

Maricopa Association of Governments Human Services Coordination Transportation Plan



2007

Maricopa Association of Governments
Human Services Coordination
Transportation Plan

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Introduction

The Maricopa Association of Governments (MAG) presents this plan to coordinate human services transportation, a critical need in the MAG region. Transportation significantly contributes to one's quality of life and the well-being of a community. The inability to adequately access transportation options diminishes a person's opportunity to be self-sufficient and to connect with external support systems. The development of this plan is the beginning of an ongoing activity with evolving elements.

The goal of the plan is to ensure all people, especially those with disabilities, low incomes, and advanced years, have equitable access to appropriate transportation options by offering coordination strategies. This includes people who are elderly, who have disabilities or who have low incomes. This plan was developed in conjunction with a diverse group of stakeholders including transportation and human services providers, local governments, and state agencies such as the Arizona Department of Transportation, the Arizona Department of Economic Security and the Arizona Health Care Cost Containment System.

This document will explain the three major initiatives behind this effort, provide a vision for the region, offer information about the existing environment and needs in the MAG region, identify short-term strategies, suggest viable strategies for future consideration, and detail some steps that can be implemented immediately to enhance current efforts to coordinate human services transportation. Attachments include extensive detail about the funding sources addressed by this plan, related initiatives, a survey of transportation providers, a needs assessment and information about relevant practices.

Key elements of this plan are found in attachments.

This plan was driven by three major initiatives at the federal, state, and regional levels. The next section will review those activities.

Major Initiatives

Federal

Coordinating human services transportation is an important priority for the federal government. This is embodied in the initiative, *United We Ride*. *United We Ride* is an interagency federal initiative that supports states and

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municipalities in developing coordinated human service delivery systems. In addition, new federal regulations mandate that any organization seeking funding under Section 5316 (Job Access and Reverse Commute [JARC] program), Section 5317 (New Freedom Program), or Section 5310 (Elderly and Persons with Disabilities Program) must participate in the preparation of a locally derived coordinated plan (see Attachment A).

Through, SAFETEA-LU, this is the first time there has been a federal requirement for public transit entities to coordinate with human services agencies

Guidance for the preparation of coordination plans to meet new federal (SAFETEA-LU) requirements were promulgated on March 15,

2006, with an update issued on September 6, 2006 in the *Federal Register*. The Federal Transit Administration (FTA) has stated the plan must address:

- An assessment of transportation needs for individuals with disabilities, older adults, and persons with limited incomes
- An inventory of available services that identifies areas of redundant service and gaps in service
- Strategies to address the identified gaps in service

- Identification of coordination actions to eliminate or reduce duplication in services and strategies for more efficient utilization of resources
- Prioritization of implementation strategies.

FTA has also indicated that plans must include outreach to a broad range of human service and public transit interests. MAG has addressed the participation and outreach process by establishing the “Transportation Coordination Stakeholder Group”. This group met regularly from August 2006 through February 2007 in preparing this plan (see attachment G).

State

Coordination is an important activity of the *Arizona Rides* Program. *Arizona Rides* is



the state’s response to the FTA’s United We Ride program. *Arizona Rides* strives to ensure better cooperation and collaboration between transportation providers that serve human services and other special needs populations (see Attachment B).

Regional

Human services transportation has been identified by the community as a critical need in the MAG region. The 2006 MAG Regional Human Services Plan engaged more than 500 individuals through focus groups, community hearings and surveys. Overwhelmingly, people expressed concern about not being able to access appropriate transportation. This document is the first step to achieving that goal.

The next section will offer a vision for coordinating human services transportation in the region.

Vision

The vision for this plan is to create a seamless human services transportation system that will result in greater knowledge, access, and coordination. People will benefit by having increased mobility and enhanced quality of life.



This plan lays the foundation for supporting activities that promote coordination throughout the MAG region. These efforts will be based on existing

and emerging services for older adults, persons with disabilities, and low income individuals.

Notably, this plan is consistent with three goals articulated by the federal Coordinating Council on Access and Mobility set forth on February 7, 2007 to increase ridership for the target population by using existing assets; simplifying access; and increasing customer satisfaction. Specifically, this plan:

- Creates a comprehensive inventory of service providers.
- Establishes a formal process to build sub-regional collaborations that will focus on improving the coordination within the MAG region.
- Establishes coordination strategies as a priority for funding under specified FTA programs.
- Builds the foundation to consider more expansive coordination strategies in later years.

Participation in implementation of the plan is required for agencies receiving Section 5310, 5316, and 5317 funds. Participation is highly encouraged for agencies not receiving these funds. Many examples demonstrate that

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coordination improves the quality and cost-effectiveness of service. Through promotion of the benefits of coordination at all levels of government, the nonprofit sector, and among faith-based organizations, it is envisioned that individual agencies and programs at the local level will embrace these strategies.

This plan further embraces the “family of services” concept that recognizes that no single mode of transportation can meet the needs of all people. In this method, a variety of services appropriate to client needs is provided.

Existing Environment



Many people in the MAG region lack the ability to provide their own transportation or have difficulty accessing existing public transportation where it is available. The term “transportation disadvantaged” is

often used to describe persons who may have an age-related condition, a disability, or income constraint which limits their personal mobility.

In a large dynamic county, the demographics of the transportation disadvantaged can pose challenges. According to the 2000 Census, there were close to 170,000 residents in the MAG region who were 75 years of age or older, which is the population least likely to drive. Approximately 176,000 residents 16 years of age or older reported a disability that limited mobility outside the home. Finally, 355,000 residents live below the poverty level, which may hinder their ability to own and maintain a private automobile.

Many federal programs authorize use of funds to provide transportation for transportation disadvantaged people so they can access government programs.



Programs that provide incidental transportation include health and medical services providers, job-training programs, or programs for older adults.

Recently, the U.S. General Accountability Office (GAO) documented 62 separate federal programs – most administered by the Departments of Health and Human Services, Labor, Education, and Transportation – that fund transportation services for the transportation disad-

vantaged. This list has recently grown to 63 programs with the passage of SAFETEA-LU.

Despite this myriad of funding programs, mobility and access remain problematic for many residents. Far too often, these 63 programs contain very restricted eligibility criteria or limit trip purposes or the type of transportation provided. The federal Coordinating Council on Access and Mobility notes that this results in “silo” transportation systems that often address the transportation needs of only one specific group of riders. No less than eight federal departments and 16 program administrations manage these 63 programs. Often, these programs flow to a state agency that may further define client eligibility and program allowability standards.

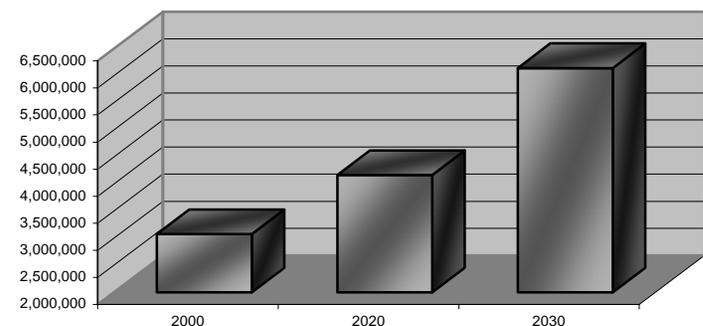
The result is a complex infrastructure that inhibits consumer understanding of available resources to assist in personal mobility. Yet, it has been shown that better coordination among these programs can help provide more rides with the same dollars by minimizing service duplication and filling service gaps.

Challenges and Needs in the MAG Region

The MAG region will be assisted in its coordination efforts by two high profile initiatives, the federal *United We Ride* initiative and *Arizona Rides*. Despite this support, there are significant challenges and needs, including:

- Maricopa County is larger in land area than seven states and rates as the 14th largest county in land area in the United States. This fact clearly presents challenges in any coordination solution that is meant to be “county-wide.”
- The MAG region's population is projected to increase from 3,096,600 in 2000* to 5,230,300 in 2020, an increase of 2,133,700 people. The projected population for Maricopa County in

Projected Population Growth, 2000 - 2030



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2030 is 6,135,000. This addition of 3,038,400 people over the 30-year period equates to a 98.1 percent increase or approximately a 2.3 percent growth rate on an average annual basis.

*The Census April 1, 2000 population for Maricopa County was 3,072,149. However, the projections are for July 1st of the projection year. For consistent comparisons, the Census number was adjusted to July 1, 2000 based on housing units built between April 2, 2000 and June 30, 2000.

- Older adult population growth rates will significantly impact this plan. MAG projects that this population, numbering around 400,000 in 2000, is expected to grow to almost 1.85 million seniors in the next 50 years.
- Such rapid population growth results not just in the influx of many people, but many new people who will need to assimilate and build local support systems. This creates a challenge as people will turn to services more readily when they have not yet established local personal support systems.
- Traditional public transit services are augmented by a network of dial-a-ride services that, in addition to providing Americans with Disabilities Act complementary paratransit services, may also

provide service to other individuals in the target population (e.g., the elderly). Virtually all, however, are limited in geographic scope; only one of these programs is county-wide.

- The existing network of human services transportation programs can be characterized by FTA's depiction of "silo" systems – individual agencies operating single transportation programs designed and operated solely for the benefit of clients of a single organization. This lack of familiarity is an impediment to any kind of coordination strategy.
- Transportation providers are very committed to serving their populations. This can result in very personalized care and quality service. However, this may also result in the providers being less willing to collaborate and have other agencies serve their clients. A survey indicated providers were very reluctant to consider coordination strategies.
- While some written materials have been developed that document existing transportation re-



sources in the region, there is no central location or so-called “one-stop” environment where consumers can easily find information on all forms of transit and human services transportation.

- Services between jurisdictions are a concern.
- Any change in routine to paratransit and human services transportation could be disruptive to existing consumers.

