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Coordinated Transportation Systems

by

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The Public Policy Institute, formed in 1985, is part of the Research Group of the AARP. One of the missions of the Institute is to foster research and analysis on public policy issues of interest to older Americans. This paper represents part of that effort.

The views expressed herein are for information, debate, and discussion, and do not necessarily represent formal policies of the Association.

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Jon E. Burkhardt

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FOREWORD

This report is part of AARP's continuing effort to explore and share information about public policies that can improve the quality of life for individuals as they grow older. One of the key components of quality independent living is maintaining a connection with the goods, services, and opportunities for social engagement. Transportation is the physical means by which persons connect to the communities in which these things are available.

Transportation needs for most persons age 65 and older are satisfied by the privately owned and operated automobile. Still, many older persons do not or cannot drive and therefore need other ways to remain mobile. In order to meet the needs of these individuals, a broad array of publicly funded transportation services has grown up over many years. These services may be provided by public transportation agencies for the general public or by human service agencies for their clients.

AARP asked Jon Burkhardt of Ecosometrics (now of Westat, Incorporated) to identify and analyze examples of eight communities where some or all transportation resources are coordinated in order to provide services to a broad range of riders. The report explores the framework for coordination, discusses issues surrounding coordinating diverse services, describes the systems and services, and shows the outcome of coordinating transportation in the specific locales.

At the same time as this report was being prepared, the U.S. Department of Transportation and the Department of Health and Human Services were preparing *Planning Guidelines for Coordinated State and Local Specialized (Non-Emergency) Transportation Services*. AARP is pleased to note that material in this report is part of the background for the Planning Guidelines.

The report concludes with implications for policy. The goal of the report is to provide examples that can assist policymakers in their consideration of ways to improve transportation opportunities for older persons.

Audrey Straight
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EXECUTIVE SUMMARY

BACKGROUND

The Development of Coordinated Transportation Systems

Travel is essential for independence. Recognizing this, a variety of local public and private agencies and organizations—for example, State Departments of Transportation, Health, and Employment, County Social Services Agencies, sheltered workshops, the American Red Cross—provide specialized transportation services to persons who have difficulties providing their own transportation. In addition, the Americans with Disabilities Act (ADA) requires public transportation agencies to provide complementary paratransit services for persons with disabilities wherever the public transit agency provides fixed-route, accessible transportation. These different service providers may receive funding for transportation services from a number of federal, state, local, and nonprofit programs and organizations—each with its own objectives and requirements.

This human service transportation “system” has resulted in a multiplicity of local services targeted to particular populations for specific (and often limited) purposes. Transportation resources are often not coordinated and frequently duplicate expenditures and service efforts. They lack cooperation and communication, provide inadequate levels of service, vary in service quality, provide inadequate and unreliable information about services and costs, and have no comprehensive plan for meeting service needs. The fragmented system confuses consumers and fails to address the needs of many individuals who do not meet specific agency or program eligibility requirements.

Coordination is one management strategy for improving the performance of transportation services and increasing overall mobility by wringing inefficiencies out of disparate operations and service patterns. The potential benefits of coordination among transportation providers include more resources applied to transportation, more cost-effective use of those resources, expanded service, more trips taken, lower costs to customers, cost savings for some participating agencies, more centralized management, and improved service quality. When transportation providers are able to coordinate their operations, older persons—and other special population groups—often benefit from the increased availability of transportation and higher-quality services.

Coordination has its costs. Implementing and maintaining coordination are often more expensive, more difficult, and more time consuming than most agency representatives initially perceive. Coordination may increase overall cost-effectiveness or reduce unit costs, but it does not necessarily free transportation dollars for other activities.

What Is Coordinated Transportation?

For this report, coordination means *pooling the transportation resources and activities of several human service agencies with one another or with mass transit operations* in order to achieve the benefits mentioned above. Such pooling can take many forms, as this paper illustrates.

PURPOSE

The purpose of this study was to gather case study information about ways in which coordination may improve the provision of transportation. These case studies examine programs that have enhanced the quality and efficiency of local transportation services. The case studies represent different approaches in different settings, so readers can find ideas and examples that can be tailored for use in their own communities.

METHODOLOGY

This report describes eight case studies of coordinated transportation systems. Sites were chosen according to whether they provided examples that varied from one another in:

- geographic location;
- positions on an urban-to-rural spectrum; and
- approaches to coordination.

The author also sought evidence of improved transportation opportunities for persons previously underserved.

Among the sources consulted in the selection process were previous studies; federal, state, and local government officials; private industry representatives engaged in transportation services; and national organizations of transportation professionals. The researchers also reviewed published reports, conducted telephone interviews, and made site visits to gather in-depth information.

The eight sites chosen for this study were the State of Florida; Broward County, Florida; Charlottesville, Virginia; Lane County, Oregon; the Commonwealth of Pennsylvania; Pittsburgh, Pennsylvania; the eastern region of South Carolina; and Sweetwater County, Wyoming. Information collected for each case included:

- demographic, geographic, and transportation statistics;
- background on transportation issues that led to coordination and on the historical development of the services;
- contact information for programs and agencies participating in coordination efforts;
- numbers and categories of clients served;
- legal framework for coordination;
- funding and economic issues; and

- each program’s relative success in improving transportation services for consumers, including features of the program that make them valuable for older persons.

The information collected was analyzed to determine what lessons might be applied to comparable locations.

FINDINGS: OVERVIEWS OF CASE STUDIES

State of Florida

Beginning in 1979, a series of state laws required state and local programs that provide transportation for their clients to pool funding resources and to coordinate transportation services. State funding is provided for coordination activities. The program provides for substantial local discretion and latitude within framework of a state policy and oversight. Federal and state transportation funds are funneled through a single office in each of Florida's 67 counties.

Broward County, Florida

In Broward County, Florida, the public transportation authority introduced in December 1996 a new coordinated, multi-provider paratransit¹ service called TOPS (Transportation Options). It provides transportation for human services clients, persons who are transportation disadvantaged under Florida law, and ADA-eligible riders. TOPS contracts with multiple providers for service, and riders may choose among these providers. Some agencies also provide transportation to clients outside of the TOPS framework.

Charlottesville, Virginia

JAUNT, Inc. is a nonprofit public service corporation that provides rural public transportation, complementary ADA paratransit service, and consolidated human services transportation for central Virginia. JAUNT has become the coordinator of both public transportation and human services transportation by actively seeking contracts to provide human services transport. A key factor in the success of this venture has been that the local transportation planning agency has a written policy stipulating that human services agencies are to coordinate transportation with JAUNT.

Lane County, Oregon

The Lane Council of Governments (LCOG) contracts with the Lane Transit District (LTD), the local public transportation provider, to administer some of the specialized services in Eugene and throughout Lane County. LCOG has a policy of not approving grants for vehicle purchases to agencies that provide rides exclusively for their own clients. Service includes the RideSource program, which provides demand-responsive paratransit services to persons who cannot use regular LTD bus service because of a disability.

¹ Paratransit is door-to-door or curb-to-curb transportation provided at the request of the rider.

Commonwealth of Pennsylvania

Pennsylvania coordinates transportation services by controlling a large proportion of transportation funding at the state level. For many years, Pennsylvania State Lottery funds have been funneled through the state's Department of Transportation to the Free Transit Program for Senior Citizens and the Shared-Ride Program for Senior Citizens. Both programs are administered by local transit agencies, which has strengthened the role as providers of general public services and also as coordinators of local specialized transportation. Rides through these programs are available throughout the state, and clients of human services agencies are now transported by public transit agencies in many communities.

Pittsburgh, Pennsylvania

Pittsburgh's ACCESS program is one of the longest-running public paratransit programs in the country. Started in 1979, ACCESS (a subcontractor to the local transit authority) arranges paratransit transportation in Pittsburgh and surrounding Allegheny County. ACCESS is open to the general public, but it primarily serves persons with disabilities and older persons. Trips are provided through contracts with various for-profit and nonprofit authorized carriers chosen through competitive bidding. Nearly all of the human services agencies and organizations that fund or provide transportation in the Pittsburgh area now voluntarily contract with ACCESS.

South Carolina (Eastern Region)

The Pee Dee Regional Transportation Authority provides many forms of transportation service in a large, mostly rural, 12-county region. Little or no transportation service existed in most of these counties before Pee Dee's operations began. Coordination is the result of Pee Dee's actively seeking contracts to provide human services transportation, as well as trips for the general public. The system has received awards for creative and outstanding services and management.

Sweetwater County, Wyoming

The Sweetwater County Transit Authority (STAR) serves a very large and sparsely populated rural county. STAR replaced a large number of client-based, agency-operated transportation services with a single, coordinated, demand-responsive public transit system that serves persons of all ages and conditions. This system's features include providing one-stop transportation shopping for riders, emphasizing data collection and technology, and offering high-quality, dependable service.

FINDINGS: SUMMARY OF COORDINATION'S EFFECTIVENESS IN THESE CASE STUDIES

At each of the eight sites studied, coordination resulted in one or more of the following benefits:

- lowered trip costs for older persons and for human services agencies;
- extended service hours;
- services to new areas or new communities and to more people;

- more trips made by older persons;
- services responsive to the schedules, points of origin, and destinations of customers;
- greater emphasis on safety and customer service;
- door-to-door service;
- flexible payment and service options.

Some service limitations persisted, even with coordination. In most cases, customers had to preschedule their trips, often 24 hours in advance, and they had to register with the service provider before being eligible to request trips. In three cases, systems did not offer trips to all older persons but only to those who had a disability or met income qualifications.

CONCLUSIONS

These case studies illustrate how **coordination can be designed to produce a combination of high-quality and cost-effective service**. These outcomes benefit all the participants—whether they are riders, human service agencies and organizations, public transit agencies, or governments that fund transportation services.

Even where coordination results in better use of resources, **having enough resources is crucial**. Our eight cases ran the gamut from having sufficient funds now and in the future, to struggling to maintain current funding streams and develop others, to needing additional funding to meet the anticipated growth in demand for trips. Although coordination is one of several potential management or problem-solving tools, it may not solve all transportation problems in all communities. Coordination may not benefit those few communities where vehicles already are being fully utilized or where costs of providing trips are very low, and those many communities where there are too few transportation services to result in greater efficiency through coordination.

IMPLICATIONS FOR POLICY

Various federal laws have encouraged the coordination of transportation resources that receive funding from federal sources. In reality, these policies have had uneven implementation. Legislation enacted in 1998 (the Transportation Equity Act for the 21st Century, or TEA-21) reinforces the national policy in favor of coordination and encourages greater involvement in its implementation by regional transportation planning organizations. State and local policymakers may need to tailor transportation legislation and regulations to facilitate the implementation of coordination.

Coordination is a means of improving transportation services, especially for those who cannot provide transportation for themselves. As shown by the case studies in this report, coordination can mean real improvement in community transportation and more efficient use of resources. Federal, state, and local jurisdictions will need to expand policy support for coordination to achieve the consumer-oriented outcomes of more frequent service and extended hours, more trips taken, wider service areas, more services and options, and lower fares. To achieve these and other mobility objectives, other efforts will be needed in addition to coordination.

Federal, state, and local policies that would foster these mobility improvements include:

- authorization and appropriation of adequate funding;
- requirements that transportation providers demonstrate strategies and efforts to coordinate resources;
- incentives for improvements, such as performance-based funding increases and public recognition;
- support for research on mechanisms for improved service quality and use of resources;
- active dissemination of the information produced by that research;
- designated positions in transportation planning organizations for representatives of transportation-disadvantaged populations; and
- support for a wider range of more innovative, customer-friendly transport options.

COORDINATED TRANSPORTATION SYSTEMS

INTRODUCTION

The Development of Coordinated Transportation Systems

Travel is essential for independence. To shop, maintain health, work, become educated, socialize, worship, and be entertained may depend on traveling from one's home to somewhere else. The distances between residences and commercial or service destinations can create barriers to accessing the goods and services available in the community.

Many older persons drive, but for those who do not, obtaining transportation can be difficult. Today, many older persons live in suburban and rural communities that are not served by public transit, and the transportation needs of older persons will increase as the baby boomers grow older.

In many communities in the United States, a variety of public and private agencies and organizations now provide transportation services to persons who are somehow disadvantaged in their ability to obtain transportation — in particular, those with functional impairments (who are often also older) or with disabilities, persons with low incomes, young people, and others without access to cars. Agencies with transportation as their primary mission (such as public transit agencies) and agencies with other primary missions (such as human services) are both involved in offering what have come to be known as specialized transportation services.

