

# SECOND CONFERENCE ON COMMUNITY-BASED TRANSPORTATION

## Designing a System for Minnesota

October 1, 2003 • St. Paul, Minnesota

### A Summary Report

The University of Minnesota has been engaged in a major study of community-based transportation systems for the past year. The research has focused on understanding how to improve the productivity of these systems through better coordination of efforts across providers and human service agencies. While some improvement is possible through agencies working on their own, the research supports the widely held belief that there are major systemic barriers to coordination across agencies, including regulatory and insurance requirements and restrictions on how funding is used.

Ultimately, systems-change cannot happen unless the institutions and people who influence the system can be identified and involved in an ongoing dialogue. The purpose of this conference was to begin this dialogue as a first step toward an expanded and continuing discussion that could eventually lead to a better system. The agenda included a review of the University's research and several sessions on important topics identified by the research, with an aim toward identifying opportunities and developing strategies for implementing system improvements both in the short and long terms.

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- Center for Transportation Studies, University of Minnesota
- State and Local Policy Program, Hubert H. Humphrey Institute of Public Affairs, University of Minnesota
- Hennepin County Transit and Community Works

## INTRODUCTION AND WELCOME

**SPEAKERS:** **Robert Johns**, *Director, Center for Transportation Studies (CTS), University of Minnesota*, and **Gary Erickson**, *Assistant County Administrator, Hennepin County Public Works*

In his opening remarks, Robert Johns touched on the history behind this conference, noting that in the time since the first community-based transportation (CBT) conference was held in 2001, a clear definition of CBT has emerged. Community-based transportation, he explained, is transportation provided by means other than mainline buses or private vehicles, for people who cannot drive or do not have access to vehicles.

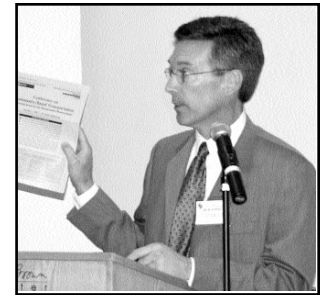
“Our hope with the first conference was to raise awareness of this important issue,” Johns said. The catalyst for that initial meeting stemmed from a United Way agency survey in which transportation was cited as the organization’s “number one challenge,” he said. That awareness led to several efforts, including a partnership between Hennepin County and the University of Minnesota to conduct a multifaceted CBT-related research project.

Gary Erickson explained that Hennepin County has a particu-

lar stake in CBT because it funds many social service programs, for which total transportation-related costs exceed \$10 million. But, he said, CBT issues are by no means limited to Hennepin County; they are regionwide.

“One of the goals [of this conference] is to begin breaking down our own biased thinking that no one else needs,” Erickson said. “The time has now come together to solve these problems, especially in the current budget crisis we are all in. We have a lot to gain. This conference is designed to gather stakeholders in hopes of improving transportation that the transportation needs of a need.”

**SPEAKER: Dianne McSwain** (via teleconference)  
*Assistant to the Director, Office of Innovation, U.S. Department of Health and Human Services*



Robert Johns



Gary Erickson

## KEYNOTE PRESENTATION—Coordination of Community Transportation Resources: A Tool

Health and human services providers often encounter significant challenges in getting their clients into service sites, yet these challenges don’t always make it into the policymaking arena. “All of these services are useless if people can’t get to them,” Dianne McSwain said. To that end, she explained that since 1986, a coordinating council between the Department of Health and Human Services and the Department of Transportation has been working to address these issues. Although, she added, the reality of limited resources and turf matters that often arise in such an environment still result in agencies that are reluctant to engage in cooperative efforts.

Fortunately, attempts to coordinate transportation services have recently attracted the interest of Congress, McSwain said. “Last May, there was a joint committee hearing on transportation coordination at which several departments were asked to testify. That hearing has spurred additional activity, and I’m pleased to say we’ll be expanding the coordinating council to include the Departments of Education and Labor, and later, other departments as they indicate interest.”