While all these issues need to be addressed for any plan to be successful, the following short-term strategies will lay the foundation for coordination to occur.

Short-Term Coordination Strategies

According to federal regulations, there is a need to provide short-term strategies specifically for applicants of Section 5310, 5316 and 5317. While agencies applying for these funds are required to comply with these strategies, intensive work will be done to encourage all agencies providing human services transportation to utilize these concepts.

These short-term strategies represent a starting point and will lay the foundation for increased coordination in the future. The providers, planners, advocates and con-

sumers within the MAG Transportation Coordination Stakeholders Group identified these strategies as having the most potential for this region.

Online Comprehensive Service Directory

Both consumers and agencies need one comprehensive directory that offers information about all available services, whether publicly or privately provided. Such a directory currently does not exist. This resource will help streamline information about services and improve accessibility, which will ultimately empower people as a result.

In order to eliminate potential duplication and to maximize existing resources, this plan proposes to synthesize two current resources. A cross-walk between the two will be built, resulting in a comprehensive directory of both public and private human services transportation programs. This expanded directory will then be made available online to promote greater accessibility.



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LIFE, formerly known as Easter Seals, publishes a transportation services directory. This directory lists the agencies, number of vehicles, hours and days of operation, rider eligibility, and fares for both not-for-profit agencies and for-profit organizations. The directory is published in booklet form. It is proposed that LIFE be approached to partner on this expansion of their directory. Preliminary discussions indicate this may be a viable opportunity.

In addition, the Regional Public Transportation Authority (RPTA) publishes a directory of paratransit services. This represents a public sector response to human services transportation needs and lists information similar to the LIFE directory.



A matrix based on the three primary segments of the target population (older adults, persons with disabilities, and people with low incomes) will be developed to build an interface between these two resources. The directory will be expanded to web-based distribution to provide greater consumer access. This web-based directory would be updated as needed by transportation service providers on an annual basis.

Outcome Measure

A web-based comprehensive directory of both public and private providers will be made available to the general public by FY 2008. This will result in greater knowledge, access and coordination of human services transportation as indicated by an online survey and focus groups.

Coordination of Sub-Regional and Regional Meetings

There is not one coordination approach that will address all concerns throughout the region. The needs are too diverse and the geography too large. The strength of this plan is local knowledge facilitating regional coordination. Local stakeholders know their community best and are ideally suited to develop the coordination strategies that will have the most impact. These local plans can then be assessed for regional relevance and shared accordingly. Coordination can then take place on a regional level to reduce unnecessary duplication, leverage resources, and replicate relevant coordination practices.

Based on existing and emerging collaborations throughout the MAG region, a regional process will be formalized so that service providers will have a forum to dis-

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Discuss issues of common concern, explore opportunities for operational coordination, and discuss successful examples of coordination. Among the potential issues for discussion are:

- Examine methods to fill service delivery “gaps” (e.g., evening service, weekend service).
- Explore opportunities for joint procurement of common goods and consumables.
- Develop common training programs and standards.
- Define new service delivery options, embracing the “family of services” concept.
- Identify and advocate potential cost reduction strategies for existing service providers.
- Improve linkages among travel training resources to facilitate consumer mobility among providers.

Participation will be based on existing and emerging collaborations. For example, the well established coordination consortium in the East Valley includes transit and human service agencies in Chandler, Gilbert, Mesa, Scottsdale, and Tempe. Similarly, the City of Phoenix

constitutes a second sub-region. The West Valley Human Services Alliance could serve as the basis for a third sub-region. Communities not currently affiliated with one of these collaborations will be invited to join.

On an annual basis, all sub-regional coordination groups will meet as a region to report on coordination actions, successful strategies, and to identify methods to coordinate and improve inter-regional mobility options.

Regional strategies best suited to individual communities will be encouraged. Regional groups will meet annually to identify coordination strategies that can work throughout the region.

Outcome Measure

At least three sub-regional groups (East Valley, West Valley and Central) of agencies providing human services transportation will meet at least quarterly to develop local solutions to human services transportation coordination. All groups will report on their activities and plans at a regional meeting in June 2008. This will result in at least three new coordination activities being implemented by FY 2008.

Ongoing Assessment and Evaluation

Under this plan, existing human services agencies will report their current coordination activities in the applications for Section 5310, 5316 and 5317. These will be assessed throughout the year by the agencies coordinating the application processes. Local practices will be analyzed for regional relevance. The most promising practices will be offered for inclusion in the update to this plan next year.

Outcome Measure

All agencies applying for Section 5310, 5316, and 5317 funds in 2007 will report their current coordination practices as part of the application process. These practices will be monitored and assessed for regional relevance. This will result in at least three of the most promising activities being included in the update of this plan.

Potential Long-Term Coordination Strategies

There are several coordination strategies that might be viable in the long-term. The following have been discussed as having potential for this region. These concepts are presented at this time for discussion only for

two reasons. First, the region needs to build a good foundation for these strategies to be successful. The short-term strategies will address this need. Second, other factors such as the RPTA paratransit study scheduled to be completed in September 2007 will greatly impact how human services transportation is coordinated in the future. These concepts will be reviewed as part of the update to the plan. At that time, the plan will identify the long-term strategies most appropriate for the region.

- A one-stop, centralized reservation and call center is now a high priority initiative of the federal United We Ride campaign.
- Regional service zones would allow for the sub-regions to adopt the strategies most appropriate for their area while achieving greater coordination regionally.

The following ideas were offered but not researched as fully as the prior two points. These would also be analyzed in more depth as part of the update to the plan.

- Procurement coordination
- Driver pool
- Coordinated hours of operation

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- Maintenance pool
- Insurance pool
- Mileage reimbursement
- Taxi vouchers
- Mobility manager

Next Steps

1. MAG will work cooperatively with the City of Phoenix, as the federally designated recipient for 5316 and 5317 funds, to build grant application evaluation criteria into the process for competitive selection of Section 5310 (MAG), Section 5316 – JARC, and Section 5317 – New Freedom (City of Phoenix) program applications. All successful applications in FY 2007 must be derived from the coordination plan. Criteria should include:
 - Submission of transportation information to support the on-line matrix of available resources to enhance consumer awareness of services.
 - Active participation in the sub-regional and regional coordination meetings.
 - Reporting of current coordination activities to determine local relevant practices with the most potential for replication.
2. Key community stakeholders will partner to begin implementation of the three short-term coordination strategies.
3. MAG will update the plan according to federal guidance. FTA has issued preliminary regulatory guidance on coordination planning that suggests that plans must be updated on a frequency consistent with the update cycles for metropolitan transportation plans (*i.e.*, four years in air quality non-attainment and maintenance areas and five years in air quality attainment areas). However, FTA also provides flexibility; plans may be updated consistent with local needs. Milestone events occur in the intermediate stage of this plan; therefore, it is recommended that a local update commence on a one- to three-year cycle.

Conclusion

The real test of this plan will be its implementation. It can only move from paper to practice with broad community and political support, funding as needed, and the commitment of the transportation service providers to coordinate. Successful coordination strategies will have a significant impact on people and resources as the former become more mobile and the latter are utilized more efficiently.

This plan represents diligent work by many people. Many thanks to the providers, consumers, and advocates who contributed to the plan's development. In the future, human services transportation will be more seamless and efficient as a result.

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A

Attachment A

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Description of Funding Programs Subject to SAFETEA-LU Coordination Planning Requirements

Description of Funding Programs Subject to SAFETEA-LU Coordination Requirements

The Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU)

On August 10, 2005, President Bush signed the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU), providing \$286.4 billion in guaranteed funding for federal surface transportation programs over five years through FY 2009. The legislation included \$52.6 billion for federal transit programs, representing a 46 percent increase over transit funding guaranteed over levels in the previous transit authorizing legislation (TEA-21).

SAFETEA-LU, in addition to substantially increasing overall funding for transit, makes several notable changes to existing programs and establishes several new programs of note to paratransit service users. While a full, comprehensive overview of the legislation is beyond the scope of this project, below is a brief summary of important provisions related to this project.

SAFETEA-LU:

- Defines “mobility management” as *short-range planning and management activities and projects for improving coordination among public transportation and other transportation service providers carried out by a recipient or subrecipient through an agreement entered into with a person, including a governmental entity*. Mobility management strategies may be funded at eighty percent federal participation.
- Establishes a new National Technical Assistance Center for Senior Transportation.
- Expands the definition of local match for most major FTA programs to include revenues earned from the provision of service under contract to governmental and private social service agencies.
- Creates a new state pilot program under the Section 5310 program to demonstrate use of Section 5310 funds as operating expenses.

Additionally, SAFETEA-LU:

- Transitions the Job Access and Reverse Commute (JARC) program to a permanent formula program.

- Creates a New Freedom program to assist persons with disabilities obtain new transit services that provide service above and beyond that required under the Americans with Disabilities Act.
- Imposes a coordination planning requirement as a prerequisite to the receipt of certain FTA funds.

In the sections that follow, a brief description of the major programs that are subject to the SAFETEA-LU coordination planning requirement is provided.

Section 5316: Job Access and Reverse Commute Formula Program (JARC)

The Job Access and Reverse Commute (JARC) program has been converted from a discretionary competitive program to a formula program. The program, in existence for a number of years, has been instrumental in developing transit services to support the nation's welfare-to-work initiative. The aim of the program is the provision of new or innovative services that provide transportation to work, matching the locations of low-income workers with the location of new job creation (often in the suburban or exurban areas of the nations'

cities). In the MAG region, the City of Phoenix is the designated recipient of JARC funds.

In general, projects and expenses eligible for JARC funding must relate to "the development and maintenance of transportation services designed to transport welfare recipients and eligible low-income individuals to and from jobs and activities related to their employment."

