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Lane Transit District Integrated Functional Transportation Assessment Project: Findings from a Case Study and Developmental Evaluation

Margaret B. Neal
Portland State University

Susan Eliot
Portland State University

Mark Person
Portland State University

Jost Lottes
Portland State University

Lane Transit District Integrated Functional Transportation Assessment Project

Findings from a Case Study and Developmental Evaluation

By

Margaret B. Neal, PhD
Susan Eliot, MSPH
Mark Person, AICP
Jost Lottes, PhD

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Purpose and Overview

This report describes the results of a case study and developmental evaluation of Lane Transit District's innovative project to develop an integrated functional assessment for transportation services, referred to here simply as the **Transportation Assessment Project (TAP)**.

The TAP is unique in that it is a collaborative effort between a public transit agency and local human service agencies to blend traditionally separate assessments for eligibility for transportation services. Specifically, in the TAP, Lane Transit District subcontracts with human services agencies to conduct personalized in-home assessments with individuals with special transportation needs and who are requesting paratransit[1] rides. While in the home assessing an individual's transportation needs and abilities, human service workers act as a gateway to other social services, as well. The goal of the TAP is to provide access to the most appropriate transportation services when and where individuals need them, in the most personalized, streamlined, and cost-effective way.

The TAP has been fully operational for one year following a development and start-up period. There has been considerable interest internally, in the state, and throughout the U.S. in how the project began and how it is working to date. As a result, the project's leaders boldly decided to commission a study. Conducted in the summer of 2011, this case study analysis generated a rich and multi-faceted picture, at one point in time, of this unique, collaborative project for assessing individuals' transportation needs and capabilities while, at the same time, connecting people to the local human services network.

Due to the early timing of the study (prior to the ability of the program to demonstrate attributable impacts), the study also serves as a process evaluation designed to document how the TAP was ideally supposed to work, how it is actually

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[1] "Paratransit" is a broad term for transit modes that are more flexible than fixed route transit. Paratransit, in the U.S., most commonly refers to specialized transportation services that include vehicles equipped with a wheelchair lift or ramp that provide transportation to individuals with mobility impairments. Paratransit service can consist of curb-to-curb service, door-to-door service or door-through-door service.

working, and how it could be improved. In addition to the developmental findings, this report contains a detailed history and description of the TAP, an estimation of how easily the program can be replicated and recommendations for enhancement of this innovative human service-transportation delivery model. Because of the dynamic nature of the project, it is important to note that **the findings reported here represent only a slice-in-time view.** Already changes have been made in the project since the data were gathered and analyzed.

Background

Transportation is critical to quality of life, and Lane Transit District (LTD), in Lane County, Oregon, is dedicated to enhancing the quality of the Eugene-Springfield and surrounding communities by delivering reliable, responsive and accessible public transit services, offering innovative services that reduce dependency on the automobile, and providing progressive leadership for the community's transportation needs (www.ltd.org).

Toward that end, and consistent with the federal American with Disabilities Act passed in 1990, LTD also provides complementary paratransit service[2] for individuals unable to ride the fixed route transit service it operates. Because paratransit services are significantly more costly (often 10 times as costly) (Sapper, Goodwill, and Carapella, 2009) to provide than fixed route transit services, determining whether paratransit services are required is crucial for managing resources.

Various different public, private and non-profit organizations provide services to individuals with specific transportation needs. The wide spectrum of funding for these services can result in duplicative and overlapping service. Therefore, both transit agencies and human service agencies have an incentive to coordinate services and take advantage of existing investments.

In 2007 an executive-level team from Lane County that included individuals from LTD, Seniors & Disabled Services (S&DS), Lane County Mental Health, and Alternative Work Concepts (AWC) was selected to participate in a Mobility Planning Services Institute sponsored by Easter Seals ProjectACTION and held in Washington D.C. The Lane Team designed a collaborative transportation assessment model to determine an individual's capabilities to ride public transit and use paratransit

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[2] "Complementary" refers to the fact that paratransit is required to be provided if fixed route service is provided.

services. This led to the creation of the TAP (Lane Transit District Transportation Assessment Program) – an innovative, collaboratively designed hybrid transit program that marries functional, in-home eligibility assessments conducted by human service workers with the dispatch of rides on a ride-by-ride basis by a centralized bank of transportation workers who assign rides to all individuals, regardless of the funding source for the rides. After months of planning and testing on a small scale, LTD began implementing this new model countywide in the spring of 2010.

Study Methodology

A thorough review of LTD documents, was conducted, followed by a comprehensive review of the literature. To describe the program process and understand the application of the theoretical model in the field, interviews and focus groups were conducted with key personnel from LTD and each social service agency involved with the program. The background and genesis of the TAP was explored with participants, and participants were asked to share their opinions on what is working and what could be improved upon, and what advice they had for other agencies that may be interested in adopting a similar program. A cursory cost analysis was conducted, as the data available were limited. A replicability assessment was also conducted using the Five R's model developed by Dees and Anderson (2004) to estimate the ability and desire of other public programs to replicate the model in its current state.

Program Description

In the TAP, Lane Transit District subcontracts with Senior and Disabled Services (S&DS) and Alternative Work Concepts (AWC) to conduct personalized in-home assessments with individuals requesting paratransit rides. S&DS, a division of the Lane Council of Governments (LCOG), provides an array of services to older adults and people with disabilities. AWC is a local nonprofit agency that provides work placements and support for persons with multiple disabilities. While in the home assessing an individual's transportation needs and abilities, human service workers from S&DS and AWC act as a gateway to other social services.

LTD's Ride*Source* Call Center (RSCC), was established in 2008 as a "one-stop phone number" for different kinds of transportation services for people in Lane County. The purpose is to bring together divergent and segregated approaches to arranging, scheduling, and paying for transportation in one spot. RSCC uses an array of public, nonprofit, and private transportation providers in an effort to provide riders

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seamless accessible transportation. Once individuals are deemed eligible for paratransit rides according to ADA regulations, as part of Medicaid benefits or another program, they contact the Ride*Source* Call Center each time they need to schedule a ride. This one-stop concept enables LTD to have an integrated business model for providing rides to those who need them, with costs distributed across programs. LTD uses a rigorous cost allocation methodology that meets or exceeds the standards of the most exacting funding requirements.

LTD subcontracts with Senior Mobility Services (SMS) to provide the Customer Service Representatives (CSRs) who dispatch rides through the Ride*Source* Call Center*.* In addition to dispatching rides to individuals deemed eligible under ADA, Medicaid, or other transportation programs, CSRs at RSCC gather basic demographic information from applicants during an initial phone call and generally schedule an appointment for an in-home functional assessment. The in-home functional assessment interviews are conducted by a Transit Coordinator (TC) from S&DS or AWC. Transportation assessment is only one of many duties with which TCs are tasked. S&DS and AWC also provide a variety of other services for seniors and people with disabilities in the area.

Through the TAP, the partner agencies (LTD, S&DS, , SMS, AWC, and others) strive to provide a meaningful interface between public transit, human services, and individuals with special transportation needs so that they have access to the most appropriate services when and where they need them. Through the TAP, eligibility for special transportation services is determined in a personal, streamlined and simplified way for consumers.

Key Findings

Model
- The unique social service-transportation hybrid program that LTD officials collaboratively designed with partner agencies holds great promise for enhancing transportation services for Lane County's elderly, disabled and poor residents.
- LTD officials have made substantial progress in creating a meaningful interface between public transit, human service agencies and riders.
- The TAP is creatively designed as a transportation case management system that is rider centric, as opposed to transportation centric.

Activity
- A significantly greater number of monthly assessments are conducted under the TAP than under the previous system.
- The distribution of assessment outcomes among full, conditional, and temporary eligibility has changed, with fewer full and more conditional eligibility determinations.

Social Benefits
- Human service workers (Transportation Coordinators, or TCs) report notable social benefits as a direct result of the TAP, as assessments have uncovered eligibility for transportation services of which individuals had previously been unaware and social services of which riders had previously been unaware.
- Some long-standing paratransit riders, particularly older seniors and those in rural areas, have a hard time adjusting to reclassification as a bus (fixed-transit) rider under the new the TAP model.

Collaboration
- Inter-agency collaboration among top program officials within LTD and participating stakeholder agencies is exemplary.
- Intra-agency collaboration between the Transportation Coordinators (TCs) and Community Service Representatives (CSRs) is less than ideal.

Conditional Eligibility Status
- The new and more robust assessment process has created a significant increase in riders with conditional status, making the job of the CSR increasingly complex and challenging.
- Conditional ride-by-ride status based on situational self-assessment has proven ineffective, according to the CSRs.

ADA-Medicaid Ride Dispatch (One-Stop Shop)
- The one-stop-shop philosophy of a centralized access point for rides is often difficult to operationalize in the field among call dispatchers, who must integrate multiple and varied programmatic rules during each individual call.

Database
- Once developed, the customized Transportation Assessment System (TAMS) database holds promise for increasing LTD's data management and reporting capabilities.

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The Assessment Tool
- TCs find the assessment tool time-consuming to complete and expectations for detailed documentation unrealistic.

Training of Transportation Coordinators (TCs)
- TCs feel the didactic training they received in the classroom was not well integrated with the practical application in the field.
- The S&DS TCs said they need more information about young Medicaid clients in order to do an appropriate assessment.
- TCs said they lack competency in assessing clients' mental health status.

The Cultural Divide
- Some human service workers (TCs) feel that the humanistic part of their job is over-shadowed by what they perceive to be LTD's primary goal of saving money.
- Some transportation workers (CSRs) feel that the human service workers can be too generous in providing paratransit services to individuals who they perceive as being able to ride the bus (fixed route).
- There is misunderstanding and blame between the transportation and the human service cultures.

Program Replicability
- LTD and its partners courageously moved forward with implementing a model that they believed would transcend any associated risks and in so doing identified potential landmines to be avoided by those who follow.
- Because the concept for the TAP is not overly complex or unorthodox, nor does it require transit districts to yield control, it should be well received by other transit districts, once it is fully developed.
- LTD is unable at this point to fully describe the resources, costs and effort required to replicate the model.
- Because the model is still underdeveloped and many programmatic areas require further refinement, it is not ready for widespread dissemination at this time.

Costs and Benefits
- Additional cost and revenue data are needed to determine the cost effectiveness of the TAP in comparison to the previous model and to other transit models.

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- Additional information concerning the perceived benefits of the program is needed, especially from program recipients.

Conclusion

The unique social service-transportation hybrid program that LTD officials collaboratively designed with partner agencies holds great promise for enhancing transportation services for Lane County's elderly, disabled and poor residents. LTD took an enormous leap of faith in marrying social service and transportation cultures for the ultimate benefit of riders in this innovative program. Although some internal collaboration and communication challenges do remain, LTD officials have made substantial progress in creating a meaningful interface between public transit, human service agencies and riders. Great strides have also been made in bringing together the divergent policies and approaches of different funding sources in order to provide riders with a seamless system.

None of this would have been possible without the trust-based collaborations that LTD nurtured and developed with local partners over the past 20 years. As a result, the lives of many seniors and individuals with disabilities have been enhanced with transportation services they never knew they were entitled to receive. For those who have been riders all along, the connection with social services through the assessment process has been a virtual gateway to other social services.

It is still too early to determine if the TAP can be replicated in other communities. But if transportation costs remain the same or can be reduced as a result of the program, for both transit and the human service agencies, the TAP will be a model that others will want to emulate. As LTD moves in that direction, it will be important to implicitly understand not only the potential return on investment of this innovative model, but also the risks and resources required to spread the impact. The findings described in this report are a slice-in-time examination of a project that is dynamic, ever changing and dedicated to continuous improvement. The most important thing LTD can do to enable others to replicate the TAP, or parts of it, is to continue to fully detail the essential structures and processes associated with its success so that any transit agency wishing to adopt a similar hybrid model will have a definitive roadmap for creating similar outcomes.

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Introduction

Purpose and Overview

This report describes the results of a case study and developmental evaluation of Lane Transit District's innovative project to develop an integrated functional assessment for transportation services, referred to here simply as the **Transportation Assessment Project (TAP)**.

The TAP is unique in that it is a collaborative effort between a public transit agency and local human service agencies to blend traditionally separate assessments for eligibility for transportation services. Specifically, in the TAP, Lane Transit District subcontracts with human services agencies to conduct personalized in-home assessments with individuals with special transportation needs and who are requesting paratransit[3] rides. While in the home assessing an individual's transportation needs and abilities, human service workers act as a gateway to other social services, as well. The goal of the TAP is to provide access to the most appropriate transportation services when and where individuals need them, in the most personalized, streamlined, and cost-effective way.

The TAP has been fully operational for one year following a development and start-up period. There has been considerable interest internally, in the state, and throughout the U.S. in how the project began and how it is working to date. As a result, the project's leaders boldly decided to commission a study. Conducted in the summer of 2011, this case study analysis generated a rich and multi-faceted picture, at one point in time, of this unique, collaborative project for assessing individuals' transportation needs and capabilities while, at the same time, connecting people to the local human services network.

Due to the early timing of the study (prior to the ability of the program to demonstrate attributable impacts), the study also serves as a process evaluation designed to document how the TAP was ideally supposed to work, how it is actually

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working, and how it could be improved. In addition to the developmental findings, this report contains a detailed history and description of the TAP, an estimation of program replicability and recommendations for enhancement of this innovative human service-transportation delivery model. Because of the dynamic nature of the project, it is important to note that **the findings reported here represent only a slice-in-time view.** Already changes have been made in the project since the data were gathered and analyzed.

Background

Lane Transit District (LTD), the public transportation provider in Lane County Oregon, operates fixed routes throughout Eugene and Springfield and rural commuter routes that connect adjacent unincorporated areas and the nearby communities of Blue River, Coburg, Junction City, Veneta, Creswell, and Cottage Grove to the metro area. The cities of Florence, on the coast, and Oakridge, near the mountains at the eastern edge of Lane County, are not within LTD's fixed-route service area (defined by Business Payroll Tax district). However, since LTD acts as the regional transportation coordinating agency, human service and other transportation options are available countywide. Through LTD's Ride*Source* Call Center (RSCC), a network of transportation providers serves both the metro area and rural residents within Lane County. Transportation for older adults and people with disabilities is an important part of LTD's mission.

Lane Transit District strives to provide innovative transportation services in a highly coordinated fashion in collaboration with local human service agencies. Integral to this approach is an individualized assessment for establishing a customer's capabilities to ride public transit or use other modes. In 2010, LTD formalized this innovative collaborative approach in a program called the Lane Transit District Transportation Assessment Program (the TAP). In the TAP, Lane Transit District collaborates with Senior and Disabled Services (S&DS) and Alternative Work Concepts (AWC). S&DS is a division of the Lane Council of Governments (LCOG) and the designated Area Agency on Aging. S&DS provides an array of services to older adults and people with disabilities. AWC is a local nonprofit agency that provides work placements and support for persons with multiple disabilities. In addition to assessing an individual's transportation needs and abilities, human service workers from S&DS and AWC act as a gateway to other social services.

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LTD's Ride*Source* Call Center (RSCC), was established in 2008 as a "one-stop shop" for Lane County residents who need transportation that requires unique features or fulfills an agency requirement. The purpose is to bring together divergent and segregated approaches to arranging, scheduling, and paying for transportation in one spot. RSCC uses an array of public, nonprofit, and private transportation providers in an effort to provide riders seamless accessible transportation.

In early 2011, LTD began discussions with Portland State University's Institute on Aging about completing an analysis of the TAP. It was determined that an outcome assessment could not be accomplished at that time, due to the fact that the program had been operating for only a short time, and there were no similar programs with which to make comparisons. Instead, both parties agreed that the end product would be a case study analysis of the TAP.

A case study is a specific form of research used to study the unique complexities of a single case. The main objective is to maximize what can be learned about the case, generally through interviews and a review of existing documents. It was agreed that the TAP case study would document how the program was ideally supposed to work, how it is actually working, what the challenges are, what early successes may have been realized, and what could be done differently to improve the program.

Because the TAP was in mid-development when we were asked to conduct the case study, our study serves a dual role as a developmental evaluation. Our interim program findings point to several opportunities for mid-course correction in the emergent implementation of this innovative human service-transportation delivery model. The findings represent one point in time in the unfolding of the TAP. Our goal was to gather a diversity of perspectives from a broad range of stakeholders.

In addition to our findings, this report contains a detailed program history and description, preliminary comments on program replicability and recommendations for program improvement.

Study Methodology

To clearly define the purpose and scope of the case study, researchers met with key personnel from Lane Transit District (LTD) and the Oregon Department of Transportation (ODOT) at the beginning of the project. Next, a thorough review of LTD documents (transportation plan, flow diagrams, assessment tool, ridership data, consumer guide, etc.), was conducted to understand the history and mission of LTD and the impetus to institute the innovative LTD Transportation Assessment Program (TAP) model.

A comprehensive review of the literature and of websites from organizations that specialize in accessible transportation was completed to gain an understanding of what other transit agencies are doing across the country and to learn about best and common practices of ADA eligibility determination. One of the researchers also participated in a two-part Easter Seals Project ACTION webinar on determining ADA eligibility to gain firsthand understanding of the most current training content. To gain perspective on the "full functional assessment" process, three of the researchers also visited TriMet's (the transit district for the three-county metro area that includes Portland, Oregon) centralized testing center where individuals are screened on site for ADA eligibility.

In an effort to describe the program process and understand the application of the theoretical model in the field, researchers conducted a series of interviews and focus groups with key personnel from LTD and each social service agency involved with the program.