She went on to say that there are approximately 70 federal sources of funding that can be used to support CBT efforts. These sources are spread throughout many federal departments and independent agencies, which, admittedly, makes reporting and regulation requirements a challenge, McSwain



said. “We are trying to identify the worst barriers, but we have found no federal regulations that prohibit coordinative activities for CBT...coordination is doable and is more about the will to do it than it is about regulations.”

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McSwain believes the principal issue at hand is not just about getting people to services, but is also about giving transportation-disadvantaged citizens the opportunity to contribute to their communities. “If you can’t get there, you can’t work and you can’t volunteer. If you can’t get to activity, you become isolated, and there’s a strong link between isolation and health and well-being,” she said.

McSwain also discussed the challenges facing rural transportation service providers. “In Washington, we make policy based on our educa-

tion and experiences, and unfortunately most of that education and experience is urban and suburban, which creates a bias that makes it more difficult for rural communities. The folks who design transportation programs are very urban in their thinking; they are used to moving chunks of people around and aren't used to moving smaller rural groups of people."

Finally, she briefly discussed the National Transit Resource Center, which is a clearinghouse of information with "every-

thing you ever wanted to know, A to Z, about moving people from A to B." [For more information, visit the Community Transportation Association of America (CTAA) Web site at [www.CTAA.org](http://www.CTAA.org) or call 800-527-8279.]

**SPEAKERS:** **Lee Munnich**, *Director*, and **Gary Barnes**, *Research Associate, Hubert H. Humphrey Institute of Public Affairs, State and Local Policy Program, University of Minnesota*

## Opportunities and Barriers for Community-Based Transportation in Minnesota

There have been a number of studies on transportation and economic benefits showing that mobility is related to economic well-being," Lee Munnich reported. Interest in this idea led to a University research project funded by the Federal Transit Administration (FTA) through a grant to Hennepin Community Works.

Gary Barnes, who led the research effort, pointed out that there is not currently much CBT research being conducted. Over the course of working on the study, Barnes said he and his research team found that the subject was "an unusually hard thing to get our hands around." One of the main challenges, he explained, is that there are many different funding sources and regulators, which results in a confusing web of rules and makes it difficult for providers to work together. "We're all trying to do the same thing for different reasons and with different pots of money," he said.

Barnes and his team worked with a variety of funders throughout the project and found that these organizations believe a more efficient system could mean more and better service. The team also talked to service providers, many of which were from rural Minnesota. They learned that these providers are already coordinating their efforts with other community organizations to some extent. But Barnes wanted to find out why these coordination efforts didn't go further.

"Some providers believe the variety of rules and reporting requirements is too burdensome and makes it difficult to provide needed services or to work together with other providers," Barnes explained. "Sometimes, in rural areas, there's just no one else to coordinate with." These providers also indicated a need for better information, as there are few formal opportunities for interaction with other providers. This isolation often forces them to continually "reinvent the wheel."

Barnes and his team also surveyed CBT users, who were most concerned with how the "system" treats them and how they could maintain their independence and not feel dependent on others. "These people feel vulnerable enough as it is," Barnes said. "They want to be treated with courtesy, and they value having a number of different providers with whom they have a personal connection."

Barnes supplied some examples of challenges dealing with CBT challenges. These included a centralized system and use of local bus services for Medicaid trips; No-fee services and rural transit coordination; and a system of screening users, not providers.

These examples illustrated the difficulty of dealing with coordination to efficiently and effectively manage a system. One of the reasons that the word "coordination" is so difficult to use is that the word "coordination" has many different meanings. Using a single word to describe so many different types of activity makes it hard to design and implement systems. Barnes then identified several specific barriers in order to develop a plan for

- What problem are you trying to solve?
- What scope do you want the project to have?
- Once you identify a problem, what are the options to solve it?

