2017 Transportation Task Force Meeting Minutes

October 5, 2017 9:00am Meeting Knott Building 404 South Monroe Street, Room 412 Tallahassee, FL 32301

Attendance of Task Force Members:

Barbara Palmer, Director, Agency for Persons with Disabilities (APD) Steve Holmes, Executive Director, Commission for Transportation Disadvantaged Valerie Breen, Executive Director, Florida Developmental Disabilities Council Mary Smith, Chair, Family Care Council Edward Griffin, MV Transportation, Inc. (Alachua County Community Transportation Coordinator) - CTC contact Sharon Peeler, JTrans (Jackson County) - CTC contact Robert Villar, (Miami-Dade Board of County Commissioners) - CTC contact Danielle McGill, Self-Advocate appointed by APD Ross Silvers, Pinellas Suncoast Transit Authority (Pinellas County) - CTC Contact David Darm, Self-Advocate appointed by Commission for Transportation Disadvantaged

Opening Comments:

Chair Palmer stated that CUTR will be giving a presentation that includes a progress report. There will be one more meeting after this. Chair Palmer said the bottom line is for us to have good recommendations for change to present to the Governor, the President of the Senate, and the Speaker of the House of Representatives that they can take action on. She thanked everyone for the work that has been done so far.

Minutes:

Grendy Henry asked members to review the draft minutes from the August 2, 2017 meeting. Valerie Breen made a motion to accept the draft minutes as amended. Sharon Peeler seconded the motion. None opposed. The following statements were made during the review of the minutes:

• Co-Chair Holmes wanted to share some of his thoughts for the task force to consider. He said that transit operations are conducted locally at the county and city level, not at the state level. Every one of the transit authorities, non-profit organizations and forprofit organizations that provide transportation have a board directors that provides oversight to these organizations. Each one has its own budget generated from county and city tax dollars and there is an infrastructure around these transit operations. He mentioned that there are currently some cuts being made to bus operations/routes in some places. Co-Chair Holmes said we must think about the tax implications on those local communities when considering any of our recommendations for change. He also mentioned that there will be regulatory structure around any recommended changes and we need to be cognizant of that.

• Chair Palmer thanked Co-Chair Holmes for his input and wanted to make one point of clarification. She said that we are not a legislative body. We have been asked to make recommendations that are going to solve some of the challenges people have. She said we need to let the legislature determine the method. We were specifically told not to draft legislation. We are to give them recommendations for models and ideas of things that can be changed, not to make legislative law here.

CUTR PRESENTATION

Progress Report:

Rob Gregg provided a brief introduction of what CUTR is presenting today. They are looking for some good practices in and out of the State of Florida in their research. He introduced two additional CUTR team members, Martin Catala and Mitch Spicer, that are joining him and Jay Goodwill today.

- Valerie Breen wanted a point of clarification about the draft executive summary in the task force members folders. She wanted to know if what was written in this draft was going to be included in the executive summary in the final report.
- Chair Palmer said she put the draft executive summary together for this meeting as a beginning point of our discussion because the presentation was huge and full of information. The summary Chair Palmer did was just for this meeting only. She said that legislators will need a short and concise final executive summary in the end of what we are recommending. Chair Palmer said task force members will decide what will go into the final executive summary.

Jay Goodwill proceeded to give a brief progress report. He said the goal is to focus on individuals with Intellectual/Developmental Disabilities (I/DD) and what transportation options are available for this group. The report is organized by tasks and subtasks from the Statement of Work. He went over the project timeline and requested a delay from October 23, 2017 to October 30, 2017 for the draft final report due to Hurricane Irma.

- Ross Silvers asked if the final draft report end-product is going to look like the progress report. Rob Gregg said the draft final report will be based on an outline and that the two reports will not look the same.
- Chair Palmer said we do have some flexibility with the timeline but we absolutely must have the final report done by December 15, 2017. We cannot violate the contract.

Situation Assessment:

Rob Gregg said CUTR's approach was to take an assessment of what is out there. There are challenges due to the many different transportation systems, structures, funding, and eligibility requirements that exist. CUTR's assessment includes access, research, and opportunities.

• Co-Chair Holmes asked Rob Gregg if he is covering a broad array of transportation disadvantaged (TD) services. Rob said they are looking at all the TD services first then moving down to I/DD services.