Eligible projects may include, but are not limited to:

- Late-night and weekend service
- Guaranteed ride home service
- Shuttle service
- Expanding fixed-route mass transit routes
- Demand-responsive van service
- Ridesharing and carpooling activities
- Bicycling
- Local car loan programs that assist individuals in purchasing and maintaining vehicles for shared rides
- Promotion, through marketing efforts, of
 - ◆ the use of transit by workers with nontraditional work schedules

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- ◆ the use of transit voucher programs by appropriate agencies for welfare recipients and other low-income individuals
- ◆ the development of employer-provided transportation such as shuttles, ridesharing, carpooling
- ◆ the use of transit pass programs and benefits under Section 132 of the Internal Revenue Code of 1986

Further, FTA guidance encourages communities to:

- Establish regional mobility managers or transportation brokerage activities
- Apply Geographic Information System (GIS) tools
- Implement Intelligent Transportation Systems (ITS), including customer trip information technology
- Integrate automated regional public transit and human service transportation information, scheduling and dispatch functions
- Deploy vehicle position-monitoring systems

Sixty percent of funds appropriated annually will be earmarked to urban areas with populations greater than 200,000 persons. Twenty percent of the funds will be allocated to urban areas with fewer than 200,000 people

while the remaining twenty percent will be allocated to non-urbanized areas. Once allocated, individual areas will receive an amount of funding based on ratios involving the number of eligible low-income and welfare recipients. Under a formula JARC program, all areas of Arizona will be able to potentially benefit from funding. For JARC funding in nonurbanized areas in Arizona, priority will be placed on mobility management projects.

Authorized funding levels will take JARC from the current (FY 2005) level of \$124 million to \$138 million in FY 2006, rising to \$164.5 million by FY 2009. The law specifies that a competitive process be used to select grant recipients. In federal fiscal year 2006, approximately \$1,437,345 in JARC funds were allocated to the City of Phoenix. The City is obligated to follow the aforementioned competitive process to distribute JARC funds.

SAFETEA-LU also contains report language directing the FTA to continue its practice of providing maximum flexibility to JARC projects designed to meet the needs of individuals who are not effectively served by public transportation.

Of note, the coordinated planning requirement is effective in FY 2006 funds for JARC (not FY 2007 as is the case with New Freedom and Section 5310). In interim guidance on March 15, 2006, FTA notes that since a similar requirement was in place for JARC under TEA-21, the coordination plan requirement cannot be delayed for JARC. FTA further notes that for grantees that have previously been recipients of JARC discretionary funding, a previously required JARC plan may satisfy the coordinated planning requirement for FY 2006. In areas with no current JARC plan, for FY 2006 only, the planning partners should at a minimum be consulted about projects and where possible expressions of support should be obtained and documented. Each grant application must describe activities undertaken to reach out to stakeholders, including providers and users of service, to identify community-wide needs and to begin to catalog available resources.

Section 5317: New Freedom Program

The New Freedom Program is a newly authorized program aimed specifically at providing services to persons with disabilities above and beyond that required under the Americans with Disabilities Act of 1990.

Sixty percent of funds appropriated annually will be earmarked to urban areas with more than 200,000 population. Twenty percent of the funds will be allocated to urban areas with fewer than 200,000 population while the remaining twenty percent will be allocated to nonurbanized areas. All areas of Arizona will benefit from New Freedom funding.

Existing urbanized area transit systems and the states (who in turn will make funds available to nonurbanized area public transportation projects) are eligible recipients. While designed to be awarded to existing public transit agencies, the administrative requirements of Section 5310 (a program that primarily benefits nonprofit agencies) apply to this program. Thus, the labor protection provisions of Section 5333(b) do not apply to New Freedom Program funds.

Authorized levels of spending nationwide under the New Freedom Program start at \$78 million in FY 2006 and rise to \$92.5 million in FY 2009. The City of Phoenix was allocated approximately \$816,250 in New Freedom funding in FY 2006.

New Freedom Program funds contain the same coordination requirements noted above under the JARC Formula Program. Beginning in FY 2007, a recipient will be required to certify that New Freedom funds are being expended in accordance with a locally developed, coordinated public transit/human services transportation plan and that the plan was developed through a cooperative process that included the representation of public, private, and nonprofit transportation providers, and the general public.

In addition to the coordination planning requirements, the New Freedom Program also permits federal funds derived from the provision of service under contract to a social service program to be used to meet the local matching share of New Freedom project costs.

Section 5310: Elderly and Persons with Disabilities Program

The goal of the Section 5310 program is to improve mobility for elderly individuals and individuals with disabilities throughout the country. Toward this goal, FTA provides financial assistance for transportation services planned, designed, and carried out to meet the special

transportation needs of elderly individuals and individuals with disabilities in urbanized, small urban, and rural areas. The program requires coordination with other federally assisted programs and services in order to make the most efficient use of federal resources.

The Section 5310 program was first established in 1975 as a discretionary capital assistance program to be used in cases where existing public transit was “inadequate, insufficient, or inappropriate.” The program provides capital assistance to private nonprofit organizations to serve the transportation needs of elderly persons and persons with disabilities. FTA apportions the funds among the states by formula; the states, in turn, distribute funds to local agencies. In urbanized areas, the states may enter into partnerships with the Metropolitan Planning Organization (MPO) to select projects. This process is used by the Arizona Department of Transportation and MAG in the MAG region.

In the early years of the program, many recipients used Section 5310 assistance primarily for transportation of their own clients. The Intermodal Surface Transportation Efficiency Act (ISTEA) of 1991 made public agencies eligible for Section 5310 funds under limited circum-

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stances to facilitate and encourage the coordination of human services transportation. Increasingly, FTA guidance for the Section 5310 program encouraged and required coordination of the program with other federal human services transportation programs.

Funds for the Section 5310 program are available for capital expenses (including vehicles, vehicle maintenance, communication, technology, mobility management, and acquisition of transportation services under a

contract, lease, or other arrangement) to support the provision of transportation services to meet the special needs of elderly persons and persons with disabilities. The federal share of eligible capital costs may not exceed 80 percent of the net cost of the activity. Higher federal participation rates are allowable for states that have a Section 120(b)(2) agreement with the Federal Highway Administration.

B

Attachment B

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Related Initiatives

Related Initiatives

United We Ride

United We Ride is an interagency federal initiative that supports states and municipalities



in developing coordinated human services delivery systems. The Federal Transit Administration (FTA), in partnership with other federal agencies, most notably the Departments of Health and Human Services, Education, and Labor, works cooperatively at the federal level to encourage state and local coordination initiatives. FTA has provided coordination grants to the states to conduct planning and implementation activities. Additionally, *United We Ride* has developed a transportation coordination and planning self-assessment tool to assist communities determine areas where additional coordination could improve service delivery.

Arizona Rides

Arizona Rides is Arizona's response to the Presidential Executive Order 13330.



Soon after the issuance of the President's *United We Ride* Executive Order, Governor Napolitano requested that state officials build a framework for Arizona action. In January 2005, ADOT, working with a state level interagency working group, received a *United We Ride* state planning grant. This grant was used to fund a two part study: (1) conduct a statewide assessment of funding sources, streams and coordination conditions; and (2) develop an action plan for state agencies, including recommendations for further regional implementation.

Lending further commitment to improved coordination in Arizona, on July 6, 2005, the Governor signed Executive Order 2005-16, formalizing the "Arizona Rides" initiative and instituting the Arizona Rides Council, consisting of membership from several state departments.

Arizona Rides: The Statewide Assessment and Action Plan

The goal of the statewide assessment was to develop a preliminary understanding of the human services transportation environment in order to make recommendations to:

- Achieve levels of coordination between and among human services agencies receiving federal transportation dollars;
- Increase the efficiency and effectiveness of funds utilized for transportation; and
- Reduce redundancy and overlap of service.

Executive Order 13330

President George W. Bush signed Executive Order 13330 on February 24, 2004, establishing the new Inter-agency Transportation Coordinating Council on Access and Mobility. The purpose of the Council is to coordinate 62 different federal programs across nine federal departments that provide funding to be used in support of human services transportation. The Council is comprised of various federal departments, including the De-

partments of Transportation, Health and Human Services, Labor, Education, Housing and Urban Affairs, Agriculture, Justice, Interior, the Veterans Administration, the Social Security Administration and the National Council on Disabilities. Specifically, the Executive Order requires the participating departments to develop a report to the President by February 2005 that, in part, identifies the most useful federal, state, tribal and local practices in coordinating transportation service; identifies the substantive and procedural requirements that duplicate federal laws and regulations, or that restricts efficient transportation operation; and provides individual departmental reports on the progress being made in simplifying access to transportation, producing cost effective service within existing resources, and reducing duplication. This report produced in response to the Order outlines six areas of further federal involvement in coordination (discussed below).

Coordinating Council on Access and Mobility

The federal government has, at varying times, established interagency committees to promote and foster transportation coordination among federally funded pro-

grams. As noted above, the Coordinating Council on Access and Mobility is presently working on several fronts, based on recommendations included in its report to the President. These efforts include:

- Education and outreach
- Consolidated access to transit services by consumers
- Reduction of restrictive and duplicative laws, regulations, and programs related to human services transportation at the federal level
- Establishment of comprehensive planning for the coordination of human services transportation for individuals with disabilities, older adults, and persons with lower incomes
- Development of cost allocation procedures
- Documentation of “relevant practices” document in coordinating human services transportation at the federal, state, tribal, and local levels

RPTA Dial-a-Ride Coordination Study

The Regional Public Transportation Authority (RPTA) was established under the laws of the State of Arizona in 1985 along with the passage of a one-half of one percent sales tax to fund regional highway and public transportation improvements. RPTA was charged with developing a regional transit plan and developing and operating a regional transit system in the MAG region.

