

Transportation Coordination in Iowa

**Report to the Iowa General Assembly and Governor Terry E.
Branstad, per 2012 Iowa Code section 324A.4**

Prepared by Iowa Department of Transportation, in cooperation with
the Iowa Transportation Coordination Council

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Introduction

The 2012 Iowa Code section 324A.4, subsection 2, states the Iowa Department of Transportation (DOT) “shall biennially prepare a report to be submitted to the general assembly and the governor prior to December 15 of even-numbered years. The report shall recommend methods to increase transportation coordination and improve the efficiency of federal, state, and local government programs used to finance public transit services and may address other topics as appropriate.”

Iowa has long been a leader in transportation coordination, from designated public transit agencies covering all 99 counties with little duplication, to requiring any agency receiving public dollars for the provision of transportation to first coordinate with the local public transit agency before providing the transportation on their own, to the creation of the Iowa Transportation Coordination Council.

Coordination allows Iowa to provide much needed transportation services to the citizens of Iowa with the most efficient use of public funds. Coordination has been an important topic in Iowa for many years, but during these times of economic constraint and restraint and Iowa’s changing demographics, coordination of transportation services becomes even more critical.

Background

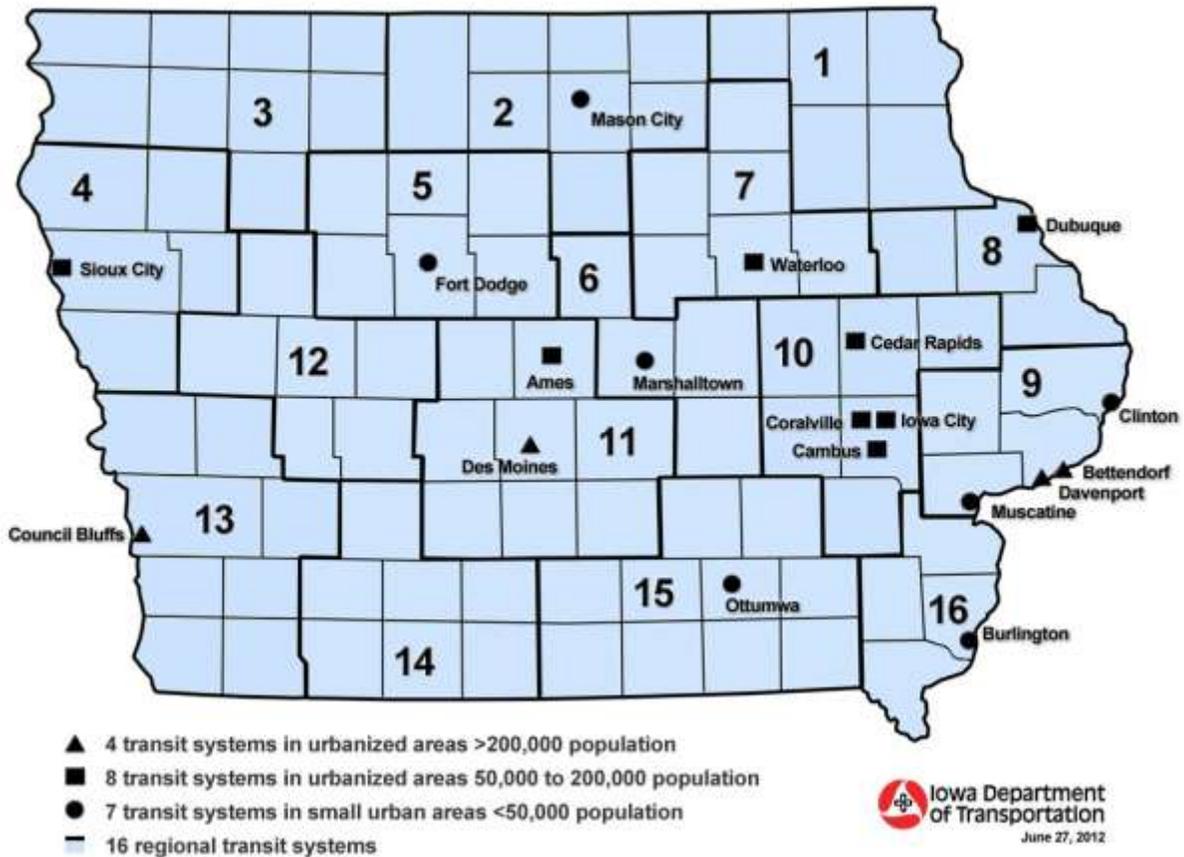
Iowa has 35 public transit systems, covering all 99 counties, served by 19 urban systems in cities and 16 regional systems that are multi-county in nature. These public transit systems provided over 26 million rides in Fiscal Year (FY) 2011. All transit services are open to the general public; trips are made to work, shopping, meal sites, medical appointments, social events, or for any other purpose a person desires.

