Short Range Transit Plan for
Western Placer Consolidated Transportation Services Agency

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Short Range Transit Plan for *Western Placer Consolidated Transportation Services Agency*

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Short Range Transit Plan for *Western Placer Consolidated Transportation Services Agency*

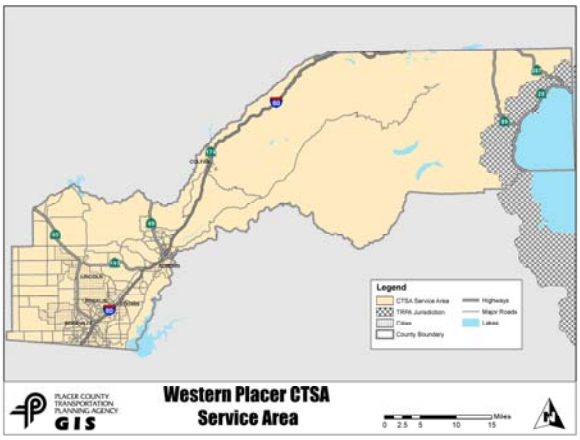
Executive Summary

What are WPCTSA Existing Purposes and Program?

The Western Placer Consolidated Transportation Services Agency (WPCTSA), its mission generally outlined in California statute Transportation Development Act (TDA), Article 4.5, formed late in 2008 to build upon recommendations of the 2007 *South Placer County Regional Dial-a-Ride Study*. The WPCTSA has developed a breadth of program activities during its first two and a half years of operation. These are targeted to specific, specialized transportation needs. Examined in Chapter 1 of this Short Range Transit Plan, the WPCTSA utilizes a mix of three service agreements, two Memorandum of Understanding documents, and one WPCTSA directly-administered program. Its varied activities include: a non-emergency medical transportation program; two volunteer-based programs, one with drivers in their personal autos and a second assisting travelers on fixed-route; a taxi-based last-resort trip project; a retired vehicle program provided to non-profit agencies; and support for the emerging transportation call center.

An important feature of the WPCTSA program is its ability to leverage other funding and resources so that its TDA Local Transportation Fund (LTF) revenue base is not a sole means of support. Notably, its partnership agreement with the Seniors First organization leverages funding provided by three hospitals for the non-emergency medical transportation service, Health Express. Sutter Auburn Faith Hospital, Sutter Roseville Medical Center and Kaiser Permanente are partners supporting non-emergency trips to medical facilities. The Area 4 Agency on Aging is a contributing partner to the Volunteer Door-to-Door Rides program providing critical door assistance to riders and, in turn, leverages volunteer support. Similarly, the Roseville Transit Ambassador program uses volunteers for its fixed-route travel training.

Exhibit ES-1, Existing WPCTSA Service Area



Among issues highlighted by this review are target population considerations and the physical service area within which WPCTSA services may be supported. While the mission statement language appears limiting to services for seniors and persons with disabilities, in fact, the WPCTSA authorizing regulation is broader. It includes persons of limited means and low-income households as among the target populations. In addition, the WPCTSA service area is described as inclusive of all of Placer County except for the area within the jurisdiction of the

Tahoe Regional Planning Agency. The service area description does not recognize that some specialized trips needed, often non-emergency medical trips, go outside these political boundaries traveling sometimes to the greater Sacramento area, Nevada County and even Reno.

This Short Range Transit Plan (SRTP) recommends broadening the service area expectations of the WPCTSA to the county as a whole for general reasons of equity, and, on a trip-by-trip basis to adjacent counties for specific trip purposes. Similarly, the target group definition is recommended to include low-income individuals and households, in line with California Government Code Sections 15950-15986 which does not restrict the target groups but focuses on the social service agencies whose clientele need transportation. Utilization of the FTA Section 5316 definition of low-income individuals is recommended, at or below 150 percent of Federal poverty levels, based upon household size.

What Are Placer County's Needs for Specialized Transportation?

In Chapter 2, the latest American Community Survey (ACS) data documents a 37% increase in Placer County population, almost 100,000 new residents who have moved to or been born in Placer County during this past decade. An important WPCTSA target group continues to be the County's senior residents. This group is expanding – from 12.9% reported in the 2000 Census to 15.4% in the 2010 Census. This represents 20,000 additional older persons, growing from 32,000 seniors in 2000 to the 2010 report of 53,562 residents over age 65.

Other target groups include low-income adults, 5.8% of the 2000 population and adults with disabilities, at approximately 13.8% of the adult population. Overlap among these groups suggests a range of 20,000 to 47,000 non-senior Placer residents, persons who may have specialized transportation needs.

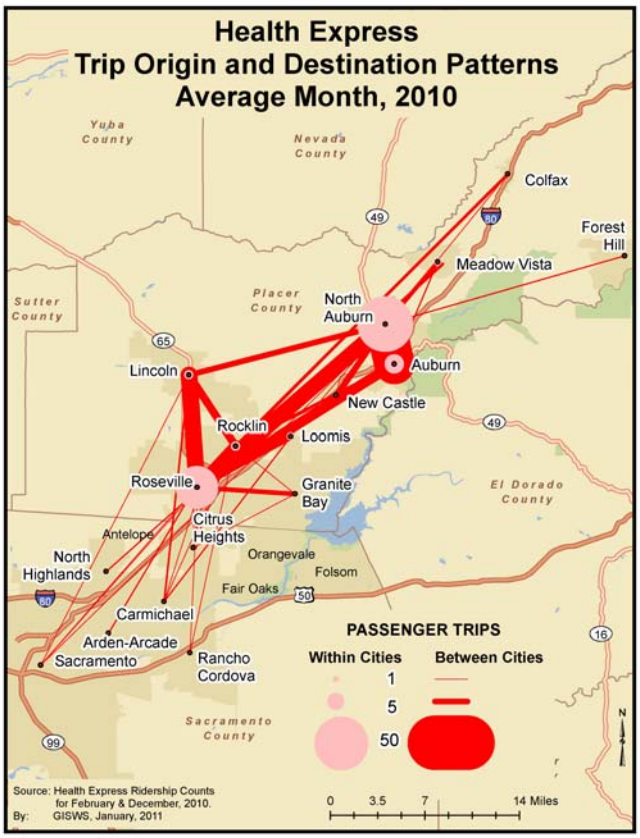
Placer County's annual unmet transit needs process is an important window on needs. Prior cycles' recommendations related to the countywide call center and additional hours for the Taylor Road Shuttle are reviewed in Chapter 2. Other types of needs, including those in unserved areas of the county, are proposed by the Unmet Needs Hearing Process to be addressed through this Short Range Transit Plan development process.

What Issues Arise Around Performance of Existing WPCTSA Pilots?

Current WPCTSA activities are meeting a range of trip purposes and transportation-related needs:

- non-emergency medical trips
- inter-county health care trips
- door-to-door assistance needs
- transportation information
- travel training in use of public transit
- non-profit agency vehicle replacement

Exhibit ES-3 Health Express Trip Patterns

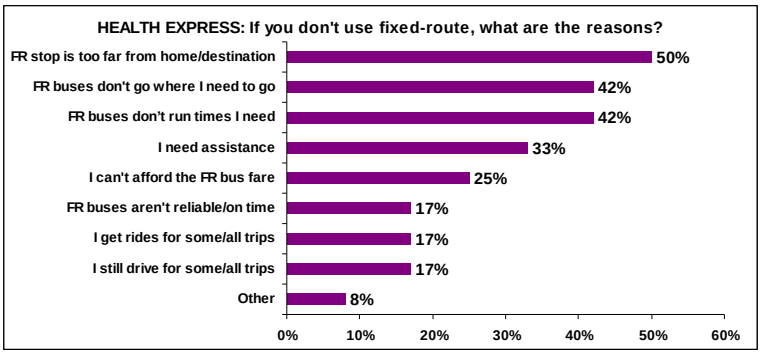


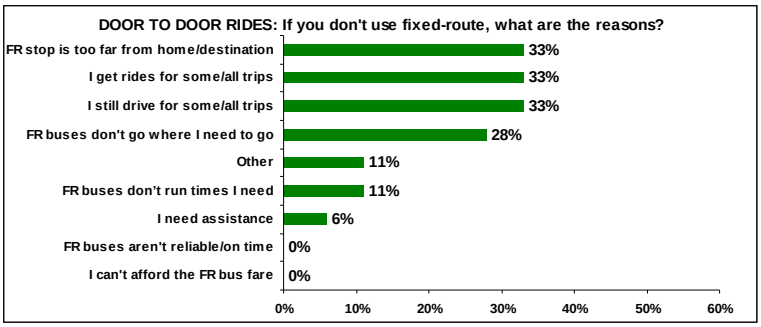
Chapter 3 of this SRTP presents project-specific recommendations developed from review of existing pilot initiatives. On-site visits, coupled with examination of available performance data, operating agreements and contracts generated various findings. Several general comments are offered:

- Reporting Various WPCTSA reporting recommendations will enable each project to most accurately reflect the service it is providing and its performance, helping to ensure that PCTPA is making accurate and appropriate reports to the State Comptroller's office.
- Meeting Demand/ Marketing Programs There are no waiting lists and demand appears met for trips (Health Express and Door-to-Door Rides), for transit information (Roseville Transit Ambassadors) and the WPCTSA vehicle acquisition program. This can be interpreted in two ways: either there is sufficient capacity to meet requests or existing programs are not adequately advertised to draw in latent demand. Other data suggests that some levels of latent demand, unmet transit needs exist among Placer County target group individuals.
- Contract Incentives for Trip Efficiency Unit trip costs reported for the Health Express are high and point to the need for tighter contract language that promotes productivity. To some extent, productive service may be difficult to ensure given the longer trips and increased frequency of inter-city trip-making that typify non-emergency medical trips. In the next contracting cycle it will be important to review and potentially restructure contractual expectations of the Health Express direct service providers.
- Monitoring Call Center Implementation The developing Call Center is still unfolding, making it difficult to evaluate at this time. As this new project moves forward, it will be important to document its reach across the county and the ability of the Call Center to assist callers. Various metrics will help to measure these questions and key statistics should be routinely collected and tabulated as the Call Center defines its functional responsibilities and develops its constituencies. Future SRTP efforts will be able to more effectively assess the program's performance in relation to the goals and service levels set forth in its existing or future contracts.

What Are Consumer and Agency-Reported Unmet and Under-met Needs?

Exhibit ES -3 A and B, Customer Survey Results



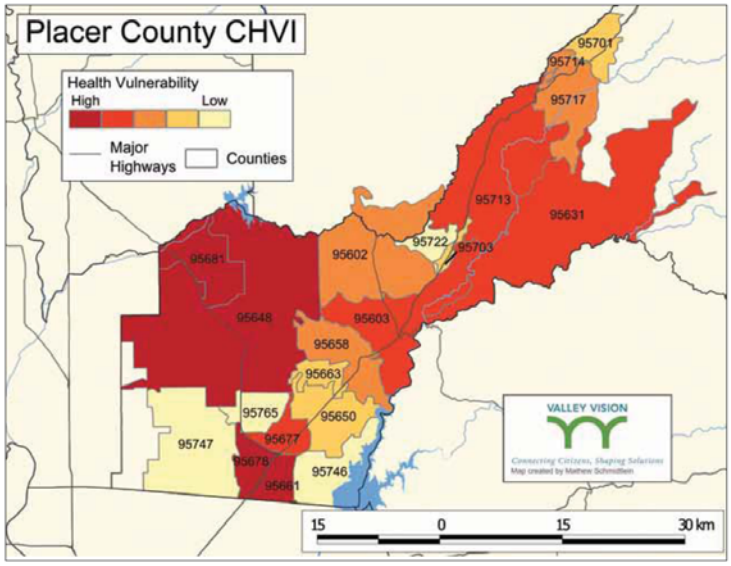


Chapter 4 presents consumer and agency input from various sources, including current or recent-past users of the Seniors First/ WPCTSA-sponsored programs. Riders of Health Express, the Volunteer Door-to-Door Rides and Seniors First/ Gathering Inn transportation to County medical offices in Auburn were surveyed and found, by and large, to be very satisfied. Ratings reported were largely all within the *Good* to *Excellent* ranges on all variables, Consumers responses as to <u>why they don't use fixed-route transportation</u> varied by service. Health Express users reported the most difficulties with fixed-route networks, while Door-to-Door Ride users were more likely to report they had other transportation alternatives. Riders from The Gathering Inn were most likely to report they could not afford fixed-route fares.

Current year unmet transit needs hearing responses are also reported within Chapter 4. Many echo comments received in prior cycles, speaking of connectivity difficulties between communities and problems of the outlying, unserved areas such as Sheridan and Foresthill. Three community meetings or discussions held during this study process were reported: with the *Placer Collaborative Network*, with *The Gathering Inn* and with the *Truckee-North Lake Tahoe Transportation Management Association*. These entities report acute awareness of unmet transportation issues, as well as a range of resources and partnership opportunities for meeting selected needs.

Placer County does appear to have a partnership-oriented, "collaborative focus", as the PCN group characterizes it, with various entities willing and able to work collaboratively to help solve complex problems. In this regard, WPCTSA's organizational structure – with its emphasis on partnerships and potential for fielding cost-effective, small-scale transportation solutions – provides important infrastructure for addressing current and future unmet specialized transportation needs of Placer County residents.

Exhibit ES-4, Placer County Community Health Vulnerability Index



Chapter 4 also includes a summary of three regionally-focused studies addressing issues of transportation need. The 2010 *Community Needs Assessment for the Greater Sacramento Region* was undertaken by all of the regional not-for-profit hospitals including Kaiser, Sutter Health, Catholic Health Care West and UC Davis Health Care System. The study examined health conditions and critical health indicators at the zip code level. Most of the Placer County zip codes did not rank as "highly vulnerable" when compared to other parts of the Sacramento region. Nonetheless, needs did emerge around two health care conditions for Placer County communities, in relation to: 1) mental health issues and 2) hypertension where for both hospitalizations and ER visits ranked well above statewide averages. These health conditions, and others, can be ameliorated by routine and preventative health care. Transportation, ensuring the access of patients to health care, plays a critical role in the health care delivery process.

Also reviewed was the Area 4 Agency on Aging planning process which continues to identify transportation as among the highest-ranking needs of Placer County elders. In the 2009 *Area 4 AAA Needs Assessment* it ranked as the number one priority need. The Sacramento Area Council of Governments (SACOG) conducted a 2011 needs assessment for transit-dependent individuals and their travel to and from "lifeline" destinations. Challenges identified by SACOG's regional review points directly to potential WPCTSA projects. Among these were: basic access to health care; inter-county connectivity; affordability of transit fares; path of travel issues; and transit informational needs.

What Should the WPCTSA Be Doing? Mission, Goals and Program

Current WPCTSA funding is reviewed in Chapter 5 to establish the foundation for future year programming. This mix of services is currently supported with this $887,000 program, of which just over $709,123 is from PCTPA sources. Of eight different projects supported, the largest of these is Health Express which, with 56% of the WPCTSA funding base, operates with partnership match funding from three area hospitals. The volunteer-based, door-to-door rides program, although much smaller, generates significant match through the volunteer efforts of its drivers, as does the Roseville Transit Ambassadors program.

In response to the findings documented in this SRTP, Chapter 5 presents a more targeted mission statement placing emphasis on coordination and partnerships to derive projects.

Exhibit ES-5 Mission Statement

Proposed WPCTSA Mission Statement

Through coordination of public transportation, targeted partnerships and development of innovative specialized transportation projects, the Western Placer Consolidated Transportation Services Agency (WPCTSA) shall develop, maintain and enhance – as resources allow – mobility options for seniors, persons with disabilities and persons of limited means.

The Local Transportation Fund (LTF) allocation to the WPCTSA is currently at 4% of the countywide allocation. This SRTP recommends that Placer County Transportation Planning Agency move to the fully allowable 5% level of LTF funding after five years.

The primary argument for increasing the WPCTSA's funding base, in time, is the general population growth in the county, but more specifically of seniors. This is coupled with the value of developing a mix of projects responsive to individualized specialized transportation needs, some of which can deflect more expensive complementary Americans with Disabilities Act (ADA) paratransit. Such needs are enumerated within Chapter 5 in relation to particular target population subgroups, identifying needs and proposing strategies by which to meet these needs.

Defining Strategic Direction and Alternatives

In Chapter 6, this SRTP brings forward recommendations from the *2007 South Placer Regional Dial-a-Ride Study* which recognized the challenges that a growing senior population represented to Placer County. Its recommendations addressed increasing mobility of these and other target groups. As many remain relevant, selected recommendations are reiterated in Chapter 6 to aide WPCTSA policy makers in planning for cost-effective and efficient mobility resources for those Placer County residents who cannot use fixed-route transit.

Additionally, special topic issues are considered with recommendations offered to the WPCTSA organization. These included: the WPCTSA service area and coverage; Americans with Disabilities Act program-level compliance; eligibility parameters; marketing and branding; technology; safety and security; capital requirements; and riders' fares.

Seven goals are proposed to guide project development over the near and longer term, highlighting the entrepreneurial nature of the WPCTSA organization. Critical organizational characteristics include its ability to seek out and develop strong partners, to test potentially responsive projects and to explore

other services potentially meeting mobility needs of its target groups of seniors, persons with disabilities and individuals of low-income.

To implement these goals, five strategic principles are detailed to guide near-term activities:

1) modestly expanded geography and target population;
2) continued partnering
3) emphasis on small and targeted projects
4) re-structured third party agreements
5) importance of experimentation and evaluation

Various service alternatives are presented with related near-term and longer-term recommendations. The feasibility of each is considered with possible new initiatives discussed.

Input and direction from PCTPA's Transit Operators Working Group (TOWG) was sought and provided, responding to the WPCTSA direction proposed. TOWG comments are summarized in Chapter 6 as four key recommendations:

1) ***Do not expand WPCTSA programs*** to a 5% of TDA funding level at this time, given the extreme financial conditions in which jurisdictions' operators find themselves.

2) ***Do continue to work actively to include in the Call Center*** all of the County's demand response and specialized transportation programs, recognizing that policy and procedures needs to be developed to appropriately handle trip requests within existing budget levels.

3) ***Continue responsibility with the individual jurisdictions for bus stop and path-of-access improvements*** rather than moving this prioritization function to the WPCTSA, given that the jurisdictions remain responsible for funding these improvements.

4) ***Establish a new initiative providing some NEMT reimbursement*** to the public transit demand response operators for provision of NEMT trips that are new trips, are not ADA trips otherwise required of them, and are generally provided during off-peak periods when excess demand response capacity may exist.

WPCTSA Working to Meet Specialized Transit Demand

Placer County's demand for specialized transportation has been projected on at least two prior occasions, as this county considers how best to meet mobility needs of its most vulnerable residents. Chapter 7 updates the demand model prepared for the 2007 *South Placer Regional Dial-a-Ride Study,* using more recent demographic and trip information available. Trips made by target population members potentially requiring specialized transportation assistance of some type are estimated as a range of 82,000 to 280,000 annual one-way trips.

Demand responsive trips provided in FY 09/10, including WPCTSA trips, were 87,909 one-way trips. The good news is that this level of trip-making is above the low-end range of needed trips, as suggested by

this specialized transit needs' demand model. The higher end of the demand range, perhaps 280,000 trips, presumably includes latent demand of trips-not-made that would be made if the individual could connect with the appropriate service. It is important therefore to continue to grow the number of specialized transit trips provided. The demand model posits a significant gap between ***trips provided*** and the range's high-end of ***trips needed***.

Increasing the number of specialized transit trips provided will diminish that gap. Moving the County closer to the mid-range of specialized transit trips needed –- perhaps 140,000 one-way trips annually, from a current almost 90,000 trips provided – is a goal towards which to work. This will likely provide some trips currently needed and not taken. Increased specialized transportation trips will likely also contribute positively to various health and quality of life indicators suggested by the regional studies reported on in this document. Measuring trip volumes over time, using indicators such as trips-per-capita, will help Placer County Transportation Planning Agency and the WPCTSA monitor progress on addressing residents' mobility needs. For FY 2009/10 total trips provided represented 3.8 trips-per-capita. Specialized transit trips provided, as a subset of all transit trips for that same time period, were 0.26 trips per capita.

WPCTSA's Proposed Revenue and Expenditure Base

A WPCTSA seven year service plan is proposed, providing detailed expenses and projected revenue by year. To facilitate local planning two budget scenarios are provided: one holding constant the 4% TDA allocation level; the second growing to the 5% allocation level in the second year of this plan. Additionally, staff is to be commended for its past special grant-seeking efforts and encouraged to continue pursuit of future capital bond funding and FTA JARC and New Freedom funding that is consistent with WPCTSA purposes. Taken together these form the continuing funding base.

An additional critical feature of the current and proposed project funding base is the organization's ability to develop partnerships and to seek matching funds. Match funding levels vary from project to project. These are expected to be a mix of actual cash and of in-kind, both volunteer labor and agency-contributed resources.

Specific projects going forward are identified in Exhibit ES-6 following, summarizing key recommendations associated with each. Several projects are phased in over the next couple of years. The administrators for each project are identified where known. In some cases, these will have to be developed from interested, willing and able partnerships. Discussion of implementation issues, including needed program policy and procedures, are included in Chapter 7 and in accompanying Appendices-Implementation Tools.

Exhibit E-6, WPCTSA Recommended Projects and Initial Direction

Project Title/ Administrator	SRTP Funding Recommendations
1. Health Express – NEMT Trips and Mobility Management Program *Administrator: Seniors First*	➢ Continued funding for NEMT trips, while developing mechanisms to reduce unit costs; modest increases annually for COLA and contribution to rising fuel expense. ➢ Recognition of mobility management role by tracking mobility management developments across state. ➢ Funding partners meeting to discuss and secure continued partnering levels of financial support and development of contract tools to enhance cost-effectiveness.
2. Volunteer Door-to-Door Program *Administrator: Seniors First*	➢ Continued funding of project with a one percent increase annually for inflation
3. Voucher-Last Resort Trip Program *Administrator: Seniors First*	➢ Slight increase in funding level given careful utilization of this resource but in recognition of the service gap it meets, often inter-community.
4. Public Transit Demand Response CTSA NEMT Trip Reimbursement *Administrator: WPCTSA*	➢ Reimbursement of CTSA NEMT trips allocated by the Call Center to Public Dial-a-Ride services. Use existing unused DAR capacity during off-peak hours only. CTSA NEMT trips are above and beyond required complimentary ADA paratransit trips. Will need a DAR maintenance-of-effort agreement with public operators. DAR services expand the ability of WPCTSA to provide NEMT services. Assists in meeting overall increased NEMT ridership goals.
5. Transit Ambassador Program *Administrator: City of Roseville*	➢ CTSA share provided from grant funding set-aside. ➢ Determine with program how to promote activities and more actively engage the community to grow transit use or consider revising the travel training model now in use.
6. Rural Placer County Mileage Reimbursement Program *Administrator: To be determined*	➢ Set-aside funds to match with potential partner funds, including volunteer drivers, for a limited initiative; annual funding reliant upon identifying match dollars.
7. Bus Pass Subsidy Program *Administrator: To be determined*	➢ Set aside small funding base for a bus pass distribution project, once a host partner is determined.
8. Capital - Non-Profit Vehicle Replacement Program *Administrator: WPCTSA*	➢ Establish modest line-item support for detailing of surplus vehicles and assurance of basic road-worthiness.
9. Capital – Bus Stop/ Access/ Community Enhancement *Administrator: WPCTSA*	➢ Conduct a bus stop inventory on accessibility and prioritize for support to specific bus stop or path-of-access improvements that will demonstrably benefit the target populations.
10. Capital - NEMT Vehicle Tracking & Upgrade Program *Administrator: WPCTSA/ Seniors First*	➢ Tracking device and software to enable Call Center to locate NEMT vehicles and manage usage and capacity.
11. Contingency Reserve *Administrator: WPCTSA*	➢ Maintain a budgeted reserve of 15 percent, both to address special, circumstances and/or seed one-time projects.

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Short Range Transit Plan for *Western Placer Consolidated Transportation Services Agency*

This is the first time that a Short Range Transit Plan (SRTP) has been developed for the Western Placer Consolidated Transportation Services Agency (WPCTSA), a newly-established organization initiated by the Placer County Transportation Planning Agency (PCTPA) during 2008 to address specialized transportation needs and unmet transit needs within Placer County. This SRTP establishes both a near-term plan, including an evaluation of existing services, and proposes a longer-term vision.

CHAPTER 1 – CTSA DEVELOPMENT IN WESTERN PLACER COUNTY

This chapter considers the background for development of the WPCTSA in terms of a study of the county's dial-a-ride services conducted in 2007. With the establishment of the WPCTSA late in 2008, this chapter reviews the Joint Powers agreement and the existing service agreements under which the WPCTSA provides for services and fulfills its purposes.

2007 Regional Dial-a-Ride Study and Its Messages for Coordinated Services

During 2007 and 2008, the Placer County Transportation Planning Agency (PCTPA) undertook an evaluation of all of the demand responsive programs operating in then South Placer County at that time. These included three dial-a-rides and the Taylor Road Shuttle operated under Placer County Transit, dial-a-ride services operated by the cities of Roseville and of Lincoln, the City of Auburn deviated fixed-route service and the CTSA, then operated by Pride Industries. This evaluation was specifically concerned with developing strategies for the coordinating or consolidating of dial-a-ride services. The study was prompted by concern for increased efficiencies and an awareness of growing population and increasing demand for expensive demand response services.

This 2007 study explored what levels of coordination and consolidation will best serve Placer County residents. The study suggested varying levels of coordination and consolidation were right for Placer County, characterizing these as a ladder comprised of four general areas of activity. These began with the simplest levels of maintaining the status quo, traveling up to some coordination on selected policies; then on to consolidating selected functions; finally consolidating services under a single regional operator.

Figure 1, Ladder of Coordination and Consolidation
For 2007 Placer County Regional Dial-a-Ride Study

The 2007 consultant team noted that within the many dial-a-ride functional areas that make service on the streets possible, it might or might not be practicable to coordinate or consolidate individual functional areas. In other words, coordination might be possible for some functions but not others; consolidation of selected functions might make sense but not others. Within the four recommended goal areas and twenty implementing activities, it was clear that Placer County transit operators would need to sort through those specific actions and areas for functional coordination or consolidation that the County's demand responsive providers wished to pursue for implementation.

The four general goal areas recommended in the 2007 Regional Dial-a-Ride adopted plan were:

1. Establish PCTPA leadership to guide the County's operators towards an integrated, regional demand response program.
2. Promote general public demand responsive policies that improve efficiencies and build capacity in South Placer County.
3. Establish a CTSA for South Placer County that promotes specialized transportation opinions and addresses the needs of residents.
4. Develop a coordinated information strategy for demand response services, oriented to the information needs of consumers, agency personnel and transit operators in South Placer County.

As a result of these 2007 recommendations and its review of long-standing CTSA programming, the PCTPA undertook a variety of program improvements, notably creating a new joint powers authority to govern and administer the CTSA functions. The Western Placer Consolidated Transportation Services Agency (WPCTSA) was formed.

The new Western Placer Consolidated Transportation Services Agency (WPCTSA) was formed in November 2008 and new services going into effect on January 2, 2009. On that date, three PRIDE Industries transportation programs – the I-Med program (a non-emergency medical transportation program), the transportation voucher program and the volunteer transportation program – transferred their administration to Western Placer CTSA. The private partners supporting this effort included: Seniors First Inc., Sutter Auburn Faith Hospital, Sutter Roseville Medical Center, Kaiser Permanente, Placer Collaborative Network and the Placer Independent Resource Services.

Generally, improvements sought by the PCTPA board were targeted to improve the mobility of individuals who, for a number of reasons, were unable to use the fixed-route transit services provided within and between Placer County's cities and towns and to provide for medical services within Sacramento County. An important focus in early discussions was on trips that could not be provided by the existing public transit, fixed-route network and supporting new trips to address unmet transit needs not met by existing transit programs.

In discussing the re-formed CTSA and its purposes with key stakeholders during this process and gleaned from CTSA background materials, as understood early in 2009 were: 1) to provide for transportation services for seniors and persons with disabilities; 2) to address gaps and unmet transit needs in the existing Placer County public transit network for these individuals; and 3) to encourage and promote partnerships that extend the available Local Transportation Funds (LTF) by leveraging non-profit and human services agency funding to address mobility needs of these target populations.

Review of Joint Powers Agreement Creating the WPCTSA

With an effective date of November 5, 2008, the Joint Powers Agreement creating the Western Placer Consolidated Transportation Services Authority contains language that provides important direction and clarification regarding the mission, service area and organizational structure of the CTSA. This section cites the language in the Joint Powers Agreement and discusses its significance to the organization and operation of the CTSA.

Mission of the CTSA

In paragraph B of the Recitals, the range of services is clearly specified as:

> "… the public interest will be served by … the creation of the Western Placer Consolidated Transportation Service Agency ("CTSA") as a joint powers agency with the power to provide social service transportation, including services for the elderly and individuals with disabilities who cannot use conventional transit services, and perform any and all other duties of a consolidated transportation service agency;…" (underlining added)

This same language appears in Section 1, Authority, Purpose And Cooperation, with further citations relating to the roles of CTSAs and their funding under the Transportation Development Act.

At the present time, the transportation services funded by the CTSA concentrate almost entirely on seniors and individuals with disabilities. The language in the agreement clearly specifies that the CTSA is intended to provide "services for the elderly and individuals with disabilities," but also allows the provision of services to other population groups under the broader mission of providing "social service transportation." Such additional groups could include disadvantaged or at-risk youth, low income households, and others being served by social service agencies, which is supported by the cited authority to "perform any and all other duties of a consolidated transportation services agency." The Social Services Transportation Improvement Act [California Government Code Sections 15950-15986], which is the origin of the Consolidated Transportation Service Agencies within the state, contains no restrictions as to population groups to be serviced by such agencies, instead focusing on the social service agencies to which this transportation is related.

CTSA Service Area

The service area for the CTSA is defined in Section 2, Creation of CTSA, of the agreement, which states:

> The Members hereby create the Western Placer CTSA ("CTSA"), a public entity separate from each of the Members, whose jurisdiction is described as all of Placer County, except for the portion thereof lying within the jurisdiction of the Tahoe Regional Planning Agency (TRPA). The CTSA's jurisdiction is depicted in Exhibit B, attached hereto and incorporated herein."

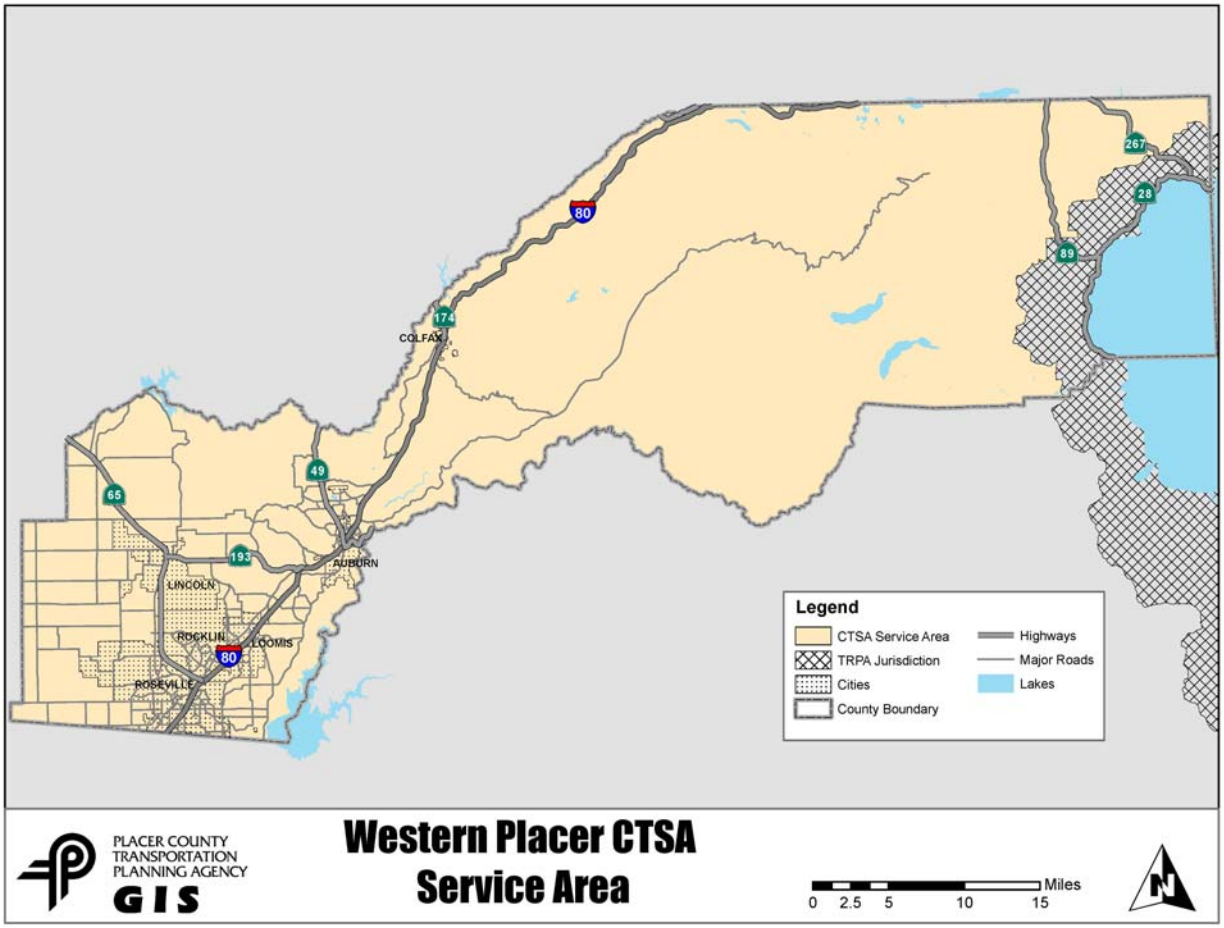
The map referenced as Exhibit B in the Joint Powers Agreement follows as Figure 2

The defined service area is important relative to the transportation services being funded through the WPCTSA. There is no requirement that every funded program serve the entire service area,

although it is important to assess social service transportation needs throughout the entire area in terms of equity as well as cost-effectiveness of transportation service availability.

For example, it is important to recognize the lack of correspondence of political boundaries with some travel needs of residents, particularly for medical services. Similar to the need in the western portion of the county for transportation connections to medical services in Sacramento, residents of the eastern portion of the defined service area may have a need for transportation to medical services both east of the service area boundary, as well as to specialized medical service providers in Sacramento.

Figure 2: CTSA Service Area



Organizational Structure

Under Section 4, Powers, subsection A, the agreement authorizes the Authority to carry out the functions of a Consolidated Transportation Services Authority through either third party contracts or through direct administration and operation:

> "A. to provide social service transportation within the jurisdiction of the CTSA and any non Member cities for which the CTSA provides social service transportation under a separate agreement and perform all other duties of a consolidated transportation service agency, whether by contract with a third party or with its own forces;"

Since its inception, the WPCTSA has not directly provided transportation services but instead, undertaken the provision of social service transportation almost entirely through partnership agreements with Seniors First, Inc., through Memoranda of Understanding [MOU] with existing public transit systems, or through agreements with eligible non-profit organizations in relation to the retired vehicle program.

Review of Service Agreements for WPCTSA Programs

The agreements executed by the WPCTSA for provision of services include:

Partnership Agreements

- With Seniors First for the Health Express Service
- With Seniors First for the Transportation Voucher Pilot Program
- With Seniors First for the Volunteer Door-to-Door Transportation Pilot Program

Memoranda of Understanding

- With the County of Placer for the enhanced Taylor Road Shuttle
- With the City of Roseville for the Transit Ambassador Program
- With the City of Roseville for the Centralized Call Center
- With individual, eligible non-profit organizations for retired vehicles

These individual agreements are reviewed in Appendix A. In general, we would note that the expenditure of public transit funds through these "partnership" arrangements is a novel means of leveraging limited CTSA funding. In each case, the "partner" agency is contributing a significant

portion of the project funding, with the WPCTSA contributing a specified funding amount as its share. With the MOUs, PCTPA contributes the funding because the programs service the public transit operators.

From the standpoint of organizational structure, and, particularly, with a view towards the long-term viability of the current policy of providing transportation services through contract as opposed to assuming direct operation of such services, there is no obvious impediment to the continued use of MOUs, partnership arrangements or third-party service contracts by WPCTSA. In fact, these partnership agreements clearly enable the WPCTSA to leverage other funding and enable it to pursue its mission.

At the current and projected levels of service, there are no perceived advantages to PCTPA to be gained by moving to the direct operation of transportation services. A discussion of alternative service arrangements is part of this study's recommendation process, balancing the opportunity to leverage external resources versus other issues of program control and efficiencies.

Summary

This chapter reviewed the background for creation of the WPCTSA and examined the written tools used to frame and to conduct its business. Working from its framing Joint Powers Agreement, the WPCTSA utilizes a mix of partnership agreements and memoranda of understanding, to construct programs that are targeted and focused to specific needs. Specifically, three service agreements and three MOU documents, plus agreements with eligible non-profits for vehicles, give form and structure to services and define the responsibilities of participating organizations.

In two instances, this service structure is enabling the WPCTSA to leverage other funding and resources, so that its LTF revenue base is not the sole means of support. Notably, the partnership agreement leverages funding provided by three hospitals for non-emergency medical transportation services. Sutter Auburn Faith Hospital, Sutter Roseville Medical Center and Kaiser Permanente are all partners in this service supporting trips to medical facilities. The Area 4 Agency on Aging is a contributing partner to the volunteer door-to-door rides program.

In-kind contributions of importance are leveraged by two programs. The volunteer door-to-door rides and the Transit Ambassador program each draw upon significant volunteer assistance.

Among issues highlighted by this review, the mission statement language of the WPCTSA appears limiting to services for seniors and persons with disabilities, as is currently reflected by service mix

provided. In fact, the WPCTSA authorizing regulation is broader. It includes persons of limited means and low-income households as among the target populations.

Additionally, the service area of WPCTSA is inclusive of all of Placer County except for the area of Placer County within the jurisdiction of the Tahoe Regional Planning Agency. The description does not recognize that some non-emergency medical trips require service to destinations outside the service area boundaries, which may include the greater Sacramento area, Nevada County and even Reno, Nevada.

CHAPTER 2 - CONTEXT FOR WESTERN PLACER CTSA

This chapter provides background information important to consider in planning for the future of the WPCTSA. This includes updated demographic information on the various target groups of Placer County residents who might need CTSA services. A review of selected CTSAs' organizations and an assessment of recent unmet transit needs hearings was undertaken and is included as Appendix B, contributing to this analysis of context.