Mitch Spicer talked about the various service types out there. Some service types that exist today include fixed routes, demand response and dial-a-ride, taxis, flex routes and route deviations, coordinated systems, transportation system networks, voucher services and volunteer services. He mentioned the Americans with Disabilities Act (ADA) and that all public transportation services are required to comply with the ADA. Rob Gregg said this is a sample of the types of services that exist today. He said the industry is changing, it is difficult to change regulations, funding is directly related to very specific markets and obligations, and the transportation disadvantaged market may not have extensive compliance oversight.

- Co-Chair Holmes said the transportation industry is changing rapidly and that new service types are coming. Technology is changing how transportation is being delivered now and more changes will likely occur in the next couple of years.
- Chair Palmer stated that all the things Rob Gregg said and what Co-Chair Holmes brought up earlier is why this has been so complicated to fix.
- Chair Palmer said it is important that any transportation services provided to the I/DD population must have background Level 2 screening. Any services recommended in the final report must do this type of background screening. Rob Gregg said this could be a barrier but he did not say why.
- Ross Silvers said that people with I/DD are being transported now by drivers who do not all have Level 2 background checks.

Martin Catala provided an overview of the transportation systems networks available for persons with disabilities in Florida. He covered urban and rural demographics. A large portion of the population live in urban areas. The disability population percentage statewide in urban areas is 79% and 21% in rural areas. There are 2,553,636 total people considered with a disability in Florida. He said stratification of existing mobility services include general public transportation systems, transportation disadvantaged program, and specialized social and health services. He said every county has a community transportation coordinator (CTC). Rob Gregg said that transportation disadvantaged is in the CTC program. Martin went over a map of the fixed-route transit systems in Florida.

- Chair Palmer asked if the fixed routes on the map were for urban transit systems? Rob Gregg said he believes they are.
- Robert Villar said the map also shows where there are not fixed routes.
- Co-Chair Holmes said there are a lot more mobility options in the urban fixed-route transit systems. For clarification purposes, he mentioned there are regional CTCs which encompass multiple counties. He also said that we are all trying to get to cost effective transportation services.
- Edward Griffin stated we are looking at all transportation options even if some do not currently provide services to the transportation disadvantaged. He said this does not preclude them from being trained to provide these services in the future.
- Chair Palmer stated this study is not just about APD clients, it is about all people with developmental disabilities. There are thousands of people that APD does not serve that need transportation too.
- Edward Griffin explained Medicaid reform and said all recipients must be under a health maintenance organization or managed care system. He does not know the percentage of who is not on Medicaid. The challenge for CUTR is getting data. Chair Palmer said she will help get the data but asked CUTR to provide exactly what data CUTR wants. She thinks the data may come from the Agency for Health Care Administration.
- Chair Palmer thanked Edward for his explanation of Medicaid reform. She said it underscores the need for having a single point of contact for individuals in a managed care situation because they have to call multiple telephone numbers depending on their different types of medical needs. Robert Villar said one of the challenges we find with the ADA is you cannot ask a rider what is the purpose of their trip. This is why you cannot have a single point of contact. Chair Palmer said this is part of what needs to be solved here. Per Danielle, maybe we need a better service category and it should be a priority for medical and employment transportation. Per Chair Palmer, we need to look at overcoming barriers involving ADA. Rob Gregg does not know where to go with ADA because you are protecting everyone's rights. Valerie said if consumers are well educated, they may be able to say what they need to say. Ross Silvers said technology could help solve the ADA concern by having coordinated trips by addresses/geography.

Martin Catala now speaking about the Agency for Persons with Disabilities (APD) transportation system and customers. He provided some information on APD's six regions, transportation providers and customers, and funded transportation trips. There are 65 different types or categories of service and 352 unique providers. He covered the types of categories offered per region and the costs. Martin said he is trying to illustrate there is not any uniformity in the regions.

- David Darm wanted clarification on whether the transportation providers were under the iBudget or were they providers across the board. Martin said they are looking at all transportation providers in the state.
- Chair Palmer said transportation has been APD's biggest challenge. It is highly complex and the costs are not the same. Every region must negotiate transportation rates differently based on the specific transportation needs of each client. This is not only important for APD clients but for other people with developmental disabilities in Florida as well. Chair Palmer said APD has some issues and a very difficult system that we are asking CUTR to help improve.
- Valerie Breen asked about the difference between ambulatory and non-ambulatory. According to Kent Carroll (from APD), ambulatory means non-wheel chair and nonambulatory means needs a wheel chair or assistance.
- Kent Carroll said transportation has a lack of uniformity in the regions. Chair Palmer said APD must have negotiated rates for transportation per each region.
- Rob Gregg said the overall iBudget process involves a number of services for customers, customers making decisions, an individual's environment and getting help from support coordinators, and what is left in the budget for transportation costs after spending iBudget dollars on other services.
- Chair Palmer said maybe we need to distinguish between APD people on the waiting list and others with developmental disabilities by using a "card". She also said that people on the iBudget can move their money around if needed. For example, if someone does not go to adult day training for two weeks, then they can use that money elsewhere for another service such as transportation.
- Rob Gregg stated group trips are the best cost savings but there are people that are unable to do them. Co-Chair Holmes stated that somebody else is subsidizing some transportation rides for APD clients. Rob believes the solution is coordination.