RPTA has recently confronted a number of problematic issues with respect to the provision of complementary paratransit services required under the Americans with Disabilities Act of 1990. This has prompted RPTA and its members to re-examine the feasibility of employing regional approaches to complementary paratransit. A study to determine the feasibility of consolidating regional dial-a-ride services is underway. A required component of the RPTA ADA study is to ensure coordination with the MAG Human Services Coordination Transportation Plan.

C

Attachment C

Maricopa Association of Governments Human Services Coordination Transportation Plan



Existing Transportation Services

Existing Transit Services

Regional Public Transportation

FTA guidelines stipulate that a coordination plan must identify current providers (public, private, and nonprofit) of public transportation and human services transportation.

RPTA was charged with developing a regional transit plan and developing and operating a regional transit system in the MAG region. Operating under the name of “Valley Metro” (adopted in 1993), member agencies in RPTA consist of Avondale, Chandler, El Mirage, Gilbert, Glendale, Goodyear, Maricopa County, Mesa, Peoria, Phoenix, Queen Creek, Scottsdale, Surprise, and Tempe.

Phoenix, Tempe, and the RPTA operate the majority of bus service and use contractors to manage and staff transit operations. Other cities purchase service from Phoenix, Tempe and the RPTA or directly operate service. Services include:

- Local, express and RAPID commuter bus service
- Neighborhood circulators
- Dial-a-ride demand response services
- Vanpool service
- Online carpool matching system
- Assistance to local businesses to help them meet the Maricopa County trip reduction goals through alternative modes of transportation (bus, carpool, vanpool, bike, telework, etc.)
- METRO light rail, scheduled to begin service in 2008

RPTA operates 66 local routes, four RAPID commuter routes, 15 express routes, and seven downtown circulators and shuttles. The City of Phoenix operates 40 local routes, four RAPID routes, six express routes and six circulator service.

Augmenting the provision of traditional fixed modes is a series of local dial-a-ride services. While several of these systems are designed primarily to comply with the complementary paratransit provisions of the Americans with Disabilities Act of 1990, most serve populations other than persons with disabilities. Some provide services to seniors and several are open to the general public.

Dial-a-Ride Services

Dial-a-Ride (DAR) services in the MAG region consist of a network of providers organized, with only a few exceptions, at the local, rather than re-



gional level. The various systems differ in terms of populations served, hours and days of operation, level of passenger assistance provided, fares, and service policies. Current Dial-A-Ride systems include:

- East Valley Dial-a-Ride (serving Chandler, Gilbert, Mesa, Scottsdale, and Tempe, along with some service to Paradise Valley and limited adjoining areas of Phoenix), operated by RPTA through a contractor, Veolia)
- City of El Mirage
- City of Glendale
- Maricopa County (a countywide service known as Special Transportation Service (STS))
- Paradise Valley (operated by the Phoenix Dial-a-Ride system)
- City of Peoria

- Phoenix Dial-a-Ride (serving the City of Phoenix, City of Avondale, and other areas of the southwest valley, operated by contractor, MV Transportation)
- Sun City (SCAT)
- City of Surprise
- Southwest Valley (operated by City of Phoenix).

Summary of Other Paratransit Service Providers

In addition to these systems, the MAG region is served by a variety of transportation services operated by local government, nonprofit organizations, private for-profit transportation companies, health care organizations, and faith based organizations.

This study utilized three sources of information to identify these transportation providers:

- MAG Transportation Survey, administered in August 2005
- *Directory of Transportation Services in Maricopa County*, prepared by Easter Seals Arizona, dated January 2006
- *2006 Maricopa County Directory of Human Services and Self-Help Support Groups*, prepared

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by Community Information & Referral, dated 2006.

The MAG survey is the most comprehensive of these three datasets. MAG collected data on services, vehicle fleets, expenses and revenues, and coordination opinions. Data on providers identified from other sources were less comprehensive in scope, typically confined to provider identification, type of service provided, days and hours of operation, and size of the vehicle fleet.

For purposes of aggregating provider data, five types of service providers were recognized:

1. Publicly operated services – public transit service or specialized transportation services operated by a unit of local, county, or Indian tribal governments
2. Nonprofit organizations – private nonprofit organizations that provide client transportation services as either a direct or supportive service to the general agency mission
3. For-profit organizations – private organizations that provide either traditional taxicab services; a combination of taxicab, wheelchair, and stretcher services; or non-emergency medical transportation services

4. Medical organizations – hospital and other medical facilities that operate transportation services primarily as a means of ensuring patient/client access to/from medical facilities
5. Faith-based organizations – Faith-based organizations and ministries that typically operate volunteer transportation programs.

For purposes of this report, charter transportation service providers, airport service transportation providers, limousine service providers, and other non-motor vehicle providers (e.g., air flight services) were excluded from the inventory.

The resulting inventory includes 20 programs operated by local governments; 35 nonprofit organizations that provide services to the elderly, low income, persons with disabilities, and other client populations; 24 for-profit corporations; four medical facility operated services, and two faith-based programs (Exhibit C.1).

Exhibit C.1
Paratransit Provider and Vehicle Summary,
MAG Region

Provider Type	N	Percent	Number of Vehicles	Percent
Public agencies	20	23.53%	358	10.41%
Nonprofit organizations	35	41.18%	428	12.44%
Private for profit organization	24	28.24%	2,612	75.93%
Medical facility	4	4.71%	37	1.08%
Faith based organization	2	2.35%	5	0.15%
Total	85	100.00%	3,440	100.00

Note: Vehicle fleets operated by private organizations are not dedicated to the provision of contracted public transportation, dial-a-ride service, or human services transportation.

In this universe of providers, four of the categories represent either public transportation or human service agencies as intended by FTA as appropriate for inclusion in coordination plans. Similarly, any dedicated service provided by the private sector would also be included. Non-dedicated services (traditional taxicab services, for example) should also be examined, as several communities operate taxi subsidy programs using non-dedicated taxi vehicles. However, it should be noted that vast majority of the non-dedicated fleet operated by

private for profit companies do not perform dedicated human service or public transportation.

While transportation resources appear to be extensive, there are issues associated with each mode of service:

- In the public sector, most providers operate only within their jurisdiction and near-by jurisdictions; only Maricopa County’s STS service provides pick-up and drop-off service throughout the entire County. This means consumer needs that

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entail cross-jurisdictional travel may require multiple transfers or is not possible at all (if transfer agreements are not in effect between the providers).

- Nonprofit agencies limit access to their services through adoption of eligibility criteria or having such criteria imposed on them by a funding source. Persons must meet the eligibility criteria in order to access services. In some cases these criteria may be very broad (e.g., persons over 60 years of age) or quite specific, involving third party eligibility verifications. Additionally, like the public sector, most nonprofit organizations do not provide service throughout the MAG region; services were generally confined to a specified geographic area or jurisdiction.
- The private sector brings considerable fleet resources to service delivery and, generally, most

organizations will provide service throughout the MAG region. Established rates, however, may prohibit the elderly, persons with disabilities, or low income individuals from utilizing these resources on a for-hire basis to meet their transportation needs.

- Transportation services operated by medical facilities, like those operated by nonprofit agencies, are generally restricted in purpose and function. In this case, services are limited to those individuals accessing medical treatment at the facility and/or residents in ancillary housing operated by the facility.
- Faith based organizations are relatively limited in scale and scope compared to the other sectors examined.