Update of Placer County Demographics

Identifying the target populations, their relative sizes and demographic trends informs the planning efforts of WPCTSA's programs. Growth projections will be validated by the release of the 2010 US Census data which, at the time of this writing were not yet available. However, a comparison of the data that is currently available lends to a richer understanding of the continuing need for specialized transportation in Placer County. Table 1 compares the populations of various subgroups as provided by the 2000 US Census, the 2005-2009 American Community Survey, and the 2007-2009 American Community Survey (ACS). Not all figures are available in the ACS data as these updates work only with subsets of the data and smaller sample sizes. Target populations of interest to this discussion and included in Table 1 are: low-income adults, adults with disabilities, seniors, low-income seniors and seniors with disabilities.

Table 1

Placer County Target Populations, Potential Specialized Transit Riders	2000 US Census, Placer County, Summary File 3			2005-2009 American Community Survey (5 year estimates)			2007-2009 American Community Survey (3 year estimates)		
	People by Category	% of Total Population	% of Sub Population	People by Category	% of Total Population	% of Sub Population	People by Category	% of Total Population	% of Sub Population
Placer County Total Population	**248,399**	**100%**		**332,059**	**100%**		**340,448**	**100%**	
% change over 2000				***33.7%***			***37.1%***		
ADULTS									
Adults, 15-64	160,617	64.7%		215,878	65.0%		221,099	64.9%	
Adults, 18-64	150,407	60.6%			***n/a***			***n/a***	
Low-Income Adults, 18-64 [1]	8,755	3.5%	5.8% *% of adult pop. 18+*		***n/a***			***n/a***	
Adults with Disabilities, 16-64 [2]	34,537	13.9%			***n/a***			***n/a***	
Occupied Housing Units	93,382			125,046			126,881		
No Vehicles Available per housing units	**4,621**		**4.9%**	**4,317**		**3.5%**	**4,901**		**3.9%**
SENIORS 65+	**32,043**	**12.9%**		**49,489**	**14.9%**		**51,845**	**15.2%**	
Seniors, ages 65-74	17,458	7.0%		27,063	8.2%		28,299	8.3%	
Seniors, ages 75-84	11,408	4.6%		16,631	5.0%		16,899	5.0%	
Seniors, ages 85 +	3,177	1.3%		5,795	1.7%		6,647	2.0%	
Low-Income Seniors 65 + [1]	1,200	0.5%	3.7% *% of senior pop. 65 +*		***n/a***			***n/a***	
Seniors with Disabilities 65 + [2]	18,017	7.3%	56.2% *% of senior pop. 65 +*		***n/a***			***n/a***	

[1] This reports individuals who income in 1999 was below poverty level as defined by the Census Bureau.
[2] This count does not report the "go-outside-home" disability category as this question's wording in the 2000 census led to a over-representation of this population.

Continual overall growth in the County's population is demonstrated, given a 2000 census population of 248,399 and increasing to a total population of 340,448 persons for the 2007-2009 ACS, an increase of 37%. The 2010 decennial census validates this growth with the total county population reported as 348,432 persons.

Income and disability estimates are not available in the ACS, but one can see that the larger subpopulations are experiencing growth as well. Most notably, 15.2% of Placer County's population was 65 years or older in the 2007-2009 ACS, as compared to 12.9% of the County's 2000 population. This increase is a mix both of new seniors moving into Placer County with other residents aging-in-place. Of note, while seniors with disabilities made up 7.3% of the overall County's 2000 population, that group made up over half (56.2%) of the County's senior population. Also notable, the oldest-old, persons age 85 and older, are estimated to double in number. The 2000 census reports 3,177 persons age 85 and older. The ACS 2007-2009 estimates 6,647 persons age 85 and older. As the senior population increases, the proportion of individuals with disabilities will increase as well.

An additional variable that suggests transportation dependence is reflected in those occupied housing units without vehicles. In 2000, 4.9% of occupied housing units reported no vehicles. This percentage dropped according to the 2005-2009 ACS numbers, but rose with the 2007-2009 ACS activity, with 3.9% of the County's occupied housing units reporting no vehicle.

These population groups – seniors, persons with disabilities, those of low-income or without access to a functioning vehicle – are among those who may have need of the specialized transportation programs that the WPCTSA offers.

Annual Unmet Transit Needs Hearing Process, Prior Year Testimony

PLACER COUNTY TRANSPORTATION PLANNING AGENCY

Annually, the Placer County Transportation Planning Agency is required to conduct public hearings on unmet transit needs, necessary before it can approve budgeted allocations to its transportation providers. PCTPA receives testimony from Placer County constituents and determines whether these represent unmet transit needs and whether these are needs that can be reasonable to meet. Its definition of an unmet transit need, last amended September 2006 is:

> *An unmet transit need is an expressed or identified need which is not currently being met through the existing system of public transportation services. Unmet transit needs are also those needs required to comply with the requirements of the Americans with Disabilities Act.*

Criteria for determining reasonable to meet include impacts of any new service on the State's fare box recovery requirements, level of community support, conformance with the Regional Transportation Plan and consistency with the goals of the adopted Short Range Transit Plan for the given jurisdiction.

The PCTPA Unmet Transit Needs Analysis and Recommendations Final Report for FY 2010/2011, dated February 24, 2010 reported on a total of 83 consolidated unmet needs comments. Five general categories of comments are developed to analyze comments received. These are: Service Area; Service Frequency; Service Span; New Service/ Route Extension; and Americans with Disabilities Act issues. There is an Other Requests category as well.

Summarized here are the public comments offered that are relevance to the discussion of WPCTSA functions, as well as those of the overall public transit program in relation to the target populations of older persons, persons with disabilities and those of low-income. With regard to the Tahoe and Truckee area, comments included below are only those related to connectivity with Western Placer County. Also not included are the staff responses and analysis related to these comments.

New Service/ Route Extensions (2009 Public Hearings)

- Need connectivity to achieve seamless travel across the Sacramento region.
- Sheridan needs transit or dial-a-ride service.
- Foresthill needs lifeline level of transit service.
- Transit service is needed in the SR 193 corridor.
- There needs to be connectivity from Truckee and the north shore area of Tahoe to Auburn and points west.
- Placer County unincorporated – Students (youth) with disabilities need to get to an equestrian program for persons with disabilities out by Lorenson Road.
- Rocklin – Need more routes in Rocklin for persons with disabilities, seniors and student to be able to travel independently out of the neighborhood; need cost-effective service; CTSA trips [at that time] cost $7 a one-way trips and this is too expensive.
- Roseville – Need more bus service to get to Sutter Roseville Hospital, Douglas Boulevard and Sierra Gardens. Dial-a-ride is very limited in where it can take you and in availability.
- Rocklin – Need better services to Sierra College campus (consistent and door-to-door).

Service Area (2009 Public Hearings)

- Roseville Transit and Placer County Transit DAR services should be allowed to cross boundary lines, example Roseville to Rocklin.

Service Schedule (2009 Public Hearings)

- Placer County Transit and Roseville Transit should offer DAR service on winter holidays – Thanksgiving, Christmas and New Years.

Other (2009 Public Hearings)

- Need better PUBLICITY. Commenter was "astonished to find that all of the other attendees to a 55 Alive drivers class for seniors were unaware of the public bus systems in the area. They were eager to learn more.
- Commenter requested a "paratransit specialist" program for Roseville Transit and Placer County Transit. "I was surprised to find out that we do not have people to train those to use the bus that are disabled or elderly. The Transit Ambassador Program in Roseville is great but I think we need to pay people to do more extensive, one-to-one training for those who are confused about the bus system."
- Need for a region-wide, centralized trip planning and coordination mechanism as a strategic tool to help build ridership.
- Develop a regional Social Service Transportation Advisory Committee (SSTAC) to address the Resort Area Triangle social service transportation issues, including out-of-the-area transportation, wheelchair capacity for ADA transportation, outreach and information sharing.

Summary

This chapter, along with the supporting information included as Appendix B, reviewed various contextual issues.

Documented available population information, showing the substantial levels of population growth which the county must continue to anticipate. Almost 100,000 new residents were added over the past nine years, according to the latest American Community Survey data. The 2010 census, not available at the time of writing, confirmed continuing growth with its enumeration of 348,432 persons.

Seniors are increasing steadily, both in total number and as a proportion of the population. Placer County is beginning to experience the front-end of the aging baby boomers, as well as receiving other retirees who wish to live in rural settings that are adjacent to major urbanized areas. It appears that they grow from the 2000 Census 12.9 percent to an estimated 15.2 percent (ACS 2008-2009), representing almost 20,000 additional persons over age 65. And the increase in the oldest-old persons over age 85 grows also, from 1.2 percent of the total population to 2 percent,

effectively doubling the size of that group. No updated information on income levels or disability status is available.

Researching CTSA experiences in other California counties, summarized in Appendix B, returned information on five programs, two operated by public transit agencies and three by non-profit, 501 (c)3 organizations. The public agencies tended to have small CTSA programs, components of their larger mission to provide public transportation in the traditional modes of fixed-route and demand responsive services. The non-profits had somewhat more entrepreneurial, multi-faceted CTSA programs and were more likely to have a broader mix of services and more diverse funding base.

Comments received during that unmet needs cycle that involve specialized transportation needs are summarized. By and large, the FY 2010/11 recommendations, related to these and similar comments, propose using this short range transit plan development process, and the parallel SRTP effort for the County's public transit providers, to identify ways to address these needs.

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CHAPTER 3 – CURRENT PERFORMANCE OF CTSA SERVICES

This chapter provides a brief description of WPCTSA programs that provide services or facilitate the use or provision of services and presents findings and recommendations regarding their continuation and development. The WPCTSA presently sponsors a total of seven programs that provide transportation or facilitate the use of public transit services. These are operated or administered by several different agencies, supported through a range of fund sources, and are at different stages in their implementation.

Programs Administered by Seniors First

Seniors First, Inc. (Seniors First) is a 501(c)3 non-profit corporation that specializes in keeping seniors independent. With offices in Auburn, Seniors First provides community education, information and referral to senior-related services, Meals on Wheels and other services that are focused on maintaining senior independence. Among the services long provided by Senior First are door-to-door transportation services within the Auburn area. In 2009, WPCTSA partnered with Seniors First to expand these transportation programs to other areas of Western Placer County.

1. Heath Express -- Non-Emergency Medical Transportation

Service Description

Managed by Seniors First, Health Express provides door-to-door, advance reservation trips for non-emergency medically-related appointments in Western Placer County. Health Express is open to anyone who cannot afford another service or who has difficulty finding transportation to t medically-related appointment. Individuals calling for trips are routinely referred to public transit services where it is available. For trips provided by Health Express, the service is free to the rider; however, donations are accepted and the suggested donation is $5 per ride and more for longer trips.

Health Express vehicles operate Monday through Friday with the first pick-up starting at 8:30am and the last pick-up at 4:30pm. No service is operated on Saturdays or Sundays; only essential trips are provided on holidays for such purposes as dialysis, chemo or radiation treatments or other life-essential trips. Service is operated every weekday in the

Colfax/Meadow View/Auburn area and on Thursdays. The medical destinations transported to by Health Express, in the greater Sacramento vicinity are:

a. Shriners Hospital
b. Mercy General Hospital
c. UC Davis Medical Campus
d. Sutter Memorial Hospital
e. Sutter General Hospital; and
f. Sutter Cancer Center.

Service is provided within Roseville, Lincoln and Rocklin on a Monday-Wednesday-Friday schedule.

According to the Health Express website, trip requests may be made by phone between 7:00 am and 3:30pm from two weeks in advance to no later than 1:00pm on the weekday prior to the desired trip. Trip requests will be scheduled on a space-available basis, so riders are encouraged to call in as early as possible. A monthly maximum of 600 trips will be provided under the pilot program.

Organization

This service is presently administered by Seniors First under a Partnership Agreement with WPCTSA that expires December 31, 2012, but may be terminated or extended on a month-to-month or specified-period basis. This agreement can be described best as a "turn-key" arrangement under which Seniors First is responsible, either directly or through its subcontractors, for all staff, vehicles and equipment, facilities and expertise to manage and operate the Health Express service. WPCTSA's responsibility is limited to the provision of the majority of the funding.

Seniors First operates the Health Express service through contracts with two, private operators providing services to the western service sector, generally defined as from Newcastle south, including service into Sacramento; and services from Newcastle north to Colfax from a satellite office in Auburn.

Review of the two service contracts identified some concerns regarding the manner in which compensation is structured. The existing payment structure does not encourage increased productivity [passenger trips per vehicle hour of service] or cost-savings in periods of lower trip demand.

Financial

The partnership agreement specifies that WPCTSA shall provide $375,000 annually for operation of Health Express and Seniors First will provide a "funding baseline" of $125,000 annually for the term of the pilot program, for a total annual budget of $500,000. The Seniors First funding is contributed by the Health Express partners: Sutter Auburn Faith Hospital, Sutter Roseville Medical Center, and Kaiser Permanente.

Operating Description

The Health Express service is operated through a reservation office located in the Seniors First offices in North Auburn and staffed by Seniors First employees. The Health Express staff is responsible for: making all reservations for service; transferring each day's trip reservations to the assigned operator the afternoon prior to the service day; handling all cancellation calls and service inquiries; reviewing and approving the contractor invoices for services provided; and preparing operating performance reports.

Through mobility management-type functions, described in detail to the consultant team, the Health Express staff accept reservations while ensuring no trips are provided by Health Express that could be reasonably made by other means. This includes diverting trips to existing public transit services where appropriate, to the low-cost Door to Door volunteer driver program (also administered by Seniors First), or to authorized Medicaid providers in the area where the trip cost is paid by MediCal funds. The search for the most appropriate transportation service for a requested trip can result in a somewhat longer time spent in the reservations process, however, it ensures that Health Express is not duplicating the public transit services and is utilizing the most appropriate provider for each trip.

Most Health Express trips are provided to regular, repeat riders calling to request single trips. Return trips can be scheduled on the same phone call depending on the trip purpose and the certainty of the return time. Ten percent of the Health Express capacity is committed to the provision of standing-order subscription trips – i.e. trips which are made on a weekly or monthly basis to and from the same origins and destinations. These subscription trips are reserved for one month at a time and the rider must call in at the end of each month to renew the reservation. The Health Express staff does not presently believe that demand exists for more than 10% subscription trips.

When received, Health Express trips are entered into an Excel-based reservations system by travel day and time. The system allows the service contractors to log in on-line and review the reservations for any day, up to a month ahead. After reservations close at 3:30pm the weekday

prior to each service day, the reserved trips are divided by the Health Express staff between the two operations contractors, based upon service areas.

Trip cancellations are telephoned to the Health Express reservations number and then phoned to the assigned contractor by staff. After hours, cancellations are recorded in the Seniors First offices and telephoned to the respective contractor early the next day. No trip denials were reported or recorded.

Statistical Performance

On a monthly basis, the Health Express staff at Senior First prepares and submits a monthly report to WPCTSA [titled "General Ride Statistics"]. This report is used by WPCTSA to compile monthly and annual summaries of key statistics.[1] Presented in Table 2-A, selected summary data are shown. The data are listed both by calendar year, which corresponds with the term of the agreement with Seniors First, and by Fiscal Year [July through June].

Table 2-A, Health Express Operating Summary

Time Frame	Trips	Miles	Rev Hours	Oper Cost
Calendar year 2009	5643	50,207	n/a	$500,000
Calendar year 2010	7438	52,646	n/a	$500,000
Fiscal Year 08/09 (Partial, Jan – June)	2715	23,675	1674	n/a
Fiscal Year 09/10 (Jul 09-Jun 10)	6366	51,191	n/a	$381,031

Table 2-B, Health Express Performance

Performance Indicators	CY 2009	CY2010	FY08/09	FY09/10
Cost per Trip	$88.60	$67.22	$92.08	$59.85
Miles per Trip	8.9	6.8	8.7	8.0
Trips per Vehicle Revenue Hour			1.62	
Cost per Vehicle Revenue Hour			$149.34	
Cost per Mile	$9.96	$9.50	$10.56	$6.21
Trips per Month	470	621	452	530

[1] *Passenger counts*, specifically the unduplicated count of individuals served, is routinely reported by Health Express. It should be noted that the reported statistic "Passengers" were omitted from Table 2-A. This statistic is an unduplicated count of specific individuals served each month by the Health Express service and not trips, one-way passenger boardings. Because this statistic reflects the number of specific individuals served each month, the statistic cannot be added on a quarterly or annual basis as is done in the WPCTSA summary of this service. This statistic is commonly associated with social service programs, is required for programs supported by FTA's JARC [Job Access and Reverse Commute] or New Freedom funding, and needs to be used carefully when assessing the effectiveness of the transportation program.

At the time of writing, actual operating cost data was only available for the July 2009 through June 30, 2010 period, this figure coming from Seniors First audited financial statement. In the other periods, the figure shown for Operating Cost is the total annual funding for this program. (Table 2-A).

Using this very basic performance data, several performance indicators can be computed, as shown in Table 2-B. These indicators show that Health Express trips are quite costly, costing at least 59.85 per one-way passenger trip. The availability of vehicle revenue hours data for only one period, January through June 2009, reduces the usefulness of the indicators based on that statistic. However the partial data available for FY 08/09 suggests a concern that Health Express is operating at fairly low productivity levels and a high cost per hour of service.

Trip Utilization

Health Express origin and destination detail of trips served was provided by Seniors First, available for this program only. Figure 3 maps the pattern of these trips for an average month, developed by summing February and December of 2010, and dividing by two to reflect a one-month estimation of service. These reflect that Auburn and Roseville generate the greatest proportion of trips, consistent with these population centers. And a significant proportion of trips are provided within these respective communities, characterized by the pink circles, while the red lines reflect the trips provided between various communities.

Table 4, following the map, provides the detail on the 535 two-month total of trips. Some trips begin or end at Sacramento-area destinations, including in Carmichael and Citrus Heights. Notably out-of-county trips are few in number and each is anchored at one end or the other in Placer County. This pattern is substantially different from that presented in the 2007 analysis of CTSA services where some trips were both beginning and ending outside of the Placer County service area.

The Health Express dispatcher, as noted above in relation to the trip reservation process, works to ensure that trips provide by Health Express cannot be reasonably made on existing public transit services. Presumably, those trips provided that are intra-city, as within Auburn or North Auburn or within Roseville are at times or to locations not readily served by the existing public transit operators. In the Auburn area, these may be trips outside of the deviation service pick-ups available through Auburn Transit. In Roseville, requested trips may be to destinations outside of the operator's service area or at times when service was not available. Further analysis would be necessary to determine this.

Figure 3

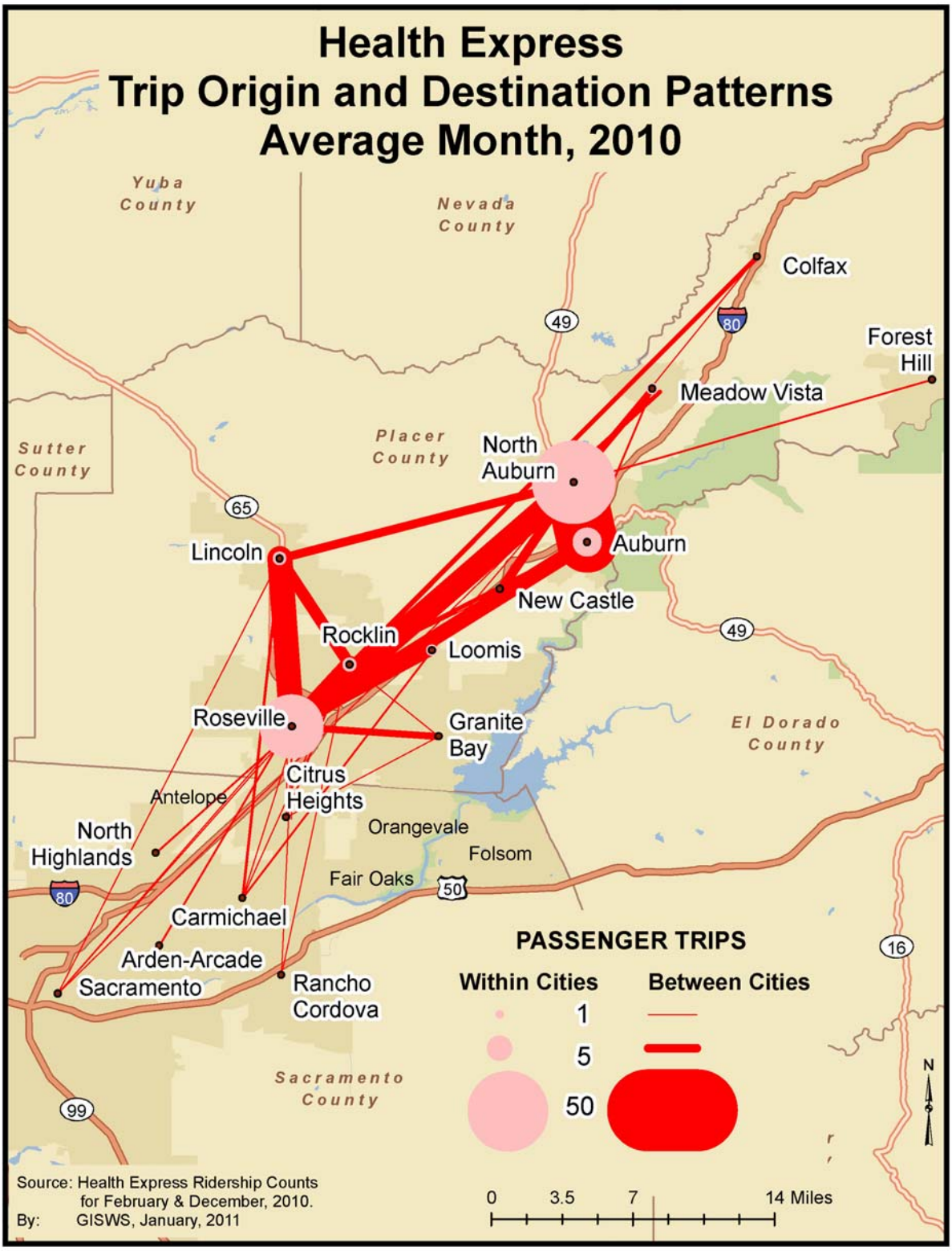
Health Express
Trip Origin and Destination Patterns
Average Month, 2010
Yuba County
Nevada County
Colfax
Forest Hill
Meadow Vista
Sutter County
Placer County
North Auburn
Auburn
Lincoln
New Castle
Rocklin
Loomis
Roseville
Granite Bay
El Dorado County
Citrus Heights
Antelope
North Highlands
Orangevale
Folsom
Fair Oaks
Carmichael
Arden-Arcade
Sacramento
Rancho Cordova
Sacramento County
PASSENGER TRIPS
Within Cities
Between Cities
1
5
50
Source: Health Express Ridership Counts for February & December, 2010.
By: GISWS, January, 2011
0
3.5
7
14 Miles
N

Table 3

Health Express
Passenger Trips by Origin and Destination
February & December, 2010

DESTINATION LOCATIONS

ORIGIN LOCATIONS	Auburn	Colfax	Foresthill	Granite Bay	Lincoln	Loomis	Meadow Vista	North Auburn	Rocklin	Roseville	Arden-Arcade	Carmichael	Citrus Heights	North Highlands	Rancho Cordova	Sacramento	New Castle	Total
Auburn	13						2	74	5	18								112
Colfax								1	5	1								7
Forest Hill								2										2
Granite Bay										8			1					9
Lincoln					3			10	14	30		3				1		61
Loomis						2		1	2	11		2						18
Meadow Vista	2						2	7		5								16
North Auburn	19							107		20						1		147
Rocklin				1	6			3	3	21		1	2		1	1		39
Roseville	4				3			28	4	63	2	1	1	2	1	1		110
Arden-Arcade																		0
Carmichael																		0
Citrus Heights										1								1
North Highlands																		0
Rancho Cordova																		0
Sacramento																		0
New Castle								11	1									13
Total					12	2	4	244	34	178	2	7	4	2	2	4	0	535

Source: Health Express Ridership Counts, AMMA
By: GISWS, January, 2011

Analysis and Findings – Health Express

- Current service policies do not agree with Scope of Work. Trip reservation policies differ between the Scope of Work between WPCTSA and Seniors First and those communicated on the Health Express website, specifically the advance reservation period. The Scope of Work also specifies that Health Express is a curb-to-curb service unless door-to-door service is requested; the website indicates it is a door-to-door service. While these may not be serious discrepancies, the Scope of Work and actual policies need to be made consistent.
- Service contracts are not structured to encourage or achieve cost efficiencies. The compensation and payment terms in the service contracts between Seniors First and its two service contractors are not designed to encourage or achieve increased service efficiencies or cost-savings with improved scheduling efficiency and trip grouping.
- Monthly reporting does not report contractors separately. The Health Express reporting provided monthly to WPCTSA presently combines the operations of its two contractors. These two contractors serve very different travel patterns and are compensated using different formulae. Breaking out the performance of these two contracts would be useful for comparison and analysis of the Health Express two different service areas, Newcastle north to Colfax; Newcastle south to Sacramento.
- Monthly data being reported is insufficient. The monthly Health Express reporting is presently minimal, does not support other than cursory evaluation of the transportation services being provided, and does not provide data required to comply with State Controller reporting requirements, making it difficult to roll-up the monthly data to develop quarterly and annual summaries that will comply. It is recommended that additional data be collected and reported, at a minimum to include vehicle revenue hours by contractor and, for the trips to and from medical destinations in Sacramento, total one-way trips, vehicle revenue hours and miles. Actual operating cost data should also be reported on a monthly basis. A common reporting format should be developed to ensure consistency and facilitate monitoring of the data provided.
- The trip reservation process is functioning in the manner of a Mobility Manager as a referral opportunity to determine the most appropriate service for that individual. Public information about Health Express likely draws in calls both appropriate and inappropriate for this service. Given the high unit cost per trip, it is important that careful assessments are made for every trip to determine the most appropriate service, either by the Health Express dispatch or, in the future, through participation in the centralized call center.
- Meeting current demand appears manageable given that at the time of writing, no waiting lists were produced and no evidence of trips denied because of insufficient

Health Express capacity. While this is also likely related to the careful trip reservation process, seeking the most appropriate service to meet a given individual's needs, it does bear watching as arriving at capacity can happen quickly in an environment with longer-distance trips.

Additionally, it is recommended that the statistic presently labeled as "Passengers" be renamed as "Unduplicated Passengers" to clearly distinguish this number from the number of one-way passenger trips being provided by the Health Express program and to ensure accurate reporting on the State Controllers' statistics.

Recommendation – Continuation of this program, contingent upon implementation of the above findings.

2. Transportation Voucher Program

Service Description

Managed by Seniors First, the Voucher Program is a funding mechanism of last resort to ensure essential non-emergency medical transportation needs of elderly persons and persons with disabilities who are residents of Placer County and who would otherwise have no means of transport are met. Trips are provided as far as Sacramento and to destinations within 5 miles of medical facilities. As the transportation coordinator, Senior First is responsible for evaluating and approving or rejecting each voucher request and matches users with the most reasonable and affordable transportation provider if public transit and other options are not available, not appropriate or not affordable. Voucher funds are used only when all other financial resources have been exhausted. Emergency medical requests are not considered in the Voucher Program.

Voucher Request Forms are currently provided by Seniors First to four agencies in Placer County: the Placer County Public Health Department staff in Roseville and in Auburn, the Lincoln Lighthouse and the Roseville Family Resource Center.[2] When no other source of transportation can be identified for a medically-necessary trip, these agencies complete a Request Form and fax it to Seniors First. Each trip request is carefully screened to ensure that the trip meets the criteria of non-emergency medical trips by seniors or disabled residents of Placer County, and to make sure that the requested trip cannot be made using existing public transit, Health Express, the Volunteer Door-to-Door program, or by a Medicaid transportation provider. When possible, the trip request is passed along to another of these services and not provided through a voucher.

[2] Although the Roseville Family Resource Center has Voucher Request Forms, they have not used the Voucher Program in at least the past two years.

Once approved, the trip details are referred to the approved service providers to provide a quote to deliver the trip. Seniors First allows any qualified service provider to participate in this program so long as they are willing to bill for the trip and accept payment in arrears. Trip requests may be denied if no providers can be identified able to meet the requested trip, or on the basis of cost.

Organization

The Voucher Program has been in existence since 2000 and its administration was transferred in 2009 to Seniors First under a Partnership Agreement with WPCTSA that expires December 31, 2012. This agreement may be extended on a month-to-month or specified-period basis.

Financial

The Voucher Program is entirely funded by WPCTSA with no specified requirement for match or funding from Seniors First. WPCTSA provides a total of $7,500 annually during the term of the pilot program. This amount is based upon a five-year historical average from when Pride Industries operated the program.

The entire cost of this program represents the invoiced costs of providing the one to four voucher trips that are provided each month. Seniors First charges no overhead or administrative costs to this project, which is appropriate considering the small number of requests handled each month and the small total cost of this program. The costs of this program, while relatively high on a per-trip basis, are reasonable when one recognizes the length that staff goes to in assessing each request to find available public transit and specialized transportation services and the few trips that are actually provided under the voucher arrangement.

Statistical Performance

Passenger, trip and mileage data, at the time of writing, was only available from January 2009 through August 2010. The program's operating history and key statistical indicators are summarized in the two tables following.

Table 4, Voucher Program Operating History

Time Frame	Trips Requested	Trips Completed	Miles	Oper Cost
Calendar year 2009	58	35	1296	$7500
Calendar year 2010	37	26	1351	$7500
Fiscal Year 09/10 (Jul 09-Jun 10)	37	28	1372	$3003

Table 5, Voucher Program Performance

Performance Indicators	CY 2009	CY2010	FY09/10
Cost per Trip	$214.27	$288.46	$81.16
Cost per Mile	$5.79	$5.55	$2.19
Average Trip Length	37 miles	45.9 miles	49 miles
Trips per Month	2.9	2.6	2.3

As shown in Table 4, the Voucher Program provides a very small number of trips, averaging less than 3 trips per month since Seniors First assumed administration of the program at the beginning of 2009. Before that time, available data indicate that the Voucher Program provided from 15 to 19 trips per month from 2004 through 2008, suggesting that the Seniors First administration of the program is more diligent about referring trip requests to other transportation services and limiting competition with public transit services.

Table 5 reflects the different nature of the Voucher trips, seen in the much longer average distance of these trips as compared to the Health Express trips, which averaged between 7 and 8 miles depending on the measurement period. This longer distance also points to the specialized nature of these Voucher trips and the difficulty of meeting these needs with available public transit services.

Actual operating cost data was only available for the July 2009 through June 30, 2010 period, this figure coming from Seniors First's audited financial statement. In the other periods, the figure shown for Operating Cost is the total annual funding for this program or, in the case of calendar year 2010, the pro-rata funding for 8 months. The performance indicators for FY 09-10 based on audited cost data show the Voucher Program's performance to be significantly better than the computed measures for the other two periods, pointing to the importance of obtaining more accurate cost data for this program on a monthly basis. At $81.16 per trip – considering the 49 mile average trip length and the fact that these are quite specialized trips – this cost should be considered to be quite acceptable for "last resort" transportation.

Analysis and Findings – Transportation Voucher Program

Review of the Voucher Program indicates that this is a tightly-managed program that meets an essential need to provide a limited number of non-emergency medical trips outside the usual operating formats of public and even specialized transportation services. Based on our review, two findings and associated recommendations are made for this program:

- Publicize judiciously the voucher program and modestly open request process: There is no description or reference to this program on the Seniors First website or in public

materials. Although this is a targeted and limited service, it is recommended that information about the program and how to access it should be more widely available than presently is the case.

Additional agencies should also be given the opportunity to request trips to broaden the community and populations who can access this service. Broader public knowledge of the program and a more open request process would most likely lead to increased trip demand and increased use.

- Document trip screening process, referrals and trip denials: It is recommended that the process used to screen and accept, refer to other services, or deny trip requests be documented so that potential users can understand and better use this service. Senior First has developed guidelines that describe this process; these might provide the basis for a simplified description. Further, trip requests should be recorded along with notes on their processing and disposition. This documentation will enable Seniors First and the WPCTSA to analyze the service, the trip requests that are being made, and determine where additional public services might fill identified service gaps.

  It may be appropriate to incorporate the vouchers into the Call Center, although that must be done very judiciously with considerable attention to eligibility, both of the trip requested and of the individual requesting the trip. This type of program can be readily abused and its budget quickly consumed without the types and level of control that is currently in place and has developed a pattern of low-use and under-utilization.

- Monthly and annual operating cost data must be reported. To properly assess this program as well as to monitor the expenditure of funds, it is important that the actual monthly and annual operating costs be tracked and reported on a monthly and annual basis. As recommended with the Health Express program, a common reporting format should be developed to ensure consistency and facilitate monitoring of the data provided.

Recommendation: Continuation of this program is recommended contingent upon implementation of the above findings.

3. Volunteer Door-to-Door Transportation

Service Description

Managed by Seniors First, this program provides door-to-door transportation for seniors and persons with disabilities who are not able to use conventional public transit services operating in Western Placer County through the use of volunteer drivers operating their own vehicles. Seniors First is required to provide vehicle liability insurance covering the volunteer drivers and their vehicles and each volunteer driver must provide Senior First with a copy of their Motor Vehicle Record.

Trips are provided though the volunteer door-to-door transportation program for a wide range of trip purposes: medical and dental appointments, pharmacy pick-ups, grocery shopping, banking, and personal needs. CTSA funding is understood to be supporting the medically-related transportation while volunteers and the Area 4 Agency on Aging resources support other trip purposes. Service is provided within the Western Placer County area and to Sacramento.

Requests must be made at least 2 days in advance of the appointment or desired trip and trips are only provided on weekdays. Requested trips are matched with available volunteers by Seniors First staff, who then contacts the volunteer to confirm their availability to provide the specific trip. Trip times, days and destinations are limited only by the willingness of volunteers to make requested trips.

Organization

This service is presently administered by Seniors First under a Partnership Agreement with WPCTSA that expires December 31, 2010, and has recently been extended in accordance with the provisions in the agreement.

Financial

The partnership agreement specifies that WPCTSA shall provide $44,000 annually for operation of the Door-to-Door Rides Program and Seniors First will provide $53,000 annually for the term of the pilot program, for a total annual budget of $97,000.

The Seniors First funding will be provided through $47,000 from the Area 4 Agency on Aging and approximately $6,000 from private donations. Compensation to the volunteer drivers is included in the program budget at a rate of $0.44 per mile. Staff indicated that many of the volunteers don't request payment for the miles they incur on behalf of this program.

Operating Description

This program is administered by staff of Seniors First and operated utilizing volunteers that are recruited from the Placer County community. Staff reports that there are over 120 volunteers presently enrolled in this program and that about 40-50 are actively involved in providing trips. Staff is working to recruit younger volunteers for this program, as most are senior citizens themselves and may have associated limitations in when and how far they are willing to drive.

Once recruited, a volunteer goes through background and insurance checks, and then receives training in the program and in some of the physical challenges they may encounter in their passengers. This training is organized and presented by Seniors First with the assistance of the staff of the Area 4 Agency on Aging, which provides a portion of the funding for this program.

A volunteer can designate what trips they will be willing to provide. This can be their availability by day or time, to and from certain areas or cities, or whether they would be willing to provide long-distance trips. This driver information is used by the Seniors First staff to match trip requests to potential volunteers, after which staff contacts the volunteer to determine if they would be available to provide a specific trip. If the volunteer agrees to provide a requested trip, the volunteer driver is given the rider and trip information by phone and they contact the passenger to make final trip arrangements.

All trip requests must originate in Placer County and may be made at least 48 hours in advance of the desired travel time and up to 2 weeks ahead. No same day requests are accepted but occasionally next-day requests are taken. All requests are for individual trips. Standing or subscription trip requests – that is, requests for continuing trips – are not accepted due the difficulty of finding the volunteers which would be needed to meet such continuing requests.

Requests for Volunteer Door-to-Door trips may be denied due to the nature of the trip or if no volunteer can be found to provide the trip. Life-critical trips for dialysis, chemotherapy or radiation treatment, for example, won't be provided through volunteer drivers due to the critical nature of these trips and the pressure this would place on the volunteers. When no volunteer can be found who is able to provide the requested trip, staff maintains a record of these "no-volunteer" trips and works with the rider to reschedule their appointment to a better day and time. During September 2010, only 14 "no-volunteer" requests were recorded by the program.

Statistical Performance

Tables 6-A and 6-B present key performance information for this volunteer program.

Table 6-A, Volunteer Door-to-Door Operating History

Time Frame	Trips	Miles	Oper Cost
Calendar year 2009	6080	65082	$97,000
Calendar year 2010	6142	76,416	$97,000
Fiscal Year 08/09	6330	65,053	$100,540
Fiscal Year 09/10	6196	70,801	$101,607

Table 6-B, Volunteer Door-to-Door Performance

Performance Indicators	CY 2009	CY2010	FY 08/09	FY09/10
Cost per Trip	$15.95	$15.79	$15.88	$16.40
Cost per Mile	$1.49	$1.27	$1.545	$1.435
Average Trip Length	10.7 miles	12.0 miles	10.3 miles	11.4 miles
Trips per Month	507	556	528	516

Actual operating cost data for this program was difficult to obtain. Consequently, the operating cost data shown in Table 6-A for calendar years 2009 and 2010 is the total projected funding for this program, not the actual operating costs. For FY 08/09 and 09/10, the operating costs shown are those reported by the WPCTSA in their Monthly & Annual Summary (see footnotes).

Based on these funding amounts, which could be somewhat higher than the actual operating costs, this program is somewhat more costly than might be expected considering the use of volunteer drivers. Insufficient detailed data is available to analyze these costs.

Not collected or reported are hours associated with the volunteer labor, a statistic that is critically important to capture as it represents a part of the leveraged resource that this program brings to the table. If a volunteer provides approximately two trips per hour, then the 6,000 trips annually provided by this program represent an estimated 3,000 volunteer hours. Using an hourly rate of $10 per hour of volunteer labor, this represents an additional $30,000 in volunteer labor provided to the program, approximately 30% additional resources leveraged on top of the cash match represented by TDA dollars and Area 4 Agency on Aging funds.

Analysis and Findings – Door-to-Door Volunteer Program

The Door-to-Door Volunteer Transportation Program clearly provides a needed and highly flexible travel option to a sector of the Placer County population who have few travel options. This service meets a need for personalized transport at a modest cost by tapping into the pool of willing volunteers within the community.

