

Chapter 6: Barriers and Constraints to Coordination

This chapter applies the definitions of barrier and constraint that were presented during the Texas Department of Transportation (TxDOT) Coordination Best Practices Session on June 29 and 30, 2006. A barrier is a regulation, rule, statute, or ordinance that prevents agencies from coordinating transportation. A constraint is a restriction or limitation but it is not imposed by a regulation, rule, etc. The source of the constraint can include historical practice, misinformation, reaction to a perceived barrier, reluctance to change, institutional conflicts, and personality conflicts. Where possible, the source of the barrier has been noted or a local solution has been identified.

Fourteen issues were identified as barriers and nineteen as constraints. These are listed in Table 6.1 and Table 6.2. Following this listing, detail on each issue is provided. *(Note: Tables 6.1 and 6.2 do not represent the RTAG's ranking of issues. Rather, they reflect the consultant team's understanding of regional concerns. This understanding is based on the amount of discussion and interest generated by a topic and/or its potential to significantly hinder/improve coordination efforts.)*

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Table 6.1: Panhandle Region Barriers

Issue
Amarillo City Transit cannot require a contract with HHS agencies for higher price
Medicaid trips take priority over all other sub-contractor trips
Rural areas cannot expend funds in urban areas
Trip chaining with Medicaid is not allowed
Medicaid subcontracts cannot enter into agreement with each other (inter-regional issue)
Dialysis trips to distant clinics are expensive and a poor use of resources
Veterans Administration will only serve the VA hospital
Title XIX funding restrictions prevents providing service to some centers with needs
Amarillo City Transit can only charge STS trips at twice the rate of fixed route trips
There is conflicting public policy over HHS use of public transportation. On one hand HHS are being encouraged to turn to public transportation. On the other hand, public transit agencies are not being compensated for increased demands. In fact, in Amarillo funding is being reduced.
Alternative fuel vehicles are expensive to maintain. Limits their attractiveness in a donation program.
Fixed routes is not a good solution for people in a workforce-in-training program
Medicaid will not allow children to ride with their parents
Vehicles tags are not being issued in a timely manner. Vehicles are not being utilized in a timely fashion and additional preventative maintenance costs are being incurred.

Table 6.2: Panhandle Region Constraints

Issue
Timing of coordination study with granting of new Medicaid contract
Fear of loss of control; loss of autonomy
No single agency has authority to execute coordinated plans
Partnership between HHS and TxDOT is not visible on local level
No financial support to fund future coordination planning efforts
Transportation costs for HHS not caught as line items in their accounting systems
Resources will not be equally shared
Reluctant to mix clients bases with different needs; cannot mix client bases with different needs
No long-term funds to support operations after demonstration period
Fear that city would abandon its support of transit if system consolidated
Different fares across regions makes it difficult to trade-off trips (inter-regional issue)
Negative impact to formula funding if trips are traded off (inter-regional issue)
Volunteer drivers will not want to submit to intrusive certification/background check process
Use of taxis is limited because of concerns over quality of service, reliability
In a vanpool, insurance or agreement restricts the use of vehicle for non-commute purposes
Mixing programs will require higher levels of driver certification/qualifications. Could affect ability to recruit and pay drivers to compensate for added skill
Riders do not want to "share" their trip with people from other programs
There are no maintenance facilities equipped to offer continued maintenance on donated vehicles. This limits their potential for extended usefulness
There is a gap in perception as to what is happening at the local level to coordinate and what the state may think is happening at the local level

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Barrier 1: There is a lack of incentives/leverage that a public transportation provider has at its disposal to bring health and human services agencies as active and engaged partners to the process of coordinating social service transportation.

Source of Barrier: ADA regulations

How is obstructing regional coordinated service: A public transportation provider cannot require a public agency to pay the fully allocated cost of a client's trip; it can only ask. As the regulation is written, a public transportation provider has no leverage if it wishes to recover more of its costs in its provision of services to another public agency. Similarly, it has no protection if another public agency wishes to shift the costs of its service onto the public transportation provider.

Forty percent of Spec-Trans rides are agency trips – these are trips that are provided by a public transportation service that is intended to serve and benefit the general public. Public resources are being re-directed and concentrated to benefit a narrower group of agencies that then overload the system and make it difficult to meet general public trips. For example, ACT has experience with a senior home that will request paratransit applications en masse. When ACT explains that its service is not intended to replace its responsibility to deliver the transportation for which the agency is receiving state support, clients are instructed to call the ACT each individually as a way to circumvent the restriction. ACT has no recourse in this situation and it enables the client's agency to shift its cost of transportation to the ACT. Trips provided to the Amarillo State Center and Workshop (ASC) is another example. Each month, ACT provides over 550 one-way trips to ASC agency. This represents 25 percent of ACT's volume. Given that each rider is charged at \$1.50 per trip and the cost to deliver a trip is \$31.00 per trip, at the current volume of service delivery, this equates to a subsidization of \$16,225 that is re-directed to support a single agency. These are funds that are not available to serve the general public.