Specialized transportation services emerged in the late 1960s and early 1970s. At that time, human service agencies realized that many of their intended clients had no means of traveling to offices and other sites to receive needed services. As a result, many human service agencies started their own transportation systems, offering services only to their clientele but often serving similar destinations or riders as other agencies did. Each agency owned, operated, and maintained separate vehicles.

The following agencies and organizations often provide transportation for their clients:

- Departments of Social Services, which provide Medicaid-funded transportation as well as service for other low-income persons;
- Departments of Health and Mental Health, which provide medical trips;
- Area Agencies on Aging, which transport clients to senior centers and other service destinations;
- vocational and/or developmental disabilities departments, which transport clients for employment and training;
- Departments of Employment, which are responsible for implementing - programs funded by the U.S. Department of Labor, such as those serving individuals who are moving from welfare to work;
- Departments of Education, which transport students and provide specialized transportation for vocational rehabilitation students; and

- private nonprofit organizations, such as the American Red Cross and faith-based organizations, which provide transportation to a variety of persons for different purposes.

Each of these agencies and organizations may receive transportation funding from one or many sources, including federal, state, and local and nonprofit programs. Program-specific rules and conditions often restrict the use of these funds.

In the 1990s, implementation of the Americans with Disabilities Act (ADA) resulted in another source of mobility for persons with special travel needs. The ADA requires that public transportation agencies provide complementary paratransit services to persons with disabilities wherever those agencies offer fixed-route transportation. Eligibility for riding complementary paratransit is limited to persons who are unable to use accessible vehicles operated on fixed routes. The ADA is a civil rights law with the goal of preventing and remediating discrimination against persons with disabilities. As with other civil rights laws, it does not provide funds.

Problems That Coordination Addresses

As the numbers of providers of special transportation services multiplied in the 1970s, the amount of service increased, the total outlay for such services rose, and the resources needed to provide them became more constrained. The multiplicity of special transportation providers resulted in a number of problems in communities without coordination efforts, including these:

- multiple individual providers, each with its own mission, equipment, eligibility requirements, funding sources, and institutional objectives, often resulting in significant duplication of expenditures and service efforts;
- the absence of a formal mechanism for cooperation or communication among these operators;
- a total level of service well below the total level of need — often including substantial unmet transportation needs among populations with growing numbers and proportions of older persons;
- significant variations in services during particular times of day or days of the week and for specific groups of persons, with duplicative services in some neighborhoods but substantial service gaps in other areas;
- substantial variations in service quality, including safety standards, from provider to provider;
- a lack of reliable information describing the services being provided and their costs;
- the absence of an overall compendium of services available or of the funds being used to provide them; and
- the absence of a comprehensive plan to address these problems.

Coordination has been one of the most discussed mechanisms to resolve such problems and improve specialized transportation services. Still, it is important to realize that coordination is only one of a number of management strategies for improving both the performance of various individual transportation services and overall mobility within a community.

Defining Coordination

Coordination has different meanings to different individuals and organizations; some human service agencies consider it synonymous with expansion of their services and funding. Mass transit authorities often define coordination in terms of their authority to regulate various modes of transport — e.g., rail, taxi, and bus transit — in a given community or geographic area. Transit planners may focus on defining and redefining routes and schedules. Metropolitan Planning Organizations (the agencies responsible for long- and short-term regional transportation planning) may be interested in how several travel modes, such as highways and transit, can better work together.

In this paper, coordination means *pooling the transportation resources and activities of several human service agencies with one another or with mass transit operations*. This definition provides the best tool for understanding how to approach transportation problems currently faced in many communities because it focuses on cooperation and pooling resources without specifying levels of interaction or specific administrative structures. Coordination is best seen as a *process* of achieving the cooperation of an increasingly greater proportion of the transportation providers of a community. Improvements are always possible, and declines may also occur.

The Benefits and Costs of Coordination

The coordination of transportation services can benefit both providers and riders. To realize the full potential of coordination, however, it is important to understand both the impacts of coordination and how they come about.

Benefits to Providers

Providers and agencies are able to stretch limited funding and personnel, reduce the cost of providing trips (whether as a direct provider or as a purchaser of trips for clients), expand access to funding and other resources, fill service gaps, and make transportation services more visible to the community and potential riders. In addition, agencies can free up staff time to work on primary service missions (instead of transportation). Many communities use these savings to expand services to persons or areas not previously served.

Benefits to Riders

Transportation users often receive expanded amounts of service over expanded hours as well as more reliable service delivery, enjoy improved service quality and lower fares, and experience less confusion about obtaining and using services.

How These Benefits Come About

By pooling resources and activities, system managers can (1) wring inefficiencies out of the disparate operations and service patterns resulting from multiple service providers, and (2) create economies of scale. Centralized control permits better oversight and administration of service quality and resources. The results of more efficient operations benefit both transportation providers and riders alike.

Costs of Coordination

Coordination has its costs. It is often more expensive, more difficult, and more time consuming than most agency representatives initially perceive. Coordination may increase overall cost-effectiveness or reduce unit costs (for example, costs per trip), but it does not necessarily free transportation dollars for other activities. Some agencies have hoped to see money returned to them, and this seldom happens. Further, coordination agreements can unravel over time, so constant work is necessary to ensure that all parties keep working together.

Preconditions for Coordination

Coordination is one of several transportation management or problem-solving tools. To determine whether it can improve the transportation services in a particular locality, transportation planners must first gather data about the potential population to receive transportation services and the current transportation providers. Then they must analyze the effectiveness and efficiency of current services in meeting the target population's needs.

Coordination is most useful as a strategy when current transportation resources are not being used efficiently. In communities where more services are needed but there are few inefficiencies, coordination will not be as useful as other strategies are. In these cases, additional resources are needed. Coordination may be an effective strategy if one or more of the following conditions exists:

- substantial unused vehicle time;
- substantial unused vehicle capacity; or
- opportunities for economies of scale in planning, administration, operations, purchasing, or maintenance.

PURPOSE

The purpose of this project was to gather case study information about a variety of ways in which coordination may improve the provision of transportation. These cases provide examples of programs that have enhanced the quality and efficiency of local transportation services. The cases represent different approaches in different settings, so that readers can find ideas and examples that can be tailored for use in their own communities.

METHODOLOGY

This report presents eight case studies of coordinated transportation systems. Sites were chosen to highlight variations of the following:

- geographic locations;
- placement on an urban-to-rural spectrum; and
- approaches to coordination.

The author also sought evidence of improved transportation opportunities for persons previously underserved.

Among the sources consulted in the selection process were previous studies; federal, state, and local government officials; private industry representatives engaged in transportation services; and national professional organizations, such as the American Public Transit Association (APTA), the National Transportation Consortium of States (NTCS), the Community Transportation Association of America (CTAA), and the Multi-State Technical Assistance Program (MTAP) of the American Association of State Highway and Transportation Officials (AASHTO). Published reports were also reviewed, telephone interviews were conducted, and site visits were made to gather in-depth information.²

A variety of systems were chosen from around the country, ranging from small rural communities to large urban ones. All cases represent ideas and innovations that resulted in some or most of the benefits noted above. Sometimes public transit agencies took the lead in implementing coordination; in other instances, human service agencies or specialized paratransit operators were in charge. Some cases are truly “home-grown” initiatives. Others developed due to state or federal incentives and pressures. Some of the coordination strategies involve loose-knit coalitions of stakeholders, while others focus on the consolidation of authority and resources within one agency. All these cases share an emphasis on service to their customers.

The information collected for these cases included:

- demographic, geographic, and transportation statistics;
- background on transportation issues that led to coordination and on the historical development of the services;
- programs and agencies participating in the coordinated effort and how to contact them;
- numbers and categories of clients served;
- legal framework for coordination;
- funding and economic issues; and
- each program’s relative success in improving transportation services for consumers.

The study includes features of the program that make them valuable for older persons. Not all information was available for all cases. A summary sheet containing key statistics and contact information is included with each case study.

² This study builds on many years of efforts by the author and others to create more cost-effective transportation services through coordination. Key references over the years may be found on the website for the Federal Coordinating Council on Access and Mobility at www.ccamweb.org.

FINDINGS: PLACES WHERE COORDINATION IS BEING APPLIED

From many possible choices, the following sites were selected as case studies:

The State of Florida
Broward County, Florida: TOPS
Charlottesville, Virginia: JAUNT, Inc.
Lane County, Oregon: LTD
The Commonwealth of Pennsylvania
Pittsburgh, Pennsylvania: ACCESS
The Eastern Region of South Carolina: Pee Dee RTA
Sweetwater County, Wyoming: STAR

These cases represent a range of environments, from highly urbanized (Broward County and Pittsburgh) to low-density rural (Sweetwater County and portions of the Pee Dee and JAUNT service areas). The cases offer a range of approaches to coordinated transportation services — from providing fixed routes to demand-responsive services — and alternatives for leadership — from the public transit authority to a human services agency. Each of these cases offers a number of ideas that can be replicated elsewhere.

Florida's Coordinated Community Transportation Program

Florida state law requires coordination, establishes an independent commission to oversee the coordination process, and provides funding. Transportation coordination in this state began in 1979. Florida's program provides for substantial local discretion and latitude, with extensive state and local planning and oversight. Federal, state, and local transportation funds are funneled through a Community Transportation Coordinator (CTC) in each of Florida's 67 counties. State law authorizes the CTC to provide transportation directly, to contract for services with one or multiple providers, or to dispatch and broker the services of other organizations.

Coordinated Transportation Issues

Events That Led to Coordination

In the early 1970s, human service agencies and advocates in Florida became increasingly concerned about the unmet travel needs of Florida's older, disabled, and economically disadvantaged citizens, and about the duplication of services by agencies serving these persons. Florida's Departments of Transportation (DOT) and Health Resources Services (HRS) entered into an agreement to coordinate and review transportation activities in the first effort to address these needs and concerns.

In 1979, the Florida Legislature enacted a law that requires coordination among programs that receive local, state, and federal funds to provide or purchase transportation for persons:

who because of physical or mental disability, income status, or age are unable to transport themselves or to purchase transportation and are, therefore, dependent upon others to obtain access to health care, employment, education, shopping, social activities, or other life-sustaining activities, or children who are handicapped or high-risk or at-risk. (Florida Statutes, Chapter 427.011).

These persons were collectively termed “transportation disadvantaged.”

The law created the Coordinating Council on the Transportation Disadvantaged. The state DOT was designated the administering agency, with the Secretary of Transportation serving as Chair of the Council and providing staff to the Council. The Council’s policies for coordination were promulgated in 1980;³ its first five-year state plan was developed in 1984.

In 1989, the Legislature elevated the Council to an independent Commission and established separate funding authority. The Commission for the Transportation Disadvantaged (the TD Commission) was located in the DOT for administrative purposes but had its own staff and operated as an independent agency. In 1996, the Legislature added 10 members to the Commission, increasing its size to 27 members (seven state agency representatives, two state association members, five citizen transportation users, one Community Transportation Coordinator, six transportation operators, and six nontransportation business community members).

The statute creating the TD Commission provided the framework for coordinating transportation for human services clients and for the transportation disadvantaged. The statute (and amendments) created distinct roles for the TD Commission, county coordinators, transportation planners, and operators who often have contracts for service.

At the state level, the TD Commission has 26 statutorily assigned tasks, including monitoring activities, collecting and analyzing data, and preparing plans on a statewide basis. In accordance with the statute, the TD Commission contracts with a Community Transportation Coordinator (CTC) in each of Florida’s 67 counties. This coordinator assists in planning and coordinating transportation services for the transportation disadvantaged. Local coordinating boards, similar to the state TD Commission, are responsible for coordination, planning, and oversight of transportation services.

³ F.A.C. Rule 41-2.

Barriers to Achieving Coordination

Since its creation, the TD Commission has identified and created special strategies to address the following barriers to coordination (Hutchinson 1998):

- the lack of a clear definition of what coordination really meant;
- the lack of dedicated funding;
- the lack of knowledge concerning which agencies were spending what funds for transportation;
- a lack of commitment to coordinate from state and local agencies; and
- operational issues, such as competitive procurements and interagency communications.

