Integrating Social Service Client Transportation and Special Needs Transportation Systems: The Portland Experience

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This paper examines some issues of integrating social service client transportation with the transit district's Special Needs Transportation (SNT) program in Portland, Oregon. The characteristics and problems of the Portland system, which is one of the largest and most highly integrated on the West Coast, are first described. Then this system is compared with social service client transportation provision in seven other West Coast cities. Despite great variety in the level of integration of service, all these systems face common issues. Each area must determine who will pay for social service client transportation, how much coordination with SNT systems is feasible and desirable, and how to balance supply and demand.

Social service agencies serving elderly and developmentally disabled clients often consider transportation an essential support service for their basic programs. Many of their clients do not have adequate private means of transportation. Although public transit districts are required by federal law to provide services for the elderly and handicapped, these services may lack the flexibility or capacity to meet the needs of all social service clients. Social service agencies have, therefore, turned to social service providers, volunteers, and taxis or other transportation companies to provide transportation services. Another option is to contract with transit agencies to provide additional service on their door-to-door Special Needs Transportation (SNT) programs, which serve the transportation handicapped (1).

Integrating social service transportation with SNT programs can be beneficial for both programs. Social service agencies may be freed from the day-to-day concerns of running transportation services while receiving better service at lower cost. SNT programs' productivity may also be enhanced. However, combining services can generate conflicts among user groups and raise questions about equity (2). Furthermore, integrated service may produce disagreements about (a) the allocation of costs to the various types of service, (b) the responsibility for paying for these services, and (c) the quality of service provided.

THE PORTLAND SYSTEM

Described in this section of the paper are the organization of Portland's social service and SNT transportation system, the

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characteristics and costs of various types of services, the funding sources for these services, and the problems the system currently faces.

Organization

The Multnomah County Aging Services Division (ASD) and the tri-county developmentally disabled (DD) programs provide transportation services for their elderly and handicapped clients primarily by contracting with Tri-Met, the regional transit district. Tri-Met serves agency clients plus other elderly and disabled persons needing specialized transportation services on a door-to-door system called LIFT. As indicated in Table 1, ASD and the DD programs currently purchase over half the rides on LIFT.

TABLE 1 TRI-MET'S LIFT SYSTEM PASSENGERS FY 1986–1987

Type of Passenger	Monthly Average	Percentage
Agency		
Multnomah County Aging Services	8,680	26
DD programs	9,059	27
Other agency	2,154	6
Total	19,893	59
Regular SNT		
Urban	10,287	31
Rural (Section 18)	2,986	9
Total	13,273	40
Total passengers	33,166	99

NOTE: Percentages do not add to 100 because of rounding. Data do not include volunteer program (1,090 rides per month) or fixed-route service using LIFT vehicles (1,686 rides per month).
SOURCE: Tri-Met.

Tri-Met contracts with private transportation providers to operate the LIFT system using Tri-Met–owned vehicles. Providers are responsible for scheduling, dispatching, driving, and maintaining the LIFT vehicles. Separate contracts are let by competitive bidding in each of the three counties in the service area. Currently each county is served by a different provider.

Trip Characteristics

Most agency trips are on routes, but the purpose, time-of-day, length, and frequency of these trips are quite different for the two agencies. Currently about 77 percent of ASD-sponsored trips are for congregate meals, 6 percent for grocery shopping, and 17 percent for intermittent purposes, primarily medical appointments. Trips are short, as shown in Table 2, because ASD requires that most clients use neighborhood services. As indicated in Table 3, most trips are grouped at one or both ends because of the preponderance of nutrition and shopping trips.

TABLE 2   TRIP LENGTHS ON TRI-MET'S LIFT SYSTEM

	Type of Passenger (%)		
Trip Length (mi)	Aging Services	DD Programs	Regular SNT
0–4	91	49	64
4–10	9	45	31
10+	Less than 1	6	5

SOURCE: Tri-Met January 1987 trip data.

TABLE 3   INDIVIDUAL AND GROUP TRIPS ON TRI-MET LIFT SYSTEM

	Type of Passenger (%)		
Trip Type	Aging Services	DD Programs	Regular SNT
Individual	12	14	73
Grouped-at-one-end	67	42	—
Grouped-at-both-ends	21	44	27

SOURCE: Tri-Met January 1987 trip data. Number of grouped-at-one-end agency trips estimated from number reported as individual trips.

In contrast, DD trips are daily to sheltered workshops. Most of the clients are served on routes picking up people living in the same area and taking them to a single work site or to proximate work sites. Shown in Table 2 are longer trip lengths, reflecting the fact that group homes and sheltered workshops are often in different areas. There is considerable grouping evident in Table 3 because many clients live in group homes and the number of workplaces is small. The percentage of grouped-at-one-end trips is, however, only a rough estimate.