Rob Gregg went over CUTR's analysis of the APD Process. They have looked at where potential customers are, what types of services are out there, the various networks and drilling down to how APD is working with their clients on transportation. He said he keeps going back to where we may end up with this study. He stated that no matter how many tactics and issues exist from studies done recently, might there be something that needs to be done or learned from other areas or is there a need to enhance what we have? He mentioned that we may need to enhance what we already have in coordination and customer care. He went over his diagram for the coordinated transportation system organization. Rob said that more services are funded for transportation in Miami-Dade County than any other county in Florida. Small rural counties probably have only one transportation provider compared with urban areas.

Rob Gregg spoke about funding programs and funding sources. There are some significant cutbacks happening now in some parts of Florida. There is limited allocated funds that come from the state and federal government. Urban environments have more opportunities to work out filling seats. He talked about the 5310 Grant Program for seniors and people with disabilities. Rob Gregg thinks this program is categorized for mainly urban areas. We all know that funding is an issue.

Rob Gregg said we need to take a holistic approach and look at what transportation structures are in place and what we can do now to help with better coordination. He would rather have a recommended solution from a systems approach that does not step on local flexibility.

Rob Gregg briefly discussed issues, barriers, and service gaps. This is where CUTR got together and started categorizing all the issues that the task force has pointed out and what issues they have discovered. CUTR came up with variables for these issues. The variables include the environment, operations, fare systems, customer experience, coordination, policy, funding, management, and customer care. Rob said we could pick some variables for each issue to help come up with some recommendations. Using regional fares system technology (e.g., fare card/ID card) for computer tracking of customers could be part of a solution. Focusing on fixed routes could be a recommendation. Rob said Florida Department of Transportation compliance issues exist regarding funding eligibility. He thinks we need to address this and he is not sure how many compliance issues there are. Compliance requirements dealing with the level of service or care for customers should be an important focus. Customer care training should be part of a recommendation from this study. A single point of contact recommendation must have a customer care perspective on how to communicate and properly match the needs of customers to the best transportation services available.

Lunch 11:40 A.M.- 12:50 P.M

Situation Assessment (Continued):

Jay Goodwill briefly spoke about some key transportation studies and references. He talked about the Florida Developmental Disabilities Council (FDDC) transportation options research project. There were five needs identified from this FDDC research: (1) establish and support reliable funding and support from policy makers, (2) improve access, collaboration, and expansion of transportation services, (3) improve efficiency, cost and quality of transportation services, (4) address other accessibility issues, and (5) cost containment.

Jay Goodwill discussed the transit cooperative research program (TCRP) Report 163. It involved a strategy guide to enable and promote the use of fixed-route transit for people with disabilities. This guide contained the following five areas to focus on in order to promote the use of fixed-route transit: (1) make bus stops and pedestrian environments as usable as possible, (2) develop marketing and public information materials and offer trip planning and travel training services, (3) consider fare incentives, (4) consider alternative transit service

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designs that are more inclusive and serve all riders, and (5) use the ADA paratransit eligibility determination process to identify travel abilities.

• David Darm asked CUTR how do they see using this research in a final report and how is it relevant to this task force? He was not clear of the purpose of the research. Jay said we wanted to share what has been assessed so far. CUTR's job is to extract those items that are relevant to this task force study. Rob Gregg said some of the solutions are in these studies and may end up in the draft final report. David said the draft final report needs to be concise to the point of addressing the objectives of the task force that were in proviso language.