**Exhibit C.2
Summary of Paratransit and Human Service Agency Transportation Provider Characteristics**

Provider	Type of Service			Scope of Service	Advanced Reservation Minimum (1)	Eligibility Requirements	Geographic Area Served	Service Hours			Trips Per Year	No. Vehicles	Total Operating and Admin Expenses	Fare
								Monday - Friday	Saturday	Sunday				
MAG SURVEY RESULTS														
Maricopa County Human Svcs. Special Transportation Services (STS)	Demand responsive	Route deviation	Client reimbursement	Agency operated vehicles supplemented by contract services; coordination with area rideshare programs; two distinct programs: Work Links and special needs	48 hours advance notice	Elderly persons over 60 years of age, low income, and persons with disabilities	Maricopa County	8:00 AM - 4:00 PM	Contractor provided service only	Contractor provided service only	103,533	63	\$ 4,258,670	Donation - special needs only
City of Phoenix Reserve-a-Ride	Demand responsive			Agency operated vehicles supplemented by contract services	48 hours advance notice	Elderly persons over 60 years of age, and persons with disabilities over 18 years of age	Eligible persons living in the City of Phoenix only. Transportation service only extends to City of Phoenix boundaries.	7:00 AM - 5:00 PM	-	-	152,631	43	\$ 2,853,105	A recommended contribution of \$1.00 each way is suggested. However, clients are not obligated to contribute to use the service
Mesa Senior Services, Inc.	Volunteers	Bus tickets and passes	Client reimbursement	Taxi subsidy program, purchase of bus tickets and passes, volunteers, and mileage reimbursements	N/A	Elderly persons over 65 years of age and disabled persons 18 - 64 years of age	Clients who live in Mesa may go within the reimbursement limits. No destination limits are set. Hours of transportation are determined by client.	12:00 AM - 12:00 AM	12:00 AM - 12:00 AM	12:00 AM - 12:00 AM	31,000	0	\$ 196,000	Mileage reimbursement does not require a donation. Coupons for cabs requires a 25% match to purchase coupons
Valley Metro RPTA (2)	Fixed route bus	Light rail	Demand responsive	Agency operated vehicles and contract services	Next day	General public and other limitations set by individual partner municipalities	Cities of Tempe, Scottsdale, Mesa, Chandler, and Town of Gilbert; some service provided to Paradise Valley and bordering areas of Phoenix	4:00 AM - 1:00 AM	4:00 AM - 1:00 AM	4:00 AM - 1:00 AM	222,736	60	\$ 5,410,649	General and contract pricing for ambulatory, wheelchair and stretcher transports base rates and mileage rates
Good Shepherd Villa	Demand responsive			Agency operated vehicles only	24 hours advance notice	Agency clients only	15 mile radius from Good Shepherd Villa	8:00 AM - 4:30 PM	12:45 PM - 3:15 AM	8:00 AM - 11:30 AM	2,400	3	\$ 71,400	Mileage reimbursement does not require a donation. Coupons for cabs requires a 25% match to purchase coupons.
Scottsdale Training and Rehabilitation Services	Demand responsive	Subscription routes		Agency operated vehicles only	N/A	Agency clients only	Typically, STARS operates excursions within the boundaries of Happy Valley Road to the north, Central Avenue to the West, Elliot Road to the South and Dobson Road to the East.	7:15 AM - 10:30 PM	8:30AM - 11:00PM	7:30AM - 8:00PM	31,497	5	\$ 73,201	State established reimbursements rates for trips to/from the agency. Day treatment and residential program outings are included in monthly fees from through the state contract and/or client tuition.
Maricopa Integrated Health System	Demand responsive	Purchase from private providers	Bus tickets and passes	Agency operated vehicles only	48 hours advance notice	Agency clients only	Maricopa County in its entirety.	5:00 AM - 10:00 PM	8:00AM - 6:00PM	8:00AM - 6:00PM	23,566	17	\$ 1,055,195	Drivers are instructed to not accept payments for their time/gas; if clients wish, they may make a donation directly to organization. No costs to recipient, organizations bills health plan at AHCCCS rates
Phoenix Shanti Group	Demand responsive	Bus tickets and passes		No agency operated vehicles or contract services available	N/A	Agency clients only	Local	N/R - N/R	-	-	N/R	1	\$ 2,000	No charge to clients.
Central Arizona Shelter Services	Bus tickets and passes			No agency operated vehicles or contract services available	N/A	Agency clients only	Limited by regional bus service.	N/R - N/R	-	-	35,000	0	\$ 30,000	Free bus tickets and 50% off bus passes. Free bus passes for homeless families at CASS.
City of Scottsdale - Cab Connection	Taxi subsidy			No agency operated vehicles or contract services available	N/A	Persons over specified age and persons with disabilities	City limits of Scottsdale.	12:00 AM - 12:00 AM	12:00AM - 12:00AM	12:00AM - 12:00AM	37,000	0	\$ 420,000	Transportation is included for residents within business hours and within 15 mile radius. Outside of business hours or radius, there is a \$14 per hour charge.
City of Scottsdale - DAR	Fixed route bus			Contract services only to Valley Metro	N/A	General public	See Valley Metro	See Valley Metro	See Valley Metro	See Valley Metro	See Valley Metro	See Valley Metro	See Valley Metro	See Valley Metro
Safe Ride Services, Inc.	Demand responsive	Bus tickets and passes	Taxi subsidy	Agency operated vehicles only	24 hours advance notice	General public, no restrictions	Statewide, border to border in Arizona and New Mexico	8:00 AM - 6:00 PM	8:00 AM - 6:00 PM	8:00 AM - 6:00 PM	200,000	120	N/R	Provider bills Medicaid and Medicaid health plans for fees for service

**Exhibit C.2
Summary of Paratransit and Human Service Agency Transportation Provider Characteristics**

Provider	Type of Service			Scope of Service	Advanced Reservation Minimum (1)	Eligibility Requirements	Geographic Area Served	Service Hours			Trips Per Year	No. Vehicles	Total Operating and Admin Expenses	Fare
								Monday - Friday	Saturday	Sunday				
MAG SURVEY RESULTS														
Coolidge Cotton Express	Demand responsive	Deviated fixed route		Agency operated vehicles only	N/A	General public, no restrictions	City of Coolidge city limits *see enclosed bus schedule	7:30 AM - 5:30 PM	-	-	26,000	4	\$ 147,000	\$1.25 for deviated fixed route and \$1.50 for demand response
Outreach Programs for Ahwatukee Seniors (OPAS)	Volunteers			No agency operated vehicles or contract services available	Five (5) days	Any person 62 years of age or older who resides in Ahwatukee	Clients need to be in zip code 85044, 85045, 85048. We will travel a 20 mile radius from this area	8:00 AM - 4:00 PM	8:00AM - 4:00PM	8:00AM - 4:00PM	727	0	\$ 33,000	Donations are appreciated but not required
The Salvation Army Senior Transportation Outreach	Demand responsive	Bus tickets and passes		Agency operated vehicles only	24 hours advance notice	Seniors over 60 years of age attending programs or residing in our low income senior housing	North to Thomas; South to Buckeye, East to 13th Street; West to I-17	7:30 AM - 10:30 AM 1:30 PM - 3:30 PM	-	-	2,400	2	\$ 62,815	No charge to clients; suggested donation of \$2.50 per round trip
The Salvation Army Project HOPE	Demand responsive			Agency operated vehicles only	N/A	Homeless population in Phoenix	Phoenix city limits	8:00 AM - 3:00 PM	-	-	1,104	4	\$ 51,629	No charge to clients
The Salvation Army Senior Asian Outreach (3)	Demand responsive			Agency operated vehicles only	N/A	Asian seniors 60 years of age or greater	Greater Phoenix area and surrounding cities.	7:00 AM - 9:30 AM 3:30 PM - 7:00PM	-	7:00AM - 9:30AM 3:30 PM - 7:00PM	12,000	2	\$ 17,600	No charge to clients; suggested contribution
City of Surprise	Demand responsive			Agency operated vehicles only	48 hours advance notice	General public, no restrictions	Surprise, Sun City, Sun City West, El Mirage and a small portion of Peoria (93rd and T-Bird area)	7:00 AM - 5:00 PM	-	-	4,963	5	\$ 470,300	\$1.00 per person within Surprise city limits, \$1.25 per person to Sun City, Sun City West, El Mirage and Youngtown
Glencroft	Demand responsive			Agency operated vehicles only	Advance notice only required for weekend travel	Agency clients only	Local area - Sun City, Peoria, Glendale, Phoenix.	7:00 AM - 4:00 PM	If scheduled	If scheduled	N/R	8	\$ 53,700	Per hour charge when driver stays. Set charge for drop off/pick up. Set charge for group shopping trips
San Lucy District	Demand responsive			Agency operated vehicles only	72 hours advance notice	Tribal members only	Phoenix, Tucson, Casa Grande, Buckeye, Ajo, Sells, Eloy, Coolidge, Payson, Prescott, Flagstaff	12:00 AM - 12:00 AM	12:00AM - 12:00AM	12:00AM - 12:00AM	720	8	\$ 388,500	No fare is required; no donation is requested
Horizon Human Services	Demand responsive			Agency operated vehicles only	N/A	Individuals with disabilities who reside in our group homes	The Phoenix/Tempe metropolitan area.	12:00 AM - 12:00 AM	12:00AM - 12:00AM	12:00AM - 12:00AM	46,080	11	N/R	No fare
About Care	Volunteers			No agency operated vehicles or contract services available	N/A	Homebound seniors with special attention to the frail elderly	Chandler/Gilbert areas with boundaries North of Queen Creek Rd. to the Mesa border, East to Val Vista Rd and West to the I-10 freeway.	9:00 AM - 4:00 PM	-	-	N/R	0	N/R	N/R
Assistance for Independent Living	Demand responsive				N/A	Agency clients only for shopping or medical trips only	N/R	12:00 AM - 12:00 AM	-	-	N/R	N/R	N/R	N/R
ComTrans	Contract service provider	Demand responsive		Private for-hire carrier	24 hours advance notice	Depends on requirements of contracting agencies	Arizona	12:00 AM - 12:00 AM	12:00AM - 12:00AM	12:00AM - 12:00AM	130,000	96	N/R	Contractual basis
Lura Turner Homes, Inc.	Purchase service	Demand responsive		Agency operated vehicles supplemented by contract services	N/A	Agency clients only - adults with developmental disabilities	City of Phoenix and County of Maricopa.	7:00 AM - 8:30 PM	8:00AM - 12:00PM	9:00AM - 12:00PM	5,356	5	\$ 13,191	No fare
Hacienda, Inc.	Demand responsive			Agency operated vehicles only	N/A	Agency clients only residing in our facilities	Primarily Maricopa County, will transport outside of County, within Arizona if required by client.	7:00 AM - 5:00 PM	-	-	4,000	12	N/R	Transportation services covered by structured fees for residents; others pay AHCCCS tier rate. Schools pay \$40.00/trip
Phoenix Indian Medical Center (4)	Demand responsive	Purchase from contract providers		Agency operated vehicles supplemented by contract services	48 hours advance notice	Agency clients only - AHCCCS HIS eligibility required	Phoenix metro area.	7:30 AM - 10:30 PM	As needed - As needed	As needed - As needed	180	2	\$ 160,000	No fare charged as AHCCCS pays for service as authorized and HIS pays other vendors as authorized

