

November 4, 2021

The Honorable Larry J. Hogan
Governor of Maryland
100 State Circle
Annapolis, Maryland 21401-1925

Re: MTA MobilityLink Service Failures – Request for Emergency Response Plan

Dear Governor Hogan:

We write to you because there is clear urgency for an **emergency response plan** to address the crisis facing Maryland Transit Administration (MTA) paratransit (MobilityLink) riders. We assume that you have been briefed on the numerous issues relating to the MobilityLink service. The service is jeopardizing the safety and health of its riders and violating the Americans with Disabilities Act.

The below signed organizations request that you implement an **emergency response plan** to address the current upheaval in MobilityLink service. Please see examples provided below in support of our request. We also request enough resources to deliver adequate services, including increased staffing.

While we are appreciative of some corrective actions proposed by the MTA thus far, those actions remain insufficient in addressing the immediate harm to riders. In August 2021, MobilityLink reported its worst on-time performance rate in more than five years and the service has been performing substantially below its goals for many months.¹ One of the primary reasons that the MTA cites for its poor performance is a lack of available MobilityLink drivers. As of September 16, 2021, MobilityLink remains over 200 drivers short.²

The current failure of MobilityLink has devastating consequences for riders. Riders are missing medical appointments or are picked up late; riders who receive dialysis are missing treatment times. Having to wait hours for a ride, being on exceedingly long trips and feeling uncertain about MobilityLink's reliability causes stress and is detrimental to the health of many riders. Some individuals' delayed rides caused them to miss their critical in-home services. Riders have been left outside for hours, including at night without access to food or bathrooms, fearful they may be assaulted. One late trip caused a rider to spend the night on the streets of Baltimore City. Numerous riders report reducing their regular activities because they do not want to be stranded by MobilityLink.

Many of the undersigned organizations wrote to you two years ago when MobilityLink was also experiencing a crisis in service and a severe shortage of drivers (MTA needed 200

¹ See Lack of MobilityLink drivers leaving Baltimoreans stranded for hours, WBALTV, Sept. 27, 2021, available at <https://www.wbal.com/article/lack-of-mobilitylink-drivers-leaving-baltimoreans-stranded-for-hours/37757696#>.

² *Id.*

drivers at that time as well). We proposed numerous actions.³ In response to our request, former Maryland Secretary of the Department of Transportation Pete Rahn wrote:

The MDOT MTA directed our new providers to add additional extra board operators. There is an average of forty extra board operators scheduled during peak shifts who are ready to supplement service as necessary.⁴

“Extra board operators” are drivers who remain available to pick up delayed trips or who fill in for emergencies such as driver call outs or broken-down vehicles or stranded riders. This is a critical part to the paratransit service, but it is currently unavailable due to the overall driver shortage. As detailed below, we urge MobilityLink to develop a core of emergency responders who operate outside of the current contractual provider system and thus can draw from a different labor pool.

Secretary Rahn also noted that:

The MDOT MTA recognizes the need to better coordinate with our partners in the region’s 911 centers and Baltimore City’s 311 headquarters. MobilityLink management will reach out to these stakeholders in the coming weeks and provide guidance as to how best facilitate any calls received by those services about MobilityLink Service.⁵

The emergency response system contemplated by Secretary Rahn was not developed. For riders whose vehicles did not arrive, who were placed at risk, and who recently contacted police and 911, there was no MTA emergency response system available that riders or public safety officials could access. MobilityLink has no system for responding to those facing serious consequences from the service problems. Creating such an emergency response plan will assist riders who face health or safety issues, but also assist the service to operate more effectively for all riders whose service is frequently disrupted by trips having to detour or accommodate additional riders whose trips have not arrived.

Accordingly, we strongly recommend you to consider the examples provided below and to take the following actions:

1. Implementation of an Emergency Response Plan. An **emergency response plan** must be implemented to ensure that drivers and vehicles are available for riders who are stranded, have been waiting for prolonged times or are in situations that risk their health and safety. Riders must have access to a quickly deployable option to ensure they are safe. This is particularly important as the days get colder and darker earlier.

There are multiple ways such a service could be created. Fortunately, the State owns the paratransit vehicles. MDOT/MTA could deploy staff to provide this service temporarily, or

³ See Attachment A, Letter to Governor Hogan dated May 22, 2019; see also Attachment B, Letter to Governor Hogan dated June 17, 2019.

⁴ Attachment C, Letter from Secretary Rahn dated June 13, 2019 to DRM and CARS.

⁵ Id.

an emergency response contract could be issued for service and hours distinct from that provided by existing contracts. It is critical that the state provide drivers on an emergency basis while developing sufficient driver capacity, which includes emergency response capacity. Emergency response plans should be a permanent part of the paratransit service.