Person Identifying: Judy Phelps, ACT Director

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Barrier 2: A Medicaid trip takes priority over all other trips a sub-contractor provides.

Source of Barrier: Medicaid contract

How it is obstructing regional coordinated service: A Medicaid trip must be delivered on the day and at the time scheduled by the Medicaid Transportation Services office. Since all trips statewide are scheduled through only a few call centers, it is easy to see why Medicaid has created this inflexibility. It would be a scheduling nightmare if a few centralized offices had to deal with optimizing scheduling and routing for all the region's contractors and sub-contractors. However, this monolithic approach denies local regions any ability to try to optimize their systems.

Sometimes, the scheduling of a Medicaid trip can create a loss of service in a local area. This is particularly true of the rural regions where there may be only one or two vehicles. Where a scheduling change may alleviate the condition that would create a loss of service, local providers are not provided the option of attempting to develop a solution that would create the highest benefit to all transit riders affected. Instead they are required to provide the trip regardless of whether it requires additional vehicles.

In response, AMR reports that a Medicaid trip is, in most instances, different from a general public trip by virtue of the needs; i.e. some Medicaid transportation is for life-saving treatment like dialysis. Historically, these trips account for 22 to 28 percent of all Medicaid system demand. Granted, some Medicaid trips are even for simple medical follow-ups however the majority of riders are medically fragile individuals with chronic health problems. In these cases, a missed or delayed medical appointment may result in future health conditions of a more serious nature.

Person Identifying: Gerald Payton, Director of Panhandle Transit

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Barrier 3: Rural providers cannot expend rural operating funds within the urbanized area.

Source of Barrier: Federal regulations for Section 5311 funding

How it is obstructing regional coordinated service: Panhandle Transit is the rural transit provider for the Panhandle region. However, Panhandle Transit frequently travels to the City of Amarillo so that their riders can access regional health care and other services. During the time that Panhandle Transit is in Amarillo, they are restricted from operating within the city limits for any trip that begins and ends within the urban area. These restrictions are: 1) Panhandle Transit can expend capital assets (i.e. vehicles) if the operating expense is covered by a funding source other than Section 5311; 2) no service is denied from the rural area; and 3) the trip has a rural origin.

This rule obstructs regional coordination in two ways: 1) During the time that Panhandle Transit is within the City of Amarillo, it has excess vehicle capacity that it could use to deliver STS trips (urban origin – urban destination). However, federal funding regulations restrict Panhandle Transit from delivering urban-to-urban trips. Panhandle Transit believes it could subsidize its rural operation if it were allowed to earn fares while its vehicles were sitting idle within the city limits; and 2) Panhandle Transit serves Canyon, Texas. Canyon sits just south of Amarillo. Nearly every day, it picks up riders in Canyon to take them to Amarillo. However, they are not allowed to pick up additional riders that live within the City of Amarillo that may need a ride and that live on-route. If a person lives within ACT's service area, that person must be served by ACT. This restriction creates a duplication of services. If the person lives outside of ACT's service area, this creates a transit gap between Amarillo and Canyon as no transit is available.

Person Identifying: Gerald Payton, Director of Panhandle Transit

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Barrier 4: Trip-chaining is not allowed on Medicaid trips.

Source of Barrier: Texas Administrative Code, Title I, Part 15, Chapter 380, Subchapter C: Clients Rights. (5) Recipients must not use authorized medical transportation for purposes other than travel to and from health care services.

How it is obstructing regional coordinated service: By disallowing trip-chaining, riders are required to return to their origin before taking another trip on public transportation. During the 2005 - 2006 contract period, Panhandle Transit delivered about 30,000 trips Medicaid trips. In the prior contract period, Panhandle Transit sought and received relief from this regulation during contract negotiations. Specifically, relief allowed that the Medicaid rider could receive two legs of a trip under Medicaid – origin to Medicaid destination and the Medicaid destination to second destination. The second destination could be to any destination Panhandle Transit would normally serve - the rider's home, pharmacy, shopping – as long as the trip length of the second leg was equitable to the first leg.

AMR and LeFleur respond that there is a provision to add other destinations if they are related to the original trip, e.g. blood work, x-rays, etc. Moreover, they support the TxDOT policy of restricting trip purpose in an effort to eliminate abuse.

Person Identifying: Gerald Payton, Director of Panhandle Transit

Potential Solution: Allow the second destination be any approved trip of equitable distance to the first trip.

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Barrier 5: Medicaid does not allow transit service provider sub-contractors to “sub-contract” with another service provider.