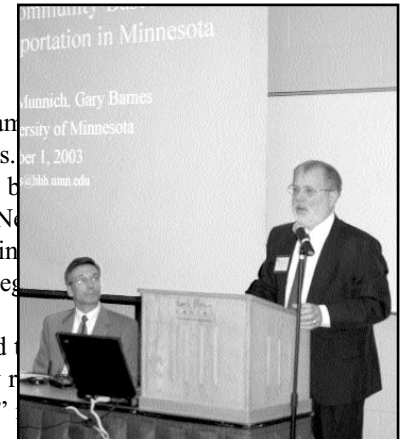
• What administrative barriers exist?

The research team received barriers to the existing system, including:

• Inadequate resources and fragmented funding, and the lack of opportunity to develop communication, trust, and cooperation. All groups surveyed saw the need to better use resources to meet more service requirements as well as the need to have a collective voice in planning and lobbying efforts.

Despite the obstacles, there are tools and technologies—such as data management software, electronic on-board rider tracking systems, and scheduling software—available to help ease the challenges. But, Barnes stated, a lot more of what is needed to overcome barriers falls on institutions and under regulatory rules. "Maybe the legal and regulatory structure requires change. Even if [rules] don't specifically forbid coordination, there are too many regulations to wade through." These things get into the more speculative realm of the research, Barnes noted, and are the long-term issues ripe for further study.

**"Maybe the legal and regulatory structure requires change. Even if [rules] don't specifically forbid coordination, there are too many regulations to wade through."**



Lee Munnich



Gary Barnes

Nonetheless, Barnes and his team were able to create a set of short- and long-term recommendations. Short-term, he said, CBT stakeholders should focus on the improvements that can be created by a few people but that will benefit many. They also should develop a specific mission and a budget toward that end. Additionally, he suggested implementing improvements that involve better communications, using data management software to simplify record keeping and reporting to funders, and working to distribute free or low-cost bus passes to transportation-disadvantaged people and training them on how to use the system.

For long-term, systemic changes, Barnes urged stakeholders to start small and test any new concepts before broadening the scope. "We also need a better understanding of the technical and political issues in developing more formal systems for coordinating rides and resources and of the impact regulation and funding rules have on creating a better system," he said.

MODERATOR: **Gary Barnes**, *Research Associate, State and Local Policy Program, Hubert H. Humphrey Institute of Public Affairs*

SPEAKERS: **Fausto Iglesias**, *Customer Services Manager, Metropolitan Health Plan*, and **Barbara Green**, *Director of Transportation Services, American Red Cross*

The Hennepin County Integrated Transportation Project was started in a joint initiative between Metropolitan Health Plan (MHP) and Hennepin County to address fragmented transportation services. According to Fausto Iglesias, this initiative has three main objectives. The first is to improve and simplify client access to healthcare and to simplify the system for transportation and medical providers as well as for county employees. The second is to make the best use of funds by controlling administrative costs, promoting use of the least costly transporta-

## CONCURRENT SESSIONS

### Brokerage Systems: Examples and Opportunities

tion modes, and by controlling provider and client abuse and fraud. The third is to integrate all Hennepin County transportation systems.

One of the first steps taken toward achieving these goals was to establish a single phone number that clients and providers can call for service-related issues. Equally important was educating clients about the transportation options for which they are eligible and can receive reimbursement. As a pre-paid medical assistance health plan for Medicaid clients, MHP provides transportation services to qualified Hennepin County residents

using a brokerage-type system. MHP also provides customer service, record management, and economic assistance on behalf of Hennepin County. "Our customer service representatives are trained to know about all of the county services available so they can effectively answer our clients' questions," Iglesias said.