The 19 urban systems typically operate as a department of their respective cities, with three systems as exceptions: CAMBUS as a department of the University of Iowa, Metropolitan Transit Authority of Black Hawk County as a 28E organization, and the Des Moines Area Regional Transit Authority as a 28M organization. Service in the urban areas can be classified as fixed route or Americans with Disabilities Act (ADA) paratransit. Fixed route operates along a set course with passengers accessing the service via the nearest bus stop. ADA complementary paratransit is available in zones around the fixed routes to those who meet certain disability qualifications under the ADA, with service provided as origin-destination with the bus picking the passenger up at their home, or other location, and delivering them to their desired location. ADA complementary paratransit trips are scheduled the day before the desired trip.

The 16 regional systems, ranging in coverage from three counties to ten, are set up independently as non-profit organizations, by 28E agreement or are housed within another agency such as a council of governments. Regional systems operate on a demand-response basis, with curb-to-curb service for passengers typically scheduling trips 24-hours in advance.

For more information on Iowa’s public transit systems, please visit www.iowadot.gov/transit/.

Iowa's Public Transit System



Iowa Transportation Coordination Council

Meeting bi-monthly, the Iowa Transportation Coordination Council (ITCC), established by the Iowa Legislature, discusses transportation issues affecting its members. The Iowa DOT chairs and staffs the meetings. Members include representatives from Iowa Department on Aging (IDA), Iowa Department of Human Services, Iowa Department of Public Health, Iowa Vocational Rehabilitation Services, Iowa Workforce Development, American Cancer Society, United Ways of Iowa, Iowa Public Transit Association, Iowa's Metropolitan Planning Organizations (MPOs) and Regional Planning Affiliations (RPAs), AARP, TMS Management Group, Iowa League of Cities, Iowa Mobility Managers Network, and Federal Transit Administration (FTA) United We Ride.

The ITCC serves as the umbrella coordination advisory group, identifying gaps in transportation needs, identifying barriers to coordination, and developing recommendations for solutions and transportation options. ITCC agenda items have included: Iowa Workforce Development Virtual Access Point Demonstration, Reduction of Iowa Area Agencies on Aging, Iowa Mental Health System Redesign, AARP/WHO Age Friendly Communities, Goal Setting Mobility Managers in Iowa, and Mobility Manager Performance Measures.

As a result of relationships formed during these ITCC meetings, other coordination projects are currently in the planning stages. Iowa Workforce Development, Iowa Department of Human Services and Iowa DOT are discussing a pilot project for providing transportation to persons in the Promise Jobs program; ensuring transportation is not a barrier to getting the training required under the program. The Iowa DOT and the American Cancer Society are discussing the possibility of a statewide transit pass, usable on any Iowa public transit system, to allow the American Cancer Society to send one pass to cancer patients to access the treatments they need.

For more information on the ITCC, please visit: www.iowadot.gov/transit/itcc/index.html.

Passenger transportation planning process

Iowa's MPOs and RPAs have facilitated a coordinated planning process to annually create passenger transportation plans and submit them to the Iowa DOT. This process brings together local stakeholders in transportation to identify transportation needs in the community.

The goals of the passenger transportation planning process are:

1. Improve transportation services to Iowans;
2. Increase passenger transportation coordination;
3. Create awareness of unmet needs;
4. Develop new working partnerships;
5. Assist decision-makers, advocates, and consumers in understanding the range of transportation options available;
6. Develop justification for future passenger transportation investments; and
7. Save dollars and eliminate overlapping of services.

Public transit projects to be funded with FTA monies must be derived from a coordinated planning process. This provides the incentive for the locals to work together on a comprehensive transportation plan. Projects such as medical shuttles to Iowa City and the hiring of local mobility coordinators have come from the passenger transportation planning process. Bringing the right organizations together to discuss transportation needs incites coordination of ideas and resources.