Two separate interview guides were created, one for the individual interviews and another for the focus groups. The questions were open-ended, and the protocol was approved by the Human Subjects Research Review Committee (HSRRC). Copies of the interview guide, the focus group guide and the HSRRC's approval of the study can be found in the appendix. Prior to participating in the interviews or the focus groups, participants were informed of the potential risks and benefits of participating, and were assured of confidentiality. Permission to record the interviews and live caption the focus group also was obtained.

In total, thirteen 45-minute to one-hour interviews were conducted with key individuals from LTD, ODOT, Senior Mobility Services (SMS), LTD's subcontractor who staffs the Ride*Source* Call Center (RSCC), and the two human service agencies

collaborating with LTD on the TAP: Senior & Disabled Services (S&DS) and Alternative Work Concepts (AWC). Interviews were electronically recorded and later transcribed.[4]

Two focus groups were conducted, one with nine Transportation Coordinators (TCs) from S&DS and one with 12 Customer Service Representatives (CSRs) from Special Mobility Services (SMS), the non-profit agency that operates the Ride*Source* Call Center. Each of the focus groups lasted between 90 and 100 minutes and was live captioned.

Interviews and focus groups explored the background and genesis of the TAP with participants. In addition, participants were asked to share their opinions on what is working and what could be improved upon, and what advice they had for other agencies that may be interested in adopting a similar program.

Once all of the interviews had been transcribed, a spreadsheet was created for each question, and responses were entered into separate cells. Each individual's name was removed and replaced with a unique identifier. Researchers reviewed the responses for common categories and developed a set of codes for organizing similar responses. Once all of the responses from the interviews and the focus groups had been coded, researchers grouped similar responses together and identified common themes. Two separate researchers coded and compared the results to ensure inter-rater reliability, or consistency. For the focus groups, an inter-rater reliability of 86 percent was achieved, and for the individual interviews, the reliability was 92 percent.

This case study analysis generated a rich and multi-faceted picture of the TAP at one point in time (approximately one year post full implementation). We have organized what we have learned and come to understand about the TAP through our research in this report. To contextualize our findings, the report begins with a description of the federal Americans with Disabilities Act (ADA) transportation mandate, the history and mission of LTD and the impetus for the TAP program. We then describe in detail the various components of the TAP program (how it's supposed to work) and summarize the findings of our interviews/focus groups with key stakeholders (how it's actually working). In the next to last section of the report we estimate the likelihood of the TAP's replicability, and then in the final section, we provide recommendations for improvement.

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[4] One individual preferred not to be tape-recorded; thus, written notes were taken and transcribed.

Background

ADA Fundamentals

ADA regulations

A main component of the 1990 Americans with Disabilities Act (ADA) addresses transportation (Sapper, Goodwill and Carapella, 2009). As part of the 1990 ADA legislation, public agencies that operate fixed route service are also required to provide complementary paratransit service.

Paratransit

"Paratransit" is a broad term for transit modes that are more flexible than fixed route transit. "Complementary" refers to the fact that paratransit is required to be provided if fixed route service is provided. Paratransit, in the U.S., most commonly refers to specialized transportation services that include vehicles equipped with a wheelchair lift or ramp that provide transportation to individuals with mobility impairments. Paratransit service can consist of curb-to-curb service, door-to-door service or door-through-door service. Lane Transit District offers paratransit service that is primarily curb-to-curb through the Ride*Source* service.

A three-quarter mile area around the LTD's metro fixed routes defines the ADA required paratransit service. In other words, the ADA requires that paratransit service be provided within a three-quarter mile corridor defined by metro fixed route service. Paratransit service usually operates on a demand-response model and is dispatched on an as-needed basis. Under ADA regulations, paratransit service must be provided to individuals who are unable to use the fixed route system. Service for complementary paratransit must be similar to the service provided to individuals riding the fixed route system. The maximum paratransit fare that can be charged is set by law at twice the standard fixed route fare.

Eligibility Assessment Methods

Since paratransit is a civil right under the ADA, the functional assessment and eligibility determination process must be thoughtfully considered. ADA regulations dictate that, "The process shall strictly limit ADA paratransit eligibility to individuals specified in §37.123 of this part" (USDOT ADA Regulations). Agencies may choose, as well, to provide paratransit service to individuals who are not eligible through the ADA regulations, but they must specifically distinguish these two groups of individuals.

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ADA paratransit is significantly more costly to provide than fixed route transit service. Most transit agencies, therefore, have a financial incentive to limit paratransit service to those individuals who need it and qualify for it. The cost of providing a paratransit trip can often exceed the cost of a fixed route trip by ten times (Sapper, Goodwill, and Carapella, 2009). Moreover, the demand for paratransit service continues to increase (Sapper et al., 2009).

The ADA requirements to screen for eligibility, in addition to the high cost of providing the service, provide powerful incentive for transit agencies to screen applicants for paratransit service. Transit agencies also want to ensure that those who most need the service are able to get it. Eligibility for paratransit is not based on a diagnosis or disability alone but rather the effect that a condition of disability has on the person's ability to reasonably utilize the fixed route system.

Across the United States a wide variety of ADA eligibility assessment methods are used. The majority of ADA eligibility screening methods can be grouped into four major categories (Weiner, 2007):

- *Self-certification* – Many transit agencies use a standard form that recipients fill out and return to the agency to determine eligibility. Some agencies require a physician's signature; others do not require a professional authorization of any kind.
- *Interview* – Interviews for eligibility can take place over the phone or in person. Cognitive and physical functional assessments are usually triggered only if the applicant requests an appeal to an eligibility decision.
- *Full functional assessment* – Every applicant is taken through a full functional assessment typically administered by a physical or rehabilitation therapist. A central testing center, with curb cuts, ramps, gravel pathways and transit models to simulate riding and navigating a fixed route system, is commonly used to conduct this type of assessment. A cognitive test can be administered in addition to the functional physical assessment at the discretion of the testing facility.
- *Hybrid* – Rather than having every applicant go through a functional assessment, applicants are first interviewed to determine if they are clearly eligible or ineligible. Individuals whose eligibility is not clear from the interview then go through a functional assessment.

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Eligibility for rides is determined as unconditional, conditional or temporary.

- *Unconditional* means that an individual has been determined to be unable to ride the fixed route transit system under any circumstances, and thus this person is eligible for paratransit for every trip.
- *Conditional* eligibility means that an individual has been determined to be unable to safely ride the fixed route system under certain conditions but as able to do so in other instances.
- *Temporary* eligibility can be issued when someone has an injury from which recovery is expected or when additional time is needed to complete a full assessment to determine the appropriate eligibility.

"Conditions" can apply either to the individual or the trip. For example, an individual could receive conditional eligibility to use paratransit if the temperature is lower than 40 or higher than 80 degrees Fahrenheit. Conditions for a trip could include the lack of curb cuts at one or more intersections, too great a distance from the stop to the destination, hilly terrain, icy conditions and a variety of other obstacles that would be barriers to using fixed route transit.

Eligibility is based on the most limiting factors within the service area from any origin to any destination under all possible conditions. Under the ADA regulations, applicants must be notified in writing of their eligibility determination within 21 days of the assessment.

The TAP's Assessment Method

By relying on functional assessments completed in person by human service workers, typically in the home, the TAP's approach to assessment does not fit neatly into any of the above categories. LTD's program combines elements of the full functional assessment with those of an in-person interview but also puts a human services spin on the experience, and also identifies other potential unmet service needs.

Coordinating Human Service Transportation and Transit Services

Increased coordination is an explicit policy goal of many federal programs that serve populations who are transportation disadvantaged (Schlossberg, 2004). Within communities across the nation, various different public, private and non-profit organizations provide services to individuals with specific transportation

needs. The wide spectrum of funding for these services can result in duplicative and overlapping service. Both transit agencies and human service agencies have an incentive to coordinate services and take advantage of increased demand and existing investments. Transit agencies may also contract with local human service agencies to provide travel training, assist riders by providing more than curb-to-curb service (i.e., by providing door-to-door or door-through-door service), or by providing services at transit stops (e.g., helping people to make transfers), to name just a few services.

Benefits and Challenges of Coordinating Services

The costs associated with owning, maintaining and operating transportation services, even on a small scale, can be quite significant. For this reason there can be incentives for human and social service agencies to partner with local transit agencies that already have a fleet of vehicles, in order to coordinate transportation services for their clients. This coordination of services can be beneficial, as well, to the transit agencies.

In addition to potential cost savings, additional benefits of coordinating services include: additional funding and additional funding sources, increased efficiency, increased mobility, improved service quality and increased service area (Burkhardt, 2004). Also, human service agencies can provide a softer, more personalized approach while also providing substantial assistance in helping transportation staff become more sensitive to the special needs of certain riders (Burkhardt and Kerschner, 2005).

The potential benefits of coordinating services do not come without possible challenges. Because human service organizations and transit agencies do not share a common language and often have their own jargon and expectations, communication between them can be difficult. Program-specific funding, intended to serve unique populations, can come with rules and restrictions that may complicate the collaboration process. This unnatural coordination can also lead to mission confusion, and the process can be time consuming, with potential risks involved to each participating entity (Schlossberg, 2004). If a clear chain of command or decision-making process is not in place, tensions may arise regarding decision-making and control over vehicles. Despite these challenges, recent studies have shown that successful coordination of transportation services between transit agencies and human service organizations could save $700 million per year in the United States (Burkhardt, 2004).

Lane Transit District's History and Mission

Lane Transit District's (LTD) mission is to enhance the quality of the community by:

- Delivering reliable, responsive and accessible public transit services
- Offering innovative services that reduce dependency on the automobile
- Providing progressive leadership for the community's transportation needs (www.ltd.org).

In addition, LTD lists its values as follows: "Work Together," "Take Initiative," "Be Professional" and "Practice Safety" (www.ltd.org).

Lane County, Oregon, encompasses 4,620 square miles between the coast and the Cascade Mountains. The largest metropolitan area in Lane County, Eugene-Springfield, is located along the Willamette River and is approximately 100 miles south of Portland. Lane Transit District's service area does not include all of Lane County; it encompasses the Eugene-Springfield urban area. According to the 2010 Census, Eugene has a population of 156,185 and Springfield has a population of 59,403, for a combined population of 215,588.

Lane Transit District operates fixed-routes throughout Eugene and Springfield and rural commuter routes that connect adjacent unincorporated areas and the nearby communities of Blue River, Coburg, Junction City, Veneta, Creswell, and Cottage Grove to the metro area. The cities of Florence on the coast and Oakridge near the mountains at the eastern edge of Lane County are not within LTD's fixed-route service area (defined by Business Payroll Tax district). However, since LTD acts as the regional transportation coordinating agency, human service and other transportation options are available countywide. Through LTD's RideSource Call Center (RSCC) a network of transportation providers serve both the metro area and rural residents who live in small towns and unincorporated areas at the far reaches of the County.

LTD began operating public transit service in the Eugene-Springfield area in 1970. In 1976 LTD adopted a plan to attain 100 percent fixed route accessibility by putting wheelchair lifts on all buses and retrofitting existing equipment (Lane Coordinated Public Transit Human Services Transportation Plan, 2009). In 1980, LTD purchased

18 new buses that were equipped with wheelchair lifts, and by 1985 all LTD buses were wheelchair accessible (www.ltd.org).

LTD contracted out a Dial-a-Ride (paratransit) service to Special Mobility Services and created a transportation consortium along with human service partners in the area to pool resources and centralize operations to serve older adults and people with disabilities (Lane Coordinated Public Transit Human Services Transportation Plan, 2009). This collaboration to use Dial-a-Ride rather than compete with each other was a significant development that laid the foundation for the RideSource Call Center that exists today (Lane Coordinated Public Transit Human Services Transportation Plan, 2009).

The passage of the Americans with Disabilities Act (ADA) in 1990 did not significantly impact LTD and aligned with LTD's mission to provide access for people of all abilities. Since the 1970's LTD has strived to create a public transit system that is accessible to all individuals. As early as 1992, LTD won an Easter Seal Society award for equality, dignity and independence of people with disabilities (www.ltd.org).

LTD reports that its average weekday fixed-route trips number 38,201 (LTD Website). Annual ridership is 11,235,155 (this number represents boardings); annual service hours number 278,925; fare box recovery is listed at 19% (www.ltd.org).

Impetus for the TAP

For more than three decades, LTD has been dedicated to providing a transit system that is accessible to people of all abilities. With the passage of the ADA in 1990 LTD had few changes to make with respect to accommodating people with mobility impairments and maintained the intent to provide those individuals with quality service. Since inception of the ADA LTD has applied conditions of eligibility to ensure that only people who were eligible for paratransit service receive it. The rules imposed by the ADA represented more evolution than radical shift in the way things were done (personal interview with Terry Parker, Accessible Services Manager of LTD on June 28, 2011).

In 1985, Oregon passed the Special Transportation Fund (STF) for the Elderly and People with Disabilities and later established the Transportation Coordination Initiative to ensure that these resources were used wisely and strategically (Lane Coordinated Public Transit Human Services Transportation Plan, 2009). This

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initiative established requirements for agencies that receive money through the STF to coordinate with other organizations. By all accounts, agencies in Lane County have had a long history of coordination and collaboration.

In 2006, Lane County was the only county in Oregon that did not have a transportation brokerage to handle Medicaid Non-Emergency Medical Transportation (NEMT). The purpose of a transportation brokerage is to match riders with the appropriate transportation services through a central facility. Oregon's brokerage model is to engage other public agencies (such as Transit Districts or Council of Governments) to act as a regional broker. A decision had to be made at that time to either let an existing brokerage take on the Lane County NEMT trips or have a local agency do so. LTD took on the task of providing the brokerage service.

In 2007 an executive-level team from Lane County that included LTD, Seniors & Disabled Services (S&DS), Lane County Mental Health, and Alternative Work Concepts (AWC) was selected to participate in the Mobility Planning Services Institute sponsored by Easter Seals ProjectACTION. The Institute was held in Washington D.C. The Lane Team designed a collaborative transportation assessment model to assess eligibility for the use of paratransit services. This led to the creation of the TAP (Lane Transit District Transportation Assessment Program) – a program which offers functional, in-home assessments conducted by human service workers – which this study was designed to examine. After nearly 18 months of planning and testing on a small scale in rural areas, in the spring of 2010 LTD began full implementation of the program.

Rather than having one program that handles ADA and another that handles Medicaid transportation, LTD and its partners looked at common elements between ADA, Medicaid and other transportation services managed through the Ride*Source* Call Center. Functional capability and promoting independence are paramount to ADA eligibility, and the provision of least cost, most appropriate transportation is fundamental in both Medicaid and ADA. Often times, the most capable person is also the least costly to provide service to, because simply providing a bus pass for use on the fixed route service will meet that individual's needs. The TAP strives to treat each RSCC consumer the same way, regardless of ability/disability or income. The creation of the Ride*Source* Call Center provides LTD with a business model for combining and adding new funding sources and transportation services. RSCC also uses an array of public, non-profit and private transportation providers, such as taxi cabs, LTD buses, private wheelchair transport services and Ride*Source* vehicles.

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These four goals helped shape the development of the LTD Ride*Source* Call Center:

1. To create a meaningful interface and partnerships between public transit, human service agencies, providers, and riders;
2. To bring together divergent philosophies and segregated approaches to arranging, scheduling, and paying for transportation;
3. To combine and simplify rules and streamline procedures whenever possible; and
4. To provide a local access point for transportation services that focuses on the needs of older adults, people with disabilities, and those with limited income.

LTD contracted with Special Mobility Services (SMS) a specialized independent non-profit transportation firm, to operate the Call Center. In May of 2008, the Ride*Source* Call Center began operating, with the goal of integrating and coordinating transportation services. The majority of rides are funded and/or governed by Medicaid or the ADA. Rides provided because of ADA eligibility are based on an individual's functional ability or inability to ride the available fixed route transit. Rides provided through (funded by) Medicaid are based on income eligibility. Everyone who receives transportation services is evaluated through the TAP to determine the most appropriate and least costly transportation option based on the individual's specific needs, capabilities and circumstances.

When asked why the TAP was created, one of the executives involved with the program had this to say:

> It's really all about coordination initiatives that the Federal Transit Administration was putting forward. And I guess I'd also say it's about trying to stay true to our value of serving people better…, knowing that case management systems have as their goal in life…to provide good service to people, and ours should be too--so we're kind of going from that common thread.

The "one-stop shop" construct made it possible for LTD to partner with S&DS and AWC to further develop and expand the in-person functional assessment program employing staff from the social service sector. In this coordinated manner, it was

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possible to address customers' transportation needs as well as other unmet needs, such as those for Meals on Wheels, travel training or other assistance.

The goal of the TAP is to have one business model seamlessly integrated to provide rides to those who need them and have costs distributed across programs using a rigorous cost allocation methodology that meets or exceeds standards of the most exacting participant(s).

Program Description

Conceptual Framework for the TAP

The Ride*Source* Call Center (RSCC), through relationships with human service agencies in the area and integration of Lane Transit District's Transportation Assessment Program (TAP) strives to be a "one-stop shop" for special transportation services in Lane County. "Transportation case management" is a phrase that LTD officials use frequently to describe the level of service they aim to provide. Instead of managing funding streams or transportation fleets, LTD's focus is on managing individuals' transportation needs. One of the main tenants of LTD's assessment program is to obtain enough quality information to make trip-by-trip determinations of the most appropriate transportation for its customers. Lane Transit District's TAP manual states that the goal of the program is "encourages independence and provides access to desired destinations in order to help people remain active within their local communities" in the most efficient and effective way.

