



**National Summit on Transportation For People
With Disabilities in Rural Settings**

Final report/"White Paper"

**Prepared by the Indiana Governor's Council for People With Disabilities for the
Administration on Developmental Disabilities, Division of Families and
Children, Department of Health and Human Services**

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INTRODUCTION

On October 30 and 31, 2003 the National Summit on Transportation for People with Disabilities in Rural Settings was conducted in Indianapolis Indiana. This is the final report and "White Paper". Copies can be downloaded from <http://www.in.gov/gpcpd/publications/>

The New Freedom Initiative succinctly summarizes the results of a litany of transportation studies and white papers regarding the needs of people with disabilities in rural settings.

"Inaccessible transportation continues to inhibit the ability of people with disabilities to take advantage of job training, employment, and recreational opportunities. The Community Transportation Association of America (CTAA) reports that more than 100 million low-income, older Americans and people with disabilities are at risk of being unable to provide or afford their own transportation. They are also more likely to be dependent upon others for their mobility. CTAA also notes that almost 40 percent of rural counties throughout the U.S. have no public transportation." (New Freedom Initiative Progress report May 2002. <http://www.whitehouse.gov/infocus/newfreedom/summary.html>. p4.)

There is no difficulty finding consensus that efforts to correct the situation have been isolated and resources in funding, technical assistance and collaborative system development in short supply. The World Institute on Disability Report **TAKING ON RURAL TRANSPORTATION** highlights the situation succinctly:

At the federal level, the Transportation Act recognizes both rural transportation problems and the problems faced by people with disabilities. Section 5310 provides funding to assist people with disabilities, and Section 5311 provides funds to create transportation in rural areas. However, these two provisions are not well connected. Unfortunately, only 5% of transportation dollars are allocated to serve the 27% of the population that lives in Rural America, a disproportionately large number of which are disabled. Other federal legislation, like the Americans With Disabilities Act, the Workforce Development Act, Title XIX of the Social Security Act, and the Older Americans Act call for accommodations at the work place and access to public services and facilitates. There is the presumption that people with disabilities, particularly those living in rural areas, can get to these locations in the first place. There seems to be little connection between Section 5310 and these other laws. On the state level, each state plans how to use their federal dollars with minimal federal guidelines.....

In the characteristic pioneering spirit of Rural America, communities try to take on the problem themselves. Small groups, ad hoc committees, and transportation coalitions around the country are meeting to address transportation issues. Advocates with and without disabilities are joining forces to find solutions and resources that will provide more and better transportation to their constituents. Each group struggles, seemingly in a vacuum, to come up with answers to the problems that loom as large as ever. How can transportation be provided across America to every individual? Gonzales Seekins and Kasnitz Issue Brief in Independent Living and Disability Policy: Volume I Issue 4 September 1999 Volume I Issue 4 September 1999. p2.

These successes have been celebrated in circles of transportation and disability, but are not well known nationwide even in those circles, let alone in community planning, commerce, and across the many necessary funding streams.

Discussions with people with disabilities, Developmental Disabilities Councils, Departments of Transportation, Medicaid offices, Community Transportation Association of America, Easter Seals Project Action, American Public Transit Association and others who have been participating in the National Consortium on the Coordination of Human Services Transportation, the national regional dialogues on transportation and other efforts to assure that people with disabilities in rural settings have full access to the elements that make a full life indicated that considerable investment has been made in identifying key issues in rural transportation. Many felt that it was time to focus more emphasis on an agenda for solutions with related specific actions.

Consequently the Indiana Governor's Council for People With Disabilities under an Administration on Developmental Disabilities national significance grant convened the National Summit on Transportation for People with Disabilities in Rural Settings for the purpose of further development of a national agenda for systems change in transportation for people with disabilities in rural settings. It was intended to support the efforts of the National Consortium on the Coordination of Human Services Transportation, the national regional dialogues on transportation and other efforts to assure that people with disabilities in rural settings have full access to the elements that make a full life.

THE SUMMIT

The target audience included people with disabilities and family members, local and state advocacy groups, transportation providers as well as leadership from the following types of agencies: Developmental Disabilities Councils, Departments of Transportation, Medicaid offices, Vocational Rehabilitation, Department of Labor, state labor/workforce development agencies,

Administration on Aging, The Association of Area Agencies on Aging Federal agency chiefs, Community Transportation Association of America, American Public Transit Association, ARC, Easter Seals Project Action, National Association of State Medicaid Directors, Independent Living Councils, National Council of State Human Service Administrators, American Public Works Association, State Protection and Advocacy agencies, Centers for Excellence in Developmental Disabilities, Rural Transit Assistance Programs, Rural development associations, transportation providers, participants in the CTA National Summit on Coordinated Transportation, transportation institutes, state public works associations, and others.

The initial response was very favorable. However, the national and state budget crises limited the ability of key people to participate to the point that the event was postponed four months.

Staff contacted all of the state Developmental Disabilities Councils and Rural Transportation Assistance Projects requesting a short summary of the state of the state and best practices in rural transportation. There were three nominations for best practices. All were chosen to present (Two were combined in a joint presentation)

When the conference date was confirmed and registrations began to arrive the Council collected materials expressing the views of federal agencies and national advocacy leadership groups on the key issues and potential solutions. The Summit facilitation team and staff combined those with research of current literature on transportation of people with disabilities in rural areas and compiled them into a series of conference preprints that were distributed by email.

The Indiana Institute on Disability and Community participated actively on the facilitation team and operated the Collaborative Work Lab resources for the work groups as well as working with Council staff in the evaluation process.

The Indiana Protection and Advocacy Services advised the facilitation team throughout the process and provided matching support.

145 participants from 30 states, territories and federal agencies, representing the full range of people with disabilities, advocates, state human services agencies, transportation providers, transportation advocates, etc. met in Indianapolis, Indiana on October 30 and 31, 2003. The working sessions produced 127 recommended actions (attachment A) as well as 99 written commitments for personal action following the event (Attachment B).

The level of commitment was very high. 45 participants continued to work for more than an hour after the event was dismissed. Conferees rated the event highly (4 on a scale of 5).

Proceedings

Following opening keynotes by Alan Abeson, Ph.D., Director, Easter Seals Project ACTION, Diane McSwain, Assistant to the Director, Office of Intergovernmental Affairs, HHS, and Robin Jones, Director, Great Lakes ADA and Accessible IT Center, there was a panel response from Mary Clarkson, Health Insurance Specialist, Center for Medicaid Services and Linda Gonzales, Executive Director, Association of Programs for Rural Independent Living (APRIL), and Peter Schauer, Principal, Peter Schauer Associates

There were two presentations of practical methods to improve rural transit.

The first was the unique Community Transportation Initiative wherein the Indiana Governor's Council for People With Disabilities coordinated a senior level policy coalition sponsored by the Governor's office and an academy to train teams of community leaders to plan, and implement collaborative coordinated community transportation systems in rural settings. More on this project can be found at <http://www.in.gov/gpcpd/publications/#cti>

The second presentation was the Internet BUsiness Support Software or IBUSS. The IBUSS program was designed to help voucher sites in remote rural areas to coordinate and share information among separate sites using an integrated, data-base system. IBUSS software was developed through the Great Plains Rural Initiative on Transportation or GRIT a project of national significance awarded to the University of Montana Rural Institute and the North Dakota Center for People With Disabilities by the administration on Developmental Disabilities. At the time of the Summit IBUSS was experiencing successful pilots through the Association of Programs for Rural Independent Living (APRIL). More on this project can be found at <http://ndcpd.misu.nodak.edu/grit/information.html> or contact Cathy.Haarstad@minotstateu.edu.

The core of the Summit consisted of the four breakout sections. They were as follows:

Section 1. The Policy Ride - Transportation policy at federal, state and even local level has a profound effect on whether a person with a disability can fully participate in community life. This Breakout was intended to develop concrete recommendations for state, and federal agencies and legislative bodies based on the issues identified in prior national forums (Coordination Summit, Regional Accessible Transportation Dialogues, National Dialogues on Rural Transit). Discussion starters:

- How can states and/or the federal government eliminate barriers created by territorial restrictions such as state/county lines, city limits, and metropolitan areas to transporting people where they need to go?
- What will statewide cross agency coordination of policy and practice look like? What institutional structure would facilitate statewide cross agency coordination? How do we get there?
- What specific actions can be undertaken in my state?

Section 2. Common Voice –People with disabilities, senior citizens, advocates, transportation providers, state and federal regulators and funders all recognize that public transportation in rural areas is vital and at the point of critical need. Unfortunately, these groups do not present a common united message to the public and to legislators. Sometimes this is due to differences of perspectives on the nature of needs and problems, sometimes it is due to differences of opinion on solutions, sometimes it comes from differences in methods of action and change. Successful systems change will be greatly enhanced when factious messages are replaced by common messages. This Breakout was intended to:

- ◆ Identify the competing needs and perspectives;
- ◆ Identify common issues where core agreement can be reached;
- ◆ Develop joint statements and/or agendas for action and result in individual commitments to specific action following the Summit.

Discussion starters:

- Customer focus is not a new emphasis. What specific federal and state actions can best increase customer focus?
- How do we make those occur?
- On which policies can we issue joint statements?
- Where can we agree to disagree?
- What issues can be negotiated?
- How do we accomplish the negotiations?
- What specific actions can be undertaken in my state?

Section 3. For Want of a Ride - Braiding Programs, Social Services and Investments and Broadening The Market. People with disabilities, small local transportation providers and service agencies are the least equipped to master the ever changing maze of law, policy and practice for funding, authorization, licensing, etc. Yet they are required to carry the bulk of the load. More time and energy is invested each year, yet people cannot get to work reliably. State and federal agencies and legislatures have the power to ease this burden. What must they do? How can we stimulate and guide the process? This Breakout was intended to generate workable designs to modify/merge/coordinate the policies and practices between and across programs at state and federal levels regarding funding, eligibilities, system structures, etc. and result in individual commitments to specific action following the Summit.

Discussion starters:

- The recommendation to simplify the rules governing the Joint Guidance and the leveraging of funds, especially when the same people are served by different sources of federal funds is not new. What still needs to be done to make this happen?
- The recommendation for designated funding for transportation on a multi-year basis is not new. What still needs to be done to make this happen?
- What is the role for the massive public school transportation system?
- Can a single voucher system serve multiple funding sources?
- What specific actions (in addition to, or in place of legislation) can be taken to bring about cross agency coordination in my state?

Section 4. Down the Road - Future Visioning: Multimodal, Infrastructure, Land Use and Intelligent Systems. The design of rural transportation systems to serve people with disabilities today must take in to account potential futures. How land is managed, where housing and industry locate, how non transit utilities are utilized and located, and the use of developing technologies all impact what must be prepared to assure good rural transit systems. There are also economic and social trends that will have short and long term effects. What future issues do we see, and what should federal, state and local leadership be doing to prepare? This Breakout was intended to develop recommendations for state and federal agencies and legislatures regarding the role of transit in future growth and result in individual commitments to specific action following the Summit.

Discussion starters:

- Coordination of public transit and commercial, manufacturing and residential development has long been advocated. Why is it not moving forward?
- What specific actions can make it happen?
- Insurance costs are jeopardizing the existence of significant portions of rural transit. What specific actions can state and federal legislators and agencies take to correct the situation?
- What specific actions can we take to bring about the needed state and federal action?

What specific actions can be undertaken in my state?

ISSUES AND ACTION RECOMMENDATIONS

Process Employed to Derive Recommendations:

The process employed by the summit provided an opportunity for participants to break into 4 workgroups to tackle a myriad of issues. There was lively debate and interaction among the participants. However, the participants did not come together as a whole to adopt a specific set of recommendations. The issues and Action Recommendations are presented in 13 subjects areas intended to impose order on a large number of interrelated items. Within these subject areas there are deliberate redundancies of some issues and some Action Recommendation. The redundancy is intended to illustrate the complex relationship of the items. Most issues relate to more than one subject area and many Action Recommendations relate across both issues and subject areas.

Participants

A diverse interested was represented among the participants in the Summit, who included: people with disabilities and family members, federal and state administrators, advocates for local, state and national levels, transportation providers large and small, leadership of professional organizations and others. This diversity provided a rich contribution of viewpoints and proved informative in unexpected ways as participants from differing constituencies learned of each other's experience, issues and needs. Subsequently the nature of issues, action recommendations and action commitments cover a wide range of interest and sophistication. All contributions were honored in the sessions and are reflected in the document.

Purpose of Section

This section of the document is a summarization of the work emanating from the four workgroups. The discussion within these groups was not captured or recorded. The information contained within this section provides recommendations based on various assumptions and perspectives in addressing complex issues posed in providing transportation for people with disabilities in rural America. While the group did not come together as a whole to adopt specific recommendations, each group did keep a record of their recommendations. The findings would suggest that there appears to be a consensus regarding the general direction and that the details remain to be worked out among the various entities.

Consumer Involvement/Empowerment

- I **Issue:** Learning how to gather information and data on the number of people served and in need of service and the cost/benefit impact is vital to advocating, designing and implementing systems that will meet the transit needs of people with disabilities in rural settings.

Recommendations:

- A. Access data through The Transit Cooperative Research Program (TCRP) and build on that for local areas. Submit a research question specific to rural transportation for people with disabilities to TCRP (Transit Cooperative Research Program) and ask them to research and use their funding to complete the job.
- B. National - CTAA to submit research question to TCRP on cost/benefit of rural transportation for people with disabilities. ...
- C. Form a transportation coalition or advocacy group in your state to do a county by county needs assessment to determine the numbers of people with disabilities, rides needed versus taken, rides provided by transit, human service workers, volunteers. Project Action could develop a universal format for local surveys so that all information coming back is comparable.
- D. Potential funding sources might include Project Action, Developmental Disabilities Councils, 5313 state planning funds, RTAP \$, Centers For Excellence In Developmental Disabilities, CILS...
- E. People with disabilities need to be at the table when states are developing plans. Work for partnerships to jointly fund the data gathering
- F. Involve people with disabilities on boards of transportation providers.
- G. Recognize what a good system provides and use that as a benchmark to develop rating systems for services e.g. (A) rating if service is provide on weekends, (B) rating for systems that have some weekend service, etc. The rating system should align with FTA accreditation.
- H. At the national level develop a scoring system that addresses affordable, accessible, safe, etc. transportation based on service standards and universal design with possible tracks for rural and urban transportation.
 - 1. The scoring system should highlight accountability, rate service in the same way roads are with the same degree of attention and be useable on a county-by-county basis. The rating system should not be unnecessarily complex or cumbersome.
 - 2. The rating system could guide enrollment from human service agencies.

Local Systems Change

- I **Issue:** There is a need for cultural change in thinking, rhetoric and vision of transportation in rural communities. There is a culturally negative and/or apathetic attitude toward public transportation. There must be action to correct this barrier.

Recommendations:

- A. Utilize a multi pronged approach to cultural change that appeals to the vested interests of policy makers and the community.
- B. Start a dialogue in the community and with policy makers.
- C. Use data on needs and benefits to inform listeners.
- D. Write articles
- E. Align with AARP in your state
- F. Focus on the many options for meeting transportation needs.
- G. Cover all needs (commercial, production, employment, health care, education, etc.) and all modes (pedestrian, transits, autos)
- H. Include a universal design approach throughout.
- I. Clarify the vision that transportation benefits all in rural America. What is the standard that defines and quantifies this outcome? Define what expectation, in clear terms that everyone understands and can be measured, must we create in people's minds? This emerges and changes over time.
- J. Connect with local and statewide visioning teams, the American Planning Association, Community Development planners and others.
- K. Develop marketing campaigns that quantify or operationalize what "transportation that benefits everyone" means.
- L. At the Regional/local level involve Transportation committees, DD councils, Centers For Excellence In Developmental Disabilities, Transit, ILCs....see national list
- M. This (*breakout*) group from the Summit will continue the discussion to operationalize the vision.
- N. Model Indiana's Community Transportation Initiative in other states

Federal Legislation

- I Issue:** Variation in eligibility across programs results in transportation barriers for people with disabilities.

Recommendations:

- A. There is a need for Legislative Directives that provide for Agencies to have more flexibility with eligibility requirements (*that are often managed rigidly*).
- B. Reporting back to funding streams must be more coherent, unified and effective without increasing the burden on the local provider. (*To ease the administrative burden on local providers develop a unified reporting system that satisfies all funding sources.*)
- C. Consumers (People with disabilities) must be at the Decision making table.
- D. Add flexibility specific to the territory/geographic location (include matching dollar requirements, Home Community Base Waiver (HCBO, SSI).

- II Issue:** Federal Gas Tax (recognition for small, rural systems to receive gas tax waivers).

Recommendations:

- A. All “Big” government should recognize local systems as public transportation (small vans, curb-to-curb, home - we are transporting people we are not semis)
- B. Advocate for legislative change for federal gas tax exemption

- III Issue:** Rural transit has been unable to meet needs due to lack of equity in funding between small and large systems and between rural and urban systems.

Recommendations:

- A. Advocates should:
 - 1. Monitor Public Transit Association websites to learn more about the pending federal legislation.
 - 2. Write or email congressional representatives and senators.

3. Use practical approaches that align disability needs with those of other voters.
4. Involve state associations in developing statewide support for Maximum Economic Growth for America through Rural, Elderly and Disabled Transit Investment Act (MEGARED) and Transportation Equity Act for the 21st Century (TEA 21).

IV Issue: Coordination, collaboration, sharing of funding silos and complete access is not occurring without mandate legislation.

Recommendations:

- A. Develop federal and state legislation to mandate coordination.
- B. Strengthen the current language for coordination.
- C. Use section 504, ADA or something similar to push access in all areas.

V Issue: Insufficient funding for transportation that is safe, easy to use, predictable, priced right and sometimes fun has limited rural transportation growth necessary to meet the needs of people with disabilities.

Recommendations:

- A. Federal, state, and local governmental entities as well as appropriate stakeholders (customers and providers) must collaborate in seeking funding sources.
- B. CTAA could provide assistance and coordinate much of the effort.
- C. Transfer of highway monies; redistribute urban monies to rural areas Using social service dollars for match.
- D. Increase state and federal taxes, i.e., “fuel” and “sin” taxes.

Federal Agencies And National Organizations Coordination/Collaboration

- I Issue:** Transportation is made inaccessible by varying requirements (regulatory) and inconsistent reimbursement from one geographic area to another geographic area within the same state/area or state-to-state e.g., prior approvals, uniform access, and delivery of service.