- Recording volunteer time. As note above, not reported or costed are the volunteer hours involved to provide over 6,000 trips annually with average trip lengths of over 10 miles. The door-to-door nature of these trips is expected to translate into a door-through-door, escort capability for the most frail riders who cannot simply be dropped off at the curb or at their destination but must be assisted inside. This is a significant service capability for which the program currently doesn't get "credit", potentially remedied by requesting that volunteers record their time per trip from the time of passenger pick-up to the time of drop-off, potentially including time they spend waiting with the rider to receive medical services or treatments.

- Volunteer Driver Pool Program statistics and discussions with staff indicate that the program is able to meet virtually all the requests for trips or to work with the rider to reschedule their trip purpose for a day and time when a volunteer driver is available. In September 2010, only about 2.5% of all requested trips had to be denied for lack of an available volunteer, and most of these requests were rescheduled for another day or time when they could be satisfied. Finding and retaining good volunteers is a difficult job. Apparently the balance of maintaining a sufficient number of volunteer drivers and the quantity of trip requests is appropriately managed at present.

- Monthly and annual operating cost data. It is recommended that monthly and annual operating cost data be reported and monitored in order to properly assess this program as well as to monitor the expenditure of funds. As with the other Seniors First programs, it is recommended that a common reporting format be developed to ensure consistency and facilitate monitoring of the data provided.

Recommendation: Continuation of this program is recommended, contingent upon implementation of the above findings.

Programs Administered by the City of Roseville

1. Transit Ambassador Program

Service Description

The Transit Ambassador Program originated out of an unmet needs hearing in about 2006 at which testimony indicated a need to assist local residents in understanding and using Placer County's transit services. The first ambassadors were recruited and trained in mid-2007 and began serving as volunteer transit ambassadors in October 2007. The ambassadors conduct a variety of outreach efforts such as providing face-to-face assistance with passengers, training prospective transit passengers during their travels, attending and staffing applicable outreach events, and encouraging stakeholder groups, agencies and organizations to promote transit use within the western Placer region.

The City of Roseville manages the Transit Ambassador Program on behalf of the WPCTSA. The city is responsible for recruiting, training and coordinating the citizen volunteers necessary to operate the Transit Ambassador Program. The City recruits volunteers through on-line sources [myvolunteer.com and the City's website] and has had about 75 applicants in the past two years. Prospective volunteers go through a panel interview and a background check. If accepted, the volunteers go through training on how to use the Placer County transit services and how to represent these programs as an ambassador.

Once trained, each new ambassador is issued a photo identification badge which allows them to ride all the transit services without paying a fare and they are expected to volunteer a minimum of 5 hours a month. To date, approximately 18 volunteers have been trained as ambassadors and there are presently four active ambassadors in the program. Staff indicates that the number of volunteers varies as does the level of participation by those who are active at any time. They also indicated that the program could use a lot more volunteers than it has presently and that they are actively trying to recruit seniors as ambassadors since they might be able to dedicate more hours to the program.

The ambassadors volunteer at the Galleria mall, the Louis and Orlando Transfer Point where Roseville Transit, Placer County Transit and Sacramento Regional Transit all meet, and at the Sierra Gardens Transfer Point. Other locations include Sierra College, the Auburn Multimodal Station and the Lincoln Transit Center. The Galleria is the most popular location for volunteering. Ambassadors also make presentations on the county's transit services and provide information at schools and other events. During the first two years of this program, conditions of the liability insurance coverage restricted the volunteers to the city limits of Roseville, however those conditions were resolved and volunteers can travel county-wide since April 2010. Some volunteers, for instance, serve as ambassadors while commuting to work within the county.

Organization

The City of Roseville serves as the lead agency and manager of the Transit Ambassador Program.

Financial

The principal source of funding for this program is a State Transit Assistance [STA] grant in the amount of $162,000 that was allocated by PCTPA to the City of Roseville for this program. These funds are to be used, in part, to pay the cost of insurance to cover all program volunteers. The MOU specifies that there is no guarantee of additional funding to this program from other sources.

Program budget operating cost detail obtained from the City of Roseville shows that this program had a total operating cost of about $26,000 in 2009 and a projected annual cost of $27,248 for 2010. At this rate of expenditure, there should be sufficient funding for the program for the next several years.

The budget detail shows that the Ambassador program is charged for direct staff time incurred in administering the program and making presentations to community groups and organizations, direct costs for materials, marketing and travel training, and for management, indirect overhead and office costs by the City of Roseville. These costs all appear to be within reasonable levels considering the activities being carried out by this program.

Statistical Performance

Monthly, each volunteer is required to report the number of hours that they volunteered, what transit routes they traveled on or where they volunteered, and the number of people that were assisted and in what manner.

In the latest quarter reported, the Transit Ambassador program showed the following performance:

- Number of trained & active volunteer ambassadors = 5
- Number of volunteer hours performed = 33 hours
- Assistance contacts = 56 assists

Analysis and Findings, Ambassador Program

Several observations are offered.

- Volunteer recruitment and retention. The Transit Ambassador program while a very useful element of an overall marketing program for transit use within Placer County, is limited by the number of volunteers sufficiently interested and able to complete the recruiting and training process, as well as by a high rate of turnover. In two years, 18 volunteers have completed training as Transit Ambassadors and only five of these remain active as ambassadors. Staff indicated that the privilege granted to ambassadors to ride public transit free is not used as an incentive to volunteer, so as to minimize the likelihood that someone will volunteer to be an ambassador solely to obtain a free transit pass. While some people will volunteer simply for the experience or to give back to their community, it is not unreasonable to recognize the contribution that these Transit Ambassadors make and acknowledge the free transit privilege as a benefit of volunteering. It might be useful to attracting more volunteers to acknowledge the bus pass as an incentive, potentially utilizing well-versed bus riders as Ambassadors for the system. The minimum monthly hours could be increased from five to some higher number if people do appear to be volunteering simply to obtain the transit pass.

- Insurance. Insurance was an issue in the first few years of operation in that existing policies did not cover the Transit Ambassador volunteers. Reportedly, new policies have been secured that will cover the Transit Ambassadors, specifically for locations outside of Roseville.

- Resources to Reach to New Travel Training Markets. The program is encouraged to explore and monitor the array of travel training resources and travel training modalities described in the national literature as public transit operators increasing embrace travel training as an important modality for growing transit use. Travel training is particularly important for older persons who are decreasing their driving but not aware of the public transit choices. Among available resources are Project Action and AARP, both of which have and are developing additional travel training tools, some geared towards seniors. The Transit Cooperative Research Program (TCRP) is just launching a major research effort on senior

travel training that should become available during 2012. These are just a few of the many resources available to enhance the travel training experience which can be consulted.

- Plan to increase volunteers Roseville's Transit Ambassador program should establish a plan for increasing the number of volunteers of all ages -- young people and seniors. Additional incentives might be created, for example, to attract young people through collaboration with Sierra College leading to a course credit opportunity that both exposes the students to working with others around public transit. Importantly this could provide an on-going source of new volunteers to the Ambassador program. In any case, active effort to grow the volunteer base is critical to the longer-term viability of a program that is currently under-enrolled. If the program cannot reasonably increase its volunteer participation rates, it is encouraged to consider other models by which to provide travel training and traveling assistance. Again, there are numerous models available and these can be considered to help grow ridership.

- Reporting on assistance contacts – Existing procedures for counting contacts should be reviewed to ensure that the program is getting full "credit" for the array of contacts that could come up to Ambassadors. Both formal and informal contacts lead to building confidence in riders and prospective riders in how to use Placer County's public transit.

Recommendation - Continuation of this program is recommended, contingent upon implementation of the above findings.

2. South Placer Transit Information Center

Service Description

The South Placer Transportation Call Center (Call Center) is offering a consolidated "one stop" resource to serve as the centralized location for providing alternative transportation information and/or booking demand response trips for participating South Placer County transit operators and/or private/non-profit providers of transportation services. The City of Roseville, as the lead entity, has entered into a management agreement for operation of Roseville's transit services that includes the operation of the Call Center as an option. Its contractor, MV Transportation, will be responsible for all hiring, training, managing and supervising reservationists for call

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6" x 4.25"

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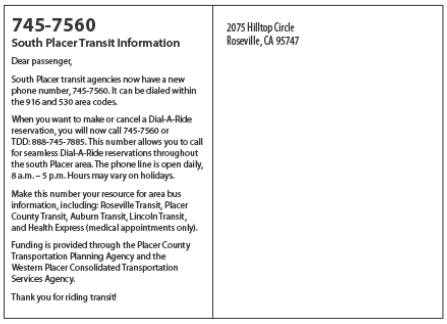

745-7560
South Placer Transit Information

Dear passenger,

South Placer transit agencies now have a new phone number, 745-7560. It can be dialed within the 916 and 530 area codes.

When you want to make or cancel a Dial-A-Ride reservation, you will now call 745-7560 or TDD: 888-745-7885. This number allows you to call for seamless Dial-A-Ride reservations throughout the south Placer area. The phone line is open daily, 8 a.m. – 5 p.m. Hours may vary on holidays.

Make this number your resource for area bus information, including: Roseville Transit, Placer County Transit, Auburn Transit, Lincoln Transit, and Health Express (medical appointments only).

Funding is provided through the Placer County Transportation Planning Agency and the Western Placer Consolidated Transportation Services Agency.

Thank you for riding transit!

2075 Hilltop Circle
Roseville, CA 95747

intake, general transportation information dispersal, along with trip scheduling/manifest creation for participating Dial-A-Ride transit services. Participating transit agencies will retain their own dispatch function to make any modifications necessary to the manifests for next day's services for its drivers and customers, and to insert or remove any same-day trip changes and services (cancels or adds). All transit agencies will benefit from the Call Center by a reduction in call volume due to the screening and handling of transportation information calls by Call Center reservationists.

Discussion with City of Roseville and Placer County Transportation Planning Agency management identified the unification of transit service delivery and Americans with Disabilities Act compliance within Placer County as principal motivations for pursuit of the Call Center, drawing upon the information recommendations of the 2007 Regional Dial-a-Ride Study. Development and implementation of the Call Center will promote seamless ADA and service policies between the various public transit systems in Placer County and enable the creation of a single ADA paratransit eligibility certification under the Call Center. Other goals identified for the Call Center within the MOU defining its structure are uniform ADA paratransit eligibility, travel training, consistency of transit information materials, and better utilization of dial-a-ride capacity among the several paratransit services in the county.

Organization

The Call Center will be operated by the City of Roseville under an agreement with the Western Placer Consolidated Transportation Services Agency which will become effective on April 1, 2011 and remain in effect though June 30, 2014. The agreement may be extended for up to three additional one-year periods.

This agreement specifies certain services that the City of Roseville will provide on behalf of WPCTSA and its member agencies and provides that the City may contract for the provision of some or all of the Call Center services with a qualified transit operations contractor.

Financial

The Call Center agreement requires the Placer County Transportation Planning Agency [PCTPA] to annually allocate to the City the actual operating costs of the Call Center, initially estimated at $300,000 a year. The contract further specifies that source of this allocation shall be either Transportation Development Act Local Transportation Funds ["LTF"] and/or State Transit Assistance Discretionary Funds ["STA"] allocated by PCTPA and that this allocation shall be made before allocating any LTF or STA funds to WPCTSA's member jurisdictions. Additional sources of funding may be provided for the Call Center by PCTPA, WPCTSA or member jurisdictions.

At the conclusion of each fiscal year, all unexpended funds apportioned to the Call Center shall be deposited into a Call Center reserve account, the use of which shall be restricted to Call Center operations upon the approval of the PCTPA Executive Director. At the time of writing, a detailed, line-item budget for the Call Center was still in development by the City of Roseville.

Operating Description

The Call Center went "live" with its first information-based functions in the spring of 2011. The most complete description of the anticipated operations and functioning of the Center is Exhibit A, Scope of Services – South Placer Transportation Call Center, to the Agreement between the City of Roseville and the Western Placer Consolidated Transportation Services Agency. The City is finalizing the staffing and costs of the Call Center with its management contractor and the development of the transit information database. It anticipates adding the call-taking and trip-scheduling capabilities in spring/ summer 2011 for the Lincoln and Placer County Transit Dial-A-Ride programs, the first paratransit programs to be scheduled through the Call Center.

As services are too new to acquire or evaluate actual call data, the contact document is the best description of planned services. According to the management contract, the Call Center will be designed and staffed to service approximately 7,000 calls per month. Call Center operating hours are anticipated to be:

Monday – Friday, 8:00 am – 5:00 pm
Saturday 9:00 am – 5:00 pm
Sunday 9:00 am – 4:00 pm

The Scope of Services envisions two primary functions. First, the use of the Trapeze PASS scheduling software system to interface with satellite dispatch offices at Placer County Transit, Lincoln Transit, Auburn Transit, and WPCTSA or its contractor, to take trip reservation requests for each of these dial-a-ride services, schedule those trip requests, and to transmit the trip schedules to each of the services for dispatch and trip execution. As a second role, the Scope of Services describes that the Call Center will provide information services to the general public regarding transportation options in Western Placer County.

Statistical Performance

As the Call Center is still in development with a target implementation date of April 1, 2011, there is no performance data to present. The agreement specifies that the City shall establish service performance standards in conjunction with the city's contractor and the Transit Operator Working Group [TOWG] in the following areas:

- Demand Response Wait Time (The elapsed time between a "real time" demand response service request and passenger pickup.)
- Ride Time (The elapsed time between passenger pickup and drop off.)

- Missed Trips
- Trip Denials
- Reservation Reliability
- Service Refusals
- No Show Ratio

Analysis and Findings – Call Center

The 2007 Dial-a-Ride Study delineated various steps of the information and trip reservation processes, specifically:

1. Central transportation information only with provision of telephone numbers of the provider to which the caller may be directed;
2. Referral of a caller to the appropriate provider through internal connections to the appropriate provider, sometimes termed a "soft transfer";
3. Central call-taking function to directly schedule trips to available vehicles or transmit the trip request to the targeted provider for scheduling and confirmation.

Call center plans anticipate the new Call Center will play all three roles, depending upon the organization, its dispatching sophistication or the special issues involved with its ridership base. Roseville, Placer County and the City of Lincoln are served by a centralized call taking and dispatching function -- the third level – as of summer 2011. Health Express non-emergency medical trip program suggests the second level, the "soft transfer" option, will likely be most appropriate. In some instances, for example when a case management or human services-type function is required, identifying transportation needs and solutions may fall outside the role and functions of the Call Center and the caller must him or herself contact the agency to which it is directed.

Other issues include:

- Trip Eligibility Determination Procedure – The current service, and its operational contract, is focused on ADA trips and trip eligibility, something that is readily determined by viewing the ADA rider database and considering the service area of a given jurisdiction, e.g. ¾ mile corridor of existing fixed-route. Where trips are provided to the general public or where *trip eligibility* and not *rider eligibility* must be determined, additional procedures will be necessary. Is this caller eligible to take this particular trip? Is this trip – which may travel outside existing service areas or even outside the county – eligible? Such eligibility determinations are potentially another function of a centralized information center and not yet one that is under discussion for this call center.
- ADA Countywide ADA Rider Certification Process -- This will facilitate the Call Center's determination of trip eligibility as it relates to ADA trips. A single, standardized system across the county will likely be most efficient.

- Trip Assignment Procedures – The current trip assignment process is based almost exclusively on service area of the jurisdiction, certainly for Roseville and Lincoln. For Placer County Transit, there may be an ADA rider database from which to work in terms of determining which contractor to dispatch the trip. When Health Express trips are involved, there will need to be additional procedures for determining whether a trip is dispatched to the Health Express contractor or to one of the public transit demand response operators.
- Call Center Reporting -- As the Call Center program moves more fully in to day-to-day operations, reports on the calls received, the basic categories of disposition of these calls and other metrics such as time-on-hold should be recorded and reported. Selected measures should address both the call center's reach across the county as well as its responsiveness to callers.

Recommendation – As this program was too new to evaluate any operating data, no recommendations are offered at this time.

Program Administered by WPCTSA

1. Retired Dial-A-Ride Vehicle Program

Service Description

Under this program, the WPCTSA purchases surplus paratransit vehicles from Placer County transit operators that are being retired and then sells these vehicles to local non-profit / community-based organizations at a nominal amount for their exclusive use to address the mobility needs of elderly and/or disabled residents of Placer County. Each local non-profit / community-based organization selected to receive a retired vehicle is required to enter into an agreement with the WPCTSA that provides, among other things, that the organization shall defend and indemnify the CTSA against any liability, be sufficiently insured to support the indemnity and defense obligation and be able to maintain and operate the vehicle for its remaining useful life.

To be eligible to receive a vehicle under this program, an organization must meet the following criteria:

- Recipient must be a local non-profit / community-based organization serving elderly and/or disabled Placer County residents.
- Recipient must be able to provide an average of fifty (50) trips each month to elderly and/or disabled Placer County residents.
- Recipient must be able to demonstrate responsibility for all vehicle registration and licensing, insurance, painting, fuel, maintenance and operating costs.

To date, only one surplus vehicle has been purchased or transferred by WPCTSA to a nonprofit or community-based organization. That vehicle was transferred to the Gathering Inn in December 2010. [3]

Financial

The WPCTSA would use either Transportation Development Act (TDA) Article 4.5 funds and/or Proposition 1B – Public Transportation Modernization Improvement Service Efficiency Account (PTMISEA) funds allocated to the CTSA by the Placer County Transportation Planning Agency (PCTPA) to fund the Retired Dial-a-Ride Vehicle Program, during the timeframe of this plan. A total of from $30,000 – 50,000 could be made available to administer and fund this program.
As a demonstration of commitment, the non-profit organization would be required to fund the vehicle's annual operating and maintenance costs, prior to obtaining the vehicle from the CTSA.

Analysis and Findings

This surplus vehicle program holds good potential for enabling community organizations to provide targeted transportation services for client groups which would otherwise rely on public transit services – which might or might not be appropriate to meet their travel needs and requirements – or who would be left without transportation.

The unsuccessful negotiations for placement of one vehicle through the program suggest at least two recommendations that might enhance the attractiveness of this program to possible participants:

- WPCTSA should assume a limited responsibility for major component failure. For the basic period of required operation, two years, the WPCTSA should consider bearing the costs of repairing a major component [engine or transmission] or provide a replacement vehicle. This would address a potential operating agency's inability to know the exact mechanical condition of the vehicle being provided while limiting the obligation of the CTSA to no more than the cost of a replacement vehicle.

- WPCTSA should provide the vehicles in service-ready condition. To ensure that receiving agencies are not immediately hit by unexpected costs for deferred maintenance and vehicle preparation like repainting, the WPCTSA should consider contracting basic maintenance

[3] Negotiations with another organization ultimately failed due to concerns of that organization over the mechanical condition of the used vehicle, the costs of major component failure, and repainting of the vehicle, among other possible factors.

inspection and servicing on each vehicle and that the exteriors of the vehicles be detailed or repainted to thoroughly remove any identification of the prior owning agency.

Summary

This chapter has provided significant operating and performance detail on the seven programs administered through the Western Placer CTSA. Various program-specific recommendations are offered from this review, relating to the particulars of that program. Several general comments are offered from this review:

- Reporting Various reporting recommendations are offered, to enable each program to most accurately reflect the service it is providing and its performance. This will also help to ensure that PCTPA is making accurate and appropriate reports to the State Comptroller's office, in relation to WPCTSA services.

- Meeting Demand/ Marketing Programs The fact that demand is generally able to be met by the various Seniors First-administered programs for trip and for transit information by the Transit Ambassadors' program information requests can be interpreted in two ways. Either there is sufficient capacity to meet requests or the programs are not being adequately marketed to draw in latent demand. For the retired vehicle program, until actions taken early in 2011 on behalf of The Gathering Inn vehicle acquisition, this program had not been successfully used. This may also suggest marketing needs and a consequence of agencies unaware of the program.

- Contract Incentives for Trip Efficiency Unit trip costs reported here for the Health Express are high and point to the need for tighter contract language that promotes productivity. To some extent, productive service may be difficult to ensure given the longer-trips and increased frequency of inter-city trip-making that typify non-emergency medical trips. However, in the next contracting cycle, it will be important to review and potentially restructure the relationships between Seniors First, its service providers and WPCTSA.

  Ability to serve increased demand by the Health Express program is likely, with the right contract pricing structure, which can lead to increased service productivity and lower per-trip costs. In other words, more trips could be made for the same or even fewer dollars, in the right contracting environment.

- Monitoring Call Center Implementation - As this new project moves forward, it will be important to document its developing reach across the county and the ability of

the Call Center to assist callers. A variety of metrics will help to measure these questions and a breadth of statistics should be collected and tabulated while the Call Center is defining its core purposes and developing its constituencies. Future SRTP efforts will be able to more effectively assess the program's performance in relation to the goals and service levels set forth in its contract.

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CHAPTER 4 - PUBLIC PARTICIPATION AND IDENTIFICATION OF NEEDS

This section summarizes various public involvement opportunities undertaken through this study or concurrent with it. A survey of riders, which included persons using Health Express or the Door-to-Door Volunteer Rides or traveling from The Gathering Inn, is summarized, with details in Appendices B and D. Comments received through this year's Unmet Transit Needs process are reported. Several other directly relevant community conversations are reported. Taken together, these provide continuing input to the discussion as to what should the WPCTSA be doing with its resources.

Consumer Survey

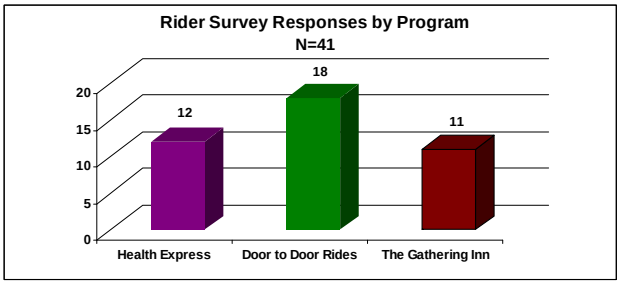
Survey Design Rider input to this plan's process was sought through the distribution of a passenger survey asking for consumers' perspective of the specialized transportation services they use. The survey, developed by AMMA with input from PCTPA staff and other stakeholders, was used to better understand the characteristics of and travel needs and patterns of those individuals using WPCTSA's specialized transportation programs.

The survey was a one page check box design that explored attributes of the three services, Health Express, Door to Door Rides, and The Gathering Inn / Health Express service to Auburn Clinic. An open ended question allowed respondents to suggest improvements from which they would most benefit. The final section asked riders about their own demographic characteristics.

Who Responded? Though distributed modestly, the survey effort garnered a fairly high response rate, providing telling information about WPCTSA services and their consumers. A total of 41 responses were received, 12 for Health Express riders, 18 from passengers of Door to Door Rides, and 11 individuals using The Gathering Inn/Health Express program. Of the total responses, 29 originated from the mail effort. When the number of sent pieces is adjusted to reflect returned mail, the survey effort obtained at 12% response rate.[4]

[4] 54 sent pieces were returned undeliverable due to a bad address. Subtracting this "bad" mail from the 300 sent pieces, produces a revised total of 246 sent pieces. The 11 responses collected from The Gathering Inn were completed using the online survey, and are, therefore, not included in the total when calculating the survey's response rate.

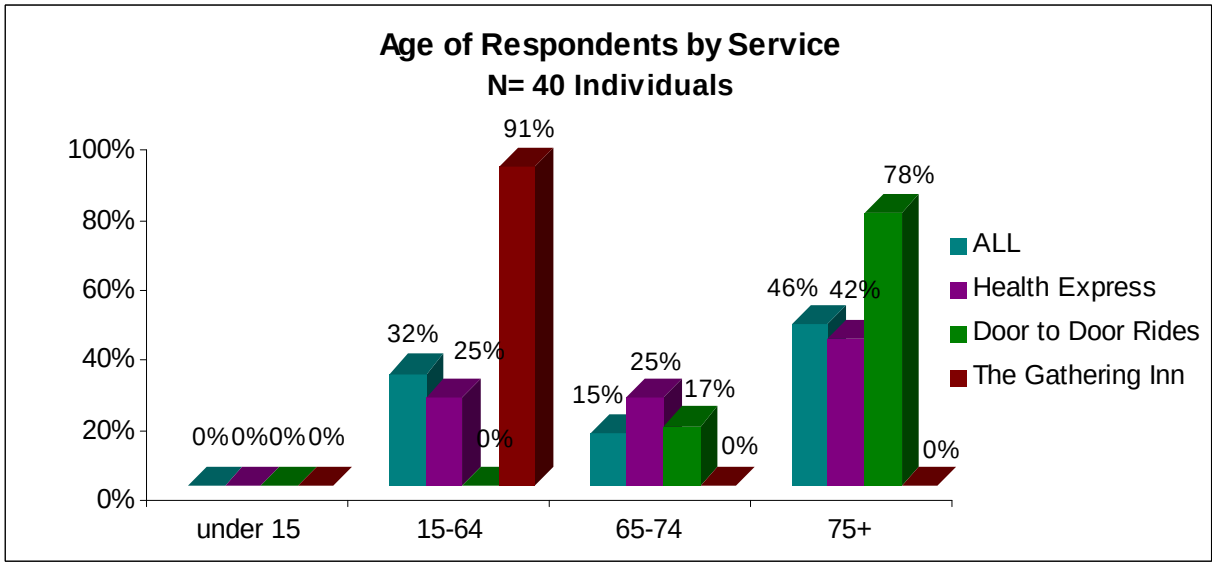
Figure 4



The largest group of responses, representing 18 individuals or 44% of the total 41 responses, came from participants of Door to Door Rides (Figure 4). Twelve individuals (29% of the total) riding Health Express responded, followed closely by 11 (27% of the total) responses from participants of The Gathering Inn.

Respondent Characteristics: Consistent with the focus of WPCTSA's services, no respondents were under the age of 15, even those participating through The Gathering Inn: ages of all respondents ranged from 33 to 96, with an average age of 68. However, subtle differences did emerge among the various programs. Notably, the average age for Door to Door Riders was the highest with 81 years, while The Gathering Inn represented the lowest average age of 47 years old. Figure 5 demonstrates the percent of responses from each age category organized by program.

Figure 5



When asked if they had a physical limitation that impacts their ability to travel, nearly 8 in 10 respondents (78%) reported they did have some type of disability. Of these, almost half (41% or 17 individuals) reported two or more physical limitations. Five individuals reported that they had no disability, while four individuals did not answer this question. The most commonly reported limitations reported included difficulty walking two blocks and difficulty climbing stairs.

Survey Respondents Use of Public Transit Services

The majority of respondents overall (61% or 25 individuals)—and from each program separately—reported that they do not currently use fixed-route buses. Four individuals reported using Dial-a-Ride services, three Door to Door Rides clients and one Health Express client who reported using both fixed route and Dial-a-Ride. However, 3 in 10 respondents reported that they do use fixed-route services, with the most individuals coming from the Door to Door Rides program.

When asked for the reasons why individuals don't use fixed-route services, the responses varied by program. Importantly, respondents from the three groups all noted service coverage, *"fixed-route buses don't go where I need to go",* as a top concern: 42% of Health Express respondents noted this issue, while it was reported by 28% of respondents from Door to Door Rides and 27% of those from The Gathering Inn. Detail on the response by service is included in Appendix B.

Table 7

Reasons for not using Fixed-Route services: All Respondents	
FR buses don't go where I need to go	**32%**
I get rides for some/all trips	**29%**
FR stop is too far from home/destination	**29%**
I can't afford the FR bus fare	**24%**
I need assistance	**22%**
I still drive for some/all trips	**20%**
FR buses don't run times I need	**20%**
Other	**10%**
FR buses aren't reliable/on time	**7%**

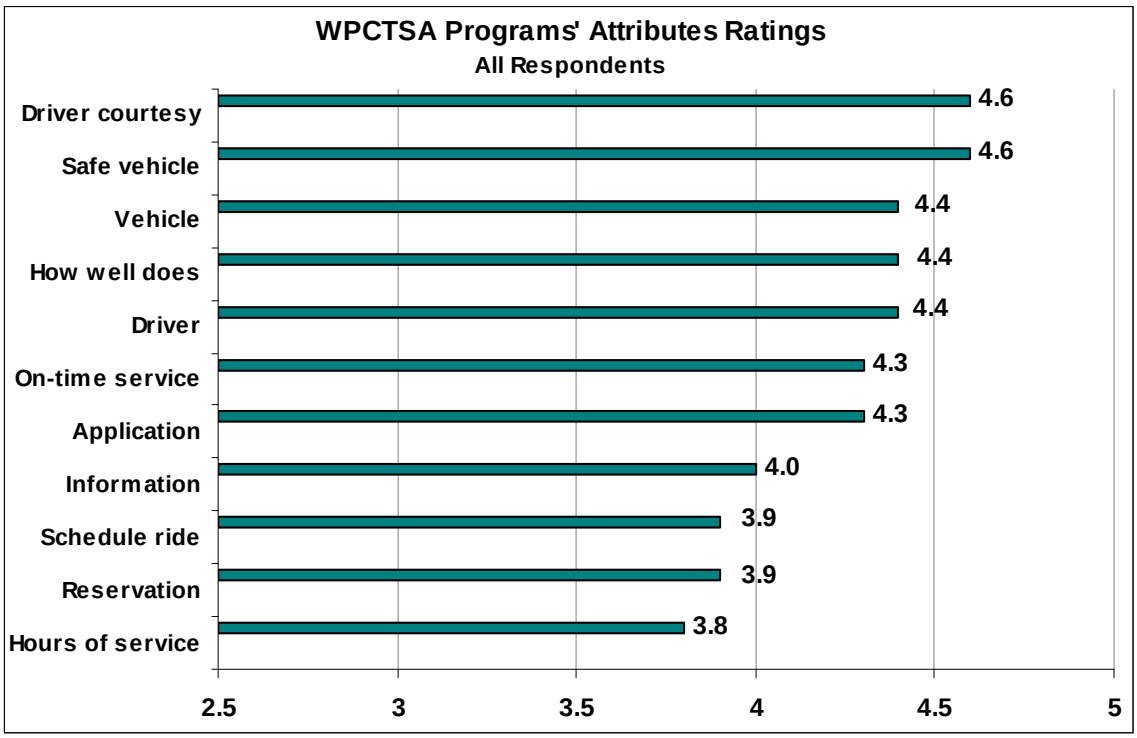
When all responses to the question of not using fixed-route are grouped together, a similar picture emerges, demonstrated by Table 7. Combining the responses from all programs shows that the top reasons this population doesn't use fixed-route buses include **service coverage** or **proximity to fixed-route** ("*fixed-route buses don't go where I need to go," "fixed-route stop is too far from my home/destination"),* **getting rides from others** and the **fare of fixed-route services.**

These responses indicate largely transit-dependent populations, needing assistance but not always near available public transit or unable to pay for it.

What Did We Learn About Seniors First Transportation Programs?

One of the survey's intentions was to assess consumers' experience with WPCTSA's services. Respondents were asked to rate eleven attributes of the service they utilize on a scale of 1 (Very Poor) to 5 (excellent). Figure 6 presents average ratings by all respondents per attribute from highest rated to lowest rated.

Figure 6



Notably, no attributes were rated at 3.0, ***acceptable***, or below. In fact, "*How well does this service meet your transportation needs*" was rated as ***very good*** by all categories, earning an average rating of 4.4 overall. "*Vehicle cleanliness*" and "*Driver assistance to/from door*" were also rated at 4.4 by all respondents.

Highest rated attributes from the all respondents were *"Driver courtesy"* and *"Safe vehicle operation,"* each rated at 4.6.

Lowest ratings by respondents overall were given to "*Were you able to schedule your ride at the time and/or date you wanted*?", "*Reservation process*," and "*Hours of Service*".

Respondents also were asked when they last used the program they were rating. Over a majority of Door to Door Rides consumers (56%) had used the service over 1 month prior to completing the survey, while most Health Express consumers had ridden with the previous 2 weeks (17%) or over 1 month before (25%) completing the survey. The Gathering Inn respondents were most likely to have ridden the same week they completed a survey, with 73% stating they had used transportations service that week.

Appendix B presents additional information gleaned from this survey effort.

Input Received in FY 2010-2011 Unmet Transit Needs Hearings

As noted in Chapter 2, PCTPA annually conducts its unmet transit needs hearing process. Inviting testimony on transit needs, the agency subsequently makes its determination as to whether these are, in fact, unmet transit needs and whether these are needs that can be reasonably met. As noted previously, the definition of an unmet transit need, adopted by the agency, is:

> *An unmet transit need is an expressed or identified need which is not currently being met through the existing system of public transportation services. Unmet transit needs are also those needs required to comply with the requirements of the Americans with Disabilities Act.*

Criteria for determining reasonable to meet include impacts of any new service of the State's fare box recovery requirements, level of community support, conformance with the Regional Transportation Plan and consistency with the goals of the adopted Short Range Transit Plan for the given jurisdiction.

For the 2010-2011 public hearing process, the following public comments have bearing upon this discussion of the roles and responsibilities of the WPCTSA:

<u>Western Placer CTSA Programs</u>

- The Volunteer Door-to-Door Rides should give priority to medical trips over other types of trips.
- The Health Express program needs to re-evaluate its mission, expand, make more [trip] distinctions and prioritize appropriately.

<u>Lincoln Area Dial-a-Ride Connections to Roseville Hospital</u>

- Testimony queries the requirement to transfer between Placer County Transit and Lincoln Transit at Twelve Bridges, in order to get to Roseville Hospital. This is apparently a consequence of longstanding schedule adherence and routing issues.

- Needs from smaller communities around Placer County continue to surface. These included Sheridan and the SR 193 corridor – specifically between Lincoln and Auburn.

<u>Granite Bay Residents' Connections</u>

- Limited public transit in the Granite Bay area makes it difficult to get to Sierra College or to connect to Regional Transit at Folsom or other connectivity.

Rocklin Medical Trip Needs

- An elderly woman who travels to Kaiser but who cannot drive herself has difficulty getting there as dial-a-ride service requires a time-consuming transfer.

Roseville and Roseville to Rocklin Trip Needs beyond Existing Public Transit

- Rocklin to Roseville trip needs exist with persons commenting on the need for improved cross-jurisdictional transportation, often, but not exclusively, for medical trip purposes.

- A seniors' low-income housing facility, Eskaton, with 48 housing units, is not now served by Roseville fixed-route bus, as a consequence of changes to the Route "M". Many of these individuals are no longer driving and are not aware of other alternatives by which to travel.

- Roseville Transit's dial-a-ride reportedly does not serve the County Health and Human Services facility or the Department of Motor Vehicles offices located in Rocklin.

King's Beach / Lake Tahoe Area Hearing and NEMT Needs

Testimony received at the King's Beach hearing spoke to the problem of medical trips to and from Placer County and Nevada County from outside of the North Lake Tahoe and Truckee area. Kaiser facilities, for example, are available in Nevada County. Grass Valley is home to various medical facilities frequented by Placer County residents on the north shore of Lake Tahoe. Other medical destinations are located in Roseville, veterans' facilities are located in Auburn and the county health clinic facilities are in North Auburn. All of these involve significant trips for north Lake Tahoe area persons who are either too ill or too frail to drive themselves or are transit dependent and without access to a car. One individual spoke to needing a "health bus" between Kings Beach and the hospital, its location unspecified.

Related to this, Truckee area comments speak to the need for greater connection between Truckee, Glenshire and through the Tahoe Donner area for a variety of trip purposes. This included getting between the Sierra Services Center nutrition program in North Lake Tahoe and low-income senior apartment housing in Truckee.

A pilot project was proposed by the North Lake Tahoe Transportation Management Association to undertake a volunteer driver program providing door-to-door service to address non-emergency medical transportation needs. Commenters noted that there is excessive reliance upon fire departments and ambulances, first responders, to respond to non-emergency medical trip purposes. PCTPA has noted a finding in December 2007

suspending PRIDE Industries provision of service on behalf of the CTSA, providing trips between Tahoe, Kinds Beach and Truckee to medical facilities in Auburn or Sacramento. These were determined to be outside of the PCTPA jurisdictional areas and so not the responsibility of the Western Placer County CTSA.

Requests for transportation between King's Beach and Sierra College Truckee

One Commenter requests a regional Social Service Transportation Advisory Committee by which to address Resort Area Triangle social service transportation issues on an ongoing basis.

Community Meetings / Discussions

1. Placer Collaborative Network – Open Forum on Transportation

PCTPA joined Sacramento Area Council of Governments for a special meeting of the Placer Collaborative Network to address transportation issues and needs. The PCN is a voluntary organization whose members include most of the county's human services and public agencies involved in the provision of social services to a broad range of consumers. Over twenty-five persons attended the December two-hour meeting and engaged in a conversation about transportation needs, resources, planning processes and services.

As it notes on its website, "*the Placer Collaborative Network (PCN) brings community leaders together to develop creative solutions for change -- change that brings about a better quality of life for those living in Placer County. Values of collaboration, creativity, and service drive the work at Placer Collaborative because we believe* ***TOGETHER*** *we really are* ***BETTER***."

The conversation regarding transportation topics embraced the following organizing concepts:

- How do transportation processes work and how does it filter down for the unmet needs assessment?

  PCN participants, many of whom are new to the transportation planning processes, were interested in being informed as to the decision-making points and issues involved in making good public transportation programs. PCTPA and SACOG representatives went through the various public planning processes and budget allocation process, underscoring the importance of the unmet transit needs annual process as an important mechanism for public input.

- Importance of gathering data!

  There was considerable discussion on the value of keeping records about unmet transit needs, enabling case workers and others to document the transit stories that they hear over the course of the year. Given the high costs of transportation, making policy on the basis of individual anecdotes is not practical. But, where front-line human services personnel can gather meaningful information about the origins and destinations of trips, the times of travel and the frequency of these trips, then developing responsive transit programs becomes feasible.

- Specific issues

  Among the particular transit needs discussed were the problems of getting to court, at the North Auburn locations; traveling between Lincoln and the Galleria; more bus shelters to protect elderly and others from rain; public transportation for Sheridan with better outreach for Spanish speaking individuals, including more transit materials in Spanish; mobility needs of low-income mothers who have multiple trip-making needs which is difficult on public transit; promoting van pools and ride share from low-income housing facilities like Eskaton.

- Interest in on-line trip planning/ regional trip-making

  This is of considerable interest to case managers, social workers and other front-line staff who are trying to assist consumers in getting to needed services, making needed trips and using public transit to do so. Discussed was the role of 511, Google Transit and the evolving Roseville consolidated call center.