The vast majority of individuals who obtain transportation services through RSCC are either ADA-eligible or Medicaid recipients. RSCC is the initial point of contact for potential riders, schedules non-fixed route transportation service directly through use of the Ride*Source* fleet or by contracting with other operators. Ride*Source* is the direct service associated with the RSCC and provides transportation for Pearl Buck Preschool serving children of disabled parents, and is the primary provider for Senior and Disabled Services Community Transportation, for individuals who live in a community residential setting as opposed to a more formal institutional facility, and ADA trips. The RSCC uses twenty-two providers including volunteers, taxis and LTD bus service.

When asked who the program serves, one Customer Service Representative (CSR) responded:

> [We serve] Pearl Buck, Goodwill, a lot of folks [who] have developmental disabilities. [We work] a lot with Lane County Mental Health, people with mental health issues, with Uhlhorn traumatic brain injury facility (that's apartments where people have experienced traumatic brain injury) and then a lot of, you know, a lot of the referrals we get that don't have anything to do with this process come through the special ed[ucation] departments of the

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schools. [We also serve people] that are getting ready to transition from school into either secondary education or, you know, the workforce, whatever.

Ride*Source* also provides service to Lane County Developmental Disabilities Service for work transportation for their clientele whose cases are managed through Lane County and there is a Volunteer Escort service for older adults with limited transportation options and may require the assistance of an attendant.

Individuals initiate a transportation interview through the TAP in a variety of ways. For example, (1) direct contact to the RSCC and speaking to a Customer Service Representative (CSR) on their own because they have heard about RideSource from peers or from an internet search or simply because they see one of the vehicles around town; or (2) by a Case Manager referral through a local human service agency (3) an individual become eligible for Medicaid services with transportation as a benefit.

Staff at RSCC gather information from an applicant and schedule an appointment for the in-person functional assessment, unless the applicant is deemed as clearly able to ride the local fixed route bus service. In most cases, however, the opposite is the case: the only reason an assessment is not scheduled is if it is clear that the customer has a disability that would clearly prevent them from riding the fixed route bus. The in-person functional assessment interviews are conducted by a Transit Coordinator (TC). TCs within the TAP are human service workers employed by Senior and Disabled Services (S&DS) or Alternative Work Concepts (AWC). Their TC assessment duties are only one portion of their workload; each agency also provides a variety of other services for seniors and people with disabilities in the area.

Once the in-home assessment is complete, a determination is made based on the applicant's capabilities, as opposed to specific programs for which he or she may be eligible. Assessments through this program attempt to determine not only the customer's current needs but also what his or her future needs may be. Determination letters (conditional, unconditional, temporary eligibility or ineligible) are sent out, and the data are entered into the system so that CSRs at RSCC can determine which trips are provided under the guidelines of different programs. An appeal process is in place for individuals who disagree with the determination result. A flow chart of the process is included within the appendix.

Through the TAP, the partner agencies strive to provide a meaningful interface between public transit, human services, and individuals with special transportation needs so that individuals have access to the most appropriate services when and where they need them. Through the assessment process, an individual's transportation eligibility is determined in a personal, seamless, streamlined and simplified way for consumers. The assessment process also becomes a one-stop shop for older adults and people with disabilities and/or low incomes to determine if there are additional services in the area that could benefit them. A logic model that outlines the conceptual framework just described is included in Appendix D.

The TAP Partnerships/Collaborations

Lane Transit does not operate the assessment program on its own; there are a number of organizations that participate in the process. Below are the agencies involved in the TAP and a description of their role in the process.

Senior & Disabled Services

S&DS is a division of the Lane Council of Governments (LCOG) a voluntary association of local governments in Lane County, Oregon. S&DS is the designated Area Agency on Aging and operates the Aging and Disability Resource Connection (ADRC). S&DS is responsible for planning and administering programs and services for older adults and people with disabilities. Programs under S&DS include: Senior Connections, Senior Meals Program, Home and Community Care, Medical and Financial Services under Medicaid, Older Americans Act services such as Café 60 and Home-Delivered Meals, escort transportation, and protective services.

Alternative Work Concepts

AWC is a small non-profit agency based in the Eugene area that assists individuals with significant physical and mental disabilities to gain employment. Alternative Work Concepts works with the business community to identify and create jobs that fit the abilities of its clients. In addition to finding employment for individuals in the community, AWC also provides one-on-one travel training and operates a Transit Host program, where a "transit host" meets and helps individuals transfer to other bus lines at the main LTD station in Eugene, Oregon.

Special Mobility Services

Lane Transit District contracts with Special Mobility Services (SMS), a non-profit agency, to operate the RideSource Call Center. SMS is a multi-state contractor that specializes in call center brokerage services.

The TAP Components

The TAP Workflow
The TAP process can take a variety of paths, depending on the needs and functional abilities of the individual seeking transportation services. Due to the complexity of the process and the variety of options, LTD and its partners created an Application Process Chart (see diagram A below).

Once a client initiates the process by calling the Ride*Source* Call Center, an initial screening takes place. If it is determined that the caller is able to ride the regular bus, the process ends. If the client passes the initial screening process and appears to be eligible for some form of special transportation, the CSR will send information on the appropriate program to the client. In most cases, the client will then be contacted by a TC to set up an in-home assessment. Once the interview is complete and the assessment reviewed by LTD staff, the information is entered into a database and the results made available to call takers (CSRs). At this point, determination letters will be sent to the applicant indicating full, conditional or temporary eligibility, or a denial of eligibility.

Details of each of these components are provided in the sections that follow.
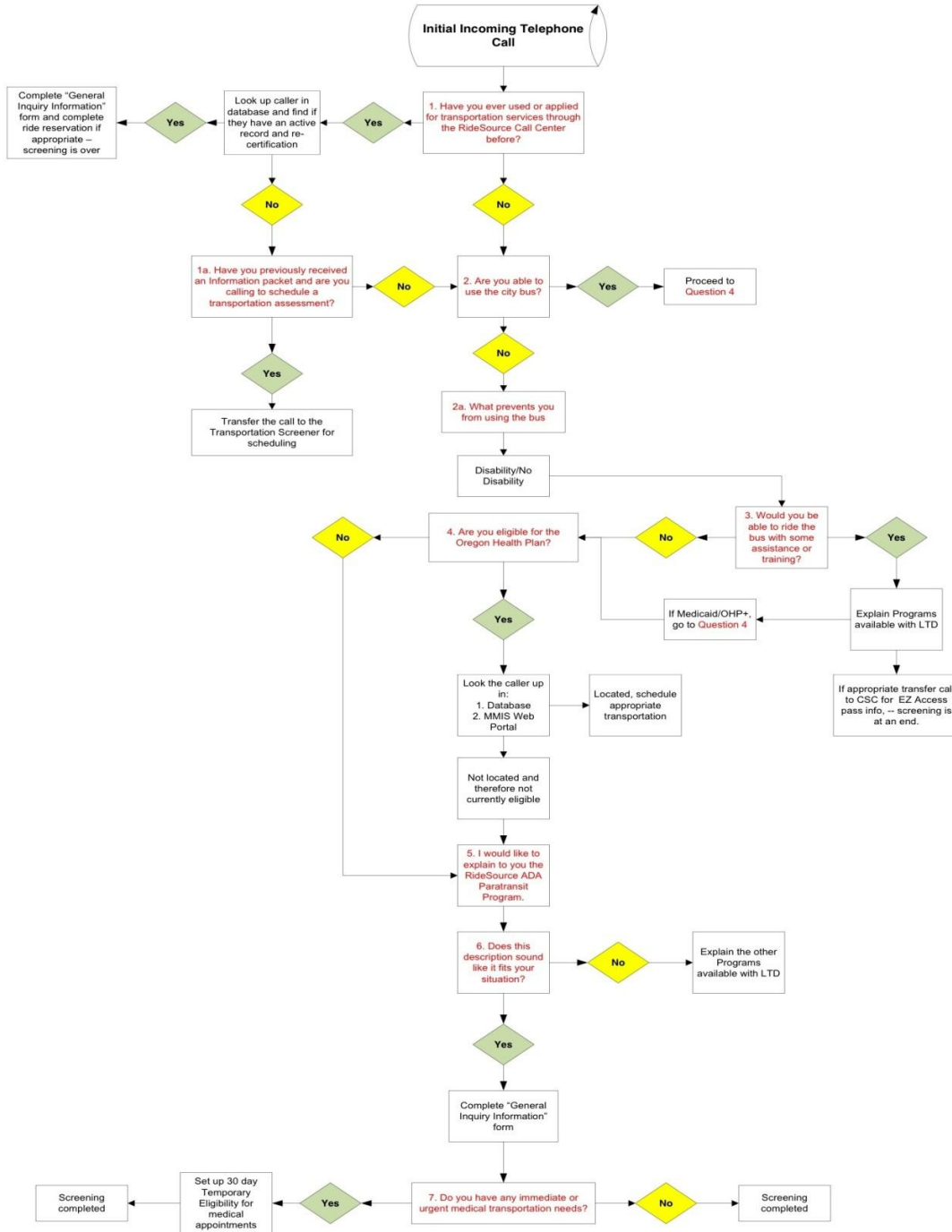
Figure A. The TAP Flow Chart

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The main components of the TAP are: the in-home function assessment, transit coordinator training, the assessment tool, the interface between LTD and the human service agencies, the assessment database, data entry, data components and data availability. Each of these components is described in detail below.

In-person functional assessment
The key component of the TAP is the in-person functional assessment. This assessment is administered by human service professionals from AWC and S&DS. As opposed to other eligibility screening methods, such as a central testing center or interview, LTD's program combines an in-person interview with a functional assessment that usually takes place in the client's home. In the event that a client requests that someone not come to his or her home, a separate location is arranged for the assessment to take place. Assessors use a standardized form during the process that is explained in more detail later within this report.

When asked how the assessment is conducted, one of the executives involved with the program had this to say:

> [The assessment is done]...to determine their functional ability and need to use a more expensive paratransit service, a taxi, or if they can indeed use the bus or whatever. Basically it's transportation case management. It's looking at the person's ability and what can you do and what resource can you access, do you have family that can take you, all of that.

Unlike the eligibility assessments described previously in this report, LTD's assessment program consists of in-person functional assessments to determine the most efficient and effective mode of transportation for each individual consumer. The in-person functional assessments are completed by human service TCs who work for AWC and S&DS. Transportation Coordinators consider a wide variety of physical, cognitive, mental, psychosocial and hidden disabilities through the in-person assessment process. One rationale for this arrangement is that AWC and S&DS TCs are already in the home completing assessments for other programs.

When asked how the assessments are conducted, a manager with the program said:

> I knew from my experience looking at their needs in the home that transportation was a piece of that, so as we started doing this I thought these were things that I would already look at anyways, and so we can just put it right into the transportation assessment. And it's kind of a 'kill two birds

with one stone,' so that they are really getting a good assessment on folks, whether they're Medicaid or possible ADA or just another individual that they would normally serve under their caseload.

The agencies involved with this program believe that visiting consumers in their home gives them higher quality information and a better assessment of individuals' functional abilities, through a holistic approach. TCs with whom we spoke believe that this approach is more consumer friendly than having a central testing center, where elements of testing anxiety could present themselves. In addition to completing transportation assessments, the TCs also assess the availability of other resources and services in the area that may be appropriate for these individuals. These services may include Meals on Wheels, travel training or any other services offered by S&DS or AWC.

When asked what exactly it is they do in the assessment program, one Transportation Coordinator said:

> And during the conversation I'm assessing their cognition, if they are having trouble staying on track, if responses are delayed; if they are not able to repeat back information that I give them, then I know they are not going to be able to perform that on the bus either.

Coordinator training
The TCs working in this program have a variety of backgrounds and training. Most TCs have human service experience, and a few even have transportation experience.

At the start of the program, the TCs participated in a two-day training session. Day one focused on describing the new system, explaining the process, ADA regulations and transportation programs and resources. Topics covered on Day two included: travel training and trip planning, referrals and scheduling assessments, art of the interview, forms and letters and case staffing. TCs also spent time practicing with ambiguous assessments and trying to come to resolution where there was no clear correct determination. Easter Seals Project ACTION's "Determining ADA Paratransit Eligibility," is widely used as a reference in LTD's program. New TCs are also encouraged to job shadow more experienced members of the team when they are hired. Once these new TCs feel comfortable with the assessment process, they take the lead role in the process and the more experienced TC shadows them to suggest any needed improvements.

Assessment tool
Transportation Coordinators use a seven-page functional assessment interview summary form to assess an individual's ability to ride the bus (Appendix G.) The form begins with basic client information, such as name, birth date and address and continues with observations about mobility devices used, physical abilities, life skills, cognitive, sensory and communication abilities, mental and emotional health and computer access. The second part of the form is designed to capture client travel needs and common destinations, transportation considerations (this includes information about how the person currently gets to each destination), transportation mode recommendations and unmet needs.

The form concludes with an area for recommendations and other transportation programs that the client may benefit from and be eligible for. The recommendations list a variety of possible determinations, such as "not eligible," "full eligibility," and "conditional eligibility," with additional space for specific conditions, temporary eligibility, additional professional verification needed, etcetera. Other transportation programs listed on the form include Senior Companion, S&DS Escort, Ride*Source* Shopper and Honored Rider LTD bus pass, among others.

When asked how the assessment is processed, one manager involved with the program said:

> One, it leads to the different programs that apply. Two, it leads to, and as much as we hate to define it by program, it does come down to where you get to the ADA piece. So all this data goes to here, and then the transportation coordinator makes recommendations. This might be, "They don't get ADA," "They are a bus rider," or "They are fully eligible, every trip."

Interface with LTD
A staff member at LTD reviews every assessment to ensure that it meets the agency's standards. If information on the form is not documented to LTD's satisfaction, or if it is not clear why a particular determination was made, LTD will ask the TC who conducted the assessment for clarification. If the TC cannot recall from memory the particular information required, a re-assessment may be scheduled.

At the start of the new assessment program, all of the TCs were required to attend weekly meetings with a representative from LTD to discuss the assessment process and to review any assessments that had been conducted, reviewed by LTD staff, and

deemed unsatisfactory or unclear for one reason or another. This time was used for TCs to exchange information and discuss issues they found challenging. Over the past year, the TCs with AWC have opted out of these meetings, but the meetings continue to take place with TCs from S&DS.

Assessment database
For the first year of the program, the assessment information was collected on paper forms and input manually into the database. Only the recommendations portion of the assessment was entered into the assessment data base. During the research for this case study, LTD and its partners instituted a new web-based data base process called the Transportation Assessment Management System (TAMS), eliminating paper copies and the need for someone to manually enter the information into the transportation data base. TAMS will include, ultimately, additional features such as HIPPA security measures, initial client contact information, a tickler for when the assessment is up for review, assessment interview data, review of the assessment, finalization of the assessment and recommendations for rides.

Data entry
TAMS is a web-based program that eliminates the paper shuffle that occurs between the agencies involved with this program. In theory, this new system should speed up the eligibility process by eliminating time associated with information transport between RideSource and LTD. Once the assessment information gets back to Ride*Source*, the information is used to create the appropriate determination letters on program eligibility. Regardless of how the data arrive at Ride*Source* (on paper forms under the old system or electronically via TAMS), the idea is that the summary information is available to the Ride*Source* CSRs when customers call to request transportation services.

Data components
The main data components compiled at the Ride*Source* Call Center include: the scheduling and information sheets, bus stops and map, operations database notes, interview summary form and copies of determination letters. The scheduling and information sheet, bus stop and map and operations database notes are compiled at the beginning of the assessment process; this information is passed on to the TCs in order to assist them in their individual assessments. After the assessment is complete, the summary form itself or, under the new system, all of the information from the assessment, is stored at Ride*Source* to be accessed by CSRs when a ride is requested. The more information that is available to the CSRs, the better the

determination of trip eligibility they can make. As previously stated, one of the goals of the TAP program is to make trip-by-trip eligibility determinations.

Data availability
We learned from some of the RideSource CSRs that some of the conditions placed on rider eligibility by TCs can be quite complicated. The more information available to CSRs about the client's situation, the easier their job becomes and the better the decision for eligibility. Even when conditions relate to specific, on-the-ground elements, such as the presence of curb cuts, steepness of slope and complex intersections that must be navigated if the fixed route system is to be used, eligibility for paratransit can be difficult to determine if the CSR is not familiar with either the origin or the destination. Lane Transit District and its partners hope to continually improve the amount of information available to the CSRs through TAMS to assist them in complex decisions related to conditional eligibility.

Each TC has his or her own assessment style. Some TCs go through the form very systematically, while others have more of a conversational approach and fill out the form after the assessment is complete and they have left the client's home.

RideSource Call Center
As previously stated, LTD contracts with Senior Mobility Services (SMS) to operate and staff the RideSource Call Center. Over the last year, across all of its programs, RideSource has coordinated an average of over 3,000 rides per week.

Function
The Call Center has two primary functions. The first function is to be an initial point of contact for clients seeking special transportation services; the second function is to schedule and confirm rides on a trip-by-trip basis once an individual has gone through the assessment process and their information has been entered into the RideSource database system.

During the initial phone call, a brief screening process helps determine if the caller is capable of riding the bus or if a different type of transportation service may be required. The Call Center also schedules in-person assessments for the TCs. The in-person assessment process is documented earlier within this section. Each person who receives transportation through the RideSource Call Center is evaluated to determine the most appropriate, least cost transportation for his or her individual needs.

Training

Lane Transit District contracts with Special Mobility Services (SMS) to operate the Ride*Source* Call Center. Special Mobility Services is a multi-state non-profit company that specializes in brokerage call centers. The Ride*Source* Call Center Policy/Procedure Manual was recently updated in summer of 2011. Newly hired CSRs are required to study the manual before observing an established CSR at work for two or three days. Ride*Source* has double headsets that allow a new CSR to listen in on both sides of the conversation that a veteran CSR is having with a client. The final step of initial training of a new CSR takes place as he or she takes the lead on a call with an established CSR on the double headset for support. Managers at Ride*Source* indicated that when they are hiring a CSR, they look for someone with at least a high school diploma and ideally some college or technical school experience.