Although most agency service is on scheduled routes, most SNT service is demand-responsive. On average, SNT passengers take longer trips than ASD clients and shorter ones than DD clients. Most of the trips are individual although over one-fourth involve two or more people with the same origin and destination. The most common purposes for SNT trips are medical appointments, work, school, and shopping.

In 1986–1987, LIFT provided 433,259 trips at a total cost of $3,382,151. Thus, the average cost of a trip on LIFT was $7.83. Based on the variations in grouping and trip length, the average cost of an ASD client trip was about $4.19, a DD trip $7.83, and an SNT trip $10.17.

Funding

LIFT funding in FY 1986–1987 came from five sources: 3 percent user charges; 14 percent agency payments; 20 percent UMTA; 19 percent Special Transportation Fund (STF), a state dedicated fund for elderly and handicapped transportation; and 44 percent local payroll tax, which is Tri-Met's primary non-fare revenue source. SNT passengers pay a $0.50 fare, ASD clients are encouraged to make donations, which average about $0.05 a trip, and DD clients pay an $8.00 monthly fee.

The social service agencies use funds from several sources to purchase client transportation. ASD's funds are from the federal Older Americans Act, which prohibits fares, and from the city and county general funds. DD transportation is funded by the state. Tri-Met's policy has been that agencies should pay 60 percent of the cost of client transportation. Agencies currently pay 60 percent of billing rates that were established in 1982 and are based on grouping and length of trip. If these billing rates were applied to all trips, they would cover 96 percent of the contracted operating cost of LIFT but only about 70 percent of the total cost. In addition, the DD programs have been paying a lower rate for some of their clients because of inadequate state funding.

Federal funding for LIFT from UMTA includes 80 percent of capital costs, some planning funds, and Section 18 rural operating subsidies.

The STF is a state fund raised with a 1-cent tax on cigarettes, which is dedicated to elderly and handicapped transportation. When the STF program was approved by the 1985 legislature, many supporters expected it would be used to expand transportation services for the elderly and handicapped. Instead Tri-Met has partially used it to replace payroll tax support of door-to-door transportation services and to defray the cost of fixed-route accessibility.

The final revenue source, the payroll tax, is used to balance the LIFT budget. Tri-Met has been decreasing its payroll tax allocation for LIFT as STF funds have been received.

Issues

The Portland system is currently strained by a number of factors. The social service agencies are experiencing increased demand for transportation services because the frail elderly population is growing and more DD clients are being placed in community programs rather than the state hospital. Meanwhile social service transportation funds are not growing as rapidly as demand. In addition, the agencies are not satisfied with the quality of service they have been receiving from Tri-Met. They pay premium prices for guaranteed service, but contend it is no better than SNT service. They are also upset that Tri-Met has reduced its level of payroll tax support while expecting them to pay more. They have threatened to withdraw from the contractual relationship with Tri-Met and demand that their clients be served as regular SNT passengers.

On the other hand, SNT passengers on the LIFT system are concerned that additional agency rides are resulting in more turndowns and poorer service for them. Tri-Met's policy has been that all agency requests for service that satisfy trip purpose criteria are honored even if SNT passenger service must be reduced to supply the agency service. Furthermore, because priority is given to agency trips, SNT passengers are denied transportation at certain periods of the day when agency routes are being served.

In its 1987 budget, Tri-Met proposed a doubling of agency support for LIFT noting that agency-sponsored trips were increasing, that agency billing rates had not been increased in 5

years, and that the DD programs were not paying the same proportion of costs as other agencies. This has raised questions about how to determine the cost of an agency ride and who is responsible for paying these costs.

COMPARATIVE CITIES ANALYSIS

In hopes of finding solutions for Portland's problems, seven other West Coast cities were contacted to determine how they provide social service client transportation. These metropolitan areas were Lane (Eugene) and Marion (Salem) counties in Oregon; Pierce County (Tacoma), Seattle, and Spokane in Washington; and Sacramento, San Francisco, and Santa Clara counties in California.

Cost of Service

Trip data for most of these systems are summarized in Tables 4 through 6. The number and cost of trips for door-to-door transportation systems provided by transit and paratransit agencies are compared in Table 4. Because of differences in accounting methods and contracting procedures, some agencies include capital costs when calculating cost per trip and others do not. This is reflected in the table.