- Sharing vehicles between organizations

  There was some interest in exploring the Paratransit Inc. (Sacramento) model of sharing vehicles with discussion of the developing efforts between Seniors First and The Gathering Inn. Other organizations with vehicles likely exist.

- Inter-county travel needs

  VA trips to Auburn and VA trips to Mather present a continuing problem; Placer County to Nevada County is difficult for Kaiser members.

- Role for PCN members?

  There was discussion of how best to capture the "stories" of transit and to create a "voice" in the process; interest in developing robust ways of capturing needs and, in particular, addressing the unmet transit needs hearing questions that best frame those issues. Opportunities discussed for PCN members

included providing input to the CTSA short range transit plan development; developing sustained access to specialized populations; continuing to learn about and use local transit; preparing for more informed discussion, possibly at a May 2011 meeting; and providing regular input through PCN via *listserve*, websites, and Placer County Transportation Planning Agency board input.

Data gathering efforts are already underway through this collaborative body. Two survey initiatives were recently undertaken by Placer First 5 in relation to discussion of PCN members. Summarized here, the results of these surveys are provided in Appendices C and D.

One effort involved a survey that was distributed by schools to Sheridan families through usual Friday packets. This survey asked families about their use of public transportation, if they'd ever missed appointments due to transportation, and what days and times they would use public transportation. The second survey involved a Q & A with providers, including the county clinic and medical providers, regarding access to medical services and bus passes. Full questions and answers are provided in Appendix D

2. The Gathering Inn, Roseville

PCTPA staff and the consultant team met with staff members of The Gathering Inn to discuss various transportation issues. This program is an emergency homeless persons shelter based in Roseville and provides food, medical services and case management services. In operation for seven years, it is the only organization of its type operating in Placer County. The Gathering Inn is supported by a variety of grants and donations, including dozens of area churches.

The new arrangement with the Health Express program involves transporting participants of The Gathering Inn to the DeWitt B Street health clinic in North Auburn on Tuesday and Thursday mornings. There are early morning pick-ups at three locations in Roseville, transporting individuals who choose to go to the DeWitt clinic and returning them back to The Gathering Inn, arriving about 1 p.m. The transportation service has been well-utilized and received favorable ratings in the consumer satisfaction survey reported previously in this chapter.

Needs of The Gathering Inn included replacing a 22 passenger bus. As of this writing, this has been addressed through the WPCTSA's vehicle program. The Gathering Inn's director spoke of the need for purchasing fuel at a fleet rate, as well as need for vehicle maintenance and driver insurance at good prices and/or reliable vendors.

Other transportation issues of this population include:

- This homeless population usually does not have the fare for bus passes;
- Individuals need to travel between Roseville and Auburn for medical services.
- The Rocklin Health and Human Services Welcome Center is not well-served by public transit, even if individuals can afford to travel there.
- Individuals get TB tests at The Gathering Inn and then have to get back within 48 to 72 hours to have the test "read," in order that other benefits can be obtained. It would be helpful, in such cases, to be able to go pick up these persons from around the city.
- There is a Lincoln transitional beds facility of 120 beds to which persons need to be transported. Similarly, the Lazarus Program (four to five houses), Advocates for Mentally Ill housing (9 beds) and the Salvation Army (no beds) are among those destinations to which it would be helpful to sometimes assist with transportation.

3. Truckee-North Lake Tahoe Transportation Management Association

Discussions were held between staff of the Truckee- North Lake Tahoe Transportation Management Association and the consulting team regarding possible responses to unmet transportation needs of residents of the TMA's service area. These have been long-standing areas of concern, for the PCTPA board, for the newly forming WPCTSA and for the governmental entities in Nevada County and around Lake Tahoe who are concerned about mobility problems of residents. PCTPA's response to unmet transit needs has been that these are reasonable-to-meet needs, but only in the context of partners who can contribute some financial support as these issues are not solely the responsibility of the PCTPA board, or Placer County or of the Tahoe Area Regional Transportation (TART) to meet.

In the absence of a level of financial participation that facilitates more regional public transit, the TMA executive director is interested in developing the types of programs that the WPCTSA currently provides. Specifically, there is local interest in a volunteer driver program that could assist with some of the non-emergency medical transportation needs that recur as so many medical facilities are outside of the Truckee-North Tahoe area.

There was discussion between the TMA staff and the consulting team about the viability of a Truckee- North Lake Tahoe CTSA [consolidated transportation services agency]. Given that the WPCTSA is focused exclusively on the western slope area, there is some value in considering a geographically-focused entity to bring together resources and serve as a focal point for addressing unmet transit needs of the Truckee and North Lake Tahoe communities.

Specialized transportation programs, such as volunteer driver and mileage reimbursement programs, do represent ways to introduce the first tier of transportation while issues of demand and resources continue to sort themselves out. Additionally, the focus of a TMA organization is consistent with the Mobility Management concepts that are being strongly supported at the Federal level with FTA Section 5316 – Job Access and Reverse Commute and Section 5317- New Freedom funding. Conceivably, establishing even a provisional CTSA could enable the TMA organization to procure additional local and state funding, were it to be provided with some seed or start-up funding. These were among the ideas explored.

Regional Needs Studies – A4AA, SACOG and Hospitals

1. Area 4 Agency on Aging – Annual Needs Assessment, 2009

In concert with the requirements of the Older Americans Act, the Area Agencies on Aging conduct regular unmet needs assessments of their populations, in order to prioritize the use of scarce resources. The most recent report, 2009, identifies transportation concerns of seniors as the first ranked need, considered in relation to both 2008 and 2009 surveys and needs emerging through the Seniors Information and Assistance calls. Figure 7 reflects the top ten need areas of this 2009 Placer County Area 4 AAA Needs Assessment, clearly reflecting transportation needs as the highest, of more than 25 ranked needs.

Figure 7, Extract from Area 4 Aging 2009 Needs Assessment,
Showing Transportation as Number One Ranked Need

PLACER COUNTY 11/10/2009

Overall Rank	Senior Needs Chart For each data-gathering method used, the most frequently cited needs/concerns are shown in rank order. The overall rankings are computed using a simple point system.* *(The letter "T" indicates a tie in the rankings)*	Things that Concern Seniors (2008 County Senior Survey)	What do you need help with? (2008 County Senior Survey)	What should leaders focus on? (2009 OAAC Meeting)	Top unmet needs, FY 2008-09 (Senior Information & Assistance)	Greatest unmet senior needs (2009 Service Provider Survey)	Most significant senior problems (2009 Key Informant Interviews)
1	Getting transportation for errands or medical appts.	7	4	2	1	1	1
2	Paying for housing	T-4	6	T-3	6	T-2	T-8
3	Getting minor home repairs and/or modifications	T-4	T-2		5	4	
4	Paying for medical care or medicines		1	T-3	4		
T-5	Finding a reliable person to do in-home care			T-3		T-2	5
T-5	OTHER: Improving the network of available services (especially case management and mental health)				2	5	3
T-7	Finding services or benefits that could help me	9		1			2
T-7	OTHER: Having economic/financial concerns	1		T-3			T-8
9	OTHER: Coping with health problems	2	8			T-6	
10	Getting someone to do major home repairs	T-4	T-2				

2. SACOG – Outreach and Analysis of Transit-Dependent Needs in the SACOG Region, 2011

Concurrent with this study, SACOG was undertaking an environmental justice analysis of unmet an undermet transportation needs in the SACOG region, as experienced by low-income, transit dependent residents. These could include seniors and persons with disabilities as many, although certainly not all, of these individuals are of limited income.

Key "lifeline" destinations were explored, which included the full range of programs that might be utilized by low-income persons, such as medical facilities, community-based veteran programs, disability, mental health and social service/ human services agencies, key public offices, adult education, rehabilitation, job training and employment services, large subsidized day care centers, and public schools, colleges, universities and communities colleges. The report documents the many challenges faced by this study's target group in accessing these destinations.

This study's challenges are summarized in Figure 8 following.

Figure 8

Challenges in Transport to Lifeline Services within the SACOG Region

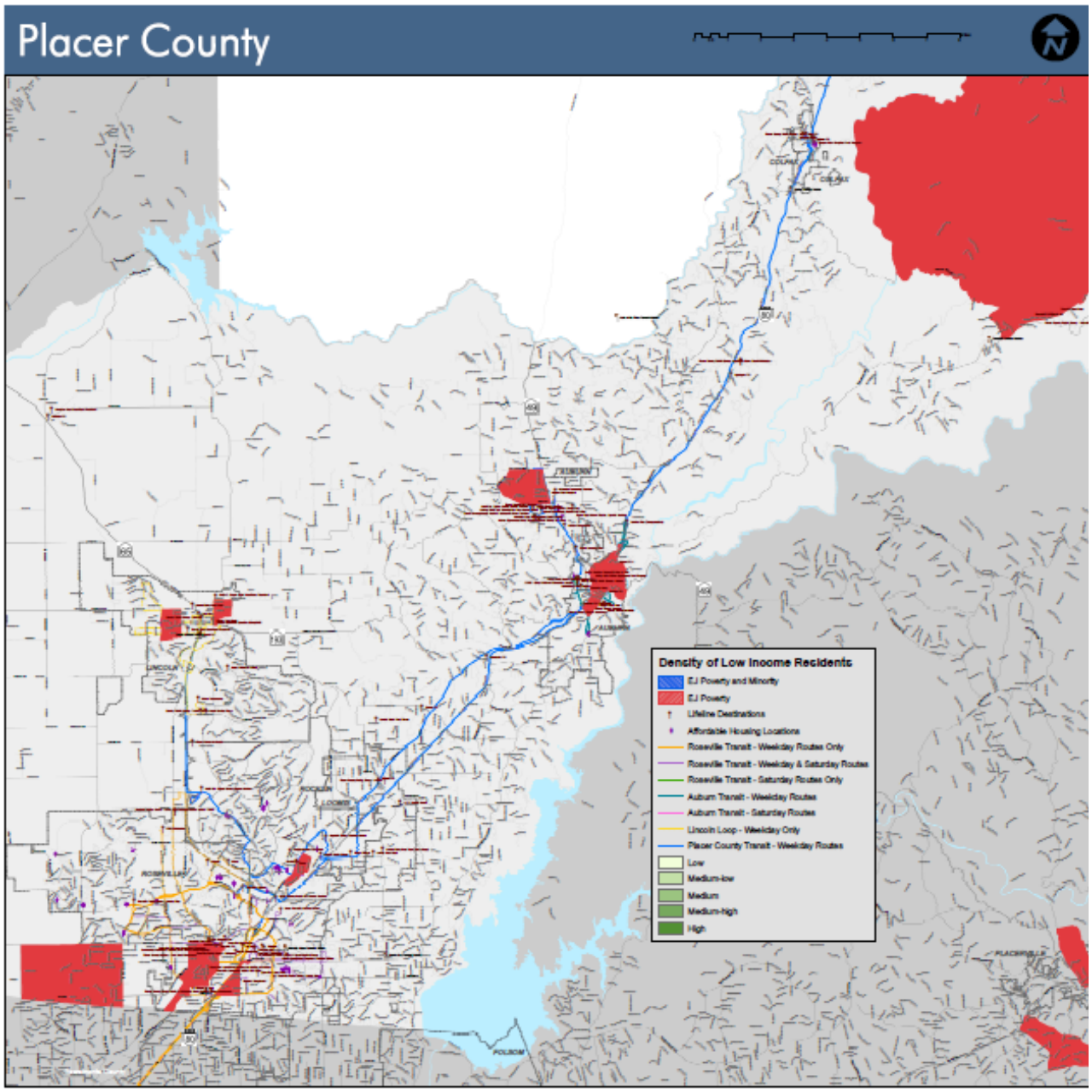
- Transit availability, especially given recent service cuts by some of the region's transit operators
- Transit access to health care
- Intra and inter-county travel and transit connectivity issues
- The affordability of transit fares for those with limited means
- The apparent disconnect between planning decisions made by providers of essential/ lifeline services and those of transit operators
- Issues with the path of travel to transit
- Operational issues with public transit
- Transit informational needs
- Youth transit needs

Extracted from *Draft Outreach and Analysis of Transit-Dependent Needs in the SACOG Region*, S. Sprowls, MAY 18, 2011, pg. 2.

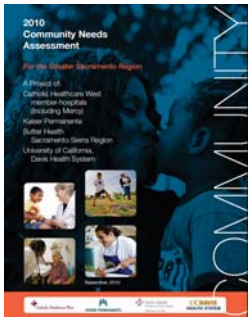
This study also put significant resources into mapping the most currently available census information at the county level. Figure 9 following, presents the map created by the Sacramento Area Council of Governments, providing some geographically-specific indicators of specialized transit demand, as it relates to low-income households.

This map points to the distribution of this particular target group across the county, suggesting areas of the county where specialized transportation projects may be appropriate when the densities and distances from existing fixed-route operations make those services less feasible.

Figure 9, Density of Low Income Populations of Placer County, SACOG-2011

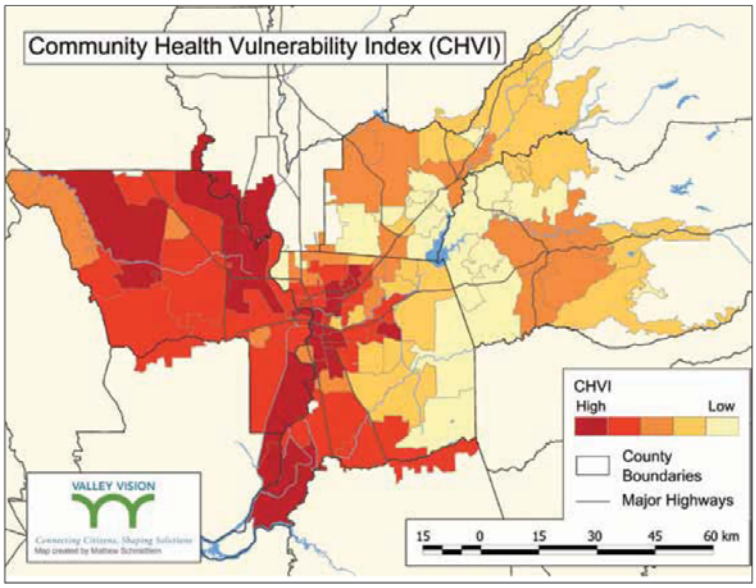


3. Community Needs Assessment for the Greater Sacramento Region, Valley Vision, 2010



This community needs assessment was a project of Catholic Healthcare West Member Hospitals, Kaiser Permanente, Sutter Health Sacramento Sierra Region, University of California, Davis Health Care System. This was a large scale community needs assessments and is a statutorily-required activity of non-profit hospitals. While it serves a number of purposes, including protect that non-profit status, it help these hospitals identify and prioritize community-based needs that they might address.

Among the various tools utilized in this regional assessment is a community health vulnerability index (CHVI) by which to identify areas where groups of individuals have higher rates of health-related concerns. The study acknowledges that communities in Placer County have relatively moderate to low levels of health vulnerability. As a consequence, there are somewhat less extreme issues than in those zip codes where the combination of variables leads to the higher vulnerability ratings.



Two health care conditions – mental health issues and hypertension – still show up as high unmet health needs across the region. In Placer County, five zip codes have ratings where the mental health hospitalization and ER visits exceed the state rate of 93.71 for ER visits: x

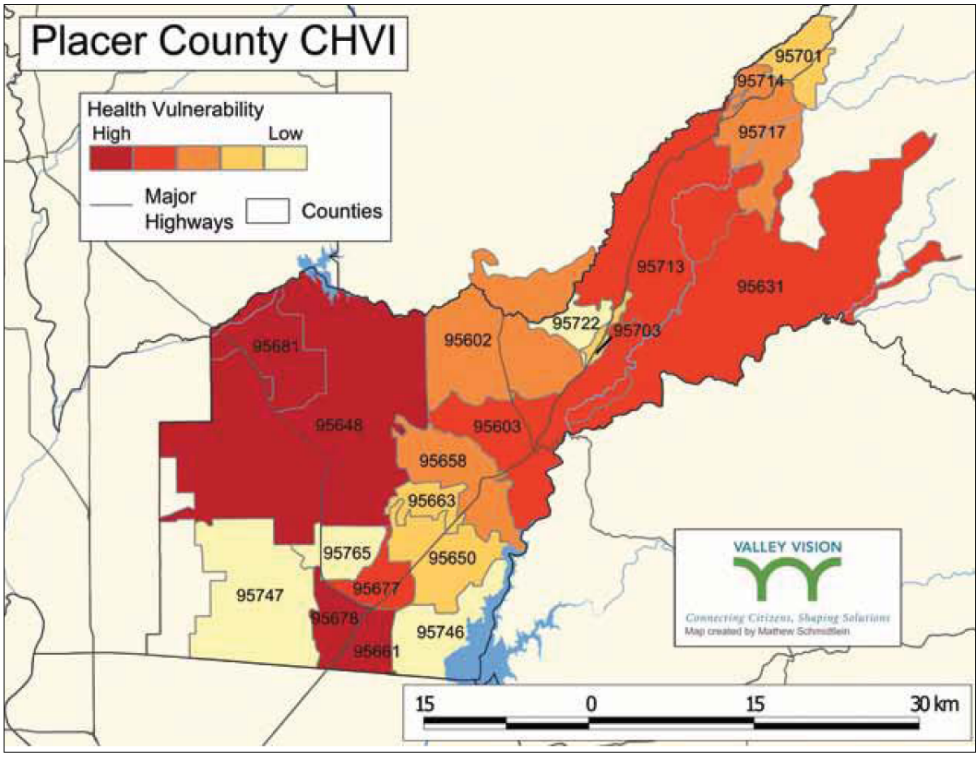
95603-Auburn – 140.58 ER Visit Rate
95677 Rocklin – 135.66 ER Visit Rate
95661-Roseville – 131.67 ER Visit Rate
95678-Roseville – 127.54 ER Visit Rate
95602-Auburn – 108.59 ER Visit Rate

For hypertension, the state ER visit rate of 14.74 was exceeded by two Placer County communities:

95661-Roseville – 15.33 ER visit rate
95663-Penryn – 17.83 ER visit rate

Looking just within the County, the CHVI index identifies those areas of Placer County with higher needs, as contrasted with other parts of the same county. Figure 10 presents this map, showing the greater Lincoln area with the highest health vulnerability rating, followed by the Auburn area. Transportation was discussed in various settings receiving this report as an important factor that influences whether or not people get the preventative and routine medical care that can deflect emergency room visits and hospitalizations.

Figure 10, Placer County Community Health Vulnerability Index



Summary

This chapter has presented consumer and agency input on specialized transportation need from a variety of sources: a consumer survey; the most recent unmet transit needs hearings; three meetings/ discussions with Placer County agency groups; and three relevant studies.

Consumers who are current or recent-past users of the Seniors First/ WPCTSA-sponsored programs were surveyed and found, by and large, to be very satisfied. Customer comments and ratings for three services were reported: the Health Express service, the Volunteer Door-to-Door Rides and the new Gathering Inn transportation service for medical trips between Roseville and North Auburn. Riders offered comments on a number of areas but the higher and lower ratings were all

within the very good to excellent ranges. Notably, very few of the consumers responding to this survey are ADA certified or understand or are aware of ADA transportation options. This may suggest a frail population that is not able to use Placer County's ADA transportation resources. But it may also suggest that there is perennial need to get out information and education to prospective users, particularly seniors, who may be loathe to explore public transit until they are forced to do so by life circumstances.

Current year unmet transit needs hearing responses are also reported echo comments received in prior cycles and speak to issues of connectivity between communities and problems of the outlying, unserved areas such as Sheridan and Forresthills. These types of needs are among those that potentially can be more cost-effectively served by WPCTSA-type solutions.

Three community meetings and discussions are reported on: with the Placer Collaborative Network, with The Gathering Inn and with the Truckee-North Lake Tahoe Transportation Management Association. Each of these entities has an acute awareness of unmet transportation needs, as well as a range of resources and partnership opportunities to bring to bear in addressing some of those needs. Placer County does appear to have a collaborative focus, as the PCN group puts it, with various entities willing and able to work collaboratively to help solve complex problems. In this regard, the organizational structure of the WPCTSA, its current emphasis on partnerships and its potential for fielding cost-effective transportation solutions represent powerful tools for addressing unmet transportation needs of Placer County residents.

Finally, three regional studies with directly-relevant information to unmet transportation needs were discussed. The regular updating of the Area 4 Aging Unmet ranks transportation as the number one need for seniors in Placer County. A recent 2011 study by the Sacramento Area Council of Government (SACOG) on the needs of the transit dependent identifies a series of challenges that make it difficult for the lowest-income individuals to get to various "lifeline" destinations. And a regional health care needs assessment, completed during 2010, identifies various health care vulnerabilities within Placer County – and the region as a whole – impacted by transportation.

CHAPTER 5 -- WPCTSA MISSION, FUNDING BASE, PROPOSED GOALS

Drawing upon the SRTP study process and findings, this chapter articulates what Western Placer County's CTSA could do in relation to its charter to provide for specialized transportation services for Placer County residents. A Mission Statement and a series of goals are proposed to establish the foundation of the WPCTSA program activities and to suggest strategic direction to future development.

Mission Statement Existing and Proposed

The November 2008 joint powers agreement creating the WPCTSA provided language gave some form to the organization's purpose and services. Noted in Chapter 1 of this document, that was:

> *"….the public interest will be served by…the creation of the Western Placer consolidated Transportation Service Agency (CTSA) as a joint powers agency with the power to provide social service transportation, including services for the elderly and individuals with disabilities who cannot use conventional transit services, and perform any and all other duties of a consolidated transportation service agency…"*

A proposed mission statement revision builds upon the above joint powers agreement language but includes somewhat more directed language:

> ***Through coordination of public transportation, targeted partnerships and development of innovative specialized transportation projects, the Western Placer Consolidated Transportation Services Agency (WPCTSA) shall develop, maintain and enhance, as resources allow, mobility options for seniors, persons with disabilities and persons of limited means.***

About the Mission Statement

California Government Code Section 15975 provides for the designation of *consolidated transportation services agencies* (CTSAs) in order to consolidate and/or coordinate social service transportation to more efficiently and effectively address the mobility needs of social service agency clients, who are predominantly the elderly, individuals with disabilities, and low-income and disadvantaged. The manner and methods by which this is done varies greatly across the state, with Appendix B presenting a review of several CTSAs and one emerging CTSA.

The proposed mission statement introduces several concepts. It suggests that public transportation— including all modes of rail, bus rapid transit, fixed-route and demand responsive services – will benefit from some level of coordination making these services accessible to the

target populations. It defines the target populations as the three groups of seniors, persons with disabilities and individuals of low-income. The mission statement further suggests that innovative and specifically designed projects may best augment public transportation to meet the individualized needs of the target population groups. Further, the mechanism of coordination – a loosely defined, but multifaceted notion – is expected to bring about better transportation choices and services to the target population.

Funding Available for Implementing WPCTSA's Programs

Of paramount importance is the availability of funding to provide for implementation of the WPCTSA's program. The current overall program funding base is a mix of public and private funding, as well as in-kind resources, as presented in Table 8 on the following page. For FY 2010/11, WPCTSA total program costs of $887,123 for the past fiscal year leveraged some additional resources of cash match and in-kind match. These are estimated at $178,000 in Table 8. WPCTSA funding therefore covered 80% of a total program. An important feature of a consolidated transportation services agency is its ability to work flexibly with a range of funding sources and to leverage other funding through its own expenditures.

Table 8 does reflect its primary funding source as being TDA, Local Transportation Funds at 4% of the PCPTA apportionment. Included within the FY 2010/11 budget period is an FTA 5317 New Freedom grant of $162,206 used to offset program costs of services provided to person with disabilities. Table 8 reflects two types of agency match funding. These include:

- Seniors First contributions made by: Sutter Auburn Faith Hospital, Sutter Roseville Medical Center and Kaiser Permanente
- In-kind contributions by volunteer drivers

In considering the WPCTSA role and functions, its ability to leverage other, non-transit funding sources is an important feature. Securing such resources is a characteristic of coordinated transportation and an opportunity afforded by the entrepreneurial nature of a consolidated transportation services agency. CTSAs can construct partnerships and share costs in a way that may be more difficult and problematic for a traditional public transit agency.

Table 8, Western Placer CTSA Actual Expense and Revenue Summary

Operating Expenditures	FY 2009/2010 Final	% of Total Program	FY 2010/2011 Final	% of Total Program
PCTPA Staff Administration MOU - Per PCTPA OWP WE #23	$ 30,607	4.6%	$ 60,941	6.9%
Legal Services	$ 2,600	0.4%		0.0%
Consulting Services	$ -		$ 19,771	
Placer Collaborative Network (PCN) Membership	$ 250	0.0%		0.0%
Accounting Services	$ 112	0.0%		0.0%
Fiscal Auditors (TDA)	$ 5,000	0.7%		0.0%
Direct Expenses (1)	$ 8,169	1.2%	$ 6,409	0.7%
Subtotal PCTPA Administration	**$ 46,738**	**7.0%**	**$ 87,121**	**9.8%**
Seniors First - Health Express Pilot Program (2)	$ 484,375	72.1%	$ 500,000	56.4%
Seniors First - Volunteer Door-to-Door Pilot Program (2)	$ 97,000	14.4%	$ 97,000	10.9%
Seniors First - Voucher Program Pilot Program (3)	$ 5,020	0.7%	$ 3,386	0.4%
Transit Ambassador Insurance Coverage (4)	$ 282	0.0%	$ -	
Surplus D-A-R Vehicle Program for Social Service Non-Profits (5)	$ -	0.0%	$ -	
Taylor Road Shuttle Two-Year Pilot Service Enhancement (6)	$ 38,000	5.7%	$ 34,616	3.9%
Contingency Reserve (7)	$ -		$ 165,000	18.6%
Subtotal WP CTSA Programs	**$ 624,677**	**93.0%**	**$ 800,002**	**90.2%**
Total WP CTSA Program Costs	**$ 671,415**	**100.0%**	**$ 887,123**	**100.0%**

Operating Revenue	FY 2009/2010 Final	% of Total Revenue	FY 2010/2011 Final	% of Total Revenue
FY 2010/11 LTF Article 4.5 (8)	$ 472,406	72.4%	$ 572,906	51.1%
FY 2010/11 State Transit Assistance (8)	$ -		$ 57,549	5.1%
LTF Article 4.5 Carryover (9)	$ -		$ 121,778	10.9%
Interest Income	$ 1,832	0.3%	$ 2,436	
Seniors First match toward Health Express Pilot Program (10)	$ 125,000	19.2%	$ 125,000	11.2%
Seniors First match toward Volunteer Door-to-Door Pilot Program (1	$ 53,000	8.1%	$ 53,000	4.7%
FFY 2009/10 FTA 5317 Urban New Freedom Grant (11)	$ -		$ 162,206	14.5%
FFY 2009/10 FTA 5317 Rural New Freedom Grant (11)	$ -		$ 25,294	2.3%
Total Operating	**$ 652,238**	**100.0%**	**$ 1,120,169**	**100.0%**

Operating Revenue to Operating Expenditure Comparison	FY 2009/2010 Final		FY 2010/2011 Final	
Surplus / (Deficit) (12)	**$ (19,177)**		**$ 233,046**	

Capital Revenue (Allocations) (13)	Final		Final	
Prop 1B PTMISEA	$ 45,947		$ 208,856	
Prop 1B TSSSDRA	$ 8,356		$ 8,356	
Total Capital	**$ 54,303**		**$ 217,212**	

Notes

1. Direct Expenses include auto, advertising, accounting, legal services, meeting expenses, postage, printing and reproduction, and travel.
2. Represents program fully allocated cost vs. WPCTSA funding share only.
3. Vouchers fund last resort transportation; estimate is based on five year historical average with Pride.
4. Insurance to be funded out of prior year STA allocation from PCTPA to Roseville Transit for Transit Ambassador program.
5. PCTPA received from Caltrans on behalf of WPCTSA FY 2007/08 PTMISEA allocation, eliminating the need to set aside local funds for this purpose.
6. $38,000 represents annualized cost for a two year pilot service agreement with Placer County.
7. The Government Finance Officers Association (GFOA) recommends an operating budget reserve of up to 15 percent for its members.
8. WPCTSA allocation for FY 2010/2011 approved at 4.0 percent by PCTPA in February 2010.
9. Cumulative LTF carryover.
10. Represents Seniors First local match toward Health Express and Volunteer Door-to-Door Pilot Programs.
11. SACOG and Caltrans New Freedom grant application awards.
12. Surplus funds go to carryover.
13. Applications submitted for allocation amounts shown.

Transit Funding, State and Federal

State Funding The LTF allocation represented in Table 8 reflects the current four percent share of the countywide allocation, the level deemed affordable when the new WPCTSA organization and pilot initiatives were being established during 2008. At that time, ridership demand and the nature of the services needed was not clear, coming out of the PRIDE Industries CTSA experience. A constrained start to CTSA programming was appropriate.

However, state statute allows for up to five percent of the LTF allocation to be directed to the consolidated transportation services agency programming. Planning for modest growth in the WPCSTA, up to its statutorily-allowable level of five percent of the LTF allocation at some point during this seven-year timeframe of this plan, is warranted given the demographic and agency-identified needs discussed in the preceding chapters.

Additionally, aggressive efforts of the WPCTSA staff to identify and secure additional funding is both commendable and critically necessary. The PTMISEA funding for various capital efforts is an example of such initiative. The flexibility of the WPCTSA organization represents a mechanism by which to pull additional funding into the county to support targeted mobility projects. Projects, such as the pilot initiatives reviewed in previous chapters, represent almost a laboratory opportunity to test what mobility efforts may be successful in Placer County and which less so. Again, the efforts of staff to continually identify and pursue appropriate funding are critically important to this WPCSTA function of initiation and experimentation.

Federal Funding Several Federal Transit Administration funding programs are being utilized presently or have the potential to support projects of the WPCTSA:

- *Federal Transit Administration Section 5310* vehicle capital grant funding;
- *Federal Transit Administration Section 5316* Job Access and Reverse Commute program funding, specialized transportation funding for job and job-related purposes;
- *Federal Transit Administration Section 5317* New Freedom program funding, specialized transportation funding to integrate persons with disabilities into the community through transportation projects initiated since August 2005 that go "beyond the Americans with Disabilities Act."

Other special grant sources do become available to support planning efforts and to pursue very targeted efforts related to mobility. These are potentially both of value to the WPCTSA to extend its program but also there is opportunity – through the WPCTSA – to undertake special projects and test service modalities in this potentially more flexible environment. An important feature of the WPCTSA is its ability to pursue special funding and appropriate grant opportunities that can further the organization's goals.

Health and Human Services Agency Funding

The Health Express match funding that is provided through three area hospitals comes, in part, through their community benefit assessment requirements. This is a state-level requirement of non-profit hospitals that, in order to maintain their non-profit status must undertake a community-wide needs assessment and then support some community-based projects that address needs identified through the assessment process. Support by these hospitals for transportation is in response to their formal recognition of the need for non-emergency medical transportation. Notably, these funding partners do not require that the Health Express only serve their hospital facilities, but place no restrictions on the destinations to which Health Express riders may travel.

There are multiple, other funding sources at both Federal and State levels that have authorization for transportation services. Many of these are discretionary in that the dollars within a given funding "pot" may be utilized for transportation or may be used for other client-related services. Three that could potentially support WPCTSA activities, in part, include:

Federal Headstart Program and State First FIVE Programs – These two programs are geared towards young children and both have been used elsewhere to support transportation programs. In the case of the Headstart, Federal programming, when funding is allocated to transportation it is to bring children to Headstart activities. For the California First FIVE programming, a county-by-county effort funded with Tobacco Settlement Revenue, funding has been more broadly applied and used elsewhere to support non-emergency medical transportation for children ages zero to five. Both funding sources are limited in terms of their application to transportation, but nonetheless represent partnership opportunities in relation to specialized transportation for children. In Placer County, there was some initial interest on the part of the First Five administrators for collaborative efforts to address transportation needs of children, particularly in the more isolated areas of the county,

Federal Title XIX, Medicaid/ State MediCal Program – This non-emergency medical transportation funding is heavily utilized in other areas of the country to support medically-oriented transportation for low-income persons, often provided by the public transit operator. In California, Title XIX funding for transportation has been much more tightly controlled, provided almost exclusively through for-profit vendors and only for authorized, eligible trips. This is largely a consequence of state rules as to who is eligible and for what trips. As the State of California moves more to managed care arrangements for its low-income residents and away from the current fee-for-service approach, there will likely be more opportunity for WPCTSA to access this transportation funding source.

In the Title XIX managed care environment, it can be easier for public transportation and specialized transportation providers to play a role in the provision of MediCal trips. Contracts or vendor agreements are written with the local MediCal health maintenance organization and the state

"gatekeeper" function is minimized. WPCTSA staff should monitor the evolution of the MediCal program in Placer County, to see whether transportation contracting opportunities might develop.

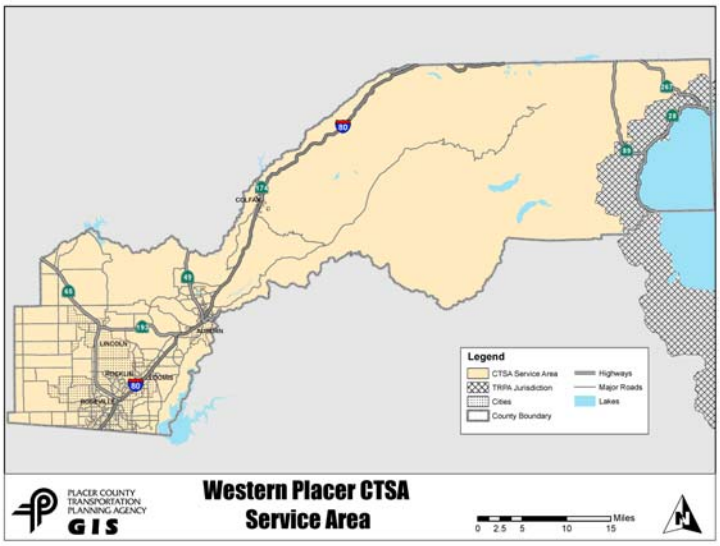
State Mental Health Services Act – This voter approved tax, euphemistically referred to as the Millionaire's Tax, is levied against higher income taxpayers and used to support mental health services for individuals with mental illness. Various MHSA transportation projects around the State have been undertaken, including extensive needs assessments in San Diego and Ventura Counties. For the chronically mentally ill, transportation concerns typically involve difficulties in learning public transit systems, lack of confidence in using it, and at times when individuals are actively mentally ill and coping minimally, door-to-door transportation needs present. Modestly-funded transportation support can enable these individuals to more effectively connect with the existing fixed-route network, and make available to them some demand responsive transportation for periods of high need. MHSA funding may represent an opportunity to support WPCTSA participation in transportation-related projects in settings such as those of The Gathering Inn with programming oriented to chronically mentally ill individuals.

WPCTSA Special Issues Discussion

This subsection looks at eight topics that have large and smaller impacts on the operation of WPCTSA initiatives. The discussion following set forth these various topics that should be considered as the WPCTSA moves forward.

1. Service Area and Coverage

The service area of the WPCTSA is defined by joint powers agreement language, as presented in Chapter 1. The service area potentially encompasses the entire county, approximately 1,400 square miles of land, stretching from the western slopes of the Sierra Nevada mountains and the Tahoe Regional Planning Agency's service area to Sacramento County line, a distance of almost 100 miles between the Sacramento County line and the state line with Nevada. Expectations with regard to this service area are different from that of a traditional



public transit operator in that there is no direct mandate to provide comparable service coverage across the entire county. Instead, the WPCTSA is driven less by the balancing of coverage and more by the location of programs that might be interested, willing and able to provide transportation services in partnership with WPCTSA.

Equity to ensure some levels of coverage across the county do, of course, exist but new services that extend to areas not now-served must be coupled with identification of new partners or new partnership opportunities that will enable the WPCSTA to expand.

2. Compliance with the Americans with Disabilities Act

WPCTSA is, as a public entity, required to comply with the basic provisions of the Americans with Disabilities Act. Importantly, this compliance is as a general transportation program and not as an ADA complementary paratransit service related to the various fixed-route public transit services in Placer County. ADA program accessibility means that the program must be able to accommodate any request for accessible transport and to make reasonable accommodation for the disabilities of a rider or potential rider, with respect to the trip.

It is important to note that WPCTSA-sponsored services, simply because they are not ADA complementary paratransit program, may deny trip requests and establish waiting lists for riders when services are at capacity. WPCTSA projects may independently establish operating hours and days and are not required to operate on the same days and hours as the fixed-route public transportation services within the county.

Materials and information about any WPCTSA service should be routinely available in accessible formats so that they might be easily used by persons with visual or hearing impairments.

3. Eligibility Parameters

The individual eligibility criteria for projects of the WPCTSA will be driven by the particular requirements of the primary funding partners. For example, in the above discussion of the Americans with Disabilities Act (ADA) complementary paratransit services, where the City of Roseville and Placer County Transit have established eligibility processes and certification procedures, there will be very prescribed eligibility parameters. For other partners' projects, eligibility may be determined based upon age, as in the case of First Five and Headstart programs working with children generally age 5 and under, in conjunction with their families. For other projects, eligibility may have a means testing component, oriented to an income-based requirement. When WPCTSA partners with other organizations to develop a transportation

project, there is likely to be a focus on ridership eligibility that will reflect the partner agency program parameters.

Generally however, transportation projects that are initiated by or funded predominately by the WPCTSA should be oriented to riders who meet one or more of the following criteria:

- **Seniors** for which there are varying definitions but generally following the Older Americans Act which describes seniors as at least age 60, consistent with various transit providers in Placer County; the Social Security Administration guidelines related to retirement at a minimum of age 62; with SSI, Medicare and Medicaid establishing age 65 as minimum senior citizen age for these programs. Some senior centers in Placer County may be providing services to younger seniors, between the ages of 55 and 60 and WPCTSA might, on a case-by-case basis opt to use younger ages for senior citizen definitions.

- ***Persons with disabilities,*** where the disability impacts mobility such that it may be difficult to drive oneself or to travel independent. Such a disability may or may not prevent the use of fixed-route transit by the individual. It may be permanent or temporary and it may impact one, two or more of general activities of daily living.

- **Persons of low-income,** including children and youth, following the guidelines for *FTA Section 5316-Job Access and Reverse Commute* (FTA C. 9050.1) program which defines individual or family income that is at or below 150 percent of the poverty line, as defined in Section 673(2) of the Community Services Block Grant Act (42 USC 9902(2), including any revision required by that section for a family of the size involved.