Protocol

Similar to the TCs when they are completing assessments, the CSRs at Ride*Source* also have their own styles. The Ride*Source* Call Center/Procedure Manual has a script that CSRs can follow. When asked what exactly she or he did in the program, for example, one CSR said, "I read from the script. We have a script we read from. If somebody calls in and wants to sign up for Ride*Source*, I ask them if they are able to ride the city bus. If they are not, I go to the next question and then I read…" This is not universal among CSRs, however. During the research for this study, some CSRs indicated that they prefer and use a more conversational approach with clients. When a client initially calls Ride*Source*, the CSR who takes the call will conduct a basic screening and educate the client on the types of transportation that are offered. The CSRs at Ride*Source* are trained to screen and then send information to clients inquiring about transportation services prior to making an appointment for a TC to do an in-person assessment. If a person insists they are eligible and would like to speak to screener or appointment scheduler, the CSR is instructed to transfer the call to the appropriate staff member.

Intended outputs

The intended output for the Ride*Source* Call Center is a single point of contact for people to access special transportation services. In addition to a single point of contact, Ride*Source* strives to be a seamless operation that schedules, confirms and bills transportation services across a variety of programs with separate funding sources.

Through the call center, LTD and its partners attempt to coordinate special transportation services so that they do not have to be separated by program, with ADA on one side and Medicaid on the other. The intended output is that there is just one business that serves all of the special transportation programs, assessing consumers, scheduling rides, and billing programs appropriately.

Findings

This section summarizes the findings from the focus groups we conducted with program staff—Customer Service Representatives (CSRs) and Transportation Coordinators (TCs)—and the one-on-one interviews with Lane Transit District (LTD) program officials and directors of collaborative programs. These findings represent a major, but incomplete, component of the broader context in which the program occurs.

Through an inductive qualitative analysis of the interview and focus group data, several categorical themes emerged. This Findings section is organized by those data categories:

- Program Purpose
- Social Benefits
- Collaboration
- Communication
- Database
- Program Design
- Staff Training
- Cultural Divide

Program Purpose

We began each focus group and interview by asking respondents to tell us about the purpose of the Lane Transit District Transportation Assessment Program (TAP). This provided an opportunity for us to learn more about the program firsthand and observe differences in perspectives among various stakeholders regarding program intent.

When we asked top program officials in LTD about the objective of the TAP, one of them summed it up by saying, "To achieve a comprehensive and accurate functional assessment of the individual . . . so that you are funding every trip appropriately." Another concurred with the overall purpose of providing "the least cost transportation possible" but qualified the statement by adding "combined with the most independent mode of transportation possible for the consumer."

These LTD officials also spoke about the intent of combining transportation services into one package. Instead of burdening consumers with deciphering the rules of ten different programs, the goal was to provide a seamless service, a one-stop shop: "It's - managing the bureaucracy for consumers . . . the one place to call to get information about transportation services."

When we spoke with LTD's social service agency collaborators about the purpose of the program, not surprisingly, we learned that they focused on the one-stop shop component and its potential benefit to its clients. One human service agency director said: "They (LTD) wanted to meld the old hard core transportation—where you would qualify if you had this [service] or this [service] or you don't—with a little more compassion and a little more personal flavor."

The human service collaborators also explained that, since human service staff were already in clients' homes assessing individuals' needs for services such as Meals-on-Wheels and energy assistance, it was logical for them to also conduct the transportation assessment during the same visit. They also described the potential benefit of the transportation assessment visit as a gateway to other social services of which people might be unaware.

Both LTD officials and their human service collaborators used the term *transportation case management* to describe the customized transportation services they intended to provide. Instead of managing separate transportation programs and program components with the expectation that consumers fit themselves into them, the TAP designers said they created a consumer-centric transportation model. Transportation case management, they said, is no different than other forms of case management. An initial assessment (for transportation services, in this case) is conducted, the most appropriate form of service is identified, data for each rider is entered into a database, follow-up phone calls are made to check in with clients, and adjustments are made when situations or individual circumstances change. One human service collaborator said, "We already do so much case management, it's a natural for us to work with, not only the potential riders, but also their family members and try to look at the big picture."

From the perspective of the TAP's front line human service staff, the TAP was designed for "getting [riders] hooked up to other services and programs." These Transportation Coordinators (TCs) already knew many of the individuals with whom they were asked to conduct transportation assessments and felt that the

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TAP's "social service model" was a better fit for the people they work with than the previous transportation assessment system.

A different perspective of the purpose of the program was offered, however, by the front-line transportation workers, the Customer Service Representatives (CSRs) who assign rides for LTD's Ride*Source*. Longtime CSR staff members were more inclined to define the TAP by the expanded Medicaid ridership that occurred as a result of LTD becoming a brokerage for local Medicaid rides about the same time that the TAP was instituted. Accustomed to a primary clientele of ADA-funded clients, several longtime CSRs associated the TAP with "another thing that came on our plate" as a result of the brokerage agreement made with Medicaid. They felt that when LTD became the Medicaid brokerage, this substantially increased the number of riders and complexity of their job.

Social Benefits/Costs

Next we asked LTD program officials and their collaborators about what is working well in the TAP. In addition to the early operational gains (staff development, technology, system integration), they mentioned anticipated social benefits. Their comments included, for example: "I love the inclusiveness, that one would look at a person not by their capacity in one part of their life but across the spectrum of their needs and resources;" "People aren't just a silo, so we offer an array of complex services;" and "It looks at the nexus between housing, food, transportation, and whatever else they happen to need."

TCs and CSRs who work directly with program recipients provided one example after another of the social benefits they witnessed firsthand as a direct result of the TAP. When in-home transportation assessments were conducted with established social service clients, several individuals were identified who qualified for transportation services and training of which they had previously been unaware. Similarly, assessments that originated in the RSCC often identified additional social services available to riders.

One CSR said: "A lot of people that would be housebound are out in public now, and they get to do fun things; you can hear the excitement in their voice." A TC described a situation in which a woman's leg was saved because of the ride she was able to arrange to Portland for specialized medical care. "There are times when I leave a client's home that my heart feels like bursting because I have given them back their life," she said. Another TC described an 85- and 87-year old couple who had never

been connected to any of the senior and disabled services available to them until she visited them for a transportation assessment.

TCs feel they are clearing up misunderstandings about the program and providing considerably more services to people than they ever knew were available. TCs also believe they are having a big impact on the community, especially in helping seniors and people with disabilities live more independent lives. One of them said: "Often times it's a married couple, and the request is for the missus but [we find] the husband doesn't drive either, and we screen both people, or we find an older disabled child in the home too." Another human service provider explained why she thinks the program is so effective: "I think one of the best parts about us going to the home is the exposure we get to their living conditions and family environments; you learn more about them than you ever would if they came to us at a building somewhere."

But for every several situations in which clients benefitted from the TAP program, TCs described a situation in which transportation benefits were compromised as a result of the new program. One TC said: "One client literally dropped out of living because I found he could be a fixed bus rider—he didn't go anywhere anymore because of the assessment I did, and I don't feel like he's going to make it long term living on his own." Other TCs described elderly clients who had been chronically ill for many years, or who had lived in a rural area their entire life, as unlikely candidates for bus ridership even though they had been categorized as capable riders by assessment criteria.

TCs who work in rural parts of the county where everyone knows everyone else, said that converting paratransit riders into bus riders sometimes results in a uniquely uncomfortable situation for them (TCs). They said it is not uncommon to be approached by people with whom they have conducted assessments and determined to be able to ride the regular bus. As one TC reported: "On weekends and holidays, if we're in the community, we're confronted by people all the time wanting to know what's happened—how come I lost this [paratransit service], what happened?"

Collaboration

Collaboration between Lane Transit District (LTD) and participating stakeholder agencies is a true strength of the TAP project, from the perspective of all those from whom data were collected. For nearly 30 years now, LTD has been recognized in the

community as being at the forefront of transportation collaboration. LTD has formed ongoing partnerships with county agencies, local agencies and individual districts to capitalize on and coordinate efforts to meet individual transportation needs throughout the county. LTD also has a long-standing relationship with its regional Council of Governments (LCOG).

A state-level stakeholder said, "I think the model is really built on this fabulous relationship between LTD and LCOG; we place a high value on transportation coordination: we don't want to see stand-alone fiefdoms with overlapping purposes and no communication between them all."

An LTD manager described the benefit of those collaborative relationships during the design and implementation of the TAP:

> Because those relationships were built and have been long-standing, it's been much easier for us to maneuver through a lot of our trial periods and our crankiness and what's not working and why we are doing it a certain way. If we had not built those relationships, this would not succeed. I know that intuitively. If we did not feel confidence in each other because of our history, this would not have worked.

In contrast, however, collaboration is less than ideal *within* the TAP program, between the TCs and the CSRs. Although their functions must be closely coordinated to provide optimum and seamless transportation service for riders, TCs and CSRs have yet to come together in meetings and most do not know each other. "I don't ever interface with the, I think they are called "CSRs," over at Ride*Source*," said one TC.

Consequently, misunderstanding, criticism, and even resentment prevail between the two work groups. One CSR said: "A lot of 'them that go out' (TCs) need more education, because they tell the client to call in two days and set up the appointment, but the paperwork has not gone through in two days, so the customer gets mad and upset with us." Another CSR said she doesn't understand why it takes so long for the assessments: "If we as call takers had that information and understood what the stumbling blocks are, maybe we could explain it to callers."

The TCs were also upset with the CSRs. For example, one TC expressed frustration with CSRs because sometimes when she goes out to conduct an in-home assessment,

she finds that the address the CSR provided was the transportation pickup address and not the home address. Another TC expressed resentment over the fact that TCs are expected to "clean up the backlog" of assessments added by the Medicaid brokerage and felt this should be the job of the CSRs. Instead, she said, TCs should be devoting themselves to "rolling out [the assessment] in a way that it should be working."

One CSR who has been in her position several years said that she wished things could go back to the way they used to be when assessments were done by SMS. But she has also resigned herself to the current status: "Now it goes out to case managers, and they do it all. And, I don't agree with a lot of things that they do but that's it now and I say, "Okay.""

One of the TCs described what she thought would help rectify the situation:

> [We need to] have somebody in the middle. We're two separate entities, so we need somebody that's, number one, trained and understands what they want and what we're capable of doing and [number two] sees the vision of the mix. That person in the middle is someone we can trust to go to when we have a misunderstanding, conflict, or suggestion that they [CSRs] don't see or understand or haven't accepted. We need a liaison between us to make things change and flow easier. They can make adjustments and explain to us why things are the way they are and take it back without repercussions on either side.

Another of the TCs said that, even though issues exist, she feels that "people are getting better face-to-face assessments, and the agency is getting better information" under the new THE TAP model. "Now they [clients] are being asked and looked at," she added.

Communication

In a complex project involving multiple agencies and new ways of doing business it isn't surprising that communication emerged as an important issue throughout our conversations with LTD managers and staff. With regard to communication with consumers, comments were favorable (although none were interviewed for this study). As a whole, the TCs believed that clients have a substantial voice in identifying and getting their transportation needs met. "I've had tea with little old ladies who fed me lunch, and I sat on some lady's backyard swing for an hour, and so

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many things came out during that conversation that I was able to make a really good assessment," relayed one TC. Several TCs also reminded us about the appeal process that people can use to request a re-assessment: "They have an opportunity to say it isn't right, and we'll go back in and start over."

But several examples of unfavorable communication among the various involved agencies' staff were relayed during the interviews. They included supervisors not communicating with front-line workers, TCs not communicating with CSRs, and human service workers not given an opportunity to communicate their input to program designers. Examples of communication failures spanned written and oral modes.

When asked what could be improved about the TAP program, CSRs said that the best thing would be an improvement in communication. Some said there was not enough communication between supervisors and call takers and that what communication existed was inconsistent at best. One of them said, "When things change, we don't know about it." Communication issues came up again when we asked CSRs what advice they would have for new start-ups. One CSR suggested: "Have a quick way to communicate between the top and those taking the calls and dealing with the people, because we have lots of gaps in communication in-house." She and other CSRs were especially troubled by supervisors not communicating regarding which supervisor would be available or even in the building to answer the steady stream of challenging questions that call takers regularly experience. A CSR supervisor acknowledged that one of administration's failures early on was "not establishing chain of command and chain of communication—where information goes and who's responsible for what."

Considering the low level of collaboration described by TCs and CSRs (see Collaboration above), it came as no surprise when TCs also said that communication could be improved between CSRs and themselves. One program official had this to say about the interaction between TCs and CSRs:

> I think the communication between LTD and our folks could be a little more positive, a little more encouraging. Not to say that they are mean people, but I think communication is really important and needs to have a component of "You're doing a great job," as opposed to "Wrong, wrong, wrong," and red pencil marks everywhere [on assessment forms].

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TCs said they would also like to have the final status of their clients communicated to them by LTD management: "Let coordinators know the end result when they finish the assessments; if we know the output, then it's easier to understand the input (data collected during the assessment process)."

According to one human service agency manager, the TCs role in the TAP was not communicated to them effectively. She said: "I don't think they had a clue that they were all going to be transportation coordinators, so that was kind of sudden, and they didn't have a choice . . . That's not going to happen again." Another human service agency manager said that, ideally, TC input should have been included in the design process: "It's so easy to do in hindsight, but [if I could change one thing] I would include Senior Connections people (TCs) more to get buy in and more investment in the product from the beginning." A separate comment by a TC about what advice she would provide to a program that wanted to emulate the TAP echoed this sentiment:

> I think the most important for me would be having the people that are going to be the legs of the program—us—be part of the developmental process from the beginning, so what's developed is based on what we're going to be facing and seeing and doing. We did it backwards, as far as I'm concerned.

Database

At the time of our study, an electronic database called TAMS (Transportation Assessment Management System) was being custom built for collecting and integrating program and rider data. The system will allow for tracking program activity and—most important to CSRs—client eligibility and conditions. An LTD official said the TAP was aiming for "a database that really works for what we're trying to evolve into." She said: "We've had cases where people have moved to where they could use the bus, and they like using it; but they don't call and say, 'I can use the bus now;' And we catch it, but having a database would provide more information for that and also for trip-by-trip eligibility."

The programmer who is building the system said he is frustrated with how long it is taking to build: "I wanted to be done so long ago, but it's an extremely difficult project, because it involves coordination between various sorts of hanging and floating pieces." He also said he had to develop the system from the ground up in order to accommodate unique LTD requirements for transportation data and client transportation capability profiles. He said: "I had to put a lot of effort towards

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integration and had to move CSRs from what they are using now to this new software to manage the same information, but in a way that's integrated with the whole system."

Some CSRs are looking forward to using TAMS to handle their calls. Plans call for building into the system an encyclopedia of conditions and detailed maps to help assess trip-by-trip eligibility. Some TCs are looking forward to using TAMS to collect client assessment data using a screen-based form on a laptop with a wireless card. One TC described her "big wish:"

> I would like to see something similar to the iPad, where we have Internet access, so as we're out talking [to the client] we have a pen where you tap something to fill out the form and then go back to the car to type up your notes on the iPad. You do all the stuff you need to do, hit "Submit," and it goes back where it needs to go. There's no paper, no lost stuff. And it's a way to meet turnaround time [requirements].

Other TCs, however, are not so sure about the new technology. As one said, "I have great fear myself with going out with the computer . . . I'm not even sure what an iPad is."

Program Design

Although the top LTD officials we spoke with articulated a clear, succinct rationale for the TAP, it seems that others within the agency were not equally endowed with the same clarity and vision, at least not from the beginning. One middle manager said:

> You know, we really did not have any type of framework to work from; we literally were flying, from the beginning, by the seat of our pants: "Let's try this; let's try that." And we didn't always keep what worked. We tried to reinvent the whole wheel at once, and we did that two or three times.

This person believed that having had a more solid framework from the beginning would have prevented much duplicated effort in the development of the model. Alternatively, this manager felt that it would have been advantageous to integrate a process of continuous analysis and improvement early on. The manager also welcomed the case study we were conducting because of the potential enlightenment it could afford.

Nevertheless, a working prototype eventually emerged that most within LTD and its collaborating agencies appeared to understand. But, as the model unfolded, front-line implementers encountered difficulties in several areas—many of which designers had probably not envisioned.

Conditional eligibility
One drawback of the new model we heard about frequently was the increased amount and complexity of data introduced by the improved assessment process. Under the new model, human service workers (TCs) were capturing more explicit and comprehensive information on riders through a full-length, in-depth interview process. The data produced were more explicit than ever before and were used by LTD to change rider status from "full" to "conditional" or evaluate potential riders as "conditional," resulting in a significant increase in the number of riders classified in this category. As the number of "conditionals" grew, and the details of conditional status expanded, the job of call takers (CSRs) became increasingly complex. One CSR described her dilemma:

> I was dealing with conditional today. I hate it. It's like it says "ice and snow," or "she's unstable." I had to ask if she was "unstable" today. And most of the times now, with these conditional things, they have been making rides for how[ever] long they have been with us. I just make the rides! There's, like, too much for us to decide, especially if it's a block and a half from an LTD bus stop.

In particular, weather conditions can be an especially complex variable for CSRs to incorporate into ride-by-ride eligibility when dispatching rides. As one CSR noted:

> I don't agree with the weather thing. When it's 30 degrees, we all know that. But is it going to be 80 tomorrow? We don't know. They can book two weeks out, and they don't know what the weather is going to be. [And] *we* don't know what the weather is going to be.