Funding and Prospects

In addition to overseeing implementation of coordination among human services transportation providers, the TD Commission administers the Transportation Disadvantaged Trust Fund (the TD Fund). This fund pays for transportation for persons whose trips are not sponsored by other programs and who meet the definition of “transportation disadvantaged.” Initially, a \$0.50 charge on license tag registrations created a fund of about \$4.5 million. In 1990, amendments expanded the TD Fund’s revenues to about \$10 million per year. In 1994, the TD Fund was granted an increase of \$1 on each license tag fee, increasing its total annual revenue to more than \$20 million. In fiscal year 1998, the TD Commission expenditures (from the TD Fund) were nearly \$25.7 million of the \$224.9 million spent for all human service transportation in Florida.

In 1998, about 50 percent of the expenditures for trips for all human services transportation disadvantaged clients were financed with funds directly from local governments and federal programs. The Agency for Health Care Administration, the state agency administering the Medicaid program, provided 24 percent. Other significant contributions were 11.4 percent from the Transportation Disadvantaged Trust Fund, 5.5 percent from the Department of Children and Families, and 4.3 percent from the state transportation department.

Despite the large numbers of trips provided, more are needed. Florida’s Transportation Disadvantaged program represents the interests of 5.7 million citizens, nearly a third of the total statewide population that could be classified transportation disadvantaged in 1998. The TD Commission projects that the number of these disadvantaged persons could increase to 8.25 million by 2015. In 1996, the TD Commission estimated a demand for 10.2 million annual trips in addition to those currently provided; by 2015, the unmet demand—the number of trips desired but not provided because of insufficient service supply—is expected to increase to 15.7 million.

System and Service Description

Operations

The TD Commission is the state-level policy board responsible for the coordination of transportation services. It designates a local official planning agency, which in turn creates a local coordinating board whose composition parallels that of the TD Commission. In addition, the TD Commission contracts with a Community Transportation Coordinator (CTC) who is monitored by the local coordinating board and who serves as a “travel agent” for riders. The CTC can either contract with providers or offer services directly to transportation disadvantaged persons. The CTC also manages trips bought by state agencies involved in or funding transportation for their clients. This entire process is outlined in Figure 1.

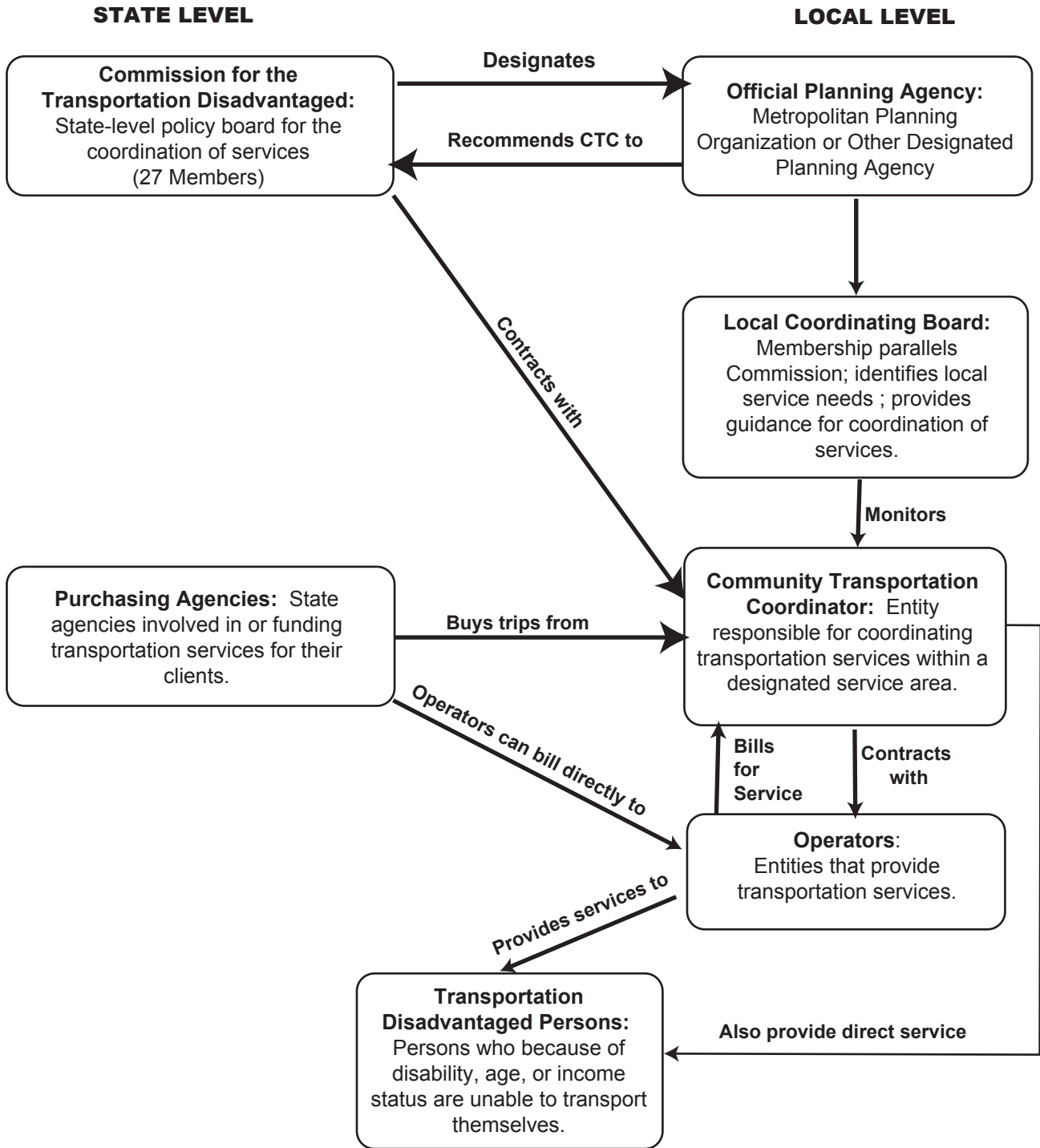
Service patterns are determined on a county-by-county basis by local coordinating boards that provide oversight for the CTCs. Older persons can influence the services that are offered by participating directly or through their representatives on these boards. Transportation is provided by nearly 400 qualified providers statewide—public transit operators, taxi companies, human service agencies, and volunteers.

Accessing the System

Florida’s coordinated transportation services are primarily intended for persons not able to transport themselves, including clients of human service agencies and people who qualify as transportation disadvantaged. Clients call their service agency, which then arranges the necessary trips. Individuals who are not agency clients but who are transportation disadvantaged schedule trips through either the CTC or a service provider designated by the CTC.

Local coordinating boards set countywide policy, including who is eligible for services funded by the Transportation Disadvantaged Trust Fund and what fares riders pay. (Most riders make a nominal copayment.) A high level of local flexibility exists. Some communities prioritize trip types (for example, medical and work trips often receive the highest priorities).

Florida Coordinated Transportation System Provides Transportation to Disadvantaged Individuals



Riders

In FY 1998, more than 36 million trips were provided through the coordinated transportation network. The riders who made these trips were:

- older persons, 33 percent;
- children, 12 percent;
- low-income persons, 21 percent;
- disabled persons, 20 percent; and
- others, 13 percent.

Of the more than 36 million trips, 4.4 million (12 percent) were paid for through the TD program.

The Outcomes of Coordination

Benefits

As Florida has implemented its coordinated transportation, the level of service has increased. From 1985 to 1998, the number of trips taken through coordinated systems throughout the state grew from 1.5 million to 36 million. For fiscal year (FY) 1998, the most recent fiscal year for which data are available, the numbers of trips were up 14 percent from the previous year.

Economic Consequences

Coordination has improved the economic efficiency of Florida's human service transportation. For example, trip costs in FY 1998 decreased by 5 percent. The increases in trips and decreases in costs are attributable to greater usage of transit passes by TD-sponsored riders and a greater emphasis on shared rides.

The actual dollars spent on transportation have grown under the statewide coordination system. In 1989, reports showed a total of \$62 million spent in Florida for trips serving transportation-disadvantaged persons and human service clients. In FY 1998, this total had increased to \$225 million, with \$26 million directly under the control of the TD Commission.

Coordinating transportation services saved a combined total of \$154 million in 1995, 1996, and 1997, funds that agencies would have otherwise spent to transport existing clients. (TD Commission 1998). These tax dollar savings were used to expand transportation services by providing more trips and serving more clients. The TD Commission received a special governmental productivity award in 1998 for its record of cost savings.

Summary

A state law enacted in 1979—unique to Florida—requires state and local programs that provide transportation for their clients to pool funding resources and to coordinate transportation

services. The law establishes an independent commission to oversee the coordination process and provides funding to assure implementation. The program provides for substantial local discretion and latitude within a state policy and oversight framework. Federal and state transportation funds are funneled through a single office in each of Florida's 67 counties. This local office may directly provide transportation, coordinate the services of multiple providers, contract for services, or broker the services of other organizations.

The state-directed coordination effort has resulted in savings for agencies, increased state and local investments in transportation for persons who were not previously eligible for specialized services, and increased transportation across the state.

Florida Coordinated Community Transportation Program

program	Florida's Coordinated Community Transportation Program
organization	Florida Commission for the Transportation Disadvantaged
department	N.A.
street address	605 Suwannee Street
address II	MS-49
city	Tallahassee
state	FL
zip	32399
contact name	Jo Ann Hutchinson
position	Executive Director
phone	850/414-9416
fax	850/414-9420
email	joann.hutchinson@dot.state.fl.us
service area	State of Florida
service area type	All categories
population (1997)	14,653,945
population 65+	2,708,804
percent 65+	18.5
service area size (square miles)	53,937
data for year ending	June 1998
one-way trips per year	36,609,839
annual expenses	\$195,669,388
cost/trip	\$5.34
major funding sources	Agency for Health Care Administration, local funds, Transportation Disadvantaged Trust Fund, Department of Children and Families, Department of Transportation
coordinating agencies	Departments of Elder Affairs, Children and Families, Education, Labor and Employment Security, Transportation, and Veterans Affairs; the Agency for Health Care Administration; local governments, and private non-profit and for-profit providers.

Broward County's Transportation Options (TOPS)

In Broward County, Florida, nearly all of the county's residents live in urbanized areas such as Fort Lauderdale, Pompano Beach, or Hollywood, near Florida's Atlantic coast. Almost 15 percent of the county's population is 65 or older. Broward County Transit is an example of coordination at the local level under the leadership of the Florida Commission for the Transportation Disadvantaged. As the Community Transportation Coordinator, Broward County Transit is responsible for planning and oversight of all specialized transportation services in the county. It is the designated recipient for a variety of federal and state funding sources for public and specialized transportation services. Broward County Transit introduced its new coordinated multi-provider paratransit service—TOPS (Transportation Options)—in December 1996. Services are administered by the local transit authority and provided by both for-profit and nonprofit agencies.

Coordinated Transportation Issues

Events That Led to Coordination

Prior to 1996, multiple operators in Broward County provided transportation for special populations. Services included Social Service Transportation (SST), the ADA Paratransit Program, and Real Time service. Although there was a Community Transportation Coordinator, service through these operators was uncoordinated and confusing to consumers. Some of the vehicles being used were unmarked and unidentifiable, which contributed to service problems.

Implementing the Americans with Disabilities Act (ADA) created major challenges. With increases of 300 to 400 new ADA-eligible riders per month in 1994 and 1995, the quality of paratransit services in the community was seriously deteriorating. Problems included rapidly increasing demand, quality issues, and a large number of user complaints. The demands on ADA paratransit also affected non-ADA services, such as transportation for elderly nutrition trips. High levels of customer dissatisfaction with ADA paratransit services resulted in a lawsuit filed against Broward County Transit in 1995.

In December 1996, Broward County Transit introduced a new coordinated, multi-provider paratransit service called TOPS (Transportation Options) to remedy these problems. TOPS, merged and reorganized separately administered and funded paratransit services. It provides paratransit service for clients of for-profit and nonprofit agencies and serves as the ADA complementary paratransit provider.

Barriers to Achieving Coordination

A significant barrier to the implementation of TOPS was that persons ages 55 and older did not want to relinquish the high level of paratransit service that had been provided by the Area Agency on Aging. These individuals had previously received same-day, door-through-door service that could include drivers' helping with groceries and other personal services. TOPS limits its paratransit services to those who (1) qualify as ADA eligible (i.e., have a transportation

disability that prevents them from using public, fixed-route vehicles that are accessible); (2) are human service agency clients (with the agency contracting with TOPS for rides); or (3) are eligible for trips subsidized through Florida's Transportation Disadvantaged program.

