclusions since there are no additional details provided to support the findings and recommendations. While we recognize that a summary report cannot identify all the particulars of the study, we strongly believe that a full report, including the criteria and data used, should be presented in order to get a better understanding of the basis for the findings and recommendations. A review of current “best practices” in areas that are working well across county lines should have been examined, with details included in the study. We believe that existing disparities among programs could be addressed by consistent policies and procedures among the Commonwealth’s departments of DPW, Aging and PennDOT.

Shared-Ride Fares

While shared-ride fares for individuals and programs may be deemed “high”, there are many contributing factors. Person centered, shared-ride service is extremely labor intensive, both in administration and delivery. Its characteristics of point to point, origin to destination transportation, with high standards for service quality and responsiveness to individual needs, place strategies for achieving improvements in efficiency and productivity in conflict with the highly individualized nature of this mode of transportation. With spiraling costs of labor and fuel and inefficiencies at the state level in program coordination, the basic cost of operating a shared-ride system is “high”.

One will find varying fares within the Commonwealth, based on trip length and the prevalence of medical providers and necessary services. Shared-ride fares in the urbanized areas of Philadelphia and Allegheny Counties are mitigated due to more readily accessible resources and facilities, resulting in shorter trip lengths, greater productivity and reduced costs compared to other counties across the Commonwealth. PPTA will attest that generating sufficient revenue to cover expenses through a fare based reimbursement system is an ongoing challenge both in Pennsylvania and the nation as a whole.

Management Skills

While the finding that human service transportation is a complex business that requires a certain level of skill for effective administration is understandable, PPTA questions the basis for this finding. Clearly, the deficiencies are more in program design due to fragmented program management at the state level. Conflicting policies limit the ability to increase service efficiencies. We question the study’s suggestion that a high degree of business skills are not employed.

Coordination should allow for the effective mix of funding with less administrative burden and a mandate for responsible policy decision making. If deficiencies are found to exist in operational implementation, PPTA will encourage and support training or technical assistance in an attempt to aid the counties in need. Additionally, the Commonwealth should provide more specific and targeted direction on the inclusion of public transportation in the activities of each regional planning organization. When decisions are being made, transportation needs a seat at the table to assure a more comprehensive transportation system is in place throughout the state.

Consumer Needs

While consumers have basic needs and expectations that are sometimes not being met, many of the items identified as consumer needs could be rectified with consistent policies and regulations at the state level. The shared-ride and MATP “myths” cited in the study are misleading and confusing, creating a misrepresentation of the realities of human service transportation delivery. Placing a call to a trusted, local organization that knows the caller’s name and needs is an amenity of community transportation which is cited by customers as valuable and desirable. Service enhancements should be an ongoing goal of all providers and local factors should not be overlooked if they contribute to effectiveness and efficiency. Local community networks focused on meeting the needs of our citizens and improving our overall quality of life are, and should continue to be, the foundation of human service transportation delivery in the Commonwealth.

Regional Consolidation

It appears the finding which states that regional consolidation offers “the greatest opportunity for improved efficiencies and costs savings” is based on trip simulations, financial analysis and

subsequent projections based on that information. The details of the simulations and financial analysis must be fully disclosed to provide clarity. The summary report does not include information on how much time was committed to scheduling trips. It is questionable that three days of data provides enough information to be a basis for recommending such a far reaching approach as regional consolidation. It appears the study was solely conducted to investigate the regionalization concept and omitted simulation and financial analysis of other options. This places the entire study in question by not fully outlining and discussing the benefits and disadvantages of all options.

The study indicates that rules that were more stringent were used to schedule MATP clients in the simulation, but details about these rules are not discussed. The study also indicates there will be savings as a result of shifting passengers to other modes. We question how the simulation projected the shift of individuals to mileage reimbursement. Although the customer service improvements cited may appear impressive, the improvements may be less significant when performed in real-time. It is universally acknowledged in the transportation industry that delivered services are always less productive than what was scheduled.

The study fails to include complementary ADA or other human service transportation components, such as behavioral health/developmental disabilities transportation. Due to DPW policy changes, several residential agencies have begun to provide their own transportation service, which doesn't support a coordinated human service transportation program. This is a recent example which indicates the lack of coordination between DPW, Aging and PennDOT, within DPW itself. A true study of human service transportation coordination needs to study human service transportation services in their entirety to provide a complete evaluation and practical recommendations.

These findings oversimplify the current county based approach. It is highly unlikely a centralized call center can achieve the current standards and customer support yielded by the localized expertise in working with locations, passengers, reservation times and route selection. While we recognize there may be cost savings and administrative efficiencies that can be achieved through a regional manager, we believe these administrative savings only to be "one-time" savings. Technology advancements have yet to produce viable push-of-the-button routing to meet current shared-ride service standards. Expenses for a regional manager will continue to increase just like any other business. What generates the real cost of human service transportation is the overall regulatory and policy barriers to coordination.

Conclusion

A thorough evaluation of coordination among DPW, Aging and PennDOT is the first step to achieve a more efficient and effective human service transportation program. It would provide the building blocks for improved customer service and service delivery with consistent objectives and measurable service criteria.