Source of Barrier: Medicaid contract provisions

How it is obstructing regional coordinated service: Medicaid riders have freedom of choice when it comes to choosing where they will receive medical services. Within the Panhandle, this can mean that a rider may wish to go to Dallas, Lubbock, Wichita Falls, Houston, Kansas, New Mexico, etc. Once a prime contractor has assigned a trip to the sub-contractor, that sub-contractor must deliver the entire trip; it cannot sub-contract portions of this trip to other services providers in other regions, unless those other providers are also under contract with the prime. For example, Panhandle Transit would like to be able to coordinate with its counterpart, South Plains Transit District, to share the long-distance trips between regions but they could not do this unless South Plains Transit District were also under contract with the prime.

In response to this, AMR emphasizes the prime contractor’s responsibility to ensure quality of service and the Medicaid client’s safety. As such, it is the prime contractor’s responsibility to credential vehicles and drivers and subcontractors are not charged with doing so.

Person Identifying: Gerald Payton, Director of Panhandle Transit

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Barrier 6: Dialysis trips are determined by the patient's doctor and sometimes are scheduled for distant clinics even if there is an available seat at a closer clinic.

Source of Barrier: Patient's freedom of choice and doctor/client relationship

How it is obstructing regional coordinated service: Patients are being assigned to dialysis clinics that are located far from their homes even when there is an available seat at a closer clinic. According to some of the feedback that the consultant team gathered during this study, these assignments are made by care-providers and are based not on convenience to the patient but rather on the potential for monetary remuneration to the care provider from the clinic. In some cases, people reporting this barrier believed that care providers were part-owners of clinics to which they would send their patients.

Dialysis is such a heavy consumer of transit resources – each client going Monday, Wednesday, and Friday every week. Moreover, traveling long distances is potentially harmful to a client; several bus drivers spoke of witnessing a visible deterioration of a patient's health as he/she underwent dialysis and the long bus trips its schedule required. Because of these two factors, the ability of transit agencies to work with dialysis patients and doctors to schedule at nearby clinics if there is an open seat would be beneficial to patients and the transit system alike.

Person Identifying: Judge Jay Mayden, Childress County

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Barrier 7: Veterans Administration vehicles are only allowed to travel from the passenger pick-up point to a veteran's medical facility.

Source of Barrier: Federal Agency Regulation (Conversation with Lynn Woodward, Director of Patient Relations, Amarillo VA Hospital)

How it is obstructing regional coordinated service: Riders who take trips into an urbanized area, like Amarillo, from a rural area will frequently need to make trips to satisfy a number of needs – shopping, personal, etc. For veterans that take the VA bus, they are only allowed a trip to a veteran's medical facility. The result of the silo-ing of resources is two-fold. One is that the VA resources are underutilized. Frequently, rural-urban-rural trips can take an entire day as all passengers must wait for the last passenger to be finished with his/her appointment before returning home. During this time, the VA buses are idle. Second is that the trips are shifted onto the public transportation. Spec-Trans provides about 60 trips per month to the VA. This shifting of trips may equate into a less efficient use of public funds since the VA cost per trip is likely to be less than that of Spec-Trans. (The VA uses donated equipment or General Services Administration equipment that has been transferred to VA and, in some instances, volunteer drivers.) Additionally, this may result in lower customer satisfaction if riders are forced to make more connections and take more of their time arranging for and taking transportation.

One barrier that was mentioned during public hearings and was later dispelled by Ms. Woodward was the prohibition against picking up any riders within a 100 radius of the final destination. According to Ms. Woodward, no such prohibition exists.

Person Identifying: Judy Phelps, ACT Director; Gerald Payton, Director of Panhandle Transit

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Barrier 8: Medicaid transportation provider cannot service health and human service centers that receive Title XIX Funding.

Source of Barrier: Texas Regulation (Administrative Code, for example): Title 1, Part 15, Chapter 380, Subchapter B, RULE §380.207 Program Limitations

How it is obstructing regional coordinated service: Adult day care centers may receive Title XIX funding, a percentage of which is intended to support transportation services. However, the specific amount of funding is often not known because it is bundled into other expenses. However, the transportation funding does not appear to be enough to cover all the costs of transportation for some centers. Some centers may like to rely on the Medicaid provider to deliver services to eligible recipients. However, it is prohibited because it is seen as “double-dipping,” that is, funding is being provided twice, once to the center and once to the Medicaid provider, to provide for the same trip.

Person Identifying: Lynn Castle, TxDOT Lubbock region

Potential Solution: One solution to this may be that a center could chose to forego that portion of its funding dedicated to transportation if it could receive Medicaid service in return.

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Barrier 9: An STS trip can only be charged at rate twice that of a regular fixed route trip.

Source of Barrier: Federal Regulations

How it is obstructing regional coordinated service: ACT charges only 75 cents for its fixed route and therefore only \$1.50 for an STS trip. The very low cost of an STS trip has created a situation where the demand does not equal supply – there are far too many STS trips required than there are funds to provide them. This creates a drain on the public transportation system’s finances that ultimately may weaken and force a contraction of the whole system.

