

DRAFT Accessible Transit in Contra Costa County DRAFT

This paper documents the lessons learned and archives the work of staff and the Board of Supervisors (BOS) on accessible transit issues during the 3-4 year CTP/TEP effort. In addition, this paper can be used as a summary of the state of accessible transit service in Contra Costa County. “Accessible transit” is not a formal or recognized term. The term is used here as a simple way to refer to a broad range of transportation related services typically provided to persons with disabilities and elderly individuals. Although services for these two populations can be separate, they are combined here for simplicity. For the purposes of this paper, accessible transit is defined as a range of transportation/transit and supportive services such as: Americans with Disabilities Act (ADA) mandated public paratransit service¹, transportation provided by private non-profits, mobility management programs, volunteer based transportation programs, city/community programs, etc.

This paper is broken in to three sections: **1) Current Accessible Transit Structure in Contra Costa County, 2) History of Efforts to Improve Accessible Transit in Contra Costa County, 3) Barriers to Progress, and 4) Next Steps.**

Accessible transit can be a complex topic due to the intersection of various aspects of public transit, civil rights, public health, social service, etc., involved in providing the service. This paper only provides a brief summary.

1) Current Accessible Transit Services in Contra Costa County

Service Providers: A number of different providers operate accessible transit in Contra Costa County in a decentralized arrangement. Each provider operates relatively independently with some limited coordination. Providers include (some definitions/organizations overlap):

- **Cities:** Antioch (Senior Bus Program), Concord (Monument Corridor Shuttle), San Pablo (Door-to-Door Shuttle), & others.
- **Non-profit organizations:** Contra Costa ARC (Advocacy, Respect, Commitment), Golden Rain Foundation (Rossmoor bus), & others
- **Volunteer Driver Programs:** Mobility Matters, Caring Hands (John Muir) & others
- **Service Specific Programs:** Contra Costa Health Plan, Choice in Aging (Senior Day Care) & others
- **Public Transit Operators:** AC Transit, BART, County Connection, Tri Delta Transit, WestCAT

Service Types: Organizations and agencies provide various service types for different rider needs:

- **Public ADA Paratransit:** Public transit agencies (listed above) provide required ADA paratransit¹
- **Program Specific Service:** In order to ensure certain service (door-through-door, consistent/ direct origin to destination, specific driver skill set, etc.) some programs opt to provide their own transportation. Examples: Contra Costa ARC, Choice in Aging, & others.
- **Senior Transportation Programs:** These programs typically transport residents of a certain age or older and/or persons with disabilities (in contrast to ADA paratransit, there may not be disability eligibility requirements). Examples: City of San Pablo, City of Richmond, Concord & others.
- **Other Support Services (Mobility Management, Travel Training):** *Mobility management* is a strategic approach to transportation service coordination and customer service, directing passengers to the most appropriate and cost-effective transportation providers through a one-call, one-click portal. A well-managed service area provides a full range of well-synchronized mobility services in a convenient, cost effective manner. Example: Mobility Matters provides some mobility management functions.

Travel training teaches individuals with disabilities, elderly persons, and others how to use public transportation independently to fulfill their travel needs. Travel training is also a strategy to reduce demand on more expensive demand response service (by shifting trips to conventional, less expensive fixed route service). Examples: Center for Independent Living, and WestCAT.

2) History of Efforts to Improve Accessible Transit in Contra Costa County

- **2004 CCTA Paratransit Improvement Study:** The goal of the study was to develop prioritized recommendations and an action plan to improve the efficiency and effectiveness of paratransit services in Contra Costa County. These recommendations include: *use of sedans and supplemental taxi services; standardized trip scheduling parameters; automated scheduling of inter-agency transfers (and the need for the preparation of a Technology Plan); lifeline services beyond ADA service area including the joint use of vehicles; demand management strategies; coordination of community-based agency transportation (mobility manager); and consumer and agency advisory input on accessible transportation.*

Outcome: The majority of the recommendations from the study remain unfulfilled.

- **2013 Contra Costa Mobility Management Plan (MMP):** With County Connection as the lead agency the goal of this countywide effort was to guide implementation of a broad array of services under a mobility management operation. The formation of an organization to take responsibility for these activities was also a recommendation of the plan. Some implementation steps were initiated in conjunction with the non-profit Mobility Matters.

Outcome: The intent was to have the Contra Costa Transportation Authority (CCTA) adopt the plan guide subsequent implementation. Adoption has not occurred and implementation has stalled.

- **2016 Measure X Transportation Expenditure Plan (TEP):** From 2013 - 2016, CCTA led the effort to develop a new half-cent transportation sales tax for Contra Costa, Measure X. Recognizing the need to “ensure services are delivered in a coordinated system that maximizes both service delivery and efficiency”, conducting the *Accessible Transportation Service Strategic Plan*ⁱⁱ was a requirement if the Measure passed.