4. Marketing and Branding

The historical CTSA in Placer County, operated through PRIDE Industries had the perceived or real experience of being a well-kept secret. Although there were vehicles with a PRIDE CTSA logo operating throughout the county, there was no formal marketing effort and knowledge of the program and its services was often limited to those well familiar with public transportation services generally in Placer County. With the advent of the new WPCSTA organization, there has been greater effort to "get the word out" and described here are the early branding and marketing efforts.

<u>CTSA Logo</u> WPCTSA has developed an effective black and white logo showing a smaller sized vehicle with the mountains as backdrop, the words Western Placer and the initials of CTSA, conveying specialized transportation and provision of trips. This is used largely on the printed

material as the vehicles have only the Health Express decal displayed on the back sides and both the driver and passenger sides of the vehicle. Other uses of the WPCTSA logo appear to be currently limited the WPCTSA website, to letterhead and communications between staff, the Board and so forth.

Printed Matter As noted above, there is limited presence in the materials of the WPCTSA projects that include its logo. For example, the Health Express flyer has descriptive information and two logos: those of Health Express and of Seniors First. There is no WPCTSA logo on the 4 x 6 inch glossy cardstock overview of the Health Express service. Notably, there is a list of ten partners and Western Placer CTSA is listed as the 10th partner, with a broad group that includes one of Seniors First contractors, Macy Transportation, as well as four hospitals and several community based organizations, including the Placer Collaborative Network

This Health Express flyer is clearly rider-focused with clear, large-print information about how to use this service. The Seniors First organization uses it at various seniors-oriented settings and programs to advertise this medically-related transportation service.

Similarly, the Transit Ambassador Program does not reference WPCTSA on its 3 X 6 inch cardstock flyer that poses several questions: "Confused about transit? Need help planning a bus trip? Want to be a volunteer Transit Ambassador." The flyer has a telephone number and an email address but makes mention of the WPCTSA as a partner or funding agency. This flyer is presumably used in a variety of outreach settings in the greater Roseville area to advertise the program.

Website The WPCTSA website is hosted on the PCTPA website at: http://pctpa.net/?p=244

A fairly complete description of the WPCTSA services and projects exists at this website; however, it is somewhat difficult to find as there is no "button" indicating CTSA or specialized transportation or some such. One must search for it either on the PCTPA website or come to it through by knowing the WPCTSA initials. Consideration of more user-friendly methods for accessing the website are indicated.

In terms of the website content, there is only one a single phone number listed on the website, that of the WPCTSA/ PCTPA staff member responsible for overall program oversight. Again, from consideration from potential users' viewpoints, including the individual program contact information would be of value.

Health Express program also has a website at: www.placerhealthexpress.org Its format is focused on the prospective riders and connecting them readily with available services. The WPCTSA logo is shown prominently on the first page, suggesting that this is a program of Western Placer County's CTSA.

Branding and Branding Guidelines for the WPCTSA As the WPCTSA continues to strengthen and deepen its programming, it will likely make sense to ensure that it gets consistent visibility when it is a funding partner. A formalized marketing program that includes development of branding guidelines for inclusion in service agreements or memoranda of understanding would be useful. The outreach activities and common image ensured through a more formal marketing program will help the general public understand the array of projects and services that comprise WPCTSA, viewing them as parts of an overall program sponsored by WPCTSA. A simple example of appropriate acknowledgement of WPCTSA's role would be placement of the logo on Health Express vehicles and brochures, possibly with the line "Major funding provided by WPCTSA."

Notably, such branding can be a useful assist if Placer County chooses to pursue becoming a self-help county with regard to a local transportation-oriented sales tax initiative. Based upon experience in San Bernardino and Riverside Counties where the super majority 2/3rd vote was easily met, there was a perception clarity regarding funding seniors' transportation alternatives that was indeed helpful in securing voters' support on continued public funding. Visual cues and reminders of this, long in advance, can help to build the case with the voters.

5. Technology

At present there is limited technology involved in the WPCTSA programs. Dispatch and trip scheduling functions are handled through the dispatch office at Health Express and its two private contractors.

The call taking function for the Health Express program is run out of the Seniors First offices, using locally-developed software to manage the trip requests and forward them to the appropriate contractor. While this software appears to be adequate and effective for the present system design and requirements, there has been ongoing discussion about what role the Roseville Call Center might play in relation to a centralized trip scheduling function. Discussions elsewhere in this report have noted the Mobility Manager role that the current Seniors First administrator brings to each of the transportation programs. Although Mobility Management is inherent in the role of combined call centers, the approach taken by Seniors First would be difficult to replicate in a larger Call Center environment. Much of the consumer interaction in the Health Express program grows out of the culture and mission of Seniors First, a human services organization. It is well suited to handle the more detailed information needs and concerns of a frail population.

6. Safety and Security

For passengers using specialized transportation, concerns about safety and security are often paramount. This can translate into information needs, bus stops that protect them from weather

and sun, clear paths of access between the bus stop and major destinations, and the physical safety at transfer and transit center locations. In rider surveys on demand responsive transit, it is not uncommon for seniors and other passengers to identify the curb-to-curb aspect of the trip as desirable both for its convenience and because of a perception of safety over general public, fixed-route transit. Certainly for those individuals whose medical conditions or aging processes make them more frail and less able to move about easily, concerns about safety are complex. For these most vulnerable riders, this may involve increased passenger assistance and door-to-door and door-through-door support.

The WPCTSA role in relation to promoting safety and security of those needing specialized transportation can focus on at least three factors –

- Types of service provided -- for example Seniors First volunteer driver program can provide door-to-door and door-through-door assistance to those riders who may require those higher levels of personal assistance to keep from falling or from wandering away.

- Information, outreach and travel training -- for example the availability of the Transit Ambassadors, other travel buddy and travel training experiences and attention to information distribution that helps uncertain riders make specific trips all serves to develop greater confidence and an increased sense of safety and security in using public transportation in its many forms.

- Improving the built environment – for example, working to improve bus stop and bus shelter amenities, particularly at locations where seniors, persons with disabilities and persons of low-income are high users; addressing path of access concerns so that the numbers of "islands of accessibility" are reduced and a passenger in a wheelchair can actually travel into a

destination over a sidewalk or a newly leveled, flat surface. Improving pedestrian access generally, so that a person with any type of physical mobility limitation can move about more easily, is expected to also aide the general public.

7. Capital Requirements

The WPCTSA has a modest capital budget, as presented in Table 10 at the outset of this subsection. At this point, the program relies exclusively on contractor–provided vehicles. This has been efficient, particularly during the transition from the PRIDE Industries operation to the Seniors First organization. Also, the current providers are providing some non-CTSA trips with their vehicles, which would be more complicated to do with dedicated vehicles.

Nonetheless, it may be appropriate for the WPCTSA – or, on its behalf, its service partners -- to consider application for FTA Section 5310 capital equipment. The recent grant cycle offered a 100% grant funding opportunity, using state-collected toll credits as the "local match." There is discussion that this policy of 100% funding through toll credits will continue for at least one more 5310 cycle. Elsewhere in the state, notably Los Angeles County's CTSA on behalf of its large ADA program, Access Paratransit, Section 5310 vehicles awarded to the program are provided to the contractors for a minimal fee for a nominal amount, for example a dollar per year.

Software could be considered for the future, and could also be obtained through the 5310 program. At present, the scale of the WPCTSA services do not warrant such investment. For the largest project, Health Express, Seniors First has already invested in the development of software necessary to perform its basic trip scheduling function and has, of late, been extending that to the Volunteer Door-to-Door service.

While there has been early discussion of the role that the Call Center could play, in terms of centralized trip scheduling and given the highly individualized nature of each Health Express customer contact this requires further analysis. The dispatcher's assessment process helps to determine if in fact the Health Express transportation resources are the right option for the caller, and whether other Seniors First's programs might be indicated for a particularly frail or vulnerable caller. This mini-case management function is more difficult to replicate in a centralized call center

and so at this time, continuing the current site-based communications system seems most appropriate for Health Express. That said, an important role remains for a centralized call center, particularly in providing "warm transfers" to the Seniors First dispatcher by directly connecting callers with the specialized transportation resource that could help them.

8. Fares

The two largest trip-provision services of the WPCTSA program, namely Health Express and the Volunteer Door-to-Door Rides, do not charge a passenger fare. This is common for the volunteer-based program, Door-to-Door Rides as it would be problematic to attempt to collect fares from or on behalf of volunteers. But for the contracted, demand responsive program that constitutes Health Express, it may be appropriate to revisit the issue of fares. Riders typically are willing to contribute to the cost of their trip and will make transportation expenditures a priority, even within limited budgets.

Notably, the Health Express program's medical partners were reportedly interested in a free, non-fee based transportation service. So the discussions of instituting any level of rider contribution must begin with a discussion with them. Additionally, the Health Express parent organization, Seniors First, is presumably funded in part with Older Americans Act funding which prohibits direct charging of fares but instead asks for donations from recipients of Older American Act-funded services. Although there are no identifiable Older Americans Act funds supporting the Health Express service, presumably this donation-oriented culture has contributed to the policy choice not to request a fare. Given the high costs of these Health Express trips and their long, inter-jurisdictional characteristics, rider contribution to cost through some level of passenger fare is not unreasonable. Some discussion of fare with all the Health Express partners, even if arriving at a decision to make no changes, is indicated.

WPCTSA Proposed Goals

In light of WPCTSA's proposed mission and the funding base potentially available to provide services, and given the issues of need raised in preceding chapters, the following goals by which to undertake and guide the WPCTSA mission are proposed. Presented as Figure 11, these are discussed subsequently.

Figure 11

Western Placer Consolidated Transportation Services Agency
Proposed Program Goals

Summer 2011

1) To promote and encourage ***use of conventional public transportation*** services.

2) To encourage and ***promote accessibility, physical safety and security for individuals*** who are unable to use conventional public transportation services.

3) To ***coordinate and provide for specialized transportation services*** within the limits of available transit funding and leveraged partnership opportunities and resources.

4) To ***provide limited transportation services*** for seniors, persons with disabilities and persons of low-income who are unable to use conventional public transportation services.

5) To ***provide non-traditional, specialized transit programs***, such as use of volunteers, bus pass subsidy, taxi-based programs and mileage reimbursement as well as targeted, life-line type services to address gaps and unmet transit needs in the Placer County public transportation network.

6) To ***encourage and promote partnerships*** to leverage available LTF dollars to address target populations' unmet transportation needs.

7) To ***continuously assess all WPCTSA programs*** to ensure attainment of individual objectives, continuing services and programs only if they prove viable over time.

Some discussion of the background for the proposed WPCTSA goals is warranted. Importantly, WPCTSA as a public joint power authority is responsible for ***promoting all public transportation***, including conventional fixed-schedule services first and foremost. Mass transit services, largely fixed-route buses, are more cost-effective and usually more readily available than demand response public transportation. Specialized transportation is always more expensive and, as a consequence, usually a more scarce commodity. Therefore, it behooves WPCTSA and its ridership public to always use conventional public transit first, only constructing alternatives in those instances where other mobility solutions are needed by Placer County residents and visitors.

A focus on conventional public transit entails ***promoting access to transportation*** – via information, through improved paths of access or via connecting shuttles and special services. It can involve ***promoting safety and security*** – through improved bus stops, paths of access enhancements, more shelters and other such transit enhancements that help riders feel safe and secure. Using public transportation means knowing how to find it, being able to get to it and feeling safe while on it. The WPCTSA facilitates such activities, as a consequence of its cross-jurisdictional orientation and its focus on the three target groups of seniors, those with disabilities or of low-income.

Coordinating specialized transportation is a complex, sometimes opportunistic and often entrepreneurial endeavor. Significant Federal attention has been brought to bear upon coordinating public transportation and human services transportation. During the 1970's coordination was in relation to rural transportation systems where often the two were one and the same and the Section 5310 (formerly 16(b)2) vehicle capital grant program sought to achieve efficiencies through coordination.

The Americans with Disabilities Act (1990) for a time made coordination a moot point when in the early years of implementing this complex Act, the focus was solely on the public operator's compliance with the ADA. Now, with the maturation of ADA services, public transit is again looking to the human services sector to augment and extend what it does, to provide mobility to the most frail and trips to those who are unable to use public transportation in any of its forms. The FTA New Freedom program (Section 5317), in concert with the Job Access Reverse Commute (Section 5316) and the continuing 5310 program, all rely heavily upon the role of coordination in extending scare transportation resources and meeting hard-to-meet transportation needs.

In 2004, a Presidential Executive Order directed Federal level agencies to ***coordinate transportation,*** through the Federal Interagency Coordination Council. Its goals included addressing barriers to coordination, simplifying customer access to service, enhancing cost effectiveness, reducing duplication and improving the quality and effectiveness of human services transportation. A primary tool for implementing the Council's vision is the ***Mobility Management*** function. Still developing, whether as liaison or interpreter or educator, mobility management plays an important role --- whether between consumers and the public transit agency or between transit and human services agencies.

Translating Goals into Projects and Strategies

A breadth of responses are suggested by proposed goal statements. Drawing upon comments detailed in Chapter 4, clear connections exist between needs and possible projects. Table 9 following identifies strategies by which to address needs expressed by consumer sub-groups.

Table 9, Placer County
Target Population Transportation Needs, Resources and Projects/ Strategies

Target Population	Special Transportation Needs and Concerns	Transportation Modes	Potential Transit or Transportation Projects/ Strategies
Seniors, Able-Bodied	- Lack of knowledge about resources. -Concern about safety and security - Awareness that time when driving might be limited.	- Fixed-route transit - Point deviation and deviated FR - General public DAR - Special purpose shuttles: nutrition, shop	- Single point of information - Educational initiatives, including experience with bus riding before it is needed. - Buddy programs; assistance in "trying" transit - Transit fairs, transit seniors-ride-free days or common pass
Seniors, Frail and Persons Chronically Ill	- Assistance to and through the door. - Assistance with making trip arrangements - On-time performance and reliability critical to frail users. - Assistance in trip planning needed. - Need for shelters - Need "hand-off" for frail	- ADA Paratransit - Emergency and non-emergency medical transportation - Escort/Companion Volunteer drivers - Special purpose shuttles - ADA and general public DAR services	- Escorted transportation options - Door-through-door assistance; outside-the-vehicle assistance. - Increased role for volunteers. - Technology that provides feedback both to consumer and to dispatch; procedures to identify frailest users when traveling. - Individualized trip planning / scheduling help - Expanded mileage reimbursement program. - Driver sensitivity training. - Appropriately placed bus shelters; clear path.
Persons with Disabilities	- Service quality and reliability - Driver sensitivity and appropriate passenger handling procedure - Concerns about wheelchair capacity on vehicles/ pass-bys - Need for shelters - Sometimes door through door or issues of "hand-off"	- Fixed-route transit - ADA Paratransit - Transportation Reimbursement Escort Program (TREP) - Emergency and non-emergency medical transportation - Special purpose shuttles - Escort/Companion	- Single point of information; Information as universal design solution. - Continuing attention to service performance; importance of time sensitive service applications. - Driver education and attention to procedures about stranded or pass-by passengers with disabilities. - Aggressive program of bus shelters. - Vehicles, capital replacement.
Persons of Low Income and Homeless Persons	- Fare subsides (bus tokens or passes) that can be provided in a medium that is not cash - Easy access to trip planning information - Breaking down the culture of poverty that uses transportation as the difficulty for not moving about the community. - Difficulties of mothers with multiple children - Difficulties with transfers within and between systems; long trips.	- Fixed-route transit - Point deviation and deviated FR - Special purpose shuttles (work, training, special education, Headstart, recreation) - Van pools, ridesharing, car sharing	- Creative fare options available to/ thru human services agencies. - Increased quantity of bus tokens available. - Universal pass for services across county. - Bus passes available to those searching for jobs or in job training programs; cost-effective. - Special shuttles oriented to this population's predictable travel patterns. - Education about transit to case managers, workers with this population. - Feedback to transit planners on demand; continued work to improve transit service levels (coverage, frequency, span of hours) - Training of staff to train consumers - Vanpool assistance, ridesharing connections
Persons with Sensory Impairments	- Difficulty in accessing visual or auditory information. - Possible door-to-door for visually impaired - Driver sensitivity	- Fixed route transit - ADA Paratransit - General Public DAR - (TREP)	- Single point of information; information in accessible formats - Guides (personal assistance) through information - Driver training critical to respond to needs.
Persons with Behavioral Disabilities	- Medications make individuals sun-sensitive and waiting in the sun is not an option. - Medications cause thirstiness; long waits lead to dehydration - Mental illnesses can make public spaces frightening - Impaired judgment /memory	- Fixed route transit - ADA Paratransit - Special purpose shuttles - Escort/Companion -TREP	- Possibly special shuttles oriented to this known predictable travel needs. - Driver training projects to provide skills at managing/ recognizing behaviors of clients. - Aggressive program of bus shelters - "Hand-off" can be critical for confused riders, passing them off to a responsible party. - Important drivers understand rider conditions.

Groups of individuals for whom specialized transportation is needed, identified in the left-most column of Table 9, are many and varied. Similarly the potential strategies by which to respond to their mobility requirements are numerous as their particular types of mobility needs, identified in the adjacent left-most column, can be highly-individualized and different. Meeting such needs can best be realized with a range of project responses, suggesting that it is important that the WPCSTA maintain a mix of services.

Such ranging needs, represented in Table 9, also suggests that some level of experimentation is valuable. Some projects, some partnerships may be highly successful; others less so. Some projects may be time-limited, when an appropriate funding source is available now but might not be in the future. Unlike with public transportation, where continuing predictable services help to grow ridership, the WPCTSA programming can tolerate a mix of services that might include some pilots starting and then stopping, if necessary or appropriate. The important feature is to develop strategies responsive to identified needs, to address these in cost-effective and consumer-oriented ways, and to ensure on-going mechanisms for evaluation so that performance levels are well understood.

Summary

This chapter has considered the core mission and purposes of the Western Placer Consolidated Transportation Services Agency, in light of the findings of this study effort. A more targeted mission statement is proposed, placing emphasis on coordination and partnerships to derive projects.

Funding levels show the mix of services currently supported by this $898,000 program, of which just over $600,000 is from PCTPA sources. Of eight projects supported, the largest of these is Health Express, with 62% of its funding base coming from WPCTSA and operating in partnership with three area hospitals which provide $125,000 in match funding. The volunteer-based, door-to-door rides project also generates significant additional support, through the volunteer efforts of its drivers; although a smaller programming effort, it generates an estimated $53,000 in match resources.

The Local Transportation Fund (LTF) allocation to the WPCTSA is currently at 4% of the countywide allocation and this SRTP recommends budgeting at 5% of available funds, consistent with state statute as to allowable funding levels after five years. The primary argument for this is the general population growth in the county and specifically of seniors, coupled with the need to continue to develop a mix of projects responsive to individualized needs.

Eight special issues are examined with recommendations offered in several instances, in relation to WPCTSA service area and coverage, ADA program-level compliance, marketing and branding, technology, safety and security, capital requirements and riders' fares.

The concluding discussion presents a series of seven goals to guide project development over the near and longer term. These goals suggesting the importance of the entrepreneurial nature of the WPCTSA organization to seek out and develop strong partners, to test potentially responsive projects and to explore other services that might better meet the mobility needs of its target groups of seniors, persons with disabilities and individuals of low-income.

CHAPTER 6 – STRATEGIC DIRECTION AND ALTERNATIVES

This chapter considers WPCTSA service alternatives that may be appropriate for the near term of three to five years, proposing a general strategic direction to guide the organization for the longer term of up to seven years. It builds from a reiteration of relevant 2007 Dial-a-Ride Study recommendations, and offers various alternatives responsive to the historical and current needs identified. This chapter also incorporates the comments and responses offered by the County's public transit operators for WPCTSA programming.

Direction Offered by the 2007 Dial-a-Ride Study

As noted previously, the 2007 South Placer Regional Dial-a-Ride Study proposed four goals and a series of twenty implementing recommendations. That study has significant overlap with the mission of the WPCTSA given overlapping target populations, riders. Various issues discussed in that report have certainly been addressed or are being addressed. Most notably, the very existence of the WPCTSA resolved some thorny issue regarding the role and expectations of previous CTSA operating contracts. Secondly, the developing Call Center will help to create an environment of readily available transit information and potential for more seamless trip-making.

Several issues remain however and continue to have direct bearing on the function and activities of the WPCTSA within the context promoting mobility of Placer County individuals who may need specialized transportation. Among the difficulties identified by that study that to some degree remain and therefore impact this SRTP are the following:

- differing service-related policies and practices among the public transit providers that can limit mobility options for the target populations;
- differing days and hours of operation;
- differing fare policy, eligibility and reservation practices.

While the emerging Call Center becomes an important tool by which to begin to address these issues, but it remains simply a tool, only as good as the policies and procedures that will direct its activities. The following is a reiteration of the four 2007 Dial-a-Ride Study recommendations and its those specific activities that continue to be relevant helps to provide direction for the policies and procedures to guide both the Call Center, as a WPCTSA program, and other WPCTSA activities.[5]

[5] Note: while the report speaks to South Placer County, this has been abbreviated to Placer County as that is the more appropriate focus of this SRTP. Secondly, only those activities of relevance to this discussion are reiterated here. To view a copy of the full report, go to PCTPA's website library at www.pctpa.net

From the 2007 South Placer Dial-a-Ride Regional Study recommendations that still have direct relevance to this SRTP planning document are reiterated here, with the language changed slightly to make the current:

1. **Establish PCTPA leadership to guide the County's operators towards an integrated, regional demand response program.** *[selective actions]*

   - PCTPA shall set the TOWG agenda, with agreement from TOWG members and concurrence of its Technical Advisory Committee, to [continue] discussion of common practices whereby individual dial-a-ride entities would agree to common or standardized policy or operating procedures in any of the following areas:
     - fare policy and practices
     - core dial-a-ride operating hours
     - core dial-a-ride service days
     - standard eligibility processes, including ADA certification processes
     - trip reservation policies for call takers
     - trip reservation policies for dispatchers
     - transfer locations and transfer policies and procedures
     - service areas
     - role of the WPCTSA and interaction of WPCTSA services in relation to other public dial-a-ride programs; e.g. fares, transfers, common or identified different door-to-door, door-through-door and curb-to-curb policies.

   - Ensure that Placer County coordination direction is firmly integrated into the SACOG coordination planning, including any update of SAFETEA-LU's *Public Transit-Human Services Coordination Plan*, related to programs Section 5316, 5317 and 5310 so that these funding sources can continue to be utilized by Placer County stakeholders. Use that process to strengthen and increase human service transportation providers' capacity in Placer County, all types of providers who can help to meet selected identified specialized transportation needs.

   - Monitor other PCTPA long-range planning activities to identify the opportunities supportive of regional coordination for Placer County demand response services, including through capital acquisition (vehicles and technology), facility planning (maintenance) and operations (coordinated dispatch and scheduling).

2. **Promote general public demand response policies that improve efficiencies and build capacity in Placer County** *[selective actions]*

- Conduct an in-depth quantitative analysis of user and non-user travel needs, including but not limited to on-board surveying of the needs and preferences of the county's dial-a-ride users and the conduct of a latent demand needs assessment, though household surveying or other strategies.

- Establish procedures to systematically collect and analyze service requests that cannot be met; regularly share these at the TOWG level and work towards quantifying unmet transit needs that may suggest demand response solutions.

- Aggressively research and implement all strategies that can increase effectiveness and efficiencies of public demand response services while not sacrificing the quality and responsiveness of these programs.

3. **Establish a CTSA for Placer County that promotes specialized transportation options and addresses the needs of residents.** *[selective actions]*

- In concert with other quantitative work about user and non-user travel needs, develop strategic approaches to obtain qualitative needs information. Continue dialogue with stakeholder agencies and consumer representatives to discuss unmet needs and to identify ways in which the CTSA services should be targeted to better meet Placer County residents' needs.

- Undertake appropriate public outreach to PCTPA member agencies, including working with the ***Best Step Transportation Collaborative*** and ***Placer Collaborative Network*** to ensure that input about needs can be systematically collected, establishing a qualitative picture of needs that human services agencies may already be providing. Identify those CTSA support functions needed (e.g. vehicle maintenance, back-up vehicle loaner programs, training and retraining, insurance pools, etc.).

4. **Develop a coordinated information strategy for demand response services oriented to the information needs of consumers, agency personnel and transit operators in South Placer County.** *[selective actions]*

- Develop a single information brochure for demand response, public dial-a-ride services in Placer County that can be made available in paper and electronic forms.

- Work with the TOWG to implement a shared information policy, including website links specifically related to demand response and dial-a-ride services.

- Enlist participation and assistance by key stakeholder representatives, including but not limited to the ***Best Step Transportation Collaborative*** and ***Placer Collaborative Network,*** to provide feedback on the development of a single information tool for

demand response services, identifying ways in which to distribute to agency staff who work with consumers in the target groups.

- Identify key players involved in the 211 and 511 processes and ensure that demand response information is integrated into their efforts, establishing mechanisms for maintaining current public transit information.

- Develop strategies, in concert with the TOWG and with concurrence of the Technical Advisory Committee, to continue promoting and improving the one-number environment within Placer County for public transit, including demand response transportation. Secure funding to implement and mature these strategies.

These recommendations remain relevant and should continue to be a part of WPCTSA's overarching direction and activity.

Strategic Direction for the WPCTSA

In light of the above-referenced actions and the additional material covered by the preceding chapters of this SRTP, five directional themes are offered to guide future WPCTSA activities.

1. Modestly Expanded Geography and Target Groups

This document's discussions suggest broader roles for the WPCSTA in terms of geography and targeted population. There is an equity argument for using this single organization to address, within its limited resources, specialized transportation needs of the Western Slope communities and expanding the geographic focus beyond solely the areas of Auburn and southwest. Further, lowest income individuals, particularly children and families, do have some mobility needs that can be better addressed by specialized transportation projects, although the mainline, fixed-route services remain the mode of choice for most users and most trips. Defining affordable, appropriate projects within this slightly expanded service area and, in targeted ways, to the County's lowest income persons is warranted.

2. Continued Partnering

The overall approach to current WPCTSA programs has been that of low-key contracting with available human services programs for the provision of core services, through essentially turn-key operations. Several partnership agreements are built upon leveraging non-transit funding sources and in-kind

resources, an approach that is consistent with the direction of the Federal §5316, §5317 and §5310 programs which call for increased coordination between public transportation and human services organizations for provision of specialized transportation. Such coordination is specifically intended to stretch the limited funding available to each sector to meet specialized transportation needs.

KAISER PERMANENTE® It is critical for WPCTSA to continue to explore new partnership opportunities, seeking those situations where human service agencies are identifying consumer mobility needs and may be encouraged to play a role in addressing parts of that need. This means actively working to identify and invite ***interested, willing and able*** organizations, those who have an interest in transportation for their consumer base, are willing to consider responsibility for some portion of that need, and are able to work in partnership with WPCTSA to move forward with pilot transportation services.

The most invigorated forum for such exploration is likely with the members of the Placer Collaborative Network. The PCN brings together representatives from the full spectrum of human service delivery in Placer County. It has hosted several discussion-based meetings to date with WPCTSA staff and appears engaged and willing to continue such dialogue towards development of particular projects.

New partnerships with other groups, for example potentially including tribal representatives within Placer County, are feasible but will require investment of time and energy to realize. They should however be part of WPCTSA's longer term vision, as it looks to address mobility needs of the full range of Placer County residents who may need specialized transportation.

Again, partnering opportunities, where each partner contributes something towards implementing the mobility solution at hand, is critical given that the funding base available to the WPCTSA is likely limited to the five percent allocation of the LTF dollars. Significant program growth and expansion is most likely to come from developing new partnership arrangements.

3. Emphasis on Small and Targeted

The scale of the projects currently in operation and suggested by Table 11 in Chapter 5 as possible for the future are modest in size. This is consistent with the fact that the primary focus of public transportation in Placer County is, and should be, on the public transit providers of the County of Placer, Roseville, Lincoln and Auburn. The WPCTSA programming is expected to remain modest, so long as its primary funding base is with its share of the LTF apportionment. Furthermore, the "gaps" that the WPCSTA services need to fill are themselves modest and focused. They may be

difficult-to-serve and so such needs surface frequently through unmet transit needs hearings and the like.

The mobility management function, defined variously around the country by the context of the environment and the mobility challenges of each community, plays a critical role in helping consumers weave their way through available transportation services and connect with that which will work for them. Mobility management, with regard to service gaps, plays two roles. It helps address the gap by interpreting available transportation services to the consumer, directing them to services that can meet their needs. And Mobility Managers are also an information conduit by which public transportation providers can continue to understand rider needs and concerns, and target service improvements.

And yet, the numbers of individuals and trips requiring specialized transportation solutions are definable, few in number when compared to other types of commuter or school-trip type needs. Small projects can appropriately respond to these individualized needs, while continuing to encourage Placer County residents of all types to use the formal public transit network as the most efficient way in which to meet mobility needs.

4. Re-Structured Third Party Agreements

The contracting mechanisms currently in place between WPCTSA's provider agency Seniors First and its private operators do need some reconsideration to encourage greater cost effectiveness in the delivery of service. Current unit service costs, although expected to be high given the long, multi-jurisdictional nature of many trips, are higher than expected. Specifically with regard to the third-party contracting for the provision of the non-emergency medical transportation service, Health Express operated by Seniors First, it is likely possible to achieve greater cost-effectiveness with a different contracting structure. As discussed in Chapter 1, the existing service agreement is not structured to encourage productive, cost-efficient services through improved scheduling efficiencies or trip grouping. Building in contractor incentives and re-thinking the cost payment structure will facilitate this.

Public transit contracting is a nuanced, complicated activity when carefully structured with incentives that encourage the contractor to provide services most efficiently using available vehicle resources and driver labor. WPCTSA will likely need to support its human services provider agency in developing more effective third-party contracts so that the transit industry's best practices, relative to contracting out for services, can be incorporated. Seniors First current contracts with two local specialized transportation providers were extended through December 31, 2011 and the next window of opportunity around restructuring these will come in relation to the end of these current contract cycles.

5. Importance of Experimentation and Evaluation

A valuable feature of the WPCSTA has been its "pilot" approach to the introduction of new services. This supports some level of experimentation for trying new approaches to meet potentially difficult-to-serve transportation needs. Some projects are valuable and should be continued while other pilot initiatives either meet immediate needs and should be discontinued or are otherwise not viable over the long-term.

When coupled with on-going monitoring and periodic evaluation processes, such experimentation represents a good use of public monies for testing various small-scale programs' ability to meet targeted transportation needs. Inclusion of the WPCTSA in the regular SRTP process is valuable as this provides for a formalized evaluation process that can monitor overall program performance with time. It is equally important to continue routine, on-going monitoring activities of standardized performance data and reporting and monitoring of field operations for each of WPCTSA's various program efforts during the intervals between short-range transit planning processes.

Prospective Service Alternatives

Table 10 following presents a listing of existing and potential project, suggested by Chapter 5's Table 9, but focused now on the specific project-based WPCTSA recommendations. Potentially larger lists of projects are possible but, as noted previously, each requires identification of those interested, willing and able organizations to participate in the funding and operation in some type of partnership role with WPCTSA.

Twelve projects are represented on Table 10 following. Of those currently operating under WPCTSA sponsorship, all are recommended to continue, with the exception of the Taylor Road Shuttle where the impetus for those additional runs is removed with the relocation of the targeted program. Three additional projects are proposed, although others could be considered as interested and willing partners emerge. These include a mileage reimbursement program, a bus pass subsidy effort and targeted, subscription-type trips. Some discussion of the new project initiatives follows Table 10.

Table 10, Assessment of Potential Service Alternatives and Initiatives

Service Alternative	Description	Feasibility	Advantages	Disadvantages	Recommendation
1. Health Express / NEMT Trips and Mobility Management	Door-to-door, advance reservation trips for non-emergency appointments in Western Placer County Mobility management function matching riders trip needs with most appropriate service.	Existing program operated by Seniors First	• Significant funding provided thru partner organizations • Effective travel management in trip reservation function • Meets current demand for non-emergency medical trips within defined area	• High per trip and hourly costs • Low productivity • Lacks detailed data reporting to properly monitor and analyze services	Continue program with attention to contract administration, reporting and monitoring, and improved trip efficiency
2. Transportation Voucher Project	A last-resort funding program for essential non-emergency medical trips for elderly and persons with disabilities.	Existing program operated by Seniors First	• Effective travel management seeks public transit and other service options • Open-bid arrangement results in competitive per trip costs	• Low demand for service may reflect limited visibility of program	Continue program with increased visibility and somewhat more open request process
3. Volunteer Door-to-Door Transportation	Door-to-door transportation for seniors and persons with disabilities in Western Placer County provided by volunteer drivers using their own vehicles.	Existing program administered by Seniors First	• WPCTSA funds less than half the cost of this program • Few trip requests are denied for lack of volunteer driver • Per trip costs are significantly below of dedicated service options • Provides highly flexible and personalized travel option	• Trip capabilities limited by availability of willing volunteers	Continue program with attention to reporting and monitoring
4. Transit Ambassador Program	Program uses paid and volunteer staff to provide outreach, training and representation of public transit in the City of Roseville and Western Placer County	Existing program administered by the City of Roseville	• Funded thru at least 2012 by a State Transit Assistance grant of $162,000 • Program offers a low-cost means of providing rider assistance and transit outreach and training	• Program outreach limited by availability and retention of program volunteers	Continue program so long as grant funding remains. Need to work on increasing number, retention and contribution of volunteers. May need to revisit basic program design to attract more participants.

Service Alternative	Description	Feasibility	Advantages	Disadvantages	Recommendation
5. South Placer Transit Call Center	Program is in early implementation phase. When fully-operational, Center will offer a "one-stop" resource for information on South Placer County transit, including reservation for participating paratransit services	Call Center will be operated by the City of Roseville subject to an agreement with the WPCTSA	• Center will provide single access point for transit information across multiple transit providers	• Call Center concept needs further procedural development	Continue with implementation of Call Center while seeking consensus on its concept plan and phased development.
6. Retired Vehicle Program	WPCTSA purchases retired vehicles from transit operators and provides these to eligible human services organizations.	First success with vehicle to The Gathering Inn	• Utilizes the remaining useful life for agencies with limited ability to purchase new vehicles.	• Limited use of this program to date. • May need somewhat more investment in vehicle before passing it on (detailing, maint.)	Establish a small fund to ensure that vehicle retired from public transit use is appropriately detailed and ready for use.
7. Taylor Road Service Enhancement Pilot Project	Project provided an increased level of service on Placer County Taylor Road Shuttle by adding three vehicle trips during morning periods on Tuesdays and Thursdays when schools are in session	Two-year pilot project began service in August 2009 and is scheduled to be terminated in 2011.	• Provided effective public transit service used by transitional education students at Sierra College.	• Transitional Education program is expected to be moved to another school not served by the Taylor Road service	Eliminate pilot project or transition to regular Placer County Transit service
8. Rural Placer County Mileage Reimbursement Volunteer Driver Project	Provides lifeline transport in outlying areas without transit or for those needing door-to-door, door-through-door aide. Participants locate their own volunteer; mileage reimbursed to participant who pays driver.	Concept has been successfully operated in Riverside County as model for seniors and persons with disabilities. No need to recruit, maintain raft of volunteers as rider must find his/her own.	• Limited administrative requirements and costs • No capital requirements • Highly cost effective • Offers highly flexible and personalized service; door-through-door service possible.	• Rider must find own volunteer driver; difficult but tools exist to aide "asking" friends/ neighbors for transport assistance • Provision of trips during winter season may be problematic	Undertake conceptual design effort with objective of service initiation during FY2011/12.
9. Bus Pass Subsidy Project	Project would support free bus tokens and bus passes, distributed to the lowest income individuals, for seniors and others.	Successful in other settings; requires clear procedures for pass distribution with eligibility methods that rely upon other agency procedures limiting WPCTSA's role	• Promotes use of fixed-route; least expensive mode • Helps individuals in most difficult circumstances to make connections for work, job interviews, etc.	• Demand can quickly exceed supply; important to identify caps on program.	Develop a modest, defined program, working through human services agencies to distribute bus passes and tokens, not directly doing so to riders.

Service Alternative	Description	Feasibility	Advantages	Disadvantages	Recommendation
10. Targeted Shuttle Services – Senior Cafés and Other Shuttles	Provides targeted, subscription-type, origin to destination services for very targeted trips and riders.	Demonstrated potential with current contract between Health Express and The Gathering Inn for medical trips to Auburn. Senior cafés are all across county; limited subscription runs possible.	• Can use vehicle down-time effectively • Can provide low-cost unit trips for groups	• Can consume vehicle resources if subscription volume not managed	Define partnership opportunity with The Gathering Inn solely in relation to health clinic trip needs. Seek other opportunities fitting with available resources.
11. Bus Stop Improvement/ Universal Design and Accessibility Improvements – Community Enhancement Project	Continued targeting of high-use bus stops and of paths of travel where accessibility improvements will lead to increased use of public transit by CTSA target populations.	This involves partnering with the public operators, fixed-route services, as well as human services organizations to identify high use areas and to identify those stops and access areas where improvements are indicated.	• Helps to build fixed-route utilization • Helps to encourage general mobility of those with concerns about using public transit, including shelter from weather and access to facilities beyond the bus stop.	• Identification of projects requires on-going effort by public operators and coordination with PCTPA and WPCTSA	Make such stop and path-of-access identification part of an on-going process
12. Tribal Transit Coordination	Placer County has several Native American federally designated tribes who are potentially eligible for FTA Section 5311 (c) and some did receive ARRA funding for tribal transit services. Some coordination with these groups around potential projects could lead to additional services focused on tribal members needs.	This is a long-term initiative that involves developing relationships between the tribal groups and the WPCTSA, with sensitivity to tribal concerns regarding sovereignty of the Tribal Nation.	• Potentially assists local tribes in securing available Federal funding to support Tribal transit. • In some cases, tribal transit programs provide some limited mobility for other rural, non-tribal members living or traveling in the same areas.	• Long-term process, dependent upon building effective working relationships between tribal groups and governmental entities.	Monitor and explore opportunities as they may present.

New Initiatives Descriptions

The introduction of new programs or WPCTSA activities is going to depend, first and foremost, on the identification of partnering opportunities around any proposed new initiative. That must precede other implementation activities. Possible projects are presented here, those for which potential partnerships may be emerging or are otherwise indicated.