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								Monday - Friday	Saturday	Sunday				
MAG SURVEY RESULTS														
Dependable Medical Transport Services (DMTS)	Demand responsive			Nonemergency medical transportation	N/R	General public, no restrictions	Arizona, California, Utah, New Mexico	12:00 AM - 12:00 AM	12:00 AM - 12:00 AM	12:00 AM - 12:00 AM	N/R	43	N/R	General and contract pricing for ambulatory, wheelchair and stretcher transports base rates and mileage rates
Neighbors Who Care	Demand responsive	Volunteers		Agency operated vehicles only supplemented by volunteers	48 hours advance notice	Agency clients only - homebound (usually elderly)	Clients must live between Queen Creek and Riggs; Price and Val Vista. We drive clients all over the valley.	8:00 AM - 5:00 PM	-	-	3,730	1	\$ 12,000	Drivers are instructed to not accept payments for their time/gas; if clients wish, they may make a donation directly to organization.
Total Transit, Inc. d/b/a Discount Cab & Meditran	Fixed route	Route deviation	Demand responsive	Private for-hire carrier	N/A	General public, no restrictions	Maricopa County, Prescott Valley, Tucson	12:00 AM - 12:00 AM	12:00 AM - 12:00 AM	12:00 AM - 12:00 AM	1,400,000	410	N/R	Cash metered rates - \$2.50 flag drop plus \$1.75 per mile
Arizona Recreation Center for the Handicapped	Subscription and route deviation services	Route deviation	Bus tickets and passes	Agency operated vehicles only	72 hours advance notice	Agency clients - persons with disabilities only	Generally Maricopa County but exceptions may be made if pre-arranged.	7:00 AM - 10:00 PM	Varies - Varies	Varies - Varies	20,215	5	\$ 46,422	N/R
Interfaith Community Care	Subscription service	Route deviation	Volunteers	Agency vehicles supplemented by volunteers and purchased transportation	24-48 hours advance notice	Elderly and persons with disabilities within our service area	Cities of Peoria, El Mirage, Surprise (including Sun City Grand), Youngtown, Sun City and Sun City West.	7:00 AM - 5:30 PM	-	-	27,815	5	\$ 157,924	Individuals that attend the ADHC pay privately \$6 w/in a 5mi radius then \$2.00 for every mile after. Donations: if a person would like to donate they can. Clients qualifying for volunteer svcs qualify because they can't afford to pay for transportation
United Cerebral Palsy of Central Arizona	Subscription service	Route deviation		Agency operated vehicles only	N/R	Children and adults with disabilities attending therapy and day program	North Phoenix, Glendale, Peoria. Boundaries are generally Thomas to the South, Tatum to the East, 90th Avenue to the West and	7:00 AM - 7:00 PM	-	-	15,332	14	\$ 140,648	All passenger fees paid for by contracting/sponsoring agencies
City of Scottsdale - Trolley	Fixed route trolley			Agency operated vehicles only	N/A	General public, no restrictions	Scottsdale downtown Chaparral, Drinkwater, 2nd Street, Goldwater	11:00 AM - 6:00 PM	11:00 AM - 6:00 PM	-	72,000	10	\$ 1,000,000	Free fare
Valley of the Sun School and Habilitation Center	Fixed route	Route deviation		Agency operated vehicles only	72 hours advance notice	Agency clients only	Transportation depends on available space. Peoria, Glendale, Phoenix, Scottsdale, Sun City	6:15 AM - 5:30 PM	Varies - Varies	Varies - Varies	20,800	55	\$ 397,497	All passenger fees paid for by contracting/sponsoring agencies; individuals not sponsored by the state pay on a monthly basis
Foundation for Senior Living	Fixed route	Subscription routes		Agency operated vehicles only	N/R	Agency clients only	Area around Phoenix Metro including Avondale, Buckeye, Tempe, Chandler and Mesa.	6:30 AM - 5:30 PM	-	-	32,200	15	N/R	Fares are based upon a flat fee per zone (miles traveled)
Chandler Gilbert ARC	Subscription routes			Agency operated vehicles only	N/A	Agency clients only - developmentally disabled	North: Southern Avenue, South: Riggs Road, East: Ellsworth, West: 24th Street.	7:00 AM - 9:00 PM	7:00AM - 9:00PM	7:00AM - 9:00PM	211,140	15	\$ 151,000	Services provided through DES and DDD; no individual fares are charged
Triple R Behavioral Health Inc.	Subscription routes	Bus tickets and passes	Demand responsive	Agency operated vehicles only	4 hours advance notice (some programs only)	Agency clients only - indigent adults with serious mental illness	Maricopa County and Apache Junction	7:00 AM - 10:00 PM	7:00AM - 10:00PM	7:00AM - 10:00PM	80,716	38	\$ 228,473	No fares charged to clients
Gompers Center, Inc.	Subscription routes			Agency operated vehicles only	N/A	Agency clients only	One or two hour distance round-trip from home to Gompers Center - mainly Phoenix	6:30 AM - 4:45 PM	-	-	N/R	22	\$ 550,000	No fare structure; transportation is part of the program
Southwest Behavioral Health	Subscription and route deviation services	Demand responsive	Bus tickets and passes	Agency operated vehicles only	N/A	Agency clients only	Mostly throughout Maricopa County and Payson area	7:00 AM - 11:00 PM	7:00AM - 11:00PM	7:00AM - 11:00PM	N/R	27	\$ 90,000	Contractual basis.
Perry Center AFH	Subscription routes			Agency operated vehicles only	N/A	Agency clients only	Phoenix, Tempe, Glendale	7:00 AM - 8:00 PM	7:00AM - 11:00PM	7:00AM - 11:00PM	20,064	19	\$ 102,535	No fares charged to clients
Easter Seals Arizona	Subsidy program	Bus tickets and passes		Purchase of service/subsidy programs	N/A	Phoenix residents only in taxi subsidy program for dialysis treatments	Phoenix metro area	12:00 AM - 12:00 AM	12:00 AM - 12:00 AM	12:00 AM - 12:00 AM	13,204	0	N/R	Our taxi program pays 75 percent of a one-way fare up to \$15.00 per trip

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Provider	Type of Service		Scope of Service	Advanced Reservation Minimum (1)	Eligibility Requirements	Geographic Area Served	Service Hours			Trips Per Year	No. Vehicles	Total Operating and Admin Expenses	Fare
							Monday - Friday	Saturday	Sunday				
MAG SURVEY RESULTS													
Atypical Transportation Company	Fixed route		Service under contract to City of Scottsdale	N/A	General public	Scottsdale	11:00 AM - 6:00 PM	11:00 AM - 6:00 PM		7,344	9	N/R	N/R
Mehari Transportation	Taxi service		Taxi service	N/A	General public	Maricopa County	12:00 AM - 12:00 AM	12:00 AM - 12:00 AM	12:00 AM - 12:00 AM	N/R	N/R	N/R	N/R
THIRD PARTY SOURCES													
AAA Full Transportation	Taxi service, wheelchair, and stretcher service		Taxi service	N/A	General public	Statewide	12:00 AM - 12:00 AM	12:00 AM - 12:00 AM	12:00 AM - 12:00 AM		800		Meter fares or contract rates
All Valley Transportation	Sedan, van and limousine service		Private for-hire carrier	N/A	General public	Statewide	12:00 AM - 12:00 AM	12:00 AM - 12:00 AM	12:00 AM - 12:00 AM		20		N/R
A New Hope Affordable Transportation	Taxi service and wheelchair service		Private for-hire carrier	N/A	General public	Central Phoenix and Glendale	6:00 AM - 8:00 PM	6:00 AM - 8:00 PM	6:00 AM - 8:00 PM		4		\$25 - \$50 per round trip
American H.T.S.	Taxi service, wheelchair, and stretcher service		Nonemergency medical transportation	N/A	General public	Arizona and California	12:00 AM - 12:00 AM	12:00 AM - 12:00 AM	12:00 AM - 12:00 AM		40		Ambulatory: \$5.00 plus \$1.75 per mile; wheelchair: \$15.00 plus 2.00 per mile; stretcher \$65.00 plus \$3.50 per mile
Allstate Cab Co.	Taxi service		Taxi service	N/A	General public	Maricopa and Pima Counties	12:00 AM - 12:00 AM	12:00 AM - 12:00 AM	12:00 AM - 12:00 AM		200		N/R
Apache Junction Senior Center (5)	Demand responsive		Agency operated vehicles only	24 hours advance notice	Agency clients only - seniors residing in Apache Junction	Apache Junction and surrounding areas	1:30 PM - 4:00 PM				2		Suggested donation of \$1.00 each trip
Arizona Bridge to Independent Living	Demand responsive		Agency operated vehicles only	N/R	Agency clients only	Phoenix metro area	9:00 AM - 5:00 PM				2		\$1.00 per one-way trip; no charge for wheelchair users
Arizona Center for the Blind & Visually Impaired	Subscription routes		Agency operated vehicles only	N/R	Agency clients only	Northwest Valley	8:00 AM - 4:30 PM				1		Donations
Arizona Foundation for the Handicapped	Subscription routes	Demand responsive	Agency operated vehicles only	N/R	Agency clients only	Phoenix metro area	12:00 AM - 12:00 AM	12:00 AM - 12:00 AM	12:00 AM - 12:00 AM		16		N/R
Arizona Recreation Center for the Handicapped	Demand responsive		Agency operated vehicles only	N/R	Persons with disabilities participating in center programs	Phoenix metro area	7:00 AM - 6:00 PM	Varies - Varies	Varies - Varies		5		Varies
Arizona Spinal Cord Injury Association	Demand responsive		Agency operated vehicles only	N/R	Persons with disabilities	Arizona	12:00 AM - 12:00 AM	12:00 AM - 12:00 AM	12:00 AM - 12:00 AM		3		\$15.00/hr plus \$0.75 for self-pay and \$20.00/hr plus \$0.75 mile for insurance/health plan pay
Carl T. Hayden Veterans Affairs Medical Center	Demand responsive		Agency vehicles and service provided by contract providers	N/R	Agency clients only - VA approved	Phoenix metro area	9:30 AM - 11:30 AM				10		No fare
CD Transport, LLC	Taxi service, wheelchair, and stretcher service		Private for-hire carrier	N/A	General public	Arizona	6:00 AM - 6:00 PM				4		Ambulatory: \$15.00 plus \$2.25 per mile; wheelchair: \$20.00 plus 2.25 per mile; stretcher \$50.00 plus \$2.50 per mile
Central Arizona Shelter Services (CASS)	Demand responsive	Bus tickets and passes	Agency operated vehicles only	N/A	Agency clients only	Maricopa County	12:00 AM - 12:00 AM	12:00 AM - 12:00 AM	12:00 AM - 12:00 AM		3		No fare
El Mirage Dial-a-Ride	Demand responsive		Agency operated vehicles only	Same day requests honored	Must be a resident of El Mirage	El Mirage and surrounding areas	8:00 AM - 5:00 PM			1,588	1		\$1.00 per one-way trip
Express Transportation, Inc. (d/b/a Affiliated Transportation)	Demand responsive		Private for-hire carrier	N/A	General public	Valleywide	12:00 AM - 12:00 AM	12:00 AM - 12:00 AM	12:00 AM - 12:00 AM		15		\$2.00 per mile (\$7.00 minimum)
Fiesta Taxi	Demand responsive		Private for-hire carrier	N/A	General public	Maricopa County	12:00 AM - 12:00 AM	12:00 AM - 12:00 AM	12:00 AM - 12:00 AM		25		\$2.50 plus \$1.50 per mile
Foundation for Blind Children	Demand responsive		Agency operated vehicles only	N/A	Agency clients only	Valleywide	8:00 AM - 5:00 PM				8		No fares for clients