It's also difficult for dispatchers (CSRs) to assess fitness to ride fixed transit when conditions are subjectively determined by the rider. As one CSR stated, "We have one lady, in her 'conditions' it says she can ride RideSource when she's not feeling well. Well, of course every time she calls for a ride, she's not feeling well. So she is going to make that judgment in her favor, because she doesn't want to ride public."

In addition, LTD's decision to integrate the brokerage of Medicaid services into the TAP model adds to the complexity, as reported by the CSRs. Although the program's designers envisioned a seamless program in which consumers are not bothered by specific program eligibility criteria, those attempting to implement that philosophy on the ground find the concept difficult to put into practice. Although it may be possible to conduct a seamless functional assessment with any client, despite the mechanism that will ultimately fund the client's services, the holistic approach is more difficult to implement, according to CSRs, when it comes time to distribute rides through Medicaid and ADA regulations.

Assessment tool
For their part, many of the TCs we spoke with said they are frustrated with the assessment tool they are asked to complete on each new client. Some believe it is too long, some feel it is too structured, some feel it is not structured enough, and some report that it is too transportation-centric. Because of the assessment tool's length and certain aspects of its design, most find the tool cumbersome and time consuming to use. As one TC reported:

> You do all these certain little things, and then when it comes up to the narrative, [you have] to put it all in one big ball. I'm to the point I'm copying and pasting, because I already answered every one of those questions. Why am I going back to summarize it here again? It's like writing it two times.

Several TCs said they wished they could have provided input into the tool's development before it was finalized. No other tool they complete on clients is as long, they said. Some feel the tool is too structured and limiting to allow them to document the assessment findings consistent with the values of their social work training. One TC explained:

> You can walk from here to there . . . it doesn't matter if it's painful or difficult. Different scenarios come into play that can make that same trip today more difficult tomorrow. There's no room for that in the assessments. It's either 'You can,' or 'You can't.' You don't look at where they live as a boundary or issue unless you write up on the assessment what is in the blocks in point A to point B. There's a lot of differences that the assessment looks at that, in a real world scenario, we wouldn't look at in the same way. So it makes it more difficult for us to look at the person and say, 'We're here to do an assessment to help best fit your needs, provided it's the most cost effective.'

We don't add that remainder in there, but for us who know what we're doing, it does make it difficult to put [the specific real world details] down and change their life.

Other TCs want the assessment tool to be *more* structured. Those who received training under Karen Heosch of Easter Seals' ACTION program said they wished LTD would incorporate more of Heosch's assessment concepts into the tool they are expected to use. They liked the threshold decision points that characterize the assessment Heosch developed for ACCESS Transportation Systems in Allegheny County, Pennsylvania. It appealed to those TCs who feel the TAP assessment is too subjective. As one TC noted:

Pittsburgh has, in my opinion, a better approach, as far as the kind of the thresholds somebody would need to meet to be paratransit eligible. For example, the three block minimum. If we had a threshold or marker in order to be a successful bus rider, and if we found that somebody couldn't meet that threshold, then that would be a more successful tool to [use to] write up an assessment.

Staffing

Staffing is another issue that emerged regularly during our discussions with staff, particularly with the TCs. Not unlike the CSRs who feel that their position is so complex that it should have sub-specializations (in Medicaid and ADA), some TCs said their role should also be specialized. As one TC suggested:

Instead of spreading the responsibility for assessments among nine to thirteen individuals with near full caseloads, TCs said, one or two transit assessment specialists should exclusively conduct in-home assessments. The reason? The capacity of generalist human service workers to incorporate the specific assessment and eligibility criteria of numerous diverse programs is limited. Some feel their effectiveness is inversely proportional to the number of programs they are expected to deliver. Two TC's specializing in transportation assessments full time (2.0 FTE) should be able to cover the workload of the combined nine to thirteen current TC's who each devote 0.1 to 0.2 FTE to transportation assessments, they said, and do so more efficiently because of their developed expertise in the area.

One of the human service managers we spoke with supported the notion of specialization. She said that the LTD assessment is more complex and demanding than any assessment the TCs complete for any other agency:

> This assessment is very different—there are very specifics to it. The challenge is that they [TCs] are critiqued and expected to do some very detailed assessments. When you try to integrate very many program [assessments] it gets to be too much for any one person to do.

One TC said that many of the other TCs she works with do not feel that program officials understand the stress associated with the additional the TAP assessment component that was added to their workload, or the source of that stress:

> It's so broad now. I think the people that do the assessments should be advocates of the area. [For example] we're all very familiar with people over 60 and love working with them. But then we were given two other demographics (young and disabled) without training in those areas.

Even with the number of TCs currently on board, CSRs said they regularly receive calls from individuals wondering when exactly they will be called for an assessment. CSRs reported perceptions of four to six week waits, which they feel is a long time for people to wait. In the meantime, the CSRs assign "temporary" ride status and manage frequent calls from those not yet scheduled for their assessment.

In contrast to CSRs who feel there may not be enough TCs dedicated to getting assessments done in a timely manner, one of the TCs recommended reducing the number of assessment coordinators: "I would get rid of quite a few coordinators. I think it's too big. There are a lot of [Transportation] coordinators, and I just think it could be done with fewer people [dedicated to just that job]." Again, some TCs felt that two full-time dedicated individuals (with FTE equal to the combined FTE of the current nine to thirteen partial TC's) could more efficiently conduct the transportation assessments, and maybe in a more timely manner.

TC Training

Several of the TCs we spoke with felt the training they received prior to being sent out to clients' homes to conduct transportation assessments was inadequate. As one TC remarked, "The materials they used and the direction they wanted us to go to [should have been in place] so when we walked out the door, we had a base to work

from. "We had a brief covering of the ADA, and we did some telephone conference thing with the Easter Seals, but that didn't go very well," said another.

Some TCs, even though they agreed that the training they received was less than optimal, were less bothered by this, because they felt the real training didn't start until they were out in the field. They wished that they had received more training before getting started, and they would have liked to have been eased into to the field a little more slowly. But, ultimately, as one TC said, "I guess you just had to get thrown into it."

A TC noted, "If I was just starting this over again, I would like to have had more knowledge about the Medicaid clients. I had not worked with Medicaid clients and I feel that they thought we knew more about the Medicaid clients (different eligibility criteria from ADA) than we did." Another TC said she would have liked more hands-on training regarding ADA. Still another said:

I think that training before a person starts is great, but I also believe that once you go ahead and start the program and you go out and get your feet wet and meet with people and you have done a few assessments, I think you should retrain again, because then are you able to look at what you need to pay more attention to.

TCs also reported that they felt inadequately trained to assess people with mental health issues. As one TC stated, "I think the hardest for us are people with disabilities related to their mental health. None of us, but for her [one of the TCs with experience in mental health], has the background." Yet, all TCs are expected to assess clients for cognitive and behavioral disorders during the home visit. One TC felt pressured by LTD to not only conduct mental health assessments, but to do so in a manner that this TC felt would be favorable to LTD with respect to required documentation:

> Because every assessment we do is reviewed [by LTD], then we are questioned by the person who reviews it about whether they [the client] are working with the mental health therapist [and, if so], 'They should be working on getting over this.' But I spoke with one of the mental health therapists on a client that I called about, and she said to me that some people have been case managed by her for ten years, and the anxiety has not changed.

One TC said it would be helpful if they could all be trained in properly conducting a Mini-Mental test. This would give them more confidence in their assessment of behavioral and

cognitive issues and objectify any mental health limitations they identify.

Supervisors, too, recognized difficulties around the issue of training. According to one supervisor, TCs were still struggling with how to gather information and record it on the assessment tool to the specifications of LTD officials, even one year after the initial training. The supervisor said: "I think it goes back to training--I remember sitting in these Monday [training] meetings around the assessment, and there were certain people that just didn't get it."

At the time of the writing of this report, LTD officials had decided to continue reviewing every assessment completed. Initially, they thought the need for reviewing each assessment would diminish as TCs gained competency with the tool. But, according to one LTD official, "It became clear that the review process was integral, no matter how smoothly folks got at executing assessments before things went final and became usable data for our call takers." In other words, LTD felt that for the time being at least, it needed to make the final determination of each rider's eligibility. This has contributed to the cultural divide discussed in the next section.

Cultural Divide

Even though top officials would wish it to be otherwise, the cultural divide between transportation and human service agencies and workers is palpable. It appeared throughout our study. An LTD collaborator told us she thought that it had threatened the project from the beginning:

> We briefly talked about the different cultures; that was really huge at the beginning. I think it almost killed this project. You need to find the right people to understand where your agency comes from but also step back and step away to understand where this other agency is coming from and [determine] 'Is there a way we can coordinate and collaborate and find a solution together?'

Although LTD's program designers clearly imagined a seamless and holistic transit-social welfare system, she also acknowledged the cultural divide: "Obviously there are competing goals. Medicaid has this 'least cost' goal, and ADA has a civil rights goal." But she also imagines the TAP as the solution: "And I understand that those compete, but it's this role that I see in social welfare programs that we take on as gatekeeper."

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For their part, some TCs felt that the overriding goal in all they are being asked to do is to decrease costs for LTD, not meet the needs of clients. One TC said she felt that the assessment schedules are based on the backlog of Medicaid clients, as opposed to the client who really needs a ride.

Other TCs reported that they felt badgered in the assessment review process to provide detailed documentation of someone's inability to use fixed transit. As one TC reported:

> One of the constant hot topics is, 'Do you get out and walk with the client?' And often - I will be honest -I don't. If I'm in a facility, and I see the person laying in bed, and they have oxygen tubes on them, and they don't - they look disheveled - I can tell, because I feel that I'm not stupid, that this person is not going to be out walking six blocks and getting out and using the bus…But the expectation is you walk with them. I don't feel comfortable asking somebody to do that. Now a more able-bodied person, I don't have a problem with doing that.

Some human service workers (TCs) do not feel they can do what they do best—humanistically assess a person's needs—within the constraints of the transportation assessment process. As one TC stated,

> As a group that's got years of experience working with individuals and understanding all of the other program limitations and all of the realities of life, we don't get to add that part and make the rules a little more flexible for individuals. That's what makes it hard for us.

Another TC said:

> I think we have all struggled with learning to write in a certain way, to write these transportation assessments. We're used to accepting people's statements at face value, rather than making them perform to prove that they really can't walk three blocks.

From LTD's perspective, the agency has a responsibility to make sure that only those who are truly eligible for paratransit services receive them, so that as many individuals in need of paratransit services can be served, within the limited public funding that exists. From some of the compassionate comments we heard from TCs

regarding the clients they serve, it is easy to see how social service workers (TCs) might be perceived as overly generous with transportation services and thus threatening to the agency's ability to achieve its mandate. Ultimately, TCs have the same goal of serving as many individuals as possible. Social service workers (TCs), however, are not as knowledgeable about budget details and financial constraints as LTD officials and therefore may have different priorities and ideas for distributing limited resources.

Program Costs and Benefits

One of the important questions in assessing any program is that of cost effectiveness. Does the program serve the constituents' needs adequately while keeping operating costs low, at least within budget? Hypothetically, the program could be excellent, loved by the provider and users alike, and still be suboptimal under cost/value considerations. This section is a very preliminary assessment of the costs and benefits of the TAP, given that limited data were available at the time of the report. Also, several program elements are difficult to quantify, such as the social value of providing outreach to people unaware of services, the value associated with having a comprehensive in-home assessment, and the potential for reducing some trips while increasing access overall. As one interviewee said, "The greater good is not easy to measure."

To judge the cost effectiveness of the program, two components must be examined: First, how much does the program cost, and second, what outcomes does the program yield for riders and LTD? Some questions in this cost/benefit analysis are easily answered (e.g., what price is paid for each assessment), while others require much more detailed data than are yet available (e.g., "Is there a cost savings potential resulting from having more detailed functional assessments under this model, and if so, how much are the savings?").

On the cost expenditure side, LTD made available detailed accounting information regarding the expenses associated with the TAP paid out to vendors. Specifically, LTD contracts with two vendors for assessments (LCOG Senior and Disabled Services and Alternative Work Concepts), and in 2010, a total of $263,588.00 was paid to both providers combined. As shown in Table 1, LCOG Senior and Disabled Services conducted 1509 assessments and charged $238,568.00, for a cost of $158.09 per assessment, while Alternative Work Concepts conducted 288 assessments and charged $25,020.00, for a cost of $86.88 per assessment. The average cost per assessment from both vendors was $146.68.

Table 1: 2010 Assessment Expenditures

Provider Name	Number of Assessments	Total Expenses	Cost per Assessment
LCOG Senior and Disabled Services	1509	$238,568.00	$158.09
Alternative Work Concepts	288	$25,020.00	$86.88
Total	1797	$263,588.00	$146.68

There is a significant difference between the price charged for assessments conducted by AWC ($87) and S&DS ($158). There are a number of reasons that may explain the lower rates charged by AWC:

- AWC is a small non-profit agency using low-cost systems with primarily two individuals assigned to conducting in-home interviews.
- AWC conducts only metro-area assessments, with low travel time and mileage to get to and from home visits; S&DS covers both metro and rural communities/unincorporated areas throughout Lane County, where travel time and costs are significantly greater.
- AWC conducts more assessments for persons who are younger and disabled and are more likely to live in group residential settings; thus, AWC is more likely to be able to conduct multiple assessments at a single visit, spreading overhead and reducing costs per assessment.
- AWC's philosophy is to promote independence and integration within community settings, which is aligned with supporting individuals to learn and be successful fixed-route bus riders whenever possible.
- AWC works mostly with a known clientele, and its staff did not need extensive training or orientation to learn to conduct assessments as it has been an integral part of their primary work.

It should be also noted, however, that S&DS costs should drop somewhat after the initial training period. It may also be the case that S&DS is not the best agency to do the assessments. One person said: "[LTD] is paying LCOG to do these extra assessments, but it [the assessment agency] doesn't have to be an area agency; it could be any kind of agency that has that connection to a person in their home; the financing has to be available or its [program success] not going to happen."

Another point with regard to cost is important to make. Specifically, it is likely that, in addition to payments made to vendors, there are further administrative costs associated with assessments. Specifically, the TAP results in expenses within LTD

for management, controlling, accounting, etc. Even though LTD does conduct activity-based costing, it still was not possible to quantify these internal costs. Since these costs are not captured for and charged specifically to any particular LTD program, it would be inaccurate to try to assess them for the TAP only. It can thus be assumed that the *direct* cost of each assessment is $146.68.

Similarly, the internal costs to the TAPs human services partner agencies are not known, and no cost data from those agencies, other than the payments LTD made to them as venders, were available. The lack of such data is not a problem unique to this project. In a 2005 report to the President, the federal Coordinating Council on Access and Mobility (CCAM) noted the following:

> The regulatory review of the 62 human service transportation programs found little uniformity in program delivery, reporting, and eligibility requirements. Many of the programs cited by the 2003 GAO report [that] support human service transportation have uniquely different primary missions such as the provision of employment or health care services. No single law or statute created federal human service transportation programs, meaning that there is no single or uniform requirement on how they are delivered, and each program developed its own idiosyncratic regulations, eligibility requirements, and operating procedures. (page 6)

Unfortunately the current data available to assess the financial *benefits* of the TAP are very limited. As discussed earlier, paratransit is significantly more expensive than fixed route services, and making sure that users receive the most appropriate and low cost service can yield significant benefits to transit providers. LTD has demonstrated this in its Transit Training and Hosts services. Without an assessment system, transit providers have very limited knowledge about their riders' needs, and often the type of service provided must be based on educated guesses made by call center operators when clients call in. Alternatively, an assessment system such as that provided through the TAP, that gathers more detailed information about riders and allows call-takers to determine exactly which type of service users require, has the potential to save significant costs.

The TAP assessments group potential riders into one of four categories: fully eligible, conditionally eligible, temporarily eligible, or ineligible. No detailed information is available regarding the cost associated with ridership in each category (with the exception of ineligible, since no costs are incurred), but ample

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anecdotal evidence from within LTD, as well as findings reported in the literature, suggests that full ridership (i.e., paratransit for every ride) is significantly more costly than temporary or conditional ridership. If an assessment concludes that a rider is ineligible, no further costs are incurred at all. For instance, Sapper, Goodwill and Carapella (2009) suggested that the cost of providing a paratransit ride exceeds that of a fixed route trip by 10 times.

Although LTD has not compiled detailed data to assess the relative costs associated with full, conditional, or temporary ridership, data were available regarding ADA eligibility determinations. Thus, monthly records for new eligibility going back to 1992 were analyzed for this study, comparing LTD's old intake system that was in place from January 1992 to April 2010 to when the TAP assessment system became operational, in May 2010.

As shown in Table 2, the results showed that the TAP system is associated with an increase in both the overall number of individual assessments conducted per month, as well as the numbers of riders classified as fully eligible, conditionally eligible, temporarily eligible, and ineligible. At the same time, although the volume of assessments increased, importantly, the *distribution* of clients by eligibility status changed, with a decrease in the percentage of clients who were determined to be fully eligible, an increase in the percentage of clients who were determined to be conditionally or temporarily eligible, and an increase in the percentage who were determined to be ineligible.