2. Provide Adequate Resources. Despite the increase in trips provided by MobilityLink over the past several years, MobilityLink has not received a proportional increase in resources. Paratransit has unmet capital and operational needs. The service has been using temporary reservation agents due to the lack of available Position Identification Numbers (PINs). The fifteen temporary positions have high rates of turnover and continued vacancies. We appreciate the positions being exempt from the hiring freeze, however as they remain largely unfilled or turnover, the service cannot perform to an acceptable level and is far below its stated goals. We request that these temporary full-time positions be added to the budget to help stabilize the system.

Furthermore, resources have not been adequate to support the need for improvements and to address the lack of good repair and safety issues. The long-standing cycle of problems in MobilityLink services are well documented. The MobilityLink system critically requires greater attention and resourcing. Recently, your administration announced a record budget surplus of \$2.5 billion, and we strongly recommend that a portion of these funds be directed towards adequately funding the paratransit system, including an emergency response plan.

Examples of rider experiences over the past several months document the critical need for an emergency response plan:⁶

1. Rider 1, who uses a power wheelchair, scheduled a return ride for 8:30 PM. At 8:55 PM, she received an automated call from MobilityLink telling her that the earliest ride home available would be **2:37 AM**. She tried Call-A-Ride, but could not obtain service. A friend was able to pick her up, but her wheelchair would not fit in the car and she had to leave it overnight at the venue. She paid \$25.00 to retrieve her wheelchair the next day.

2. Rider 2, who is quadriplegic, scheduled a ride to return to a homeless shelter for pickup at 7:00 PM, but was picked up late and did not arrive to the shelter until after curfew. Due to the late arrival, she was banned from the shelter for twenty-four hours, and slept in her wheelchair in downtown Baltimore, without access to a bathroom and other necessities.

On another occasion, Rider 2 scheduled a ride to the shelter and asked for an earlier pick up time to ensure she would arrive before curfew. Her ride did not arrive, and dispatchers provided multiple different arrival times. During her several hour wait, it started to rain and got dark. At one point, MobilityLink called Rider 2 to ask whether her ride had arrived. MobilityLink called again to tell Rider 2 that the vehicle broke down. MobilityLink arrived three and a half hours later than scheduled.

⁶ Rider examples are based on rider experiences as reported to Disability Rights Maryland.

3. Rider 3 had a scheduled pick up time from her home for 6:30 PM. Her ride arrived at 8:30 PM and she did not reach her destination until 9:30 PM, causing her to be late for an engagement. Her ride home was scheduled for 10:00 PM, but MobilityLink told her that her ride would be delayed until 11:30 PM, but later said it would arrive at 10:30 PM. At around 10:15 PM, Rider 3 called MobilityLink to check her ride status. MobilityLink told her that her ride had already arrived and left without her. The operator said the next available ride would be between midnight and 1:00 AM, which would have left Rider 3 waiting outside in the dark alone for several hours.

4. Rider 4, who uses a power wheelchair, used MobilityLink to travel to and from her neurology appointment. Her destination was located approximately three miles away from her home. On the return trip, the driver passed her home three times to drop off a passenger, and continued onto the freeway to pick up another passenger, despite Rider 4 telling the driver that they were passing her home.

During this time, Rider 4 was secured in the vehicle in a way that locked her behind a passenger's wheelchair. After spending over an hour on the vehicle, she began to feel ill and told the driver, who told her there was one more passenger to pick up before Rider 4 could be dropped off. The vehicle passed Rider 4's home a fourth time.

Throughout this trip, the vehicle's air conditioning did not work. Once home, Rider 4 had a multiple sclerosis flare up, which she attributes to the sun, heat, and stress of using MobilityLink. She reports the experience left her feeling like "expendable cargo." A one-way three-mile trip home lasted approximately 110 minutes, and the vehicle passed Rider 4's home four times before she was finally dropped off.

5. Rider 5's recent return ride home with MobilityLink took so long that he missed his medically necessary in-home aide service.

On another occasion, Rider 5's MobilityLink trip was late to get him to church and it took him hours to get back home. He spent over four hours of the day trying to attend church services, which he ultimately missed. On three other recent trips, MobilityLink called to tell the Rider 5 of repeated delays in his vehicle arrival time; Rider 5 had to cancel all these trips because he knew he would not get to his destination on-time.

On another day, Rider 5 had a 12:53 PM pick up to go to a doctor's appointment. MobilityLink did not pick him up until 2:00 PM, so he arrived late. MobilityLink informed him that his return home trip, which was scheduled for 3:30 PM, would not arrive until 4:57 PM. Frustrated, Rider 5 canceled his ride and attempted to travel home on his own, but his wheelchair malfunctioned and he had to obtain assistance from the police and fire department to get home.

6. Rider 6 scheduled a MobilityLink pick up from church for 12:15 PM, but his ride did not arrive. An agent informed him that his ride would not arrive until 4:00 PM, over three hours past his scheduled pick-up time. Fortunately, people were able to stay with Rider 6

and identify a safe and cool area for him to wait, as the church building had closed and the temperature was extreme.