Currently, this initiative is in what Iglesias called the "demonstration phase." "We've started small and want to learn and grow in a controlled way," he said. Although the current focus is on non-emergency medical transportation, Iglesias said there are several other areas that eventually will be incorporated into the program. "MHP is



*Fausto Iglesias and Barbara Green*

don't want to change the way they are doing things," Iglesias reported. "We also have some clients who are a little reluctant about us because they've received not-so-great service in the past."

Barbara Green discussed the American Red Cross's use of a partnership-based trans-

**"The medical side is where the biggest need is, so that's what we started with. In the future, we want to capture all transportation services whether they are medical or social."**

portation model in the Twin Cities. The Ramsey County Coordinated Transportation

is part of the Red West Metro Coordinated (WMCT) program, of Volunteers of America work together to provide a transportation-related services and partnerships with tions.

the Ramsey County pro- technical assistance to ride develops new services and resources by identifying service gaps and then finding the funding to fill

them, Green talked mostly about how it coordinates transportation services using a ride purchasing program. Both paid and volunteer drivers provide rides to such things as medical appointments, adult day care facilities, English-language and independent living skills classes, and grocery shopping outings. The program depends on a variety of funding resources including donations from passengers, various foundations and corporations, hospitals and HMOs, and others. In addition to providing actual rides, the program also bills the hospitals and HMOs on behalf of the ride providers and distributes the money back to the subcontractors. "We're one of the few programs to do this," Green explained.

On the other hand, WMCT outsources all rides to subcontractors who are funded through Federal Housing and Urban Development (HUD) grants, the state medical assistance program, and various city programs. WMCT also provides technical assistance and offers other resources such as a transportation directory and bimonthly newsletter, which is available at [www.voamn.org](http://www.voamn.org).

Although its partnerships enable the Red Cross to deliver services at a lower cost than other transportation programs, it is not immune to budget cuts. “As [the Red Cross] gets cut in other areas, we have to use more and more United Way dollars,” Green said. “We’ve closed routes and cut back staff because we can’t afford to keep all of our routes and vehicles operating.”

**MODERATOR: Gina Baas, Manager of Communications and Conference Services, Center for Transportation Studies**

**SPEAKERS: Jennifer Menke Blanchard, Washington County Community Services, and Emily Schug, Hennepin South Services Collaborative**

**R**esults of a study that looked at the current state of specialized transit revealed that some providers are coordinating, but are frustrated by their inability to do more. Riders likewise would welcome changes, as long as those changes took their needs and concerns into account and didn’t make the systems harder to use.

Jennifer Menke Blanchard and Emily Schug conducted the study to determine what transit providers and users wanted, and to identify opportunities and strategies for making system improvements in the near and long term.

On the provider side, study participants—who served rural, suburban, and urban areas—described partnerships they had with other transit providers, the challenges and benefits related to coordinating services with other providers, and the effect funding had on their ability to coordinate.

The responses revealed that some providers currently are coordinating—to recruit volunteers, cross county lines, and informally share information, for example—often out of necessity or because of shared common interests or geographic

## Measuring the Outcomes and the Value of Community-Based Transportation

locations. Coordination is helping providers learn what is working for other agencies. In addition, rural agencies said that their experience in coordinating gave them a level of expertise that could benefit metro-area agencies, Schug said.

Providers’ opportunities for coordination, however, are influenced directly and indirectly by funding, Schug said. For example, some funds cannot be blended, even though agencies could avoid gaps in service by blending. Providers also reported that while money might be available for start-up, it’s often lacking when needed to sustain and operate a program. Providers were also frustrated by the time-consuming nature of meeting different funders’ reporting requirements.

The researchers identified several ideas for improving information sharing. In the short term, these include identifying a network of providers, organizing regional transit meetings, developing a Web site for transit providers, and creating a providers’ chat room and listserv. Long-range strategies for systemic change include improving communication between transportation funders, reviewing funding practices that could promote coordination, creating incentives for coordination, and offering

more flexible funding.