Recommendations:

- A. Develop uniform policies and reporting procedures for access to and delivery of transportation services and train people to implement them.
- B. All human service and related agencies should participate in strategic transit program development planning with transit agencies and vice versa. Identify current transportation related expenditures in various programs Promote the establishment of transportation related line items in all program budgets.
- C. State/local Every state should have/create a state-level human service transportation coordinating body with vested power to review and coordinate policies, recommend changes, and/or suggest new policy. It should include people with disabilities, representatives of relevant state agencies, transportation providers, representatives of providers of other services, State development agency, etc.
- D. State/local/ fed Secure the support of the Commissioner/Secretary/Head of the relevant state and federal human service agencies to establish coordinated transportation and uniform access as priorities.
- E. Recognize and acknowledge the need to provide special assistance (e.g., Assisting people in exiting their homes) in order to access the transportation service (attendant care needs).
- F. Locate the regulatory, liability, and financial responsibilities in the most relevant department.

- II Issue:** Barriers to transportation for people with disabilities in rural areas are created by inadequate communication and coordination when working with Federal, State, and Local agencies.

Recommendations:

- A. A cross agency agreement at federal and state levels should be created.
- B. Conduct state/local Marketing/advertising.
- C. Local agencies (Social Services, Transportation Providers) should conduct Marketing/advertising.

- D. Create a state level Central Resources Directory.
- E. Target very rural areas.
- F. Utilize Radio, Public Service Announcements.
- G. Utilize Business communications and publications.
- H. Target Elected officials.
- I. Target Advocacy organizations.
- J. Target Local areas.
- K. Target Statewide.

III Issue: The absence of consistent standards for vehicles, drivers training and performance based on consumer satisfaction creates barriers to coordination and collaboration./ There is a need for cross training with DOT and HHS at federal and state levels.

- A. Recommendations:
- B. Provide for levels of certification based on standards (staff development).
- C. Federal Government (a cross-agency effort to include DOT and human service agencies) should work with APTA, CTAA, NTI and people with disabilities to establish National Transportation Standards that include professional development. The standards should be piloted in specific rural locations. Then the standards should be adopted by all of the federal agencies funding transportation.

IV Issue: Learning how to gather information and data on the number of people served and in need of service and the cost/benefit impact is vital to advocating, designing and implementing systems that will meet the transit needs of people with disabilities in rural settings.

Recommendations:

- A. Access data through The Transit Cooperative Research Program (TCRP) and build on that for local areas. Submit a research question specific to rural transportation for people with disabilities to TCRP (Transit Cooperative Research Program) and ask them to research and use their funding to complete the job.
- B. National - CTAA to submit research question to TCRP on cost/benefit of rural transportation for people with disabilities.

- C. Form a transportation coalition or advocacy group in your state to do a county by county needs assessment to determine the numbers of people with disabilities, rides needed versus taken, rides provided by transit, human service workers, volunteers. Project Action could develop a universal format for local surveys so that all information coming back is comparable.
- D. Potential funding sources might include Project Action, Developmental Disabilities Councils, 5313 state planning funds, RTAP \$, Centers For Excellence In Developmental Disabilities, CILS and others.
- E. Recognize what a good system provides and use that as a benchmark to develop rating systems for services e.g. (A) rating if service is provide on weekends, (B) rating for systems that have some weekend service, etc. The rating system should align with FTA accreditation.
- F. At the national level develop a scoring system that addresses affordable, accessible, safe, etc. transportation based on service standards and universal design with possible tracks for rural and urban transportation.
- G. The scoring system should highlight accountability, rate service in the same way roads are with the same degree of attention and be useable on a county-by-county basis. The rating system should not be unnecessarily complex or cumbersome.
- H. The rating system could guide enrollment from human service agencies.

V Issue: There is an ongoing need for consumer driven management at state level as well as locally to maximize access to transit for people with disabilities.

Recommendations:

- A. Pursue outside independent management audits and consultation to nurture Imagination/change.
- B. Pursue a universal payment method (credit card, voucher) that can be readily translated for joint use with other programs (e.g. Food Stamps, Medicaid, etc.).
- C. Have a single Point of Entry to find transportation and treat “transit dependent” (as a group not each disability separately).
- D. Conduct Joint planning across and among State departments including:
 1. Partnerships with other agencies;
 2. Cost analysis of paper processing vs. electronic data management.

3. Utilization of a coordination council decreed by the governor's office.
- E. Develop incentives to cooperation/collaboration and serious pursuit of innovative approaches such as brokerage systems.

VI Issue: Current accounting, billing, authorization, eligibility and payment systems constitute a complex of barriers to accessible transportation for people with disabilities.

Recommendations:

- A. Advocates, transportation providers, funders and policy makers must collaborate at both state and federal levels to streamline the billing processes, paper trails, prior authorizations, reporting and consumer access.
- B. Provide incentives to states and localities that support transportation systems rather than non-systems. (*Suggestions included rewards or bonus awards*).
- C. Ask the question "What does oversight cost? Are we getting needed safeguards or simply denial of needed service? Are we spending money on bureaucracy that should be transporting people?"

VII Issue: The lack of consistent definitions (of what is rural, what constitutes certain kinds of transit, trips etc.) at all levels has resulted in service denial, duplications and bureaucratic barriers.

Recommendations:

- A. To promote coordination, cost-effective planning, and efficiency at multiple levels the federal and state agencies that fund regulate or deliver transportation must develop joint consistent set of definitions for the terms rural; universal accessibility; and public transportation. A cross agency glossary of unified terminology including definitions of types of trips, destinations, purposes, etc. should be published at federal level and further modeled at state level wherever further refinement is needed.
- B. This group (*reference to the specific breakout group*) issues a Call to Action to the Federal Coordinating Council on Accessibility and Mobility (CCAM) to work on the glossary of definitions (written in people first language) to use in addressing rural transportation.

VIII Issue: The lack of flexibility for providers to meet the diverse needs of riders constitutes a barrier to access for people with disabilities.

The following are some of the factors that prevent providers from providing needed services:

- ◆ *Insurance limitations on uses of vehicles and actions of drivers/staff,*
- ◆ *Funding source limitations on who may ride where,*
- ◆ *Funding source limitations on whether a potential rider can get the assistance needed to actually ride*
- ◆ *Regulations limiting geographically where a provider can take passengers.*

Recommendations:

- A. The Federal level should develop across entities a holistic focus addressing transportation needs of all riders and potential riders.
- B. The Coordinating Council on Accessibility and Mobility (CCAM) is a good place to initiate the necessary coordination of policy.
- C. The five most critical areas to attend to are Insurance, funding, eligibility guidelines and regulations.
- D. Federal policy makers can remove barriers by providing incentives to the states to address these issues as well as by unifying federal policies.
- E. Federal level entities can collaborate in facilitating a meeting of State Insurance Commissioners to examine the insurance issues and what alternatives can be initiated.
- F. Federal level entities must support:
 - 1. Action to address the need to provide special assistance (e.g., carrying people out of their homes) in order to access the transportation service (attendant care needs).
 - 2. Evaluation of the extent of the need and put a dollar cost to the service.
 - 3. Determination of which program is financially and physically responsible for getting the person onto the transit vehicle.
 - 4. Location of the regulatory, liability, and financial responsibilities in the most relevant department.
 - 5. Establishing an independent ombudsman at the state level to review complaints of rate inequities and inconsistencies.
 - 6. Payment of the same fully allocated cost rate for the same transit service by all human service programs (e.g., TANF, Medicaid) within a specified geographic area.

7. State, regional, and county-specific transportation service reimbursement rates should be reviewed annually to adjust for inflation and actual costs.

IX Issue: Centers for Medicare & Medicaid Services (CMS) requirements for waivers (1915b) when brokerage services are utilized currently result in lost services for people with disabilities.

Recommendations:

- A. Review federal regulations associated with compliance/application for possible revision/elimination within CMS and 1915b people.

X Issue: Variation in eligibility across programs results in transportation barriers for people with disabilities

Recommendations:

- A. There is a need for Legislative Directives that provide for Agencies to have more flexibility with eligibility requirements (*that are often managed rigidly*).
- B. Reporting back to funding streams must be made more coherent, unified and effective without increasing the burden on the local provider. (*To ease the administrative burden on local providers develop a unified reporting system that satisfies all funding sources.*)
- C. Riders (specifically People with disabilities) must be at the Decision making table.

XI Issue: Federal Medicaid (Intergovernmental investment in training and communication with all levels of the industry).

Recommendations:

- A. Federal Medicaid rules should add flexibility specific to the territory/geographic location (include matching dollar requirements, Home and Community Base Waiver, SSI, etc.

XII Issue: The absence of consistent standards for vehicles, drivers training and performance based on consumer satisfaction creates barriers to coordination and collaboration. There is a need for cross training with DOT and HHS at federal and state levels.

Recommendations:

- A. Provide for levels of certification based on standards (staff development).
- B. Federal Government (a cross-agency effort to include DOT and human service agencies) should work with APTA, CTAA, NTI and people with disabilities to establish National Transportation Standards that include professional development. The standards should be piloted in specific rural locations. Then the standards should be adopted by all of the federal agencies funding transportation.

XIII Issue: Rural transit has been unable to meet needs due to lack of equity in funding between small and large systems and between rural and urban systems.

Recommendations:

- A. Block grant federal transportation funding (DOT and human services) to states for public transportation and let states decide to use on equipment, drivers, vouchers etc.
- B. Transfer of highway monies; redistribute urban monies to rural areas Using social service dollars for match.

XIV Issue: Insufficient funding for transportation that is safe, easy to use, predictable, priced right and sometimes fun has limited rural transportation growth necessary to meet the needs of people with disabilities.

Recommendations:

- A. State, and local governmental entities as well as appropriate stakeholders (customers and providers) must collaborate in seeking funding sources.
 - 1. CTAA could provide assistance and coordinate much of the effort.
- B. Transfer of highway monies; redistribute urban monies to rural areas Using social service dollars for match.
- C. State/local Increase state and federal taxes, i.e., “fuel” and “sin” taxes

XV Issue: Liability issues, including insurance and a litigious constituency have created barriers to delivery of needed transportation services to people with disabilities in rural settings.

Recommendations:

- A. Transit Systems, Human Services Agencies, Departments of Transportation and other stakeholders must work to mitigate the high costs and risk of being sued through:
- B. Education of the public and uninformed stakeholders In all rural areas of the USA and its territories about the issue and potential solutions with assistance from CTAA.
- C. Advocating for National Health Insurance. *(for drivers and other staff)*
- D. Developing risk pools (for workers compensation and vehicle liability).
- E. Developing Consortiums of providers to use their power in numbers to negotiate lower insurance costs or enter into mutual insurance arrangements.

XVI Issue: Lack of planning in terms of regional RPOs (Regional Planning Organizations) and internal Transit Authorities (information systems, repairs, upgrades) Results in barriers to full access for people with disabilities.

Recommendations:

- A. By 2006 Federal, state, and local governmental entities as well as appropriate stakeholders (customers and providers) establish an RPO with adequate dollars and the ability to plan and make decisions, in which all involved persons will make a commitment to:
 - 1. Meet four to six times annually.
 - 2. Set goals.
 - 3. Be accountable to each other.
 - 4. Develop short and long range strategic plans that will include priorities, objectives stated in time limited outcomes, and an agreed upon work plan with which to achieve outcomes
 - 5. Regularly monitor, assess, and evaluate plan progress
 - i. This will require considerable work with state legislators. CTAA should offer assistance in the process.
 - ii. It will also require a public education effort in all rural areas of the USA and its territories.

- B. Establish a 5303-like program for rural areas. (5303 Metropolitan Planning Program funds provide assistance to local governments for conducting transportation planning activities in urban areas with populations greater than 50,000).

State Legislation

I Issue: Without RPOs the rural voice for transportation dollars is muted.

Recommendations:

- A. State and Local agencies work together to strengthen rural transportation planning in bringing in more funds

II Issue: Coordination, collaboration, sharing of funding silos and complete access for all is not occurring without mandate legislation.

Recommendations:

- A. Mandate Coordination.
- B. Use RPO to become the authority.
- C. Explore the Wisconsin State Insurance fund and other models (i.e. California consortium) to fund fire, ambulance – add human service providers.
- D. Strengthen the current language in state law and policy for coordination.
- E. Use section 504 or something similar to push access in all areas.
- F. Build understanding of the reauthorization of Tea 21 to SAFETEA.
- G. Push the “New Freedom” initiatives.

III Issue: Insufficient funding for transportation that is safe, easy to use, predictable, priced right and sometimes fun has limited rural transportation growth necessary to meet the needs of people with disabilities.

Recommendations:

- A. Federal, state, and local governmental entities as well as appropriate stakeholders (customers and providers) must collaborate in seeking funding sources.
- B. Transfer of highway monies; redistribute urban monies to rural areas Using social service dollars for match.
- C. Increase state and federal taxes, i.e., “fuel” and “sin” taxes.
- D. Examine more creative non-traditional methods to share resources (i.e., school buses are used by a small percentage of population for a narrow portion of the day that overlaps with other local transit needs).

IV Issue: Lack of planning in terms of regional RPOs (Regional Planning Organizations) and internal Transit Authorities (information systems, repairs, upgrades) Results in barriers to full access for people with disabilities.

Recommendations:

- A. By 2006 Federal, state, and local governmental entities as well as appropriate stakeholders (customers and providers) establish an RPO with adequate dollars and the ability to plan and make decisions, in which all involved persons will make a commitment to:
 - 1. Meet four to six times annually.
 - 2. Set goals.
 - 3. Be accountable to each other.
 - 4. Develop short and long-range strategic plans that will include priorities, objectives stated in time limited outcomes, and an agreed upon work plan with which to achieve outcomes.
 - 5. Regularly monitor, assess, and evaluate plan progress.
 - i. This will require considerable work with state legislators. CTAA should offer assistance in the process.
 - ii. It will also require a public education effort in all rural areas of the USA and its territories.
- B. Establish a 5303-like program for rural areas. (5303 Metropolitan Planning Program funds provide assistance to local governments for conducting transportation planning activities in urban areas with populations greater than 50,000).

State Administrative Rule Making

- I **Issue:** Issue: Varying requirements (regulatory) from one geographic area to another geographic area within the same state/area or state to state. E.g., prior approvals, uniform access, and delivery of service.

Recommendations:

- A. In each state the agency that administers the Medicaid transportation services should review the requirements to see if there are differences in application from county to county. Identify disparities, clarify and standardize policies, and implement needed training.
- B. Develop uniform policies and reporting procedures for access to and delivery of transportation services and train people to implement them.
- C. States must promote regionalization (regional planning and service coordination within states and/or across state borders) to eliminate barriers to the traveler. Encourage negotiated agreements, local memoranda of understanding and financial agreements.
- D. Create the expectation that funding is dependent on coordination. Promote the establishment of regional transit authorities Legislation Incentive funding.
- E. State HHSs and other state related departments (e.g., Workforce Development, Labor, Education, DD Council, Health) should support and encourage regional transportation planning and coordination within and across their own agencies.
- F. All human service and related agencies should participate in strategic transit program development planning with transit agencies and vice versa. Identify current transportation related expenditures in various programs Promote the establishment of transportation related line items in all program budgets.
- G. Every state should have/create a state level human service transportation coordinating body with vested power to review and coordinate policies, recommend changes, and/or suggest new policy. It should include representatives of relevant state agencies.
- H. Each state should secure the support of the Commissioner/Secretary/Head of the relevant state and federal human service agencies to establish coordinated transportation and uniform access as priorities.
- I. Recognize and acknowledge the need to provide special assistance (e.g., Assisting people in exiting their homes) in order to access the transportation service (attendant care needs).

J. Locate the regulatory, liability, and financial responsibilities in the most relevant department.

II Issue: Variation in eligibility across programs results in transportation barriers for people with disabilities.

Recommendations:

- A. Create Legislative and policy directives that allows for riders and providers to have more flexibility with eligibility requirements (*that are often managed rigidly*).
- B. Riders (specifically people with disabilities) must be meaningfully included in the decision making.

III Issue: there is an ongoing need for consumer driven management at state level as well as locally to maximize access to transit for people with disabilities.

Recommendations:

- A. Pursue outside independent management audits and consultation to nurture Imagination/change.
- B. Pursue a universal payment method (credit card, voucher) that can be readily translated for joint use with other programs (e.g. Food Stamps, Medicaid, etc.).
- C. Have a single Point of Entry to find transportation and treat “transit dependent” (as a group not each disability separately).
- D. Conduct Joint planning across and among State departments including:
 - 1. Partnerships with other agencies;
 - 2. Cost analysis of paper processing vs. electronic data management;
 - 3. Utilization of Coordination Council decreed by the governor’s office.
- E. Develop incentives to cooperation/collaboration and serious pursuit of innovative approaches such as brokerage systems.

IV Issue: Insufficient funding for transportation that is safe, easy to use, predictable, priced right and sometimes fun has limited rural transportation growth necessary to meet the needs of people with disabilities.

Recommendations:

- A. Federal, state, and local governmental entities as well as appropriate stakeholders (customers and providers) must collaborate in seeking funding sources.
- B. Transfer of highway monies, redistribute urban monies to rural areas Using social service dollars for match.
- C. Examine more creative non-traditional methods to share resources (i.e., school buses are used by a small percentage of population for a narrow portion of the day that overlaps with other local transit needs).

V Issue: Lack of planning in terms of regional RPOs (Regional Planning Organizations) and internal Transit Authorities (information systems, repairs, upgrades) Results in barriers to full access for people with disabilities.

Recommendations:

- A. By 2006 Federal, state, and local governmental entities as well as appropriate stakeholders (customers and providers) establish an RPO with adequate dollars and the ability to plan and make decisions, in which all involved persons will make a commitment to:
 - 1. Meet four to six times annually.
 - 2. Set goals.
 - 3. Be accountable to each other.
 - 4. Develop short and long range strategic plans that will include priorities, objectives stated in time limited outcomes, and an agreed upon work plan with which to achieve outcomes.
 - 5. Regularly monitor, assess, and evaluate plan progress.
 - i. This will require considerable work with state legislators. CTAA should offer assistance in the process.
 - ii. It will also require a public education effort in all rural areas of the USA and its territories.
 - iii. Establish a 5303-like program for rural areas. (5303 Metropolitan Planning Program funds provide assistance to local governments for conducting transportation planning activities in urban areas with populations greater than 50,000).