Some agencies, such as the Area Agency on Aging, continue to serve persons not eligible for TOPS services. Broward County Transit as the local CTC works with these agencies to plan agency transportation *operations* but does not necessarily coordinate individual trips. TOPS contracts with the Area Agency to provide some of TOPS trips.

Funding and Prospects

More than 82 percent of the funds for the TOPS program come from monies (including revenues from fares) that Broward County has allocated to pay for ADA paratransit costs. Almost 18 percent of the funds come from the TD Commission. These sources are stable, and prospects for continuing TOPS look excellent. Funds from human services programs subsidize trips with other transportation providers by their clients on TOPS

System and Service Description

Operations

TOPS services are provided on a prescheduled, routed, shared-ride basis. In accordance with the ADA, services mirror the hours of operation of the public fixed-route transit service, (5:30 a.m. until 12:30 a.m., Monday through Friday; 5:30 a.m. until 10 p.m., Saturday; and 7:30 a.m. until 8 p.m., Sundays and holidays). Trips through TOPS must originate within 3/4 of a mile from an established bus route. (This is the zone in which ADA requires the provision of complementary paratransit service.) There are no other limitations on trip purposes or destinations.

Broward County Transit contracts with seven separate service providers to take reservations, schedule trips, and maintain contacts with riders. Trips are provided in vans and sedans, with more than 200 vehicles in use. Broward County Transit maintains responsibility for eligibility and the administration of TOPS. The service providers are supplied with computer hardware and software linking them to Broward County Transit's centralized computer system, which uses a paratransit scheduling software program to manage the system. All registration, reservations, scheduling, route building, and billing functions are processed through the system.

The service contractors are required to attend regular meetings and training sessions and to serve as back-up providers for each other. The system incorporates a "Rider's Choice" feature, which allows passengers to switch carriers if they are not satisfied with the service. This feature is intended to promote competition in service quality.

Accessing the System

Riders must register with TOPS for paratransit services. They must be ADA eligible, a human services agency client, or eligible for subsidized trips provided through Florida's Transportation Disadvantaged program. To qualify for ADA paratransit, the rider must submit a detailed, multi-page application with a doctor's signature and have an in-person evaluation. Three weeks is required for processing an application, and eligibility is usually granted for a three-year period.

Riders call their designated service provider to schedule a ride. They will be picked up within 15 minutes before or 15 minutes after the scheduled pick-up time. It is up to the provider to determine whether same-day service will be possible. Riders must pay a fare of \$2 for each one-way trip (trips for persons traveling to nutrition sites are free to the passenger).

In addition to the TOPS paratransit program, Broward County's Division of Mass Transit provides free and reduced-fare bus passes and tokens to older persons, those with disabilities, and persons who are economically disadvantaged but not eligible for paratransit. Passes and tokens are distributed to human service agencies in the county through the Community Action Agency. The Division of Mass Transit also provides free travel training for persons wishing to use the mass transit system, which is entirely wheelchair accessible. The Division works with the 29 municipalities in the county to assist them in offering locally designed and operated "community bus service," which is a feeder service to Broward County Transit's larger fixed-route buses.

Riders

In 1998, TOPS served 22,000 clients. Some 81percent were 65 years of age or older, 76 percent were 70 or older, and 56 percent were over 80 years old. About 818,000 trips are made on the system annually. Approximately 10 percent of all trips are to four large daily nutrition sites in the county.

The Outcomes of Coordination

Benefits

Between 1996 and 1998, trips increased by 10 percent. The service area now covers nearly all 437 square miles of Broward County.

Service quality has improved since the TOPS program began. Paratransit providers must participate in ongoing training sessions that include passenger sensitivity, telephone techniques, and customer relations. Quality-of-service surveys are performed through a "mystery rider" program. The surveys focus on driver assistance, courtesy of drivers and intake workers, vehicle condition, and timeliness. Reports of these surveys are provided to the service contractors and various community groups. Complaints per month are 2 percent of the previous level (40 versus 2,000).

Another improvement for riders is that TOPS has a policy of “zero trip denials,” finding some way to accommodate all trip requests. In addition, under the Rider’s Choice program, the clients have significant control because they can shift to another service provider if the one initially assigned fails to meet the required standards. The Rider’s Choice program has the effect of shifting rides—and revenues—away from those carriers offering poor-quality services. The competition to produce high-quality services, implemented through the medium of consumer choice, benefits riders.

Implementation of TOPS has also had its costs. TOPS’ first mission is to provide complementary paratransit services as required by ADA, and older persons are not the highest-priority service group for paratransit. Specialized transportation services in Broward County are now more limited for persons 55 and older than they were before TOPS. In addition, paratransit riders must plan their trips in advance and share the vehicle with other riders. On the other hand, many persons aged 65 and older can take advantage of free or reduced fares that apply on the widely available public transit system.

Economic Consequences

When this report was being prepared, Broward County did not have information available on the economic consequences of coordinating transportation services.

Summary

In Broward County, Florida, the public transportation provider is the CTC that administers federal, state, and local transportation funds. This agency introduced a new coordinated multi-provider paratransit service called TOPS (Transportation Options) in December 1996; for qualified riders, it has been markedly more successful than the services it replaced. The TOPS-administered paratransit program provides transportation for human service clients, persons who are transportation disadvantaged under Florida law, and ADA-eligible riders. The program contracts with multiple providers for service; riders may choose among these providers. The combination of coordination and competition among providers has resulted in improved customer satisfaction. Persons who are eligible for service now can travel during more hours and to more destinations, and the process is easier to understand than the old system was.

Substantial improvements in a short period of time led to Broward County Transit receiving two awards in 1998: the American Public Transit Association’s Public Transportation Outstanding Achievement Award and Broward County’s award for Most Innovative Local Government Project of the Year. Broward County was also designated as Florida’s “CTC of the Year” in 1999.

**Broward County's Transportation Options (TOPS)
Broward County, Florida**

program	Broward County's Transportation Options (TOPS)
organization	Board of County Commissioners, Community Services Department
department	Mass Transit Division, Paratransit Services
street address	3201 W. Copans Road
address II	N.A.
city	Pompano Beach
state	FL
zip	33069
contact name	Ed Wisniewski
position	Manager, Paratransit
phone	954/357-8321
fax	954/978-0795
email	N.A.
service area	Broward County
service area type	urban
population (1997)	1,470,758
population 65+	305,229
percent 65+	20.8
service area size (square miles)	437
data for year ending	December 1998
one-way trips per year	818,040
annual expenses	\$11,300,000
cost/trip	\$13.81
major funding sources	Federal, state, and local governments, Florida Commission for the Transportation Disadvantaged
coordinating agencies	Local public transit authority, Area Agency on Aging, state offices, seven service providers

Human Services and Public Transportation in Central Virginia

Organized in 1975, JAUNT Inc. provides rural public transportation, complementary ADA paratransit service, and consolidated human services transportation. JAUNT offers services to the general public as well as to older persons, persons with disabilities, and those who are transportation disadvantaged. Discounts are given to those passengers who use more cost-effective services. JAUNT receives federal, state, and local funds.

Coordinated Transportation Issues

Events That Led to Coordination

JAUNT, Inc. was founded in 1975 to coordinate transportation for the clients of human service agencies in Charlottesville, and to provide public transportation in rural areas of Albemarle County (where Charlottesville is located) and the adjacent counties of Nelson, Fluvanna, and Louisa. These participating city/county governments have owned JAUNT since 1982 and have governed it as a public service corporation through a board of members appointed by each locality.

In 1982, the local transportation planning agency (the Metropolitan Planning Organization or MPO for the Charlottesville area) designated JAUNT as the sole provider of human services transportation in the area. The planning agency issued a written policy that other human service agencies were to coordinate with JAUNT and implemented this policy through the metropolitan transportation planning review process.⁴

Barriers to Achieving Coordination

When coordinated services were first proposed in the Charlottesville area, some human service agencies were reluctant to participate. These agencies did not want to lose control over their vehicles, and they feared that the quality of service to their clients would decline.

The factors in favor of coordination overwhelmed the arguments against coordination. The gasoline crisis had made operations more expensive for many agencies. Local governments had tired of local agencies coming to them with funding requests. As a public service corporation created by a consortium of human service agencies, JAUNT was able to discourage other

⁴ Federal legislation requires U.S. DOT grant recipients to participate in local and statewide transportation planning processes. The intent of these processes is to bring together transportation service providers, state and local decision makers, other stakeholder groups, and the general public to develop local goals and objectives for transportation investment decisions and to plan for services that meet these goals. The forums for this cooperative process are Metropolitan Planning Organizations (MPOs), in urbanized areas (with populations greater than 50,000 persons), and state Departments of Transportation in smaller urban and nonurbanized areas (with of populations less than 50,000). The near-term programming documents generated by the transportation planning processes serve as the basis for granting funds for highway, transit, bicycle, and pedestrian projects for each metropolitan area and throughout the state. To qualify for Federal Transit Authority and Federal Highway Administration financial assistance, all projects must be contained in an approved locally adopted transportation plan.

agencies from operating their own vehicles. Furthermore, federal job programs provided drivers and vehicles, thereby reducing operating expenses.

Funding and Prospects

Local governments provide 35 percent of JAUNT's revenues. Agency contracts for service, such as with Medicaid, account for another 28 percent. State and federal sources constitute 24 percent, and fares and welfare-to-work fees provide 13 percent. JAUNT's operating and administrative cost for the fiscal year ending June 1998 were \$2.4 million.

JAUNT is facing the issue of how to make long-range plans when one of its major clients, the Medicaid program, has not made a solid commitment to coordinated transportation. The loss of Medicaid funding would seriously impair JAUNT's rural transportation services.

System and Service Description

Operations

Charlottesville and, increasingly, Albemarle County comprise the urban "hub" of this system; residents of the other, very rural counties use JAUNT primarily to access services and reach employment within the hub. The system maintains several weekday commuter routes that give residents job access to Charlottesville/Albemarle. The system also provides extensive human service trips, including demand-responsive travel in each of the participating jurisdictions. JAUNT provides ADA paratransit services for Charlottesville's urban public transit system, which offers fixed-route service within the city. JAUNT also offers some late-night and weekend service in Charlottesville and Albemarle County for persons with disabilities. However, most service is available between 6:30 a.m. and 6:30 p.m., Monday through Friday.

JAUNT has expanded its demand-responsive services for the general public over the years. In 1985, with the focus on group trips human service agencies sponsored 70 to 75 percent of riders. By 1992, JAUNT focused more on demand-responsive services for individuals, and 65 to 70 percent of all riders were members of the general public.

Accessing the System

Potential riders must call in their trip requests at least 24 hours in advance, although riders are encouraged to give 48 or 72 hours' advance notice. General public as well as agency riders are served. JAUNT verifies trip eligibility for agency clients. It offers a variety of service types: demand-responsive, scheduled routes, route deviation, commuter routes, scheduled van use (for agencies), and ridesharing.⁵ Curb-to-curb service is provided. Passenger discounts are available

⁵*Route deviation* describes a service where buses travel along a prescribed route at scheduled times and pick up passengers at scheduled *or* unscheduled checkpoint stops. The vehicle may leave and return to the route to respond to requests for demand-responsive trips near the route. The limited geographic area within which the vehicle may travel off the route is known as the route-deviation corridor. This type of flexible routing essentially meets demand-responsive service requests with a fixed route and is often the best option for higher-density rural areas,

to riders who use route-deviation instead of demand-responsive service.

Riders

JAUNT provided more than 234,700 trips for the fiscal year ending June 1998, compared to 182,000 trips in 1992.

Three-quarters of the riders have a disability. Persons 65 years of age or older take 45 percent of JAUNT's trips. Sixty-eight percent of riders have household incomes below \$15,000 per year. Thirty-four percent have no other means of transportation, and 43 percent have limited alternative means (such as transport provided by family or friends).

The Outcomes of Coordination

Benefits

JAUNT provides transportation services that were not previously available or affordable, especially to persons living in outlying rural areas. Curb-to-curb service is available to the general public as well as agency clients.

Riders enjoyed substantial cost savings. JAUNT provides trips up to 60 miles long for \$3; it is estimated that such a trip through a private provider would cost at least \$20.