Outcome: Measure X did not pass and the proposed study is not moving ahead.

Related, during the Measure X TEP development the Expenditure Plan Advisory Committee indicated that “Transportation For Seniors and People with Disabilities” was a [high priority](#).

3) Barriers to Progress

The partially unfulfilled efforts listed above document an understanding that accessible transit needs to be improved (or at a minimum studied). This lack of progress is acknowledged in the 2013 MMP which refers to the “...long-running dialog in the County...with little actual implementation occurring.” Difficulty making progress on these issues is not unique to Contra Costa. One reportⁱⁱⁱ from Washington State, describes the problem, “The expensive special needs transportation ‘hot potato’ gets tossed from one agency to another.”

The points below describe possible barriers to progress in Contra Costa County:

Absence of a Forum for Leadership: The 2013 MMP referenced above noted the “*lack of a structural platform*” as a “*major impediment to action.*” Similarly, the September 2015 report on the TEP to the BOS described an obstacle to progress as, “...*accessible transit responsibilities are diffused throughout the county resulting in no single agency or organization falling naturally into a leadership role.*” These similar observations suggest that any future solutions should include the creation of a permanent forum or organization to address accessible transit issues on an ongoing basis.

As an example of a solution to the “leadership” issue, SANDAG (San Diego Association of Governments) designated a non-profit, FACT (Facilitating Access to Coordinated Transportation^{iv}) as responsible for coordinating public, nonprofit, private and other transportation services in San Diego County. There is close coordination between the two agencies, their Boards of Directors share numerous current and past members.

Possible Reluctance due to the Potential for Increased Demand For Service: One issue that may result in some hesitation to address accessible transit issues is the concern that if improvements are made, there will likely be an increase in demand for service. These concerns are probably well founded. Accessible transit is expensive to provide, even small increases in service could spike costs. The concerns with rising costs and managing demand are so substantial that the aforementioned Sound Transit report describes “*non-published practices*”^v to manage demand for service. The report observes that riders needing service can be “*...managed to the point they are not eligible for a trip...*” resulting in this population not receiving “*...transportation that meets their needs.*”

This approach to demand management is relatively unique in the transportation world. In planning for roadway expansion, efforts are made to proactively plan for and accommodate demand. In the case of conventional fixed-route transit service, extensive efforts are made to increase ridership, market to new riders, and use new service models to increase ridership. There is something of a nationwide boom in the construction of protected bicycle facilities due, in part, to the substantial increase in ridership that typically occurs after installation. There do not appear to be comparable efforts in the accessible transit field.

Over-Confidence in New Transportation Technologies: The upsurge in transportation network companies (Lyft, Uber, etc) and the rapid emergence of connected/autonomous vehicles may suggest some immediate relief from the need to improve accessible transit. These emerging technologies have great promise in the transportation field (including accessible transit) but [inflated expectations](#) relative to this type of service could delay more useful action. The transportation mode or vehicle itself is not necessarily the most critical bottleneck in improving accessible transit service or controlling costs. In addition, the elderly and disabled population cannot be expected to continually adapt to the ever-changing technology landscape. In order for this population to be able to take advantage of these new transportation technologies, some type of intermediary interface may be necessary.

Coordination: There is general agreement that a comprehensive study (as reflected in the proposed study in Measure X) would be beneficial. While increased use of technology and innovation are common outcomes from this type of study, increased coordination is often necessary for real progress. A well-coordinated system can be a foundation for the implementation of new, advanced technology solutions. This approach is reinforced by the SANDAG/FACT example provided above in addition to coordination being nearly universally acknowledged^{vi} to result in:

- Significant reductions in service costs^{vii}
- Greater amount of available transportation
- Higher quality service
- Access to increased funding
- Access to additional sources of funds
- More accessible (visible) transportation

Coordination in this field is a complex data management exercise. There are issues related to data privacy (medical, financial, etc.), a wide array of interacting passenger/vehicle/driver characteristics, restrictions relative to the co-mingling of passengers (and associated revenue streams), numerous accounting and auditing parameters related to constrained eligibility of a wide array of funding streams, etc. The federal Government Accountability Office has produced reports for *decades* documenting the difficulty with coordinating services and the corresponding costs to the taxpayer.

The section below reviews how the vehicle or transportation provider; be it Transportation Network Companies (TNCs: Lyft, Uber) or/via autonomous vehicles, is not necessarily a useful solution given the complex characteristics of accessible transit management and service provision.

Complexity: An example of how the characteristics listed above are handled operationally: a transit vehicle picks up an ambulatory regional center participant (who has specific eligible funding), the same vehicle then picks up a senior with dementia from x City (different funding eligibility, different driver skill set), another passenger is picked up in a large mobility device (different vehicle need, different routing requirements), and finally an ADA

paratransit client is picked up in y city, and so on. Because the trip is shared among passengers (shared trips are **critical** for cost savings), the trip costs and reimbursement that each passenger may be eligible for needs to be appropriately cost-allocated and documented. In addition, the trip and pick-ups/drop-offs needs to be routed so as to not violate ADA on-board times for the ADA passenger and ensure the mobility device & passenger are picked up last and dropped off first (some vehicles have this restriction).