Table 2: Average Monthly Number and Percentage of ADA Eligibility Determinations, 1992 – 2011

	Full	Conditional	Temporary	Ineligible	Total
Pre TAP:	44.9	5.8	6.2	0.5	57.3
Jan 1992 – April 2010	78.3%	10.1%	10.7%	0.9%	100.0%
Post TAP:	89.8	37.1	20.5	5.2	152.6
May 2010 – July 2011	58.8%	24.3%	13.5%	3.4%	100.0%

Specifically, in the 220 months between January 1992 and April 2010, the average monthly number of prospective new riders was 57.3. Of these, a monthly average of 44.9 (78.3%) were granted full eligibility status, 5.7 (10.5%) received conditional status, 6.2 (10.7%) received temporary status, and 0.5 (.9%) were ineligible. In contrast, in the 15 months between May 2010 and July 2011, there was a monthly average of 152.6 assessments, with 89.8 riders (58.8%) classified as full, 37.1 (24.3%) conditional, 20.5 (13.5%) temporary, and 5.2 (3.4%) ineligible.

The monthly eligibility determination outcome data are displayed graphically in Figure B, which illustrates the increase both in overall assessments since the start of the TAP and in determinations other than full eligibility ridership. Statistical tests were conducted to assess whether the numbers under the old system differed significantly from those under the new system. There was a significant effect for the overall number of assessments, $t(233) = 8.16$, $p < .001$, with more assessments conducted under the TAP system. Similarly, there were significant effects for full ridership, $t(233) = 22.10$, $p<.001$, conditional ridership, $t(233) = 14.32$, $p<.001$, temporary ridership, $t(233) = 10.82$, $p<.001$, and ineligible determinations, $t(233) = 14.66$, $p<.001$, with a greater number of cases under the TAP system for all eligibility statuses. In sum, the results of this analysis revealed that there is a significantly greater number of monthly assessments conducted under the TAP than under the previous system, and similarly, there is a significantly greater number of full, conditional, temporary, and ineligible ridership determinations.
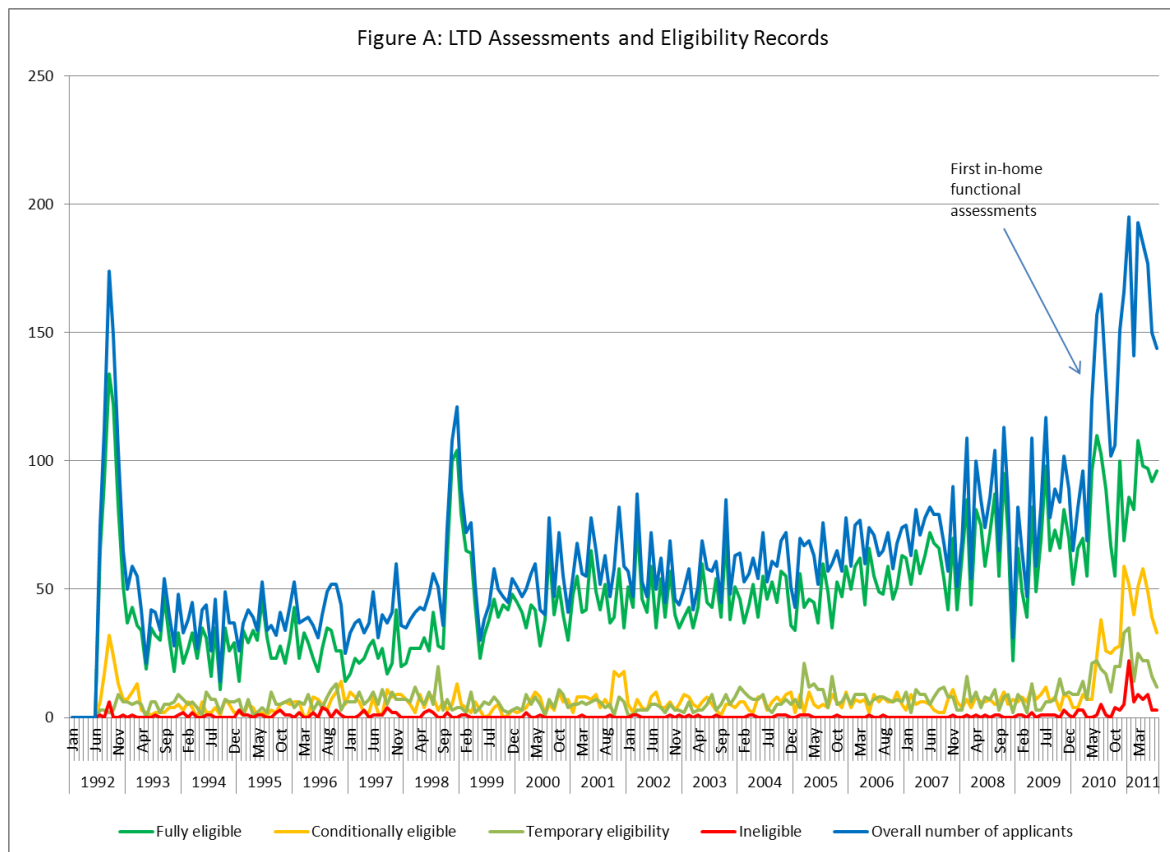

Figure B. LTD Assessments and Eligibility Records

It is important to note that although there has been a significant decline in the percentage of full eligibility ridership under the TAP process, the absolute numbers of full riders have increased, owing to a much greater number of overall assessments. Because the cost per rider is not yet known, it is not possible to make any statements regarding cost outcomes of the TAP at this point. However, under the assumption that full riders are more expensive than conditional or temporary riders, the new assessment program, with its spike in the absolute number of full riders, may well have led to increased ride expenditures. This phenomenon, known as the "woodwork effect," is commonly cited as a danger of increasing the reach of government programs. This theory suggests that there is latent demand for government services that would not otherwise be provided or that family or friends would have provided, and that making services available brings out this demand (Kaye, LaPlante and Harrington, 2009). Alternatively, the additional funding that is available to provide these rides could very well mean more service is being provided at a reduced cost. For example, the funds available through Medicaid do serve to increase the volume of rides that can be provided. Data on the amount of revenue available are needed to make this determination.

Other data are needed as well. Specifically, data are needed to identify the costs associated with a typical full, conditional, or temporary rider. Also, data tying actual ride outcomes to eligibility are needed. For example, at the present time it is not known whether the increase in the total number of eligible full riders has led to a matching increase in full rides, or whether a large number of the newly eligible riders remain essentially dormant, not actually utilizing paratransit services. In addition, the TAP is not fully integrated with LTD's dispatch service (the RideSource call center), so even if data were available, they would not in all cases be based on the TAP assessments. If data matching assessments for eligibility and rides actually taken were available, a much more complete story could be told about the cost implications of the TAP. It would be possible, for example, to make a determination as to whether more thorough assessments, with the resulting increased numbers of full, conditional, temporary and ineligible riders, have led to a cost increase or decrease.

Similarly, data on the benefits of the program for individual riders and for the partner agencies are needed. A survey of clients would be useful to determine clients' perceptions of the value of the program. Data concerning the extent to which and ways in which individuals' mobility has been affected and the impact on their quality of life would be helpful. A survey of transportation coordinators (TCs) could

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be conducted, as well, to obtain their perceptions of the benefits, and costs, of the program for their clients.

Replicability of the TAP Model

General challenges associated with program replication
As former president Bill Clinton once said: "Nearly every problem has been solved by someone, somewhere. The frustrating thing is that we can't seem to replicate [the solutions] anywhere else." Thousands of nonprofit programs throughout the United States produce positive outcomes year after year. The question is whether they can be replicated within other organizations and in other locations with equally favorable outcomes.

Unlike the franchise models of the for-profit world, nonprofit organizations must uniquely respond to the complex problems they were designed to address with equally complex programs. Replication, therefore, can never be a simple cookie-cutter approach. Instead, the program must be customized to the situation without compromising the core elements of the model program. At the same time, the elements themselves must allow flexibility in how they are applied

The more complex or unique a program, the more difficult it is to standardize and therefore to replicate. According to Jeffery Bradach (2003), "the greater the number of elements that can be standardized [in a program], the more likely it is that the replication will succeed." He explained that the key to the for-profit franchiser's success is the ability to standardize the critical activities in the business model—from the size of the hamburger to how customers are greeted.

Standardization in the nonprofit sector is much more challenging, because knowledge is often tacit. Someone who has been with the organization since its inception *just knows* how to handle each unique situation that comes up. Or key stakeholders know how to collaborate based on the many successful collaborations in which they have already engaged (as is the case with LTD and its collaborators).

Making intangible knowledge explicit is essential to successfully transferring the model to other nonprofit organizations. As policy expert Lisbeth Schorr (1998) said, "We have learned to create the small exceptions that can change the lives of hundreds but we have not learned how to make the exceptions the rule to change the lives of millions."

Replicating the TAP

Although our question guide did not specifically include a question about whether or not the TAP could be replicated, the topic found its way into conversations with a handful of interviewees. These individuals were not program designers but had three things in common. They: (a) had a broad view of the TAP program; (b) held upper level positions within their organizations; and (c) were familiar with the structures and limitations of other transit programs in the state and around the country.

The interviewees who decided to comment on program replicability work for different agencies and do not normally interact with each other. Yet, their comments were remarkably similar. One of them said:

> I don't think that this will result in any kind of cookie-cutter system that you can just stamp out and apply from place to place; it seems to me that you could pick and choose what you want - sort of like a big hors devours plate. I know that there's going to be exceptions and I know that there are going to be places with particular local laws or state implementation [criteria] that are going to be different enough.

Another's comment was in concurrence: "It seems to me if you are able to take the project and parse it out into its components and then look at it in terms of scalability within the components, not losing track of the overarching purpose, [you could decipher] which parts of this are less or more important to that purpose."

One of the interviewees said that the model, as is, as unlikely to work in isolated rural areas of the state: "[In rural Oregon] the human resources are thin on the ground. It's not like Lane where you have taxis and all these different columns of money—it's just not the same thing, even though it is in a microcosm." The same individual also explained why the model, in its entirety, would likely not work in the three-county metro area that includes Portland:

> I have no problem with Lane; I just can hardly imagine TriMet moving to this model, for a number of factors. Lane works with [one agency]: LCOG. TriMet works with Multnomah County Aging Services, Clackamas County Aging Services, Washington County Aging Services and then a plethora of other human service agencies everywhere. I mean, how that would functionally work is very difficult. Not to say that it couldn't be implemented in pods. How you could go to

everybody's house is just, I don't see how that could happen.

The underlying problem with wholesale replication of the TAP, according to one individual, is the diversity of transit systems that exists throughout the country. Although all transit districts, no matter where they are located, must meet the same ADA mandate, the manner in which they do so can be wildly different. The variables include client mix, extent of collaboration among key stakeholders and the agency with primary responsibility, the extent and availability of paratransit resources, availability of funding, and level of leadership. Nonetheless, according to this interviewee, it's easy to think that Lane Transit District's program could have some applicability:

> If there was a pattern we would kind of fit it, because we've been serving ADA through a dedicated fleet for a long time. There are a lot of different things that we do that are not at all uncommon across the board, but there are all sorts of different systems that are maybe referral only, and there's just a vast array of variety you'll find if you really go from place to place and start looking at what they have.

The "Five R's Required for Replicability"
It is difficult to determine if a social program is replicable or not until it has been successfully copied. But those who study social entrepreneurship have identified criteria that can be used to estimate the replicability of nonprofit programs. One set of criteria is the "Five R's" system developed by Gregory Dees and Beth Battle Anderson of Duke University (2004). Using this system and the data collected through the current case study, we have assigned the TAP program a score 1 to 10 for each of the five R's. The scores were generated from a triangulation of researcher ratings and have not been statistically tested. They also are merely an estimation of the TAP's position on each of the five scales.

Dees and Anderson's five R's are as follows:
- **Readiness**. Is the program ready to be spread?
- **Receptivity**. How well will the program be received by target communities?
- **Resources**. How reasonable are the resource requirements for the program?
- **Risks**. How likely is it that the program could be implemented incorrectly or fail to achieve the intended impact?
- **Returns**. How likely is it that the program will deliver high quality services?
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Readiness

According to Dees and Anderson, to be ready to spread, a program must meet two criteria:

- ✓ Have objective evidence of its success
- ✓ Be well-defined enough that it can successfully be transferred to other communities

Because the program has not yet reached a developmental stage appropriate for such an assessment, the TAP has had no objective assessment of its success. At the time of this study, the TAP had been fully in effect for just one year and program officials were still actively involved in the process of refining and adapting strategies to make the program workable. Our study was partially designed to assist in that process.

Although the TAP is not yet ready for an impact assessment, we were able to review several program processes through the qualitative interviews and focus groups we conducted with staff and program officials. As a result, we uncovered several programmatic areas in need of further refinement. For example, we discovered instances of poor communication between supervisors and staff, lack of effective collaboration between human service and transportation sectors, and staff who felt they had been inadequately trained. We also learned of some challenges social service workers were experiencing in trying to implement a humanistic assessment within a strict transportation culture. From ride dispatchers we heard about the challenges of implementing complex eligibility requirements while on the phone with the customer.

Because it is still under development and has several programmatic issues yet to resolve, we would give the TAP a score of "5" on a readiness scale of 1 (low) to 10 (high).

Receptivity

Dees and Anderson (2004) argued that if a program is overly complex, represents a radical departure from accepted practice, clashes with dominant ideologies, or requires program officials to yield ownership or control, it is unlikely to be embraced by potential replicators. Because the concept for the TAP is not overly complex or unorthodox, nor does it require transit districts to yield control, we anticipate that it would be well received by other transit districts. In fact, we believe that the *transportation case management* approach used in the TAP adds value to

existing transit ideologies and transit agencies wanting to add a humanistic component to agency-centric systems should be quite receptive to the TAP model.

Receptivity, however, is also reflected in a willingness by replicators to invest time, money, and energy to achieve anticipated outcomes. At the time of this study, it was unclear whether or not the TAP officials could articulate time, money, and energy requirements required to replicate the TAP. This is no doubt related to the lack of readiness to replicate. Once the program is fully developed, these parameters should be easier to define. For its likely potential of being valued and well received by other transit districts, we assigned the TAP a score of "8" on a receptivity scale of 1 (low) to 10 (high).

Resources

Dees and Anderson (2004) also pointed out that part of program receptivity involves knowing what resources will be required to implement the program. In particular, replicators will want to know if the innovation can be spread in such a way that it reduces costs while improving effectiveness. They will also want to know under what conditions: Must a certain threshold of demand be met for cost savings to occur? What components are critical to implement in a highly standardized format to achieve replicable results? Are certain local partnerships or collaborations among those with shared goals essential?

LTD is at least one year away from answering questions on resources and costs. Systems are not yet in place to capture the data necessary for relating costs to ridership, types of ridership and frequency of ridership. Nor have program officials been able to compare resources and costs from the previous program to resources and costs related to the innovation (the TAP). It is also unclear how effective the program would be without the long-standing collaborative relationships that characterize the local Lane County community. Another consideration is whether or not the most appropriate and cost-effective staffing complement has been determined. For these reasons, we would assigned the TAP a score of "3" on a resource scale of 1(low) to 10 (high).

Risks

Risks generally increase with any type of social innovation due to the increased resource investment and enhanced responsibility it usually entails (Dees and Anderson, 2004). Potential replicators will want to be aware of risks and potential implications of those risks before embarking on implementation. What if the

program fails to achieve its intended impact? What potential negative effect will it have on program recipients? How might it unfavorably impact long-standing relationships with collaborators? What about layoffs of loyal committed staff?

For-profit organizations use feasibility studies to estimate risks. But the estimated inputs and outputs required for for-profit feasibility studies are not as cut and dried in nonprofit/public programs. Instead, many nonprofits rely on evidence-based strategies and funder due diligence criteria to reduce risk of program failure.

The impact of some risks, however, can only be fully understood by actually implementing the program. For example, the TAP program planners were well aware of the cultural divide that generally exists between the human service and transportation sectors before launching the program, but they could not predict how long it would endure or the impact it would have on effectiveness until they put the program into play. Neither could they predict the extent to which new ridership would increase as result of the increased number of and comprehensiveness of assessments (the "woodwork effect," Kaye, LaPlante and Harrington, 2009).

But despite these and other less overt risks, LTD and its partners did not shy away from efforts to improve the quality of the transportation services delivered to seniors and disabled riders in their community. They moved forward with confidence in a sound TAP model that they believed would transcend any associated risks. In taking this innovative step, they unveiled many otherwise unknowable risks for those who follow. We therefore gave them a replicability score of "10" on a risk scale of 1 (low) to 10 (high).

Returns
In the 5 R's of program replicability, the bottom line (returns) refers to improved program quality rather than mere increased activity or monetary gain. "Impact," Dees and Anderson (2004) wrote, "is not just about serving more people and communities but serving them well . . . the program is only effective if it delivers higher-quality services than already available." To make that happen in the nonprofit sector it often means better-than-usual coordination, increased organizational learning and self-reflection, and an ability to make explicit key intangible knowledge.

Replicators will also want to know the likelihood of producing higher-quality services in return for assuming greater risks than those of existing programs. They

most likely will be making a greater resource investment and possibly experiencing decreased revenue in the process. Without some idea of the return, it may not be worth the steep investment.

Overall, it is assumed that the in-home assessment process itself increases quality for clients. Anecdotally, we learned that the increased availability of transportation has greatly enhanced the lives of many individuals, especially those previously unaware of the transportation services available to them. An almost unquestionable benefit of using human service workers to conduct assessments is the gateway that they provide clients to other social services. In addition, LTD tracking data indicate that the TAP has increased ridership over the previous program. But, human service workers also related situations where the implementation of the TAP had detrimental results for some re-categorized bus riders.

At this point, we would assign the TAP a score of "7" on a return scale of 1 (low) to 10 (high) for apparent increases in program quality. We suggest that these returns be substantiated with further research.