State And/Or Multi-State Coordination/Collaboration

- I **Issue:** transportation is made inaccessible by varying requirements (regulatory) and inconsistent reimbursement from one geographic area to another geographic area within the same state/area or state to state. E.g., prior approvals, uniform access, and delivery of service

Recommendations:

- A. States develop uniform policies and reporting procedures for access to and delivery of transportation services and provide training to implement them.
- B. States promote regionalization (regional planning and service coordination within states and/or across state borders) to eliminate barriers to the traveler.
- C. States encourage negotiated agreements, local memoranda of understanding and financial agreements.
- D. Create the expectation that funding is dependent on coordination.
- E. Promote the establishment of regional transit authorities.
- F. Develop Incentivized funding methods.
- G. State human Service departments and other state agencies (e.g., Workforce Development, Labor, Education, DD Council, Health) should support and encourage regional transportation planning and coordination within their own agencies.
- H. All human service and related agencies should participate in strategic transit program development planning with transit agencies and vice versa.
- I. Identify current transportation-related expenditures in various programs.
- J. Promote the establishment of transportation-related line items in all program budgets.
- K. Every state should have/create a state-level human service transportation coordinating body with vested power to review and coordinate policies, recommend changes, and/or suggest new policy. It should include representatives of relevant state agencies.
- L. Secure the support of the Commissioner/Secretary/Head of the relevant state and federal human service agencies to establish coordinated transportation and uniform access as priorities.

- M. Recognize and acknowledge the need to provide special assistance (e.g., Assisting people in exiting their homes) in order to access the transportation service (attendant care needs).
- N. Evaluate the extent of the need and put a dollar cost to the service.
- O. Determine which program is financially and physically responsible for getting the person onto the transit vehicle.
- P. Locate the regulatory, liability, and financial responsibilities in the most relevant department.
- Q. Clarify the role and responsibility of the driver in these instances.
- R. Establish an independent ombudsman at the state level to review complaints of rate inequities and inconsistencies.
- S. All human service programs (e.g., TANF, Medicaid) within a specified geographic area should pay the same fully allocated cost rate for the same transit service.
- T. State, regional, and county-specific transportation service reimbursement rates should be reviewed annually to adjust for inflation and actual costs.

II Issue: Barriers to transportation for people with disabilities in rural areas are created by inadequate communication and coordination when working with Federal, State, and Local agencies.

Recommendations:

- L. A cross agency agreement at federal and state levels should be created.
- M. Conduct state/local Marketing/advertising.
- N. Local agencies (Social Services, Transportation Providers) should conduct Marketing/advertising.
- O. Create a state level Central Resources Directory.
- P. Target very rural areas.
- Q. Utilize Radio, Public Service Announcements.
- R. Utilize Business communications and publications.
- S. Target Elected officials.
- T. Target Advocacy organizations.
- U. Target Local areas.
- V. Target Statewide.

III Issue: Learning how to gather information and data on the number of people served and in need of service and the cost/benefit impact is vital to advocating, designing and implementing systems that will meet the transit needs of people with disabilities in rural settings.

Recommendations:

- A. Access data through transit cooperative research program (TCRP) and build on that for local areas. Submit a research question specific to rural transportation for people with disabilities to TCRP (Transit Cooperative Research Program) and ask them to research...use their funding to complete the job.
- B. - Form a transportation coalition of advocacy groups in your state to do a county by county needs assessment to find out:
 - 1. The numbers of people with disabilities rides needed versus taken, rides provided by transit, human service workers, volunteers.
 - 2. Project Action could develop a universal format for local surveys so that all information coming back is comparable,
 - 3. Specific data should include cost saving for helping people remain in the community, economic benefit of employment, What do people do when rides are not available? What is the cost?
 - i. Surveys are available at Indiana's RTAP and also through United Way, nationally.
 - 4. Potential funding sources might include Project Action, Developmental Disabilities Councils, 5313 state planning funds, Indiana Rural Transit Assistance Program funds, Centers for Excellence in Developmental Disabilities, CILS...
 - 5. Use resources in your state to build community ownership for the survey. RTAP may be a good source of support in the state.

IV Issue: There is a need for cultural change in thinking, rhetoric and vision of transportation in rural communities. There is a culturally negative and/or apathetic attitude toward public transportation. There must be action to correct this barrier.

Recommendations:

- A. Utilize a multi pronged approach to cultural change that appeals to the vested interests of policy makers and the community.
- B. Start a dialogue in the community and with policy makers.

- C. Use data on needs and benefits to inform listeners.
- D. Write articles.
- E. Align with AARP in your state.
- F. Focus on the many options for meeting transportation needs.
- G. Cover all needs (commercial, production, employment, health care, education, etc.) and all modes (pedestrian, transits, autos)
- H. Include a universal design approach throughout.
- I. Clarify the vision that transportation benefits all in rural America. What is the standard that defines and quantifies this outcome? Define what expectation, in clear terms that everyone understands and can be measured, must we create in people's minds? This emerges and changes over time.
- J. Connect with local and statewide visioning teams, the American Planning Association, Community.
- K. Development planners and others.
- L. Develop marketing campaigns that quantify or operationalize what "transportation that benefits everyone" means.
- M. At the Regional/local level involve Transportation committees, DD council, Centers For Excellence In Developmental Disabilities, Transit, ILCs
- N. This (*breakout*) group from the Summit will continue the discussion to operationalize the vision.
- O. Model Indiana's Community Transportation Initiative in other states.

V Issue: Rural transit has been unable to meet needs due to lack of equity in funding between small and large systems and between rural and urban systems.

Recommendations:

- A. Focus state and local planning to overcome arbitrary boundaries that limit providers/services within territories.
- B. Use practical approaches that align disability needs with other voters.

VI Issue: there is an ongoing need for consumer driven management at state level as well as locally to maximize access to transit for people with disabilities.

Recommendations:

- A. Pursue outside independent management audits and consultation to nurture Imagination/change.
- B. Pursue a universal payment method (credit card, voucher) that can be readily translated for joint use with other programs (e.g. Food Stamps, Medicaid, etc.).
- C. Have a single Point of Entry to find transportation and treat “transit dependent” (as a group not each disability separately).
- D. Conduct Joint planning across and among State departments including:
 - 1. Partnerships with other agencies;
 - 2. Cost analysis of paper processing vs. electronic data management;
 - 3. Utilization of a coordination council decreed by the governor’s office.
- E. Develop incentives to cooperation/collaboration and serious pursuit of innovative approaches such as brokerage systems.

VII Issue: Need for Leadership at all levels from consumers, providers, local community leaders, and state and federal policy makers in working to improve access and growth of appropriate transportation for everyone.

Recommendations:

- A. Use of the Community Transportation Initiative Academy model and the Partners in Policymaking model to develop local leadership.
- B. Lobby together across disability needs.
- C. Bring transportation into DD council agenda.
- D. Identify partners - DHS, Protection and Advocacy organizations, University Centers on Excellence, other small organizations, brain injury, etc.
- E. Find out who does the appointing to boards-what is the process to getting on boards; Establish representation percentage.
- F. Develop Self-Advocates As Leaders (SAAL), Self-Advocates becoming empowered.

- G. Buttonhole personal Legislator.
- H. Influence the Olmstead Response Plan body.
- I. Take personal leadership roles.
- J. Ask conference to email specific lists of appropriate groups.
- K. Advocate for as Leadership academy for non-business people and use scholarships.
- L. Encourage involvement at the highest level.
- M. Get people with disabilities in public office.
- N. Push non-transit oriented national organizations (ARC, NFB, etc.) to push for transit solutions.

VIII Issue: Current accounting, billing, authorization, eligibility and payment systems constitute a complex of barriers to accessible transportation for people with disabilities.

Recommendations:

- A. Advocates, transportation providers, funders and policy makers must collaborate at both state and federal levels to streamline the billing processes, paper trails, prior authorizations, reporting and consumer access.
- B. Provide incentives to states and localities that support transportation systems rather than non-systems. (*Suggestions included rewards or bonus awards*).
- C. Ask the question “What does oversight cost? Are we getting needed safeguards or simply denial of needed service? Are we spending money on bureaucracy that should be transporting people?”

IX Issue: The lack of consistent definitions (of what is rural, what constitutes certain kinds of transit, trips etc.) at all levels has resulted in service denial, duplications and bureaucratic barriers.

Recommendations:

- A. To promote coordination, cost-effective planning, and efficiency at multiple levels the federal and state agencies that fund regulate or deliver transportation must develop joint consistent set of definitions for the terms rural; universal accessibility; and public transportation. A cross agency glossary of unified terminology including definitions of types of trips, destinations, purposes, etc. should be published at federal level and further modeled at state level wherever further refinement is needed.

- B. This group (*reference to the specific breakout group*) issues a Call to Action to the Federal Coordinating Council on Accessibility and Mobility (CCAM) to work on the glossary of definitions (written in people first language) to use in addressing rural transportation.

Local Coordination/Collaboration

- I Issue:** transportation is made inaccessible by varying requirements (regulatory) and inconsistent reimbursement from one geographic area to another geographic area within the same state/area or state to state. E.g., prior approvals, uniform access, and level of delivery of service.

Recommendations:

- A. Develop uniform policies and reporting procedures for access to and delivery of transportation services and train people to implement them.
- B. All human service and related agencies should participate in strategic transit program development planning with transit agencies and vice versa. Identify current transportation related expenditures in various programs. Promote the establishment of transportation related line items in all program budgets.
- C. Every state should have/create a state-level human service transportation coordinating body with vested power to review and coordinate policies, recommend changes, and/or suggest new policy. It should include people with disabilities, representatives of relevant state agencies, transportation providers, representatives of providers of other services, State development agency, etc.
- D. Secure the support of the Commissioner/Secretary/Head of the relevant state and federal human service agencies to establish coordinated transportation and uniform access as priorities.

- II Issue:** Barriers to transportation for people with disabilities in rural areas are created by inadequate communication and coordination when working with Federal, State, and Local agencies.

Recommendations:

- A. A cross agency agreement at federal and state levels should be created.
- B. Conduct state/local Marketing/advertising.
- C. Local agencies (Social Services, Transportation Providers) should conduct Marketing/advertising.
- D. Create a state level Central Resources Directory.
- E. Target very rural areas.
- F. Utilize Radio, Public Service Announcements.
- G. Utilize Business communications and publications.

- H. Target Elected officials.
- I. Target Advocacy organizations.
- J. Target Local areas.
- K. Target Statewide.

III Issue: Without RPOs the rural voice for transportation dollars is muted.

Recommendations:

- A. State and Local agencies work together to strengthen rural transportation planning in bringing in more funds.
- B. Local Establish coalitions (all transportation stakeholders, i.e. consumers, businesses, employers, economic developers, Chamber of Commerce, health care, human service agencies).
- C. Locally identify where the needs are, identify barriers in managing needs.
- D. Local develop a long-term transit plan.

IV Issue: Learning how to gather information and data on the number of people served and in need of service and the cost/benefit impact is vital to advocating, designing and implementing systems that will meet the transit needs of people with disabilities in rural settings.

Recommendations:

- A. Form a transportation coalition or advocacy group in your state to do a county by county needs assessment to determine the numbers of people with disabilities, rides needed versus taken, rides provided by transit, human service workers, volunteers. Project Action could develop a universal format for local surveys so that all information coming back is comparable.
- B. Surveys are available at Indiana's RTAP and also through United Way, nationally...use resources in state. Build community ownership for the survey states are often looking for ways to spend RTAP money.
- C. Potential funding sources might include Project Action, Developmental Disabilities Councils, 5313 state planning funds, RTAP \$, Centers For Excellence In Developmental Disabilities, CILS...
- D. People with disabilities need to be at the table when states are developing plans. Work for partnerships to jointly fund the data gathering.
- E. Involve people with disabilities on boards of transportation providers.

- F. Recognize what a good system provides and use that as a benchmark to develop rating systems for services e.g. (A) rating if service is provide on weekends, (B) rating for systems that have some weekend service, etc. The rating system should align with FTA accreditation.
- G. Develop a scoring system that addresses affordable, accessible, safe, etc. transportation based on service standards and universal design with possible tracks for rural and urban transportation.
- H. The scoring system should highlight accountability, rate service in the same way roads are with the same degree of attention and be useable on a county-by-county basis. The rating system should not be unnecessarily complex or cumbersome.

V Issue: There is a need for cultural change in thinking, rhetoric and vision of transportation in rural communities. There is a culturally negative and/or apathetic attitude toward public transportation. There must be action to correct this barrier.

Recommendations:

- A. Utilize a multi pronged approach to cultural change that appeals to the vested interests of policy makers and the community.
- B. Start a dialogue in the community and with policy makers.
- C. Use data on needs and benefits to inform listeners.
- D. Write articles.
- E. Align with AARP in your state.
- F. Focus on the many options for meeting transportation needs.
- G. Cover all needs (commercial, production, employment, health care, education, etc.) and all modes (pedestrian, transits, autos)
- H. Include a universal design approach throughout.
- I. Clarify the vision that transportation benefits all in rural America. What is the standard that defines and quantifies this outcome? Define what expectation, in clear terms that everyone understands and can be measured, must we create in people's minds? This emerges and changes over time.
- J. Connect with local and statewide visioning teams, the American Planning Association, Community.
- K. Development planners and others.

- L. Develop marketing campaigns that quantify or operationalize what “transportation that benefits everyone” means.
- M. At the Regional/local level involve Transportation committees, DD council, Centers For Excellence In Developmental Disabilities, Transit, ILCs....see national list.
- N. This (*breakout*) group from the Summit will continue the discussion to operationalize the vision.
- O. Model Indiana’s Community Transportation Initiative in other states.

VI Issue: Current accounting, billing, authorization, eligibility and payment systems constitute a complex of barriers to accessible transportation for people with disabilities.

Recommendations:

- A. Advocates, transportation providers, funders and policy makers must collaborate at both state and federal levels to streamline the billing processes, paper trails, prior authorizations, reporting and consumer access.
- B. Provide incentives to states and localities that support transportation systems rather than non-systems. (*Suggestions included rewards or bonus awards*).
- C. Ask the question “What does oversight cost? Are we getting needed safeguards or simply denial of needed service? Are we spending money on bureaucracy that should be transporting people?”

VII Issue: In order to participate in planning, local stakeholders must first effectively identify and communicate community needs and vision.

Recommendations:

- A. Consumers, Existing Transportation Services, Providers, Business, human service/government agencies, advocates, and local government utilize resources such as Rural Transit Assistance Program to conduct assessments and collaborate in creating their vision.
- B. Utilize the Community Transportation Initiative Model.

Medicaid

- I **Issue:** transportation is made inaccessible by varying requirements (regulatory) and inconsistent reimbursement from one geographic area to another geographic area within the same state/area or state to state. E.g., prior approvals, uniform access, and delivery of service.

Recommendations:

- A. Develop uniform policies and reporting procedures for access to and delivery of transportation services and train people to implement them.
- B. All human service and related agencies should participate in strategic transit program development planning with transit agencies and vice versa. Identify current transportation related expenditures in various programs Promote the establishment of transportation related line items in all program budgets.
- C. Every state should have/create a state-level human service transportation coordinating body with vested power to review and coordinate policies, recommend changes, and/or suggest new policy. It should include people with disabilities, representatives of relevant state agencies, transportation providers, representatives of providers of other services, State development agency, etc.
- D. Secure the support of the Commissioner/Secretary/Head of the relevant state and federal human service agencies to establish coordinated transportation and uniform access as priorities.
- E. Recognize and acknowledge the need to provide special assistance (e.g., Assisting people in exiting their homes) in order to access the transportation service (attendant care needs).
- F. Locate the regulatory, liability, and financial responsibilities in the most relevant department.
- G. Seek Removal of Medicaid cap-utilize networks (Centers For Excellence In Developmental Disabilities, NACDD, NAPAS) to further lobby efforts.

II Issue: CMS requirements for waivers (1915b) when brokerage services are utilized severely limit transportation access for many people with disabilities.

Recommendations:

A. Review federal regulations associated with compliance/application for possible revision/elimination.

III Issue: Territorialism or protection of “turf” by transportation providers, service agencies and state and federal departments or agencies in ownership, Funding, Geography, Eligibility, etc. continues to create barriers to accessible transportation for people with disabilities in rural settings.

Recommendations:

A. Identify a formula for charging transportation expenses;

B. Forge AN alliance between consumers and providers;

C. Develop State-by-State Medicaid Waiver solutions;

D. Invite state and local legislators to talk and address specific transportation issues;

E. Suggest that an over arching social Service “System” be created.

Public Education/Information

I **Issue:** The lack of flexibility for providers to meet the diverse needs of riders constitutes a barrier to access for people with disabilities.

The following are some of the factors that prevent providers from providing needed services:

- ◆ *Insurance limitations on uses of vehicles and actions of drivers/staff,*
- ◆ *Funding source limitations on who may ride where,*
- ◆ *Funding source limitations on whether a potential rider can get the assistance needed to actually ride*
- ◆ *Regulations limiting geographically where a provider can take passengers.*

Recommendations:

- A. The Federal level should develop across entities a holistic focus addressing transportation needs of all riders and potential riders.
- B. The Coordinating Council on Accessibility and Mobility (CCAM) is a good place to initiate the necessary coordination of policy.
- C. It is recommended that particular attention be paid to the critical areas of Insurance, funding, eligibility guidelines and regulations. These are regarded as the most critical areas.
- D. Federal policy makers should remove barriers by providing incentives to the states to address these issues as well as by unifying federal policies.
- E. Federal level entities should collaborate in facilitating a meeting of State Insurance Commissioners to examine the insurance issues and what alternatives can be initiated.
- F. Federal level entities must support:
 - 1. Action to address the need to provide special assistance (e.g., carrying people out of their homes) in order to access the transportation service (attendant care needs).
 - 2. Evaluation of the extent of the need and put a dollar cost to the service.
 - 3. Determination of which program is financially and physically responsible for getting the person onto the transit vehicle.
 - 4. Location of the regulatory, liability, and financial responsibilities in the most relevant department.
 - 5. Establishing an independent ombudsman at the state level to review complaints of rate inequities and inconsistencies.

- 6. Payment of the same fully allocated cost rate for the same transit service by all human service programs (e.g., TANF, Medicaid) within a specified geographic area.
- G. State, regional, and county-specific transportation service reimbursement rates should be reviewed annually to adjust for inflation and actual costs.

II Issue: There is a need for cultural change in thinking, rhetoric and vision of transportation in rural communities. There is a culturally negative and/or apathetic attitude toward public transportation. There must be action to correct this barrier.