Rider 6 had two other recent trips, including trips home from health care appointments, that were late by over three hours. For one trip, Rider 6 waited outside and could not drink water due to lack of access to a bathroom; he reports feeling vulnerable in his wheelchair as it was getting dark, and that he was stressed due to the uncertainty of his ride.

Rider 6 also had a recent 2:30 PM pickup time from a medical appointment. He received a call that his ride would not arrive until 5:04 PM. Rider 6 called MobilityLink at 5:05 PM and was told that he and two other riders would all be picked up at his location at 5:29 PM. At 5:40 PM, Rider 6 called MobilityLink and was told there were no rides available. Rider 6 went inside the medical facility and tried to arrange a ride home using the Call-A-Ride service, but no rides were available. Rider 6 contacted MobilityLink again and was told that his ride would come at 7:19 PM. Aware that the building closed at 7:00 PM, Rider 6 feared for his safety as he waited for a vehicle to arrive.

When the vehicle arrived, the driver said that he had been sitting in a parking lot for the last hour since he had not received any pickup calls. The two other riders who were picked up along with Rider 6 had waited for two and a half hours for their rides.

Rider 6 also reports several issues with the reservation line. On one occasion, he called to make a reservation and waited on hold for twenty minutes. On another occasion, Rider 6 was on hold for fifteen minutes, and then abruptly hung up on. Rider 6 called back, again spending fifteen minutes on hold only to have an agent hang up on him again.

7. Rider 7 used MobilityLink to attend an adult daycare program for people with developmental disabilities. He had a scheduled pickup to return home at 3:00 PM. At 3:05 PM, he received a call stating that the ride would not arrive until 5:30 PM. Rider 7's mother contacted the adult daycare director, who told her that the day before MobilityLink arrived at 6:15 PM for 3:30 PM pickups. The director drove Rider 7 home because Rider 7 and his mother were concerned that he would be stranded after the program closed, and Rider 7 should not be left unattended.

Other providers of services for people with developmental disabilities have reported that rides are unreliable and they have to use staff to stay with people after hours or to taxi people home after work shifts.

8. Rider 8, who has a MobilityLink pick up from work for 4:30 PM on work days, reports frequent late pick-ups. On several occasions he did not get home until 8:00 PM, and on one occasion he did not get home until 9:00 PM. Additionally, he had a ride scheduled for 11:00 AM for an important medical appointment, but his ride did not arrive until 1:00 PM, which caused him to miss the appointment.

9. Rider 9 had a 6:58 PM pick up time to return home. While she was waiting for her vehicle, Rider 9 received a call from MobilityLink stating that her ride would not arrive until

9:10 PM. She was concerned for her safety as she was waiting alone at nighttime in an area of Baltimore with high crime rates.

10. Rider 10 was scheduled to be picked up at home at 10:35 AM for a 12:45 medical appointment. Her ride was late, causing her to be late for her appointment. When her return ride arrived, she was still with her physician and requested that the vehicle wait fifteen minutes so she could be discharged, but the driver did not wait. Rider 10 called MobilityLink and was told she would need to wait three hours for a return ride home. Rider 10 has several medical conditions that require treatment every four hours, so she could not wait three more hours for a vehicle to arrive for pickup.

Rider 10 reports that, due to MobilityLink's unreliability, she does not leave the house as frequently and has been less engaged with community activities; she only uses MobilityLink to go to necessary medical appointments because she is fearful of being stranded.

11. Rider 11, who receives dialysis treatment, has had to wait two and a half hours for his ride home following treatment. He has also experienced rides that have kept him on a vehicle for three hours as he tried to get home from treatment. These long trips and medical treatments leave him exhausted and stressed. He is extremely frustrated that he must rely on MobilityLink, which he views as undependable.

12. Rider 12 had a pickup scheduled for 3:00 PM, but her ride did not arrive until five hours later. On another day, she had a ride scheduled for 1:00 PM, but her ride did not arrive for seven hours. On both occasions, Rider 12 waited outside alone in the dark after her doctor's office closed. During these late pickups, she was worried for her safety. She called 911 for a ride home when MobilityLink failed to pick her up on-time.

13. Rider 13 scheduled a trip to attend church services. After her ride failed to show, she called MobilityLink and was told that her ride had been rescheduled for later. Rider 13 realized that church would be over by the time she arrived, so she did not attend. This was extremely disappointing to Rider 13, as her faith is important to her.

14. Rider 14 had a 3:30 PM ride home scheduled with MobilityLink. His ride arrived at 6:15 PM, and he got home at 7:35 PM. After a long day at work, Rider 14 spent approximately four hours trying to get home. He states that this type of delay has become typical.