As the users of specialized transit services, “riders are the most important stakeholders,” Blanchard said. In focus groups, riders expressed the challenges of using these transit services as well as ideas for improving them.

Study participants were seniors, people with disabilities, people with limited incomes, and immigrants, all of whom used a variety of non-auto modes of transportation—city buses, wheelchair-accessible vans, senior vans, taxis, medical transportation, rides from friends and family, and walking.

People with disabilities cited affordability, safety, efficient routes, same-day scheduling, door-to-door service, and customer service (e.g., having a personal connection to schedulers and drivers) as important. “They value having choices in order to maintain a sense of independence,” Blanchard said.

For suburban residents, transportation options are very limited and sometimes nonexistent. “These participants felt they



*Jennifer Menke Blanchard and Emily Schug*

had no choices—and that limited their lives,” Blanchard said. For example, children’s activities usually depend on having transportation.

Seniors value polite, respectful, courteous, and helpful drivers. For seniors, “customer service is equated with safety,” Blanchard noted.

Among adults with limited incomes, the safety of public transportation systems is also a major concern. A lack of transportation options limits their mobility and access to services, especially in the win-

ter. In addition, traveling with children is challenging—for example, from home to daycare and then on to work.

Blanchard reported that for immigrants who do not speak English, it is often as difficult to get information about services (such as routes and schedules) as the services themselves. Also, using public transportation in the winter is challenging for immigrants not used to a cold climate.

Some common issues did surface among all the groups, and these should be considered when it comes to designing a better system, Blanchard said. Among these, the “overarching theme” was customer service. Many riders prefer using smaller systems for the personal, one-on-one experience and because they believe smaller systems offer better on-time service, better communications, and more control. “When we first started [this research], we assumed people would value having one number to call, but that’s not been the case,” Blanchard said. Rather, riders don’t want to see large bureaucratic systems created.

Some ideas for improvement include car-sharing programs, language-specific services, more efficient routing, improved customer service (such as sensitivity training for drivers), and public transit

routes *Affairs*

**SPEAKERS: Dee Molean, Manager, Transit Information, Metro Transit, and Byron Laher, Director, Public Policy and Labor Services, Greater Twin Cities United Way**

## **For immigrants who do not speak English, it is often as difficult to get information about services (such as routes and schedules) as the services themselves.**

that meet basic needs (e.g., transit stops in front of grocery stores).

Blanchard pointed out that the study participants didn’t have unrealistic expectations; they understood what was necessary, such as shared rides. Despite its inefficiencies, most knew how to make the system work for them and were wary of changing it. This point was illustrated by one study participant, who said that with the current system, “you do eventually get home. It does sort of work. Do you fix something that is sort of broken and then break it even more, or do you stay with what you have?”

**MODERATOR: Frank Douma, Research Fellow, State and Local Policy Program, Hubert H. Humphrey Institute of Public**

**T**hough transporting disadvantaged populations around the metro area has posed significant challenges to our communities, some innovative transit alternatives and the implementation of new technologies are easing the strain a bit and may even improve the community-based transit system.

Metro Transit, for instance, has found several ways to include a broader spectrum of riders in fixed-route transit, according to Dee Molean, transit information manager with the organization.

Molean pointed out that the Metro Transit system, originally developed along old trolley lines in a hub-and-spoke design, has responded to demographic shifts, technological advancements, and funding limitations in a way that has brought major changes to what had been considered a pretty static environment. Better organization, coordination, and customer service, all combined with new technologies, have contributed to greater access to transit.

Chief among recent Metro Transit

## **Leveraging Existing Systems**

accomplishments, Molean said, has been the completion in June of a decade-long initiative to make all buses fully lift-equipped. But the list goes on. Personal-care attendants ride for free with proper identification. Customer service advocates, with help from a video and workbook titled *Riding the Bus*, will make site visits to teach the basics about using Metro Transit. What’s more, Metro Transit is coordinating services with Metro Mobility and training those users to ride the bus. Moreover, each bus has been outfitted with a global positioning system, or GPS, to track exact locations, and that data can be used for scheduling as well as to better address passenger and driver safety and health concerns.