Recommendations:

- A. Utilize a multi pronged approach to cultural change that appeals to the vested interests of policy makers and the community.
- B. Work with CTAA and state transit associations and aging associations
- C. Start dialogue in the community and with policy makers.
- D. Use data on needs/benefits to inform listeners.
- E. Write articles.
- F. Align with AARP in your state.
- G. Focus on the many options for meeting transportation needs.
- H. Cover all needs (commercial, production, employment, health care, education, etc.) and all modes (pedestrian, transits, autos).
- I. Include a universal design approach throughout.
- J. Clarify the vision as transportation that works for all in rural America.
- K. Connect with local and statewide visioning teams with American Planning Association.
- L. Develop a marketing campaign that quantifies or operationalizes what “transportation that benefits everyone” means.
- M. What is the standard that defines and quantifies this outcome? Define what expectation, in clear terms that everyone understands and can be measured, must we create in people’s minds? This emerges and changes over time.
- N. At National and state levels involve Project Action, CTAA, AARP, COA, DD councils, APRIL, AUCD, HHS.
- O. Have a retreat to create an agenda for disability summit to be held in 2005

- P. At the regional and local level involve transportation committees, DD council, Centers For Excellence In Developmental Disabilities, Transit, ILCs, etc.
- Q. This group (*reference to the specific breakout group*) will continue the discussion to operationalize the vision.

III Issue: There is a continuing need for advocacy and education for consumers, transportation providers, and policy makers.

Recommendations:

- A. Use the Community Transportation Initiative Academy model and the Partners in Policymaking Model.
- B. Activate Self-Advocates as leaders (SAAL), Self-Advocates becoming empowered, People First.
- C. Get the transit issues on other groups' agendas, newsletters, websites, etc.
- D. Bring transportation into DD council agenda.
- E. Identify partners - DHS, Speakers, Protection and Advocacy organizations, University Centers on Excellence, other small organizations, brain injury, etc.
- F. Grass roots groups facilitate change up the chain.
- G. Train and build understanding of the greater good of independence.
- H. Develop passenger advisory boards and transportation advisory boards.
- I. Educate Legislature, consumers, and general public on the value of public transit to all people.

IV Issue: Collaboration necessary to full access to transit for people with disabilities in rural areas requires greater incentives as well as understanding of existing incentives.

Recommendations:

- A. States can create incentives by:
 - 1. Subsidizing insurance for collaborative or consolidated systems.
- B. At the federal level incentives can be created by:
 - 1. Block granting funds for local transit allowing states to incentivize.

2. Using less restrictive requirements for collaborative or consolidated systems or for states that provide incentives for collaborative or consolidated systems.
- C. Advocates can encourage collaborative or consolidated systems by promoting the following benefits of collaboration at all levels:
1. Collaboration enhances resource funding.
 2. Rural Planning Organizations.
 3. Advantages to community.
 4. Increased ridership.
 5. Increases cost effectiveness of transit systems.
 6. Environmental impact.
 7. Land Use Planning.
 8. Unified transportation is for community – not special populations.
 9. Understanding the true cost of private cars.

V Issue: Continuing lack of awareness of ADA and its enforcement, inclusion and the value of people with disabilities as fellow citizens creates barriers to access to transit for people with disabilities in rural areas.

Recommendations:

- A. Promote and increase Awareness of ADA rights, enforcement, and inclusion. At Federal State and Local levels.
- B. Include language in all public policy regarding informed choice and consumer control. People with disabilities must be included in the development and implementation of policy.
- C. Involve people with disabilities, others needing transit, Human service providers, Transit planners and providers, officialdom at all levels.
- D. Support consumers to be leaders (Knowledge of rights leads to enforcement).
- E. Involve people with disabilities on boards of transportation providers.
- F. Enlighten, empower and support consumers/stakeholders in areas of federal and local government, ADA language, civil rights, and implementation of policies affecting inclusion.
- G. Convincing others of the need by forming coalitions at Federal and State levels.

VI Issue: If barriers to transportation for people with disabilities in rural areas are to be removed there must be a strong, sustainable, unified advocacy coalition functioning at local state and federal levels.

Recommendations:

- A. Find a passionate, action oriented champion who doesn't take no for an answer.
- B. Develop partnerships with advocates, consumers, community leaders, stakeholders, providers –business leaders, health providers, faith community, other transit users and the legal community.
- C. Tell the story, well and often. Share the vision and get others to tell it.
- D. Make a personal impact.
- E. Speak and act at every opportunity.
- F. Develop the unified voice advocacy efforts must have to be effective at the formal level.

VII Issue: Operational expenses of public transit are perceived as a burden on the taxpayer.

Recommendations:

- A. Transportation needs to be considered a public utility - an alternative to traditional modes.
- B. Educate taxpayers:
 - 1. Regarding the additional funding sources that are used.
 - 2. Regarding automobile subsidies and the true costs of automobile ownership.
 - 3. Put a face on the users of transportation.
 - 4. Demonstrate the convenience for those that don't have to take time off work to provide transportation to family or friends even if they do not use service themselves.
 - 5. Fares are also part of the funding for the system.
 - 6. Consumers could save money by utilizing public transportation compared to car ownership.
 - 7. Air quality, everyone breathes.

VIII Issue: Public perception of public transit involves lack of ownership of the problem and inability to see benefits.

Recommendations:

- A. Treat this as a motivational and educational issue for funding and planning.
- B. Target Business, medical, manufacturing, and local community stakeholders for a concentrated education effort.
- C. Speak about the issue and benefits of public transit to local chambers of commerce and economic development meetings.

Insurance

I **Issue:** The lack of flexibility for providers to meet the diverse needs of riders constitutes a barrier to access for people with disabilities.

The following are some of the factors that prevent providers from providing needed services:

- ◆ *Insurance limitations on uses of vehicles and actions of drivers/staff,*
- ◆ *Funding source limitations on who may ride where,*
- ◆ *Funding source limitations on whether a potential rider can get the assistance needed to actually ride*
- ◆ *Regulations limiting geographically where a provider can take passengers.*

Recommendations:

- A. The Federal level should develop across entities a holistic focus addressing transportation needs of all riders and potential riders.
- B. The Coordinating Council on Accessibility and Mobility (CCAM) is a good place to initiate the necessary coordination of policy.
- C. It is recommended that particular attention be paid to the critical areas of Insurance, funding, eligibility guidelines and regulations. These are regarded as the most critical areas.
- D. Federal policy makers can remove barriers by providing incentives to the states to address these issues as well as by unifying federal policies.
- E. Federal level entities can collaborate in facilitating a meeting of State Insurance Commissioners to examine the insurance issues and what alternatives can be initiated.
- F. Federal level entities must support:
 - 1. Action to address the need to provide special assistance (e.g., carrying people out of their homes) in order to access the transportation service (attendant care needs).
 - 2. Evaluation of the extent of the need and put a dollar cost to the service.
 - 3. Determination of which program is financially and physically responsible for getting the person onto the transit vehicle.
 - 4. Location of the regulatory, liability, and financial responsibilities in the most relevant department.
 - 5. Establishing an independent ombudsman at the state level to review complaints of rate inequities and inconsistencies.
 - 6. Payment of the same fully allocated cost rate for the same transit service by all human service programs (e.g., TANF, Medicaid) within a specified geographic area.

G. State, regional, and county-specific transportation service reimbursement rates should be reviewed annually to adjust for inflation and actual costs.

II Issue: Liability issues, including insurance and a litigious constituency have created barriers to delivery of needed transportation services to people with disabilities in rural settings.

Recommendations:

- A. Transit Systems, Human Services Agencies, Departments of Transportation and other stakeholders must work to mitigate the high costs and risk of being sued through:
- B. Education of the public and uninformed stakeholders In all rural areas of the USA and its territories about the issue and potential solutions with assistance from CTAA.
- C. Advocating for National Health Insurance.
- D. Developing risk pools (for workers compensation and vehicle liability).
- E. Explore the Wisconsin State Insurance fund and other models (i.e. California consortium) to fund fire, ambulance – add human service providers.
- F. Developing Consortiums of providers to use their power in numbers to negotiate lower insurance costs or enter into mutual insurance arrangements.

Coalition Building

I **Issue:** The lack of flexibility for providers to meet the diverse needs of riders constitutes a barrier to access for people with disabilities.

The following are some of the factors that prevent providers from providing needed services:

- ◆ *Insurance limitations on uses of vehicles and actions of drivers/staff,*
- ◆ *Funding source limitations on who may ride where,*
- ◆ *Funding source limitations on whether a potential rider can get the assistance needed to actually ride*
- ◆ *Regulations limiting geographically where a provider can take passengers.*

Recommendations:

- A. The Federal level should develop across entities a holistic focus addressing transportation needs of all riders and potential riders.
- B. The Coordinating Council on Accessibility and Mobility (CCAM) is a good place to initiate the necessary coordination of policy.
- C. It is recommended that particular attention be paid to the critical areas of Insurance, funding, eligibility guidelines and regulations. These are regarded as the most critical areas.
- D. Federal policy makers can remove barriers by providing incentives to the states to address these issues as well as by unifying federal policies.
- E. Federal level entities can collaborate in facilitating a meeting of State Insurance Commissioners to examine the insurance issues and what alternatives can be initiated.
- F. Federal level entities must support:
 - 1. Action to address the need to provide special assistance (e.g., carrying people out of their homes) in order to access the transportation service (attendant care needs).
 - 2. Evaluation of the extent of the need and put a dollar cost to the service.
 - 3. Determination of which program is financially and physically responsible for getting the person onto the transit vehicle.
 - 4. Location of the regulatory, liability, and financial responsibilities in the most relevant department.
 - 5. Establishing an independent ombudsman at the state level to review complaints of rate inequities and inconsistencies.

6. Payment of the same fully allocated cost rate for the same transit service by all human service programs (e.g., TANF, Medicaid) within a specified geographic area.
- G. State, regional, and county-specific transportation service reimbursement rates should be reviewed annually to adjust for inflation and actual costs.

II Issue: Rural transit has been unable to meet needs due to lack of equity in funding between small and large systems and between rural and urban systems.

Recommendations:

- A. All stakeholders must follow and advocate for the Transportation Equity Act 21 reauthorization by checking the CTAA website and American Research Public Transit Association websites to learn more about the pending federal legislation.
- B. Involve state associations in developing statewide support for Maximum Economic Growth for America through Rural, Elderly and Disabled Transit Investment Act (MEGARED) and Transportation Equity Act for the 21st Century (TEA 21).
- C. Use practical approaches that align disability needs with other voters.

III Issue: There is a continuing need for advocacy and education for consumers, transportation providers, and policy makers.

Recommendations:

- A. Use the Community Transportation Initiative Academy model and the Partners in Policymaking Model.
- B. Activate Self-Advocates as leaders (SAAL), Self-Advocates becoming empowered, People First.
- C. Get the transit issues on other groups' agendas, newsletters, websites, etc.
- D. Bring transportation into DD council agenda.
- E. Identify partners - DHS, Speakers, Protection and Advocacy organizations, University Centers on Excellence, other small organizations, brain injury, etc.
- F. Grass roots groups facilitate change up the chain.
- G. Train and build understanding of the greater good of independence.
- H. Develop passenger advisory boards and transportation advisory boards.

- I. Educate Legislature, consumers, and general public on the value of public transit to all people.

IV Issue: Territorialism or protection of “turf” by transportation providers, service agencies and state and federal departments or agencies in ownership, Funding, Geography, Eligibility, etc. continues to create barriers to accessible transportation for people with disabilities in rural settings.

Recommendations:

- A. Forge alliances between consumers and providers.
- B. Identify causes specific to your area.
- C. Contact your state’s Law Library to help find specific law affecting operations.
- D. Invite state and local legislators to talk and address specific transportation issues.
- E. Develop a unified transportation system.
- F. Contact your state’s Law Library to help find specific law affecting operations.
- G. Identify a formula for charging transportation expenses.
- H. State -State-by-State develop Medicaid Waiver solutions and share them with other states.
- I. Suggest that an over arching social service “System” be created.
- J. Develop Incentives to human service providers and public transit providers to find ways to share resources.
 1. Additional Money with contingencies.
 2. Tax cuts?
 3. Food / drinks taxes.
- K. Promote the understanding that coordination takes time and money.
- L. Simplify the process.
- M. Guarantee continuation of funding for transportation year to year.
- N. Development of RPOs (Rural Planning Organizations) or IPOs (Island Planning Organizations).
- O. Funding from State and Federal.
- P. Develop RPOs around logical geographic, economic structures.
- Q. Mandate the membership structure of the RPOs. People with disabilities must be at the table.

V Issue: Continuing lack of awareness of ADA and its enforcement, inclusion and the value of people with disabilities as fellow citizens creates barriers to access to transit for people with disabilities in rural areas.

Recommendations:

- A. Promote and increase Awareness of ADA rights, enforcement, and inclusion. At Federal State and Local levels.
- B. Include language in all public policy regarding informed choice and consumer control.
- C. People with disabilities must be included in the development and implementation of policy.
- D. Involve people with disabilities, others needing transit, Human service providers, Transit planners and providers, officialdom at all levels.
- E. Support consumers to be leaders (Knowledge of rights leads to enforcement).
- F. Involve people with disabilities on boards of transportation providers.
- G. Enlighten, empower and support consumers/stakeholders in areas of federal and local government, ADA language, civil rights and implementation of policies affecting inclusion.
- H. Convincing others of the need by forming coalitions at Federal and State levels.

VI Issue: If barriers to transportation for people with disabilities in rural areas are to be removed there must be a strong, sustainable, unified advocacy coalition functioning at local state and federal levels.

Recommendations:

- A. Find a passionate, action oriented champion who doesn't take no for an answer.
- B. Develop partnerships with advocates, consumers, community leaders, stakeholders, providers –business leaders, health providers, faith community, other transit users, and the legal community.
- C. Tell the story, well and often. Share the vision and get others to tell it
- D. Make a personal impact.
- E. Speak and act at every opportunity.
- F. Develop the unified voice advocacy efforts must have a to be effective at the formal level.

VII Issue: In order to participate in planning, local stakeholders must first effectively identify and communicate community needs and vision

Recommendations:

- A. Consumers, Existing Transportation Services, Providers, Business, human service/government agencies, advocates, and local government utilize resources such as Rural Transit Assistance Program to conduct assessments and collaborate in creating their vision.
- B. Utilize the Community Transportation Initiative Model.

VIII Issue: The lack of to connections between transportation services constitutes a significant barrier to people with disabilities accessing necessary travel across rural, urban, and suburban locations.

Recommendations:

- A. Transportation providers, funding sources, and planners must create new or utilize existing Rural Planning organizations (RPOs) to accomplish the planning, coordination and collaboration needed to get people wherever they need to go (especially long distances) at affordable cost.
- B. Access the resources of CTAA to achieve the education needed at all levels to accomplish the above.
- C. This effort should be initiated in all rural and urban areas of the USA and its territories.

IX Issue: Liability issues, including insurance and a litigious constituency have created barriers to delivery of needed transportation services to people with disabilities in rural settings.

Recommendations:

- A. Transit Systems, Human Services Agencies, Departments of Transportation and other stakeholders must work to mitigate the high costs and risk of being sued through:
 - 1. Education of the public and uninformed stakeholders in all rural areas of the USA and its territories about the issue and potential solutions with assistance from CTAA.
 - 2. Advocating for National Health Insurance.

3. Developing risk pools (for workers compensation and vehicle liability).
4. Developing Consortiums of providers to use their power in numbers to negotiate lower insurance costs or enter into mutual insurance arrangements.

Funding

- I Issue:** Rural transit has been unable to meet needs due to lack of equity in funding between small and large systems and between rural and urban systems.

Recommendations:

- A. All stakeholders must follow and advocate for the Transportation Equity Act 21 reauthorization by checking the CTAA website and American Research Public Transit Association websites to learn more about the pending federal legislation.
- B. Advocates should:
 - 1. Monitor Public Transit Association websites to learn more about the pending federal legislation.
 - 2. Write or email congressional representatives and senators.
 - 3. Involve state associations in developing statewide support for Maximum:
 - i. Economic Growth for America through Rural, Elderly and Disabled,
 - ii. Transit Investment Act (MEGARED) and Transportation Equity Act for the 21st Century (TEA 21),
 - 4. Use practical approaches that align disability needs with those of other voters.
- C. States should:
 - 1. Focus state and local planning to overcome arbitrary boundaries that limit providers/services within territories,
- D. Federal agencies should:
 - 1. Block-grant funds to states for public transportation and let states decide to use on equipment, drivers, vouchers etc.

- II Issue:** Territorialism or protection of “turf” by transportation providers, service agencies and state and federal departments or agencies in ownership, Funding, Geography, Eligibility, etc. continues to create barriers to accessible transportation for people with disabilities in rural settings.

Recommendations:

- A. Local:
 - 2. Forge alliances between consumers and providers.

3. Identify causes specific to your area.
 4. Invite state and local legislators to talk and address specific transportation issues.
 5. Develop a unified transportation system.
 6. Contact your state's Law Library to help find specific law affecting operations.
 7. Identify a formula for charging transportation expenses.
- B. State -State-by-State develop Medicaid Waiver solutions and share them with other states.
8. -Suggest that an over arching social service "System" be created.
 9. Develop Incentives to human service providers and public transit providers to find ways to share resources.
 10. Additional Money with contingencies.
 11. Tax cuts?
 12. Food / drinks taxes.
- C. Promote the understanding that coordination takes time and money.
- D. Simplify the process.
- E. Guarantee continuation of funding for transportation year to year.
- F. Development of RPOs (Rural Planning Organizations) or IPOs (Island Planning Organizations).
- G. Funding from State and Federal.
- H. Develop RPOs around logical geographic, economic structure.
- I. Mandate the membership structure of the RPOs. People with disabilities must be at the table.

III Issue: Operational expenses of public transit are perceived as a burden on the taxpayer.

Recommendations:

- A. Transportation needs to be considered a public utility: an alternative to traditional modes.
- B. Educate taxpayers.
- C. Regarding the additional funding sources that are used.

D. Regarding automobile subsidies and the true costs of automobile ownership.

IV Issue: Insufficient funding for transportation that is safe, easy to use, predictable, priced right and sometimes fun has limited rural transportation growth necessary to meet the needs of people with disabilities.

Recommendations:

- A. Federal, state, and local governmental entities as well as appropriate stakeholders (customers and providers) must collaborate in seeking funding sources.
- B. CTAA could provide assistance and coordinate much of the effort.
- C. Transfer of highway monies; redistribute urban monies to rural areas
Using social service dollars for match.
- D. Increase state and federal taxes, i.e., “fuel” and “sin” taxes.
- E. Examine more creative non-traditional methods to share resources (i.e., school buses are used by a small percentage of population for a narrow portion of the day that overlaps with other local transit needs).

