

# Transportation Issues and Problems

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*a report prepared by Maine's Work Group for Community-Based Living*

Adequate access to transportation is vital to a person's ability to live and function in the community. Persons with disabilities, especially those who do not or cannot drive their own vehicle, must often rely upon family, friends, volunteer drivers, and public transit to get to medical appointments, therapy appointments, job opportunities, meetings, grocery shopping, social activities, recreation, and opportunities to participate in civic events. Lack of transportation prevents many persons with disabilities from holding jobs, from using low-cost supermarkets instead of high-priced local convenience stores, from having a social life or being part of the community.

In addition to the practical effects, lack of transportation can also have profound emotional effects leading to feelings of isolation, dependency, frustration and depression. The inability to drive or move freely about on one's own can lead to feelings of dependency, isolation, frustration and depression. A survey of visually impaired non-drivers found frustration with "lack of spontaneity," being unable to go where mass transit does not go," and most frequently, "waiting for rides that are late."<sup>1</sup>

Transportation issues that have a direct impact on community participation, quality of life or the ability of the system to meet consumer needs include:

- availability and funding
- advance reservation requirements;
- arrival windows and late arrivals;
- driver training issues; and
- coordination between service agencies, service providers and transit system.

These issues are discussed below.

## Availability and Funding

While publicly provided transportation appears to be plentiful in some of Maine's urban areas, access to transportation for people in some small towns and rural areas is very limited. This mirrors the national experience where urban areas average over 900 public transit trips per carless household per year while rural areas average only 25.<sup>2</sup> Public transportation for persons with disabilities is available on a daily basis in Portland and other cities, while van or bus service in many rural towns is limited to once a week, or even once a month, even for medical appointments. Consumers and parents of children with disabilities who participated in a recent

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<sup>1</sup> Corn, A.L. and Sacks, S.Z. (1994) The impact of non-driving on adults with visual impairments. *Journal of Visual Impairment and Blindness* 88(1), 53-69.

<sup>2</sup> Jeskey, C., Rucker, G. and Zeilinger, C. (1995) *Atlas of Public Transportation in Rural America, 1994*. Community Transportation Association of America, National Transportation Resource Center: Washington, D.C. (Also at <http://www.ctaa.org/ntrc/rtap/pubs/atlas>)

series of focus groups in Portland, Rumford, and Machias voiced frequent frustrations with the limitations of Maine's transportation system, especially in rural areas. Many expressed a strong belief that transportation for persons with disabilities needs to be substantially expanded to cover purposes beyond MaineCare medical visits.<sup>3</sup> In the Department of Behavioral and Developmental Services (BDS) southern Maine region, half of the BDS' mental health consumers outside of Portland who sought employment in the past year found transportation to be an insurmountable job barrier.<sup>4</sup>

One of the main challenges to providing adequate transportation service in rural areas is distance. One MaineCare transportation provider in Washington County noted that a trip to the nearest hospital can be more than 30 miles each way, while a trip to Bangor for chemotherapy can take 60 miles.

Another key issue is funding. While long-standing federal court rulings require every Medicaid program across the country to fund transportation for beneficiaries who have no other way to reach medical appointments, there is far less money to fund transportation for non-medical purposes or for persons not enrolled in Medicaid. Equipment and operating costs are both expensive and as the transportation coordinator at one of Maine's Community Action Programs put it, "The transportation issue is long-standing because, quite honestly, nobody funds it."

While persons with disabilities in Maine who qualify for MaineCare are generally offered good access to transportation for MaineCare-covered services, adequate transportation for other purposes, especially in those areas outside of Maine's largest cities, is far too often lacking. Many rural towns and areas receive less-than-daily public transit service, sometime only once-a-week or once-or-twice-a-month.

In order for persons with disabilities to be integrated in the community, the availability of non-medical transportation needs to be expanded across Maine, and especially in rural areas. This will require a reexamination of the availability of federal funds, an increase in state and local funding, and the encouragement and support of existing and new local volunteer efforts.

## **Advance Reservation Requirements**

Bus and van systems that offer door-to-door service need to rely upon advance reservations to be able to plan efficient routes and reduce their cost-per-trip or cost-per-mile. However, from the consumer's point-of-view, advance reservation requirements reduce their flexibility, make short-notice travel impossible, eliminate the spontaneity and freedom others take for granted by being able to drive their own cars.

Advance reservation requirements differ greatly between different transportation providers. While RTP's (Regional Transportation Program) ADA (Americans with Disabilities Act) paratransit service in Portland, South Portland and Westbrook, the Aroostook Regional

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<sup>3</sup> Ormond, C., Ziller, E. and Richards, M. (2001) Living in the community: What Mainers with disabilities want, a report of findings from focus group discussions. Edmund S. Muskie School of Public Service: Portland, ME.