Opportunities and Solutions:

Rob Gregg went over opportunities and solutions. Coordination and customer care are the focus. Florida has both an active state council and regional councils. The benefits of state level coordination include access to information, solving challenges, better service delivery and improved mobility and other community benefits. CUTR is gathering information nationally about partnerships, coordination and mobility management. Illustrations of innovation solutions for mobility management include customer information, one-click call center, urban and rural connectivity, travel training, and sensitivity training. We need to look at the cost of not dealing with wellness and health versus mobility in the health services and how to align transportation with health services scheduling. Some hospitals are partnering with Uber to get patients to checkups. Lyft partnerships will expand transportation for healthcare access too.

- Co-Chair Holmes said Florida is the only state that has a dedicated transportation trust fund with funding from multiple sources (e.g., Department of Transportation, state tags, and other sources). He said broad state policy is needed for all 67 counties. The only way to make it work is at the local level and making operational changes must be done through the local coordinating board. He reiterated that broad policy development should be accomplished at the state level. It will work operationally at the local level.
- Chair Palmer said that she wants CUTR to do the research and give us the bottom line. She requested CUTR pull the significant pieces out of the research for the final report to the legislature and governor.

Rob Gregg spoke about best practices and promising examples. He said CUTR has been looking at reports and areas in their research of samples of best practices based on coordination and customer care. He is looking for elements and examples of what they want to capture. Rob provided 14 samples of best practices.

• Co-Chair Holmes said none of the 14 samples of best practices are statewide. They are all locally driven and applied to the issues in their local area. He stated these best practices may not work statewide.

- Valerie Breen said some best practices work in some areas and maybe not in others. She thinks going regionally is doable.
- Chair Palmer thinks that a statewide solution would be for regional call centers and having a single point of contact by region.
- Co-Chair Holmes said there is an assumption that every county wants to be part of a regional center. He believes that some counties would not want this.
- Valerie Breen made some comments about the samples of best practices. She wondered what would we prioritize from these best practices for regional call centers or a voucher program? She said lots of barriers exist and there is no one way to solve them. Valerie asked could we come up with some solutions and put some costs to them? Valerie said maybe we can come up with a couple solutions.
- Chair Palmer said we need to think out-of-the-box and differently from the way things are set up now. There could be a way if we pick out one, two, or three things we could possibly do for the final report and in one year. Some recommendations could take up to three to five years to implement.
- Chair Palmer said we are not in a position now to figure this out. It is CUTR's job to come up with solutions. Anytime you try to change a system you always run into resistance.

Rob Gregg said that one very focused point in CUTR's study was regional fare systems. He mentioned the Miami-Dade County regional fare system, which is the most active, sophisticated and growing regional system in Florida. Their technology may be able to be used elsewhere in Florida. We will also explore some other regional fare systems in Florida as part of our study.

Rob Gregg discussed a community coordination and customer focus transit system in Portland, Oregon called RideWise. RideWise offers many services that provide training and support for all customers to access the bus, light rail, and other alternative transportation options. Some key elements of RideWise include a personalized trip planning system that is easy to access, consumer education and outreach program to familiarize customers with transportation options, specialized one-on-one travel training, and transportation resource specialists who can provide basic information about transportation options.

- Chair Palmer thinks the RideWise model is a possible option for us to look closer at. Chair Palmer especially liked that customers can go online to find educational information and they can press a button if they want help in coordinating their travel.
- Edward Griffin said that in the coordinated system in Florida, all community transportation coordinators (CTCs) do provide mobility management but that some

mobility management services are limited. If extra mobility management services are provided, it will result in more costs and resources needed.

- Co-Chair Holmes said there is no doubt in his mind that mobility management is the road forward. It is a matter of how you implement mobility management with the inclusion of coordinated services and personal care that must be determined. We must focus on helping the individual get to where they need to go.
- Chair Palmer said that pilots would need to be collaborated with CTCs. Pilots must have very specific outcomes that can be applied statewide. After a pilot has been completed, we should know the implementation costs, how large the area could be, what are the details of doing it, and the local and state impacts. Eventually it should be a statewide solution to a problem and the customer care piece must be in there.
- Valerie Breen stated it is hard to change systems. We must anchor ourselves to the
 original key issues of people being able to cross county lines, people not being dropped
 off in wrong locations, and addressing long wait times. Whatever solutions we pick are
 going to cost money and we need to come up with incentives to adopt best practices.
 She said having ID cards that can be scanned to protect people so they end up in the
 right place and having a voucher system could all work.
- Danielle McGill said being able to pay for the ticket using an ID card would be good too.

Rob Gregg covered key performance indicators (KPIs) for both fixed-route and demand response services. The five core KPI areas are safety, mobility, customer satisfaction, employee success, and financial stability. This is the way to incentivize performance.