When you have coordinated trip booking and dispatching along with large batch scheduling you can more effectively implement lowest cost travel options (ambulatory passengers on low cost sedans, etc), more effectively perform hot spot analysis to proactively manage expensive trips and trends, and substantially increase your shared trips (again, *critical* for cost savings). While there will be abundant opportunities to contract with **TNCs, they will not handle these necessary scheduling and accounting activities. Nor are TNCs likely to have the accessible fleet mix to serve the range of mobility limitations in the target population.**

The Contra Costa Health Plan (CCHP) has recent experience with these difficulties. In order for their clients to have adequate access to care CCHP has had to initiate their own transportation program through contractors and initiate coordination with transit districts. This coordination has been particularly challenging.

The technical aspects of coordinating this type of service **alone** are substantial. Magnifying this complexity is the sensitivity of the target population which consists of some of the most vulnerable individuals in our community.

4) Next Steps

At this point, next steps to make progress on this issue are not clear. The CTP/TEP development process was a logical mechanism to make progress. With these activities over, the path forward is unclear. The latest, well-supported proposal was the study included in the Measure Xⁱⁱ TEP. The proposal still has validity even in the absence of the new revenue that was to come from the new sales tax. Rather than determining how to expend the *new* revenue the study would focus on if *existing* revenues are being used in the most efficient manner possible. A study of this type is not without precedent, studies are regularly conducted to determine how to best to respond to specific transportation needs absent any new, assumed revenue. The countywide bike plan (on its 3rd revision), numerous high capacity transit studies in the I-680 and I-80 corridors, etc. are a few examples.

Links to prior reports and communication on accessible transit:

- [March 2016 Report to the BOS re: CTP/TEP](#)
- [Nov 2015 Letter: BOS to CCTA re: CTP/TEP](#)
- [Nov 2015 Report to the BOS to CCTA re: CTP/TEP](#)
- [October 2014 Letter: BOS to CCTA re: CTP](#)

ENDNOTES

ⁱ **ADA Paratransit:** The ADA requires public transit agencies to provide “complementary” (as in parallel or similar) paratransit service to people with disabilities who are unable to use the fixed-route bus or rail service because of their disability. The ADA defined the minimum service characteristics to be considered equivalent to the fixed-route service it is intended to complement. This type of service typically has associated eligibility requirements with an application process.

ⁱⁱ **From the Measure X TEP:** *To ensure services are delivered in a coordinated system that maximizes both service delivery and efficiency, an Accessible Transportation Service (ATS) Strategic Plan will be developed and periodically updated during the term of the measure. An overarching component in the development and delivery of the ATS Strategic Plan is using mobility management to ensure coordination and efficiencies in accessible service delivery. The plan will address both Americans with Disabilities Act (ADA) and non-ADA services. The plan will evaluate the appropriate model for our local structure including how accessible services are delivered by all agencies and where appropriate coordination can improve transportation services, eliminate gaps in service and find efficiencies in the service delivered. The ATS Strategic Plan would also determine the investments and oversight of the program funding and identify timing, projects, service delivery options, administrative structure, and fund leverage opportunities.*

ⁱⁱⁱ 2005 FLT Consulting, Sound Transit: *Embracing Paratransit Transportation: A Coordinated, Community Approach*
<http://www.bettertransport.info/cascadia/Trimble-EmbracingParatransit.pdf>

^{iv} FACT is a “Coordinated Transportation Services Agency” which is a designation established under AB 120 (1979 – Social Services Transportation Improvement Act). The designation is intended to improve the quality of transportation to low mobility groups while achieving cost savings, lowered insurance premiums and more efficient use of vehicles and funding resources. ([CalACT CTSA E-Book](#))

^v *“...to reduce the eligible population – either by applying stricter eligibility standards, such as conditional eligibility or reducing the service area. Keeping public awareness about ADA paratransit services at a minimum is yet another unspoken but real strategy to keep demand down. If people don’t know about the service, or if the service is too difficult to figure out, demand manages itself.”*

^{vi} FTA, *Accessible Transit Services For All*, Dec. 2014 | Transit Cooperative Research Program Report 91, *Economic Benefits of Coordinating Human Service Transportation and Transit Services* | TCRP Report 101, *Toolkit for Community Coordinated Transportation Services*

^{vii} 2004 - 2013 the Santa Clara County coordinated system showed a 19% decrease in cost per trip relative to a 60% increase in CC County.

John Cunningham, Principal Planner | Contra Costa County | Dept. of Conservation and Development | john.cunningham@dcd.cccounty.us

DRAFT