<sup>4</sup> Telephone interview with Claire Henderson, Bureau of Mental Health Coordinator for BDS Region 1, May 2001.

Transportation System require day-before reservations, some others require reservations as far as three-to-five work days in advance, even for medical appointments.

## **Arrival Windows and Late Arrivals**

When consumers arrange for paratransit service, scheduled arrival times can never be precise. Variations in traffic and other passenger pick-ups and drop-offs can mean that the bus or van may arrive earlier or later than the stated arrival time. Transit systems generally strive to adjust their schedules so that if a bus or van does not arrive on time, it arrives early, rather than late. Each transit agency has a "ready window", the number of minutes before a scheduled arrival time that passengers are told they must be ready to board the van or bus. While the generally accepted national standard for ADA paratransit service is 30 minutes<sup>5</sup>, some door-to-door van and bus operators in Maine have ready windows of 45 minutes or longer. While ready windows are unavoidable, they can create a great inconvenience or a safety issue, especially in circumstances where consumers need to wait outside for a return trip. A paralyzed consumer with numbness in one or more limbs may be unaware of frostbite while waiting outdoors in winter. Some consumers with developmental disabilities may be at-risk if required to wait unattended long periods of time outdoors. (There are even anecdotal reports in Maine of consumers required to wait outside their home at the curb in winter.)

The companion problems to excessive ready windows are late pick-ups and late arrivals. Late arrivals are not merely inconvenient, they can result in lost medical appointments, lost appointments for other services, and have been reported to be responsible for lost jobs. Although there is no statewide data collection, a recent survey of RTP consumers with developmental disabilities found that late arrival was their most common complaint with over one-fifth of consumers surveyed reporting it as a problem.<sup>6</sup> RTP's own statistics for its Portland-South Portland-Westbrook ADA paratransit service indicates that pick-up or drop-off were more than 45 minutes late on 3% of their trips for the last six months of the year 2000.<sup>7</sup> At that rate, the average consumer who took a once-a-week round-trip could expect to be more than 45 minutes late 3-or-4 times a year. The average consumer who rode 5-days-a-week could expect to be 45 minutes late about 17 times in a year. While RTP's late arrival rate cannot be compared with other non-ADA paratransit services across the rest of the state, RTP's performance appears to be better than many other systems across the country. RTP employs a very sophisticated computer scheduling system, and has been cited as a national model for paratransit system and scheduling design.

In recent years, many transit agencies across Maine have responded, in part, by equipping all van and bus drivers with wireless phones and training drivers to call consumers in advance to warn if they will be late. In some cases, transit agencies can dispatch a volunteer driver in their own car to prevent a late arrival. However, this is becoming less of an option as the number of volunteer drivers has continued to decline across Maine in recent years.

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<sup>5</sup> Author unknown. (2000) Scheduling called 'outdated' at system in Central Florida. *Transit Access Report* 8(23), 5.

<sup>6</sup> Author unknown. (2000) Regional Transportation Program Targeted Passenger Survey. Greater Portland Council of Governments: Portland, ME.

<sup>7</sup> "ADA Statistics: July 2000-June 2001" [internal document], Regional Transportation Program, Inc., 127 St. John Street, Portland, ME 04102.

Transportation service providers should be offered technical assistance to improve the efficiency of their routing and scheduling, make advance reservation requirements more flexible (perhaps with innovative pricing incentives to encourage early reservations), reduce the percentage of late pick-ups and arrivals, expand driving training on disability-related issues for bus drivers, van drivers, and volunteer drivers.

## **Driver Training Issues**

Driver training is an essential component of transportation services for persons with disabilities. In addition to basic training for driving safety, accident avoidance, first-aid, and proper handling of emergencies, drivers need training to respond to a variety of disability-related situations including, among many others:

- properly assisting with wheelchairs and wheelchair lifts including in bad weather or icy conditions;
- assisting passengers with paralysis, other mobility impairments or other assistive devices;
- responding to passengers with seizures, serious breathing problems, or other health emergencies; and
- communicating with passengers with speech, hearing, or visual impairments, developmental disabilities, and emotional and behavioral issues.

Drivers also need to understand how different disabilities affect passengers' lives and passengers' abilities to use transportation, understand the effects of abrupt stops and sharp turns, understand their own attitudes towards persons with disabilities, and learn how to treat those passengers with sensitivity, courtesy, and respect.