Mitch Spicer briefly talked about technology trends. He said you must consider costs and how intrusive is it going to be to the workflow when considering technology changes. Technological categories from research include wayfinding and navigation, information technology services and assistive technologies, automation and robotics, data integration, and enhanced human service. Rob Gregg mentioned there are some technology bundles out there that we might be able to take advantage of.

• Chair Palmer suggested that if we go the pilot route that maybe some of this technology should be included in one or more pilots.

Final Report Outline:

Jay Goodwill went over CUTR's outline of the draft final report. The outline will probably include six sections and the report would be about 40-50 pages long. It will include an executive summary and appendix. Rob Gregg said he is worried about scheduling. He is trying to interpret exactly what the task force wants. He suggests CUTR continue working with task force members as needed to help with drafting the final report.

- Co-Chair Holmes said he would like to keep the final report very simple. It should include the study objectives and approach. Those are the things we must contractually do. He said we need to consider the proviso language when developing the draft final report. Co-Chair Holmes said the report has to be written so that legislative staff can understand it.
- Chair Palmer agreed with Co-Chair Holmes and said less is more. She also suggested section one can be only one paragraph. Chair Palmer talked about doing a subgroup to help CUTR with the final report and providing feedback. CUTR can work with the experts on the task force as needed. Chair Palmer said maybe we look at the contract too in addition to proviso language.
- Task force members agreed to continue having CUTR work directly with them as needed.
- Ross Silvers said we want to make sure to hone in on what we are fixing, not just the solution. We need to narrow the scope down and the final report should focus on the bottom line and be concise.

End of CUTR Presentation

Wrap-up:

Chair Palmer asked Kent Carroll from APD to go over some things she thought everyone should hear.

Kent said this is about coordination and customer care. That is the bottom line. He does hear a lot about what is going on with APD's customers as they try to navigate the transportation system in Florida. There are still ongoing issues with transfers, wait times, and taking a couple hours to get home after people leave work. Kent thinks providers should receive sensitivity training.

Kent mentioned there are two unintended consequences we have now with the Medicaid managed care model. One pertains to broker coverage where they hire their own providers. Customer service has taken a hit and there are more complaints now about the quality of service from some providers. The second consequence involves providers that used to do nonemergency transportation prior to Medicaid managed care. Now, with Medicaid managed care, there is a decrease in their volume of trips they do. As a result, they can no longer subsidize APD Waiver trips. It would be great to come up with a system that makes this better.

Kent concluded by saying we need to be bold, innovative, and make a statement with any recommended solutions. This is an opportunity to make improvements to the TD transportation system. He said the coordinated transportation system in Florida is one of the best, if not the best, in the nation. Florida has the framework and infrastructure in place to make the coordinated system in Florida even better.

- Co-Chair Holmes stated that all of us are advocates. It is important to anyone we come in contact with to teach them to be advocates too. We need to bring up wait times as an example and getting back with the county with complaints. We have a tendency to hear the complaints but do nothing about them.
- Valerie Breen said her thinking is narrowed to people with development disabilities that cannot access transportation now.
- Danielle McGill said our focus should be on people with developmental disabilities. If it can help other categories than great.
- Chair Palmer said she asked legislative staff for clarification regarding legislative intent of the task force. It was very clear this study is for people with developmental disabilities.

Public Comments:

Chair Palmer opened the discussion for public comment.

Suzanne Sewell, President and CEO of the Florida Association of Rehabilitation Facilities (Florida ARF), spoke. She said families and providers that she talks with need options and choices, not one streamlined approach. Some good options she mentioned include vouchers, Uber, and Transportation Disadvantaged. She said to keep the focus on multiple options with reasonable costs and look at basic standards of services people really need.

Margaret Hooper, from the Florida Developmental Disabilities Council, mentioned a study done a few years ago (maybe in 2014) regarding transportation disadvantaged, which outlined counties that were able to serve people with disabilities through the system. She said some counties did a really good job with it. She thinks this is something the task force should look into further.

Next Steps:

1. CUTR to work on draft final report.

2. Next and last task force meeting will be held during the last week in November 2017.

3. Chair Palmer said we will be in touch with CUTR if any dates in the contract need to be changed.

4. If needed, CUTR to provide exactly what Medicaid data it wants to Chair Palmer. She will help get the data from the Agency for Health Care Administration.

Adjournment time: 3:00 p.m.