Molean also discussed Metro Transit efforts to include information from all

metro-area bus service. Transit information by phone and on the .metrotransit.org). It planned each month which also features Soon, real-time route data) will be available as the capacity to re which will be offered as a means to access a variety of transit modes. In addition, Metro Transit introduced Spanish-language signs and guides two years ago, and has progressed to using Hmong and Somali drivers in certain areas and for special events.

Next, Byron Laher, public policy and



*Frank Douma, Byron Laher, and Dee Molean*

potential participants in the program, which involves training in basic finances and routine maintenance. Participants, who lease the vehicle at low rates, must purchase their own insurance and provide basic maintenance on the vehicle.

Laher said the lease-to-own program is looking for another source of vehicles

because 3M now leases vehicles instead of buying them. He also cited other challenges, such as the high cost of bonding and liability insurance for the program. Nevertheless, such programs, Laher added, show a lot of promise because they reduce the burden on social service agencies, which typically pay \$15–20 per trip instead of an average of pennies per mile with the lease-to-own program. Finally, he concluded, lease-to-own programs are just beginning to catch on nationally.

**Chief among recent  
Metro Transit accomplishments  
has been the completion in June of  
a decades-long initiative to make  
all buses fully lift-equipped.**

## What Policies are Needed to Move Forward?

MODERATOR: **David Johnson**, *Executive Director, Metropolitan Health Plan*

REPORTERS: **Mark Hoisser**, *Vice President, Dakota Area Resources and Transportation for Seniors*; **Dana Rude**, *Project Administrator, Metropolitan Council*; **Micky Gutzmann**, *Grant Specialist Coordinator, Minnesota Department of Transportation*

PANELISTS: **Louis Moore**, *Director of Community Relations, U.S. Representative Martin Sabo*; **Connie Kozlak**, *Manager, Transportation Systems Planning, Metropolitan Council*; **John Kowalczyk**, *Policy Consultant, Medical Assistance and Medical Transportation, Department of Human Services*

Reporters Mark Hoisser, Dana Rude, and Micky Gutzmann opened the session by summarizing the discussions of the preceding concurrent sessions. This was followed by moderator David Johnson asking Louis Moore directly if the federal government has time to spend on community-based transportation issues, given all of the other issues—a sluggish economy, homeland security, and the war in Iraq—it is currently dealing with.



*John Kowalczyk, Connie Kozlak, and Louis Moore*

levels—money is one of the biggest challenges. “People who ride Metro Transit regularly have already taken notice,” she said. “We’ve been changing routes and trying not to spend more money. In some cases, this means people aren’t getting to where they want to go as fast as possible. We know there are communities located beyond our current routes who need our services, but we can’t afford to expand to those areas right now. We also know that these things ebb and flow with the economy, so we hope things will change for the better in the future.”

These funding and other logistical chal-

lenges mean states and counties need to consider new approaches for providing service, added John Kowalczyk, whose job involves finding the “least expensive, most appropriate form of transportation” for clients needing medical services.

“Transportation accounts for one percent of the Medicaid budget—that’s over a billion dollars a year,” Kowalczyk said. “We recognize that we need to use telemedicine, tele-home care, mental health services, etc., in which the provider goes to the client rather than the other way around.” Another option is the use of brokerage systems, which has become more common among states in the last decade, he said.



## Closing

In his closing remarks, CTS director Robert Johns said that the research conducted at the University provides new perspectives and new ideas for addressing transportation challenges. “There continues to be a need in CBT to focus on partnerships and to break down silos...We are going in the right direction, though. There are things being done now [to address CBT issues] that weren’t being done two years ago,” Johns said. “I know we have more work to do, and at CTS, we look forward to being a resource for you.”

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