This pricing linkage between fixed route STS fare creates a situation where an agency may be forced to increase its fixed route fares just so that it can increase its STS fare. If one of the goals of coordination is to utilize resources efficiently, any move to encourage higher use of the less expensive, more efficient fixed route system should be encouraged. However, if you have to raise fixed route rates to get riders to move from demand response to fixed route, a perverse incentive has been created.

Person Identifying: Judy Phelps, ACT Director

Possible Solution: One solution that may be tried at the local level is offering free bus passes to all Spec-Trans eligible riders that use fixed route.

Another approach is to re-classify some of STS service as a premium service. STS was originally intended as a temporary measure to be in place only as long as it took to make all fixed route stops accessible. ACT now has 100 percent accessible stops. If it were to continue to provide STS, curb-to-curb service, all trips outside of the $\frac{3}{4}$ service corridor should be considered a premium service and charged at a higher rate.

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Barrier 10: Conflicting public policy that creates additional financial strain on already cash-strapped public transit agencies.

Source of Barrier: Unknown

How it is obstructing regional coordinated service: HHS departments are required to use public transportation even though they may have the transportation resources to meet their clients' needs and this is the most effective solution. For example, there was a HHS agency in Amarillo that was given a "deficiency" during its agency review because they did not use public transportation but instead relied on its vehicles even though the agency saw the use of its vehicles as the most effective way to serve their clients. From the perspective of ACT, the agency's use of its vehicles was also the most effective way to deliver the trip because ACT's cost per trip for STS service is \$31.00, higher than the agency's cost per trip. Despite this, the agency earned the deficiency. This situation is compounded by Amarillo's reduction funding. In essence, the public transit agencies are having their funding reduced while there are efforts to increase agency-related demand.

Person Identifying: Carla Hughes, staff member of ADV0

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Barrier 11: Vehicles that are purchased through the state are required to be propane- or alternative fuel vehicles.

Source of Barrier: Texas Department of Transportation Policy

How it is obstructing regional coordinated service: The requirement to purchase alternative fuel vehicles generates higher fuel and maintenance costs. This makes it more difficult to extend the useful service of the equipment. One way this relates to coordination is that a transit agency will donate vehicles that have exceeded their useful life to nonprofit or human service agencies. Sometimes it is difficult to donate standard vehicles if they have high mileage because the agencies are fearful that they will not be able to afford the maintenance of the vehicle. However, transit agencies do what they can to encourage the continued usage of the equipment as it removes a burden from their system. However, with alternative fuel vehicles, the fear of high maintenance and fuel costs makes it even more difficult to donate these vehicles.

Person Identifying: Gerald Payton, Director of Panhandle Transit

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Barrier 12: Fixed-route transportation is not a suitable transportation solution for clients in job access/welfare to work programs.

Source of Barrier: Texas Workforce Development Board

How it is obstructing regional coordinated service: Welfare-to-work program requires recipients to make multiple trips in order to fulfill their personal work plans. They may need to attend training, apply for numerous jobs, and schedule and make interviews. For example, a person who is enrolled in the CHOICES program must seek 15 jobs each week. Currently, the Panhandle Workforce Development Centers gives clients gas vouchers to pay for their transportation. A gas voucher is seen as the most efficient transportation solution since clients must meet these multiple appointments. A move away from gas vouchers and to use of the public transportation system creates another barrier to the person who is trying to move from welfare to work. This is because a ride on the ACT can easily consume an hour for a one-way trip. Without a fixed route service with reasonable headways, the ability of workforce clients to use the system is limited.

Person Identifying: Johnny Smith, Texas Workforce Development Board

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Barrier 13: Medicaid only allows recipients and their attendants to ride. In cases where the recipient is a parent and day-care is not available, children are not allowed to ride with the parent.

Source of Barrier: Title 1, Part 15, Chapter 380, Subchapter B: (3) transportation for an attendant(s); if the health care provider documents the need, the recipient is a minor, or a language or other barrier to communication or mobility exists that necessitates such assistance.

How it is obstructing regional coordinated service: If a goal of coordinated transportation is to increase customer satisfaction, by denying a rider to have her/his children accompany the parent to an approved appointment, customer service satisfaction is decreased. If approved Medicaid riders cannot bring those under their care with them, riders may choose to forego an appointment. If that is the case, additional public health costs could eventually be incurred. Alternatively, the rider could rely upon public transportation to deliver a child to day-care. If that is the case, the rule is requiring the Medicaid rider make two additional trips – one to deliver the children to day-care and one to pick the children up. This requirement will consume more time and energy and will generate additional day-care costs that the Medicaid recipient is likely not in a position to bear easily.

Person Identifying: Gerald Payton, Director of Panhandle Transit

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Barrier 14: Tags for public transportation vehicles expire before plates arrive, resulting in the new vehicles sitting parked and unused for a period of about six weeks.