For a list and map of Iowa's MPOs and RPAs, please visit:
www.iowadot.gov/systems_planning/distplannercontact.htm.

Coordination efforts

Public transit agencies strive to coordinate transportation services within their community to the greatest extent possible, to the benefit of all involved. By partnering with the RPAs and local human service providers they work to create more efficient use of the public transit vehicles, reduce costs to the coordinating agencies, and provide access to needed transportation services for the community. One of the biggest barriers to coordination in rural areas is the federal charter rules (49 CFR Part 604). These rules prevent local public transit agencies from providing group trips to their local community members. This means groups such as daycares and social service organizations can no longer utilize

public transit for trips because they are considered exclusive use of the vehicle for a negotiated price. These trips may only be provided if none of the registered charter companies in an area respond as able to perform a trip, which is a rarity. While large event transportation should be provided by private charter companies, small daycares cannot afford charter rates to transport their children to the local pumpkin patch, library, or zoo, so often these trips do not occur and learning opportunities are lost.

Social service agencies

Human service agencies, counties, nursing homes, sheltered workshops, etc. are all able to transport their clients to medical appointments, work, and social activities by public transit without the expense of purchasing, maintaining, fueling, and insuring a vehicle. Staff time is also saved because an employee is not required to take time out of their work day to transport perhaps as few as one person to an appointment.

Area agencies on aging

Many of the public transit agencies receive Federal Title IIIB funding through their respective Area Agencies on Aging to provide transportation services to those aged 60 years and over. Eligible passengers living independently typically pay only a donation for the transportation service received. This partnership is valuable, allowing seniors who may not be able to drive or do not want to drive to remain in their homes as long as they desire.

Public health

The Iowa DOT was one of the many partner agencies providing input on and taking responsibility for addressing Iowa's critical health needs through *Healthy Iowans: Iowa's Health Improvement Plan 2012-2016*. In addressing the transportation issues in the plan, the Iowa DOT committed to... "Increase awareness of the availability of public transit service for accessing health care in all counties."¹ Following through on this commitment, the Iowa DOT and Iowa Department of Public Health collaborated to update the *Health Care and Public Transit* brochure. This brochure is intended for the health care industry audience to give an understanding of public transit and their patients' use of it.

For a copy of the *Health Care and Public Transit* brochure, please visit www.iowadot.gov/transit/publications/HealthCare&PublicTransit.pdf.

Non-emergency medical transportation

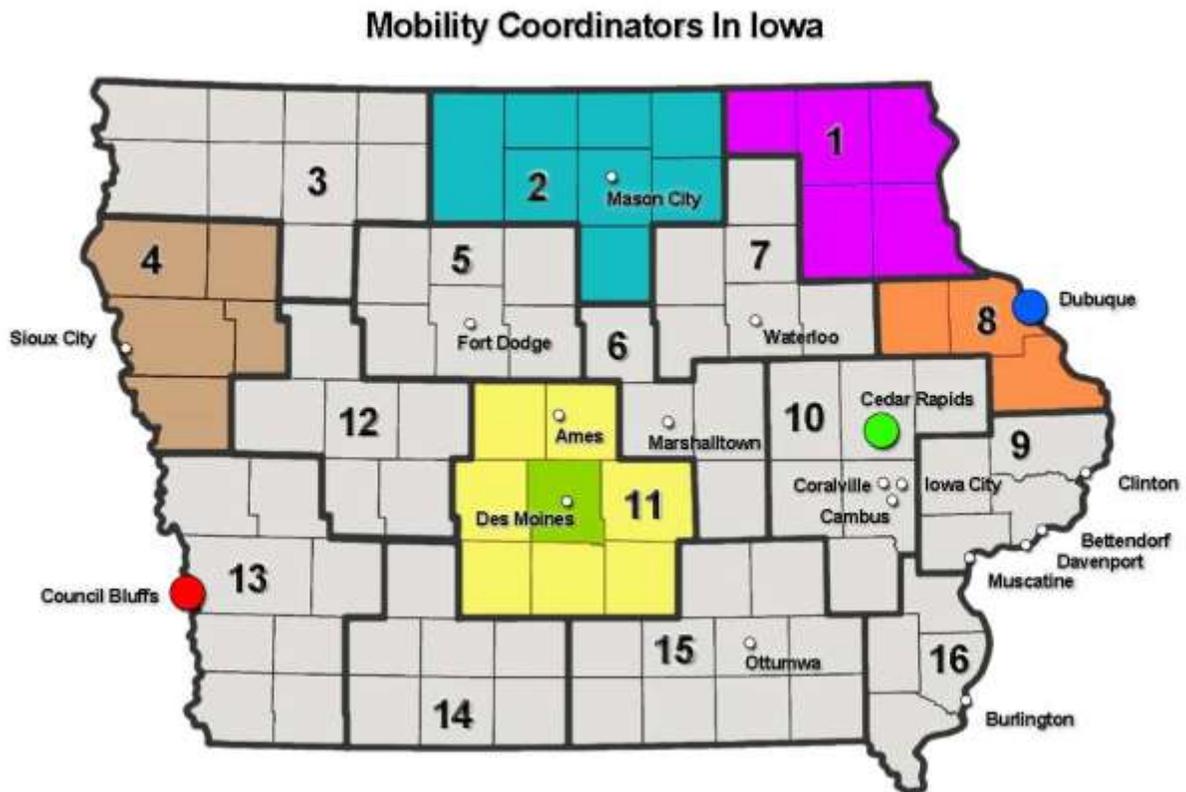
The majority of Iowa's public transit systems work with TMS Management Group, Iowa's Medicaid non-emergency medical transportation broker. In FY 2011, 17,734 TMS rides were provided by public transit through this partnership. TMS Management Group also contracts with private transportation providers. Iowa's urban public transit systems often sell fixed route bus passes to TMS Management Group for client use. If enough medical trips are needed by a client during the month, and that client is physically able to access a bus stop, purchasing a monthly bus pass is more cost-effective than paying for individual rides. This situation is a win-win-win: saving money for TMS Management Group, allowing