- **Rural Placer County Mileage Reimbursement Volunteer Driver Project**

This proposed volunteer driver initiative differs from the existing WPCSTA program in Western Placer County in that each participant, or potential rider, must find his or her own driver. Such an approach addresses the fundamentally difficult aspect of volunteer driver programs in that it shifts the recruitment responsibility onto the individual who needs the ride, but provides them with funds, albeit at modest levels, to acknowledge the contributed time of the driver. Particularly as gas prices rise, this is not only a "thank you" but potentially an opportunity for the volunteer to get assistance with fuel expense while doing something nice for a friend or neighbor. Highly successful in Riverside County where it began in the early 1990's, such programs are particularly effective at providing a limited, safety net level of service in areas of the county where no public transportation is practicable or feasible. It is also most valuable for those frail and chronically ill individuals for whom varying levels of door assistance are necessary for any type of trip to be possible and the volunteer is readily able to go to and through the door, as needed.

There is high interest on the part of various community-based organizations in the TRPA area and local leadership seems likely. Implementation tools, including forms and procedures, are potentially available from the Riverside County's Transportation Reimbursement and Information Project [TRIP], funded in part by the Riverside County Area Agency on Aging and the Riverside County Transportation Commission.
http://www.livingpartnership.org/Transportation.htm

- **Bus Pass Subsidy Project**

The provision of subsidized bus passes to agencies for distribution to the lowest income individuals will help to meet the needs for basic transportation that surface in a variety of settings. A program of this type can be most cost-effectively administered if WPCTSA can work through a group of agencies who have existing consumer eligibility processes and can appropriately distribute what will be a scarce resource. WPCSTA will need to establish the network of agencies and methods for distributing and tracking the basic distribution of passes and other fare media that might be used. Establishing a cap on the number of participants or

passes to be distributed will help to manage the cost of this program as well as constrain demand for the passes. Agencies who participate should be required to participate in at least one annual session on the program's purposes and basic procedures. The intent is probably most effectively directed to time-limited, emergency trip provision rather than attempting to meet long-term, ongoing trip subsidy needs. Managing this can be difficult but with plenty of communication and partners who are clear on the project's purposes, this can be an effective safety-net effort.

There was considerable interest on the part of the PCN organization in this type of program. It is possible that continuing discussions can identify a partner/ sponsor willing to administer the program and to work through some of its early implementation issues. Implementation tools are limited, involving some core statements about the project's purposes and limitations and establishing basic distribution and tracking procedures. The key in promoting and explaining this program will be to target agencies and not to consumers.

- **Targeted Shuttle Services**

This project builds upon a subscription-type service that presently operates twice weekly between The Gathering Inn in Roseville and the public health clinic in Auburn. The intent was to use the medical offices during their own lowest demand period, early in the morning twice weekly, to meet some basic medical needs of homeless individuals. The public health argument was that this served to contain potential contagious diseases early, even while it assisted the individuals who have basically no health care resource. A second, important shuttle service could involve the Senior Café transportation. Such services must be carefully vetted to ensure that they do not duplicate existing fixed-route services and/or that the purposes are so clearly defined as to justify their inclusion as a WPCTSA-sponsored initiative.

Such service suggests the role and value of identifying very particular service gaps and potentially available resources with which to meet those gaps. This service may also be an example of a "pilot" service that is implemented until such time as riders can learn to use the fixed-route service to meet these trip needs or the specific trips can be absorbed into an existing service mode.

Placer County Senior Cafés

- Auburn – Dewitt: 11577 E Avenue
- Auburn – Valley Oaks: 600 Auburn Ravine Rd.
- Colfax – Methodist Church: 59 Church Street
- Lincoln – Civic Center: 511 Fifth St.
- Rocklin – Rolling Oaks: 5727 Shannon Bay Dr.
- Roseville – Maidu Village: 101 Sterling Court
- Roseville – Manzanita: 1019 Madden Lane
- Roseville – Sutter Terrace: 5267 Fiddymont Rd.
- Roseville – Woodcreek Terrace: 1295 Hemmingway

- **Bus Stop and Path-of-Access Improvements**

Continuing attention to the built-environment is important for the long-term, in terms of improving the mobility of seniors, persons with disabilities and those of low-income who may sometimes be using expensive demand-response services because they cannot get to the bus stop. Termed universal design, there is value to various groups within the population of having smooth, accessible sidewalks and sufficient shelter from the elements. Parents with children in strollers, those who have some mobility difficulties and those concerned about weather extremes all benefit. Funding for these capital projects is sometimes available unexpectedly. A first step is development of system-wide bus stop inventories, with accessibility features and needed improvements identified. This enables the ready identification of projects and the ability to prioritize such projects, so that any newly identified funding source can be quickly targeted to such high priority projects.

- **Tribal Transit Initiatives**

There are Federally-designated Native American Tribes including the Maidu and the Miwok Indians whose members are living in the Auburn Rancheria and elsewhere in Placer County, as well as the neighboring counties. The Auburn Rancheria owns the Thunder Valley Casino, located outside Lincoln and includes on its website Placer County transportation information.

The United Auburn Indian Community does administer a program of community giving, presumably funded in part with receipts from the Thunder Valley Casino. This supports projects in social services, among a variety of other areas, for services within Placer County. Conceivably partnerships between the UAIC Community Giving Program and the WPCTSA could improve transportation choices for individuals associated with the tribes and living in isolated, rural pockets of Placer County.

Transportation issues of tribal members, living in or near the Rancheria or in Foresthills or elsewhere, could potentially be addressed through coordinated transportation efforts. And Federally designated tribes are eligible to compete for FTA Section 5311 (c), Tribal Transportation Funds that become periodically available. As suggested previously in Table 14, any collaborative projects with tribal groups must be part of a long-term, relationship-building process between PCTPA, and WPCTSA with Placer County's native Americans that works within the parameters of their sovereign nation status. Similarly, such collaboration could improve the competitive position of any tribal efforts to secure Federal Tribal Transportation funding.

WPCTSA Direction Offered by the Transit Operators Working Group (TOWG)

During the period in which this SRTP was being prepared, the consultant team met with members of the TOWG, individually and collectively. Once the draft SRTP was prepared, WPCTSA staff continued discussions with the TOWG and obtained additional input and guidance. That input is summarized here, representing themes to address in the final SRTP budgeting process.

- Recommend that the overall WPCTSA program should not be expanded to the 5% allowable funding level of the Transportation Development Act during this economically difficult period when transit funding overall is so very tight and the public operators' programs are threatened with cutbacks.

- Recommending continuing to move forward with the Call Center implementation of integration of the Health Express trips into the overall centralized call taking and dispatch function. Although there is not yet clear agreement as to which trips will be provided by Health Express' contractors, which trips might be provided by the County's public transit demand response providers and which trips might have to be denied, this will have to be clarified as part of the implementation process. Of paramount importance is maintaining current budget levels and not "growing demand" beyond what can reasonably be served within existing funding levels.

- Recommending that the public transit providers remain directly responsible for the identification, prioritization and installation of bus stop and path-of-access improvements – notably bus shelters, bus benches, curb cuts and related signage – given that these jurisdictions are largely responsible for paying for these improvements.

- Recommending a new initiative to provide CTSA trip reimbursement for NEMT trips that are provided by the county's public transit demand responsive operators, using existing unused demand responsive capacity during off-peak hours. These would be new trips and not ADA trips that would be otherwise provided by the operator as complementary ADA paratransit trips. Mechanisms for a maintenance-of-effort agreement would need to be a part of the reimbursement structure.

Summary

The 2007 Dial-a-Ride Regional Study offers a number of still-relevant actions. The fours goals and many specific actions are particularly relevant to the newly forming Call Center. These provide

continuing policy direction that will promote mobility in Placer County for WPCTSA's target groups of seniors, persons with disabilities and individuals of low-income.

This chapter provided additional project-level detail for the WPCTSA, broadening its scope to include some further initiatives beyond those existing. Five strategic principals are proposed:

1) modestly expanded geography and target groups
2) continued partnering
3) emphasis on small and targeted projects
4) re-structured third party agreements
5) importance of experimentation and evaluation

Twelve service alternatives are presented with near-term and longer-term recommendations related to each, highlighting the feasibility of each. Five possible new initiatives are discussed, including a rural mileage reimbursement program, targeted shuttle services for Senior Café or mental health consumers, bus stop and path-of-access improvements and tribal transit initiatives. Pursuing any of these will involve identifying interested, willing and able organizations with whom WPTCSA can partner.

Finally, direction to the WPCTSA program offered by the TOWG is summarized in terms of four key recommendations. In brief, these are:

1) ***Do not expand WPCTSA programs*** to a 5% of TDA funding level at this time, given the extreme financial conditions in which jurisdiction's operators find themselves.

2) ***Do continue work actively to include in the Call Center*** all of the County's demand response and specialized transportation programs, recognizing that policy and procedure needs to be developed to appropriately handle calls within existing budget levels.

3) ***Continue responsibility with the individual jurisdictions for bus stop and path-of-access improvements***, rather than moving this prioritization function to the WPCTSA, given that the jurisdictions remain responsible for funding these improvements.

4) ***Establish a new initiative providing some NEMT reimbursement*** to the public transit demand response operators for provision of NEMT trips that are new trips, are not ADA trips, otherwise required of them and are generally provided during off-peak periods when excess demand response capacity exists.

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CHAPTER 7 – RECOMMENDED DIRECTION FOR WPCTSA

This final chapter presents the recommendations of the short range transit planning effort, looking first at trip demand estimates and then reviewing the plan's project-specific recommendations in terms of projected line-items. Funding tables for the recommended WPCTSA service alternatives are presented as a seven-year program with some discussion immediately. Appendix G includes some additional implementation tools.

How Many Specialized Transit Trips Does Placer County Need?

Underlying WPCTSA's future direction is the issue of trip demand – what levels of need for WPCTSA type services are likely to exist within Placer County and on behalf of its residents over the next decade? California Department of Finance (DOF) projects Placer County's 2020 population as 428,535, up 23% from its estimated 2010 population of 347,543 persons. The DOF 2010 estimate is very close the American Community Survey 2007-2009 total population estimate of 340,448 persons presented in Chapter 2 of this document.

The demographics update in Chapter 2 suggested that Placer County is seeing disproportionate growth among seniors – more residents coming into the county with increased proportions of these being seniors. This in-migration is coupled now with the first wave of aging baby boomers. But how many specialized transit trips will these persons and other Placer County residents need?

Demand Estimate for Placer's Specialized Transit Program

Table 11 updates a specialized trip demand estimation model that was initially prepared for the 2006 Placer County Dial-a-Ride study. This works with various subgroups of the target population, estimates initially presented in Chapter 2, Table 1. The model works with two adult groups under age 65 and three senior population groups over age 65:

1) persons 16 to 64 who are low-income or who report a disability
2) persons over age 65 who are low-income, report a disability or are in the older age ranges of 75 and older.

Table 12 develops a range of estimated specialized transit trips needed for Placer County residents, suggested as a low of 81,986 to a high of 279,883 one-way trips annually:

- **Trip Rates by Subgroup - Column A** various mean trip-rates-per-day are derived from the national literature on trip-making behavior.
- **Estimated Annual Trips - Column B** uses the mean trip-rates-per-day and multiplies these by the number of Placer County residents within the specific subgroup, to develop an

annual estimate of all trips taken by that group. These totals of 15.5 million to 66 million one-way trips taken annually are presented as a range given that there is some overlap within the census numbers – some individuals are likely both low-income and disabled and so cannot simply be added.

- **Percentage of Trips Taken on Public Transit - Column C** suggests the proportion of the total annual trips that might be taken on public transit, again working with state and national research to suggest the percentage of trips by sub-group possibly made on transit.
- **Annual Trips Taken on Public Transit - Column D** calculates that range of trips, working with the different trip-making rates by subgroup to suggest a range of 1.17 million to 3.99 million trips made annually on public transit by these target group individuals.
- **Annual Specialized Transit Trips - Column E** proposes that 7% of these trips required specialized transportation assistance of some type, presented as the range of almost 82,000 one-way trips to almost 280,000 one-way trips. This figure of 7% reflects the proportion of public transit trips currently made on specialized transit.

This model proposes a range of trips that could be made on specialized transit, between almost 82,000 one-way trips annually and up to almost 280,000. These would be trips taken by the targeted groups of low-income or disabled adults and seniors, trips that could be served by some form of specialized transportation.

Table 11, Demand - Target Population Specialized Transit Trips Needed in Placer County

Placer County Trips and Specialized Transit Trip Demand for WPCTSA **Target Populations, 2007-2009 American Community Survey**		**Column A** **Mean Trip Rates Per Day \1**	**Column B** **Estimated Annual Trips, All Trips (Trip Rate * Target Population * 255 days)**	**Column C** **% Trip Made On Public Transit**	**Column D** **Annual Trips Potentially on Public Transit (Annual Trips * Public Transit Rate)**	**Column E** **Annual Trips Requiring Special Assistance @ 7% of Public Transit Trips [6]**
Adults (age 16 – 64)						
Low Income Population - 4% of adult population ages 18-64 (13,508)		3.7 \1	12,744,798	8.5% \3	1,083,308	**75,832**
Disabled population - 14% of adult population (47,335)		3.7 \1	44,660,899	8.5% \3	3,796,176	**265,732**
Seniors (ages 65+)						
Seniors low-income - 1% of age 65+ (3,380)		3.4 \1	2,930,460	3% \5	87,914	**6,154**
Seniors with disabilities - 48% of age 65+ (24,694)			21,409,303	3% \5	642,279	**44,960**
Seniors age 75+ when mobility issues become increasingly critical - 45% of age 65+ (23,546)		2.1 \2	10,072,194	2% \1	201,444	**14,101**
Target Population Range for Placer County		**Trip Making Estimates** Low	**15,675,258**	**Low**	**1,171,222**	**81,986**
		High	**66,070,201**	**High**	**3,997,620**	**279,833**
		Specialized transit as proportion of all trips:			**7.5%** at Low End to **6.1%** at High End	

[1] Bureau of Transportation Statistics, 2001 National Household Travel Survey - Trip rates for 65+, Not Employed; Medical Conditions Limiting Travel
[2] National Cooperative Highway Research Program "Estimating Impacts of the Aging Population on Transit Ridership", p. 17 (2006)
[3] Sacramento Area Council of Governments Household Travel Survey 1999, Senior & Disabled Mobility Study, 2006, p. 9.
[4 Freedom to Travel, U.S. Dot Bureau of Transportation Statistics (2002)
[5] Transportation Research Report, TCRP Report 82: Improving Public Transit Options for Older Persons (2002) and 2001 National Household Travel Survey (6%)
[6] Based on percent of actual public transit trips provided by demand response systems in Placer County FY 2009-10

How Many Specialized Transit Trips are Currently Provided?

The number of trips needed is meaningful only in relation to the level of trips currently being provided. Table 12 presents a current year report on the number of public transit trips provide within Placer County (see Appendix A for the detail on trips by operator). This total of almost 1.3 million trips represents fixed-route, including commuter and van pool trips, as well as the public demand response trips provided in the County. There were 87,909 specialized transit trips provided during this past year by the city and county demand response programs and through the WPCTSA program of pilot projects.

Table 12, Supply – Transit Trips Made in Placer County

SUPPLY	
Public Transit and Other Specialized Transit Trips Provided FY 2009/10	
(Quarterly Ridership Trends by Transit Operator, Provided by PCTPA)	
Public Bus, Fixed Route, Commuter and Vanpool (Included Operators)	
Auburn Transit (all services)	**52,578**
Lincoln Fixed-Route	**30,686**
Placer County Transit Fixed-Route	**304,035**
Placer County Transit Vanpool	**31,258**
Placer County Transit Commuter	**74,929**
TART (all services)	**342,876**
Roseville Transit Fixed-Route	**258,493**
Roseville Transit Commuter	**109,584**
Total	**1,204,439**
Public Demand Responsive (Included Operators)	
Lincoln DAR	**8,445**
Placer County Transit DAR	34,140
Roseville DAR	32,762
Western Placer CTSA NEMT	6,366
Western Placer CTSA Volunteer	6,196
Total	**87,909**
All Public Transit & Specialized Trips Reported	**1,292,237**
Specialized Transit Trips Reported	**87,909**
Specialized Transit as % of All Trips	**7%**

Notably, the current levels of trips provided, at almost 88,000 are above the 81,986 low-end of the trips needed range as presented previously in Table 11. This suggests that Placer County's various specialized transportation trip initiatives are meeting a basic floor threshold of need. Equally importantly, the high-end of the Table 13 range is almost 280,000 trips, more than three times the current level of trips provided. The specialized transit trips projected as needed (Table 11) are only 7% of the estimated annual trips made by the target groups, assuming that the vast majority of all trips are made by other modes including driving alone, driving with others, walking and bicycling.

Some of the estimated specialized transit trips are simply not taken currently, needed but not made, by individuals who cannot find a means of transport for life-sustaining or life-enriching trip purposes. For such persons, availability of increased quantities of trips will improve their quality of life and potentially the quantity of life. This analysis points to the key role of the WPCTSA in providing and seeing to the provision of increased quantities of specialized transportation trips for Placer County residents.

Measuring Trips Provided Over Time

An important measure of the trips provided to reflect changes over time is *trips per capita.* Table 12 previously reports a total of 1.292 million transit trips provided during FY 2009/10, of which almost 88,000 were specialized transit trips. These figures translate to a countywide indicator of 3.8 trips per capita for all trips taken in FY 2009/10 against the ACS 2009 population total of 340,448.[6] For specialized transit trips taken, a subset of that total, this represents a trips per capita indicator of 0.26. Simply keeping level with an increasing population, including increased numbers of older persons, will mean providing more specialized transit trips. Monitoring the *trips per capita* indicator, for trips overall and for the subset of specialized transit trips, will be a useful tool for measuring the impact of WPCTSA programs.

Recommended WPCTSA Program

About the Recommended Initiatives

Table 13, following, summarizes the SRTP recommendations by initiative. This shows some moving several out of the "pilot" phase, introducing several new initiatives and suggesting some changes with cost-implications to existing activities. Table 13 identifies the individual program and its administering organization with day-to-day responsibility for its provision. In the case of new projects, the administering entity or partner may not yet be clear.

Developing new partnering roles will be the responsibility of the WPCTSA administrative staff. Responsibilities with regard to both new and existing partnership arrangements are an important function of the WPCTSA as partnering serves to extend the limited transit funding, by matching it with other resources. Partnering also helps to ensure that these specialized transit initiatives and the WPCTSA program overall will be communicated to the partners' constituents and target groups.

[6] In the 2007 Dial-a-Ride report, somewhat larger numbers of specialized transit trips were reported. Those annual trip figures are not used here, for comparative purposes because of that study's finding that an unknown portion of those trips originated and ended outside of Placer County. While this timeframe specialized transit trip count of 87,909 trips provided is less than the 2007 Study, it is a solid count and will enable PCTPA to meaningfully report future changes to the *trips per capita* indicator.

Table 13, WPCTSA Recommended Programs and Initial Direction

Project Title/ Administrator	SRTP Funding Recommendations
1. Health Express – NEMT Trips and Mobility Management Program *Administrator: Seniors First*	➢ **Continued funding for NEMT trips, while developing mechanisms to reduce unit costs; modest COLA increases annually; contributions to rising fuel expense.** ➢ **Recognition of mobility management role by tracking mobility management developments across state.** ➢ **Funding partners meeting to discuss and secure continued partnering levels of financial support and development of contract tools to enhance cost-effectiveness.**
2. Volunteer Door-to-Door *Administrator: Seniors First*	➢ **Continued funding of project with a one percent increase annually for inflation**
3. Voucher-Last Resort Trip Program *Administrator: Seniors First*	➢ **Slight increase in funding level given careful utilization of this resource but in recognition of the service gap it meets, often inter-community.**
4. Public Transit Demand Response CTSA NEMT Trip Reimbursement *Administrator: WPCTSA*	➢ **Reimbursement of CTSA NEMT trips allocated by the Call Center to Public Dial-a-Ride services. Use existing unused DAR capacity during off-peak hours only. CTSA NEMT trips are above and beyond required complimentary ADA paratransit trips. Will need a DAR maintenance-of-effort agreement with public operators. DAR services expand the ability of WPCTSA to provide NEMT services. Assists in meeting overall increased NEMT ridership goals.**
5. Transit Ambassador Program *Administrator: City of Roseville*	➢ **CTSA share provided from grant funding set-aside.** ➢ **Determine with program how to promote activities and more actively engage the community to grow transit use or consider revising the travel training model now in use.**
6. Rural Placer County Mileage Reimbursement Program *Administrator: To be determined*	➢ **Set-aside funds to match with potential partner funds, including volunteer drivers, for a limited initiative; annual funding reliant upon identifying match dollars.**
7. Bus Pass Subsidy Program *Administrator: To be determined*	➢ **Set aside small funding base for a bus pass distribution project, once a host partner is determined.**
8. Capital - Non-Profit Vehicle Replacement Program *Administrator: WPCTSA*	➢ **Establish modest line-item support for detailing of surplus vehicles and assurance of basic road-worthiness.**
9. Capital – Bus Stop/ Access/ Community Enhancement *Administrator: WPCTSA*	➢ **Conduct a bus stop inventory on accessibility and prioritize for support to specific bus stop or path-of-access improvements that will demonstrably benefit the target populations.**
10. Capital - NEMT Vehicle Tracking & Upgrade *Administrator: WPCTSA/ Seniors First*	➢ **Tracking device and software to enable Call Center to locate NEMT vehicles and manage usage and capacity.**
11. Contingency Reserve *Administrator: WPCTSA*	➢ **Maintain a budgeted reserve of 15 percent, to address special, circumstances and/or seed one-time projects.**

Funding WPCTSA's Seven-Year Service Plan

Tables 14 and 15, shown over six pages, a projected service plan for the next seven-year period. This is presented in two scenarios; one projecting program expenses at the current CTSA LTF revenue draw of 4% and the second projecting program expenses in relation to an increased CTSA LTF allocation of 5%. This provides a planning framework for WPCTSA expenditures and revenues for all current and future projects.

For WPCTSA Administrative Costs (see Tables 14A & 15A), an increase of 50% in staff time began in FY 2011/12 and includes an inflationary increase through FY 2017/18. This line item now represents essentially one full-time equivalent position, although the work is spread across several PCTPA staff. Direct expenses increase in FY 2011/12 to allow for increased costs associated with the implementation of the new Mobility Management Pilot initiatives such as local travel, training, and supplies.

For WPCTSA Existing CTSA Program Operations (see Tables 14A & 15A), there are four existing CTSA programs recommended to go forward. A fifth, the Taylor Road Shuttle is being discontinued due to low general public ridership and relocation of a principal rider destination location. Following is a list of programs in this group:

- Health Express NEMT Program, administered by Seniors First
- Volunteer Door-to-Door Program, administered by Seniors First
- Transit Pass /Voucher Program, administered by Seniors First
- Transit Ambassadors Program, administered by City of Roseville

Also in this category are expense allocations for consulting services to assist in implementing the new pilot projects and for the completion of a future SRTP document.

For Operating Reserves (see Tables 14A & 15A), the Government Finance Officers Association (GFOA) recommends an operating budget reserve of up to 15 percent for it's members. A base amount of $165,000 was allocated to initiate the first reserve deposit. Additional reserve deposits are made in annual increments when necessary to maintain 15 percent of that years' operating budget.

The New Mobility Management Initiatives Section (see Tables (14A & 15A), presents the proposed three new initiatives and budgeted project costs for each. These are collectively designed to improve mobility options for disabled, senior and low-income populations and expand partnerships to better address gaps in the public transit network. They are:

- Public Transit Demand-Response NEMT Trip Reimbursement Program, through the Transportation Call Center, administered by WPCTSA.

- Bus Pass Subsidy Program, administrator to be determined.
- Placer County Rural Mileage Reimbursement Project, administer to be determined.

Implementation tools associated with the mileage reimbursement program and a bus stop inventory initiative are included as Appendix G. These Implementation Fact Sheets provide additional detail as to start-up activities for these projects.

The Operating Revenues (see Tables 14B & 15B), are heavily dependent on TDA Article 4.5 CTSA LTF funding, which is presented in two scenarios, at four percent and five percent of the remaining LTF apportionment for Placer County, after several other programs are funded per PCTPA Board recommendations.

Considerable contributions from non-profit partner agencies, including Seniors First, help to make the Non Emergency Medical Transportation (NEMT) program and Volunteer Door-to-Door programs financially sustainable. Similar contributions from partnering agencies will also be required to implement and sustain the new Mobility Management Initiatives.

Notably, although there is significant operating revenue resulting from the annual carryover of unused funds from the prior year's budget, in the first year of this plan, this slowly decreases over the course of the seven year timeframe.

The revenue projections also include an early contribution of New Freedom rural and urban grants and the State Transit Assistance Prop 1B PTMISEA and TSSDRA capital project grants of several years duration. These are grants are now-in hand. Similar future-year grant funding may or may not be possible.

The Capital Expenditures Section (see Table 14C & 15C) includes budgets for one continuing and two new initiatives. The Surplus D-A-R vehicle project is funded at a higher level, per SRTP recommendations, to include both the purchase of the vehicles at Blue Book values and to detail and perform some additional, basic maintenance to ensure the road-worthiness of the refurbished vehicles.

The bus stop improvement/ path of access project is a new initiative. Appendix G provides implementation guidance. The intent of the bus stop/ path of access inventory initiative is to ensure that high priority projects have been identified and can be described as the funding becomes available. The second new initiative would provide for vehicle tracking for Health Express vehicles to help improve productivity. Notably, WPCTSA capital projects are all funded with state bond funding. Future capital projects may be funded if additional bond money is available.

Table 14-A
Seven Year Western Placer CTSA Program FY 2010 through FY 2018, Operating Expenditures –
4% TDA Article 4.5 Scenario

Operating Expenditures	FY 2011/2012 (Amended Budget)	FY 2012/2013 (Proposed)	FY 2013/2014 (Proposed)	FY 2014/2015 (Proposed)	FY 2015/2016 (Proposed)	FY 2016/2017 (Proposed)	FY 2017/2018 (Proposed)
Existing PCTPA Administration							
PCTPA Staff Administration MOU	$ 92,075	$ 93,000	$ 93,930	$ 94,870	$ 95,820	$ 96,780	$ 97,750
Direct Expenses	$ 11,125	$ 11,240	$ 11,350	$ 11,460	$ 11,570	$ 11,690	$ 11,810
Subtotal PCTPA Administration	**$ 103,200**	**$ 104,240**	**$ 105,280**	**$ 106,330**	**$ 107,390**	**$ 108,470**	**$ 109,560**
Existing CTSA Programs							
Non-Emergency Medical Transportation (NEMT)	$ 500,000	$ 550,000	$ 550,000	$ 550,000	$ 550,000	$ 550,000	$ 550,000
Volunteer Door-to-Door Program	$ 97,000	$ 100,000	$ 101,000	$ 102,010	$ 103,030	$ 104,060	$ 105,100
Voucher Program	$ 7,500	$ 10,000	$ 10,100	$ 10,200	$ 10,300	$ 10,400	$ 10,500
Transit Ambassador Program & Other Mobility Management Measures	$ -	$ 30,000	$ 30,000	$ 30,000	$ 30,000	$ 30,000	$ 30,000
Taylor Road Shuttle Enhancement	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Transit Planning	$ 21,393	$ 7,500	$ 7,500	$ 7,500	$ 7,500	$ 35,000	$ 7,500
Subtotal Existing Programs	**$ 625,893**	**$ 697,500**	**$ 698,600**	**$ 699,710**	**$ 700,830**	**$ 729,460**	**$ 703,100**
Existing Operating Reserve							
Operating Reserve Base Year	$ 165,000	$ -	$ -	$ -	$ -	$ -	$ -
Additional Operating Reserve Accumulation to 15%	$ -	$ -	$ 539	$ 478	$ 480	$ 4,543	$ -
Subtotal Operating Reserve	**$ 165,000**	**$ -**	**$ 539**	**$ 478**	**$ 480**	**$ 4,543**	**$ -**
New Mobility Management Initiatives							
Public Transit Demand Response CTSA NEMT Trip Reimbursement	$ -	$ 82,500	$ 82,500	$ 82,500	$ 82,500	$ 82,500	$ 82,500
Bus Pass Subsidy Program	$ -	$ 50,000	$ 50,500	$ 51,010	$ 51,520	$ 52,040	$ 52,560
Rural Placer County Rural Mileage Reimbursement Program	$ -	$ 50,000	$ 50,500	$ 51,010	$ 51,520	$ 52,040	$ 52,560
Subtotal New Initiatives	**$ -**	**$ 182,500**	**$ 183,500**	**$ 184,520**	**$ 185,540**	**$ 186,580**	**$ 187,620**
Total WPCTSA Program Costs	**$ 894,093**	**$ 984,240**	**$ 987,919**	**$ 991,038**	**$ 994,240**	**$ 1,029,053**	**$ 1,000,280**

Table 14-B
Seven Year Western Placer CTSA Program FY 2010 through FY 2018, Operating Revenues
4% TDA Article 4.5 Scenario

Operating Revenue	FY 2011/2012 (Budget)	FY 2012/2013 (Proposed)	FY 2013/2014 (Proposed)	FY 2014/2015 (Proposed)	FY 2015/2016 (Proposed)	FY 2016/2017 (Proposed)	FY 2017/2018 (Proposed)
LTF Article 4.5 @ 4% CTSA Allocation	**$606,514**	**$612,720**	**$619,004**	**$625,351**	**$631,761**	**$638,236**	**$644,775**
Interest Income	$ 2,189	$ 2,084	$ 2,490	$ 2,031	$ 1,595	$ 1,183	$ 643
State Transit Assistance	$ 62,916	$ 63,545	$ 64,181	$ 64,822	$ 65,471	$ 66,125	$ 66,787
Prior Year Deferred Revenue	$ 233,046	$ 213,866	$ 305,045	$ 221,100	$ 141,382	$ 65,899	$ -
Excess Operating Reserve to Revenue	$ -	$ 17,364	$ -	$ -	$ -	$ -	$ 3,634
Non-Profit Agency Match (@ 25%) for NEMT	$ 125,000	$ 137,500	$ 137,500	$ 137,500	$ 137,500	$ 137,500	$ 137,500
Non-Profit Agency Match (@ 25%) for Mobility Initiatives		$ 25,000	$ 25,250	$ 25,505	$ 25,760	$ 26,020	$ 26,280
Non-Profit Agency Match for Volunteer Door-to-Door Program	$ 53,000	$ 55,000	$ 55,550	$ 56,110	$ 56,670	$ 57,240	$ 57,810
FFY 2009/10 FTA 5317 Urban New Freedom Grant	$ -	$ 162,206	$ -	$ -	$ -	$ -	$ -
FFY 2009/10 FTA 5317 Rural New Freedom Grant	$ 25,294	$ -	$ -	$ -	$ -	$ -	$ -
Total Operating Revenue	**$1,107,959**	**$1,289,285**	**$1,209,019**	**$1,132,420**	**$1,060,139**	**$992,202**	**$937,428**

Operating Revenue to Operating Expenditure Comparison	FY 2011/2012 (Budget)	FY 2012/2013 (Proposed)	FY 2013/2014 (Proposed)	FY 2014/2015 (Proposed)	FY 2015/2016 (Proposed)	FY 2016/2017 (Proposed)	FY 2017/2018 (Proposed)
Operating Reserve Accumulation	$ 165,000	$ 147,636	$ 148,175	$ 148,653	$ 149,133	$ 153,676	$ 150,042
Fund Balance	**$ 213,866**	**$ 305,045**	**$ 221,100**	**$ 141,382**	**$ 65,899**	**$ (36,851)**	**$ (62,852)**

Table 14-C
Seven Year Western Placer CTSA Program FY2010 through FY2018, Capital Expenditures and Revenues
4% TDA Article 4.5 Scenario

Capital Expenditures	FY 2011/2012	FY 2012/2013	FY 2013/2014	FY 2014/2015	FY 2015/2016	FY 2016/2017	FY 2017/2018
Surplus D-A-R Vehicle Project for Social Service Non-Profits	$ -	$ -	$ -	$ -	$ 10,000	$ 10,000	$ 10,000
NEMT Vehicle Tracking & Upgrade	$ 15,000	$ -	$ -	$ -	$ -	$ -	$ 13,500
Community Transit Enhancements Projects	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Capital Expenses	**$ 15,000**	**$ -**	**$ -**	**$ -**	**$ 10,000**	**$ 10,000**	**$ 23,500**

Capital Revenue (Allocations)	FY 2011/2012	FY 2012/2013	FY 2013/2014	FY 2014/2015	FY 2015/2016	FY 2016/2017	FY 2017/2018
Prop 1B PTMISEA	$ 15,000	$ 15,000	$ 15,000	$ 15,000	$ 15,000	$ 15,000	$ 22,787
Prop 1B TSSSDRA	$ 8,356	$ 8,356	$ 8,356	$ 8,356	$ 8,356	$ 8,356	$ 8,356
Total Capital	**$ 23,356**	**$ 23,356**	**$ 23,356**	**$ 23,356**	**$ 23,356**	**$ 23,356**	**$ 31,143**

Capital Revenue to Capital Expenditure Comparison	FY 2011/2012	FY 2012/2013	FY 2013/2014	FY 2014/2015	FY 2015/2016	FY 2016/2017	FY 2017/2018
Fund Balance Allocated to Jurisdictions	$ 8,356	$ 23,356	$ 23,356	$ 23,356	$ 13,356	$ 13,356	$ 7,643

Table 15-A
Seven Year Western Placer CTSA Program FY 2010 through FY 2018, Operating Expenditures
5% TDA Article 4.5 Scenario

Operating Expenditures	FY 2011/2012 (Amended Budget)	FY 2012/2013 (Proposed)	FY 2013/2014 (Proposed)	FY 2014/2015 (Proposed)	FY 2015/2016 (Proposed)	FY 2016/2017 (Proposed)	FY 2017/2018 (Proposed)
Existing PCTPA Administration							
PCTPA Administration MOU	$ 92,075	$ 93,000	$ 93,930	$ 94,870	$ 95,820	$ 96,780	$ 97,750
Direct Expenses	$ 11,125	$ 11,240	$ 11,350	$ 11,460	$ 11,570	$ 11,690	$ 11,810
Subtotal PCTPA Administration	**$ 103,200**	**$ 104,240**	**$ 105,280**	**$ 106,330**	**$ 107,390**	**$ 108,470**	**$ 109,560**
Existing CTSA Programs							
Non-Emergency Medical Transportation (NEMT) @ 5%	$ -	$ 687,500	$ 687,500	$ 687,500	$ 687,500	$ 687,500	$ 687,500
Volunteer Door-to-Door Program	$ 97,000	$ 100,000	$ 101,000	$ 102,010	$ 103,030	$ 104,060	$ 105,100
Voucher Program	$ 7,500	$ 10,000	$ 10,100	$ 10,200	$ 10,300	$ 10,400	$ 10,500
Transit Ambassador Program & Other Mobility Management Measures	$ -	$ 30,000	$ 30,000	$ 30,000	$ 30,000	$ 30,000	$ 30,000
Transit Planning	$ 21,393	$ 7,500	$ 7,500	$ 7,500	$ 7,500	$ 35,000	$ 7,500
Subtotal Existing Programs	**$ -**	**$ 835,000**	**$ 836,100**	**$ 837,210**	**$ 838,330**	**$ 866,960**	**$ 840,600**
Existing Operating Reserve							
Operating Reserve Base Year	$ 165,000	$ -	$ -	$ -	$ -	$ -	$ -
Additional Operating Reserve Accumulation to 15%	$ -	$ 10,000	$ -	$ -	$ 499	$ 6,206	$ -
Subtotal Operating Reserve	**$ 165,000**	**$ 10,500**	**$ -**	**$ -**	**$ 499**	**$ 6,206**	**$ -**
New Mobility Management Initiatives							
Public Transit Demand Response CTSA Trip Reimbursement	$ -	$ 103,125	$ 103,125	$ 103,125	$ 103,125	$ 103,125	$ 103,125
Bus Pass Subsidy Program	$ -	$ 62,500	$ 63,125	$ 63,763	$ 64,400	$ 65,050	$ 65,700
Rural Mileage Reimbursement Program	$ -	$ 62,500	$ 63,125	$ 63,763	$ 64,400	$ 65,050	$ 65,700
Subtotal New Initiatives	**$ -**	**$ 228,125**	**$ 229,375**	**$ 230,650**	**$ 231,925**	**$ 233,225**	**$ 234,525**
Total WPCTSA Program Costs @ 5%	**$ -**	**$ 1,177,865**	**$ 1,170,755**	**$ 1,174,190**	**$ 1,178,144**	**$ 1,214,861**	**$ 1,184,685**

Table 15-B
Seven Year Western Placer CTSA Program of Projects FY 2010 through FY 2018, Operating Revenues
5% TDA Article 4.5 Scenario

Operating Revenue	FY 2011/2012 (Budget)	FY 2012/2013 (Proposed)	FY 2013/2014 (Proposed)	FY 2014/2015 (Proposed)	FY 2015/2016 (Proposed)	FY 2016/2017 (Proposed)	FY 2017/2018 (Proposed)
LTF Article 4.5 @ 5% CTSA Allocation	**$ -**	**$765,900**	**$773,755**	**$781,689**	**$789,702**	**$797,795**	**$805,969**
Interest Income	$ -	$ 908	$ 2,627	$ 2,323	$ 2,052	$ 1,814	$ 1,458
State Transit Assistance	$ -	$ 79,431	$ 80,225	$ 81,028	$ 81,838	$ 82,656	$ 83,483
Prior Year Deferred Revenue	$ -	$ 213,866	$ 302,570	$ 247,410	$ 198,126	$ 154,318	$ 83,362
Excess Operating Reserve to Revenue	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,700
Non-Profit Agency Match (@ 25%) for NEMT	$ -	$ 171,875	$ 171,875	$ 171,875	$ 171,875	$ 171,875	$ 171,875
Non-Profit Agency Match (@ 25%) for Mobility Initiatives		$ 31,250	$ 31,563	$ 31,881	$ 32,200	$ 32,525	$ 32,850
Non-Profit Agency Match for Volunteer Door-to-Door Program	$ 53,000	$ 55,000	$ 55,550	$ 56,110	$ 56,670	$ 57,240	$ 57,810
FFY 2009/10 FTA 5317 Urban New Freedom Grant	$ -	$ 162,206	$ -	$ -	$ -	$ -	$ -
FFY 2009/10 FTA 5317 Rural New Freedom Grant	$ 25,294	$ -	$ -	$ -	$ -	$ -	$ -
Total Operating Revenue	**$ -**	**$ 1,480,435**	**$ 1,418,165**	**$ 1,372,316**	**$ 1,332,462**	**$ 1,298,222**	**$ 1,241,506**

Operating Revenue to Operating Expenditure Comparison	FY 2011/2012 (Budget)	FY 2012/2013 (Proposed)	FY 2013/2014 (Proposed)	FY 2014/2015 (Proposed)	FY 2015/2016 (Proposed)	FY 2016/2017 (Proposed)	FY 2017/2018 (Proposed)
Operating Reserve Accumulation	$ 165,000	$ 175,000	$ 175,000	$ 175,000	$ 175,499	$ 181,705	$ 177,005
Fund Balance	**$ -**	**$ 302,570**	**$ 247,410**	**$ 198,126**	**$ 154,318**	**$ 83,362**	**$ 56,821**

Table 15-C
Seven Year Western Placer CTSA Program FY2010 through FY2018, Capital Expenditures and Revenues
5% TDA Article 4.5 Scenario

Capital Expenditures	FY 2011/2012	FY 2012/2013	FY 2013/2014	FY 2014/2015	FY 2015/2016	FY 2016/2017	FY 2017/2018
Surplus D-A-R Vehicle Project for Social Service Non-Profits	$ -	$ -	$ -	$ -	$ 10,000	$ 10,000	$ 10,000
NEMT Vehicle Tracking & Upgrade	$ 15,000	$ -	$ -	$ -	$ -	$ -	$ 13,500
Community Transit Enhancements Projects	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Capital Expenses	**$ 15,000**	**$ -**	**$ -**	**$ -**	**$ 10,000**	**$ 10,000**	**$ 23,500**

Capital Revenue (Allocations)	FY 2011/2012	FY 2012/2013	FY 2013/2014	FY 2014/2015	FY 2015/2016	FY 2016/2017	FY 2017/2018
Prop 1B PTMISEA	$ 15,000	$ 15,000	$ 15,000	$ 15,000	$ 15,000	$ 15,000	$ 22,787
Prop 1B TSSSDRA	$ 8,356	$ 8,356	$ 8,356	$ 8,356	$ 8,356	$ 8,356	$ 8,356
Total Capital	**$ 23,356**	**$ 23,356**	**$ 23,356**	**$ 23,356**	**$ 23,356**	**$ 23,356**	**$ 31,143**

Capital Revenue to Capital Expenditure Comparison	FY 2011/2012	FY 2012/2013	FY 2013/2014	FY 2014/2015	FY 2015/2016	FY 2016/2017	FY 2017/2018
Fund Balance Allocated to Jurisdictions	$ 8,356	$ 23,356	$ 23,356	$ 23,356	$ 13,356	$ 13,356	$ 7,643

Basic Assumptions for operating expenditures are listed below:

- PCTPA Staff Administration funds represents on full time equivalent position although PCTPA responsibilities are spread among several PCTPA staff.
- An annual inflationary increase of 1% for all administrative expenses beginning FY 2012/13, the Volunteer Door-to-Door Program, Voucher Program, Bus Pass Subsidy Program, and Placer County Rural Mileage Reimbursement Program beginning FY 2013/14.
- WPCTSA programs are shown at 4% and 5% level of Article 4.5 funds; an increase to 5% level represents a 25% overall increase in funds available.
- Transit planning consulting services contract applied in FY 2011/12 to assist with implementation of new pilot projects. Forecast expenses include various planning activities and a future SRTP update.
- NEMT: increase in budget to match NEMT ridership goal; about 800 – 1000 trips per month.
- Transit Ambassador amount covering a six year period; based on historical annual cost of about $30,000
- Establishment of a contingency reserve of 15% of the annual operating budget in FY 2010/11 and sustained with annual contributions as operating expenditures increase.

