



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 a 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

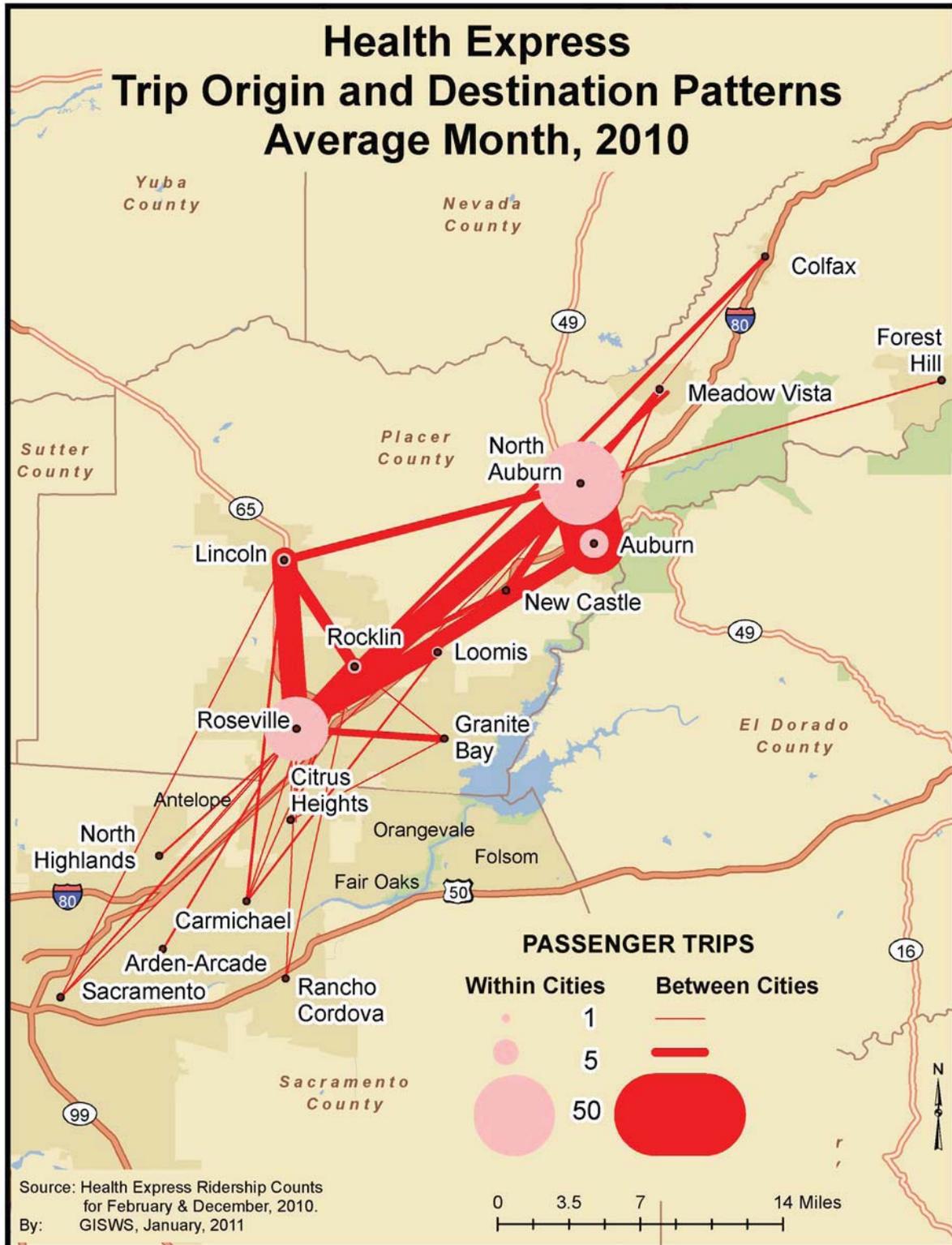




Table 3

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

	DESTINATION LOCATIONS													Total				
	Albion	Colfax	Foresthill	Granite Bay	Lincoln	Loomis	Meadow Vista	North Auburn	Rocklin	Roseville	Ardent-Arcade	Carmichael	Citrus Heights		North Highlands	Rancho Cordova	Sacramento	New Castle
ORIGIN LOCATIONS																		
Auburn	13																	
Colfax																		
Forest Hill																		
Granite Bay													1					
Lincoln					3											1		
Loomis						2												
Meadow Vista																		
North Auburn	2																	
North Auburn	19																	
Rocklin																		
Roseville	4																	
Roseville																		
Ardent-Arcade																		
Carmichael																		
Citrus Heights																		
North Highlands																		
North Highlands																		
Rancho Cordova																		
Rancho Cordova																		
Sacramento																		
Sacramento																		
New Castle																		
New Castle																		
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 through 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 increasingly 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

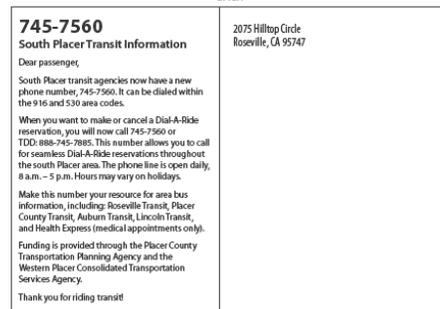
The South Placer Transportation Call Center (Call Center) is offering a consolidated “one stop” resource to serve as the centralized location for providing alternative transportation information and/or booking demand response trips for participating South Placer County transit operators and/or private/non-profit 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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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 SRTTP 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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