TABLE 4   COMPARATIVE TRIP DATA FOR DOOR-TO-DOOR TRANSPORTATION PROVIDED BY TRANSIT AND PARATRANSIT AGENCIES

	Trips per Month	Cost per Trip ($)	
		With Capital	Without Capital
San Francisco (group van)	9,779	6.19	
Portland	36,105	7.83	6.19
Spokane	10,500		8.51
Sacramento	15,575	8.65	
Pierce County	14,775		8.76
San Francisco (lift van)	3,960	17.12	

SOURCE: Transit or paratransit agencies. All data for 1986–1987 fiscal year, except San Francisco for 1985–1986.

The contracted operating costs of several providers are compared in Table 5. None of these figures includes capital or administrative costs. Data on transportation service of various aging services agencies are presented in Table 6. Once again, capital is treated differently by various agencies and hence cost per trip has been separated into two groups.

These tables should be interpreted cautiously because cost per trip is affected by factors other than the efficiency of the system. Complicating factors include the size of the area and the transportation system, density of the population served,

TABLE 5   COMPARATIVE TRIP DATA FOR CONTRACTED DOOR-TO-DOOR TRANSPORTATION (Operating Costs Only)

	Trips per Month	Cost per Trip ($)
Portland	36,105	5.72
Lane County	1,300	5.96
Seattle	5,000	8.72

SOURCE: Tri-Met, Lane County Council of Governments, North King County provider.

TABLE 6   COMPARATIVE TRIP DATA FOR AGING SERVICES DOOR-TO-DOOR TRANSPORTATION SERVICES

	Trips per Month	Cost per Trip ($)	
		With Capital	Without Capital
Sacramento	1,650	3.64	
Portland	8,680	4.19	3.31
Pierce County	8,137		4.29
San Francisco	5,800	4.60	
Salem	5,000		4.72
Seattle			5.00

SOURCES: Transit and social service agencies or transportation providers. All data for 1986–1987 fiscal year, except San Francisco for 1985–1986.

topography, labor costs, types of trips, proportion of passengers in wheelchairs, and the accounting methods used. The areas studied obviously vary in size, population density, and topography. The impact of labor costs is illustrated by Pierce County, Washington, where two door-to-door systems operate. Pierce Transit's door-to-door service uses drivers who are members of the transit union, while the aging agency contracts with a nonprofit organization whose drivers are volunteers, senior aides, and nonunion members. These differences are a major reason that transit rides cost $8.76 per trip while aging services cost only $4.29. San Francisco shows how different types of trips and passengers can affect costs. Group van service costs only $6.19 because, as the name implies, all trips are for groups. On the other hand, lift van service is expensive ($17.12 per trip) because it is exclusively for people in wheelchairs traveling for individual purposes.

A further issue with integrated systems is the difficulty of sorting out the cost of a particular type of trip. For instance, Tri-Met's standard budget format does not separate LIFT overhead costs from those of fixed-route accessibility and other services for the elderly and handicapped. This separation must be done as a first step in calculating costs. Then the more difficult problem is to allocate the costs to the various types of passengers. The $4.19 cost of an ASD trip reported in Table 4 was estimated using trip length and grouping data. Factors such as size of groups, proportion of passengers in wheelchairs, and loss of efficiency as a result of guaranteed agency rides were ignored because of lack of data.

Keeping these cautions in mind, Portland's cost per trip compares favorably with the others reported. This shows that Tri-Met's LIFT system is efficiently providing service. The high proportion of grouped agency trips undoubtedly contributes to this efficiency.

While comparative cost data are fairly easy to obtain, finding answers to other concerns is more illusive. Rather than providing ready solutions, the comparative cities illustrate that every area must grapple with the same issues and that the solutions will be strongly shaped by the local history of transportation and the state funding and regulatory environment.

Cost Responsibility

One basic question all areas must answer is who should pay for social service agency transportation. Funding can come from

funds dedicated to the transportation of the elderly and handicapped, social service agency budgets, and transit agency budgets. These funds may be provided by one or more levels of government. Federal sources—the Older Americans Act funds for aging programs and UMTA funds for some transit purposes—are widely used. State and local funding, however, varies greatly and is discussed here.

In Oregon all three basic sources are used to fund aging and DD client transportation. The STF is used to partially fund door-to-door systems serving both SNT passengers and agency clients in Portland and Lane County. Additional funding for door-to-door service comes from both social service and transit budgets. Lane and Marion counties also use STF and social service transportation funds to provide other types of transportation for agency clients.