15. Rider 15 had a ride scheduled for 2:30 PM, but his ride did not show up. At 6:30 PM that day, MobilityLink called to see if his ride arrived. On another occasion, Rider 15 had a pickup scheduled for 3:00 PM, but his ride did not show; MobilityLink called Rider 15 at 7:04 PM that evening to ask if he still needed a ride. For another recent trip, Rider 15 had a ride scheduled for 2:30 PM, and again his ride did not come. He received a call from MobilityLink at 6:49 PM asking him if he still needed a ride.

Rider 15 uses MobilityLink to get to dialysis and other critical medical appointments. He reports that MobilityLink delays have become the norm. These delays often result in shortened dialysis treatment times, resulting in increased health problems.

16. Rider 16 reports frequent difficulty reaching agents on MTA's late line. Rider 16 attempted to call MobilityLink approximately twelve times to determine the status of her late ride. She was repeatedly put on hold and hung up on after five minutes. She also reports that she was hung up on after five minutes on hold numerous other times.

Rider 16 experienced multiple late trips home from work, including rides over three hours late. The late pickup times do not account for the travel time it takes to get home.

17. Rider 17 reports that while using MobilityLink, the vehicle got a flat tire and pulled off to the side of the highway; Rider 17 heard the driver call dispatch to report the issue and ask permission to fill the tire with air. Dispatch denied permission, directing the driver to continue driving. Rider 17 refused to travel in the vehicle while it had a flat tire due to safety concerns. The driver called dispatch to request another vehicle since Rider 17 refused to continue the trip. Thereafter, a working vehicle was provided.

Rider 17 reports that Mobility Link delays are typical, and that the delays impacted his health over the summer as he often waited for rides outside for hours in excessive heat.

18. Rider 18 had a scheduled pickup from her workplace for 5:00 PM, but her ride did not arrive until 7:30 PM. On another occasion, Rider 18 had a pickup scheduled for 7:00 PM but her ride did not arrive until 8:30 PM. Rider 18 notes that when she calls MobilityLink, she feels intimidated by the way she is addressed by staff.

19. Rider 19 scheduled a ride from work to her home for 11:30 PM. Rider 19 waited until 1:00 in the morning, but her ride did not arrive. Fortunately, Rider 19's co-worker was able to drive Rider 19 home when her own shift ended.

On another occasion, Rider 19 had a scheduled pickup for 7:30 PM to get home. Rider 19 received a call from MobilityLink informing her that the ride was delayed until 9:52 PM. She was finally picked up at 10:45 PM, over three hours later. Rider 19 states that she routinely feels dehumanized by her experiences with MobilityLink.

20. Rider 20 used MobilityLink on a day when the temperature was 93 degrees Fahrenheit. She reports that there was no working air conditioning on her MobilityLink vehicle.

21. Two different individuals, whose family members use MobilityLink to attend dialysis, reported during a September 13, 2021 "Town Hall" meeting hosted by MTA MobilityLink, that there were chronic problems relying on MobilityLink to get to critically needed dialysis appointments. One individual reported that when scheduling rides with MobilityLink, he schedules rides two hours early to ensure that his family member can still make it to dialysis on time. Nonetheless, MobilityLink trips continue to drop her off at appointments as much as three hours late, cutting into time on the dialysis machine. Another individual reported that MobilityLink's delays cause her family member to arrive late to dialysis appointments. Sometimes this rider is not picked up at all, even after waiting over two hours for her ride. Such delays have negative health impacts on both riders.

Considering the above examples and given the gravity of the current situation, we seek a timely and direct response from you so we may work together in resolving the current crisis. Many of the undersigned have been in discussions with MTA officials, which we appreciate, but which have not resolved the urgency presented by the failures in service.

Thank you in advance for your consideration. Please address responses to Gabriel Rubinstein, attorney with Disability Rights Maryland, at GabrielR@DisabilityRightsMD.org or 443-692-2483.

Sincerely,

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Holly Arnold, Acting Administrator, Maryland Transit Administration
Joshua Wolf, Director of Mobility, MTA
Christopher L. Fontaine, Deputy Counsel and Assistant Attorney General, MDOT
Eric Hartwig, Assistant Attorney General, MTA
Carol A. Beatty, Secretary of Disabilities, Maryland Department of Disabilities

ATTACHMENT A



May 22, 2019

Honorable Larry J. Hogan, Jr.
Governor of Maryland
100 State Circle
Annapolis, Maryland
21401-1925

Re: Mobility Service Failures

Dear Governor Hogan:

We write with urgency to request an **emergency response** to the crisis facing MTA paratransit riders, all of whom have been determined unable to use other public transit systems due to various disabilities. We assume you have been briefed on the problems in MTA paratransit Mobility services, attributable in part due to contract changes made by MTA. The corrective actions that have been offered by MTA thus far are insufficient to address the harm to riders.