OUTCOMES AND DEVELOPMENTS

Following the Summit participants who had made commitments to action were asked to report back on progress. The 43 responses in attachment C Progress Reports/Outcomes again demonstrate the diverse and inclusive nature of the Summit. It is clear that the Summit is having impacts around the nation. It is also clear that it will be much more than one year before any significant systems changes will be readily apparent and those results will be affected by many other efforts such as the Federal Interagency Transportation Coordinating Council on Access and Mobility (FITCCAM), United We Ride, the efforts of CTAA, The Consortium for Citizens with Disabilities, APTA and others.

Of particular interest is the creation of the Federal Interagency Transportation Coordinating Council on Access and Mobility (FITCCAM), which includes executive level participation by the U.S. Department of Transportation. The council includes representatives from the U.S. Departments of Health and Human Services, Education, Labor, Veterans Affairs, Agriculture, Housing and Urban Development, Interior, Justice, and the Social Security Administration. Participants in the Summit have been involved in the development of FITCCAM and now serve on that body. The Summit did not create FITCCAM but has a continuing impact on it.

New interstate networks or strengthening of networks have been formed between Arkansas, Louisiana and Mississippi; Montana, Wyoming and the Dakotas and others. New networks between human services related agencies and departments of transportation have been formed in several states.

OBSERVATIONS AND CONCLUSIONS

The diverse nature of the participants in the Summit resulted in a diversity of action recommendations. While some are clear directives for action by specific bodies, others read like detailed directions or helpful hints. Again no contribution was considered unimportant.

While there is some difference on some potential actions to address issues, e.g. some favor block grants and others don't, there is a growing consensus on key items that are important to meeting the needs of people with disabilities in rural settings.

Of premier importance is inclusion of people with disabilities, regardless of disability, at all levels and in all processes involved in planning, developing and managing transportation for people with disabilities in all settings rural and urban. If transit is to truly serve people with disabilities, they must be included in focus groups, boards, councils etc. It is not sufficient to include people who do not experience disability as expert representatives. This indicates support for continuing efforts by Developmental Disabilities Councils, Protection and Advocacy entities and University Centers for Excellence in strengthening the leadership abilities of people with developmental disabilities.

Of course, funding and the lack thereof continue to be a major concern. Participants indicated that the various utilizations of tax dollars in support of automobile travel are inequitable. This can and should be corrected to better support public transit. Lacking that, there must be significant increases in funding for public transit. At the same time providers, consumers and funders/regulators are in general agreement that data collection and management require continuing improvement in order to obtain the information needed for better planning, more effective service delivery, and useful reporting and accountability to funding sources. There was discussion of methods to improve efficiency and effectiveness such as the IBUSS system, uniform performance and vehicle standards, etc.

There is support for policy and funding coordination at both federal and state level through a mechanism that crosses all concerned departments of government at a senior policy level. The Federal Interagency Coordinating Council on Access and Mobility is generally viewed as holding great promise in this area of concern. Experience indicates that due to the political ramifications this kind of effort at state level will have to be reinitiated frequently and progress will be slow but real. Developmental Disabilities Councils and can have a meaningful role in facilitating this process through providing a politically neutral venue, sponsoring forums, technical assistance and research.

There is a recurring theme of desire for more flexibility for both state agencies and providers to enable service delivery across geographical boundaries and those created by conflicting and restrictive practices and policies of funding sources. Regional/Rural Planning Organizations are seen as a method to be applied here and to better unify and enhance funding of transit in rural and semi rural areas.

Medicaid is seen as a major factor in these funding and regulatory solutions. This is a significant area where the stakeholders in the states and at federal level must be brought together in an atmosphere where the focus is on assuring that the needs of people with disabilities are met.

While significant efforts have been made to further local/regional coordination and collaboration, there remains a need for continuing the efforts to educate and train people at the community level in the methods, techniques and strategies to accomplish effective transit systems. Accompanying the need for information and training is the need to bring the stakeholders (including those who are unaware that they are stakeholders) together in the learning process.

A frequently occurring issue and action recommendation involves changing attitudes in the general population about public transit. Currently significant portions of people who do not regularly use public transit consider it a kind of welfare or social service endeavor. Public Transit is a public utility, not a social service. Furthermore, many other recommendations depend on the general public coming to place a higher value on public transit than at present. It is clear that, in addition to local efforts at public education, significant mass media efforts must be undertaken if such change is to happen. While APTA has mounted a national campaign, there must be significant additional investment in correcting the myths and marketing transit to the public again. This is an area where it is difficult to be effective with public funds because of the high cost of media, competing priorities and unwillingness on the part of many to invest public funds in this way. It is however, vital that the public and private sectors join forces to take effective action.

There is strong support for action at federal, state and regional levels to enable transport (and reimbursement for transport) of people with disabilities across various geographical boundaries including state lines.

There is a growing effort to develop cross disability and cross interest-group coalitions.

Insurance continues to be an issue in rural transit as in most other areas of the American society. Not unlike other groups struggling with this issue, this group was unable to articulate specific solutions. None of the participants were

experienced in the insurance industry. It appears that Insurance costs or the lack of availability are having a negative impact on the ability of people with disabilities in rural settings to access transportation. While some states have insurance pools (the California pool is looking beyond the single state concept) most do not. The challenge is complex in that it involves the issues of our litigious society, the corporate culture, public vs. private interests, etc. This issue begs coordinated attention from FTA and other regulatory and legislative bodies in a position to have impact.

There was one startling and possibly prophetic voice that suggested that the entire effort to expand transportation in rural areas may be wrong headed and eventually self-defeating because it is quite contrary to the principles involved in land use planning and public transit for the whole population. It was stated that proliferating rural transit supports urban sprawl and the associated congestion, pollution and destruction of open spaces.

People with disabilities, providers, regulators and planners each came away expressing a new appreciation for the struggles, issues and concerns of the other sectors. This seems to indicate that while transit events such as those conducted by CTAA, APTA etc. have great value, there is also great value to be found in bringing together the transit and regulatory leaders involved in those conferences with people with disabilities, human services regulators and human services providers. A one-time effort in this area was offered by the National Summit on Transportation for People with Disabilities in Rural Settings. There is need for many more opportunities for this broader array of stakeholders to work together on each other's issues.

“BEST” PRACTICES

While this section is labeled "Best practices", it is clear that there are many practices that can be considered "good" or "better" and any one of them may be best for a particular situation, but none can be called "best" for all. There is a growing trend to call these efforts "better" or "promising" practices.

The Institute on Disability (IOD) at the University of New Hampshire has completed a very comprehensive literature review the category of best practices. They indicate that their findings point to a very serious gap in research on people with disabilities and other populations and rural transportation. They decided that a best practices list per se would not truly serve. The paper resulting from the review includes recommendations for future areas of research and development.

Additionally they have developed a planning tool to put some of the "best practices" into the hands of those who might be interested in developing a community response to the need for transportation alternatives to the car.

All State Developmental Disabilities Councils and Rural Transit Assistance Programs were contacted requesting information on best practice sites. The following represent the responses to those inquiries as well as the assistance of many of the participants in the Summit. There are many more sites employing these approaches than can be reasonably outlined here.

Funding

While funding continues to be a limiting factor in most states there are a few examples of creative use and coordination of funding at the state level.

The Medicaid Non-emergency transportation: National Survey 2002-2003
<http://www.ctaa.org/ntrc/coordination/docs/reports/NEMT2002-3.pdf>, conducted by the National Consortium on the Coordination of Human Services Transportation, indicates that 28 states use a transit pass methodology for Medicaid Non-emergency transportation. There is significant variety in how the pass is implemented and what funds flows other than Medicaid may be utilized through the pass.

For 20 years South Dakota Department Of Transportation has had an arrangement with the Department of Social Services wherein Transportation funds under TITLE III-B of the Older Americans Act are managed through a common application through the DOT in coordination with their 5311 funding.

Contact: Bruce Lindholm
Transportation Specialist, Office of Public
Transportation
South Dakota Department of Transportation
(605) 773-7045
Email: bruce.lindholm@state.sd.us

North Dakota has a history of strong support for public transit. They are the only state with a \$2.00 check off on license plates that is dedicated to public transit.

The state department of transportation is currently working with the Small Urban & Rural Transit Center (SURTC) <http://www.surtc.org/> , human service providers, transit providers, community leaders, state agencies and others with a goal of creating a regional transit delivery system.

Contact: Bruce Fuchs
Public Transit Coordinator
North Dakota State Department of
Transportation
(701) 328-2194
bfuchs@state.nd.us

Virginia, Mountain Empire Older Citizens, Inc. (M.E.O.C.), Big Gap, VA
Enhancing the mobility of rural residents through the combination of multiple funding sources to pay for simultaneous trip service,
<http://www.ctaa.org/ntrc/coordination/docs/practices/spotlightonareaagenciesonaging.pdf>
Each funding source pays proportionately to its resource consumption
<http://www.meoc.org/>

Contact: Marilyn Pace Maxwell
Executive Director
Phone (276) 523-4202
mmaxwell@meoc.org

State Planning and Policy

Policy and practice across and between state agencies has profound impact on the availability of accessible transportation to people with disabilities in rural settings. The following are examples of efforts to

The National Association of Development Organizations at their Regional Transportation Online Center <http://www.ruraltransportation.org/consultation/index.shtml> lists 18 states with using regional planning and development organizations to

help facilitate the input and involvement of rural local officials in the planning and programming process. The most popular approach is to use regional Councils Of Government. None of them are as yet using this approach to manage funds flows other than the standard transportation funds.

Coordination Of Transit And School Busing In Iowa

<http://publications.iowa.gov/archive/00001108/01/CoordinationFinalReport.pdf>

Iowa State University's Center for Transportation Research and Education has released a report that examines coordinated transit management and maintenance systems in the area of school transportation and other forms of public transportation.

Local/Regional Systems

A series of well done case studies can be found in the Federal Transit Administration (FTA) sponsored research report Embracing Change in a Changing World Case Studies Applying New Paradigms for Rural and Small Urban Transit Service Delivery, http://gulliver.trb.org/publications/tcrp/tcrp_rpt_99.pdf. The COAST and Hill County Transit District studies provide detailed information on how these rural systems made significant changes. The studies include background on the situations, why change was brought about, the methodology of the progression from one model of service delivery to another and the results of the change.

Allegan County Transportation runs six vehicles, four of which are lift-equipped, in a large rural area bordering Lake Michigan. While the service is demand responsive, Allegan County Transportation offers subscription service for regular commuters, and will deviate out of its service area on request. In addition, drivers will pick up passengers who flag down the bus at stores and other locations. Job Access and Reverse Commute Projects, Profiles of Success, CTAA Brief No. 4, February 2002 <http://www.ctaa.org/images/AlleganCountyJARC%20profilno.pdf>

Contact: Dan Wedge, Director
Allegan County Transportation
(269) 686-4529
dwedge@allegancounty.org
<http://www.allegancounty.org/transportation/index.htm>

DSNWK is an 18 county developmental disabilities facility. The transportation department covers an area of approximately 16,000 square miles in rural northwest Kansas.

They operate a rural inter-city public transportation service through Hays Medical Center and the Kansas Department of Transportation, a medical transport service, contracted transportation services to various other agencies in the

service area and transportation for people with disabilities in relation to services and full community participation.

They have received an award for achievement of the highest increase in rides from federal region 7. According to the Kansas Rural Transit Assistance Program ridership seems to be stabilized at or above 60% of need.

The key factors to success in creating and maintaining the system have been support from the Rural Transit Assistance Program, being alert to the needs of the medical center, gradual winning over of other providers to the value of the model, and the serendipity of Non urbanized Area Discretionary Program (formerly Section 18i) funds becoming available at the point that the medical center was ready to initiate transportation services. Primarily the gains have been slow and incremental.

Contact: DSNWK
2703 Hall St., Suite 10
Hays, KS 67601
Ron Straight
785 - 625 –2018
<http://www.dsnwk.org/R5WebPages.nsf>

Indiana, Community Transportation Area IV Agency on Aging Lafayette, IN
<http://www.ctaa.org/ntrc/coordination/docs/practices/AreaIVareaagencyonaging.pdf> A brief from the National Consortium on the Coordination on Human Services Transportation

Contact: Jean Engelke
Deputy Director of Community Services
Area IV, Agency on Aging and
Community Action Programs
Phone: (765) 447-7683
Email: jengelke@areaivagency.org

CTAA Monograph – <http://www.ctaa.org/images/missouribrief.pdf>
Missouri Bootheel Transportation Outreach Commute Program, A Rural Job Access and Reverse Commute Program

The Workforce Investment Board of Southeast Missouri is using funds from the TEA-21 Job Access and Reverse Commute Program (JARC) along with a match of U.S. Department of Labor Welfare-to-Work dollars to provide transportation services in southeastern Missouri. This service area covers seven of the most impoverished counties in the state, and most are very rural. Notably this project is successfully managing transportation of people with disabilities to employment locations out of state in northwestern Tennessee and northeastern Arkansas.

Northern Shenandoah Valley Public Mobility Program

Involves the collaboration of 10 agencies across 5 rural counties. The development of this system involved significant community diplomacy. In the planning process they utilized the University of Virginia Department of Civil Engineering GIS for mapping of routes, schedules, areas of unmet need and target areas for piloting coordination. As of September 30, 2004 the system is preparing to deploy RouteMatch Software the utilization of Smart card technology. For more information:

Contact: Mike Hite,
Northern Shenandoah Valley Public Mobility
Program
540-665-1717
nsvpublicmobility@verizon.net

An article summarizing the development of the system can be found at Improving Rural Mobility and Accessibility in Virginia's Shenandoah Valley By Catherine March-Long, COMMUNITY TRANSPORTATION, November/December 2002, pp42-54 http://www.ctaa.org/images/4_vact_novdec1.pdf For more information on the Shenandoah Valley system's move to smart card technology see Northern Shenandoah Valley Public Mobility Program, Smart Card: Identification and Electronic Payment Initiative, Institutional and Technical Requirements, September 2004, <http://144.202.240.28/pman/projectmanagement/Upfiles/reports/full249.pdf>

OATS operates in 87 Missouri counties. It is one of the most long standing services in the country . It started as an agricultural coop and then re-incorporated as a 501c3 in the early 70's. The users feel they own the service. Hundreds of volunteers support OATS.

Contact: Linda Yaeger, Executive Director
100 E. Texas Ave.
Columbia, Missouri 65202
573-443-4516 or 888-875-6287
lyaeger@oatstransit.org
<http://www.oatstransit.org>

Other

Employment Transportation Promising Practices on the CTAA website at <http://dev.ctaa.org/ntrc/atj/practices/index.asp> Is an index of profiles of promising sites both urban and rural.

Another set of descriptions of promising practices can be found in At the Crossroads: Disability and Transportation in New Mexico, published by The Alliance for Transportation Research Institute (ATRI) in New Mexico, funded by the New Mexico Developmental Disabilities Planning Council.



RESOURCES

National Transportation Resources

Federal Interagency Coordinating Council on Access and Mobility

<http://www.fta.dot.gov/CCAM/www/Exec-Order/EO-Requirements.htm> - Education

Executive Order on Human Service Transportation (13330), signed by President Bush directs the 10 Federal Departments to develop a report for the President that include:

- a. Identification of useful laws, regulations, practices, procedures and actions;
- b. Identification of duplicative or restrictive Federal laws and regulations; and
- c. Recommended changes to substantive, procedural and administrative requirements to simplify and coordinate programs.

In addition, each Federal department included in the Executive Order is required to report progress on :

- a. Simplifying access to programs for customers;
- b. Providing most appropriate, cost-effective services within existing resources; and
- c. Reducing duplication to make more services available to more people.

As a result of the Executive Order, the Federal Interagency Coordinating Council on Access and Mobility is formed and includes ten Secretaries. The National Council on Disability has also been invited to join the Council.

American Association of State Highway and Transportation Officials (AASHTO).

<http://www.transportation.org/aashto/home.nsf/FrontPage> AASHTO relates to aspects of transportation ranging from bridge construction to public transit systems. They provide a range of products in data management,

Community Transportation Association (CTAA) (<http://www.ctaa.org/>). CTAA offers training, technical assistance, Financing assistance, federal level issues advocacy and up to the minute information on issues important to people who fund, provide or use transportation systems. Their magazine highlights the latest promising practices around the nation.

Easter Seals Project ACTION<http://projectaction.easterseals.com/>

Funded through a cooperative agreement with the U.S. Department of Transportation, Federal Transportation Administration, Easter Seals Project ACTION promotes cooperation between the transportation industry and the disability community to increase mobility for people with disabilities under the ADA and beyond. Resources offered include but are not limited to ADA information and resources 800 line (800) 659-6428 (voice); a quarterly newsletter offering the latest information on accessible transportation for people with disabilities; a resource clearinghouse offerings over 60 free print, video, and audio resources; Training nationwide for local communities as well as conferences; and technical assistance to communities that seek to develop and enhance accessibility for people with disabilities in their local transportation system, providing equal support to transportation providers and members of the disability community.

Many of the references in this resource compilation come from the Transportation Research Board of The National Academies website <http://www.TRB.org>. This massive library has publications too buy as well as many available in ADOBE PDF format. An email subscription to the TRB E-Newsletter is highly recommended. This free publication includes the latest transportation research developments in the United States and abroad. All articles appearing in the E-Newsletter are also available on TRB's web page

TRB's Transportation Research Record: Journal of the Transportation Research Board 1841 http://gulliver.trb.org/news/blurb_detail.asp?id=2239

Includes:

Statewide coordination of van transportation offered by social service agencies for the elderly, people with mental illness, or those in poverty and looking for work.

Evaluation of a web-based software program that assists New Mexico human services agencies in improving clients' rural public transportation options Transit: bus, paratransit, rural public and intercity bus, new Transportation systems and technology, capacity, and quality of service

Recommendations for consolidating single-county rural public transportation systems into regional multicounty transit systems in North Carolina Transit: bus, paratransit, rural public and intercity Transit: bus, paratransit, rural public and intercity bus, new Transportation systems and technology, capacity, and quality of service

National Alliance of Public Transportation Advocates (NAPTA) a national organization representing grassroots transit coalitions that support increasing the

federal investment in public transportation. (202) 496-4887, info@napta.net
<http://www.napta.net/about.asp>

National Governors Association (NGA) web site has a center for best practices that includes transportation. The site includes Improving Public Transportation Services through Effective Statewide Coordination. This resource targeted to Governors can also be useful to coalitions working toward change.
http://www.nga.org/nga/1,1169,C_LIBRARY,00.html [Site map](#)

The National Institute on Disability and Rehabilitation Research (NIDRR) has established ten regional centers to provide information, training, and technical assistance to employers, people with disabilities, and other entities with responsibilities under the ADA. The centers act as a "one-stop" central, comprehensive resource on ADA issues in employment, public services, public accommodations, and communications. Each center works closely with local business, disability, governmental, rehabilitation, and other professional networks to provide ADA information and assistance. Programs vary in each region, but all centers provide the following: Technical Assistance, Education and Training, Materials Dissemination, Information and Referral, Public Awareness, Local Capacity Building.