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Recommendations

The recommendations that follow are based solely on the findings included in this report. They were crafted in direct response to issues identified by focus group participants and interviewees, and many are direct recommendations from participants. Only issues substantiated by convergent comments originating from multiple participants have been listed.

Still, we must note that **these recommendations are made with incomplete information**; they must be sorted and kept or discarded based on other knowledge, resources, priorities, organizational temperament, and cultural sensibilities. They are presented here merely as a starting point for crafting responsive strategies, processes, policies, or program refinements to address the issues raised by this case study. Moreover, we note that the TAP is a new project that continues to evolve, and some of the issues and suggestions detailed here may already have been addressed.

Recommendations are suggested with respect to 10 areas: social benefits, collaboration, communication (call center), conditional status, ADA-Medicaid, the assessment tool, training (transportation coordinators), staffing, the cultural divide, and costs. The issues identified within each area are presented, followed by suggestions for ways to consider addressing them.

Social Benefits

Issue:
- Some long-standing paratransit riders, particularly older seniors and those in rural areas, have a hard time adjusting to reclassification as a bus (fixed-transit) rider under the new the TAP model.

Recommendation:
- Consider providing these riders more support for using transit, such as travel training, travel hosts, or buddy systems.

Collaboration

Issue:
- Although inter- and intra-agency collaboration among top program officials is exemplary, more would be beneficial among the Transit Coordinators (TCs) and Customer Service Representatives (CSRs). Individuals in one

classification have inadequate understanding of the role, responsibilities, and demands of the other and, in some cases, the two groups hold misconceptions about each other.

Recommendations:
- Frequently acknowledge the essential combined contribution of both TCs and CSRs to the overall success of the program.
- Provide education and materials detailing the other's role for both TCs and CSRs.
- Have all TCs shadow CSRs for an entire day and vice versa.
- Hold joint meetings with the two groups on a regular basis. Encourage joint agenda development, problem solving, and meeting chairmanship.
- Hold an annual combined retreat for TCs and CSRs.

Communication (Call Center)

Issues:
- Communication between supervisors and CSRs is less than optimal.
- CSRs do not feel supported during challenging phone calls with clients.

Recommendations:
- Establish a clear chain of command in the call center so that CSRs know who to go to with questions and issues.
- Ensure that at least one call center supervisor is on site at all times to provide "at the elbow" assistance for call takers and immediate and unrestricted access to the state database.
- Develop a consistent, systematic, repetitive and multi-faceted (oral, written, electronic) approach to delivering new and updated information to all CSRs.
- Ask CSRs how communication can be improved in the call center and follow suggestions that are reasonable.
- Establish a formal CSR learning community (a semi-structured ongoing forum in which data are openly shared, discussed, and processed in an effort to engage members in active learning from and sharing with each other).

Conditional Status

Issues:
- The new and more robust assessment process has created a significant increase in riders with conditional status, making the job of the CSR increasingly complex.
- It is difficult for the CSRs to efficiently translate the multiple variables of some conditional status assessments into a transportation decision, especially while on the phone with the customer.
- Unpredictable weather conditions are difficult to consider when scheduling rides two or more days prior to the ride.
- Conditional ride-by-ride status based on situational self-assessment has proven ineffective, according to the CSRs.

Recommendations:
- Elicit ideas from the CSRs for strategies to increase efficiency and standardization of ride-by ride eligibility determinations.
- Ensure that the CSRs have all of the information they need (maps, assessment data, etc.) readily accessible to assess individuals under conditional status.
- Keep the CSRs updated on all changes in conditional eligibility determination.
- Create a line of communication between the CSRs and the TCs to enable CSRs to contact the TC who conducted the assessment for clarification in difficult cases.

Complex Eligibility Requirements

Issues:
- Many (maybe even most) CSRs are overwhelmed by the complex eligibility requirements for both ADA and Medicaid.
- The CSRs do not have a common language (e.g., within the same focus group, different CSRs used the terms "bus," "van," "RideSource," and "paratransit" to refer to the same vehicle).
- The management philosophy of a seamless client system is difficult to operationalize in the field among call dispatchers.
- Consumers are confused about their eligibility status.

Recommendations:
- Garner further input from the CSRs regarding this issue and ask for their suggestions for increasing clarity and maximizing effectiveness.
- Engage the CSRs in ongoing educational sessions in which they are encouraged to ask questions and share examples of challenging calls as teaching opportunities.
- Establish a common language among call takers.
- Consider developing "cheat sheets" and customizable scripts for typical situations.
- Consider creating specializations in ADA and Medicaid for at least a few call takers who would serve as experts in these areas to other CSRs.
- Install call monitoring functionality to verify what actually takes place during calls to better understand the sources of caller confusion.

The Assessment Tool

Issues:
- The TCs find the tool time-consuming to complete and view expectations for detailed documentation as unrealistic.
- The TCs feel the current assessment tool does not support a humanistic approach to meeting client needs.

Recommendations:
- Engage in a continual process to refine and improve the assessment tool.
- Arrange a non-threatening opportunity for LTD management to elicit direct feedback from all TCs on what's working and what's not working with the current tool.
- Allow TCs or a TC representative to suggest revisions to the current tool.
- Reconfigure TAMS to accommodate any changes to the assessment tool.

Training of Transportation Coordinators

Issues:
- The entry-level TC training is seen as inadequate.
- The TCs feel the didactic training is not well integrated with practical application.
- The S&DS TCs feel they need more training in assessing young Medicaid clients.
- The TCs feel they lack competency in assessing clients' mental health status.

Recommendations:
- Contract with a professional training expert to devise a well-organized, comprehensive curriculum and integrated (classroom and field) training package for TCs.
- Contract with a local mental health agency/professional to provide the TCs necessary training in cognitive/behavioral assessments.

Staffing

Issues:
- As generalists, S&DS human service workers report that they have a difficult time adding the complex, detailed, and time-consuming responsibilities of the TAP assessment to their role.
- The more people who are responsible for completing assessments, the more diverse and less standardized the execution of the assessment.

Recommendation:
- Analyze the workflow to evaluate the complexity and training needs of the people on the ground. Use an iterative process such as the annual review.

The Cultural Divide

Issues:
- Some human service workers feel that the humanistic part of their job is over-shadowed by what they perceive as LTD's primary goal: to save money.
- Some transportation workers feel that the human service workers can be too generous in providing paratransit services to individuals who are capable of riding the bus (fixed route).
- Misunderstanding, resentments, and blame permeate both cultures.

Recommendations:
- Consider innovative management options that allow for joint leadership (social service/transportation) of front-line staff.
- Hire an organizational development consultant to work with management and staff of all agencies involved (LTD, S&DS, AWC, SMS) to collaboratively understand and develop strategies to transcend cultural barriers.

Costs and Benefits

Issues:
- Additional information about costs is needed to determine the cost effectiveness of the TAP and to compare to costs under the previous model.
- Data are needed concerning the amount of revenue available.
- Additional information concerning the perceived benefits of the program is needed.

Recommendations:
- Collect information about riders to determine the average number of monthly rides in different categories through a simple system database that tracks number of rides and connects them to rider status.
- Collect information about the direct and indirect costs associated with rides. Track the number of monthly rides and assign them to different ridership types.
- Gather information about revenue available to the program.
- Make sure that assessments are used to guide ride dispatcher decisions and keep records that provide a way to link assessment data with call center client records and ridership outcomes.
- Gather data from customers, TCs and CSRs concerning their perceptions of the benefits of the program.
- To facilitate the monitoring of costs, standardization of data collection, including common data collection forms for the transit and the human services providers, would be helpful. Continued collaboration between LTD and its partner human services agencies would aid in the development of data collection tools and procedures and is recommended.

Conclusion

The unique social service-transportation hybrid program that LTD officials collaboratively designed with partner agencies holds great promise for enhancing transportation services for Lane County's elderly, disabled and poor residents. LTD took an enormous leap of faith in marrying social service and transportation cultures for the ultimate benefit of riders in this innovative program. Although some internal collaboration and communication challenges do remain, LTD officials have made substantial progress in creating a meaningful interface between public transit, human service agencies and riders. Great strides have also been made in bringing together the divergent policies and approaches of different funding sources in order to provide riders with a seamless system.

None of this would have been possible without the trust-based collaborations that LTD nurtured and developed with local partners over the past 20 years. As a result, the lives of many seniors and individuals with disabilities have been enhanced with transportation services they never knew they were entitled to receive. For those who have been riders all along, the connection with social services through the assessment process has been a virtual gateway to other social services.

It is still too early to determine if the TAP can be replicated in other communities. But if transportation costs remain the same or can be reduced as a result of the program, for both transit and the human service agencies, the TAP will be a model that others will want to emulate. As LTD moves in that direction, it will be important to implicitly understand not only the potential return on investment of this innovative model, but also the risks and resources required to spread the impact. The findings described in this report are a slice-in-time examination of a project that is dynamic, ever changing and dedicated to continuous improvement. The most important thing LTD can do to enable others to replicate the TAP, or parts of it, is to continue to fully detail the essential structures and processes associated with its success so that any transit agency wishing to adopt a similar hybrid model will have a definitive roadmap for creating similar outcomes.

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Appendices

Appendix A: Interview Guide

Lane Transit District Transportation Assessment Program

Introductory script

I am a researcher from PSU who has been contracted by Lane Transit District (LTD) to conduct interviews with several individuals involved in LTD's recently instituted Transportation Assessment program. There are two reasons for doing the interviews: (1) To be able to describe the program in detail for others who may want to replicate it; and (2) To understand what worked during the planning and implementation and what could be improved.

Your experience with the LTD Transportation Assessment program is valuable and we want to learn all we can from you. I have several questions to ask you about your experience working with the program and I'd like you to answer the questions honestly and from your own perspective.

I will be recording the interview because what you say is important and I cannot capture it all accurately with notes. I and other PSU researchers will be the only ones listening to the recording. When we transcribe the recording for our report we will not attach your name to anything you tell us. Nor will the actual tape recording be shared with anyone in LTD, LCOG, DHS, or any other agency involved in the transportation assessment program.

After we have spoken with everyone on our list we will be summarizing all of the responses into a final report to share with LTD. They will use the information to improve the program and share what works with other communities.

Do you have any questions before we start?

[*Review consent with interviewee and secure signature if not already done*.]

Background

1. How are you involved in the LTD Transportation Assessment program?
    a. What organization do you work for/with? How long have you been there?
    b. What is your current title and role on the LTD program? What is your job description?
    c. How do you interact with those who work in other parts of the program?
    d. How do you interact with individuals who want to access LTD services?
    e. Were you involved in the development or refinement of the LTD Transportation Assessment program? If so, please describe your involvement.

2. How would you describe the model to someone who knows nothing about it?
    a. Why was the program created? What are its objectives?
    b. What kinds of services are provided and to whom?
    c. How would an individual go about accessing services?
    d. How about the assessment process itself. What questions are asked? How is the information validated? How and where is the information documented?

e.   How does assessment data get converted to eligibility?

Questions

3.   Now I'd like you to think back over your experience working in/with the new LTD Transportation Assessment program. I imagine that sometimes things go really well and other times they don't go so well. Please think about a specific time or two when you felt (feel) things work really well. Please describe that situation(s) in detail.

   Secondly—and this is very important—I would like you tell me what elements or conditions are present when things go well. This could be something as complex as a well thought out plan or something as simple as someone's attitude.

4.   Now think about a time or two when things don't go as well as they should have or you would have liked them to. Describe the situation(s).

   Just as you did in the previous question, tell me what you think are the underlying elements or conditions that cause things not to go well.

5.   If you were in charge of the LTD Transportation Assessment program, what one thing would you do differently or change about the program?

6.   What advice would you give to other community transportation districts in other parts of the state or country that want to install a transportation assessment program like LTD's?

7.   Is there anything I missed asking you about that you feel might be important to our understanding of the LTD Transportation Assessment program and how it works?

Appendix B: Focus Group Guide

Lane Transit District Transportation Assessment Program

Introductory script

WELCOME

Thanks for agreeing to be part of the focus group. We appreciate your willingness to participate and the time you have taken from your day to join us.

INTRODUCTIONS

My name is _____ and I will facilitate the group today. This is _____ who will be capturing what is said here today in a live transcript. As a researcher from PSU, I do not work for Lane Transit District. They hired me to conduct this focus group, as someone from the outside, to make sure the questioning is objective and that you are comfortable sharing your comments with us today.

PURPOSE OF FOCUS GROUPS

This is one of three or four focus groups we have been asked to conduct by Lane Transit District. The reason we are having these focus groups is: (1) To understand what went well and what didn't go so well during the planning and implementation of the LTD Transportation Assessment program; and (2) To be able to describe the program in detail for others who may want to duplicate it in their community.

Your experience with the LTD Transportation Assessment program is valuable and we want to learn all we can from you. I have several questions I will ask you about your experience working with the program and I'd like you to answer the questions honestly and from your own perspective.

To make everyone feel comfortable sharing their thoughts with others in the room today, we have some ground rules I'd like go over with you.

GROUND RULES

1. WE WANT <u>YOU</u> TO DO THE TALKING.
    - We want to hear from everyone.
    - I may call on you if I haven't heard from you in a while.
2. THERE ARE NO RIGHT OR WRONG ANSWERS.
    - Every person's experiences and opinions are important.
    - Speak up whether you agree or disagree.
    - We want to hear a wide range of opinions.
    - Please remember to share the floor with others.
3. WHAT IS SAID IN THIS ROOM STAYS HERE.
    - We want everyone to feel comfortable sharing.
    - Please respect others and keep what is said here today confidential.
4. WE WILL BE LIVE CAPTIONING THE GROUP.
    - We need to capture every word you say for our report.

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- We will strip your names from all the responses given here today for our analysis.
- Your comments will remain completely anonymous in our report to LTD.
6. ONLY ONE PERSON CAN SPEAK AT A TIME
   - We can only listen to one person at a time. We don't want to miss anything.
   - Please give everyone a chance to share their comments.
7. PLEASE TURN OFF YOUR CELL PHONES

MOST IMPORTANTLY
We want you to feel comfortable sharing your honest and open thoughts with us today. Are there any questions before we start?

[*Review consent with interviewee and secure signature if not already done*.]

Focus Group Questions

1. Let's start out with you telling me a little about the new Lane Transit District Transportation Assessment program. What is it? Why was it started? How is it different than the previous program?

2. Now, I'd like to hear exactly what it is you do in the Assessment program. Pretend that I am a client in need of transportation services. Please take me through the process just as you would an actual client.

3. Next, I'd like you to think of a situation or two in which the new Assessment program works very well. Please give me an example and tell me <u>why</u> (underlying causes) you think it works so well.

4. I'd also like you to tell me about what can be improved in the Assessment program. Again, I want to hear specific examples and want you to tell me why you think it's not working.

5. Now, pretend that someone from LTD came to you specifically and asked what you would change about the Assessment program. What three things would be on your list?

6. Let's also suppose that someone in another county or state wants to start up a similar program for seniors and people with disabilities in their community. They called you personally to ask for your advice. What would you tell them to be sure to do before getting started?

7. What have I missed? Is there anything relevant to the discussion you've wanted to say but didn't get asked about?

Appendix C: Consent Form

Informed Consent

The LTD Transportation Eligibility Program:
A Case Study Analysis

Portland State University Research Project Team:
Dr. Margaret Neal, Ms. Susan Eliot, Mr. Mark Person

Invitation
As someone involved in the creation and/or implementation of the Transportation Assessment Program, you are invited to participate in a study of this program that is being conducted by Portland State University's Institute on Aging.

Purpose & Benefits of the Study
- The purpose of this study is: (1) to describe the Transportation Assessment Program in detail for others who may want to replicate it; and (2) to understand what has worked and what has not worked well during the planning and implementation of the program.
- The findings from the study will be helpful to other agencies in the state and throughout the country who are seeking to improve the provision of transportation services for older adults and people with disabilities.
- You were selected as a potential participant in the study because of your role in the Transportation Assessment Program.

What Participating Involves
- [For interviews:] The interview will take approximately one hour and will occur at your workplace or at another place agreed upon by you and the researcher(s), or by phone.
- [For focus groups:] The focus group will take approximately two hours and will occur at a meeting place that is centrally located at a time that is convenient for participants.
- All of the questions will be open-ended and will involve describing the program and how it works, from your perspective.
- The interview will be tape-recorded and transcribed. Only the PSU research team will have access to the tapes and transcripts.
- The focus group will be captured and transcribed by a live-captioner. Only the PSU research team will have access to the transcripts.
- Your responses will be confidential. In the report, no one will know who said what.
- Your participation is completely voluntary; you may decide to not answer particular questions or to [stop the interview/leave the group] at any time.

Topics to be Covered
- How you are involved in the Transportation Assessment Program
- How you would describe the model to someone who knows nothing about it
- Things that work well in the program, in your opinion, and what makes them work well
- Things that do not work so well in the program and what factors contribute to those things that do not work so well.
- Your suggestions for improving the program

Potential Risks and Safeguards
- It is possible that you may feel some discomfort in answering some of the questions (such as questions about whether there are any problems with the way the program works). You may choose not to answer any questions that make you feel uncomfortable.
- [For focus groups only] The researchers cannot guarantee confidentiality in a focus group setting; however, all participants are requested to keep private what was said and who participated.
- Only members of the PSU research team will have access to the [interview/focus group] transcripts.
- Your name will not appear anywhere in the study's report; participants' answers generally will be combined in the report, and any individual comments included will contain no identifying information.

Benefits to Participation
- You may not receive any direct benefit from taking part in this study, but the study may help to improve transportation services for older adults and people with disabilities.
- You may find the questions asked interesting, and you may find the chance to share your experiences with the program and suggestions for improvement rewarding.

