



## 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. CTSA's 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%
<b>Subtotal PCTPA Administration</b>	<b>\$ 46,738</b>	<b>7.0%</b>	<b>\$ 87,121</b>	<b>9.8%</b>
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%
<b>Subtotal WP CTSA Programs</b>	<b>\$ 624,677</b>	<b>93.0%</b>	<b>\$ 800,002</b>	<b>90.2%</b>
<b>Total WP CTSA Program Costs</b>	<b>\$ 671,415</b>	<b>100.0%</b>	<b>\$ 887,123</b>	<b>100.0%</b>

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%
<b>Total Operating</b>	<b>\$ 652,238</b>	<b>100.0%</b>	<b>\$ 1,120,169</b>	<b>100.0%</b>

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
<b>Total Capital</b>	<b>\$ 54,303</b>	<b>\$ 217,212</b>

**Notes**

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

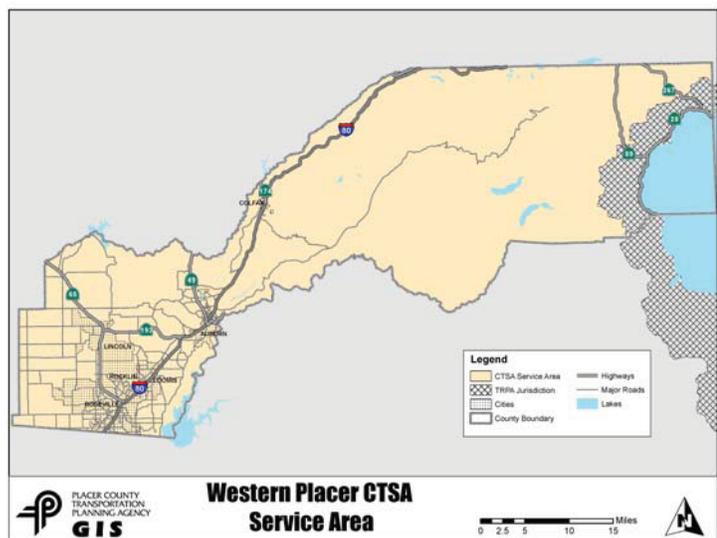
State Mental Health Services Act – This voter approved tax, euphemistically referred to as the Millionaire’s Tax, is levied against higher income taxpayers and used to support mental health services for individuals with mental illness. Various MHSA transportation projects around the State have been undertaken, 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.