Contact information for all of the regional centers is at Disability and Business Technical Assistance Centers (DBTACs) (800) 949-4232,
<http://www.adata.org/dbtac.html> .

National Rural Transit Assistance Program (RTAP) Training and technical assistance products and services are developed nationally, for distribution and replication by the states to local transit agencies. A National Transit Resource Center <http://www.ctaa.org/ntrc/> is supported, which offers access to information and expertise.

The National RTAP nationalrtap@apwa.net, is directed by the American Public Works Association (APWA) through a consortium arrangement with the Community Transportation Association of America (CTAA). An 11 member national review board composed of local transit operators and state RTAP managers guides the development of National RTAP products and services. 202-408-9541,
<http://www.nationalrtap.org/>

Transportation Equity Network http://www.transportationequity.org/ten_latest_update.shtml

The Transportation Equity Network (TEN) seeks to advance equity in transportation planning and policy. Transportation equity is the fair distribution of public resources across all communities, paying particular attention to the environmental and community development needs of low-income and minority communities.

The Surface Transportation Policy Project is a diverse, nationwide coalition working to ensure safer communities and smarter transportation choices that enhance the economy, improve public health, promote social equity, and protect the environment. (202) 466-2636, stpp@transact.org , <http://www.transact.org/> This page has good indicators of the organizational values <http://www.antic.net/charter/signers.asp>

Lists and bibliographies of good resources

National Transportation Library <http://ntl.bts.gov/> , a virtual library for the transportation community.

Supplemental Transportation Programs For Seniors: A Report On STPs In America, <http://www.aaafoundation.org/pdf/STP2.pdf>

The AAA Foundation for Traffic Safety and the Beverly Foundation have released a report that catalogs more than 400 community-based supplemental transportation programs (STPs) for seniors in the United States. (TRB E-News 8/12/2004)

Transportation Coordination Resources You Should Read

<http://www.ctaa.org/ntrc/coordination/docs/resources/TransportationCoordinationResourcesYouShouldRead.pdf>

An excellent set of materials compiled by the National Consortium on the Coordination of Human Services Transportation. Some of the items in this compendium are repeated in this document.

Funding and reporting

Developing Public Transit in Your Community: Curriculum and Resource Guide

<http://www.in.gov/gpcpd/publications/#cti> The funding options in Appendix A are extensive and up to date. Appendix B: Indiana Guide to Transit Funding has considerable information that is applicable in most states; only the contact points are different.

The Association of Programs for Rural Independent Living (APRIL) is conducting project titled NATIONAL DEMONSTRATION OF A RURAL EMPLOYMENT TRANSPORTATION VOUCHER MODEL: in ten diverse sites under and RSA grant. The goal of the project is to demonstrate the effectiveness of a voucher model to provide transportation for people with disabilities living in rural areas.

The second year report states..

During this reporting period an additional 25 consumers obtained jobs (17 full-time and 8 part-time). For the first two years of this project 56 people have obtained employment (37 full-time and 19

part-time jobs). A similar number of consumers who were employed when they enrolled in the program have reported that the Traveler's Cheque Program has either helped them maintain their current job or improve their employment (found a better job, were able to increase the number of hours worked or moved to a more rewarding job with their original employer). <http://www.april-rural.org/docs/transreport03.html> .

For more information:

<http://www.april-rural.org/docs/transman.html>

Dr. Dennis Stombaugh

The Association of Programs for Rural Independent Living

5903 Powdermill Rd.

Kent, OH 44240

330-678-7648

The Internet BUsiness Support Software or IBUSS. (Presented at the Summit)

The IBUSS program was designed to help voucher sites in remote rural areas to coordinate and share information among separate sites using an integrated, data-base system.

Contact: Cathy Haarstad
(800) 233-1737
haarstad@minotstateu.edu

Dr. Tom Seekins
(888) 268-2743
ruraldoc@ruralinstitute.umt.edu

Planning And Developing Systems

Montana Coordinated Transportation Handbook, A Reference Guide And Step-By-Step Plan For Coordinating Transportation Services Prepared by the Western Transportation Institute for the Montana Council on Developmental Disabilities and the Montana Department of Public Health and Human Service, Vocational Rehabilitation Program

<http://www.mtcdd.org/DOT/handbook/MT%20Coord%20Transp%20Handbook.pdf>

This is a highly detailed step-by-step guide to establishing coordinated transportation services. It is not a localized guide but has universal applicability.

Developing Public Transit in Your Community: Curriculum and Resource Guide

<http://www.in.gov/gpcpd/publications/#cti> This guide was used in the Indiana Community Transportation Initiative (CTI) academy model to train teams representing leadership in service, business, and government from local communities in the state. The model uses a series of steps to create a working plan specific to the needs of a community. The steps can be used independently or as training tool for a larger class comprised of multiple teams.

FRAMEWORK FOR ACTION: BUILDING THE FULLY COORDINATED TRANSPORTATION SYSTEM

<http://www.fta.dot.gov/CCAM/framework.html>

The Framework for Action is a comprehensive evaluation and planning tool to help state and community leaders and agencies involved in human service transportation and transit services, along with their stakeholders, improve or start coordinated transportation systems.

Toolkit for Rural Community Coordinated Transportation Services

http://www.trb.org/publications/tcrp/tcrp_rpt_101.pdf

A practical toolkit for use by local communities, state agencies, and tribal governments in planning and implementing coordinated community transportation services in rural areas.

TRANSPORTATION TOOLBOX FOR RURAL AREAS AND SMALL COMMUNITIES

<http://ntl.bts.gov/ruraltransport/toolbox/index.cfm>

United States Department of Agriculture and the United States Department of Transportation have pursued a variety of projects of mutual interest, including the development of this Toolbox website. The website was designed to assist public and private stakeholders in planning, developing, and improving rural areas and small communities, especially through transportation and related projects.

Resource Requirements For Demand-Responsive Transportation Services

http://trb.org/publications/tcrp/tcrp_rpt_98.pdf

TRB's Transit Cooperative Research Program (TCRP) Report 98: Resource Requirements for Demand-Responsive Transportation Services documents a methodology for determining the resources required (i.e., vehicles and vehicle service hours) to provide demand-responsive transportation (DRT) for different levels of demand and different levels of service in a given service area. A software tool accompanies this report on CD-ROM (CRP-CD-40) that can provide a preliminary estimate of the number of vehicles required for a new or modified DRT service. An instruction manual for software use is also included on the referenced CD-ROM. Instruction on burning a .ISO CD is available.

2004 Rural Transportation Survey Findings

National Association of Development Organizations (NADO)

<http://www.nado.org/pubs/index.html#transportation>

This report highlights the increasing role of regional development organizations in the rural transportation planning process.

Travel Demand And Land Use 2003

http://gulliver.trb.org/news/blurb_detail.asp?id=2234

TRB's Transportation Research Record (TRR) 1831 examines joint travel by household members, non-worker activity-travel patterns, household behavior in evacuation conditions, day-to-day evolution of urban traffic congestion induced by commuter departure time decisions, household automobile transactions, and the number of non-work activity stops made by individual adults to, during, or from work.

Freedom To Travel

http://www.bts.gov/publications/freedom_to_travel/pdf/entire.pdf

The U.S. Department of Transportation's Bureau of Transportation Statistics' 2002 National Transportation Availability and Use Survey was designed to identify the impact of transportation on the work and social lives of people with disabilities, and the extent to which such impact is unique to that population. BTS' Freedom to Travel summarizes the survey findings and serves as an information resource for transportation planners and policy makers in developing national, state, and local policies and programs for people with disabilities.

Making Transit Ticket Purchasing Accessible To All

http://trb.org/publications/ignition/ignition_4_article.pdf

Transportation is often a barrier for people with impaired vision, and a significant challenge to employment. Transit agencies are striving to meet the guidelines established in the Americans with Disabilities Act (ADA), which aim to improve accessibility, but progress is difficult given constant budgetary constraints. A TRB Transit Innovations Deserving Exploratory Analysis (IDEA) project has developed a cost-effective system that helps clarify (for all riders) the surprisingly complex process of purchasing a ticket from transit fare vending machines and requires few modifications to existing equipment. This system is described in -- A Ticket and A Passport -- the lead article of the Fall 2003 issue of the IDEA program's Ignition magazine.

Statistical Abstract of the United States

<http://www.ntis.gov/products/bestsellers/statabs/statabs.asp#details>

Compiled by the U.S. Census Bureau every year since 1878, the 2003 edition contains over 1,400 tables, charts and graphics.

Transportation Availability and Use Study (for Persons with Disabilities), 2002,

U.S. Department of Transportation, Bureau of Transportation Statistics

http://www.bts.gov/omnibus_surveys/targeted_survey/2002_national_transportation_availability_and_use_survey/public_use_data_files/pdf/entire.pdf

The goals of this survey were to:

- Identify the various modes of transportation used by persons with and without a disability, including pedestrian walkways, automobiles, public transit, and specialized transportation programs;

- Describe the levels of satisfaction and problems that persons experience when using these travel modes;
- Permit comparisons of transportation use patterns, satisfaction levels, and problems, between persons with and without a disability;
- Provide data on access to an automobile (including vehicles adapted for use by persons with disabilities), driving behavior, accidents, and self-imposed limitations on driving;
- Allow for the analysis of particular target groups of interest, such as the elderly, low-income persons, working-age adults, and children with and without disabilities; and
- As an overall goal, create an information resource for transportation planners to use when developing national, state, and local policies and programs for persons with disabilities.

The 3 Cs cooperation, collaboration and coordination

National Consortium on the Coordination of Human Services Transportation
http://www.ctaa.org/ntrc/is_coordination.asp

The National Consortium is comprised of over 15 national non-profit organizations/associations who represent senior, employment, children, rural, urban and disability transportation needs. Those associations with the guidance of federal partners have committed to develop a strong network of transportation professionals, human service professionals and policymakers at every level who understand the issues involved in the coordination of human services transportation and how this coordination can be accomplished. These activities are designed to provide information, support and resources to those concerned with community transportation.

Status of Rural Public Transportation – 2000 Prepared for the Rural Transit Assistance Program, Federal Transit Administration, U.S. Department of Transportation by the Community Transportation Association of America and the Institute for Economic and Social Measurement.
<http://www.ctaa.org/ntrc/rtap/pubs/status2000/>

Advocacy

The Consortium for Citizens with Disabilities <http://www.c-c-d.org/> is a coalition of approximately 100 national disability organizations working together to advocate for national public policy that ensures the self determination, independence, empowerment, integration and inclusion of children and adults with disabilities in all aspects of society.

The American Public transportation Association (APTA) offers numerous publications at their Information Center <http://www.apta.com/research/info/> . The Benefits Of Public Transportation Series: <http://www.apta.com/research/info/online/> is very useful for advocacy.

Millennium Papers: Transportation in the New Millennium Bus Transportation—A Look Forward

TRB Committee on Bus Transit Systems

Chairman: John Dockendorf

Monograph with prognostication of 21st century bus transportation usage and support. <http://gulliver.trb.org/publications/millennium/00015.pdf>

Twelve Anti-Transit Myths: A Conservative Critique (by Weyrich & Lind) <http://www.apta.com/research/info/online/documents/weyrich3.pdf> (pdf file). Is another APTA publication with some good advocacy material. While this document focuses primarily on light rail it does provide concise statistics and arguments against such myths as “On average, most of the seats on a bus or train are empty.” or “Transit subsidies exceed automobile subsidies.”

The Association of Programs for Rural Independent Living (APRIL) has several resources available. These can be accessed at APRIL 5903 Powdermill Rd. Kent, OH 44240 Ph. 330-678-7648 or at their website <http://www.april-rural.org/>

Some particularly useful items include:

RuralFacts: Inequities in Rural Transportation

<http://www.april-rural.org/docs/transineq.html>

A clear concise expression of the inequities with an updated data chart.

RURAL FACTS: Transportation

<http://www.april-rural.org/docs/transfacts.html>

Another clear concise document describing the need, who uses public transit etc.

People

The best resources are always the people on the front line of advocacy, funding, service delivery, research and policy. The following is a collection of such resources.

Michelle Aulthouse

IL Coordinator

disABILITY LINK

(404) 687-8298

aulthous2@disabilitylink.org

<http://www.disabilitylink.org/>

Ronald T. Berg

Missouri Planning Council for

Developmental Disabilities

(573) 751-8674

ron.berg@dmh.mo.gov

<http://www.mpcdd.com/>

Ann Blaker, Director of
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Portland, OR
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Linda K. Cherrington
Research Scientist
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(409) 740-4734
L-Cherrington@tamu.edu
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David Deere MSW
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501-682-9917
deereglend@uams.edu
<http://www.uams.edu/partners/>

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Nevada Center for Independent
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(775) 423-1399
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www.nncil.org

Peg Franzen
Vermont Center for Independent
Living
(802) 229-0501
VCIL@vcil.org

Bruce Fuchs
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Transportation
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bfuchs@state.nd.us

Linda Gonzales
Executive Director
APRIL
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april-linda@neo.rr.com
<http://www.april-rural.org/>

Disabilities Kathy Feldbaum
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Advocacy Center
kfeldbaum@advocacyla.org

Cathy Haarstad
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North Dakota center for Persons with
Disabilities
(800) 233-1737
haarstad@minotstateu.edu
<http://165.234.216.166/home.htm>

Becky Maddy Harker
Executive Director
IOWA Governor's DD Council
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bharker@dhs.state.ia.us
<http://www.state.ia.us/ddcouncil/>

Mike Hermanson
Montana State University, Billings,
Grants and Supported Programs
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mhermanson@msubillings.edu

Betsy Kachmar
Indiana Urban Transit Assistance
Program
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<http://www.indiana.edu/~rtap>

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406-994-7526
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<http://www.coe.montana.edu/wti>

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(715) 736-1800
kleist@cilww.com
Cami Engel
Transportation Specialist
Center for Independent Living for
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<http://www.cilww.com/>

Jan Larsen, Director, Compliance
and Financial Review, Mississippi,
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cfjgl@medicaid.state.ms.us

John T McCallum, Assistant Director
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Carolina Council on Developmental
(919) 420-7901
John.McCallum@ncmail.net
<http://www.nc-ddc.org/>

Kathy McGehee
NC Department of HHS
(919)-733-4534
kathy.mcgehee@ncmail.net

Thirland (Danny) McKissic
Director, Creative Alternatives for
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AR Rehabilitation Services
(870) 536-4669

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Federal Interdepartmental
Coordinating Council on Access and
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Disabilities(WIND)
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<http://<http://wind.uwyo.edu/>

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Director, ARC of Oregon
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cynthia.owens@arcoregon.org
<http://www.arcoregon.org/index.htm>

Rick Pelishek
Rural Transportation Coordinator
Wisconsin Coalition for Advocacy
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<http://www.w-c-a.org/>

Marilyn Riddle
Board Member
Virginia Board for People with
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mriddle@cox.net
<http://www.vaboard.org/>

Peter Schauer
Principal
Peter Schauer Associates
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psabus@undata.com

<http://www.PeterSchauer.com>

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800-(372)-2988 & 502-564-2967
Eddie.Phillips@ky.gov
<http://www.kypa.net/>

Gail Schwersenska, Section Chief
Mental Health, Wisconsin Bureau of
Aging & Long term Care
(608) 266-3840
SchweGA@dhfs.state.wi.us
<http://www.dhfs.state.wi.us/Aging/>

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Kevin Wisselink
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(527) 203-1200
wisselink@ucpmichigan.org
http://www.ucp.org/ucp_local.cfm/87

Janet Womack, Louisiana
Department of Health and Hospitals,
Bureau of Health Services Financing
(Medicaid)
(225) 342-1417
jwomack@dhh.la.gov

Dave Zwyer
Executive Director
Ohio Developmental Disabilities
Planning Council
(614) 466-5205
<http://www.state.oh.us/ddc/>

Links

[Administration on Developmental Disabilities](#)
[American Association of Retired Persons \(AARP\)](#)
[American Association of State Highway and Transportation Officials \(AASHTO\)](#)
[American Association Of People With Disabilities](#)
[National Association of Workforce Boards](#)
[American Public Human Services Association](#)
[American Public Transportation Association \(APTA\)](#)
[American Public Works Association \(APWA\)](#)
[Association of University Centers on Disabilities](#)
[Bureau of Transportation Statistics National Data Archive](#)
[Center for Livable Communities](#)
[Center for Transportation Research and Education - Iowa State University](#)
[Community Transportation Association of America \(CTAA\)](#)
[Federal Transit Administration](#)
[Federal Transit Database](#)
[Georgia Southern University - Logistics and Intermodal Transportation](#)
[Glossary of Transportation Terminology and Aconyms](#)
[Multi-State Technical Assistance Program \(MTAP\)](#)
[National Association of State Medicaid Directors](#)
[National Governor's Association](#)
[National Organization on Disability](#)
[National Transit Institute](#)
[National Transportation Library](#)
[National Rural Development Partnership](#)
[National Transit Resources Center – CTAA](#)
[Public Transportation Group](#)
[Taxicab, Limousine & Paratransit Association](#)
[Transit Cooperative Research Program \(TCRP\)](#)
[Transportation Energy Data Book](#)
[Transit Fact Book](#)
[Transportation Research Board \(TRB\)](#)
[Rural Transportation Assistance Program \(RTAP\)](#)
[State Transit Associations and Departments of Transportation Links \(APTA\)](#)
[Welfare Information Network \(WIN\)](#)

ATTACHMENT A - A Simple List Of Issues And Actions/Recommendations

1. **Issue:** Learning how to gather information and data on the number of people served and in need of service and the cost/benefit impact is vital to advocating, designing and implementing systems that will meet the transit needs of people with disabilities in rural settings.
2. **Issue:** There is a need for cultural change in thinking, rhetoric and vision of transportation in rural communities. There is a culturally negative and/or apathetic attitude toward public transportation. There must be action to correct this barrier.
3. **Issue:** Federal Gas Tax (recognition for small, rural systems to receive gas tax waivers).
4. **Issue:** Rural transit has been unable to meet needs due to lack of equity in funding between small and large systems and between rural and urban systems.
5. **Issue:** Coordination, collaboration, sharing of funding silos and complete access is not occurring without mandate legislation.
6. **Issue:** Insufficient funding for transportation that is safe, easy to use, predictable, priced right and sometimes fun has limited rural transportation growth necessary to meet the needs of people with disabilities.
7. **Issue:** Variation in eligibility across programs results in transportation barriers for people with disabilities.
8. **Issue:** transportation is made inaccessible by varying requirements (regulatory) and inconsistent reimbursement from one geographic area to another geographic area within the same state/area or state to state. E.g., prior approvals, uniform access, and delivery of service.
9. **Issue:** Barriers to transportation for people with disabilities in rural areas are created by inadequate communication and coordination when working with Federal, State, and Local agencies.
10. **Issue:** The absence of consistent standards for vehicles, drivers training and performance based on consumer satisfaction creates barriers to coordination and collaboration. There is a need for cross training with DOT and HHS at federal and state levels.
11. **Issue:** there is an ongoing need for consumer driven management at state level as well as locally to maximize access to transit for people with disabilities.