Voluntary Participation
- Your participation is entirely voluntary. You may choose not to participate or to [end the interview/leave the group] at any time without risking your relationship to Portland State University, Lane Transit District, Senior and Disabled Services, Alternative Work Concepts, or any other organization.

Any Questions or Concerns?
- If you have any concerns about your participation in the study or your rights as a participant, please contact the Human Subjects Research Review Committee, Office of Research and Sponsored Projects, 600 Unitus Building, Portland State University, 503-725-4288/1-877-480-4400.
- If you have questions about the study itself, please contact the study's director, Dr. Margaret Neal, Institute on Aging, Portland State University, Urban Center Room 470Q, 506 Mill St., Portland, OR, 97201, 503.725.5145.

If you understand everything above and are willing to participate in the study, please sign your name and today's date below. You may withdraw your consent at any time without any negative effects. By signing, you are not waiving any legal claims, rights or remedies. There are two copies of this consent form. One of these copies is for you to keep.

_____   _____
       Study Participant's Signature   Interviewer's Signature

_____   _____
                  Date   Date

Appendix D: Logic Model

Lane Transit District Transportation Assessment Program (the TAP)

	ACTIVITIES ⇨	OUTPUTS ⇨	OUTCOMES ⇨	IMPACTS
Lane Transit District	• In partnership with LCOG and Alternative Work Concepts, develop and implement a customized transportation assessment system for seniors and people with disabilities in Lane County • Train transportation coordinators (TC's) to conduct assessments, determine eligibility, and notify applicants of eligibility status • Develop a comprehensive transportation assessment data base (TAMS) • Train CSR's to use TAMS to identify appropriate, cost-effective transportation options for riders	• Trained human service workers conduct the functional assessments • One functional assessment tool integrates Medicaid, ADA para-transport and other program parameters • Transportation workers (CSR's) use electronically available assessment data to provide appropriate transportation services to callers	• A meaningful interface exists between public transit, human service agencies, providers, and riders • Lane County seniors and persons with disabilities have access to transportation services when and where they need them • Transportation eligibility determination is seamless, streamlined and simplified for riders • A local access point (one-stop shop) serves the needs of older adults, and people with disabilities and/or low incomes	• Lane County provides efficient, dependable, and appropriate public transportation to its senior and disabled citizens • LTD, LCOG, and DHS maximize transportation funding for seniors and people with disabilities within Lane County
Human Service Agencies	• Partner with LTD and LCOG to design and implement the TAP • Identify transportation coordinators (TC's) to conduct in-home functional assessments • Perform in-home functional assessments • Enter transportation assessment data into TAMS database. • Determine eligibility and type/level of eligibility • Notify applicants of eligibility	• Transportation needs are part of at-home human assessments • Assessments are convenient and personalized • Assessment data is available to LTD for ride determination • Transportation assessment results are summarized and mailed to applicant within 21 days of the assessment		
Riders	• Provide information required for the functional assessment to LTD transportation coordinators • Accept, reject/appeal eligibility decision • Renew eligibility every three years • Request rides • Show up for rides	• Riders receive three-year eligibility • Riders receive curb-to-curb transit for medical and non-medical needs based on a functional abilities		

Appendix E: Annotated Bibliography

Annotated Bibliography

Bradach, J. *Going to Scale.* Stanford Social Innovation Review. April 1, 2003.

> Bradach describes some challenges of replicating social programs and outlines four main components of replication. The four components include: people, context, financial structure and service recipients. The first three are fairly self-explanatory but the third, service recipients, is worth noting. Bradach points out that programs are typically set up to affect a certain group of recipients; if this group is changed or widened, the program must be changed as well.

Burkhardt, J. *Economic Benefits of Coordinating Human Service Transportation and Transit Services*. Transportation Research Record (0361-1981), 1887 (1), p. 55. 2004.

> Burkhardt focuses less on the ADA eligibility aspect and more on the benefits and challenges of coordinating services. Lane Transit District is named on page 3 of the document.

Dees, G. and Beth Battle Anderson. *Scaling Social Impact.* Stanford Social Innovation Review. April 1, 2004.

> Dees and Anderson state that before a program should be scaled or replicated, it first must be understood, specifically why it works the way it does. Once the program is understood, a program can expand by dissemination, affiliation or branching.

Montachusett Regional Transit Authority. *UWR/MSAA Demonstration of Coordinated Human Service Transportation Models: Phase I – System Development and Design*. United States Department of Transportation. Federal Transit Administration. August 31, 2008. Accessed online at: http://www.fta.dot.gov/documents/UWR-FinalRpt.pdf

> This report describes a coordinated human services and transportation model that attempts to provide seamless coordination of transportation across programs and funding sources. The report leans fairly heavily on the information technology side and may be more relevant to comparing and contrasting LTD's new TAMS program.

Olason, R. *Accessible Raleigh Transportation: A Paratransit System Using Trip-by-Trip Eligibility Determination and Two-Tiered, User-Side Subsidy*. Transportation Research Record (0361-1981), 1760 (1), p. 121. 2001.

> Olason documents Raleigh's trip-by-trip eligibility determination using in-home functional assessments. The user-side subsidy is less relevant than the eligibility portion of this report.

Pagano, A., and P. Metaxatos. 2006. *Organizational Structures for Brokerage of Paratransit Services.* Proceedings of the 85th Annual Meeting of the Transportation Research Board, Washington, D.C., January 22-26, 2006.

Pagano describes the benefits and challenges of coordinating public and human service transportation.

Racine, D. *Investing in What Works.* Replication & Program Strategies. November 2000.

Racine describes keys to replicating and expanding social programs in this article. Racine describes face-to-face contact between knowledgeable sources, a common vocabulary, training and technical assistance as some of the cornerstones of replicability and program expansion. Racine notes that charismatic leadership is an asset at the beginning of a program, but as the program expands or others attempt to replicate it, the charismatic leader becomes less available to any one site. .

University of South Florida, National Center for Transit Research, Center for Urban Transportation Research. *Impacts of More Rigorous ADA Paratransit Eligibility Assessments on Riders with Disabilities.* May, 2009. Accessed online at http://www.nctr.usf.edu/pdf/77721.pdf

This report describes changes that transit agencies are making to their ADA eligibility programs and the impact that these changes are having on riders with disabilities. This report also describes the history of ADA service and lastly provides a summary of best practices in regard to ADA paratransit eligibility.

Weiner, R. *Integration of Paratransit and Fixed-Route Transit Services*. TCRP Synthesis 76. Transportation Research Board. Washington D.C. 2008.

Weiner documents the benefits and challenges of integrating paratransit and fixed route services on a trip-by-trip basis. The majority of the report focuses on feeder service, but the report does touch on educating paratransit staff, "particularly eligibility screeners, schedulers, and drivers [are] critical to the success of the feeder service." There is a short case study of Lane Transit and Ride*Source* on pages 25-27.

Weiner, R. *Paratransit Eligibility Screening has Become a Critical Tool in Managing ADA Paratransit Demand*. Report Submitted to the Transed 2007 Conference. Accessed online at http://www.tc.gc.ca/eng/policy/transed2007-pages-1174-1853.htm

Weiner breaks down arguments in favor and against different ADA eligibility screening methods. The report also lists the four main approaches to ADA paratransit eligibility screening.

Wolf-Branigin, M. and K. Wolf-Branigin. *The Emerging Field of Travel Training Services: A Systems Perspective.* Journal of Public Transportation. Volume 11, No. 3, 2008. Accessed online at

http://digilib.gmu.edu:8080/xxmlui/bitstream/handle/1920/3434/The_Emerging_Field_of_Travel_Training_Services_-_A_Systems_Perspective.pdf?sequence=1

These authors document the results of a survey taken of organizations that are currently utilizing travel training services. The paper is statistical and research-based. It includes some useful information on how travel training can move riders from paratransit to fixed route service.

Appendix F: TAP Assessment Form

FUNCTIONAL ASSESSMENT INTERVIEW SUMMARY FORM

Name of Applicant   Phone #

Birthdate: Gender: ☐M   ☐F

Address (street, city, state, zip)

    Emergency Contact: Relationship:

    Work Phone: Home Phone: Email:

Customer Information and Scheduling Form reviewed and attached? ☐ Yes   ☐ No

    If no, why?

Primary Care Physician name/phone

Interview completed: ☐ In Home   ☐ In Office   ☐ By Phone   ☐ Other   Date:

Customer's initial description and observed functional elements of disability:

Mobility & Assistive Devices
Check any assistive device(s) that you saw or were reported to be used:

☐ No devices used   ☐ Manual Wheelchair   ☐ Scooter: 3-wheel
☐ Cane   ☐ Power Wheelchair   ☐ Scooter: 4-wheel
☐ White Cane   ☐ Reclining Wheelchair   ☐ Orthotic/Prosthetic Device
☐ Crutches   ☐ Oversize Wheelchair (over 30x48)   ☐ Uses portable oxygen
☐ Walker   ☐ Extended Footrests   ☐ Requires Stretcher transport
☐ Knee Walker   ☐ Needs Wheelchair to board vehicle ☐ Bariatric (over 601 to 750# w/device)
☐ Picture Board   ☐ Needs Wheelchair provided ☐ Service Animal - describe
☐ Alphabet Board   ☐ Segway   ☐ Other:

Physical Abilities
Check any physical limit or environmental factor that would restrict ability to use the bus:

☐ Bus stop is too far away   ☐ Snow and/or ice   ☐ Travel distance limited
☐ Hilly terrain or cross-slopes ☐ Heat and/or humidity   ☐ Wait for bus (without a bench)
☐ Uneven or broken surfaces ☐ Cold   ☐ Wait for bus (without cover)
☐ No curb cuts   ☐ Smog and/or smoke ☐ Inaccessible bus stop   EXPLAIN?
☐ No crosswalk or crossing   ☐ Light too bright or too dim   ☐ Other:

Additional information about physical abilities:

Based on information and observation from the interview, does the customer appear able to **physically** get to and from fixed-route bus stops throughout the service area?
☐ Always   ☐ Sometimes   ☐ Never   ☐ Unable to determine at this time

_____

Life Skills

Check any of these skills that would be difficult or unable to be performed independently:

☐ Understand directions   ☐ Handle unexpected situations

☐ Handle small amounts of money   ☐ Safely crossing streets

☐ Identify and get on correct bus   ☐ Recognize the need for help and able to request it

☐ Identify and get off at correct destination   from an appropriate source

☐ Recognize and avoid dangerous situations   ☐ Locate emergency exits and other features

☐ Understand maps or schedules   ☐ Independently manage service animal

☐ Use farebox   while using public transit

Additional information about life skills:

Based on the information and observation from the interview, does the customer appear to have the basic **life skills** necessary to be able to learn how to board, ride, and disembark from a fixed-route bus?

☐ Always   ☐ Sometimes   ☐ Never   ☐ Unable to determine at this time

_____

Cognitive, Sensory, and Communication Abilities:

Check any cognitive, sensory, or communication factor that would restrict ability to use the bus:

☐ Ability to communicate (List issues) ☐ Read printed material

☐ Understand verbal instructions   ☐ Decipher time schedules or maps

☐ Follow multi-step instructions   ☐ Distinguish colors (e.g., color-coded routes)

☐ Stay focused on task at hand   ☐ Respond to visual direction or cues

☐ Hear verbal questions or instructions   ☐ Depth perception

☐ Tolerate being touched or jostled   ☐ See in dimly lit places or at night

☐ Tolerate bright light   ☐ Speak and understand English

☐ Tolerate chemical scents (e.g., perfume, fuel)

☐ Lack of community mobility/safety skills   ☐ Other language or cultural considerations:

☐ Wayfinding for infrequent trips   ☐ Wayfinding for all trips

Additional information about cognitive, sensory, and communication abilities:

Based on information and observation from the interview, does the customer appear to have the **sensory, cognitive, and communication** capabilities to be able to understand and get around the fixed-route bus system on their own?

☐ Always   ☐ Sometimes   ☐ Never   ☐ Unable to determine at this time

_____

Mental and Emotional Health

Check any mental health related factor that would restrict ability to use the bus:

☐ Inappropriate emotional reactivity   ☐ Compulsive behaviors

☐ Paranoid thinking or behaviors   ☐ Severe anxiety and/or phobias

☐ Post-traumatic stress disorder   ☐ Confidence about traveling independently

☐ Substance abuse   ☐ Other personal issues

Mental Health Worker name/phone #/office location (if available):

Additional information about mental and emotional abilities:

Based on the information and observation from the interview, does the customer appear to have the **mental and emotional health** to travel and abide by rules of conduct on the fixed-route bus system?

☐ Always   ☐ Sometimes   ☐ Never   ☐ Unable to determine at this time

_____

Computer Access

Indicate whether there is access and/or knowledge of computers and related technology?

☐ Customer has a computer with internet access available and is able to access and use internet

☐ Customer has a computer with internet access available but does not know how to use it

☐ Customer has a computer but does not have internet access available

☐ Customer does not have a computer

☐ Customer has other technology available:

CUSTOMER'S TRAVEL NEEDS AND COMMON DESTINATIONS

Transportation is needed to get to and from the following destinations. Provide a specific address, if known:

☐ School - Address:

☐ Social Activities

☐ Work - Address:

☐ Church and/or Religious Activities - Address:

☐ Training - Address:

☐ Grocery Store

☐ Child Care - Address:

☐ Medical Appointments - Address:

☐ Other, Specify:

Additional information on specific **travel needs and common destinations**:

TRANSPORTATION CONSIDERATIONS

How does the customer get to current destinations (such as appointments, shopping, to visit family)

☐ Personal vehicle   ☐ Fixed-route bus   ☐ Other:

Does the customer:

☐ Own a car?   ☐ Have a valid driver's license?

☐ Have valid vehicle insurance?   ☐ Have a family member/friend available to drive?

☐ Could use a personal vehicle if provided with mileage reimbursement or gas voucher

☐ Customer is a child under age 8 requiring vehicle safety seat provided by parent/guardian

☐ Customer is a child under age 12 requiring an attendant

☐ Customer requires gender specific driver – specify: ☐ Male ☐Female

Additional information not identified above:

_____

TRANSPORTATION MODE RECOMMENDATIONS

Indicate which of these the customer would be able to use:

☐ Mileage reimbursement OR ☐ gas voucher

☐ Fixed-route bus system

      ☐ Eugene/Spfd Metro

      ☐ Diamond Express (Oakridge to Eugene)   ☐ Rhody Express (Florence local)

☐ Ambulatory/Taxi service – no assistance required

☐ Ambulatory/Taxi service – requires sedan vehicle (no minivans)

☐ Ambulatory/Taxi service – able to transfer in and out of wheelchair, manual w/c folds up

☐ Wheelchair accessible vehicle – unable to transfer in and out of wheelchair

☐ Wheelchair accessible vehicle – needs wheelchair or lift provided for boarding

☐ Rider weighs over 600# including mobility device   ☐ Device is larger than 30" x 48"

☐ Stretcher van – Rider must lie flat or at greater than 45 degree angle for transport

☐ Other:

Additional information not identified above:

_____

UNMET NEEDS

Does the customer have other transportation (unmet) needs? ☐ No ☐ Yes

If _yes_, answer the following:

Provide examples of how these unmet needs affect the customer:

Example 1:

Example 2:

Customer's originating locations:

Example 1:

Example 2:

Customer's destinations:

Example 1:

Example 2:

Ideas for possible solutions:

Additional information not identified above:

ADA PARATRANSIT TRANSPORTATION RECOMMENDATIONS

☐ Not Eligible – Reason:

☐ Full (or Unconditional) Eligibility

☐ Conditional Eligibility – Conditions:

☐ Temporary Eligibility – ☐ Full   ☐ Conditional   Duration:

☐ Recommend fixed-route travel training and/or Transit Host support

☐ Curb-to-Curb Service – Reason:

☐ Door-to-Door Service – Reason:

☐ Additional professional verification needed (specify)

☐ Recommend physical functional assessment Referred to:

☐ Recommend cognitive functional assessment   Referred to:

_____

OTHER TRANSPORTATION PROGRAMS

Check any and all transportation programs that you think may be applicable and for which this customer would meet eligibility criteria:

☐ Medicaid Non-Emergency Medical Transportation

    Prime #   Case Manager's Name :   Phone #
    (Recipient ID #)

☐ S&DS Community Transportation Program – must be on Medicaid Community-based Waiver

    # of trips per month:

☐ Developmental Disabilities Work Transportation – Authorized through Lane County DD

☐ Willamalane Adult Activity Transportation – to and from the Center within Willamalane's District ☐

RideSource Shopper

    Preferred Store:

☐ Senior Companion

    Senior Companion Name:

☐ S&DS Escort

    Senior Connections Worker: Phone: Below 150% Poverty: ☐

    ☐ New Client   ☐ Update   ☐ Temporary - Duration: Renewal Date:

    ☐ Escort Provided By 410 In-District Senior Companion

    ☐ Escort Provided By 410 In-District Volunteer

    ☐ Escort Provided By 410 SMS Escort

    ☐ Escort Provided By 410 Out-of-District Senior Companion

    ☐ Escort Provided By 410 Out-of-District Senior Connections Volunteer

    ☐ Florence Taxi Escort

    ☐ South Lane Wheels

☐ Veteran's Volunteer Shuttle to Medical Services

☐ Honored Rider LTD Bus Pass – Persons age 65 yrs and older

☐ EZ Access Half Fare Card – Persons with disabilities

☐ Other (specify):

☐ Other (specify):

Comments:

Transportation Coordinator _____ Date_____
(Print Name)

Transportation Coordinator _____