The breakdown in service has devastating consequences. People are missing medical appointments due to unreliable service. Dialysis centers report serious disruptions in service and health risks for patients. After receiving dialysis it is not uncommon to be weak and feel poorly. MTA driver and vehicle shortages result in riders having to endure the stress of waiting prolonged periods for a ride, and also having to travel for extended periods of time once on their ride. This experience contributes to making people more ill. People are missing life sustaining treatments. In recent incidents people have had to wait for two, three and more than four hours for their scheduled rides, which failed to appear within the established pick up window.

Riders are missing their scheduled medications and cannot eat or toilet when their rides are late, excessively long or do not arrive at all. Some individuals rely on personal care aides to support them in activities such as transferring from a wheelchair, preparing a meal, bathing, etc. but they are unable to connect with their aides because by the time they arrive home, after delays in paratransit service, their aide's shift has ended. Some riders must get oxygen treatments or suctioning at home, others have worried their supply of oxygen will run out due to the extreme delays in service. Riders report missing work and experiencing financial loss due to the breakdown in services. People are left outside, in inclement weather and in the dark at night, not knowing how long they will be waiting and hoping that their ride will come.

Too frequently when people try to call about their late ride they experience busy signals, are disconnected or must wait on hold for periods of time beyond that permitted under law. Riders also report that when they get a response to their late line call, they are frequently told that a ride is coming at a specific time, but it does not appear.

We are writing to ask that you require an **Emergency Action Plan** to provide relief to riders, to compel a service that complies with the Americans with Disabilities Act, and to supplement the actions identified by MTA to address this catastrophe.

Elements of actions we would urge, some of which we have shared with state agencies, include the following:

1. Contract with taxi companies to provide paratransit services. Numerous paratransit jurisdictions across the country have such practices. Please note this is distinct from the current Call A Ride Service that is a supplemental system to paratransit. We have advocated for taxis and other private transportation companies to be used immediately and in significant numbers to provide paratransit trips. We are aware that at least one of MTA's contractors has begun to use taxis to cover some runs but we ask MTA to directly and aggressively implement this remedy
2. Obtain small accessible vehicles for use on a temporary or emergency basis while the system develops sufficient capacity.
3. Immediately remove the limit on trips for individuals who can use Call A Ride. This is a simple fix that can take pressure off of a paratransit system that is unable to deliver rides. Call A Ride is available to persons who qualify for paratransit service, but is provided for a slightly higher cost to the customer (but a lower per trip cost to MTA than paratransit). Call A Ride is currently limited to two trips per day per person. Expansion of the trip limit has been under discussion for some time and it is disturbing that this step has not occurred during the current crisis. The MTA supplemental costs per trip should increase, as it will still be less than comparable paratransit trips.
4. Require extra board services ('floaters'). This service reserves a few drivers and vehicles that can be activated to address emergencies such as when riders are stranded, vehicles breakdown or trips are excessively late. MTA previously included this function but we have learned it is not now operational. Use of extra board drivers can help prevent rides becoming "add-ons" to an existing trip, which has the effect of prolonging that trip and the length of time the other riders are on the vehicle, and has the ripple effect of making subsequent trips later. Moreover, the extra board service can prioritize to target emergencies.
5. Establish a relationship with 311 and 911 so that those dispatch services can have an emergency contact within MTA Mobility for responding to emergencies. Currently when riders face emergencies from the failure of paratransit to provide a scheduled ride, and/or riders cannot get through to the Mobility call center but are experiencing an emergency, riders receive varied responses from 311 or 911. It is apparent there is not

a coordinated response with MTA. The emergency response systems should be able to contact Mobility to coordinate any needed emergency response for the rider.

6. Retain services of an independent paratransit expert to assist MTA in providing service compliant with the Americans with Disabilities Act. Paratransit is a complex system where changes to one part of the system can affect other parts of the service. MTA Mobility has seen many changes, including six directors in approximately 3 years and privatization of major parts of its operations. Seeking advice of acknowledged experts who have conducted paratransit compliance reviews for the Federal Transit Administration and the Department of Justice, will benefit the state and its riders who are currently facing disability discrimination. The expert should be independent and examine issues such as vehicle and driver configuration, need and projected demand. The expert should obtain input from paratransit riders as part of the review process. The report must be made public so the community may weigh in on recommendations and priorities.

7. Provide additional resources to the paratransit system. The continued increase in service demand over years has not been met with increased resources. Band-Aid approaches such as use of temporary, part-time or contract employees has been repeatedly documented to be ineffective and is not cost effective. MTA Mobility costs are lower than the costs for paratransit trip services provided by other large cities, supporting that the service is under resourced. More state personnel are needed or must be redeployed. The privatization of the certification office, dispatch and quality assurance functions should have resulted in redistributing state positions to the Call Center. Clearly additional state positions are needed.