Economic Consequences

Coordinated transportation has saved money for consumers and public agencies in central Virginia. Major economic benefits are derived from employment transportation and trips for medical care. For example, in 1996, JAUNT provided 66,160 trips for medical purposes (other than dialysis) at a cost of \$518,033. Burkhardt, Hedrick, and McGavock (1998) estimated that uncoordinated private transportation services would have cost agencies \$1,178,475, more than double JAUNT's cost.⁶ Further, the coordinated program transported 30 patients to dialysis at an annual cost of just over \$73,000. These trips purchased through a private provider are estimated to cost nearly \$522,000, more than six times JAUNT's expenditure.⁷ The same 1998 report estimated that in 1996, JAUNT had an overall cost-benefit ratio of 1 to 1.85.

where travel patterns are consistent but isolated riders cannot get to the route. *Ridesharing* is the simultaneous use of a vehicle by two or more persons.

⁶ Benefits were calculated by estimating (1) how many riders were transported by the transit system and how many of them needed wheelchair access, (2) the costs to the transit system of transporting ambulatory and nonambulatory individuals, (3) which alternative means of transportation (often private providers) could provide the services offered by the transit system, (4) the costs of serving these trips by the alternative transportation options, (5) benefits to the individual riders from having access provided by the transit service (for example, the difference between income from employment and from employment benefits for those persons previously unable to travel to work), and (6) the savings to public support programs from offering this access.

⁷ The costs noted were calculated by multiplying the number of trips provided by JAUNT by the fares charged by other providers (Burkhardt, Hedrick, McGavock 1998).

Summary

Based in Charlottesville, Virginia, JAUNT is a nonprofit public service corporation that provides rural public transportation, complementary ADA paratransit service, and consolidated human services transportation for central Virginia. JAUNT has become the coordinator of both public and human services transportation by actively seeking contracts to provide the latter. A key factor in the success of this venture has been that the local transportation planning agency has a written policy stipulating that human service agencies are to coordinate transportation services with JAUNT. The planning agency oversees implementation of this requirement through the metropolitan planning review process. JAUNT's coordination has resulted in service expansions to geographic areas and consumers not served previously, more service options, fewer limits on trip purposes and destinations, and lower trip costs for the consumers.

**Jaunt, Inc.
Central Virginia**

program	Human services and public transportation in central Virginia
organization	JAUNT, Inc.
department	N.A.
street address	104 Keystone Place
address II	N.A.
city	Charlottesville
state	VA
zip	22902
contact name	Donna Shaunesey
position	Executive Director
phone	804/296-3184
fax	804/296-4269
email	jaunt@avenue.org
service area	Albemarle, Fluvanna, Louisa, and Nelson counties; demand responsive services within City of Charlottesville
service area type	Rural; small urban
population (1997)	170,786
population 65+	21,209
percent 65+	12.4
service area size (square miles)	1,990
data for year ending	June 1998
one-way trips per year	234,719
annual expenses	\$2,388,317
cost/trip	\$10.18
major funding sources	Federal transit funds; state transit funds; local government general revenues; agency contracts
coordinating agencies	Regional transportation provider, Adult Day Care, Area Agency on Aging, Association of Retarded Citizens, Community Action Agency, Community Services Board, Charlottesville Recreation Dept., Dept., of Rehabilitative Services, Independent Living Center

Public and Specialized Transit in Lane County, Oregon

The Lane Council of Governments (LCOG) receives federal, state, and local funds to provide both human service and public transportation. LCOG is the local Metropolitan Planning Organization (MPO) for Eugene-Springfield, Oregon and also functions as the Area Agency on Aging. LCOG contracts with the Lane Transit District (LTD) to administer specialized transportation services within Lane County, including the RideSource program, which provides ADA paratransit, demand-responsive services to persons with disabilities who cannot use regular bus service.

Coordinated Transportation Issues

Events That Led to Coordination

Work on coordinated services in the Eugene-Springfield area began in earnest in the mid-1980s, when state funds from a new statewide cigarette tax were designated for special transportation services. Prior to this Special Transportation Fund, many human service agencies had their own vehicle fleets, which they used solely for their clients. LTD and LCOG joined forces to create a consortium where agencies would pool their transportation resources and purchase service for clients through designated transportation providers. LTD now manages transportation services for ADA-eligible persons. As a consequence of this initiative, one major human service transportation provider was persuaded to retire its fleet of old vehicles and purchase services from LTD's paratransit provider, Special Mobility Services. Coordination has also resulted in provision of nonmedical trips for Medicaid clients, contracts with Special Mobility Services to transport persons with developmental disabilities, and the development of strategies for transporting Temporary Assistance for Needy Families (TANF) clients. Further coordination efforts are in process.

LCOG, as the MPO with official oversight of state and federal transportation grants, has implemented a policy of not approving grants for vehicle purchases to agencies that focus exclusively on the travel needs of their own clients. This policy has been a critical factor in assuring the success of the coordination effort.

Implementation of the ADA created a strong incentive for LTD to coordinate with other agencies. Prior to that, the Transit District had emphasized full fixed-route accessibility for persons with disabilities. LTD was one of the first fixed-route public transit systems in the country to become fully accessible to persons with disabilities, many of whom are older people. However, after ADA's implementation, LTD had to provide complementary paratransit that matched the service hours of the fixed route. Pooling resources with human service agencies is a strategy for lowering the costs of providing ADA paratransit.

Barriers to Achieving Coordination

Although services within the Eugene-Springfield metropolitan area are relatively well coordinated, there are few transportation providers and few funds available to buy or develop

services in the smaller communities of Lane County. In these areas, LCOG provides information and referral services plus technical assistance to agencies and communities needing transportation. Another barrier to coordination is that although all human service agencies pay for a portion of the costs associated with client transportation, some have been reluctant to pay the full costs of their clients' trips. Currently, LTD accepts agency payments that are less than the cost of providing the service.

Funding and Prospects

Funds for LTD transportation services come from the federal Departments of Transportation and Health and Human Services, the state Special Transportation Fund, and fares. LCOG is seeking to institute additional cost-sharing arrangements with human service agencies.

System and Service Description

Operations

LTD serves the Eugene-Springfield metropolitan area and surrounding communities within its local taxing district. It provides fixed-route, fully accessible public transit services: 100 percent of the fleet is wheelchair lifts, and new low-floor vehicles make up more than 10 percent of the 110-bus fleet. LTD's fixed-route services reach about 60 percent of the population of Lane County. Services are available from 6 a.m. until 11:30 p.m., Monday through Saturday, and from 8 a.m. through 9:30 p.m. on Sunday on some routes.

Paratransit services (known as *RideSource*) are administered by LCOG but paid for in large part by the Transit District. Service comes from a private nonprofit contractor, Special Mobility Services. *RideSource* services extend beyond Eugene-Springfield into some of the smaller nearby communities in Lane County, but these are much more limited than what is available in the metropolitan area. Within LTD's core service area, *RideSource* serves as the ADA-required complementary paratransit service, offering curb-to-curb service on a demand-responsive basis. *RideSource* provides the same hours of service as the fixed-route services wherever the latter operates. Paratransit services accounted for 5.8 percent of LTD's total annual FY 1998 fixed-route and paratransit operating expenses (\$17.9 million) for FY 1998.

There are several other special programs in this area:

- The *RideSource* Escort program provides door-to-door service for medical appointments. It is intended primarily for frail older persons living in their own homes.
- The *RideSource* Shopper is a once-a-week shopping service. Within the Eugene-Springfield area, it is for ADA-eligible persons only. In nearby communities, anyone who is 60 years of age or older or disabled can use the service.
- The Senior Companion Program, administered by the Area Agency on Aging, uses volunteers to provide rides in their own vehicles to older persons. LCOG offers mileage reimbursements for the volunteers.

Accessing the System

LTD provides local public transit service to the general public. Training is available to help passengers use the wheelchair lifts on regular fixed-route buses. LTD's Bus Buddies program uses volunteers to introduce bus service to older people who are unfamiliar with the bus. The Transit District coordinates with local senior centers for referrals and volunteers. Passengers age 80 and older ride LTD's buses free of charge.

RideSources' paratransit services are available to persons who cannot use regular bus services due to a disability. To become eligible, a person must submit an application to RideSource. Customers then schedule rides by calling at least 24 hours in advance (requests are accepted up to 14 days in advance).

Because of capacity constraints, not all requests are fulfilled; if one cannot be met, the rider may not learn about this until 5:30 p.m. the evening before the ride is needed. Efforts are made to ensure that ride refusals are infrequent (less than 1 percent of all rides requested) and are not repeated for the same rider. Regularly recurring rides may be scheduled on an ongoing or "subscription" basis.

Trips cost the rider \$1.30 for each one-way trip. RideSource operates daily except for Thanksgiving or Christmas Day; LTD has a Holiday Taxi Program that RideSource riders can use on these two days.

Riders

For the fiscal year ending June 1998, 102,829 total rides were provided on all specialized services sponsored by LCOG, including RideSource, the RideSource Shopper, and three separate escort services. Eighty percent of the 1,516 riders were older persons, but those who traveled the most frequently were younger persons with disabilities. The major trip purposes were work and school, recreation/personal, and volunteering. Of the RideSource and RideSource Shopper rides, 87 percent were made during regular weekday hours, 9 percent on Saturdays and Sundays, and 4 percent during evening hours.

The Outcomes of Coordination

Benefits

Since coordination, paratransit services are available more hours of the day and more days of the week for persons who are certified as ADA eligible. Paratransit service is also available to the general public who have disabilities, as well as to clients of human service agencies. There is more transportation for the latter, along with one access point for most services.

Greater overall emphasis has been placed on safety, driver credentials and training, and service monitoring. Gains in vehicle fleet management have been noticeable, including longer

vehicle lives, greater on-time performance, and better safety performance.

Economic Consequences

Local sources have not yet collected the data that would allow calculation of the economic consequences of coordinated transportation service in Lane County.

Summary

In Lane County, Oregon, the Lane Transit District (LTD) contracts with the Lane Council of Governments (LCOG) to administer specialized transportation services throughout the County. As the Metropolitan Planning Organization, LCOG has a policy of not approving grants for vehicle purchases to agencies that focus exclusively on the travel needs of their own clients. This policy has become a key factor in this coordination effort. Service includes the *RideSource* program, which provides demand-responsive paratransit services to persons who cannot use LTD bus service because of a disability. LTD has expanded service availability, has generated cost savings to some participating agencies, and has worked closely with the local Area Agency on Aging to develop a variety of special programs and services for older residents.

**Lane Council of Governments
Oregon**

program	Public and specialized transportation in Lane County, Oregon
organization	Lane Council of Governments
department	N.A.
street address	125 East 8th Avenue
address II	N.A.
city	Eugene
state	OR
zip	97401
contact name	Terry Parker
position	Senior Planner
phone	541/682-4380
fax	541/682-4099
email	tparker@lane.cog.us.org
service area	Lane County
service area type	urban and rural
population (1997)	311,356
population 65+	39,704
percent 65+	12.8
service area size (square miles)	450
data for year ending	June 1998
one-way trips per year	102,829
annual expenses	\$972,349
cost/trip	\$9.46
major funding sources	Federal, state, and local government transit funds, agency contracts, fares
coordinating agencies	Lane COG, local public transit authority, state Departments of Transportation, Aging, Medicaid

Pennsylvania's Free Transit and Shared-Ride Programs for Seniors

Pennsylvania coordinates transportation resources at the state level through cooperative efforts and communication between state agencies and by generating and providing substantial state funding for specialized transportation. Local public transit authorities and other agencies offer trips. Pennsylvania's combination of funding, coordination, and local control exceeds that found in most other states.

Pennsylvania's approach to funding transportation is unique. The state pays for two special transportation programs for older citizens: the Free Transit Program for Senior Citizens and the Shared-Ride Program for Senior Citizens. Established in 1973 and 1980, respectively, both programs are funded through the Pennsylvania State Lottery. Together, these two programs fund transportation for older persons through the public transportation system in the state's 67 counties. The lottery-funded programs involve substantial coordination between the state Department of Transportation (PennDOT), the Department of Aging, seven other state agencies, local governments, and local public transportation operators. Other state agencies work closely with PennDOT and local public transit providers to minimize duplication and overlap and to maximize the cost-effectiveness of specialized transportation services.

Coordinated Transportation Issues

Events That Led to Coordination

Pennsylvania has large numbers of older and rural residents; nearly one-fifth of the population is 65 or older. Transportation for older persons was recognized as a major concern by public and public officials in the early 1970s; Milton Shapp promoted free transit for older persons in his successful 1972 campaign for Governor of Pennsylvania. The state legislature has since authorized a number of programs to provide and improve transportation.