The Department of Human Services (DHS) has established some disability-related minimum training standards. DHS requires all MaineCare transportation providers to train all drivers of provider-own vehicles in Passenger Assistance Techniques.<sup>8</sup> Passenger Assistance Techniques is typically taught as a one- or two-day class on assisting passengers with various disabilities, wheelchair and wheelchair lift operation, communication techniques, and sensitivity and respect for persons with disabilities.<sup>9</sup>

DHS requires special training for all drivers who transport children on behalf of the Bureau of Child and Family Services, but none of the other Maine bureaus or departments require disability-related training for drivers who serve adults with disabilities. While believing strongly in the importance of the DHS child-related training program, some transportation providers have found it cumbersome to coordinate the driver and DHS trainer schedules for the required 8-hour session.

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<sup>8</sup> Maine Medical Assistance Manual, Chapter II, Section 113.06-7.8.B, Maine Bureau of Medical Services.

<sup>9</sup> Author unknown, (1997) *Pathways to Progress* [online]. Community Transportation Association of America: Washington, DC [cited October 6, 2003]. Available: <http://www.ctaa.org/ct/dec97/certify.asp>, and Author unknown. (2003) *Facts about PASS* [online]. Community Transportation Association of America: Washington, DC [cited October 6, 2003] Available: <http://www.ctaa.org/training/pass/>

The transit providers we interviewed all arrange for additional training sessions on specific disability-related issues, often in conjunction with local agencies that provide direct services to persons with disabilities. However, the extent and quality of driver training for disability-related issues varies from one transit provider to the next as each transit agency is responsible for organizing its own training programs.

Maine's transit providers have expressed growing interest in developing more statewide coordinated training. Some other states fund a statewide driver training director who coordinates training for all the regional providers, helps them to share training resources, and assures basic minimum training standards throughout the state.

### **Coordination Between Service Agencies, Providers and the Transit System**

The State also needs to increase planning and cooperation between social service providers and transportation providers in local areas and at the department level in Augusta. Maine has serious gaps in planning coordination between transportation agencies and disability service providers. Although such coordination is called for in state law, the degree of cooperation between the Department of Transportation (DOT) and some bureaus is very close, and with others, seriously lacking. At the regional level, some regional transit providers work closely with local disability-related services providers on driver training and sensitivity programs, while others do not.

The lack of coordination is particularly problematic when a department, or its contractors, make decisions on where to locate a new day program, a new therapy facility, or a new residence for persons with disabilities. All too often, the location is chosen and contracts signed before any communication with the transit provider. Interviews with transportation providers and DOT officials turned up several examples of group homes or service facilities located four-to-ten miles from the nearest established transit route, or with narrow driveways that could not be accessed by a paratransit mini-bus.

Likewise, the level of service could sometimes be improved if disability-related service providers coordinated the timing of their services and programs with the local transportation provider. In some areas, the regional transportation provider has taken the initiative to develop relationships with doctors and other service providers to coordinate appointments with flexible route van schedules. For example, a doctor in Houlton who knows her patients in Ludlow can take an Aroostook Regional Transportation System (ARTS) van to her office on Tuesdays and Thursdays would try to arrange their medical appointments for those days and be aware of the scheduled pick-up time when the patient needs to leave for home.<sup>10</sup>

Better coordination between service providers, and the regional system would reduce the need for state agencies to fund the purchase of private vans for individual service providers. When service providers drop out of the regional transit system to operate their own vans for their own consumers, overall transportation efficiency declines. While service and scheduling flexibility may improve for the consumers of an agency that buys its own van, other consumers with disabilities face transportation service cuts.

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<sup>10</sup> Telephone interview with Dan Donovan, Assistant Director, Aroostook Regional Transportation System, Inc., April 2001.

## Recommendations

- Support the recruitment and training of consumers to participate in consumer advisory boards for regional transportation organizations.
- Petition for regional transportation boards to develop consumer advisory boards and committees if they do not already exist.
- Improve coordination between the Department of Transportation and other state agencies to maximize the effective and efficient use of resources and to make sure there is a link between the location of services and transportation planning.
- Experiment with more flexible MaineCare policies which would allow use of Medicaid dollars for transportation services beyond medical appointments (*e.g.*, a Medicaid waiver that allows use of fixed monthly transportation allowances for meeting any transportation need).
- Explore the development and operation of rural programs which train, coordinate, and monitor volunteer drivers and ride-share programs that meet transportation needs of rural residents without cars.
- Identify departmental representatives to participate in a cross-system transportation funding development and oversight group that works to identify and then take advantage of creative funding opportunities, particularly discretionary federal and foundation grants (*e.g.*, social service funding application that takes advantage of allowable transportation cost option, or transportation asset application that takes advantage of allowable costs to train people with disabilities to use public transit).
- Undertake an audit of consumer-led cross-departmental transportation policies and programs to identify opportunities and barriers for better transportation services for individuals with disabilities at the community level.
- Hire a director of statewide driver-training to coordinate training programs for all regional providers.