12. **Issue:** Current accounting, billing, authorization, eligibility and payment systems constitute a complex of barriers to accessible transportation for people with disabilities.
13. **Issue:** The lack of consistent definitions (of what is rural, what constitutes certain kinds of transit, trips etc.) at all levels has resulted in service denial, duplications and bureaucratic barriers.
14. **Issue:** The lack of flexibility for providers to meet the diverse needs of riders constitutes a barrier to access for people with disabilities.
15. **Issue:** Centers for Medicare & Medicaid Services (CMS) requirements for waivers (1915b) when brokerage services are utilized currently result in lost services for people with disabilities.
16. **Issue:** Federal Medicaid (Intergovernmental investment in training and communication with all levels of the industry).
17. **Issue:** Liability issues, including insurance and a litigious constituency have created barriers to delivery of needed transportation services to people with disabilities in rural settings.
18. **Issue:** Lack of planning in terms of regional RPOs (Regional Planning Organizations) and internal Transit Authorities (information systems, repairs, upgrades) Results in barriers to full access for people with disabilities.
19. **Issue:** Without RPOs the rural voice for transportation dollars is muted.
20. **Issue:** Need for Leadership at all levels from consumers, providers, local community leaders, and state and federal policy makers in working to improve access and growth of appropriate transportation for everyone.
21. **Issue:** In order to participate in planning, local stakeholders must first effectively identify and communicate community needs and vision.
22. **Issue:** transportation is made inaccessible by varying requirements (regulatory) and inconsistent reimbursement from one geographic area to another geographic area within the same state/area or state to state. E.g., prior approvals, uniform access, and delivery of service.
23. **Issue:** Territorialism or protection of “turf” by transportation providers, service agencies and state and federal departments or agencies in ownership, Funding, Geography, Eligibility, etc. continues to create barriers to accessible transportation for people with disabilities in rural settings.
24. **Issue:** There is a continuing need for advocacy and education for consumers, transportation providers, and policy makers.
25. **Issue:** Collaboration necessary to full access to transit for people with disabilities in rural areas requires greater incentives as well as understanding of existing incentives.

26. **Issue:** Continuing lack of awareness of ADA and its enforcement, inclusion and the value of people with disabilities as fellow citizens creates barriers to access to transit for people with disabilities in rural areas.
27. **Issue:** If barriers to transportation for people with disabilities in rural areas are to be removed there must be a strong, sustainable, unified advocacy coalition functioning at local state and federal levels.
28. **Issue:** Operational expenses of public transit are perceived as a burden on the taxpayer.
29. **Issue:** Public perception of public transit involves lack of ownership of the problem and inability to see benefits.
30. **Issue:** The lack of to connections between transportation services constitutes a significant barrier to people with disabilities accessing necessary travel across rural, urban, and suburban locations.
31. **Issue:** Operational expenses of public transit are perceived as a burden on the taxpayer.



Actions/Recommendations

- 1 Access data through The Transit Cooperative Research Program (TCRP) and build on that for local areas. Submit a research question specific to rural transportation for people with disabilities to TCRP (Transit Cooperative Research Program) and ask them to research and use their funding to complete the job.
- 2 National - CTAA to submit research question to TCRP on cost/benefit of rural transportation for people with disabilities.
- 3 - Form a transportation coalition or advocacy group in your state to do a county by county needs assessment to determine the numbers of people with disabilities, rides needed versus taken, rides provided by transit, human service workers, volunteers. Project Action could develop a universal format for local surveys so that all information coming back is comparable.
- 4 Potential funding sources might include Project Action, Developmental Disabilities Councils, 5313 state planning funds, RTAP \$, Centers For Excellence In Developmental Disabilities, CILS.
- 5 People with disabilities need to be at the table when states are developing plans.
- 6 Work for partnerships to jointly fund the data gathering.
- 7 Involve people with disabilities on boards of transportation providers.
- 8 Recognize what a good system provides and use that as a benchmark to develop rating systems for services e.g. (A) rating if service is provide on

weekends, (B) rating for systems that have some weekend service, etc. The rating system should align with FTA accreditation.

- 9 At the national level develop a scoring system that addresses affordable, accessible, safe, etc. transportation based on service standards and universal design with possible tracks for rural and urban transportation.
 - A. The scoring system should highlight accountability, rate service in the same way roads are with the same degree of attention and be useable on a county-by-county basis.
 - B. The rating system should not be unnecessarily complex or cumbersome.
 - C. The rating system could guide enrollment from human service agencies.
- 10 Utilize a multi pronged approach to cultural change that appeals to the vested interests of policy makers and the community.
 - A. Start a dialogue in the community and with policy makers.
 - B. Use data on needs and benefits to inform listeners.
 - C. Write articles.
 - D. Align with AARP in your state.
 - E. Focus on the many options for meeting transportation needs.
 - F. Cover all needs (commercial, production, employment, health care, education, etc.) and all modes (pedestrian, transits, autos).
 - G. Include a universal design approach throughout.
- 11 Clarify the vision as transportation that works for all in rural America.
 - A. What is the standard that defines and quantifies this outcome? Define what expectation, in clear terms that everyone understands and can be measured, must we create in people's minds? This emerges and changes over time.
 - B. At National and state levels involve Project Action, CTAA, AARP, COA, DD councils, APRIL, AUCD, HHS.
 - C. Have a retreat to create an agenda for disability summit to be held in 2005.
 - D. At the regional and local level involve transportation committees, DD council, Centers For Excellence In Developmental Disabilities, Transit, ILCs, etc.
 - E. Connect with local and statewide visioning teams, the American Planning Association, Community Development planners and others.
 - F. Develop marketing campaigns that quantify or operationalize what "transportation that benefits everyone" means.

- G. This (*breakout*) group from the Summit will continue the discussion to operationalize the vision.
 - H. Model Indiana's Community Transportation Initiative in other states
 - I. There is a need for Legislative Directives that provide for Agencies to have more flexibility with eligibility requirements (*that are often managed rigidly*).
 - J. Reporting back to funding streams must be made more coherent, unified and effective without increasing the burden on the local provider. (*To ease the administrative burden on local providers develop a unified reporting system that satisfies all funding sources.*)
 - K. Consumers (People with disabilities) must be at the Decision making table.
 - L. Federal Medicaid rules should Add flexibility specific to the territory/geographic location (include matching dollar requirements, Home Community Base Waiver (HCBO, SSI).
- 12 All "Big" government should recognize local systems as public transportation (small vans, curb-to-curb, home - we are transporting people we are not semis)
- 13 Advocate for legislative change for federal gas tax exemption.
- 14 Advocates should:
- A. Monitor Public Transit Association websites to learn more about the pending federal legislation.
 - B. Write or email congressional representatives and senators.
 - C. Use practical approaches that align disability needs with those of other voters.
 - D. Involve state associations in developing statewide support for Maximum Economic Growth for America through Rural, Elderly and Disabled Transit Investment Act (MEGARED) and Transportation Equity Act for the 21st Century (TEA 21).
- 15 Develop federal and state legislation to mandate coordination.
- 16 Strengthen the current language for coordination.
- 17 Use section 504 or something similar to push access in all areas.
- 18 Federal, state, and local governmental entities as well as appropriate stakeholders (customers and providers) must collaborate in seeking funding sources.
- A. CTAA could provide assistance and coordinate much of the effort.

- 19 Transfer of highway monies; redistribute urban monies to rural areas Using social service dollars for match.
- 20 Increase state and federal taxes, i.e., “fuel” and “sin” taxes.
- 21 State/local/ fed Develop uniform policies and reporting procedures for access to and delivery of transportation services and train people to implement them.
- 22 State/local/ fed All human service and related agencies should participate in strategic transit program development planning with transit agencies and vice versa. Identify current transportation related expenditures in various programs.
- 23 Promote the establishment of transportation related line items in all program budgets.
- 24 State/local Every state should have/create a state-level human service transportation coordinating body with vested power to review and coordinate policies, recommend changes, and/or suggest new policy. It should include people with disabilities, representatives of relevant state agencies, transportation providers, representatives of providers of other services, State development agency, etc.
- 25 State/local/ fed Secure the support of the Commissioner/Secretary/Head of the relevant state and federal human service agencies to establish coordinated transportation and uniform access as priorities.
- 26 State/local/ fed Recognize and acknowledge the need to provide special assistance (e.g., Assisting people in exiting their homes) in order to access the transportation service (attendant care needs).
- 27 Locate the regulatory, liability, and financial responsibilities in the most relevant department.
- 28 State/local Marketing/advertising:
 - A. Local agencies (Social Services, Transportation Providers) should conduct Marketing/advertising.
 - B. Create a state level Central Resources Directory.
 - C. Targeted mailing for very rural areas.
 - D. Utilize Radio, Public Service Announcements.
 - E. Utilize Business communications and publications.
 - F. Target Elected officials.
 - G. Target Advocacy organizations.
 - H. Target very rural areas.
 - I. Target Local areas.
 - J. Target Statewide.

- 29 A cross agency agreement at federal and state levels should be created.
- 30 Provide for levels of certification based on standards (staff development).
- 31 Federal Government (a cross-agency effort to include DOT and human service agencies) should work with APTA, CTAA, NTI and people with disabilities to establish National Transportation Standards that include professional development.
 - A. The standards should be piloted in specific rural locations. Then the standards should be adopted by all of the federal agencies funding transportation.
- 32 Pursue a universal payment method (credit card, voucher) that can be readily translated for joint use with other programs (e.g. Food Stamps, Medicaid, etc.).
- 33 Have a single Point of Entry to find transportation and treat “transit dependent” (as a group not each disability separately).
- 34 Conduct Joint planning across and among State departments including:
 - A. Partnerships with other agencies.
 - B. Cost analysis of paper processing vs. electronic data management.
 - C. Utilization of Coordination Council decreed by the governor’s office.
- 35 Develop incentives to cooperation/collaboration and serious pursuit of innovative approaches such as brokerage systems.
- 36 Advocates Transportation providers, funders and policy makers must collaborate at both state and federal levels to streamline the billing processes, paper trails, prior authorizations, reporting and consumer access,
- 37 Provide incentives to states and localities that support transportation systems rather than non-systems. (*Suggestions included rewards or bonus awards*).
- 38 Ask the question “What does oversight cost? Are we getting needed safeguards or simply denial of needed service? Are we spending money on bureaucracy that should be transporting people?”
- 39 To promote coordination, cost-effective planning, and efficiency at multiple levels the federal and state agencies that fund regulate or deliver transportation must develop a joint consistent set of definitions for the terms rural; universal accessibility; and public transportation. A cross agency glossary of unified terminology including definitions of types of trips, destinations, purposes, etc. should be published at federal level and further modeled at state level wherever further refinement is needed.
- 40 This group (*reference to the specific breakout group*) issues a Call to Action to the Federal Coordinating Council on Accessibility and Mobility (CCAM) to work on the glossary of definitions (written in people first language) to use in addressing rural transportation

- 41 The Federal level should develop across entities a holistic focus addressing transportation needs of all riders and potential riders.
- 42 The Coordinating Council on Accessibility and Mobility (CCAM) is a good place to initiate the necessary coordination of policy.
- 43 It is recommended that particular attention be paid to the critical areas of Insurance, funding, eligibility guidelines and regulations. These are regarded as the most critical areas.
- 44 Federal policy makers can remove barriers by providing incentives to the states to address these issues as well as by unifying federal policies.
- 45 Federal level entities can collaborate in facilitating a meeting of State Insurance Commissioners to examine the insurance issues and what alternatives can be initiated.
- 46 Federal level entities must support:
 - A. Action to address the need to provide special assistance (e.g., carrying people out of their homes) in order to access the transportation service (attendant care needs).
 - B. Evaluation of the extent of the need and put a dollar cost to the service.
 - C. Determination of which program is financially and physically responsible for getting the person onto the transit vehicle.
 - D. Establishing an independent ombudsman at the state level to review complaints of rate inequities and inconsistencies.
 - E. Payment of the same fully allocated cost rate for the same transit service by all human service programs (e.g., TANF, Medicaid) within a specified geographic area.
- 47 State, regional, and county-specific transportation service reimbursement rates should be reviewed annually to adjust for inflation and actual costs.
- 48 Review federal regulations associated with compliance/application for possible revision/elimination within CMS and 1915b people.
- 49 Riders (specifically People with disabilities) must be at the Decision making table.
- 50 Federal: Grant transportation funding (DOT and human services) to states for public transportation and let states decide to use on equipment, drivers, vouchers etc.
- 51 Transit Systems, Human Services Agencies, Departments of Transportation and other stakeholders must work to mitigate the high costs and risk of being sued through:

- A. Education of the public and uninformed stakeholders in all rural areas of the USA and its territories about the issue and potential solutions with assistance from CTAA.
 - B. Advocating for National Health Insurance.
 - C. Developing risk pools (for workers compensation and vehicle liability).
 - D. Developing Consortiums of providers to use their power in numbers to negotiate lower insurance costs or enter into mutual insurance arrangements.
- 52 By 2006 Federal, state, and local governmental entities as well as appropriate stakeholders (customers and providers) establish an RPO with adequate dollars and the ability to plan and make decisions, in which all involved persons will make a commitment to:
- A. Meet four to six times annually.
 - B. Set goals.
 - C. Be accountable to each other.
 - D. Develop short and long range strategic plans that will include priorities, objectives stated in time limited outcomes, and an agreed upon work plan with which to achieve outcomes.
 - E. Regularly monitor, assess, and evaluate plan progress.
 - F. This will require considerable work with state legislators. CTAA should offer assistance in the process.
 - G. It will also require a public education effort in all rural areas of the USA and its territories.
- 53 Establish a 5303-like program for rural areas. (5303 Metropolitan Planning Program funds provide assistance to local governments for conducting transportation planning activities in urban areas with populations greater than 50,000).
- 54 State and Local agencies work together to strengthen rural transportation planning in bringing in more funds.
- 55 Mandate Coordination.
- 56 Use RPO to become authority.
- 57 Explore the Wisconsin State Insurance fund and other models (i.e. California consortium) to fund fire, ambulance – add human service providers.
- 58 Strengthen the current language in state law and policy for coordination.
- 59 Build understanding of the reauthorization of Tea 21 to SAFETEA.
- 60 Push new freedom initiatives.

- 61 Examine more creative non-traditional methods to share resources (i.e., school buses are used by a small percentage of population for a narrow portion of the day that overlaps with other local transit needs).
- 62 In each state the agency that administers the Medicaid transportation services should review the requirements to see if there are differences in application from county to county. Identify disparities, clarify and standardize policies, and implement needed training.
- 63 States must promote regionalization (regional planning and service coordination within states and/or across state borders) to eliminate barriers to the traveler. Encourage negotiated agreements, local memoranda of understanding and financial agreements.
- 64 Create the expectation that funding is dependent on coordination.
- 65 Promote the establishment of regional transit authorities - Legislation, Incentive funding.
- 66 Pursue outside independent management audits and consultation to nurture Imagination/change.
- 67 Develop Incentivizing funding methods.
- 68 State human Service departments and other state agencies (e.g., Workforce Development, Labor, Education, DD Council, Health) should support and encourage regional transportation planning and coordination within their own agencies.
 - A. Identify current transportation-related expenditures in various programs.
 - B. Promote the establishment of transportation-related line items in all program budgets.
 - C. Evaluate the extent of the need and put a dollar cost to the service.
 - D. Determine which program is financially and physically responsible for getting the person onto the transit vehicle.
 - E. Clarify the role and responsibility of the driver in these instances.
- 69 All human service programs (e.g., TANF, Medicaid) within a specified geographic area should pay the same fully allocated cost rate for the same transit service.
- 70 State/regional....Form a transportation coalition of advocacy groups in your state to do a county by county needs assessment to find out....numbers of people with disabilities, rides needed versus taken, rides provided by transit, human service workers, volunteers...Project Action could develop a universal format for local surveys so that all information coming back is comparable.
- 71 Specific data should include cost saving for helping people remain in the community, economic benefit of employment, What do people do when rides are not available? What is the cost?

- 72 Surveys are available at Indiana's RTAP and also through United Way, nationally.
- 73 Use resources in your state to build community ownership for the survey. RTAP may be a good source of support in the state.
- 74 Focus state and local planning to overcome arbitrary boundaries that limit providers/services within territories.
- 75 Use of the Community Transportation Initiative Academy model and the Partners in Policymaking model to develop local leadership.
- 76 Lobby together across disability needs.
- 77 Bring transportation into DD council agenda.
- 78 Identify partners - DHS, Protection and Advocacy organizations, University Centers on Excellence, other small organizations, brain injury, etc.
- 79 Find out who does the appointing to boards-what is the process to getting on boards; Establish representation percentage.
- 80 Develop Self-Advocates As Leaders (SAAL), Self-Advocates becoming empowered.
- 81 Button-hole personal Legislator.
- 82 Influence the Olmstead Response Plan body.
- 83 Take personal leadership roles.
- 84 Ask conference to email specific lists of appropriate groups.
- 85 Advocate for as Leadership academy for non-business people and use scholarships.
- 86 Encourage involvement at the highest level.
- 87 Get people with disabilities in public office.
- 88 Push non-transit oriented national organizations (ARC, NFB, etc.) to push for transit solutions.
- 89 Local - Establish coalitions (all transportation stakeholders, i.e. consumers, businesses, employers, economic developers, Chamber of Commerce, health care, human service agencies.)
- 90 Local - identify where the needs are, identify barriers in managing needs.
- 91 Local - develop a long term transit plan.
- 92 Consumers, Existing Transportation Services, Providers, Business, human service/government agencies, advocates, and local government utilize resources such as Rural Transit Assistance Program to conduct assessments and collaborate in creating their vision.
- 93 Utilize the Community Transportation Initiative Model.