Source of Barrier: TxDOT Policy or Work Practice

How it is obstructing regional coordinated service: Public transportation providers like Panhandle Transit are receiving new vehicles that are issued with 20 day tags. However, the plates to the new vehicles are not arriving until about six weeks after the tags expire. During this time, the vehicle will sit unused. In addition to creating a situation of under-utilized resources, this lag can also generate higher maintenance costs (inefficient use of resources) as the transportation provider must continue to pay for the higher costs of maintenance for high mileage vehicles.

Person Identifying: Gerald Payton, Director of Panhandle Transit

Potential Solution: Two solutions have been proposed: 1) allow the local TxDOT office to issue an extension of the tags; or 2) allow tags to be transferred between vehicles.

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Constraint 1: Timing of the Medicaid contract awards diverted attention away from the coordination process at a critical time.

How constraint is obstructing regional coordinated service: Given that Commissioner Andrade has already addressed the timing, process and resultant backlash of the award of Medicaid contracts and its effect on the coordination study process, not much can be added to this point. However, it warrants documentation that it created a diversion of time and attention at a critical time. Instead of beginning the coordination study on a positive note and cultivating a good working environment, the timing of the Medicaid contracts awards created a diversion from the broader goals of the study and a more adversarial environment.

How constraint is being addressed at local level: The representatives from the RTAG met with the new Medicaid contractor, AMR, on October 23rd, 2006, and discussed misconceptions and misrepresentations that had been made as a result of a lack of communication and a poor working relationship. Both parties agreed that a better working relationship would only benefit the Panhandle region as would an increase in the number of transportation providers.

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Constraint 2: Potentially beneficial coordination projects may be foregone because the partners' fear of change and the loss of autonomy/control.

How constraint is obstructing regional coordinated service: It is difficult to address an organization's long-term culture and practices in a short period. If partners are asked to significantly change how they do business, they must be building upon a foundation of trust. This is an issue that will be faced in an incremental manner as projects are identified, partnerships are formed, challenges are met with an open and supportive process, and success is achieved and shared.

How is constraint being addressed at local level: The pilot projects that are chosen for implementation in the Panhandle Regional Transit Coordination Study are constrained in order to heighten their potential for success. After the regional partners become more educated about coordination and see examples of local success, the region can use the momentum of those successes to propel other, more ambitious projects forward.

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Constraint 3: No single agency has the authority to implement coordination plans.

How constraint is obstructing regional coordinated service: No agency is given the authority, responsibility, and resources to ensure coordinated service. Currently, no agency has the authority to ensure:

- Require agencies participate;
- Capture data to ensure local match is accurately reflected; and
- Dedicate resources to achieving coordination goals.

Coordination can be encouraged through discretionary funding. In fact, the execution of many of the coordination action plans may be dependent upon successfully securing discretionary funds. However, if a region is unsuccessful in its attempts to secure such funding, the momentum to achieve coordination goals may fizzle.

How constraint is being addressed at local level: Some members of the RTAG are most interested in developing projects that do not rely on discretionary funding. This approach is taken, in part, because the region has historically been unsuccessful in securing discretionary funding.

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Constraint 4: Partnership between TxDOT and Texas Department of HHS to coordinate is not visible at local level.

How constraint is obstructing regional coordinated service: The difficulty in coordinating health and human services agencies with the transportation agencies is evident at both the state and local levels. For instance, it appears that the partnership between the state offices of TxDOT and HHS is not strong. Top-level policymakers for the Texas Department of HHS did not have a strong presence at the best practices session held in June. Requests to TxDOT asking for information regarding transportation funding to HHS agencies were not successful. At the local level, many agencies were unaware H.B. 3588's mandate to coordinate.

Lack of support for coordination at the state level has made it more difficult at the local level to achieve coordination. First, there is the issue of credibility; local offices are going to be most responsive to their governing regional or state offices. This process lacks some credibility if the message to coordinate is coming from a public transit provider, a Council of Governments, or TxDOT (regardless of the fact that TxDOT is now in control of a portion of their funds). Second, there is the issue of education and information. At the local level, a significant amount of time was spent simply educating agencies about coordination and trying to bring them into the process – and despite best efforts, many are still only marginally involved. If there was a more comprehensive, shared and statewide approach to educating both sides about coordination, the local efforts could focus more on solutions and less on identifying, educating, and encouraging agencies to participate.

How is constraint being addressed at local level: Efforts were made and continue to be made to contact and inform human services providers about coordination and how it can affect their delivery of services.

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Constraint 5: No financial resources to support future coordination planning. Success is frequently a measure of effort. Consistent efforts will take consistent resources. If efforts are sporadic, success is likely to be the same.