8. Use voice mail message system for ride cancellations and halt suspension of riders for "no-shows" while the service stabilizes. Use of a voice message system for ride cancellations allows telephone agents to focus on answering calls to the late line (where riders call to find the whereabouts of trips that are at least a half hour past pick up time) and the reservation line (calls from riders to schedule trips). Telephone hold times are currently too long to comply with federal law and the phone system appears overburdened. Riders may opt out of leaving a message to cancel a ride and may prefer to speak with a person rather, because they do not trust their cancellation message will be processed. And, if they are found to have abandoned trips without notifying MTA, they risk suspension from the program. However, if penalties for failing to timely cancel a ride are temporarily suspended, riders should not fear leaving a message on the cancellation line. Moreover, riders are reporting an excessive number of 'false' no-shows, where they are marked as missing a trip but the rider asserts they were present and waiting for a vehicle that did not appear. MTA should prohibit no-show suspensions temporarily and allow the cancellation line to be answered by voice mail.¹

¹ The internet based on-line cancellation system available for some riders does not accept cancellations within a fixed time period forcing riders to make a call to the Mobility Call Center.

9. Install technology that is comparable to that used on the fixed route bus system where riders can use a phone app to identify the location of their ride. Such services should be equally available to paratransit riders and could also prevent calls to the late line (which have increased), reduce stress as riders would know if a vehicle was approaching, and permit riders to try to plan for a delayed ride and potentially avoid harmful consequences. Such an app exists for multiple transit services including for hailed ride services such as Lyft and Uber.

10. Support increased driver pay and benefits in upcoming contract negotiations so that MTA paratransit service contracts can succeed. Paratransit driver wages start at \$13.-\$14/hour, or less than \$30,000/year. It benefits the MTA paratransit system as well as riders to have a stable, trained workforce that can deliver good quality service to people with disabilities.

11. Solicitation for paratransit drivers, and training, should include a stronger focus on the human resource component of the job. Advertising for “drivers” does not convey the true employment picture and may contribute to high turnover or low retention rates. Similarly, additional training by people with disabilities and training on the human services portion of the job should be a continued requirement for employment.

12. Consider having Medicaid provide more non- emergency medical transportation trips for paratransit riders on Medicaid. Medicaid transportation is authorized by federal law and provides a federal financial match for the cost of the service. These trips are able to prioritize dialysis and other medical appointments. Currently Maryland suggests that if a person is not eligible for Medicaid transportation service if they have other transit options. However, paratransit is not able to reliably and safely provide the large number of dialysis trips required. Medicaid transportation series could assist in providing trips.

13. Improve scheduling of trips, which create significant inefficiencies.

We recognize that we are not paratransit experts. However, we submit this request as riders, and counsel for riders, with years of experience and knowledge of the MTA Mobility service. And, we can state with absolute certainty that we need an Emergency Response Plan.

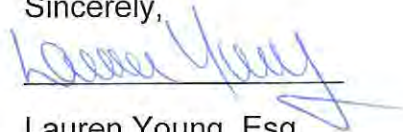
We recently met with the Department of Disabilities, Deputy Secretary Miele about these issues, which we appreciated. We will continue to dialogue with MTA. However,

This limit could be reconsidered to reduce the burden on the Call Center. Data shows a significant number of cancel calls are made to the Call Center. Somewhat relatedly, riders have repeatedly described to MTA limitations of the current Pass-web program that allows some riders to book trips on-line instead of using the Call Center. Adjusting the pass-web program to be more user friendly may help reduce stress on the Call Center and create more telephone response capacity.

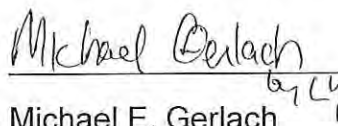
given the gravity of the situation, we ask for a direct response and appreciate a timely reply so we may determine to work together to resolve the current crisis.

Thank you in advance for your consideration. We are available to discuss this letter and the issues.

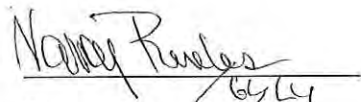
Sincerely,



Lauren Young, Esq
Director of Litigation
DRM



Michael E. Gerlach
Chair, CARS



Nancy Pineles, Esq
DRM

cc via e-mail to:

- Pete Rahn, Secretary, Maryland Department of Transportation
- James Ports, Deputy Secretary of Operations, MDOT
- Carol Beatty, Secretary, Department of Disabilities
- Christian Miele, Deputy Secretary, Department of Disabilities
- Kevin Quinn, Administrator, MTA
- Efon Epanty, Director MTA Mobility
- Brooke Lierman, Delegate, Maryland General Assembly
- Chris Fontaine, Assistant Attorney General, MDOT
- Eric Hartwig, Assistant Attorney General, MTA

ATTACHMENT B

June 17, 2019

Honorable Larry J. Hogan, Jr.
Governor of Maryland
100 State Circle
Annapolis, Maryland
21401-1925

Re: SIGN ON LETTER IN SUPPORT OF MTA EMERGENCY RESPONSE PLAN

Dear Governor Hogan:

We, the undersigned organizations and advocates, join together to ask that you take the urgently needed action of implementing an Emergency Response Plan to address the crisis with Maryland Transit Administration (MTA) paratransit, "Mobility" services. The breakdown in service is attributable in part due to MTA changing services among its private contractors. The corrective actions that have been offered by MTA thus far are appreciated but have not stemmed the harm to riders.