Most California urban areas have SNT system for the elderly and handicapped because 5 percent of the California Transit Development Act funds (raised by a 1/4 of 1 percent sales tax) is dedicated to this type of service. These programs may be administered by transit districts (San Francisco), counties or cities (Santa Clara County), or consolidated nonprofit transportation agencies (Sacramento). San Francisco and Sacramento add significant extra funding from the city and county general funds, whereas most Santa Clara County cities spend only the dedicated state funds. Some additional transportation services are provided by aging agencies using Older Americans Act funds.

California's DD programs are administered by 21 regional centers, which make the necessary transportation arrangements for their clients. Some regional centers have placed clients on the SNT systems as regular passengers effectively using the dedicated state funding to pay for DD transportation. This has severely strained some systems and raised questions about the equitable treatment of different types of passengers. For example, in 1982 Getabout in east San Gabriel Valley was providing 65 percent of its service to 125 DD clients who represented less than 3 percent of its registered users. Because of these problems some door-to-door systems have restricted access for DD clients. In other cases DD programs require more transportation than existing door-to-door systems are able to provide (2). Thus, many regional centers are using some of their state social service funding to contract for transportation services with private providers or transit districts. For example, the San Andreas Regional Center spends $2.5 million of its state funding to contract with providers for special transportation for 905 clients in a four-county region.

In contrast, Washington State relies mainly on transit district funding for social service transportation because there are no dedicated state funds for elderly and handicapped transportation and limited social service budgets. There is some state and federal social service funding for elderly transportation, but none for DD programs. Seattle and Pierce County aging agencies use their funds to contract with private providers while Spokane's aging agency works with the transit district. DD programs depend on transit districts, which are relatively well funded by locally levied sales taxes, to serve their clients as regular SNT passengers.

In general, the funding sources determine the nature of service delivery. California cities have elderly and handicapped transportation systems because of dedicated funding, although DD clients require so much transportation that they are often served separately from these systems. Washington State metropolitan areas rely heavily on transit districts because they are better funded than social service agencies. Oregon cities generally coordinate transit and social service programs to maximize use of multiple funding sources.

Coordination of Services

Another common concern is how much coordination and consolidation of agency and SNT passenger service is appropriate. Coordination was a principal issue at the First UMTA and Administration on Aging National Conference on Transportation for the Elderly and Handicapped held in 1985 (3). Perhaps as a result of the conference's recommendations, the U.S. departments of Health and Human Services and Transportation announced an agreement on October 24, 1986, to improve the coordination of federal transportation programs and policies. Some states such as California require coordination. Local areas generally do coordinate services but the degree and type of coordination vary widely.

Coordination is usually viewed as a positive step which can improve service by eliminating duplication, increasing reliability of service and efficiency of vehicle use, achieving economies of scale in management and operations, and making the system more comprehensible to users. Nonetheless, a high degree of consolidation may result in a less flexible and responsive system, difficulty in sorting out who should pay for what, and a lack of feelings of ownership by participants not involved in the day-to-day operations. Furthermore, the agencies involved may have different objectives, which can cause misunderstandings. For instance, transit districts tend to focus on efficient transportation of large numbers of people, whereas social service agencies try to match service with individual needs (4). Effective coordination needs to strike a balance between responsive but fragmented service on the one hand and efficient but monolithic service on the other hand.

Portland's system is one of the most highly coordinated on the West Coast. In particular, the tri-county DD contractual relationship with the transit district is unique. Other Oregon cities have emphasized specialized DD transportation rather than relying on a single type of provision. In Washington State, DD clients are treated as regular passengers on SNT transportation systems or strongly encouraged to use the fixed-route system. In California, many DD programs contract directly with private providers.

However, most aging agencies' transportation services have stronger ties to SNT systems. These connections range from some overlapping providers (Santa Clara County, Seattle) to common brokers but separate service (Sacramento, San Francisco) to highly coordinated programs (Lane County, Portland, Spokane). Only two areas studied lacked formal ties. Marion County has no SNT system, and Pierce County has separate door-to-door systems for SNT passengers and aging agency clients.

Washington State programs illustrate some problems that can occur when coordination is minimal. Transit districts in Washington have often become the primary social service providers more by default than by design. As a result, social service agencies have no control over the quantity and quality of

service except through the political process. In Seattle, political pressures have produced frequent changes in the SNT system and varying levels of cooperation. The system is currently quite fragmented and the aging agency feels that it is difficult for users to comprehend and use.

The general trend has been away from social service program provision of transportation toward brokered services that provide a single contact point. These brokered services may use multiple providers and a variety of services for different geographic areas and clientele. Lane County, Sacramento, and San Francisco have brokers separate from the transit district, which serve both SNT passenger and agency clients needing door-to-door service. In other cases, a social service agency, such as the San Andreas Regional Center, or a transit district, like Tri-Met, may be the coordinating agency.