How constraint is obstructing regional coordinated service: There is the concern in the Panhandle that the results from the coordinated planning effort will be minimal and short-lived. Furthermore, there is some concern that the commitment to coordinated transportation from TxDOT may be fleeting and participants point to the lack of additional resources to support future planning efforts as evidence of this. These two sub-currents create a dynamic where reticent participants to coordination are inclined to remain disengaged.

How constraint is being addressed at local level: Research supports and local experience confirms that coordination is a long and difficult process. Not because there are no solutions – but because it is, at its heart, a long political process that is built upon experience and trust. Because coordination is being directed at the state level down to the regional level, it will take time to build regional commitment. In fact, the Panhandle is still in search of project champions to spearhead projects that are priorities for the region. The approach of the Regional Transportation Advisory Group is to build on small successes. Therefore, this first plan will be fairly constrained in its ambitions.

However, one pilot project that is being considered is the establishment of a Transportation Coordinator position. This position would be tasked with carrying on the work of this study and addressing some of the long-term needs that were not achievable within its timeframe. The Transportation Coordinator (TC) is a planning position that would serve as a bridge between health and human service agencies and transit providers. The TC would develop trip-information database for both health and human services agencies; collect and document local-share that is currently under-reported; support on-going and new coordination efforts; and assist in identifying and developing new grant or public-private opportunities.

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Failing the funding of this position, the plan will outline activities that can be undertaken within agencies, given their current resources. The approach may follow the six P's that have been articulated by Michael Norris of North Central Texas Council of Governments:

- Policy: What are agencies' policies regarding coordinated transportation and do these policies need to be changed?
- Programs: What programs need to reflect coordinated transportation?
- Plans: What plans need to reflect coordinated transportation?
- Projects: What are the priority projects that need to be pursued and that address the goals and objectives of coordinated transportation for the Panhandle region?
- Performance: What are the benchmarks that the plans need to address?
- Partnership: Who are the important players in this region that need to be invested in pursuing and maintaining a coordinated system?

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Constraint 6: Transportation costs and benefits are not captured in the HHS record-keeping systems as distinct line items. They are blended into other costs.

How constraint is obstructing regional coordinated service: Because transportation costs are not distinct line items for many human service agencies, it is difficult to measure how much is being spent. Because many human service agencies do not measure how many trips are being delivered, it is difficult to measure how effective their services are. Lastly, because some human service agencies deliver transportation-related services as part of a bundle of services they provide to a client, it is difficult to measure whether the segregation of transportation from that bundle will result in a net loss or gain in overall delivery of service to that client. Without this type of detailed cost and service delivery information, the benefit (or loss of benefit) resulting from any coordination effort may be very difficult to capture. Without the ability to demonstrate an improved level of service to a client, many potential partners will be unwilling to come to the table.

How is constraint being addressed at local level: One coordination project that has been suggested is the creation of a position to address coordination issues like the one described above.

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Constraint 7: Resources will not be fairly shared in a coordinated system.

How constraint is obstructing regional coordinated service: Those who have resources will be unwilling to share for fear that they will not be adequately compensated. For example, Jan Werner Transportation provides service to those clients of Jan Werner Daycare and the PACE program. They deliver more than twice the number of Spec-Trans trips. They are able to do this because their schedule is very predictable with trips sharing many common destinations, like the Jan Werner Adult Day Care Center.

For example, should these Jan Werner vehicles be brought into a coordinated system, not only is there a concern about adequate compensation for the direct capital and operating expense, but compensation for the disruption to general operations. For example, vehicles are currently maintained during mid-day hours when trip demand is low. Should these vehicles be incorporated into a coordinated system, the maintenance program would have to adjust and this could create additional expenses. Another example is that Jan Werner uses its health care providers as drivers. Should the vehicles be brought into a coordinated system, these health care providers could no longer serve as drivers since their priority is to provide care for Jan Werner clients – not provide trips to other agencies or the general public. Jan Werner would now be in the position to hire drivers. However, this removes one of their cost advantages – being able to leverage health care workers time and salary to deliver transportation.

Lastly, there needs to be an incentive for agencies and organizations that are resource-rich to participate in coordinated projects. Recently, Jan Werner has relied more on its own resources and less on TxDOT for the purchase of vehicles. At this point, there is no compelling benefit to Jan Werner to change its service delivery model.

How constraint is being addressed at local level: One project that is being proposed in the plan is the creation of the Transportation Coordinator position. This position would be able to research the potential for coordination projects that would be a win-win for both agencies.

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Constraint 8: Agencies are reluctant to mix different client bases because they have different needs.

How constraint is obstructing regional coordinated service: Coordinating demand response service for Spec-Trans eligible clients and clients of Jan Werner Adult Day Care was discussed. Jan Werner delivers about 65,000 trips annually and Spec Trans delivers about 26,000 trips. Because of the volume of trips, the coordination of these two programs merited investigation. Spec-Trans provides curb-to-curb service and will not assist a rider with his/her packages. Jan Werner provides door-through-door service and will assist a rider with his/her packages and provide additional assistance to the extent possible. Spec-Trans is unable to increase its level of service and still be economically viable. At \$31.00 per trip, any additional cost generated by increased service will represent a significant burden. On the other hand, Jan Werner is committed to providing a very high level of service; their clients both expect and need more than curb-to-curb service.