The Free Transit Program for Senior Citizens began in July 1973. This program, which assured that older people can afford available public transportation services and increased the availability of public transportation throughout the state, has been reauthorized several times. A 1976 law provided funds for rural public transportation; this law required local service coordination. The Shared-Ride Program for Senior Citizens was enacted by the state legislature in 1980, and in 1981, the legislature passed a law that provided funds for urban areas and established the community transportation program.

Under the 1981 law, PennDOT recognizes only one applicant for transportation funds per urbanized area. The distribution of funds for the lottery-funded programs, Free Transit and Shared-Ride, is administered by PennDOT, which designated shared-ride coordinators for each county in 1986.

Although cooperation between the agencies has been ongoing since the institution of the lottery, a State Transportation Coordination Committee was created in 1996 to represent the specialized transportation needs of nine different state agencies (including the Governor's Policy

Office). Deputy secretaries and departmental policy officers are the official members of this committee.

Barriers to Achieving Coordination

In the beginning, the major barriers to coordination were the lack of available funding and the lack of public transit services. Requests to state agencies for capital and operating funds from multiple human service transportation providers within a community were also seen as a problem.

Pennsylvania addressed these issues through the two lottery-funded transportation programs, leading to a relatively high level of voluntary coordination that emphasizes using the services of public transit providers. The state's two subsidy programs for older riders, in particular the Shared-Ride Program, helped to create transportation services where none previously existed. As a result, other programs, such as Medicaid and welfare-to-work, have a transportation source for their clients through those local operators who already provide trips for the general public and older persons.

Funding and Prospects

Funding comes from a variety of sources. State Lottery funds finance 84 percent of the \$63 million annual costs of the Free Transit Program for Senior Citizens and 100 percent of the \$55 million annual costs of the Shared-Ride Program for Senior Citizens. State general funds are also used. Other human service agencies use their own funds to purchase transportation from public transit providers.

Ridership and funding for transportation services to older persons are currently both stable. Increased ridership for these programs will be difficult to fund, since the State Lottery Fund is not expected to grow. Funds for the trips of other clients come from the budgets of the other agencies, several of which offer only limited transportation funds.

Operations

Specific transit operations vary from locality to locality. In Philadelphia, a paratransit division within the city's transit authority acts as a broker to contract with private providers for trips. In Pittsburgh, the transit authority has hired a third-party broker to do contracting (see the next case study on Pittsburgh's ACCESS program). Some transit authorities have moved into the administration of paratransit services; human service or nonprofit agencies provide such services in other localities. Even some school bus services are coordinated by a local transit authority. In some localities, the public transit authority provides fixed-route transit services, and human service agencies provide Shared-Ride paratransit.

For the Free Transit Program, transit systems record the number of free rides that they provide. This information is submitted to PennDOT, which reimburses the provider at the rate of 100 percent of the average or base fare, whichever is greater, through a combination of Lottery and general fund dollars. Transit operators in the Shared-Ride Program collect information on

fares and older riders and report this information to PennDOT. For each trip made by an older rider, the PennDOT reimburses the transportation provider 85 percent of the normal full fare.

System and Service Description

Accessing the System

Through the Free Transit Program for Senior Citizens, persons age 65 years and older can ride free on local fixed-route bus, trolley, commuter rail, and subway elevated systems during off-peak hours on weekdays and all day on weekends and designated holidays. To participate in this program, an older person merely shows identification to the transit operator when boarding. Valid forms of identification include a Commonwealth Senior Citizen ID Card (provided by PennDOT and issued locally by participating transportation providers), Medicaid card, or Railroad Retirement Card. There are no trip-purpose restrictions.

The Shared-Ride service is a paratransit program. Persons age 65 and older must register with the shared-ride transit operator to use this program. Trips must be reserved at least one day in advance. Anyone using this service must be willing to share the vehicle with other passengers. Door-to-door service is usually available, and riders generally pay 15 percent of the fares charged to the general public. Some local Area Agencies on Aging will pay the rider's portion of the paratransit fare. There are no restrictions on trip purpose or time of day for travel during regular system service hours.

With the combination of the two lottery-funded programs, each of Pennsylvania's 67 counties now has some level of subsidized public mass transportation service for older persons. Programs for other clients, such as Medicaid recipients, have their own criteria and regulations for transportation assistance to their clients.

Riders

In FY 1997-1998, more than 43 million free trips were taken under the Free Transit program for Senior Citizens. In that same year, 6.5 million discounted trips were taken under the Shared-Ride Program for Senior Citizens. In addition, a large number of riders are making nonemergency medical trips, and Pennsylvania's nonemergency Medicaid transportation expenditures are now over \$33 million per year. PennDOT estimates that riders use public transit services for about one-third of all nonemergency Medicaid trips.

The Outcomes of Coordination

Benefits

Pennsylvania's two subsidy programs for older riders (particularly the Shared-Ride Program) created transportation services in many Pennsylvania communities where none had previously existed. At the same time, the strengthening of public transit operations enhanced coordination by reducing the need for other human service transportation providers to offer their

own services. Also, local agencies have a substantial amount of control in designing services that are best for their communities.

These benefits have led to others. An early analysis of the Free Transit Program (Millar, Hoel, and Rozner 1977) showed that the free-fare program was successful in attracting lower-income riders. Making an average of nine more trips per month on transit, users of the Free Transit Program increased their off-peak ridership by 46 percent and decreased their peak-period ridership by 12 percent. More than one-third of the riders took more trips after free fares were instituted. Free-fare transit services attracted an additional 8 percent more older riders.

Older riders reported substantial economic benefits. In addition to saving the fare costs, more than half reported being more able to shop around and take advantage of lower-priced goods and services. The Free Transit Program increased mobility and decreased dependency on friends and families for rides. Human service programs with elderly clients also benefit from lower transportation costs.

It should be noted that ridership has declined substantially over the years. For FY 1975-1976, 60 million rides were taken through the Free Transit Program; in FY1997-1998, the number fell to 43 million. The decline in riders is consistent with an overall decline in public transit usage in Pennsylvania and most of the United States.

Economic Consequences

Transit and paratransit services are more affordable in certain Pennsylvania communities, particularly in rural areas, because PennDOT's programs provide a nucleus of funding to which other programs that help fund trips can be attached. The lottery-funded programs have given Pennsylvania's public transit providers an important source of funds over a period of time when transit ridership has been decreasing.

The focus on funding public transportation has saved money for human service agencies and programs. For instance, Philadelphia's Medicaid transportation program, which accounts for about half of all nonemergency medical trips in the state, is able to save about \$2.7 million per year in the cost of trips through the use of passes for rides on public transit.⁸

Summary

Pennsylvania promotes coordination at the state level through an interagency agreement establishing a transportation coordinating committee. For many years, State Lottery funds have been funneled through PennDOT to the Free Transit Program for Senior Citizens and the Shared-Ride Program for Senior Citizens. These funds go to local transit programs to subsidize transportation for older persons, thus strengthening the role of public transit providers in the state.

⁸*Medicaid Transit Passes: A Winning Solution for All*, a brochure prepared for the Coordinating Council on Access and Mobility by Ecosometrics, Incorporated, Bethesda, Maryland, and the American Public Works Association, Washington, D.C., 1999.

Rides through these programs are now available throughout Pennsylvania. In many communities, human service agency clients are now transported by public transit agencies. Coordination has reduced duplication of services, created new transportation services where none previously existed, lowered trip costs to consumers, and generated substantial cost savings for agencies needing to provide trips for their clients. The support of the aging network ensures that State Lottery funds will continue to be applied to trips on public transit systems for older persons.

Free Transit Program for Senior Citizens Pennsylvania

program	Pennsylvania's Free Transit Program for Senior Citizens
organization	Pennsylvania Department of Transportation
department	Bureau of Public Transportation
street address	555 Walnut Street
address II	8th Floor, Forum Place
city	Harrisburg
state	PA
zip	17101
contact name	LaVerne Collins
position	Chief, Lottery Transportation Division
phone	717/783-8025
fax	717/772-2985
email	N.A.
service area	Pennsylvania's Urban Areas
service area type	Urban areas
population (1998)	9,452,726
population 65+	1,455,720
percent 65+	15.4
service area size (square miles)	44,820
data for year ending	June 1998
one-way trips per year	43,000,000
annual expenses	\$63,300,000
cost/trip	\$1.47
major funding sources	Lottery Fund; General Fund
coordinating agencies	State Departments of Transportation and Aging, public transit systems

**Shared-Ride Program for Senior Citizens
Pennsylvania**

program	Pennsylvania's Shared-Ride Program for Senior Citizens
organization	Pennsylvania Department of Transportation
department	Bureau of Public Transportation
street address	555 Walnut Street
address II	8th Floor, Forum Place
city	Harrisburg
state	PA
zip	17101
contact name	LaVerne Collins
position	Chief, Lottery Transportation Division
phone	717/783-8025
fax	717/772-2985
email	N.A.
service area	State of Pennsylvania
service area type	Rural; small towns
population (1998)	2,548,725
population 65+	407,796
percent 65+	16.0
service area size (square miles)	28,337
data for year ending	June 1998
one-way trips per year	6,500,000
annual expenses	\$55,200,000
cost/trip	\$8.49
major funding sources	Lottery Fund; General Fund; Federal Program Funds
coordinating agencies	State Departments of Transportation, Aging, Commerce and Economic Development, Education, Health, Labor and Industry, Military Affairs, and Public Welfare; Governor's Policy Office, public transit systems.

Pittsburgh's Access Program

Pittsburgh's ACCESS program is one of the oldest coordinated public paratransit programs in the country. Started in 1979, ACCESS functions as a broker—a travel agent—that arranges door-to-door, advanced reservation, shared-ride transportation in Allegheny County, Pennsylvania (which includes the city of Pittsburgh). ACCESS is open to the general public but primarily serves older persons and those with disabilities. The program contracts with a variety of for-profit and nonprofit authorized carriers chosen through a competitive bid process to provide rides. Carriers are authorized to serve various geographic sectors in and around Pittsburgh.

Coordinated Transportation Issues

Events That Led to Coordination

ACCESS began as a demonstration effort, the Pittsburgh Paratransit Brokerage Program. It was designed to test the feasibility of coordinating paratransit services to improve the cost-effectiveness and level of service of specialized transportation for older persons and those with disabilities. Impetus for the project came from a 1975 study funded by the U.S. Department of Transportation conducted by Carnegie-Mellon University, looking at paratransit services in the Pittsburgh region. The study found existing services duplicative in terms of geographic areas covered and restrictive in terms of persons served. These factors increased costs per trip and confused consumers. Coordination of transportation was expected to decrease service costs, especially for persons with disabilities who were unable to use fixed-route transit services (Charles River Associates 1984).

To fund the study's coordination model, the Port Authority of Allegheny County, the public transit provider, submitted a proposal to the U.S. Department of Transportation for special demonstration funding to begin paratransit services. Pennsylvania State Lottery funds financed trips for older persons by reimbursing ACCESS for 85 percent of the general public fare. A 75 percent discount to persons with disabilities was offered through the ACCESS program as a "user-side" subsidy.

Public transportation, state-funded transportation, human services paratransit, and paratransit for persons with disabilities came together under ACCESS. Pennsylvania's Department of Transportation (PennDOT) required coordinated shared-ride operations and designated ACCESS the shared-ride provider in Allegheny County. The Port Authority of Allegheny County sponsors ACCESS, which is operated through a contract with ACCESS Transportation Systems, Inc. The Port Authority designated ACCESS as the ADA-complementary paratransit service. In addition, ACCESS provides its third-party human service agency sponsors (such as the Area Agency on Aging and the Medicaid program) with a wide variety of services, including eligibility screening, trip monitoring, and invoicing.

Barriers to Achieving Coordination

The program had to overcome substantial local resistance. Initially, taxi operators (who filed a lawsuit against the project) and the local Area Agency on Aging raised concerns about coordinated transportation services managed by the Port Authority. Implementation of the demonstration program was delayed by a labor protection dispute regarding federal subsidies used by a local transit authority. This problem was resolved in part by the Port Authority's agreement to extend the same protections in its agreement with the transit employees union to certain taxi employees, who now could be considered as mass transit workers. Currently, a number of taxi companies are among the largest service providers, and the Area Agencies on Aging is the largest source of agency trips.