¹ http://www.idph.state.ia.us/adper/common/pdf/healthy_iowans/plan_2012_2016.pdf, Page 13

the Medicaid clients to use the bus passes for other non-medical purposes as well, thus improving quality of life, and generating ridership for fixed route public transit systems.

Mobility management

Mobility management has become a major focus area over the past several years both nationally and in the state of Iowa. Mobility managers, or mobility coordinators as many are known, assist individuals in navigating from point A to point Z, no matter the number of modes of transportation required. Referrals are made to public and private transportation providers alike. Mobility coordinators may provide travel training, showing persons how to ride the bus if they have never had that experience. Mobility coordinators also meet with human service agencies, businesses, and other organizations to inform them of the public transit services available to inspire more coordination. Currently mobility coordinators are located in Region 1, Region 2, Region 4, Region 8, Region 11, Cedar Rapids, Council Bluffs/Omaha, Dubuque, and Polk County (see map below). Mobility coordinators are housed in public transit agencies, councils of government, community action programs, United Ways, and Area Agencies on Aging.



One mobility manager position unique to the State of Iowa is the statewide mobility manager. The statewide mobility manager position was created in 2011 through a partnership of the Iowa DOT, Iowa Association of Regional Councils, and the Region 6 Planning Commission/PeopleRides to educate public transit agencies, planning organizations, and other statewide organizations about the benefits of mobility management. The statewide mobility manager also acts as a contact for persons in areas not

served by a regional or urban mobility coordinator, assisting with travel navigation and providing referrals to local transportation providers. For more information about mobility management, please visit www.iowadot.gov/iowamobilitymanagement/index.html.

Veterans transportation

In June 2012, the Iowa DOT was awarded a grant from the Federal Transit Administration's Veterans Transportation and Community Living Initiative grant program. With this three-year grant, for a project totaling \$1,877,250, the Iowa DOT will be able to survey groups providing transportation services to veterans and compile that information into a master information, referral, and assistance (IR and A) database of transportation services with data from Iowa 211, Iowa COMPASS (Center for Disabilities and Development), and Iowa Family Caregiver (Iowa Association of Area Agencies on Aging). The database will feed a searchable website and mobile telephone application where persons can locate transportation and social services available in their area. Also included in the grant is funding for statewide ride matching software, where veterans and the general public can locate others with similar origins and destinations in order to share transportation costs.