In addition to the differing client needs, coordination is hindered because Jan Werner uses its vehicles most heavily during the morning hours and late afternoon hours. During the mid-day, vehicles are maintained. Spec Trans experiences its highest volume from 7:30 am to 9:00 am and then from 11:00 am to 1:30 pm. Jan Werner would not be available to support additional trips during the morning peak. Vehicles are not in use and potentially available for the afternoon peak however, it would require a change in the maintenance program. At this time, that change is not being considered.

How constraint is being addressed at local level: At this time, the coordination of Jan Werner and Spec Trans is not being considered due to the issues discussed above.

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Constraint 9: Lack of funds to sustain projects after demonstration period expires.

How constraint is obstructing regional coordinated service: Similar to the constraint “No financial resources to support future coordination planning,” agencies are reluctant to create a demand for services that they will not be able to maintain in the long-run. Public transit services and health and human agency transportation is subsidized because it is not supported through the market alone. Under a coordinated system, it could be argued that no new resources are needed because the subsidy is merely shifted from two efforts to a shared effort. However, the degree to which this shifting of subsidies is a one-to-one shift will likely be a factor of time. Early phases may be expected to be less efficient – possibly even costing more than the original approach – as coordination goes through a trial and error phase.

How constraint is being addressed at local level: The RTAG has approached its project selection conservatively – in at least two cases, selecting projects that will not rely on discretionary funding. However, this approach is not possible for all the projects. In the cases where additional funding is needed, the RTAG is concerned about creating expectations for new services when it does not have total control over the resources to deliver those services.

Their concern is partially based in how well the region has fared in the past. Typically, the Panhandle does not compete as well as other regions just because they do not have the population of other areas and therefore cannot demonstrate the same kind of “bang for the buck.” This being said, regional equity needs to be a consideration as well as a project’s effectiveness/efficiency projections.

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Constraint 10: Fear that city will completely abandon public transit if urban and rural systems were to consolidate into a single transit district.

How constraint is obstructing regional coordinated service: Consolidation of the urban and rural system into one transit district is not seen as a viable coordination strategy because it runs the risk of destroying what public transportation is left in Amarillo. It is a concern that if the service was no longer under city management, the city would no longer recognize an obligation to support public transit. Furthermore, if the service were to experience a cost over-run, the consolidated district would not have access to city funds to see it through a cash-flow or budget crunch.

How constraint is being addressed at local level: Consolidation of services is not being pursued within the Panhandle region.

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Constraint 11: Different fares between regions make it difficult to share service-delivery for inter-regional trips.

How constraint is obstructing regional coordinated service: In the past when Panhandle Transit has tried to coordinated service with its eastern counterpart, Rolling Plains Management District, there have been significant differences in the fare charged to the rider. In one instance, the Panhandle Transit passenger was charged about \$5 for the east-bound leg. The return trip under Rolling Plains was \$60. If these discrepancies in rates persist, Panhandle Transit will deliver the entire trip rather than expose their riders to significantly higher fares.

How constraint is being addressed at local level: During a 5310 meeting in the Childress District Office in September 2006, Panhandle Transit and Rolling Plains Management District met to discuss their interest in developing an agreement for better coordination of services between the two regions.

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Constraint 12: The ability to coordinate trips inter-regionally is made more difficult because formula funding may be decreased if trips are shared between providers.

How constraint is obstructing regional coordinated service: In discussions between Panhandle Transit and Citibus of Lubbock, there is the concern that if an agency were to give one of its trips to another system through an inter-regional agreement, then the originating system would be harmed in its formula funding because it would be reflected as a decrease in volume.

How constraint is being addressed at local level: Panhandle Transit, South Plains Management District, and Citibus will meet to discuss the ramifications of trip-sharing and how to establish a system for sharing trips.

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Constraint 13: Volunteer drivers are reluctant to undergo the required background checks that are needed to provide transportation to the public.

How constraint is obstructing regional coordinated service: Two projects that are being considered for the Panhandle region - the Independent Transportation Network (ITN) and ride-matching - rely on volunteer drivers. However, it is very difficult to attract and keep volunteer drivers. The one volunteer driver program currently in place in the Panhandle is the Road to Recovery – a transportation program for cancer patients that is directed by the American Cancer Society. According to Terri Prescott, director of the program, attracting and retaining volunteers is an on-going struggle. This struggle is made more difficult by the background checks that volunteers are required to undergo if they are to provide transportation to the public. Well-meaning volunteers may feel that their privacy is being invaded if they must consent to a criminal background check.