Funding and Prospects

For FY 1998, total expenditures in the ACCESS program were \$25.4 million. About half of the funding was from the Pennsylvania State Lottery Fund, and another 30 percent came from the Port Authority. Contracts with human service agencies provided 11 percent of the funding, and the remaining 9 percent came from fares.

One priority of ACCESS is to maintain paratransit *above* ADA minimum service levels, despite funding limitations. Another priority is encouraging and enabling paratransit riders to make maximum use of fixed-route service. ACCESS has implemented feeder service,⁹ resulting in greater use of fixed routes by individuals with disabilities who can use fixed-route service but cannot get to the bus stop.

System and Service Description

Operations

Currently, seven for-profit transportation companies and three nonprofit human service agencies, operating from 13 distinct facilities, provide ACCESS-administered services. These carriers are responsible to ACCESS for serving designated areas and meeting service standards set forth in their contracts; ACCESS compensates these providers. Service assignments are not exclusive; in many of the more densely populated areas, consumers have a choice of providers. Most service is purchased by ACCESS on an hourly basis. About 480 vehicles are now actively used in hourly service, including a combination of lift-equipped vans, specially equipped ambulatory passenger vans, wheelchair-accessible mini-vans, and sedans.

Services are generally available between 6 a.m. and midnight, six days a week. Three carriers provide services 24 hours a day. Some trips can be requested with as little as two hours' notice, although 24-hour notice is still required for agency-sponsored trips.

⁹ *Feeder service* provides passengers with connections to a major transportation service. This is service in which a transfer to or from another transit system, such as an intercity bus route, is the focal point or primary destination.

Accessing the System

ACCESS is open to the general public, but it primarily serves persons with disabilities and older persons. ACCESS administers two large fare-subsidy programs, one for each of these key groups of riders. ACCESS also provides trips for clients of 110 human service agencies and other organizations. (For example, the Area Agency on Aging ceased operating its own transportation services in the early 1980s and has relied since then on ACCESS.)

Eligibility for rides on ADA paratransit or for rides sponsored by the Shared-Ride Program for Seniors must be certified prior to travel. Older persons can be certified for the Shared-Ride Program at 160 sites throughout Allegheny County. Once certified, they may call designated carriers directly for service. No restrictions are put on trip purpose, trip destination (within specified Port Authority boundaries), or number of trips by riders. However, riders are required to share their vehicle with other riders who are traveling in the same direction at the same time.

Certified riders must purchase books of tickets for paying fares before taking their trips. The cost of the ticket books is discounted 90 percent for ADA riders and 85 percent for senior riders. (Older persons can buy books of trip tickets worth \$50 for \$7.50.) ACCESS, as the local administrator for the Shared-Ride Program for Seniors, receives from PennDOT an 85 percent subsidy of fares for persons age 65 and older.

Riders can request transportation at least one day in advance by calling one of the designated service providers directly. The carrier is responsible for recording the request, scheduling the trip, assigning vehicles and drivers, confirming eligibility for the service, and collecting tickets from the rider in the vehicle. Carrier phone operators screen requests for eligibility by using information downloaded by ACCESS into the computer files of the carriers.

Riders

ACCESS is now providing over two million trips per year (about 7,500 trips per day) in an area of about 730 square miles. Current achievements include a vehicle productivity of about 2.45 passengers per hour, which is relatively high in comparison to systems of similar size, according to ACCESS staff.

The Outcomes of Coordination

Benefits

Older consumers in Pittsburgh now enjoy expanded opportunities for travel. ACCESS's quality-control procedures assure a high level of comfort and safety. When older consumers place a trip request through ACCESS, they get:

- an assurance of on-time performance;
- door-to-door assistance;

- the assurance that drivers are trained and tested for drugs; and
- reduced out-of-pocket travel costs.

Having rides arranged and dispatched by local providers also benefits riders. They get efficient scheduling of trips, the ability to establish personal relationships with local companies and their drivers, and better handling of service complaints.

ACCESS has made substantial improvements to local transportation services since it started. Service hours have greatly expanded. (Prior to ACCESS, paratransit services were available only during regular agency working hours, Monday through Friday.) Performance and complaint monitoring have improved service quality (on-time performance and directness of the trip). Service has been extended to all parts of Allegheny County. More lift-equipped vehicles are now available. ACCESS now has one of the lowest complaint rates (0.5 per 1,000 trips) among the 15 largest paratransit systems in the country and an on-time performance rate of 93 percent (Rozner 1997). Increases in transportation costs to human service agencies over the years have been controlled through ACCESS's competitive bidding procedures.

One of the objectives of ACCESS has been to coordinate transportation sponsored by human service agencies. Of 116 agencies serving older persons and those with disabilities in Allegheny County, 42 were using ACCESS services in 1982. Now, 110 agencies purchase service through ACCESS. It provides customer service and advocacy for riders, as well as reduced requirements in transportation administration and management for human service agencies.

Economic Consequences

The active competition among service providers and the flexibility operators have in the types of vehicles, computer systems, and other components of operations they use have reduced costs per trip over the years. In 1980, an ACCESS trip cost \$12.58; in 1998, that figure was \$12.13, or \$6.22 in 1980 dollars.

ACCESS has also contained administrative costs, which are less than 6.5 percent of the total costs. The national average for administrative costs incurred by public transit operators is 17 percent of total costs.

Summary

Pittsburgh's ACCESS program is one of the longest-running public paratransit programs in the country. Started in 1979, it functions as a broker that arranges advanced-reservation, shared-ride, and door-to-door transportation in Allegheny County. ACCESS is open to the general public, but it primarily serves persons with disabilities and older persons. Nearly all of the human service agencies and organizations that fund or provide transportation now voluntarily contract for rides with ACCESS. Trips are provided through contracts with a variety of for-profit and nonprofit authorized carriers chosen through competitive bidding. Three nonprofit and seven for-profit carriers currently contract with ACCESS. The program ACCESS has developed a

high-productivity, low-cost, high-quality endeavor and has been successful in improving service quality, hours, and area coverage.

ACCESS
Pittsburgh, Pennsylvania

program	Pittsburgh's ACCESS Program
organization	Port Authority of Allegheny County
department	N. A.
street address	701 Smithfield Street
address II	N. A.
city	Pittsburgh
state	PA
zip	15222
contact name	Karen Hoesch
position	Assistant Director
phone	412/562-5380
fax	412/391-0594
email	eroszner@icubed.com
service area	Allegheny County
service area type	urban
population (1997)	1,280,624
population 65+	231,250
percent 65+	18.1
service area size (square miles)	730
data for year ending	June 1998
one-way trips per year	2,093,428
annual expenses	\$25,400,000
cost/trip	\$12.13
major funding sources	Pennsylvania State Lottery, Port Authority of Allegheny County
coordinating agencies	Local public transit authority, 110 local agency sponsors, 10 service providers

Human Services Transportation in Eastern South Carolina

The Pee Dee Regional Transportation Authority (RTA), founded in 1974, serves 12 mostly rural counties in eastern South Carolina. The Pee Dee RTA contracts with most human services agencies in the region to provide client transportation. Pee Dee also provides public transportation.

Coordinated Transportation Issues

Events That Led to Coordination

Pee Dee RTA began operations in August 1976 as the only public transportation provider in the area. Its service area included many poor rural residents who did not have their own transportation.

Established as a public, nonprofit corporation, Pee Dee initially offered transportation services for the general public and for the federal Department of Labor programs (the Comprehensive Employment and Training Act and the Job Training and Partnership Act). Operations and services have grown substantially over the years. In 1996, Pee Dee expanded its system again, primarily in response to the transit need created by South Carolina's welfare reform program, the Family Independence Act.

Today, Pee Dee serves the counties of Chesterfield, Darlington, Dillon, Florence, Marion, Marlboro, Chester, and Lancaster. The system also provides limited service to the counties of Georgetown (Medicaid), Williamsburg (Medicaid), and Union (Family Independence Act). York County, adjacent to Charlotte, North Carolina, joined the Pee Dee Authority in July 1996. Florence is a metropolitan county, and the others are rural counties.

Pee Dee serves the transportation needs of a wide range of agencies and individuals. Among these are the Medicaid program, Family Independence Act riders, vocational rehabilitation, and the Disabilities and Special Needs Board, as well as public transportation and work transportation. Most human service agencies in the region purchase trips from Pee Dee.

Barriers to Achieving Coordination

Although the state has encouraged coordination, it does not have the authority to make state agencies cooperate in these efforts. A few service providers have circumvented the coordination initiatives and purchase buses specifically for their own programs. The lack of authority to enforce coordination has hampered the full integration of human resources transportation.

During the initial phases of operation, Pee Dee's lack of experience was detrimental to its efforts to get matching funds for federal and state grants administered by local agencies. Since Pee Dee has been operating for nearly 25 years, such credibility issues no longer are barriers to funding. Funding for the operation of Pee Dee now comes from federal and state grants and

agency contracts.

Funding and Prospects

The system has annual revenues of \$3.1 million; 78 percent is obtained from contracts. Pee Dee has also been successful in persuading local businesses to subsidize the transportation of their workers. Prospects for continued growth and geographic expansion are excellent.

Additional funds are currently needed for vehicle replacement. About one-quarter of the vehicle fleet is substantially overdue for replacement. Pee Dee's maintenance program has kept some vehicles operating beyond twice their normal life span, but more prompt vehicle replacements would ensure that services do not suffer and safety is maintained.

System and Service Description

Operations

Pee Dee's services are provided 24 hours a day, seven days a week. The system now operates 217 vehicles. Pee Dee offers virtually every type of transit service, including demand-responsive, fixed-route, charter, and subscription.

Accessing the System

Demand-responsive patrons must call in their ride requests. Generally, no preregistration is required. The exception is that persons whose ride costs are to be reimbursed or shared by a human service agency must be qualified agency clients. Dispatchers may negotiate times of pick-up and delivery with the passengers. Those riders who use fixed routes—traditional mass transit—simply board the vehicles and pay the fares.

Riders

Pee Dee's services have grown steadily since its inception. For the fiscal year ending June 1998, the system provided 891,190 trips, an increase of about 100 percent since 1988. During the month of June 1998, Medicaid clients accounted for 23 percent of all rides. Members of the general public took about 42 percent of Pee Dee's June 1998 trips.

The Outcomes of Coordination

Benefits

Customers of Pee Dee have access to information and transportation through one source. Transportation is available to rural residents who were previously underserved, and fixed-route public transportation has been expanded.

Economic Consequences

In 1998, Pee Dee had an annual operating budget of \$3.8 million. A recent report (Burkhardt, Hedrick, and McGavock 1998) estimated the economic benefits of these services (including the cost of providing the same service through alternative transportation services) to be approximately \$12.4 million per year.¹⁰

Summary

The Pee Dee RTA is a large transit system that coordinates public and human service transportation through contracts with agencies that seek to provide transportation for their clients. As a result, Pee Dee provides many forms of transportation in a large, mostly rural 12-county region in the eastern part of South Carolina. The system's entrepreneurial approach has substantially improved the mobility of the residents of its large and growing service area. Whenever a transportation need arises, Pee Dee attempts to negotiate a service. Coordination has resulted in availability of service to previously unserved areas and riders; elimination of waste caused by duplicated efforts; greater visibility of transportation services for riders, the community, agencies needing services for their clients, and funding sources; and a mixture of services and fares. The system has received awards for creative and outstanding services and management.

¹⁰ Benefits and costs were calculated in the same manner as for JAUNT. See footnote in that section.

Pee Dee Regional Transportation Authority

program	Human services transportation in Eastern South Carolina Pee Dee Regional Transportation Authority
department	
street address	313 Stadium Road P. O. Box 2071
city	
state	SC 29503
contact name	
position	Vice President 843/665-2227
fax	
email	pdrta_ben@hotmail.com Chester, Chesterfield, Darlington, Dillon, Florence, Georgetown, Lancaster, Marion, Marlboro, Union, Williamsburg, and York
service area type	Rural; medium urban 634,305
population 65+	
percent 65+	12.4 11,215
(square miles)	
ending	June 1998
year	891,190 \$3,100,000
cost/trip	
major funding sources	fares, SC Family Independence Act
coordinating	Local public transit authority, Medicaid, Department of Social Services, Vocational Rehabilitation

Public Transportation in Sweetwater, Wyoming

The Sweetwater County Transit Authority (STAR) was formed by a consortium of human service providers who wanted another organization to offer the transportation they had been providing. Initiated in 1989, STAR replaced a large number of client-based, agency-operated systems with a single coordinated, demand-responsive public transit system.