CTSA Logo 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 10<sup>th</sup> 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](http://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 2/3<sup>rd</sup> 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 scarce 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
<b>Seniors, Able-Bodied</b>	<ul style="list-style-type: none"> <li>- Lack of knowledge about resources.</li> <li>- Concern about safety and security</li> <li>- Awareness that time when driving might be limited.</li> </ul>	<ul style="list-style-type: none"> <li>- Fixed-route transit</li> <li>- Point deviation and deviated FR</li> <li>- General public DAR</li> <li>- Special purpose shuttles: nutrition, shop</li> </ul>	<ul style="list-style-type: none"> <li>- Single point of information</li> <li>- Educational initiatives, including experience with bus riding before it is needed.</li> <li>- Buddy programs; assistance in "trying" transit</li> <li>- Transit fairs, transit seniors-ride-free days or common pass</li> </ul>
<b>Seniors, Frail and Persons Chronically Ill</b>	<ul style="list-style-type: none"> <li>- Assistance to and through the door.</li> <li>- Assistance with making trip arrangements</li> <li>- On-time performance and reliability critical to frail users.</li> <li>- Assistance in trip planning needed.</li> <li>- Need for shelters</li> <li>- Need "hand-off" for frail</li> </ul>	<ul style="list-style-type: none"> <li>- ADA Paratransit</li> <li>- Emergency and non-emergency medical transportation</li> <li>- Escort/Companion Volunteer drivers</li> <li>- Special purpose shuttles</li> <li>- ADA and general public DAR services</li> </ul>	<ul style="list-style-type: none"> <li>- Escorted transportation options</li> <li>- Door-through-door assistance; outside-the-vehicle assistance.</li> <li>- Increased role for volunteers.</li> <li>- Technology that provides feedback both to consumer and to dispatch; procedures to identify frailest users when traveling.</li> <li>- Individualized trip planning / scheduling help</li> <li>- Expanded mileage reimbursement program.</li> <li>- Driver sensitivity training.</li> <li>- Appropriately placed bus shelters; clear path.</li> </ul>
<b>Persons with Disabilities</b>	<ul style="list-style-type: none"> <li>- Service quality and reliability</li> <li>- Driver sensitivity and appropriate passenger handling procedure</li> <li>- Concerns about wheelchair capacity on vehicles/ pass-bys</li> <li>- Need for shelters</li> <li>- Sometimes door through door or issues of "hand-off"</li> </ul>	<ul style="list-style-type: none"> <li>- Fixed-route transit</li> <li>- ADA Paratransit</li> <li>- Transportation Reimbursement Escort Program (TREP)</li> <li>- Emergency and non-emergency medical transportation</li> <li>- Special purpose shuttles</li> <li>- Escort/Companion</li> </ul>	<ul style="list-style-type: none"> <li>- Single point of information; Information as universal design solution.</li> <li>- Continuing attention to service performance; importance of time sensitive service applications.</li> <li>- Driver education and attention to procedures about stranded or pass-by passengers with disabilities.</li> <li>- Aggressive program of bus shelters.</li> <li>- Vehicles, capital replacement.</li> </ul>
<b>Persons of Low Income and Homeless Persons</b>	<ul style="list-style-type: none"> <li>- Fare subsidies (bus tokens or passes) that can be provided in a medium that is not cash</li> <li>- Easy access to trip planning information</li> <li>- Breaking down the culture of poverty that uses transportation as the difficulty for not moving about the community.</li> <li>- Difficulties of mothers with multiple children</li> <li>- Difficulties with transfers within and between systems; long trips.</li> </ul>	<ul style="list-style-type: none"> <li>- Fixed-route transit</li> <li>- Point deviation and deviated FR</li> <li>- Special purpose shuttles (work, training, special education, Headstart, recreation)</li> <li>- Van pools, ridesharing, car sharing</li> </ul>	<ul style="list-style-type: none"> <li>- Creative fare options available to/ thru human services agencies.</li> <li>- Increased quantity of bus tokens available.</li> <li>- Universal pass for services across county.</li> <li>- Bus passes available to those searching for jobs or in job training programs; cost-effective.</li> <li>- Special shuttles oriented to this population's predictable travel patterns.</li> <li>- Education about transit to case managers, workers with this population.</li> <li>- Feedback to transit planners on demand; continued work to improve transit service levels (coverage, frequency, span of hours)</li> <li>- Training of staff to train consumers</li> <li>- Vanpool assistance, ridesharing connections</li> </ul>
<b>Persons with Sensory Impairments</b>	<ul style="list-style-type: none"> <li>- Difficulty in accessing visual or auditory information.</li> <li>- Possible door-to-door for visually impaired</li> <li>- Driver sensitivity</li> </ul>	<ul style="list-style-type: none"> <li>- Fixed route transit</li> <li>- ADA Paratransit</li> <li>- General Public DAR</li> <li>- (TREP)</li> </ul>	<ul style="list-style-type: none"> <li>- Single point of information; information in accessible formats</li> <li>- Guides (personal assistance) through information</li> <li>- Driver training critical to respond to needs.</li> </ul>
<b>Persons with Behavioral Disabilities</b>	<ul style="list-style-type: none"> <li>- Medications make individuals sun-sensitive and waiting in the sun is not an option.</li> <li>- Medications cause thirstiness; long waits lead to dehydration</li> <li>- Mental illnesses can make public spaces frightening</li> <li>- Impaired judgment /memory</li> </ul>	<ul style="list-style-type: none"> <li>- Fixed route transit</li> <li>- ADA Paratransit</li> <li>- Special purpose shuttles</li> <li>- Escort/Companion</li> <li>- TREP</li> </ul>	<ul style="list-style-type: none"> <li>- Possibly special shuttles oriented to this known predictable travel needs.</li> <li>- Driver training projects to provide skills at managing/ recognizing behaviors of clients.</li> <li>- Aggressive program of bus shelters</li> <li>- "Hand-off" can be critical for confused riders, passing them off to a responsible party.</li> <li>- Important drivers understand rider conditions.</li> </ul>



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.