People with disabilities who are unable to use fixed-route mass transit services rely on the Maryland Transit Administration (MTA) Mobility service for transportation that is necessary to integrate into the community, including commuting to work and school, attending medical appointments, purchasing food and other necessities, attending religious services and participating in social gatherings. The breakdown in service has devastating consequences. Riders are missing their medical appointments due to unreliable service. Dialysis centers have reported serious disruptions in treatment and health risks for patients.

In recent incidents, riders have had to wait for two, three, and more than four hours for their scheduled rides, which failed to arrive within the established pick up window. Riders have been stranded outside for hours in electric wheelchairs with impending thunderstorms and at medical appointments waiting hours to get home to access their medications, food, and personal care aides. People are left waiting, not knowing how long it will be before Mobility arrives, if at all.

The persistence of late vehicles to pick up and drop off riders is causing major disruptions in their daily lives, as well as severe harm and unsafe conditions. Riders have reported missing work, job loss endangerment, missing religious events and day programs, and countless other hardships due to significant delays and no-shows by MTA Mobility.

Sometimes when riders try to call MTA about their late ride, they experience busy signals, are disconnected, or must wait on hold for long periods of time. Riders also report that when they get a response to their call, they may be told that a ride is coming at a specific time, but it does not arrive.

We are writing to ask for your assistance and your leadership on this issue. We request that you secure emergency measures to offset the failures in service and to protect persons who rely on Mobility as their 'lifeline'. As Governor we know you take our interests and issues seriously. We thank you in advance for your attention and action on this critical matter.

Sincerely,

Henry Bogdan
Public Policy Director
Maryland Nonprofits
hbogdan@mdnonprofit.org

Scott Bonner
Director
Today's Care and Family, Inc.
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Patrick Sheehan
President
National Capitol Area Chapter (NCAC)
American Council of the Blind
Pat.Sheehan@va.gov>

cc: Pete Rahn, Secretary, Maryland Department of Transportation
Kevin Quinn, Administrator, Maryland Transit Administration

ATTACHMENT C



Larry Hogan
Governor
Boyd K. Rutherford
Lt. Governor
Pete K. Rahn
Secretary

Office of the Secretary

June 13, 2019

Lauren Young, Esq.
Nancy Pineles, Esq.
Disability Rights Maryland
1500 Union Avenue # 2000
Baltimore MD 21211

Mr. Michael E. Gerlach
Chair
Consumers for Accessible Ride Services
info@carsbaltimore.org.

Dear Ms. Young, Ms. Pineles, and Mr. Gerlach:

Thank you for contacting Governor Larry Hogan regarding the Maryland Department of Transportation Maryland Transit Administration's (MDOT MTA) MobilityLink Service. As Secretary of MDOT, I am honored to respond on behalf of the Hogan Administration.

As noted in our letter dated April 8, 2019, MDOT MTA recently transitioned to a new set of contracts to support our MobilityLink service. While we anticipated some effect on MobilityLink customers during the transition, we did not anticipate the impacts customers have felt over the past few months. Since April, MDOT MTA has been working diligently to correct any performance issues. As of May 15, 2019, MobilityLink has fully transitioned to its new contractors, and we have already seen significant improvement in the service's on-time performance (OTP). As the attached chart illustrates, OTP percentage was in the mid-70s on the day of contract implementation. It rose to a high of 93 percent just a few weeks later. While OTP will fluctuate from day-to-day, we anticipate that this trend will continue now that our new contractors are in place.

The MDOT MTA appreciates the impact late and cancelled trips have on our MobilityLink riders. We have taken important steps to improve service, and I am pleased to share some of those with you.

1. We acquired additional supplemental providers. The MDOT MTA directed our MobilityLink Service delivery contractors to increase their use of supplemental providers (taxi companies) for their service. Currently, one of our contractors subcontracted with Yellow Cab to provide this supplemental service. MobilityLink will continue to increase its taxi capacity with the goal of providing up to five percent of daily its trips through taxi service.
2. The current MobilityLink fleet is large enough to meet service demands. The MDOT MTA received delivery of 100 new accessible vehicles this year and is scheduled to receive an additional 100 next year to replace end of life vehicles. MobilityLink's service providers have made significant improvement in their staffing levels in recent weeks, and this influx is reflected in the system's recent OTP improvements.
3. The MDOT MTA is examining potential options to modify its Call-A-Ride program to allow for increased usage by certified riders. The MDOT MTA will update you as this review progresses.
4. The MDOT MTA directed our new providers to add additional extra board operators. There is an average of forty extra board operators scheduled during peak shifts who are ready to supplement service as necessary.