STAR serves 2,900 square miles of Sweetwater County's very sparsely populated 10,426 square miles. Fewer than 40,000 persons live in STAR's current service area.

Coordinated Transportation Issues

Events That Led to Coordination

Prior to STAR, Sweetwater County had no public transportation service. Trips were provided by a handful of human service agencies and one taxi operator. Local human service agencies came together because of their concern about increasing transportation costs. They had found that because of the long distances, transportation costs for their clients were consuming ever-larger portions of their budgets. No single agency was prepared to take the lead in coordinating the county's transportation, although several agencies understood the potential cost efficiencies that could result from coordinated operations. The county commissioners authorized the creation of STAR, Wyoming's first county-wide transportation authority, through a county resolution. Other agencies transferred the titles of their vehicles to STAR upon the formation of the public transit authority.

Barriers to Achieving Coordination

This system faced relatively few barriers to initiating coordinated services. The agencies that came together to help set up the transit authority wanted assurances about service quality and cost containment. Participating agencies wanted service as good as or better than they could provide themselves at no increase (or at some reduction) in cost. In terms of service quality, it was important that clients not have to make long-distance calls to set up rides, that all seats have safety belts, and that child safety seats be available. The system agreed to a "30-day out" contract clause that allows any agency to withdraw upon 30 days' notice if it is unsatisfied. Furthermore, STAR agreed to hire the drivers that had been driving for the other agencies. In more than nine years, the only agency to have dropped out of the coordinated system did so because it no longer provided transportation for its clients.

Funding and Prospects

Funding comes to STAR primarily from federal sources and from human services contracts. So far, the system has operated without local government financial support, but such support is likely to be needed at some point. No fares were charged prior to 1996; fares are now \$2 for each one-way ride.

Plans to increase the level of technology of this already technologically advanced rural transit system could further expand the geographic scope of services and the number of agencies participating. The system is highly computerized and maintains detailed records on every trip taken. Adding wide-area communications technology to STAR's computerized dispatch operations would enable STAR to interact with many other agencies, including emergency management, fire departments, police departments, medical centers, other governmental agencies, and other municipalities. Long-range plans include expanding operations into Utah. Future prospects are unclear since the Board of Directors terminated in 1999 the employment of the system's director, who was responsible for nearly all of this system's innovations and success.

System and Service Description

Operations

STAR now has 15 vehicles (buses, vans, and one auto) in use; all buses and vans are equipped with wheelchair lifts. Hours of operation are Monday through Friday, 6:30 a.m. to 6:00 p.m., and 9 a.m. until 6 p.m. on Saturdays. STAR's current annual operating and administrative expenses are \$431,608. The system provides demand-responsive services for agencies and the general public at a relatively low cost per trip (\$7.75) with moderately high productivity (about four passengers per vehicle hour).

Accessing the System

The first time someone calls for a ride, he or she goes through a three-minute interview to be registered in the system's database. STAR gathers information on origins and destinations, special travel needs, and billing arrangements for trips; STAR records emergency phone numbers and data on relatives for passengers who are children. STAR accepts ride requests for all trip purposes. Riders must generally call STAR 24 hours in advance of the time they need to travel, but 14 percent of STAR's rides are provided on a same-day basis. STAR provides door-to-door service. General public riders pay the \$2 per trip fares directly. STAR contracts with human service agencies to provide transportation and bills for trips by clients according to agency-specific billing rates.

Riders

Ridership has grown steadily since the system's inception but has recently fluctuated due to price changes. In FY 1991, the system had 50,112 riders. For the fiscal year ending June 1996, the last time that people could ride the system without paying a fare, the system provided

83,059 trips. Ridership dropped to 56,340 for the fiscal year ending June 1998 because STAR charged fares and because services to a parochial school were no longer provided. However, ridership is again on an upward trend. As of November 1998, rides were back up above 350 per day. STAR has recently hired more staff to deal with this increased demand.

For the fiscal year ending June 1998, 28 percent of all trips were made by general public riders; 35 percent by persons with disabilities; and 34 percent by persons 65 years of age or older.

Riders use STAR for specific purposes in the following proportions:

- 29 percent to the Child Development Center;
- 19 percent for nutrition trips;
- 16 percent for employment;
- 13 percent for personal purposes;
- 8 percent for education and counseling;
- 9 percent for social purposes and recreation; and
- 6 percent for medical care.

The Outcomes of Coordination

Benefits

STAR has expanded both transportation service and the pool of people who use it. Prior to the coordination of services, human service agencies serving Sweetwater County handled under 20,000 trips per year, versus the 56,000-plus trips in FY 1998. Trips that were formerly provided only to agency clients are now open to the general public. Riders can now call one phone number for trips of any purpose. Before STAR, service was available only from 8:30 a.m. until 4:30 p.m.; it is now available for 11.5 hours on weekdays and 9 hours on Saturdays, with evening service being considered. In addition to the general public, key users include former welfare clients and persons with disabilities who travel to work, students attending college, and older persons.

STAR focuses on responding to the needs of its riders, taking them when and where they need to travel. Its door-to-door service benefits many older riders who require some assistance in and out of vehicles and would not be well served by a curb-to-curb service. Private transportation options in STAR's service area are very limited. In one of the two communities served, there are no other public or private operators; in the other community, one taxicab company operates one vehicle.

Economic Consequences

In 1990, before coordinated services began, the cost per trip for agency clients was \$8.36. After coordinating operations, that cost fell to \$4.22 in 1995. Before coordination, the operating cost per hour was \$41.66; in 1995, it was \$26.65. Before coordination, most of the drivers were paid minimum-wage salaries with no benefits; now, total wages and benefits are double the

precoordination payments. A recent report (Burkhardt, Hedrick, McGavock 1998) estimated STAR's economic benefits at more than \$1.6 million per year. These benefits give the system a benefit – cost ratio of more than three to one.

Summary

The Sweetwater County Transit Authority (STAR) serves a very large and sparsely populated rural county. Initiated in 1989, STAR replaced a large number of client-based, agency-operated transportation services with a single coordinated, demand-responsive public transit system. STAR substantially reduced per-trip costs for agencies and increased the number of trips provided, while also extending service hours and boundaries, creating new services where none had existed, and providing rides for members of the general public. This system's features include one-stop transportation shopping for riders, an emphasis on data collection and technology, and high-quality, dependable service.

**Sweetwater Transit Authority Resources (STAR)
Sweetwater County, Wyoming**

Public transportation in Sweetwater County, Wyoming	
organization	
department	N.A.
	1130 Billie Street
address II	
city	Rock Springs
	WY
zip	
contact name	Lori Kudar
	Director
phone	
fax	307/352-6896
	startransit@msn.com
service area	
service area type	Rural; small town
	39,738
population 65+	
percent 65+	8.0
	2,880
(square miles)	
	June 1998
one-way trips per	56,340
annual expenses	
cost/trip	\$7.66
	Agency contracts; FTA rural transit funds; impact assistance;
sources	
coordinating agencies	Development, Aging, community services/community development, community health centers, welfare (CSBG),

CONCLUSIONS

This study showed that **coordination can produce a combination of high-quality and cost-effective service**. These outcomes benefit all the participants — whether they are riders, human service agencies and organizations, public transit agencies, or governments and taxpayers that fund transportation services.

At each of the eight sites studied, coordination resulted in one or more of the following benefits:

- lowered trip costs for older persons and for human services agencies;
- extended service hours;
- services to new areas or new communities;
- more trips made by older persons;
- services more responsive to schedules, points of origin, and destinations of customers;
- greater emphasis on safety and customer service; and
- door-to-door service.

Less frequent results included services provided to riders who formerly had no service, higher levels of customer satisfaction, or a mix of service types and payment options.

Even with coordination, service may be not as frequent or attractive as would be desired. In most cases, riders had to preschedule their trips, often 24 hours in advance, and they had to register with the service provider before being eligible to request trips. In three cases, the systems did not offer trips to all older persons but only to those who had a disability or who met income qualifications.

Although coordination often results in better use of existing resources, **having enough resources is crucial**. Our eight cases ran the gamut, from having sufficient funds now and anticipating continued support, to struggling to maintain current funding streams and develop others, to needing additional funding to meet the anticipated growth in demand for trips.

Coordination is only one of several potential management or problem-solving tools, and it may not solve all transportation problems in all communities. Coordination may not benefit communities where vehicles already are being fully utilized, where costs of providing trips are very low, and where there are too few services to result in greater efficiency through coordination. Other strategies, such as investing more resources and providing more services, would be more likely to improve transportation services in such cases.

IMPLICATIONS FOR POLICY

Various federal laws have encouraged the coordination of transportation resources among programs that receive funding from multiple federal sources. Actual implementation of this policy has varied. Legislation enacted in 1998 (the Transportation Equity Act for the 21st Century, or TEA-21) reinforces policy favoring coordination and encourages greater involvement in its

implementation by regional transportation planning organizations. State and local policymakers may need to tailor transportation legislation and regulations to further facilitate the implementation of coordination.

Federal, state, and local jurisdictions need to expand policy support for coordination to achieve these consumer-oriented outcomes:

- more frequent service and extended hours on evenings and weekends;
- services for older persons who do not qualify for ADA paratransit or are not low income;
- expanded service for outlying, less densely settled areas;
- door-to-door as well as curb-to-curb service;
- same-day service;
- subsidies or other financial relief for those unable to pay the regular fares;
- participation in transportation planning by populations that are considered “transportation disadvantage” and
- a choice of transportation providers for consumers.

Federal, state, and local policies that would foster these mobility improvements include:

- authorization and appropriation of adequate funding;
- requirements that transportation providers demonstrate strategies and efforts to coordinate resources;
- incentives for improvements, such as performance-based funding increases and public recognition;
- support for research on mechanisms for improved service quality and use of resources;
- active dissemination of the information produced by that research;
- designated positions in transportation planning organizations for representatives of transportation-disadvantaged populations; and
- support for the a wider range of more innovative, customer-friendly transport options.

Coordination is a means of improving transportation services, especially for those who cannot provide transport for themselves. As shown by the case studies in this report, coordination can mean real improvements in community transportation and more efficient use of resources. To fully achieve mobility objectives, other efforts will be needed as well.

REFERENCES

ACCESS: Brokering Paratransit Services to the Elderly and Handicapped in Allegheny County, PA (December 1984). Prepared by Charles River Associates, Cambridge, Massachusetts, for the Urban Mass Transportation Administration (U.S. Department of Transportation).

Broward County Transit (October 27, 1998). Broward County's Paratransit Program.

Burkhardt, Jon E., James L. Hedrick, and Adam T. McGavock (1998). *Assessment of the Economic Impacts of Rural Public Transportation*. Bethesda, Maryland, Ecosometrics, Incorporated. Published by the Transportation Research Board, Washington, D.C. as TCRP Report 34.

Florida Commission for the Transportation Disadvantaged (December 1998). *1998 Annual Performance Report, Tallahassee, Florida*.

Hutchinson, Jo Ann (July 1998). *State Support for Coordinated Community Transportation*, Florida Commission for the Transportation Disadvantaged, Tallahassee, Florida.

JAUNT, Inc. (1998). *JAUNT, Inc. Annual Report FY 97-98*, Charlottesville, Virginia.

Johnson, Cindy (January 1999). "STAR: Sweetwater County's Transit Solution." Prepared for presentation to the Rotary Club, Green River, Wyoming.

Lane Council of Governments (October 1996). *RideSource Ride Guide*, Eugene, Oregon.

Millar, William W., Lester A. Hoel, and Ervin S. Rozner (1977). "Evaluation of Pennsylvania's Free Transit Program for Senior Citizens," in *Improving Transportation Services for the Elderly, the Handicapped, and the Disadvantaged*, Transportation Research Record 660, Transportation Research Board, Washington, D.C.

National Eldercare Institute on Transportation (September 1993). *Best Practice Profiles of Model Transportation Systems Serving the Elderly*, Volume II, prepared by the Community Transportation Association of America for the Administration on Aging, U. S. Department of Health and Human Services.

Pennsylvania Department of Transportation (October 1998). *Pennsylvania's Lottery Funded Transportation Programs*.

Rozner, Ervin S. (June 1997). "The ACCESS System: An Overview." ACCESS, Pittsburgh, Pennsylvania.