How constraint is being addressed at local level: Background checks are essential to protecting the riding public and should be continued. Agencies who rely on volunteers can educate their pool of volunteers as to the necessity of the checks. It is possible that the background check serves as a “gateway” that will differentiate between those who will be good and reliable volunteers from those that have only a superficial interest. If that is the case, this “weeding out” will save funds in the long run as agencies are not wasting resources on people who will not stick with the program.

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Constraint 14: The role of private taxi companies to provide ADA paratransit service within Amarillo is limited due to concerns with quality of service delivery and issues of trip verification.

How constraint is obstructing regional coordinated service: The cost of a demand response trip on Spec-Trans is approximately \$31 per trip. If a private taxi can provide the trip for less than \$31, Spec-Trans may realize a cost savings if the taxi's cost is less than Spec-Trans variable cost. However, there is the perception that taxis are unreliable. This perception creates the fear that the ACT will need to verify each trip that is assigned to a taxi. ACT currently does not have the staff or the funds to provide verification. In addition to this, there is the perception that taxi companies are prone to commit fraud – requesting payment for trips that were not delivered.

How is constraint being addressed at local level: At this time, taxis are not seen as a desirable part to the solution for improved demand response service.

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Constraint 15: Insurance (or lease agreement) prohibits the use of equipment for other than original program purpose.

How constraint is obstructing regional coordinated service: Van pools utilize volunteer drivers. It is difficult to attract volunteer drivers for van pools but the offer of incentives helps. One incentive that could be offered is the limited use of the vehicle for non-work-related trips. However, insurance companies that were contacted about providing van pool insurance required that the trips be restricted to commute purposes.

How is constraint being addressed at local level: The Panhandle region is exploring the feasibility of a bus pool that is operated through Panhandle Transit and uses professional drivers (instead of a van pool that relies on volunteer drivers). This strategy addresses the above concern and provides additional capacity for rural trips.

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Constraint 16: Depending on the agency, drivers require different levels of certification.

How constraint is obstructing regional coordinated service: Drivers must receive the highest level of certification across a coordinated system. This may result in a higher pay being warranted. Agencies may not have the funds to increase driver pay. Drivers for Panhandle Transit start at about \$6.15 an hour. Drivers for ACT start at about \$8.13 an hour. Both agencies report that their operating budgets do not allow them to pay their drivers any more than that; if fact, if they could pay them more, they would. Currently, both agencies are having a very hard time finding and recruiting drivers, period. So, if drivers are more highly qualified – or if become more qualified – these individuals may leave the agencies and seek higher paying jobs in the private sector. Similarly, some drivers under one system may not qualify under another system and could lose their jobs.

How constraint is being addressed at local level: This constraint is not being addressed at this time.

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Constraint 17: Participants of one program will not be willing to ride with those of another program. For many riders, their bus trips are a big part of their social lives. They are reluctant to see this change.

How constraint is obstructing regional coordinated service: It is likely that all people who are in the business of providing help to others would tend to empathize quite a bit with their clients. If so, they are reluctant to participate in what could be perceived as a decreased quality of life for their clients. That is, changing a service that provides community and fun to one that does not and these providers will be reluctant to participate in coordination projects.

How constraint is being addressed at local level: This issue is not being addressed at this time.

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Constraint 18: It is difficult to realize more service out of high-mileage vehicles that are donated to nonprofits and health and human service agencies without an adequate maintenance plan/maintenance facility to make the donation more attractive.

How constraint is obstructing regional coordinated service: One suggestion that was briefly explored for the Panhandle was a program of extending the useful life of donated vehicles. Based a model implemented in King County, Washington, vehicles are donated to agencies under an agreement that the agency provide a certain number of STS-eligible trips during the contract period. In exchange, their donated vehicle qualifies for free maintenance at the transit agency's facility. This idea was presented to ACT but deemed infeasible because ACT does not have the maintenance capacity to serve any additional vehicles.

How is constraint being addressed at local level: This idea is not moving forward at this time as ACT is not interested in expanding its maintenance operations.

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Constraint 19: Lack of knowledge/involvement on state level regarding what is already being done to coordinate locally creates the perception at the local level that mandates are needlessly taking away resources that could support much needed operating funds.

How constraint is obstructing regional coordinated service: For a number of years, the Panhandle has been coordinating transit issues with a number of groups, including:

- The Panhandle Transportation Consortium: a group of transit providers and agencies that have worked on coordinated efforts in the past;
- The Senior Ambassadors Coalition – Transportation Task Force; and
- Advisory Commission for People with Disabilities.

The perception locally is not that there is a lack of coordination – it is already happening in many circumstances where it is feasible – but rather that operating funds are being reduced at the same time that the agencies are being asked to fulfill more of the demand through a coordinated system.

How constraint is being addressed at local level: This issue is not being addressed at this time.