Basic Assumptions for operating revenues are listed below:

- Local Transportation Fund (LTF) Article 4.5 current base draw for CTSA services is four percent of the remaining Placer County LTF allocation after Board directed expenses are funded.
- LTF annual inflation increment(s) are calculated at one percent of the LTF base through.
- Interest income is calculated at 0.55% of annual contingency reserve and fund balance.
- The future of the STA fund is not certain. PCTPA recommends that all transit claimants take into account the uncertainty of this funding source.
- Seniors First match to continuing transportation projects are based on MOU guidelines for each service but increase to account for 25% of the total cost for each program.
- Partner agency match for new projects assume an annual contribution of 25% of the total project costs.
- New Freedom urban and rural grants were two-year grants for FY 2010/11 and 2011/12. Future funding from this grant program as well as FTA Section 5316 JARC, and Section 5310 capital grant may be pursued in future years.
- Contingency reserve accumulation amount is based on withholding 15% of the annual operating budget each year.

Basic Assumptions for capital expenditures and revenues are listed below:

- An increase in funding for Dial-A-Ride vehicle refurbishment begins in FY 2011/12.
- Revenues from STA Proposition 1B funding are applied for and tied to capital improvement projects. Prop 1B funds may be accumulated but must be spent within five years of award.
- Community Transit Enhancements: these are prior year awarded funds for bus stop safety & security improvements (emphasis on seniors & disabled riders) to be allocated to jurisdictions
- Capital Fund Balance: CTSA claims only funds needed; remaining capital funds (Prop 1B) get allocated to jurisdictions annually for transit use.

WPCTSA New Program Policy and Procedure Development

Among the anticipated activities of the WPCTSA is a new reimbursement program to underwrite some portion of the non-emergency medical trips (NEMT) provided by the county's demand responsive providers. To successfully implement this activity and to ensure that dollars are spent consistent with the WPCTSA's mission and goals, the following must be addressed:

- ***Define eligible trips and/or eligible riders for WPCTSA reimbursement*** – With regard to trips, this will likely mean gathering trip purpose information at the time of the trip request; and/or with regard to individuals, this could mean determining mechanisms beyond ADA certification by which to ascertain those members of the three target populations (seniors, persons with disabilities or persons of low-income) for whom their non-emergency medical trips can be reimbursed by WPCTSA.

- ***Ensure that ADA trips that are currently the obligation of the local fixed-route provider remain so and are not shifted to WPCTSA reimbursement*** – As noted in Chapter 5, the WPCTSA is not responsible for provision of ADA complementary paratransit services, although it must ensure that its programs overall are accessible to those who are substantially disabled. Procedures must be developed to ensure that ADA complementary paratransit trips are provided by the responsible transit provider and not deemed to be NEMT trips eligible for reimbursement.

- ***Determine the reimbursement structure*** – For trip eligible for reimbursement, will these be reimbursed based upon a flat rate per trip, based upon the revenue miles associated with that trip or some other reimbursement mechanism.

- ***Define the method by which trips can be limited or rationed to reflect the budgeted dollars available*** – At present, if an average trip cost is $75, which is possible given the likelihood of longer trip-lengths, an estimated 120 one-way passenger trips could be reimbursed monthly given the proposed budget. Issues to be considered could include: equity (how many trips reimbursed per operator), of distance (how many longer, inter-community trips are reimbursed versus shorter, intra-community trips), and passenger type (target group member; ADA versus non-ADA). Mechanisms for a maintenance-of-effort (MOE) should be established for participating public transit demand response operators.

- ***Procedures by which the Call Center dispatchers determine whether or not to accept an NEMT trip and then to which provider to assign such a trip*** – This will begin with determining trip purpose, a question not currently asked with most ADA services or with community dial-a-rides where trip provision depends not upon the type of trip but whether or not the requesting rider is an eligible passenger.

These policy and procedural issues should be addressed and agreed upon in advance of program implementation. The agreements should be set forth in writing, possibly through a Memorandum of Understanding. As this is a new program, its early implementation should be watched carefully and evaluated in terms of its early experience.

Project Identification and Selection Criteria

Future projects, beyond those presented here, may be considered in the future. Discussions in this document speaks to identifying projects in terms of identifying partners with willingness and ability to provide matching resources in order to undertake transportation projects targeted to unmet transit needs. This is the fundamental underpinning of the WPCTSA organization. It works from the assumption that CTSA-based transportation services cannot single-handedly meet all unmet transportation needs of the target groups but must do so in partnership with other organizations, usually human services agencies, with overlapping missions.

This is not a competitive process so much as a negotiated process. It anticipates that the WPCTSA is seeking new partnership arrangements that may address the project possibilities put forth. And it anticipates that WPCTSA is open to other organizations proposing partnership arrangements. Competitive processes directly by the WPCTSA are not anticipated at this time, although its partner agencies may need to go forward with competitive procurements for provision of services, as has been necessary with the Seniors First organization. There may be future instances where targeted procurements are indicated, but that will be only when and if significantly greater funding becomes available or if there are few identifiable partners.

Other project selection and project design criteria to be addressed include:

1. Projects must meet stated funding source goals.
2. Projects must not supplant other, dedicated funding for this purpose but extend and enhance any previously existing initiative.
3. Projects must not duplicate existing public transportation programs or services.
4. Projects must identify why this type of service or trips cannot now be provided on the existing transportation network.

Other criteria are likely to be identified as the WPCTSA program develops and matures. It will be important for the organization's staff and board of directors to revisit these periodically, to see where changes may be indicated.

Tracking and Measuring WPCTSA Performance

Assessment of the current transportation services sponsored by WPCTSA identified a need for more thorough and consistent monitoring and reporting of the individual services and contracts. Performance assessment is proposed on an individual initiative basis, with performance goals established for each at the outset. Performance must be measured against project-specific goals, given the highly individualized nature of these and the fact that they provide a range of services, from direct provision of trips to travel training and outreach assistance by ambassadors.

This process begins with the definition of goals by the administrators of each initiative, in consultation with WPCTSA staff. From selected goals, appropriate measures can be identified and reporting systems established that are timely and reliable. At present, the reporting formats are problematic, as was discussed in Chapter 3 of this document, and require both some standardization and some attention to the definition of reported elements.

The particular performance indicators against which programs will assess themselves over time will vary from project to project but may include:

- Operating cost per passenger trip
- Subsidy cost per passenger trip
- Operating cost per mile
- Operating cost per vehicle revenue hour
- Cost per unit of service (e.g. travel training costs per trainee; mobility management cost per contact)
- Percentage of match funding provided, to leverage WPCTSA funds
- Passengers per vehicle revenue hour
- No shows and cancellation rates
- Complaints per 1,000 vehicle miles or per 1,000 passenger trips

Process indicators should include reporting on all relevant items, such as vehicle revenue hours and miles, one-way passenger trips, volunteer hours, mobility management agency contacts and mobility management rider contacts, one-number telephone contacts, travel training contacts and training sessions. Reporting forms developed for various JARC and New Freedom project reporting can be adapted to WPCTSA purposes, both to reflect the goals to be established by individual projects and to ensure a standardized reporting procedure.

Finally, overall reporting for WPCTSA should be reviewed to enable policy-makers to assess progress against regional level goals, most notably in relation to trips-per-capita.

Such individual program-level reporting and overall agency reporting will put WPCTSA in a strong position to both monitor and report on individual projects against their prior performance and to more accurately and meaningfully report on the WPCTSA program as a whole.

APPENDICES

Appendix A — Review of WPCTSA Service Agreements

Appendix B — Contributing to the WPCTSA Context

- Review of CTSA Organizations in Other Parts of California
- Annual Unmet Transit Needs Hearings: Prior Year Findings
- Taylor Road Shuttle: Administered by Placer County
- Consumer Survey Findings

Appendix C — Quarterly Ridership Trends by Transit Operator

Appendix D — WPCTSA Specialized Transit Rider Survey

Appendix E — Survey Distributed to Sheridan Families through Friday School Packets

Appendix F — Questions and Responses to Providers Regarding Bus Passes and Access to Medical Services

Appendix G – WPCTSA SRTP Implementation Tools: New Pilot Initiatives

APPENDIX A - Review of WPCTSA Service Agreements

Review of WPCTSA Service Agreements

The agreements executed by the WPCTSA for provision of services, and discussed in the subsection following, include:

Partnership Agreements

- With Seniors First for the Health Express Service
- With Seniors First for the Transportation Voucher Pilot Program
- With Seniors First for the Volunteer Door-to-Door Transportation Pilot Program

Memoranda of Understanding

- With the County of Placer for the enhanced Taylor Road Shuttle
- With the City of Roseville for the Transit Ambassador Program
- With the City of Roseville for the Centralized Call Center
- Between WPCTSA and participating non-profit organizations for Vehicles

Regarding the organizational structure and use of partnership agreements and MOUs, although we have been unable to identify a similar contracting or expenditure authority in either the Federal Triennial Review Workbook or Best Practice Procurement Manual,[7] analogous arrangements are being used by other public transit agencies to provide a portion of the funding to operate specific transportation services. The Orange County Transportation Authority is one such agency using a similar arrangement to help fund the continued provision of specialized transportation within Orange County.

1. Partnership Agreement for Non-Emergency Medical Transportation Pilot Program

Parties: WPCTSA and Seniors First, Inc.

Term of Agreement: Began January 1, 2009 and extended though December 31, 2011 by Addendum 1. Agreement may be extended on a month-to-month or specified period basis.

[7] Triennial Review Workbook at http://www.fta.dot.gov/funding/oversight/grants_financing_10924.html . Best Practices Procurement Manual at http://www.fta.dot.gov/funding/thirdpartyprocurement/grants_financing_6037.html

Description of Services: Operation of non-emergency medical transportation services known as "Health Express" to serve elderly persons and persons with disabilities who are residents of Placer County and who are not able to use conventional public transit services operating with western Placer County. Limit of 600 one-way rides per month.

Funding: WPCTSA = $375,000 annually
Seniors First = $125,000 annually
Total Project = $500,000 annually

Comments:

- Partnership is a "turn-key" arrangement in which Seniors First is responsible for all staff, vehicles and equipment, facilities and expertise to manage and operate the Health Express service.
- Seniors First funding is contributed by Health Express partners: Sutter Auburn Faith Hospital, Sutter Roseville Medical Center, and Kaiser Permanente

2. Partnership Agreement For Transportation Voucher Pilot Program

Parties: WPCTSA and Seniors First, Inc.

Term of Agreement: Began January 1, 2009 and extended though December 31, 2011 by Addendum 1. Agreement may be extended on a month-to-month or specified period basis.

Description of Services: The Transportation Voucher Pilot Program is a funding mechanism of last resort to ensure essential non-emergency medical transportation needs of elderly persons and persons with disabilities who are residents of Placer County and who would otherwise have no means of transport are met. Users are matched with the most appropriate mode of transportation and voucher funds are used only when all other financial resources have been exhausted. Emergency medical requests will not be considered in the Voucher Program.

Funding: WPCTSA = $7,500 annually
Seniors First = no match required

Comments: None

3. Partnership Agreement For Volunteer Door-to-Door Transportation Pilot Program

Parties: WPCTSA and Seniors First, Inc.

Term of Agreement: Began January 1, 2009 and extended though December 31, 2011 by Addendum 1. Agreement may be extended on a month-to-month or specified period basis.

Description of Services: The Volunteer Door-to-Door transportation services are for elderly persons and persons with disabilities who are residents of Placer County and who are not able to use conventional public transit services operating within western Placer County.

Funding: WPCTSA = $44,000 annually
Seniors First = $53,000 annually
Total Project = $97,000 annually

Comments:

- The Seniors First funding will be provided as follows: $47,000 from the Area 4 Agency on Aging and approximately $6000 from private donations.
- There are few details regarding how this program will be organized and administered in the agreement and Scope of Services. For example, there is no information on how volunteer drivers will be recruited and trained, whether volunteers will be paid for their mileage costs, or if and how program services will be allocated if demand exceeds program capabilities.
- Seniors First is required to provide insurance coverage for use of private vehicles [Pilot Agreement, Section 3, Understandings, 5th bullet under Seniors First section].

4. Memorandum of Understanding Regarding Taylor Road Shuttle Service Enhancement Pilot Project

Parties: WPCTSA and County of Placer

Term of Agreement: August 20, 2009 and shall remain in effect until December 31, 2011. The Pilot Project will be suspended during summer months, approximately mid-May through mid-August, with the exact dates of the service suspension to be determined by the COUNTY. Agreement may be extended on a month-to-month or specified period basis.

Description of Services: The project will consist of service enhancements to the existing Taylor Road Shuttle. The service enhancements are defined as added hourly service along the existing Taylor Road Shuttle route between 7:35 a.m. and 1:25 p.m. on Tuesdays and Thursdays only, for a two-year pilot period beginning August 20, 2009 and ending December 31, 2011. The service enhancements will include the opportunity to deviate up to ¾ mile from Taylor Road on a reservation basis only. The service will use handicapped-accessible dial-a-ride vehicles.

Funding: WPCTSA = $78,000 two-year fully-allocated cost, paid entirely by WPCTSA

Comments:

- The Term of this project is for a period of approximately 28 months and the funding is specified for two-years. One might question whether sufficient funding is specified for the defined project term.

5. Memorandum of Understanding Regarding The Transit Ambassador Program

Parties: WPCTSA and City of Roseville

Term of Agreement: This MOU shall become effective upon execution by both parties and shall remain in effect until the $162,000 STA grant, or any additional funding allocated to the Transit Ambassador Program, is expended.

Description of Services: The City of Roseville will serve as the lead agency and manager of the Transit Ambassador Program, which entails conducting a variety of outreach efforts such as providing face-to-face assistance with passengers, training prospective transit passengers during their travels, attending and staffing applicable outreach events, and encouraging stakeholder groups, agencies and organizations to promote transit use within the western Placer region. City will also recruit, train and coordinate the citizen volunteers necessary to operate the Transit Ambassador Program. These Transit Ambassador Program volunteers, regardless of which bus routes they may travel, are volunteers for WPCTSA and not the City of Roseville.

Funding: WPCTSA = $162,000 in the form of a State Transit Assistance [STA] grant that has been transferred to the City of Roseville. These funds are to be used, in part, to pay the cost of insurance to cover all program volunteers. The MOU specifies that there is no guarantee of additional funding to this program from other sources.

Comments: None.

6. Retired Dial-a-Ride Vehicle Program

Parties: WPCTSA and local non-profit / community based organizations. The first vehicle agreement with the Gathering Inn was executed on December 8, 2010.

Term of Agreement: The Program Guidelines for this project specify that the Gathering Inn shall report monthly to the CTSA on the use of this vehicle for a period of up to two years

[Section 3.k] and that "The parties … agree that the retired vehicle(s) have a minimum useful life of two (2) years."[Section 4.a] Note that this language does not actually require the operation of this vehicle for a minimum period, just to report on the vehicle's use.

Description of Services: The Western Placer CTSA would purchase surplus dial-a-ride vehicles from Placer transit operators that are being retired and sell these vehicles to local non-profit / community based organizations at a nominal amount for their exclusive use to address the mobility needs of elderly and / or disabled county residents. Each local non-profit / community based organizations selected to receive a retired vehicle must enter into an agreement with the Western Placer CTSA that provides, among other things, that the organization shall defend and indemnify the CTSA against any liability, be sufficiently insured to support the indemnity and defense obligation and be able to maintain and operate the vehicle for its remaining useful life.

Funding: WPCTSA would use either Transportation Development Act (TDA) Article 4.5 funds and / or Proposition 1B – Public Transportation Modernization Improvement Service Efficiency Account (PTMISEA) funds allocated to the CTSA by the Placer County Transportation Planning Agency (PCTPA) to fund the Retired Dial-a-Ride Vehicle Program. As a demonstration of commitment, the non-profit organization would be required to fund the vehicle's annual operating and maintenance costs, prior to obtaining the vehicle.

Comments:

- The definition of the "useful life" of the used paratransit vehicles procured through this program and the setting of that useful life at a minimum of two years is intended to satisfy the requirements of Caltrans' PTMISEA guidelines, which require capital assets purchased thru bond funding to have a useful life of at least two years. In this regard, we would note that the actual contract language does not require operation of the transferred vehicle(s) for any specific period.

APPENDIX B – CONTRIBUTING TO THE WPCTSA CONTEXT

Context: Review of CTSA Organizations in Other Parts of California

In efforts to learn from other consolidated transportation service organizations, five agencies were interviewed, selected based on proximity to the Western Placer CTSA, comparative geographic landscape, or an agency's progress at implementing or maintaining innovative or successful mobility management services. Four agencies of the agencies contacted are currently designated as Consolidated Transportation Service Agency (CTSA) with two operating as public transit agencies and two as private non-profit agencies. The fifth agency, Outreach Inc., is a private non-profit agency that provides a wide array of specialized mobility options. Outreach is not currently designated as a CTSA but is in the process of applying for designation.

In general, the four organizations described in Exhibit 1 provide services within their respective counties. In some cases, service areas are confined to only the densely populated regions within a county, while others encompass larger service areas or cross into neighboring counties in partnerships or through transfer agreements with other public transit agencies.

Creative agreements with human service agencies are more common with the non-profit providers as these partnerships can provide alternative funding streams to traditional transportation funding only available to public transit agencies. Many of the transportation services provided by non-profit CTSA's are subsidized by the human services agencies whose client base drives the demand or eligibility for the service.

With respect to funding, public transit agencies have access to several Federal grants to provide fixed-route and demand response service for urban, small urban and rural environments. Non-profit organizations generally have less dependable funding streams and develop more entrepreneurial approaches for program sustainability. These approaches sometimes lead to the development of innovative coordinated or specialized transportation alternatives that service the needs of targeted populations that public transit is not designed to meet.

Exhibit B-1, Organizational Characteristics of Four CTSA's

Agency	Designation	Program Description	Budget	Scale of Program	Partnerships
El Dorado Transit Authority	Public agency designated as a CTSA since 1982	Program services include: • Four demand response services, • Sac Med non emergency medical transportation in to Sacramento • Adult day healthcare service • El Dorado senior day care service.	Total annual agency budget of $5 million. Agency does not receive any TDA Article 4.5 funds. CTSA oriented programs are funded as part of overall agency budget.	Total of 68 employees: (7 administrative and 61 operations). Total of 50 vehicles: (14 DR, 17 FR, 19 Commuter).	Transfer agreement with Sacramento Regional Transit, and an MOU with the Sacramento Area Council of Governments for a universal fare card. Local agreements with several El Dorado County departments for purchase of bus passes and Scrip. Agreement with Alta ADHC for a flat rate contribution to the ADHC service and a working relationship with the El Dorado Senior Day Care senior to reserve trips on the Senior Shuttle.
Yuba Sutter Transit	Public agency designated as CTSA in 1982 as Hub Area Transit Authority	Program services include: • As a CTSA, provides limited program of Maintenance services for other human service agencies.	Total annual agency budget of $8 million. Agency revenues for CTSA functions: •TDA Article 4.5	3 administrative employees Veolia contractor has 77 FTE employees.	Basic passenger transfer agreement with Regional Transit in Downtown Sacramento.
Ride-On (San Luis Obispo)	Non-profit agency designated as CTSA in 1987	Program services include: • Door-to-door shuttle services • Support services for social service agencies vehicle maintenance, driver training, and emergency plans • Ride-On TMA provides vanpools, airport/Amtrak shuttles, Guaranteed Ride Home, Lunchtime Express, Visitor and Medical Shuttles, Special Events	Total annual agency budget of $4 million. Agency revenues for CTSA functions: •Federal - New Freedom, •State - MediCal, and TDA Article 4.5. •Local – fundraisers and donations.	Total of 65 employees (12 administrative, 50 Drivers 38 FTE, and 3 Maintenance) The CTSA function utilizes 50 vehicles; 37 vehicles available for vanpool program.	Ride-On is contracted for transportation services by the local transit provider SLORTA for its senior shuttle program. Also contracts with Tri Counties Regional Center, providing day program transportation. Ride-On works closely with Veterans Affairs to provide the Veteran Express service. Coordination exists with other non-profit for drivers training, help with CHP inspections, vehicle acquisition.
Paratransit Inc.	Non-Profit agency designated as the first CTSA in 1981	Program services include: •Demand response •Maintenance facility services for other agencies in the Sacramento area. •Travel training programs •Vanpools •Meals program transportation	Total annual agency budget of $20 million • CTSA functions funded through TDA Article 4.5 and local Measure A sales tax revenue.	Provides vehicle maintenance to 40 other agencies in the region. Service agreements with 12 human service agencies CTSA model accounts for 475,000 trips per year.	Paratransit has partnership agreements with a dozen agencies in Sacramento County. As the designated CTSA in Sacramento, Paratransit works with social service agencies, such as United Cerebral Palsy, Asian Community Center, and Elk Grove Adult Community Training, to increase transportation options for seniors, individuals with disabilities, and persons with low incomes.

An Emerging CTSA – Outreach, Inc of Santa Clara County

OUTREACH
Together We Ride
Mobility Management Center
for Santa Clara County
Celebrating 30 years of non-profit service to The Santa Clara County

A fifth agency, Outreach Inc., is reported on here based on the level of service it provides, mobility management experiences and the funding sources it utilizes without the formal designation of a CTSA. Outreach Inc. describes itself as a mobility management center in Santa Clara County, CA which coordinates a wide array of transportation resources and functions as a one-stop source of transportation information for the communities it serves. Outreach operates a paratransit brokerage that facilitates more than a million trips annually.

Employment transportation options consist of a door-to-door guaranteed ride home program; after school transportation for school-aged children, and a vehicle inspection and repair program which all are designed to enhance an individual's ability to sustain employment. Other elements include a free bicycle program for adults and teenagers that choose to bike to work and car rental subsidies for employees of companies that do not provide such subsidy.

The senior population is served by the STAR Program (Senior Transportation and Resources) which offers door-to-door transportation, public transit subsidies, trip planning, and volunteer driver services. The program provides various support services that are senior-oriented.

Outreach partners locally with Santa Clara Valley Transportation Authority and the County of Santa Clara. State and Regional partnerships exist with Caltrans, Cal EMA, 2-1-1, and the Metropolitan Transportation Commission (MTC).

Outreach utilizes a variety funding sources including Federal large and small urban Job Access & Reverse Commute (Section 5316-JARC) and New Freedom (Section 5317) as well as vehicle capital grants from Section 5310. Other Federal grant sources such as Housing and Urban Development (HUD) and Health and Human Services (HHS) are also utilized. State funding is received from State Transit Assistance (STA) and the Transportation Development Act (TDA). The program receives Tobacco Revenue Settlement funding as well. Regional and local funding is obtained from Santa Clara County general funds, County Measure A funds, and general funds from the cities of Campbell, Cupertino, and Santa Clara. Additional private funding is received from the car donation program revenue, and local foundations and corporations.

The Outreach Mobility Management Center also manages an agency-accessible web portal which, in collaboration with Caltrans, developed a suite of web-based tools to aide in the coordination of

transportation resources for Santa Clara County residents. The TripNET portal allows for ride reservations, including volunteer drivers and discounted taxi and van rides.

Context: Annual Unmet Transit Needs Hearing Process, Prior Year Findings

Annually, the Placer County Transportation Planning Agency is required to conduct public hearings on unmet transit needs, necessary before it can approve budgeted allocations to its transportation providers. PCTPA receives testimony from Placer County constituents and determines whether these represent unmet transit needs and whether these are needs that can be reasonable to meet. Its definition of an unmet transit need, last amended September 2006 is:

> *An unmet transit need is an expressed or identified need which is not currently being met through the existing system of public transportation services. Unmet transit needs are also those needs required to comply with the requirements of the Americans with Disabilities Act.*

Criteria for determining reasonable to meet include impacts of any new service on the State's fare box recovery requirements, level of community support, conformance with the Regional Transportation Plan and consistency with the goals of the adopted Short Range Transit Plan for the given jurisdiction.

The PCTPA Unmet Transit Needs Analysis and Recommendations Final Report for FY 2010/2011, dated February 24, 2010 reported on a total of 83 consolidated unmet needs comments. Five general categories of comments are developed to analyze comments received. These are: Service Area; Service Frequency; Service Span; New Service/ Route Extension; and Americans with Disabilities Act issues. There is an Other Requests category as well.

Summarized here are the public comments offered that are relevance to this discussion. With regard to the Tahoe and Truckee area, comments included below are only those related to connectivity with Western Placer County. Also not included are the staff responses and analysis related to these comments.

New Service/ Route Extensions (2009 Public Hearings)

- Need connectivity to achieve seamless travel across the Sacramento region.
- Sheridan needs transit or dial-a-ride service.

- Foresthill needs lifeline level of transit service.
- Transit service is needed in the SR 193 corridor.
- There needs to be connectivity from Truckee and the north shore area of Tahoe to Auburn and points west.
- Placer County unincorporated – Students (youth) with disabilities need to get to an equestrian program for persons with disabilities out by Lorenson Road.
- Rocklin – Need more routes in Rocklin for persons with disabilities, seniors and student to be able to travel independently out of the neighborhood; need cost-effective service; CTSA trips [at that time] cost $7 a one-way trips and this is too expensive.
- Roseville – Need more bus service to get to Sutter Roseville Hospital, Douglas Boulevard and Sierra Gardens. Dial-a-ride is very limited in where it can take you and in availability.
- Rocklin – Need better services to Sierra College campus (consistent and door-to-door).

Service Area (2009 Public Hearings)

- Roseville Transit and Placer County Transit DAR services should be allowed to cross boundary lines, example Roseville to Rocklin.

Service Schedule (2009 Public Hearings)

- Placer County Transit and Roseville Transit should offer DAR service on winter holidays – Thanksgiving, Christmas and New Years.

Other (2009 Public Hearings)

- Need better PUBLICITY. Commenter was "astonished to find that all of the other attendees to a 55 Alive drivers class for seniors were unaware of the public bus systems in the area. They were eager to learn more.
- Commenter requested a "paratransit specialist" program for Roseville Transit and Placer County Transit. "I was surprised to find out that we do not have people to train those to use the bus that are disabled or elderly. The Transit Ambassador Program in Roseville is great but I think we need to pay people to do more extensive, one-to-one training for those who are confused about the bus system."
- Need for a region-wide, centralized trip planning and coordination mechanism as a strategic tool to help build ridership.
- Develop a regional Social Service Transportation Advisory Committee (SSTAC) to address the Resort Area Triangle social service transportation issues, including out-of-the-area transportation, wheelchair capacity for ADA transportation, outreach and information sharing.

Reporting on prior year approved findings, two recommendations are relevant to this discussion from the FY 2009/10 Unmet Transit Needs Process Approved Findings:

- *Placer County through a contractual arrangement with Western Placer CTSA shall implement a Taylor Road Shuttle two-year pilot program providing hourly service on Tuesdays and Thursdays between 7:30 a.m. to 1:30 p.m. The pilot program will be subject to productivity standards determined by the Transit Operators Working Group. The pilot program would be funded by the Western Placer CTSA.*

  Note: This was implemented and is reported on in this document.

- *Develop and implement a centralized Call Center, as outlined in the South Placer County Dial-a-Ride Study (2007). PCPTA will designate the Western Placer CTSA as the Call Center administrator. The Call Center would be funded by the Western Placer CTSA.*

  Note: This continues through early implementation stages and is reported on in this document.

Recommendations responding to comments received in the fall of 2009 for the FY 2010/2011 Unmet Transit Needs Process, with findings of "*unmet need and a need that may or may not be reasonable to meet"* include:

- *Provision of service to Sheridan, Foresthill, SR-193 corridor* - to be examined in the context of developing PCTPA's 2010-11 short range transit plan.
- *Provision of dial-a-ride within the City of Rocklin and improved dial-a-ride to Granite Bay* - to be examined in the context of developing PCT's 2010-11 short range transit plan.
- *Provision of improved dial-a-ride service to east Roseville, Sierra Gardens Transfer Point, Sierra College and Sutter Roseville Hospital* – to be examined in the context of developing Roseville Transit's short range transit plan.
- *Roseville Transit and Placer County Transit dial-a-ride services need to be allowed to cross boundary lines* – to examine the jurisdictional boundaries of both services in the context of developing the short range transit plans of both organizations.
- *Placer County dial-a-ride and Roseville dial-a-ride offered on winter holidays of Thanksgiving, Christmas and New Years* – to be examined in the context of developing the short range transit plans of both organizations.

Context: Taylor Road Shuttle - Administered by Placer County

Taylor Road Shuttle Administered by Placer County Transit, during the course of the period of preparation of this SRTP, the decision was made not to continue the additional service hours described here. The analysis contributing to that decision is included below.

Service Description

Taylor Road Service Enhancement Pilot Project has provided an increased level of service on the existing Placer County Transit Taylor Road Shuttle service by adding three vehicle trips during the morning period on Tuesdays and Thursdays when schools are in session. The Pilot Project has been suspended during summer months when school is not in session, approximately mid-May through mid-August, with the exact dates of the service suspension determined by the County.

The service enhancements are defined as added hourly service along the existing Taylor Road Shuttle route between 7:35 a.m. and 1:25 p.m. on Tuesdays and Thursdays only, for a two-year pilot period beginning August 2009 and scheduled to end in 2011. The service enhancements will include the opportunity to deviate up to ¾ mile from Taylor Road on a reservation basis only. The service uses fully-accessible paratransit vehicles.

Organization

The Taylor Road Shuttle Service Enhancement Pilot Project is governed by a Memorandum of Understanding [“MOU”] dated June 24, 2009 and extending through December 31, 2011. The MOU may be extended on a month-to-month or specified period basis.

Financial

The source of funding for the Project has been the TDA Article 4.5 funds allocated to the CTSA by the Placer County Transportation Planning Agency (PCTPA). The estimated two year total fully allocated cost of the Taylor Road Shuttle Service Enhancement Pilot Project is Seventy-Eight Thousand ($78,000).

Statistical Performance

Period: FY 2009/10 (July 2009 through June 2010). Expansion service runs began August 2009 and available data by run is presented in Table 7 on the following page.

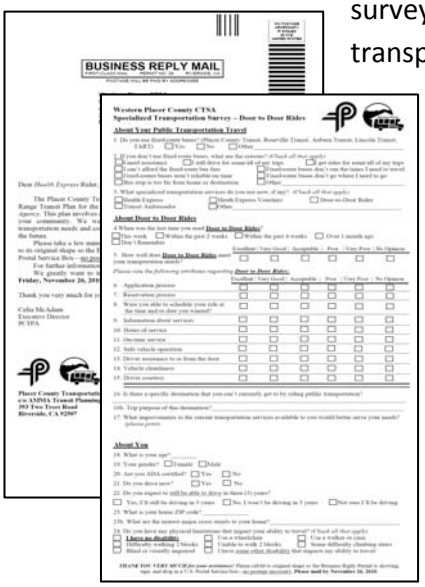
Analysis and Findings

Instituted as a PCTPA recommendation to address unmet transit needs, this service has been found to primarily benefit the students of a transitional educational program administered by the Placer County Department of Education and presented at Sierra College, which is served by the Taylor Road Shuttle. In a review of this pilot program by Education Department staff, it was reported that the pilot project is working out "beautifully" and has a large impact to lives and education of the transitional program's students. This report noted, however, it is likely that Placer County Office of Education will not continue the administration of this program and that it will be relocated to another school not served by the Taylor Road Shuttle.

Recommendation: Continuation of this pilot project, at the conclusion of the current agreement, it is recommended that the pilot program funding not be continued.

Context: Consumer Survey Approach/ Methodology

Survey Design Rider input to this plan's process was sought through the distribution of a passenger survey asking for consumers' perspective of the specialized transportation services they use. The survey, developed by AMMA with input from PCTPA staff and other stakeholders, was used to better understand the characteristics of and travel needs and patterns of those individuals using WPCTSA's specialized transportation programs.


BUSINESS REPLY MAIL

Western Placer County CTSA
Specialized Transportation Survey – Door to Door Rides

About Your Public Transportation Travel

About Door to Door Rides

About You

The survey was a one page check box design that explored attributes of the three services, Health Express, Door to Door Rides, and The Gathering Inn / Health Express service to Auburn Clinic. An open ended question allowed respondents to suggest improvements from which they would most benefit. The final section asked riders about their own demographic characteristics.

The tri-folded survey included a memo style letter, introducing the STRP process and inviting participation and was signed by the PCTPA Executive Director. On one panel, AMMA's Business Reply Permit was printed, enabling consumers to return the survey at no cost.

Survey Distribution The survey was mailed to participants of the Health Express and Door to Door Rides program differing only by identifying which program the consumer used. Using mailing lists

provided by Seniors First staff, a randomized sample of 150 names was selected for both programs, equaling 300 total pieces sent. To augment the anticipated response and invite additional input, an online version of the survey was created and hosted on SurveyMonkey.com. A short, easy-to-remember URL was created, **www.ctsasurvey.tk**, for the survey and it was advertised through PCTPA's website. "Leave behind" cards were also printed on brightly colored paper, introducing the survey and providing the url, and distributed at Unmet Needs Hearings and other stakeholder agency meetings.

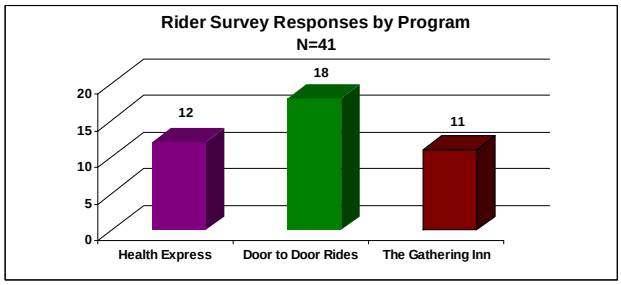
After discussion with staff the online version was amended to invite responses from participants at The Gathering Inn, as this is a new service of the Health Express program, transporting individuals from the Roseville center to early morning medical appointments at the North Auburn public health clinic facilities. Although this is not formally a part of the WPCTSA service agreement, it was requested by the Health Express health care partners as these medical facilities hoped that improved access to basic health care for this homeless population would have other benefits. There is always interest in reducing emergency room visits and in treating early, with available preventative or early treatments, those conditions that might otherwise require expensive medical interventions.

Staff at the Gathering Inn assisted clients in completing surveys by providing computer and internet access or printing a paper copy.