**Exhibit C.2
Summary of Paratransit and Human Service Agency Transportation Provider Characteristics**

Provider	Type of Service		Scope of Service	Advanced Reservation Minimum (1)	Eligibility Requirements	Geographic Area Served	Service Hours			Trips Per Year	No. Vehicles	Total Operating and Admin Expenses	Fare
							Monday - Friday	Saturday	Sunday				
MAG SURVEY RESULTS													
Fountain Hills Taxi & Shuttle	Demand responsive		Private for-hire carrier	N/A	General public	Arizona	12:00 AM - 12:00 AM	12:00 AM - 12:00 AM	12:00 AM - 12:00 AM		8		N/R
Glendale Dial-a-Ride	Demand responsive	Subsidy program	Agency operated vehicles supplemented by contract services	Next day	General public	Glendale city limits with connections to Valley Metro, Phoenix DAR, and Peoria DAR	(ADA) 5:00 AM - 10:00 PM (Non-ADA) 7:00 AM - 5:30 PM	(ADA) 6:00 AM - 9:00 PM (Non-ADA) 7:00 AM - 5:00 PM	(Non-ADA) 7:00 AM - 5:00 PM	87,831	14		Seniors 65 plus - \$1.00; ADA \$2.00; children free; adults \$2.00; taxi subsidy pays up to 75 percent of fare for dialysis or other repetitive medical treatments up to 30 trips per month
Guadalupe Special Services	Demand responsive		Agency operated vehicles only	24 hours advance notice	Agency clients only - seniors 60 years of age or persons with disabilities	City of Guadalupe	8:00 AM - 4:00 PM				2		Suggested donation of \$1.25 per round trip
John C. Lincoln Health Network	Demand responsive		Agency operated vehicles only	48 hours advance notice	Network clients participating in adult day care, Head Start, living in senior apartments or transport to/from hospital	Service area bounded by Beardsley to the north; Glendale to the south; Tatum to the east; and 43rd Avenue to the west	10:00 AM - 2:00 PM				8		\$10 per trip
Just for You Transportation Service	Taxi service and wheelchair service		Private for-hire carrier	24 hours advance notice	General public	Maricopa County	8:00 AM - 5:00 PM	8:00 AM - 5:00 PM	8:00 AM - 5:00 PM		10		\$3.90 per mile, \$25.00 minimum; wheelchair \$25.00 plus \$3.90 per mile
Kora's Radio Taxi Corp.	Taxi service		Private for-hire carrier	N/A	General public	Maricopa County	12:00 AM - 12:00 AM	12:00 AM - 12:00 AM	12:00 AM - 12:00 AM		50		\$1.50 flag drop plus \$1.50 per mile; \$5.00 minimum charge
Lifestar Ambulette	Wheelchair and stretcher service		Nonemergency medical transportation	N/A	General public	Statewide	12:00 AM - 12:00 AM	12:00 AM - 12:00 AM	12:00 AM - 12:00 AM		45		N/R
MARC Center of Mesa	Subscription routes	Demand responsive	Agency operated vehicles only	N/R	Agency clients only	Maricopa and Pinal Counties	N/R - N/R				56		No charge to clients
Medi-Trans	Wheelchair and stretcher service		Nonemergency medical transportation	24 hours advance notice for service outside normal hours	General public	Valleywide	4:00 AM - 10:00 PM	4:00 AM - 10:00 PM			40		\$26.50 plus \$26.65 per mile; bariatric - \$62.50 plus \$3.45 per mile; stretcher - \$63.50 plus \$3.35 mile
Paradise Valley	Demand responsive		Contract service providers	Next day	ADA certified individuals only	Paradise Valley and 3/4 mile of a local bus route	4:00 AM - 1:00 AM	4:00 AM - 1:00 AM	4:00 AM - 1:00 AM		0		\$2.40 per one-way trip
Peoria Transit	Demand responsive		Agency operated vehicles only	48 hours advance notice; next day for ADA	General public and ADA certified individuals	City of Peoria	(ADA) 5:00 AM - 8:00 PM (Non-ADA) 6:00 AM - 6:00 PM			33,805	9		\$3.00 per one way trip; seniors over 65 years of age or persons with disabilities, \$1.00; ADA - \$2.00
Phoenix Dial-a-Ride	Demand responsive		Agency operated vehicles operated by contractors	Next day and same day	Seniors and ADA certified individuals	Seniors and ADA certified individuals	5:00 AM - 12:00 AM	5:00 AM - 10:00 PM	5:00 AM - 10:00 PM	409,037	110		Same day service - \$1.20 first zone plus \$0.60 per additional zone; ADA - \$2.40 per one way trip
Phoenix Fire Department Night Rescue	Wheelchair service		Contract services	N/A	Persons with disabilities who use wheelchairs who are stranded	Maricopa County	8:00 PM - 6:00 AM	8:00 PM - 6:00 AM	8:00 PM - 6:00 AM		0		\$7.00 to \$45.00 depending on the length of the trip
Phoenix El Transportation	Taxi service and wheelchair service		Private for-hire carrier	N/A	General public	Valleywide	12:00 AM - 12:00 AM	12:00 AM - 12:00 AM	12:00 AM - 12:00 AM		5		\$3.00 plus \$1.80 per mile; wheelchair - \$20.00 plus \$1.80 per mile
Phoenix Van Services	Taxi service		Private for-hire carrier	N/A	General public	East Valley and Phoenix metro area	12:00 AM - 12:00 AM	12:00 AM - 12:00 AM	12:00 AM - 12:00 AM		3		\$3.00 first mile plus \$1.25 per each additional
Saferide Services	Taxi service and wheelchair service		Nonemergency medical transportation	N/A	General public	Arizona	12:00 AM - 12:00 AM	12:00 AM - 12:00 AM	12:00 AM - 12:00 AM		125		\$10.00 plus \$2.00 per mile; wheelchair - \$25.00 plus and \$2.00 per mile or state AHCCCS client
Salt River Pima-Maricopa Indian Community	Demand responsive		Agency operated vehicles only	N/R	Community residents	Service area bounded by Indian Bend Rd to the north; Baseline to the south; Lindsey to the east; and 68th Street to the west	5:00 AM - 5:00 PM				9		Within community: \$0.25 for seniors and persons with disabilities and \$0.75 for adults; outside community: \$0.50 for seniors and persons with disabilities and \$0.85 for adults

**Exhibit C.2
Summary of Paratransit and Human Service Agency Transportation Provider Characteristics**

Provider	Type of Service		Scope of Service	Advanced Reservation Minimum (1)	Eligibility Requirements	Geographic Area Served	Service Hours			Trips Per Year	No. Vehicles	Total Operating and Admin Expenses	Fare
							Monday - Friday	Saturday	Sunday				
MAG SURVEY RESULTS													
Sun Cities Area Transit System (SCAT)	Demand responsive		Agency operated vehicles only	N/R	General public	Sun City, Sun City West, and Youngstown	7:15 AM - 6:45 PM	7:15 AM - 4:45 PM		58,069	14		\$3.00 per trip
Surprise Dial-a-Ride	Demand responsive		Agency operated vehicles only	48 hours advance notice	Surprise residents 16 years of age or older	Surprise, Sun City, Sun City West, El Mirage, and Youngstown	7:00 AM - 5:00 PM			8,181	4		\$1.00 within Surprise for a one-way trip; \$1.25 to other towns in service area
TLC Taxi/Tender Loving Care Transport	Taxi service		Private for-hire carrier	N/A	General public	Maricopa County	12:00 AM - 12:00 AM	12:00 AM - 12:00 AM	12:00 AM - 12:00 AM		40		\$2.50 plus \$1.50 per mile
The Centers for Habilitation	Subscription routes	Demand responsive	Agency operated vehicles only	N/R	Agency clients only	East Valley and portions of Phoenix metro area	8:00 AM - 5:00 PM				70		Donations accepted
Volunteer Interfaith Caregivers Program (VICap)	Volunteers		Volunteers	3 days	Homebound and/or adults over 18 years of age with disabilities	Glendale, Fountain Hills, Litchfield Park, Paradise Valley, Peoria, Phoenix, and Scottsdale	8:00 AM - 4:30 PM				0		Donations accepted
Yellow Cab Company of Phoenix	Taxi service, wheelchair, and stretcher service		Private for-hire carrier	N/A	General public	Maricopa and Pima Counties	12:00 AM - 12:00 AM	12:00 AM - 12:00 AM	12:00 AM - 12:00 AM		500		N/R

Notes:

- (1) The MAG survey structured answers in terms of hours or days advance notice. ADA complementary providers could not respond with "next-day," thus these providers may show 1 day or 24 hours advance notice when in reality they provide next-day advance reservation. In some cases, RLS & Associates, Inc. have edited the data to reflect this fact.
- (2) Valley Metro service data reflects paratransit service provision only. Service hours reflect maximum hours operated in Tempe and Scottsdale. Gilbert, Chandler and Mesa ADA service hours only to midnight. Non-ADA services operated from 7:00 A.M. to 7:00 P.M.
- (3) This service operates Monday, Tuesday, Friday and Sunday.
- (4) Weekend service by private contract providers.
- (5) Operates Monday, Wednesday, Friday only for medical appointments. Shopping service available Tuesday and Thursday.