The IDA, by Iowa Code section 231.64(1)(a), must coordinate any state-level IR and A system. Because of this statute, the IDA is working with Iowa Medicaid Enterprise (IME), the Health Information Exchange (HIE), and the Iowa Insurance Division on an all encompassing database holding information on the Medicaid program, insurance, medical records, etc. With Iowa DOT's veterans grant creating a database of transportation and human services for veterans and the general public and placing it into a searchable website and mobile telephone application, the end product can serve as the entry point software for IME, HIE, and the Iowa Insurance Division's database. This coordination across state agencies and with private non-profit groups will serve veterans and the general public well in their searches for health, human, and transportation services and information.

TransitCares

In early 2012, the Iowa DOT became aware of transportation issues with people enrolled in the IowaCare health insurance program. The IowaCare program underwent several changes effective January 1, 2012, utilizing several federally qualified health clinics in regions around the state. Previously, most patients went to the University of Iowa Hospitals and Clinics, unless they lived in Polk County where Broadlawns was their medical home. The University of Iowa Hospitals and Clinics had a fleet of 10 vans traveling throughout Iowa that would pick up, free of charge, persons without transportation and take them to their appointments in Iowa City. With regional clinics now as the first stop for treatments, medical services are closer to home for most, but the free or affordable transportation is no longer available because transportation is not an eligible expense under this program.

The Iowa DOT contacted the Iowa Department of Human Services about this issue to see how public transit could be helpful and provide the needed transportation services for medical appointments. In April 2012, the Iowa DOT made public transit dollars available to Iowa's transit systems to cover operating costs to transport IowaCare clients to their medical appointments. The fare charged to the

IowaCare client was \$1 each way. Through June 2012, 143 rides were provided by 12 public transit agencies.

The issue of not having a transportation benefit under the IowaCare program is that clients without access to transportation do not go to the doctor for routine checkups or when medical issues are relatively minor; instead they are waiting until symptoms are intolerable and require an ambulance ride and hospital stay.

Recommendations

- 1) In order to increase transportation coordination and improve efficiency, the Iowa DOT recommends consideration of legislation that allows transportation costs to be eligible expenses for all state human service programs. This will require further discussion among the Iowa DOT and other state agencies on the cost and impact of such a change. The IowaCare example shows that programs are only effective if the people needing the services can access them. Without a transportation benefit under the IowaCare insurance program, many in need of medical care may not be able to access it.
- 2) All appropriate state agencies and transportation service providers must coordinate the transportation needs of those they serve with the local public transit provider. A lot of improvement has occurred in this area but much more remains to be done.
- 3) At the city and county level, transportation access – public transit, in addition to roads – should be considered when new services are being started and when new developments are being proposed. Public transit in many cases is the only viable mode of transportation for employees to go to work. By providing these services, employers will have full access to the workforce supporting their hiring of the best candidates and securing full employment.
- 4) Iowa has the second oldest transit fleet in the nation. In order to reduce the growing backlog of transit vehicle replacement needs, there needs to be additional funding for replacing and expanding public transit vehicle fleets. The federal government through the transportation reauthorization bill, MAP-21, significantly reduced funding of capital items such as buses in Iowa, providing only minimal dollar amounts for the duration of the bill. In response to this funding reduction, the Iowa DOT recommended and the Iowa Transportation Commission is anticipated to approve the annual allocation of \$3 million of other federal transportation funds for bus replacement to help offset the impact of MAP-21. Public transit services are only as good as the vehicles providing them. Iowa's public transit systems work hard to keep vehicles in a state of good repair well beyond their useful lives, but eventually vehicles wear out and must be replaced. A reliable and sustained funding stream for this purpose is needed and options should be explored at the federal, state and local level.
- 5) Federal charter rules (49 CFR Part 604) are stifling some coordination efforts in the state of Iowa. Since their adoption in 2008, the federal charter rules have put an end to many community group trips which had been provided by public transit agencies. Efforts to change these rules are ongoing and support from legislators and other parties to work with Iowa's congressional delegation would show the importance of this issue to Iowa and enhance the likelihood of change.

Conclusion

Many coordination efforts are in place in Iowa with efficiencies being realized. This fact can be touted and celebrated. However, more work can be done. Service gaps exist; public transit hours and days of service are in some cases limited. A majority of the example projects cited, though, started with a conversation. With transit managers and mobility coordinators out talking in the community and discussions held at the table and chairs provided by MPOs, RPAs, and the ITCC, coordination projects evolve from needs, solutions, and a willingness to try new services. To get these projects started, funding must be available and rules must be flexible enough to allow for innovation in coordination.