Context: Consumer Survey Findings

Who Responded? Though distributed modestly, the survey effort garnered a fairly high response rate, providing telling information about WPCTSA services and their consumers. A total of 41 responses were received, 12 for Health Express riders, 18 from passengers of Door to Door Rides, and 11 individuals using The Gathering Inn/Health Express program. Of the total responses, 29 originated from the mail effort. When the number of sent pieces is adjusted to reflect returned mail, the survey effort obtained at 12% response rate.[8]

Exhibit B-2



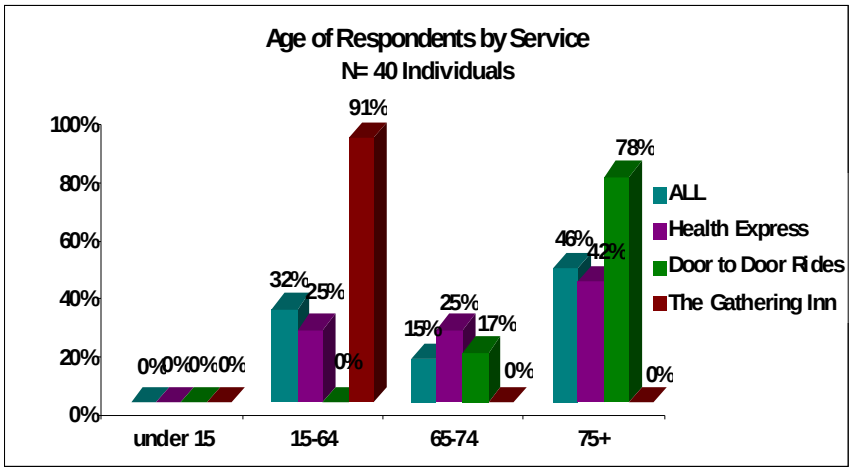
The largest group of responses, representing 18 individuals or 44% of the total 41 responses, came from participants of Door to Door Rides (Exhibit 2). Twelve individuals (29% of the total)

[8] 54 sent pieces were returned undeliverable due to a bad address. Subtracting this "bad" mail from the 300 sent pieces, produces a revised total of 246 sent pieces. The 11 responses collected from The Gathering Inn were completed using the online survey, and are, therefore, not included in the total when calculating the survey's response rate.

riding Health Express responded, followed closely by 11 (27% of the total) responses from participants of The Gathering Inn.

Survey findings are discussed below in terms of characteristics of respondents and the service they utilize. Detailed reports presenting all the survey data are included in the following pages as Exhibits 9-1 and 9-2.

Exhibit B-3



Respondent Characteristics: Consistent with the focus of WPCTSA's services, no respondents were under the age of 15, even those participating through The Gathering Inn: ages of all respondents ranged from 33 to 96, with an average age of 68. However, subtle differences did emerge among the various programs. Notably, the average age for Door to Door Riders was the highest with 81 years, while The Gathering Inn represented the lowest average age of 47 years old. Exhibit 3 demonstrates the percent of responses from each age category organized by program.

Also, while the overall responses fairly evenly represent female and male individuals, with 22 female individuals and 17 male individuals responding, the responses from Door to Door users were predominantly from women (72%). The Gathering Inn represented quite the opposite, with 73% of responses coming from male individuals. Responses from Health Express riders presented a more level balance: 58% female respondents and 42% male respondents.

When asked if they had a physical limitation that impacts their ability to travel, nearly 8 in 10 respondents (78%) reported they did have some type of disability. Of these, almost half (41% or 17 individuals) reported two or more physical limitations. Five individuals reported that they had no disability, while four individuals did not answer this question. The most commonly reported limitations reported were difficulty walking two blocks and difficulty climbing stairs.

<u>What Did We Learn About Mobility Choices?</u> Despite the majority of respondents reporting physical limitations that impact travel, 85% of total respondents (35 individuals) reported that they were not ADA certified. In fact, many individuals offered that they did not know what ADA certification meant. The majority of individuals also reported that they do not currently drive, with the largest proportions of non drivers coming from the Health Express and The Gathering Inn programs, 75% and 73% respectively. Half of Door to Door Rides clients stated that they were not

drivers. These differences in number of drivers can be attributed to the varying focus of each service and the demographics of the consumers: Door to Door Rides respondents presumably require assistance when traveling, while The Gathering Inn respondents may not drive due to lower income, lack of access to a vehicle, and potential loss of license.

Eight in ten responding individuals reported that they don't expect to be driving or aren't sure if they will be driving in 3 years.

The majority of respondents overall (61% or 25 individuals)—and from each program separately—reported that they do not currently use fixed-route buses. Four individuals reported using Dial-a-Ride services, three Door to Door Rides clients and one Health Express client who reported using both fixed route and Dial-a-Ride. However, 3 in 10 respondents reported that they do use fixed-route services, with the most individuals coming from the Door to Door Rides program.

When asked for the reasons why individuals don't use fixed-route services, the responses again, varied by program type. Importantly, respondents from the three groups all noted service coverage, *"fixed-route buses don't go where I need to go",* as a top concern: 42% of Health Express respondents noted this issue, while it was reported by 28% of respondents from Door to Door Rides and 27% of those from The Gathering Inn (Exhibits 4-A, 4-B and 4-C).

Both Door to Door Rides and Health Express consumers reported the distance from bus stops to their homes or destinations as a top reason for not using transit; however, for Health Express consumers, the response was larger, with 50% of respondents citing this concern. Other top concerns for Health Express riders related to the service coverage and operating hours of fixed-route services. (Exhibit B4-A). Door to Door Rides consumers reported not using fixed-route buses because they either drive or get rides (Exhibit B4-B). The Gathering Inn respondents were most likely to cite the fixed-route fare as a hindrance to using public transit, with 64% of respondents noting this concern. This population also reported needing assistance (36%) and getting rides from friends/family (36%) as reasons for not using fixed-route buses (Exhibit B4-C).

Exhibit B4-A

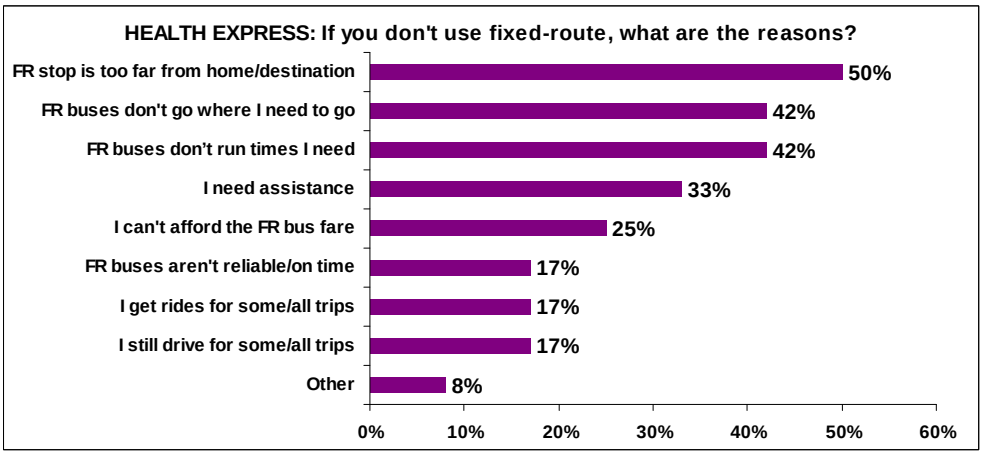


Exhibit B4-B

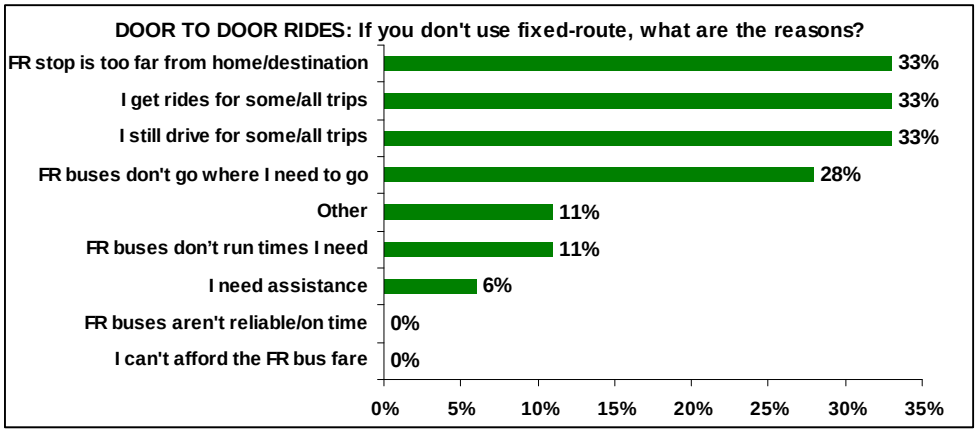


Exhibit B4-C

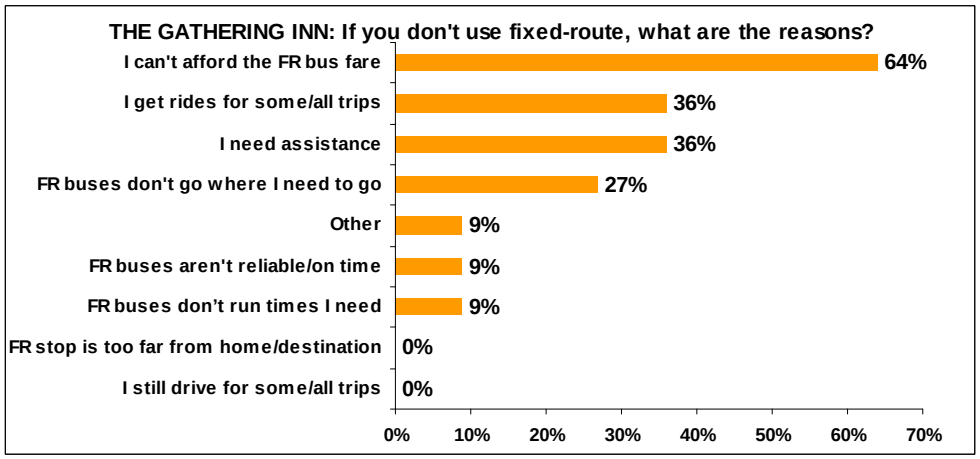


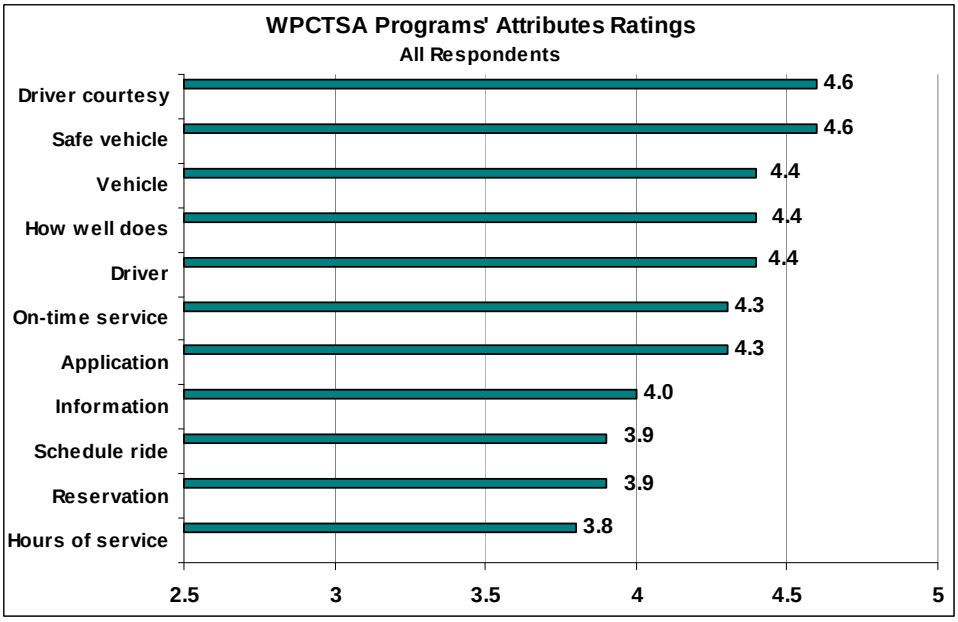
Exhibit B-5

Reasons for not using Fixed-Route services: All Respondents	
FR buses don't go where I need to go	32%
I get rides for some/all trips	29%
FR stop is too far from home/destination	29%
I can't afford the FR bus fare	24%
I need assistance	22%
I still drive for some/all trips	20%
FR buses don't run times I need	20%
Other	10%
FR buses aren't reliable/on time	7%

When all responses to the question of not using fixed-route are grouped together, a similar picture emerges, demonstrated by Exhibit 5. Combining the responses from all programs shows that the top reasons this population doesn't use fixed-route buses include **service coverage** or **proximity to fixed-route** (*"fixed-route buses don't go where I need to go," "fixed-route stop is too far from my home/destination"),* **getting rides from others** and the **fare of fixed-route services.** These responses indicate largely transit-dependent populations, needing assistance but not always near available public transit or unable to pay for it.

<u>What Did We Learn About Seniors First Transportation Programs?</u> One of the survey's intentions was to assess consumers' experience with WPCTSA's services. Respondents were asked to rate eleven attributes of the service they utilize on a scale of 1 (Very Poor) to 5 (excellent). Exhibit 6 following present average ratings by all respondents per attribute from highest rated to lowest rated. For detailed ratings for each program, see Exhibit 8 on the following pages.

Exhibit B-6



Notably, no attributes were rated at 3.0, ***acceptabl***e, or below. In fact, "*How well does this service meet your transportation needs*" was rated as ***very good*** by all categories, earning an average rating of 4.4 overall. "*Vehicle cleanliness*" and "*Driver assistance to/from door*" were also rated at 4.4 by all respondents. The two attributes earning the highest rating from the all respondents were *"Driver courtesy"* and *"Safe vehicle operation,"* each rated at 4.6.

Lowest ratings by respondents overall were given to "*Were you able to schedule your ride at the time and/or date you wanted*?", "*Reservation process*," and "*Hours of Service*".

Exhibit 7 below demonstrated how the ratings by each program type compared to the combined rating for the four highest rated and lowest three rated attributes. It is immediately apparent that the individuals from Health Express and those from Door to Door Rides have considerably different perspectives of the service they utilize. Door to Door Rides' consumers, who receive rides from a volunteer pool, rated the trip experience of *safe vehicle operation, driver assistance, and vehicle cleanliness*, lower than the combined average. Respondents from The Gathering Inn gave a lower rating to *hours of service* than the other programs, presumably because this service is available twice weekly for limited hours, but were otherwise satisfied with trip scheduling.

Exhibit B-7, Consumer Survey Attribute Ratings

Attributes Ratings: Program Results Compared to Total	All Respondents	Health Express	Door to Door Rides	The Gathering Inn
Highest Ratings				
Driver courtesy	4.6	higher	same	same
Safe vehicle operation	4.6	higher	lower	higher
Driver assistance to/ from door	4.4	higher	lower	same
Vehicle cleanliness	4.4	higher	lower	higher
Lowest Ratings				
Were you able to schedule your ride when you wanted?	3.9	lower	same	higher
Reservation process	3.9	same	same	higher
Hours of service	3.8	higher	higher	lower

Respondents also were asked when they last used the program they were rating. Over a majority of Door to Door Rides consumers (56%) had used the service over 1 month prior to completing the survey, while most Health Express consumers had ridden with the previous 2 weeks (17%) or over 1 month before (25%) completing the survey. The Gathering Inn respondents were most likely to have ridden the same week they completed a survey, with 73% stating they had used transportations service that week.

Data summaries of consumer survey responses by program are presented in Exhibit B-8 following.

Exhibit B8-1

Western Placer County CTSA
Specialized Transportation Survey
Summary by Service Provider

	All		Health Express		Door to Door Rides		The Gathering Inn	
Individuals	41	100%	12	29%	18	44%	11	27%
1. Do you used fixed-route buses?								
Yes	13	32%	4	33%	5	28%	4	36%
No	25	61%	8	67%	10	56%	7	64%
Other	3	7%	0	0%	3	17%	0	0%
2. If you don't use f-r buses, reasons?								
I need assistance	9	22%	4	33%	1	6%	4	36%
I still drive for some/all of my trips	8	20%	2	17%	6	33%	0	0%
I get rides for some/all of my trips	12	29%	2	17%	6	33%	4	36%
I can't afford the fixed-route bus fare	10	24%	3	25%	0	0%	7	64%
Fixed-route buses don't run times I need to travel	8	20%	5	42%	2	11%	1	9%
Fixed-route buses aren't reliable/on time	3	7%	2	17%	0	0%	1	9%
Fixed-route buses don't go where I need to go	13	32%	5	42%	5	28%	3	27%
Bus stop is too far from home or destination	12	29%	6	50%	6	33%	0	0%
Other	4	10%	1	8%	2	11%	1	9%
3. What specialized tranportation services do you use now, if any?								
Health Express	19	46%	9	75%	1	6%	9	82%
Health Express Vouchers	0	0%	0	0%	0	0%	0	0%
Door-to-Door Rides	19	46%	2	17%	17	94%	0	0%
Transit Ambassador	1	2%	0	0%	0	0%	1	9%
Other	13	32%	1	8%	1	6%	11	100%
4. Last time you used this service?								
This week	11	27%	1	8%	2	11%	8	73%
Within the past 2 weeks	5	12%	2	17%	2	11%	1	9%
Within the past 4 weeks	2	5%	0	0%	1	6%	1	9%
Over 1 month ago	13	32%	3	25%	10	56%	0	0%
Don't remember	4	10%	4	33%	0	0%	0	0%
5. How well does this service meet your transportation needs? (1-5, average)	4.4		4.4		4.1		4.6	
6 - 15 Attribute ratings (1-5, average)								
Application process	4.3		4.1		4.2		4.7	
Reservation process	3.9		3.9		3.9		4.0	
Scheduling time/date	3.9		3.7		3.9		4.3	
Information about services	4.0		4.0		4.0		4.1	
Hours of service	3.8		3.9		3.9		3.4	
On-time service	4.3		4.4		4.1		4.5	
Safe vehicle operation	4.6		4.8		4.2		4.9	
Driver assistance to or from the door	4.4		4.9		3.9		4.4	
Vehicle cleanliness	4.4		4.6		4.2		4.5	
Driver courtesy	4.6		4.8		4.6		4.6	

Summ byService P1 1/10/2011 1:55:38 PM

Exhibit B8-2

Western Placer County CTSA
Specialized Transportation Survey
Summary by Service Provider, page 2

	All		Health Express		Door to Door Rides		The Gathering Inn	
Individuals	41	100%	12	29%	18	44%	11	27%
18. What is your age?								
Avg age	68		69		81		47	
Range	33 - 96		42 - 86		68 - 96		33 - 57	
Age distribution								
under 15	0	0%	0	0%	0	0%	0	0%
15-64	13	32%	3	25%	0	0%	10	91%
65-74	6	15%	3	25%	3	17%	0	0%
75+	19	46%	5	42%	14	78%	0	0%
19. Your gender								
Female	22	54%	7	58%	13	72%	2	18%
Male	17	41%	5	42%	4	22%	8	73%
20. Are you ADA certified?								
Yes	4	10%	2	17%	1	6%	1	9%
No	35	85%	10	83%	15	83%	10	91%
No answer	2	5%	0	0%	2	11%	0	0%
21. Do you drive now?								
Yes	12	29%	3	25%	7	39%	2	18%
No	26	63%	9	75%	9	50%	8	73%
No answer	3	7%	0	0%	2	11%	1	9%
22. Do you expect to be able to drive in 3 years?								
Yes, I'll still be driving in 3 years	6	15%	1	8%	3	17%	2	18%
No, I won't be driving in 3 years	17	41%	7	58%	9	50%	1	9%
Not sure I'll be driving	16	39%	4	33%	5	28%	7	64%
24. Physical limitations that impact ability to travel								
I have no disability	5	12%	2	17%	1	6%	2	18%
Use a wheelchair	3	7%	2	17%	1	6%	0	0%
Use a walker or cane	10	24%	5	42%	5	28%	0	0%
Difficulty walking 2 blocks	13	32%	3	25%	5	28%	5	45%
Unable to walk 2 blocks	4	10%	1	8%	3	17%	0	0%
Some difficulty climbing stairs	16	39%	5	42%	6	33%	5	45%
Blind or visually impaired	5	12%	0	0%	4	22%	1	9%
Some other disability	12	29%	6	50%	2	11%	4	36%

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Exhibit B-9, Taylor Road Shuttle – Performance of CTSA-Supported Runs

Auburn to Sierra College		
Expansion Runs	Passenger Trips	% of System Total
7:35	50	0.9%
9:35	563	9.8%
11:35	120	2.1%
Total	733	12.7%
Existing Runs		
6:35	800	13.9%
8:35	1,055	18.3%
10:35	864	15.0%
12:35	695	12.1%
14:35	773	13.4%
16:35	588	10.2%
18:35	243	4.2%
Total	5,018	87.3%
System Grand Total	**5,751**	**100%**
Sierra College to Auburn		
Expansion Runs	Passenger Trips	% of System Total
8:45	26	0.5%
10:45	112	2.2%
12:45	344	6.9%
Total	482	9.6%
Existing Runs		
7:45	418	8.4%
9:45	929	18.6%
11:45	891	17.8%
13:45	785	15.7%
15:15 (Sat only)	33	0.7%
15:45	741	14.8%
17:45	482	9.6%
19:45	242	4.8%
Total	4,521	90.4%
System Grand Total	**5,003**	**100%**

APPENDIX C— Quarterly Ridership Trends by Transit Operator

Quarterly Ridership Trends by Transit Operator, Provided by PCTPA

	FY 08-09			FY 09-10				FY 10-11	1-Year Change	
	2nd Quarter (Oct-Dec)	3rd Quarter (Jan-Mar)	4th Quarter (Apr-Jun)	1st Quarter (Jul-Sep)	2nd Quarter (Oct-Dec)	3rd Quarter (Jan-Mar)	4th Quarter (Apr-Jun)	1st Quarter (Jul-Sep)		
Auburn Transit										
Total (all services)	17,964	15,215	16,726	13,878	14,126	12,443	12,131	12,997	-18.9%	52,578
Lincoln Transit										
Fixed Route				5,016	9,148	8,397	8,125	10,775	n/a	30,686
Dial-A-Ride				1,481	2,701	1,926	2,336	1,963	n/a	8,445
Total (all services)	8,873	8,376	7,374	6,458	11,778	10,323	10,461	12,738	45.7%	39,020
Placer County Transit										0
Fixed Route	96,388	91,048	87,908	80,717	77,672	75,242	70,404	77,424	-15.5%	304,035
Dial-A-Ride	9,740	9,517	8,986	8,492	8,500	8,282	8,866	9,021	-5.6%	34,140
Vanpool	8,349	7,717	8,066	8,203	7,410	7,835	7,810	8,359	-2.8%	31,258
Commuter	18,054	18,282	19,849	19,675	16,972	18,867	19,415	20,507	-0.1%	74,929
Total (all services)	132,531	126,564	124,809	117,087	110,554	110,226	106,495	115,311	-11.7%	444,362
TART										0
Total (all services)	81,436	161,342	70,152	94,773	65,453	118,203	64,447	92,347	-16.5%	342,876
Roseville Transit										0
Fixed Route	71,263	67,436	70,423	70,011	68,403	64,509	55,570	55,203	-12.7%	258,493
Dial-A-Ride	8,814	8,569	8,939	9,027	7,928	7,498	8,309	8,000	-10.2%	32,762
Commuter	25,480	24,700	26,270	25,787	26,784	27,938	29,075	31,331	12.6%	109,584
Total (all services)	105,557	100,705	105,632	104,825	103,115	99,945	92,954	94,534	-6.3%	400,839
Western Placer CTSA[1]										0
Non-emergency Medical[2]	1,429	1,317	1,398	1,554	1,374	1,504	1,934	2,042	20.3%	6,366
Volunteer Transportation	1,619	1,605	1,616	1,455	1,404	1,414	1,923	1,572	0.3%	6,196

1. PRIDE Industries ceased to be the CTSA on January 1, 2008, but continued service under contract with WPCTSA until December 31, 2008. Seniors First began new WPCTSA services on January 2, 2009.

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2. Ridership through 2nd Quarter FY08-09 reported by PRIDE Industries as either the CTSA or under service contract with WPCTSA.

APPENDIX D -– WPCTSA Specialized Transit Rider Survey

Western Placer County CTSA
Specialized Transportation Survey – Door to Door Rides

About Your Public Transportation Travel

1. Do you use fixed-route buses? (Placer County Transit, Roseville Transit, Auburn Transit, Lincoln Transit, TART) ☐ Yes ☐ No ☐ Other_____

2. If you don't use fixed route buses, what are the reasons? *(Check all that apply)*
☐ I need assistance ☐ I still drive for some/all of my trips ☐ I get rides for some/all of my trips
☐ I can't afford the fixed-route bus fare ☐ Fixed-route buses don't run the times I need to travel
☐ Fixed-routes buses aren't reliable/on time ☐ Fixed-route buses don't go where I need to go
☐ Bus stop is too far from home or destination ☐ Other_____

3. What specialized transportation services do you use now, if any? *(Check all that apply)*
☐ Health Express ☐ Heath Express Vouchers ☐ Door-to-Door Rides
☐ Transit Ambassador ☐ Other_____

About Door to Door Rides

4. When was the last time you used **Door to Door Rides**?
☐ This week ☐ Within the past 2 weeks ☐ Within the past 4 weeks ☐ Over 1 month ago
☐ Don't Remember

	Excellent	Very Good	Acceptable	Poor	Very Poor	No Opinion
5. How well does **Door to Door Rides** meet your transportation needs?	☐	☐	☐	☐	☐	☐

Please rate the following attributes regarding ***Door to Door Rides:***

	Excellent	Very Good	Acceptable	Poor	Very Poor	No Opinion
6. Application process	☐	☐	☐	☐	☐	☐
7. Reservation process	☐	☐	☐	☐	☐	☐
8. Were you able to schedule your ride at the time and/or date you wanted?	☐	☐	☐	☐	☐	☐
9. Information about services	☐	☐	☐	☐	☐	☐
10. Hours of service	☐	☐	☐	☐	☐	☐
11. On-time service	☐	☐	☐	☐	☐	☐
12. Safe vehicle operation	☐	☐	☐	☐	☐	☐
13. Driver assistance to or from the door	☐	☐	☐	☐	☐	☐
14. Vehicle cleanliness	☐	☐	☐	☐	☐	☐
15. Driver courtesy	☐	☐	☐	☐	☐	☐

16. Is there a specific destination that you can't currently get to by riding public transportation?
_____

16b. Trip purpose of this destination?_____

17. What improvements to the current transportation services available to you would better serve your needs? *(please print)*

About You

18. What is your age?_____

19. Your gender? ☐ Female ☐ Male

20. Are you ADA certified? ☐ Yes ☐ No

21. Do you drive now? ☐ Yes ☐ No

22. Do you expect to still be able to drive in three (3) years?
☐ Yes, I'll still be driving in 3 years ☐ No, I won't be driving in 3 years ☐ Not sure I'll be driving

23. What is your home ZIP code? _____

23b. What are the nearest major cross streets to your home?_____

24. Do you have any physical limitations that impact your ability to travel? *(Check all that apply)*
☐ **I have no disability** ☐ Use a wheelchair ☐ Use a walker or cane
☐ Difficulty walking 2 blocks ☐ Unable to walk 2 blocks ☐ Some difficulty climbing stairs
☐ Blind or visually impaired ☐ I have some other disability that impacts my ability to travel:

THANK YOU VERY MUCH for your assistance! Please refold to original shape so the Business Reply Permit is showing, tape, and drop in a U.S. Postal Service box—no postage necessary. **Please mail by November 26, 2010.**

APPENDIX E — Survey Distributed to Sheridan Families through Friday School Packets

1. During the past 12 months, have you or anyone else in your household had to delay or cancel an appointment or an errand because you didn't have transportation?

   13 yes 21 no

2. If public transportation, such as "dial-a-ride" bus, was consistently available, would you or Members of your household use it?

   20 yes 13 no 1 maybe

3. If yes, how often would you use it?

   5 daily 11 weekly 4 monthly

4. Where would you need to go?

   19 Lincoln 9 Auburn 15 Roseville 1 Marysville

   Numbers above were from 21 surveys, 13 did not answer the question

   Of the 21; 6 picked all 3 locations; 1 picked all 3 locations and added Marysville as a fourth location; 7 picked both Lincoln and Roseville; 1 picked Lincoln and Auburn; 4 picked only Lincoln; 1 picked only Roseville; and 1 picked only Auburn.

5. Which day and time would you used public transportation?

   13 surveys had this information listed…..

2 indicated Mon-Sun	9am to7pm
1 indicated Mon-Fri	9am to 3pm
2 indicated Mon-Fri	8am to 5pm
1 indicated Mon-Fri	8am to 4pm
2 indicated Tues	9am to 1pm and Wed. 10am to 12pm
1 indicated Mon-Fri	3pm
1 indicated Mon, Wed, Fri	7am
1 indicated Mon-Fri	7:45am to 6pm
1 indicated Mon and Fri	no time given

   1 indicated Weekends & Vacations for teenagers, no time given

6. What modes of transportation are you currently using? (Check all that apply)

   33 use their own car 10 use Carpool with a friend 4 use public transportation

   ***** Interesting fact…..the one person who didn't use their own car only used public transportation and actually answered no to the first question…..they have never missed an appointment or errand because of no transportation….*

APPENDIX F — Questions and Responses to Providers Regarding Bus Passes and Access to Medical Services

Questions Asked

- What you know (or suspect) the ridership volume is or could be? How many clients use or would use public transit? (per day or month as appropriate)
- Where are people located and where do they need to go (be as specific as possible)?
- How frequently do people need transportation (weekly, on Tuesdays, first of the month, etc.)?
- What intervals of time do they need it? (What time of days do they go)
- How are people getting around now to access the services they need? (churches, friends… what partnerships can we form?)

ANSWERS

- Some like I would like to use transit to and from work. I get off at 5pm not 3pm. It would also be important to have the bus arrive every ½ hr. in morning and evenings for flexibility. Presently Auburn to Colfax and vice/ versa there are two runs.
- Convenience, some must walk miles to the bus for example from Persimmon Terris to Nevada station.
- Lack of information on buses such as transferring (I think people can call personally)
- Dial a ride go to Foresthill and not use one mile etc. off 49 rout if still using that.
- As far as times and day's most medical appointments for ex. differ from day and month and times.
- Every ½ hr. For at least normal 8-5 work shifts. Then during regular times of day hourly.
- People get around by walking or getting rides. They can borrow a vehicle if available
- As you know all of the Collaborative folks get bus passes for the area they live (with the exception of Timberline)...the Rocklin folks get both Roseville and Auburn passes. If they are med clinic folks they need to go to Auburn for appointments but I only have two and they are already in Auburn.
- The other folks are Open Placer County, ConRep or Turning Point clients or are receiving services thru other insurance. I have 6 folks who commute at least once a week from either Roseville or Rocklin to Cirby Hills and 4 who commute once or twice a week to Turning Point. My ConRep folks, 3 of them are now commuting from either Rocklin or Roseville to Cirby Hills once or twice a week for groups.
- Several of my Rocklin folks ride the bus to the Galleria area at least once a week just for something to do.
- Also once a week my Rocklin and Roseville houses ride the bus to get groceries at Foothill and Junction.
- I have heard that buses stop running too early for some folks to get back from there Turning Point groups or at least that is a fear and also if they attend evening AA meetings it's hard to get transportation back.
- Several of my folks have also mentioned that they want to go to church on Sunday and they have no transportation. They are sometimes taken by family members or other church members but having bus services on Sunday would encourage more people to utilize this important spiritual support.

From Kids First in Roseville and Auburn regarding Bus Passes:
In querying our Case Managers at KF locations, we believe we could easily distribute 20 bus passes per week that would be used regularly (I didn't know if we could provide them to clients for business outside of attending their sessions at KF -- e.g. grocery shopping and other essential transportation needs -- if that is the case, we could easily distribute 50 / week to our clients). 65% would be used at our Roseville location and 45% would be used for our Auburn clients.

FROM THE COUNTY PUBLIC HEALTH NURSES
Public Health Nursing gave out bus vouchers, mostly for Roseville and probably about 100 a year. We also gave them out in Auburn, about 40 a year. It seemed we were always running out and asking for more. Sheridan has many needs and no resources per PHNs in Roseville. Only 8 miles from Lincoln but it might as well be 100!

APPENDIX G — WPCTSA SRTP Implementation Tools: New Pilot Initiatives

The objectives and feasibility of these programs are discussed in greater detail in Chapter 5 of this report. Provided here are steps and resources for promoting three projects and to guide implementation.

1. Bus Stop Inventory – WPCTSA Project

Purpose: Completion of a bus stop inventory can allow for:

- Assessment and the information features, amenities and their condition, and accessibility of bus stops; do stops encourage transit use and passenger safety.
- Identification of needs in relation to accessibility and safety
- Prioritize identified needs through a safety rating
- Pursuance of further grant funding: §5310, §5316, §5317 can be sources for capital equipment, such as handheld computer tablets, which allow the user to record amenities and their condition through GPS software.

First Steps:

- With the TOWG, determine standards, develop a Bus Stop Checklist
  - safety rating attributes can include: lighting, surface, visibility, driveways, proximity to crosswalks, pedestrian access, traffic volume and speed
  - accessibility rating features may include: sidewalk, curb cuts, ramp slopes, surface of stop location and landing pad, sign placement, street furniture and seating, obstructions, connectivity
- Define Inventory format and procedure
- Develop procedure for prioritization
- Compile and prioritize recommended improvements

Key Players:

- Local public transit agencies
- TOWG and other transportation related advisory committee
- Public works departments
- City/municipal offices, advocacy organizations
- Businesses/developers
- General public

2. Bus Stop Inventory Project, continued

Resources:

- Case studies and other bus stop inventory tools compiled by the Federal Highway Administration can be found at:

http://safety.fhwa.dot.gov/ped_bike/ped_transit/ped_transguide/ch1.cfm

- Best Practices for bus stop inventories as well as bus stop checklists are available on Easter Seals Project ACTION's website:

htp://projectaction.easterseals.com/site/PageServer?pagename=ESPA_BusStopToolkit_OtherChecklistsInventories

- Also from Project ACTION, is the "Toolkit for the Assessment of Bus Stop Accessibility and Safety," the result of an extensive national study of best practices for bus stop design and accessibility. Authored by Nelson\Nygaard, the toolkit includes checklists and is available without charge from their ESPA's Clearing house:

https://secure2.convio.net/es/site/Ecommerce/228225047?VIEW_PRODUCT=true&product_id=4981&store_id=9663

2. Rural Placer County Mileage Reimbursement Volunteer Drivers

Volunteer Driver programs are becoming an increasingly effective way to improve the mobility options of individuals who are unable to use public transportation and may require some level of door assistance. A modest reimbursement [40 – 48 cents per mile] is paid to volunteer drivers directly by the consumer. These programs are particularly successful in areas where there is strong community leadership and an established volunteer pool, such as the TRPA area of Placer County. In this model, the consumer is responsible for securing a driver, reducing agency administration and overall program cost.

Elements:

- The participant finds their own volunteer driver(s). The volunteer serves as both driver and escort at the destination and end of trip as arranged by participant and volunteer, thus providing door-to-door or door-through-door assistance for those frail and chronically ill individuals who require such assistance.
- Volunteer driver agrees to basic set of parameters the agency determines, including current insurance.
- The participant reports the trips monthly and requests the mileage reimbursement on behalf of the driver.
- Mileage may be capped at 200 to 300 miles per month. Family members may be excluded as volunteer drivers and volunteer eligibility is managed at agency level.
- Volunteer driver hours could be used as match for New Freedom operations funding miles.

First Steps:

- Develop partner agencies: human service agencies for referral and outreach, agencies with established volunteer pools
- Determine where administrative operations will be housed
- Development of policies and procedures. These may include:
    - Eligibility criteria for participants, invoicing, decisions about capping mileage, insurance requirements, guidelines for partner agencies, guidelines for volunteer drivers, guidelines for participants, reporting requirements
- Develop forms, which may include:
    - Invoicing forms, mileage sheets, reporting forms, participant application, rider handbook, volunteer driver handbook,
- Name, logo and branding development including brochures for agencies, participants and volunteers

Key Players:

- Area Agency on Aging / Office on Aging
- Senior services departments
- County Health and Human Services
- Senior centers and other referral agencies
- Volunteer programs
- Local public transit agencies
- Social workers / case managers

2. Mileage Reimbursement Volunteer Drivers, continued

Resources:

- Riverside County's Transportation Reimbursement and Information Project [TRIP] has been operated by The Independent Living Partnership [ILP] since 1993. ILP has produced an array of tools to assist with the development of volunteer driver programs, available at: http://www.livingpartnership.org/Transportation.htm
- The Beverly Foundation offers many volunteer driver resources on its website at: http://www.beverlyfoundation.org/volunteer/index.html
- San Bernardino County Department of Aging and Adult Services Administers a Transportation Reimbursement program in three rural to small urban areas of San Bernardino County and uses Mental Health Services Act PEI (Prevention and Early Intervention) Program as one funding source. Online resources about the PEI program are can be found here: http://www.dmh.ca.gov/Prop_63/MHSA/Prevention_and_Early_Intervention/docs/PEI_Online_Resources.pdf

3. Bus Pass Subsidy Program

Elements:

- Bus tickets are purchased by the administering agency directly from public transit agencies.
- Tickets are distributed to designated contact at eligible human and social service, nonprofit and public agencies that serve low income individuals. These participating agencies distribute tickets for urgent or emergency use to their clients. These tickets are not meant for everyday or regular use, but as a temporary solution for clients.
- Established cap for number of passes agency is able to request every month.
- Administering agency collects from participating agencies demographic data including trip numbers and purpose to continue documenting need and deter fraud.
- Administering agency also serves as a centralized information portal by providing participating agencies information about local transportation options.
- Administering agency continues to encourage participation and inform agencies of the program's benefits through email blasts, presentations at network meetings, posting downloadable information on its website, etc.
- Administering agency will host annual training sessions for participating agencies designed to guarantee appropriate distribution of tickets and strict adherence to program guidelines. One-on-one orientations can be provided for agencies new to the program or new agency staff.

First Steps:

- Build partnerships with appropriate human and social agencies who serve the target population
- Develop policies and procedures, including requirements for agency participation, distribution procedures to ensure agency accountability and prevents misuse of bus passes and procedures for reporting trips
- Develop forms, which may include the following:
    - Agency contract, standardized reporting forms to be used by participating agencies, contact sheet for agency representative designated to pick up bus passes

Key Players:

- Human and social agencies
- Nonprofits
- Churches
- Local public transit agencies
- Any county 2-1-1 or information referral systems
- Placer Collaborative Network
- Placer County Community Services Commission

Resources:

- A very effective bus subsidy program called Transit Access Program is administered by Community Connect of Riverside, CA, funded by the Riverside County Transportation Commission Information is available on their website at: http://www.connectriverside.org