- 94 Forge an alliance between consumers and providers.
- 95 Work with CTAA and state transit associations and aging associations.
- 96 Use data on needs/benefits to inform listeners.
- 97 Get the transit issues on other groups' agendas, newsletters, websites, etc.
- 98 Grass roots groups facilitate change up the chain.
- 99 Train and build understanding of the greater good of independence.
- 100 Develop passenger advisory boards and transportation advisory boards.
- 101 States can create incentives by:
 - A. Subsidizing insurance for collaborative or consolidated systems.
- 102 At the federal level incentives can be created by:
 - A. Block granting funds for local transit allowing states to incentivize.
 - B. Using less restrictive requirements for collaborative or consolidated systems or for states that provide incentives for collaborative or consolidated systems.
- 103 Advocates can encourage collaborative or consolidated systems by promoting the following benefits of collaboration at all levels:
 - A. Collaboration enhances resource funding.
 - B. Rural Planning Organizations.
 - C. Advantages to community.
 - D. Increased ridership.
 - E. Increases cost effectiveness of transit systems.
 - F. Environmental impact.
 - G. Land Use Planning.
 - H. Unified transportation is for community – not special populations.
 - I. Understanding the true cost of private cars.
- 104 Promote and increase Awareness of ADA rights, enforcement, and inclusion. At Federal State and Local levels.
- 105 Include language in all public policy regarding informed choice and consumer control. People with disabilities must be included in the development and implementation of policy.
- 106 Involve people with disabilities, others needing transit, Human service providers, Transit planners and providers, officialdom at all levels.
- 107 Support consumers to be leaders (Knowledge of rights leads to enforcement).

- 108 Enlighten, empower and support consumers/stakeholders in areas of federal and local government, ADA language, civil rights, and implementation of policies affecting inclusion.
- 109 Convincing others of the need by forming coalitions at Federal and State levels.
- 110 Find a passionate, action oriented champion who doesn't take no for an answer.
- 111 Develop partnerships with advocates, consumers, community leaders, stakeholders, providers –business leaders, health providers, faith community, other transit users, and the legal community.
- 112 Tell the story, well and often. Share the vision and get others to tell it
- 113 Make a personal impact.
- 114 Speak and act at every opportunity.
- 115 Develop the unified voice advocacy efforts must have a to be effective at the formal level.
- 116 Transportation needs to be considered a public utility - an alternative to traditional modes.
- 117 Educate taxpayers:
 - A. Regarding the additional funding sources that are used.
 - B. Regarding automobile subsidies and the true costs of automobile ownership.
 - C. Put a face on the users of transportation.
 - D. Demonstrate the convenience for those that don't have to take time off work to provide transportation to family or friends even if they do not use service themselves.
 - E. Fares are also part of the funding for the system.
 - F. Consumers could save money by utilizing public transportation compared to car ownership.
 - G. Air quality, everyone breathes.
- 118 Treat this as a motivational and educational issue for funding and planning.
- 119 Target Business, medical, manufacturing, and local community stakeholders for a concentrated education effort.
- 120 Speak about the issue and benefits of public transit to local chambers of commerce and economic development meetings.

- 121 All stakeholders must follow and advocate for the Transportation Equity Act 21 reauthorization by checking the CTAA website and American Research Public Transit Association websites to learn more about the pending federal legislation.
- 122 Involve state associations in developing statewide support for Maximum Economic Growth for America through Rural, Elderly and Disabled Transit Investment Act (MEGARED) and Transportation Equity Act for the 21st Century (TEA 21).
- 123 Educate Legislature, consumers, general public on the value of public transit to all people.
- 124 Forge alliances between consumers and providers at the local level.
 - A. Identify causes specific to your area.
 - B. Contact your state's Law Library to help find specific law affecting operations.
 - C. Invite state and local legislators to talk and address specific transportation issues.
 - D. Develop a unified transportation system.
 - E. Contact your state's Law Library to help find specific law affecting operations.
 - F. Identify a formula for charging transportation expenses.
- 125 State -State-by-State develop Medicaid Waiver solutions and share them with other states.
 - A. Within States suggest that an over arching social service "System" be created.
 - B. Focus state and local planning to overcome arbitrary boundaries that limit providers/services within territories.
 - C. Develop Incentives to human service providers and public transit providers to find ways to share resources.
 - i. Additional Money with contingencies.
 - ii. Tax cuts.
 - iii. Food / drinks taxes.
 - iv. Promote the understanding that coordination takes time and money.
 - v. Simplify the process.
 - vi. Guarantee continuation of funding for transportation year to year

- vii. Development of RPOs (Rural Planning Organizations) or IPO (Island Planning Organizations).
 - viii. Funding from State and Federal.
 - ix. Mandate the membership structure of the RPOs. People with disabilities must be at the table.
- 126 People with disabilities must be included in the development and implementation of policy.
- 127 Transportation providers, funding sources, and planners must create new or utilize existing Rural Planning organizations (RPOs) to accomplish the planning, coordination and collaboration needed to get people wherever they need to go (especially long distances) at affordable cost.
- 128 Access the resources of CTAA to achieve the education needed at all levels to accomplish the above.
- A. This effort should be initiated in all rural and urban areas of the USA and its territories.

ATTACHMENT B - Action Commitments

1. Will take research question on cost/benefit of rural transportation for people with disabilities to TCRP.
2. Will set up a list serve on clarifying and promoting the vision of transportation that works for all.
3. Form a regional coalition (ND,SD,MT,WY) combined population.
4. Identify planning money or TA to support state & regional coordination.
5. Provide support to self-advocates involved in transportation advocacy.
6. Research Federal Transportation initiatives & prospective funding— identify key stakeholders in Arizona (both rural & urban).
7. Research & identify local transportation funding.
8. Identify transportation needs in the districts & devise/implement coordinated service provisions.
9. Provide information on existing transportation programs & ensure all individuals w/disabilities have access to the information & program application/eligibility process.
10. Establish relationships with transportation stakeholders.
11. Compile coordination best practice information & provide to the District Councils (6 throughout the state).
12. We will take the information gained here back to our council to design an initiative that will fit with existing trans program in NC.
13. We will likely focus on support services that allow people w/DD to access trans services.
14. We will continue working through the NC Human Services Transportation Council.
15. Work on new collaborations and maintain current members.
16. Finish DA grant and begin model process and look for funds.
17. Keep building transportation alliance.
18. Encourage legislative/systems change.
19. Create an innovative model.
20. Connect with TRB 2004 rural conference in North or South Carolina to get a session on that agenda.
21. To try to get an Innovative Transportation program in the Georgia DD Council.
22. Start developing a planning team to work on getting accessible and affordable transportation services in rural areas.
23. To develop a relationship between the stakeholder and the transit people.
24. Meet on Friday, Nov 7 to begin strategic planning including: identification of stakeholders, people to be involved, resources, vision, and goals.
25. Send Transportation Equity Network materials to people from the Summit who expressed interest.
26. Meet on Friday, Nov 7 to begin strategic planning including: identification of stakeholders, people to be involved, resources, vision, and goals.
27. Follow-up with DD Council & SILC.

28. Write article & report of Summit.
29. Work towards assisting the development of regional "Rural " transportation planning organizations.
30. Promote, system benefits to decision makers.
31. Continue in coordinating connections with other transportation providers to maximize the alternatives for everyone to reach greater destinations when they need on a more frequent schedule.
32. Advocate for funding changes to develop similar allocation processes as urban systems have within the 5303 Section.
33. Suggest "RPO" idea to areas we cover.
34. Share information from this conference with DD Council CIL, CART Transportation Advisory Committee, legislators, etc.
35. Continue networking w/contacts met at conference.
36. Provide written report regarding conference to DD Council.
37. Inform the community about the transportation programs.
38. Meet with statewide DD Council to discuss potential grant funded transportation projects.
39. Support DOT's drive to regionalize transit systems in NC.
40. Develop recommendation to the secretary of HHS for uniform policy and reporting procedure for all HHS trans Services.
41. Connect w/Wayne Co ILC along with center for transportation activities into a collaborative position with both ILC and Whitewater Valley Transportation initiatives.
42. Organize a "call- to rural America" teleconference with Senator Max Buacus (or staff).
44. Take info from conference back to our own constituencies,
45. Gather ideas re: how we would benefit from this new found Collaboration.
46. Support formation of Advocacy Committee within my individual agency (umbrella for 30 + community-based orgs).
47. Present to Diane (McSwain) as suggestions for federal RFPs that would take advantage of this collaboration.
48. Increase awareness about collaboration, transportation.
49. Empower people to unite to effect change at policy levels.
50. Increase education, awareness – ADA rights and enforcement.
51. Collaborate w/Union Co Transit to develop Regional TAC: Contact Jim McCormick, Dunn Center to bring him to the table.
52. Develop WY transportation Coalition.
53. Continue working to implement Wingspread Action Agenda.
54. I intend to educate and develop our Regional TAC and take them in the direction of becoming involved with local government. Economic Development Corp and Chamber of Commerce.
55. Share this conference information with Arc/Ncp PPc he is on the transportation council. Also show this (share) with Senator Smith & Senator Wyden offices.
56. Share these ideas with James Toews, Mary Fay at DHS and DOT.

57. Bring this all to the Cross Disability Coalition, DD coalition and with DD Council Regional Conference in April 1-2, 2004.
58. Talk to Partners in Policymaking about the transportation session at the training.
59. Investigate the voucher model & its applicability to MI.
60. Work to implement pilot projects in MI.
61. Advocate regarding TEA-3 & get out advocacy information.
62. Work to bring state of MI agencies together to discuss how to better coordinate transportation efforts.
63. Contacting work with Agencies on Aging to identify best practices/gap in meeting needs of seniors & persons w/disabilities in IN.
64. Continue w/current coalition and create innovative models for regional transportation.
65. Contact-Local and State Reps.
66. IPAS will continue to support the Indiana Community Transportation Initiative and be represented on the GPC/CTI Policy Coalition.
67. Introduce from the Summit to the Coordinating Council on Access and Mobility a recommendation for a search and review of the definitions being used by different federal agencies for the terms rural; universal accessibility; and public transportation with a view to bringing coherence and a unified application of these terms throughout the various agencies and their programs
68. Will bring up the need to review federal regulations associated with compliance/application for possible revision/elimination within CMS and 1915b people.
69. Attend MPO & MACD & GPCPWD planning meetings,
70. Follow transportation legislation and respond to it.
71. Advocate for action within the legislature to change regulations hindering interagency coordination and collaboration, and channel funds into one budget.
72. Also LATCC needs to include reps from Advocacy Centers and Vocational Rehab.
73. LA, TX, ARK, OK, NM Each state either has a task force or committee seeking to coordinate transportation or will spearhead creating one.
74. Each will add key players currently missing from their task force/committee.
75. Each state will send the minutes of monthly meetings to a point person-David Deere-who will then e-mail them out to each member of this group-so that we will know how each of us is tackling these problems.
76. Develop task force websites for each state if possible.
77. "Call to Action" to CCAM before 11/12.
78. David – Point person for disseminating state notes to all region members
79. Linda Cherrington -Has an opportunity to work with newly combined Transportation Dept and all HHS transportation services in TX-can help with research—developing policies – will take back what she's learned here and share it through that mechanism.

80. Trevlyn Terry-Will continue working on the OK Olmstead transportation committee-see who needs to be added to that committee-share what she's learned here.
81. Thirland (Danny) McKissic -ARK VR-Will share what his program is doing utilizing s funding streams in 24 counties for employment related transportation. Danny is going to CTAA meeting on 11/18 and will share with them.
82. Present to DD Council, November 20, 2003. Inform of this summit and recommend State Plan Investigation.
83. Utilize results of Summit in IA State of the State re transportation Iowa.
84. Get consumer input and research website resources.
85. Present recommendations & possible strategies to council at June retreat.
86. Medicaid and SSI for all the island territories.
87. Educate & advocate for improvements to transit.
88. Get as many people involved as possible.
89. Inform or request assistance from our lawmakers.
90. Request as island territories funding for transit.
91. Work toward a Rural planning organization or committee.
92. As one of 40 members on state board I can commit to be the #1 advocate in establishing a transportation committee of "our" board. It now is an ad hoc under employment. In future, if sufficient time, I would get board consensus before a successive summit.
93. Seek removal of Medicaid cap-utilize networks (Centers For Excellence In Developmental Disabilities, NACDD, NAPAS) to further lobby efforts.
94. Review funding used for transportation to ensure all potential funding is utilized.
95. Place access to transportation on action plan for primary lead group.
96. Regional forum to address accessible transportation.
97. To share proposed solutions developed at the Summit in order to support existing and future initiatives in accessible rural transportation.
98. Promote Coordinated planning.
99. Promote Standardization.

ATTACHMENT C - Progress Reports/Outcomes

1. In Montana State University rules would not allow for the establishment of the list serve but participants are maintaining communication through mutual emailing lists.
2. On a state level, several groups are working to determine whether or not the governor will name an Intergovernmental Coordination Committee, similar to what the President did.
3. Montana reports development of new regional coordination efforts and a meeting of all state agencies involved with transportation for people with disabilities.
4. A team representing three counties in southwestern Montana attended the Easter Seals Project Action Mobility Planning Services Institute, and has been working on coordination that will link all three counties.
5. Western Transportation Institute has completed the Montana Coordinated Transportation Handbook. The Handbook can be accessed at <http://www.mtcdd.org/>. Further, a team representing three counties in southwestern Montana attended the Easter Seals Project Action Mobility Planning Services.
6. A presentation was made at the Region 8 conference on Internet Business Support Software (IBUSS) and that came about as a result of relationships formed during the Indiana Summit. The information was used to change the approach in marketing IBUSS from contacting transit agencies to contacting human service agencies
7. An effort was made to get the disability advocacy consortium in ND to coordinate a Transportation Coalition in the state. They are currently working on it.
8. The Council has already begun to provide support to self-advocates involved in transportation advocacy. A transit summit (organized by a self-advocate organization) will be held in May
9. The District Advisory Councils DAC's will research the federal transportation initiatives and the prospective funding. The Council staff has been working on identifying key transportation stakeholders through some transportation advocacy initiatives.
10. The District Advisory Councils DAC's will research and identify local transportation funding while implementing the plan's transportation objectives.
11. The District Advisory Councils DAC's are establishing relationships with stakeholders while implementing the plan's transportation objectives.
12. Staff will compile the best practice information and provide that information to the DAC's once the contracts are awarded.
13. Advocates have presented to the Wisconsin Rural and Para-transit Providers (WRAPP) on the coordination and collaboration that we are currently involved in.

14. Advocates have also provided the key findings from the Needs Assessment that they recently completed through an Easter Seals Project Action Grant.
15. The Area Consortium on Transportation (ACT) started by the Center for Independent Living for Western Wisconsin continues to grow in numbers and varieties of Transportation Stakeholders.
16. ACT is working on creating an innovative model to fit the needs of the three counties in our area who have shown an interest in coordination of transportation. The information that was brought back to the consortia from the Summit really helped to cement that coordination is the wave of the future.
17. ACT has also been active in some systems change advocacy on the State and National levels.
18. Succeeded in getting the topic on the agenda at the Transportation Research Board (TRB) 16th NATIONAL RURAL PUBLIC AND INTERCITY BUS TRANSPORTATION CONFERENCE October 24-27, 2004, Roanoke, Virginia
19. Recommended "RPO" idea to areas we cover. This was done as a direct result of the summit. It has not been implemented at this time due to the budget cuts that are currently in effect. The system is just maintaining at this time. There is hope that it can be implemented in the future.
20. Shared information from this conference with DD Council CIL, CART Transportation Advisory Committee, legislators, etc.
21. Continued networking w/contacts met at conference.
22. Provided a written report regarding conference to DD Council.
23. Connection accomplished at the conference. Visioning and Whitewater Valley agreement accomplished by Nov 15, 2003.
24. APRIL conducted a Call to Rural America in late March. Our speakers were Chris Zeilinger from CTAA and Rich Stolz from the Transportation Equity Network.
25. Several participants report heavy advocacy for reauthorization of TEA 21 (SAFETEA).
26. Letter from APRIL members and others to Senate conferees to include New Freedom as a separate program in the new Bill.
27. Visits to Capitol Hill in early June to advocate.
28. Working with the Exec Dir at Ride Connection to determine the best way to fund the advocacy work we discussed at the meeting.
29. Started a list serve for the state.
30. The Michigan Developmental Disabilities Council has approved a grant program to fund three transportation voucher programs in Michigan. This will include three pilot projects, to provide test cases for how transportation vouchers can work in our state.
31. Michigan sent a delegation to UWR and now has a State Department workgroup that is working to achieve better coordination of transportation services in Michigan.

32. Medicaid representatives are part of the UWR and working to achieve better coordination and availability of services.
33. The Michigan DOT requested a letter from the Insurance Bureau about volunteer drivers and insurance. They stated that no Michigan insurance agencies currently charge more for volunteer drivers.
34. A Summit participant was appointed to Michigan's United We Ride coordination team that went to the Conference in Washington in February to learn more about how we can use coordination to make our transportation resources go farther. That group is now working within Michigan Government to take a serious look at what the various state agencies can do to promote coordination of transportation services. All the State Departments that provide transportation funding are represented in the group.
35. Attended the national United We Ride Conference, in Washington, D.C., February 23-25, as part of a team appointed by Governor Judy Martz. The Montana team, all of whom are members of the Montana Transportation Partnership, are planning to take the ideas from the conference to the Partnership and to the Directors of the Department of Transportation and the Department of Public Health and Human Services, to develop plans to increase coordination of human service transportation services in Montana.
36. Since the Summit, Montana Transportation Partnership has arranged to have two regional meetings on transportation coordination. Each meeting involved people from several adjacent counties and included speakers from a variety of speakers based on local interest.. Also, the Partnership has developed a mailing list of about 75 persons around the state and is sending out news flashes to the list that announce information of importance related to transportation as well as examples of best practices in transportation coordination that are identified in local areas. Three flashes have been sent out at this time. Also, the Partnership has arranged to have a meeting of all Division Administrators, whose Division deals with transportation, within the Department of Public Health and Human Services to meet to discuss transportation coordination.
37. An Indiana participant has spoken with MPO's in Indiana about regional planning that includes rural areas.
38. Two participants will be moderating and one participant presenting on panels for the October 2004 TRB Rural conference that include papers and presentations regarding coordinated planning.
39. Subsequent to the Summit there has been increased effort in Mississippi to establish state level interdepartmental coordination.

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