Supply and Demand

A final universal concern is balancing supply and demand. Demand for social service agency–sponsored transportation is rising as the number of frail elderly and community-based DD clients increases. To deal with increased demand, social service agencies must find some combination of additional funding, more efficient service, or further ways to ration service. This discussion will focus on rationing mechanisms.

Social service agencies' primary mechanism for limiting service to eligible clients is trip purpose priorities. DD programs generally provide transportation only to work activities while aging programs vary in their choice of priorities. Sacramento and Spokane fund intermittent trips for medical appointments and necessary personal business, whereas Seattle and San Francisco only fund trips to congregate meal sites and other agency programs. Portland and Pierce County supply a mix of nutrition, medical, and other types of trips.

Whenever agency clients use SNT systems either through contractual relationships or as fare-paying passengers, they are subject to rationing strategies of the transit agency. Transit agencies use price, waiting time, and trip purposes as rationing mechanisms. Seattle illustrates what happens when rationing methods are changed. Seattle's transit district recently lowered the fare on its SNT system. Predictably, requests for service have risen dramatically. As a result, SNT passengers must now call at least 3 days in advance, and more of the service is being reserved by daily users. Providers are considering imposing trip purpose constraints or limits on the amount of subscription service to help bring demand and supply back into balance.

When agency clients and SNT passengers use the same system, conflicts can develop between the two types of users. These conflicts are evident in Portland and have been a major concern of some California door-to-door programs where DD clients have overwhelmed the system. Some transit agencies have reacted by limiting the amount of service available to social service clients. Others charge agencies for some or all of the cost of service. In Portland, agency clients receive guaranteed service in exchange for partial payment of costs. In Spokane, the aging agency pays the full cost of trips but its clients receive no special treatment.

Because potential demand for social service client transportation exceeds the ability of agencies to pay, some restrictions on service are necessary. These restrictions may be on price,

dependability, or availability of service. As Seattle demonstrates, removing one type of restraint will cause others to increase in importance. The problem lies in finding a rationing system that is effective at balancing supply and demand, equitable in serving users, and able to fulfill other social policy goals.

CONCLUSIONS

Portland's LIFT system illustrates that integrating social service client transportation with transit district SNT service can be an effective way to share resources and provide efficient service. By participating in an integrated system, the social service agencies gain access to funds available only through transit districts. In Portland, these are the transit district's payroll tax, the state fund for elderly and handicapped transportation, and some UMTA capital, planning, and operating subsidies. By providing social service client transportation, the transit district's door-to-door system gains another funding source and is more productive. Portland's low cost per trip is one indication of this productivity.

However, an integrated system can satisfy all the participating parties only if there are effective communication and agreement on key issues. To facilitate negotiations, social service agencies should explicitly define their transportation objectives and the quality of service needed to meet those objectives. They should recognize that integrated systems work best for regular, prescheduled transportation and that other arrangements may be needed for some clients. Transit districts can facilitate the integration of service by compiling budgets and maintaining records that ease the computation of costs of various programs. Transit districts may also need to reexamine priorities and emphasize the social service mission of transit in order to satisfy the demand for both SNT passenger and agency client service.

Furthermore, social service agencies and transit districts should jointly agree on cost responsibility principles. Because of different funding sources, no specific set of recommendations will work for all areas. However, in general, transit districts should be responsible for a share of the transportation costs of all residents in their districts, irrespective of whether the residents are social service clients. Similarly, social service agencies should be responsible for the cost of service levels above that provided for the SNT passenger.

The involved parties also need to agree on an organizational structure. Integrated service can be administered by either transit districts or separate brokers. Social service agencies may feel that they have more equal standing with the transit district in a mutually established brokered system. However, equal standing may require some involvement in the details of managing a transportation system. Again the choice may reflect the local conditions such as the history of transportation provision.

The concerns of SNT passengers must not be forgotten. A limit on the number or proportion of agency rides may be needed to ensure that SNT passengers are treated fairly. In addition, a variety of programs may be needed to accommodate all needs. Subscription service might be provided for many agency trips and for SNT passengers who use the door-to-door systems on a regular basis, while demand-responsive service is

needed for intermittent trips. Volunteer programs can also be coordinated with door-to-door systems to expand the supply and increase the flexibility of transportation services.

In conclusion, integrating social service transportation with SNT programs can be mutually beneficial to social service agencies and transit districts. However, an integrated system does require the active participation and informed dialogue of all participants in order to avoid conflicts, solve problems, and maximize the benefits of the system. When there are agreement and cooperation, an integrated system can be an efficient and effective provider of transportation.

ACKNOWLEDGMENT

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