Lauren Young, Esq.
Nancy Pineles, Esq.
Mr. Michael E. Gerlach
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5. The MDOT MTA recognizes the need to better coordinate with our partners in the region's 911 centers and Baltimore City's 311 headquarters. MobilityLink management will reach out to these stakeholders in the coming weeks and provide guidance as to how best facilitate any calls received by those services about MobilityLink Service.
6. As you know, part of our current settlement agreement with Disability Rights Maryland, an independent expert is already tasked with reviewing the internal processes related to the telephone and certification operations of MDOT MTA's MobilityLink Service. This review is scheduled to formally conclude in January 2020.
7. The MDOT MTA, under my direction, allocated an additional fifteen full-time positions and four part-time positions to MobilityLink's call center. To date, ten of the full-time positions and three of the part-time positions have been filled. Additionally, MDOT MTA is in the recruiting process for two contract administrators to support MobilityLink.
8. Telephone hold-times and other issues have been steadily improving as the current transition issues are being addressed. MobilityLink riders already have the option to confirm or cancel rides via the Interactive Voice Response (IVR) system. Nonetheless, MDOT MTA is in the early planning stages of upgrading MobilityLink's IVR System to include additional functionality. Additionally, MDOT MTA is working on other technological solutions to reduce the need for passengers to call the MobilityLink call center for routine transactions.
9. The MDOT MTA MobilityLink is exploring technological solutions, such as new apps, to help our riders best interact with the services they need.
10. The MDOT MTA pays our contractors based on hours of revenue service. We have not included a minimum wage as part of our contract because the drivers are covered under collective bargaining agreements with their employers.
11. The MDOT MTA has been working closely with each of our providers to ensure that their solicitation outreach efforts for paratransit drivers best reflect the nature of the job.
12. The MDOT MTA understands the impact of reductions to the Non-Emergency Medical Transportation program has on MobilityLink Service. Unfortunately, this program is administered by the local governments and is outside of MDOT MTA's control. The MDOT MTA will continue to work with our local partners to help identify potential solutions to these situations.
13. MobilityLink implemented a program in collaboration with its dispatch contractor to improve scheduling and OTP. The contractor has begun a systematic review of our scheduling and routing to increase efficiencies throughout the system. Additionally, for the first time ever, MDOT MTA has retained a contractor to provide quality assurance/quality control of MobilityLink. This new contractor is tasked with evaluating the overall performance of the system and ensuring that customers receive quality service.

Lauren Young, Esq.
Nancy Pineles, Esq.
Mr. Michael E. Gerlach
Page Three

This is only a portion of the actions being undertaken by our MobilityLink team. We are focused on increasing our OTP and providing world-class customer service to each of our riders. MobilityLink is a lifeline for many of its users and we take the responsibility of providing quality service very seriously. The MDOT MTA anticipates that in the coming weeks, the contract transition issues will be resolved, and MobilityLink will return to the prior performance levels that we expect and our customers deserve.

Finally, I believe that an open line of communication is the best way to quickly resolve issues and address the needs of our riders. I understand that issues may come up more frequently than on a quarterly basis, so please feel free to contact me should any time sensitive matters arise between our regularly scheduled meetings. I know that, by working together, we can continue to provide quality service to all our MobilityLink riders.

Thank you again for contacting the Governor. We appreciate hearing from you. If you need further assistance, please contact Mr. Kevin Quinn, MDOT MTA Administrator, at 410-767-3943 or at kquinn@mdot.maryland.gov. Mr. Quinn will be happy to assist you.

Sincerely,



Pete K. Rahn
Secretary

Attachment

cc: The Honorable Brooke Lierman, Maryland House of Delegates
Ms. Carol Beatty, Secretary, Maryland Department of Disabilities
Mr. Efon Epanty, Director, Mobility, MDOT MTA
Mr. Christopher Fontaine, Assistant Attorney General, MDOT
Mr. Eric Hartwig, Assistant Attorney General, MDOT MTA
Mr. Christian Miele, Deputy Secretary, Maryland Department of Disabilities
Mr. James F. Ports, Jr., Deputy Secretary of Operation, MDOT
Mr. Kevin B. Quinn, Jr., Administrator, MDOT MTA

On-Time Performance

Service Date	OTP Percent
05/28/2019	87.87%
05/27/2019	93.61%
05/26/2019	85.53%
05/25/2019	89.27%
05/24/2019	87.56%
05/23/2019	83.71%
05/22/2019	81.89%
05/21/2019	84.63%
05/20/2019	80.85%
05/19/2019	82.41%
05/18/2019	80.56%
05/17/2019	75.34%
05/16/2019	74.03%
05/15/2019	73.46%