Source: MAG Transportation Survey, August 2005; *Directory of Transportation Services in Maricopa County*, Easter Seals Arizona, January 2006; and *2006 Maricopa County Directory of Human Services and Self-Help Support Groups*, Community Information & Referral, 2006.

D

Attachment D

Maricopa Association of Governments Human Services Coordination Transportation Plan



MAG Transportation Survey Results



MAG Transportation Survey

MAG compiled a list of 147 organizations that were potential providers or consumers of senior transportation, human services transportation, public transit, or complementary paratransit services. A survey instrument, designed from a previous survey effort undertaken in 1999, was used to capture updated information and characteristics about the organization and its transit services. The survey was designed as a mail out, mail back survey.

Survey Response Rate

As noted above, 147 surveys were mailed out in the August 2005. MAG received 48 completed surveys, a response rate of 32.6 percent.

Organizations That Provide Transportation Service

Of 48 respondents, 44 organizations reported that they provide transportation services. This group consisted of nine local or county government organizations, twenty-six nonprofit human service agencies, six private, for-

profit transportation companies; four health organizations or medical facilities; and two faith based organizations.

Mode of Service

Respondents were asked to indicate the type or mode of service delivery. Available options included a wide range of service delivery options. This question is often open to misinterpretation, as human services agency personnel are not familiar with mode definitions. For example, several human services agencies responded that they operated “fixed route, fixed schedule” service. It is likely that the services provided are group subscription trips operated in demand response mode on a particular schedule. Additionally, it was observed that when some providers operated more than one mode of service, they classified themselves as “Other” when in fact they operated different aspects of demand responsive transportation.

As evidenced in Exhibit D.1, public agencies and human services agency providers employ a diverse array of service modes to meet specialized and client transportation needs in a cost effective manner.

Exhibit D.1
MAG Transportation Survey – Mode of Service

Type of Service	N	Percent
We operate a fixed route, fixed schedule service	16	37.21%
We contract/purchase fixed route, fixed schedule service from another agency	6	13.95%
We operate a deviated fixed route, fixed schedule service	15	34.88%
We contract/purchase deviated fixed route, fixed schedule service from another agency	1	2.33%
We operate a demand responsive service using paid drivers	14	32.56%
We operate a demand responsive service using non-transportation staff as drivers	8	18.60%
We operate a demand responsive service using volunteer drivers	3	6.98%
We contract/purchase demand responsive service from an independent carrier/operator	7	16.28%
We coordinate a volunteer driver program. (volunteers driving their own vehicles)	6	13.95%
We provide subsidies/reimbursement to clients/riders who arrange for their own transportation	5	11.63%
We provide bus tickets or passes for clients	15	34.88%
Other (please specify)	8	18.60%

Eligibility Requirements

With 26 human service agencies responding to the survey, it is not surprising that the majority of respondents indicated that there are eligibility requirements associated with their transportation programs that restrict access to service to clients of the organization.

Of the nine organizations that responded that service is limited to seniors, one organization stipulated the age threshold for eligibility was 55 years of age; two organizations stated 60 years of age; and two others stated 65 years of age. Of those respondents answering “other”,

most were age-based eligibility criteria combined with a residency requirement.

Exhibit D.2
MAG Transportation Survey – Eligibility Requirements

Eligibility Requirement	N	Percent
Only our agency's clients	29	67.44%
Any older person	9	20.93%
Any person with disabilities regardless of age	4	9.30%
The general public (any resident in our service area)	3	6.98%
Other	3	6.98%

Geographic Service Area

Respondents were asked to define their geographic service area. In tabulating responses, responses were aggregated to three categories: (1) Maricopa County (and beyond); (2) regional services; and (3) municipal services.

Exhibit D.3
MAG Transportation Survey – Geographic Service Area

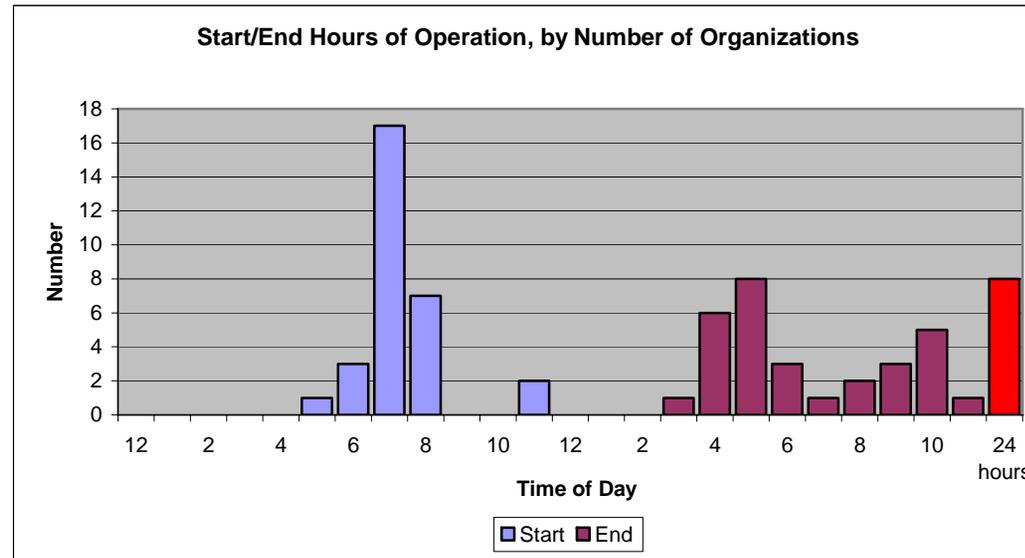
Service Area	N	Percent
Maricopa County	17	39.53%
Regional area (sub-area of Maricopa County)	14	32.56%
Municipality or small group of municipalities	11	25.58%

Hours and Days of Service

Seventeen respondents who operated limited hours of service (e.g., less than 24 hours per day operation) began their operating day at 7:00 a.m. Thirty respondents

indicated they began their service day between 5:00 a.m. and 8:00 p.m. End of day times are more diverse; one agency ceased daily operations at 3:00 p.m., although most ended service between 4:00 p.m. and 6:00 p.m.

**Exhibit D.4
 MAG Survey – Hours of Service: Weekdays**

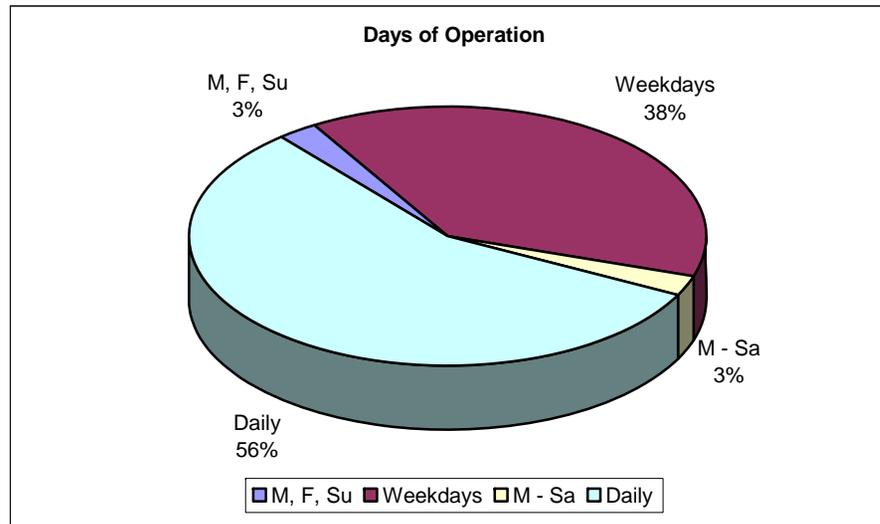


Maricopa Association of Governments
**Human Services Coordination
Transportation Plan**

Of the 39 respondents who indicated days and hours of operation, 38 out of 39 organizations operated at least five days per week. The majority of respondents indi-

cated that they operate seven days per week, albeit with limited hours on weekends.

**Exhibit D.5
MAG Survey – Days of Service**



Advance Reservation Requirements

Respondents were asked to indicate whether or not advance reservations were required to utilize the organization’s transportation services. Of 36 responses to this question, 19 organizations said that advance reservations were *not* required. The vast majority of the remaining organizations require at least one day advance reservations.

Exhibit D.6
MAG Transportation Survey – Advance Reservation

Advance Reservation Requirement	N	Percent
No requirements	19	52.78%
Less than one day	2	5.56%
One day advance reservation	7	19.44%
Two day advance reservation	5	13.89%
Longer than two days advance reservation	5	13.89%

Fare Structure

Twelve of 39 respondents to this question indicated that there was a fare or fee for service. Systems that reported a fare were typically public transit operators

(RPTA), a community dial-a-ride operation, or a taxicab company. A number of organizations do not charge a fare, but accept a suggested donation to offset the costs of providing service. In other circumstances, there is no charge or donation, the provider organization is compensated from a third party funding source. In other instances, the organization simply does not charge or assess a fare for transportation (Exhibit D.7).

Exhibit D.7
MAG Transportation Survey – Fare Structure

Fares	N	Percent
Fares	12	30.77%
Donations (voluntary or requested)	7	17.95%
Third party payee	8	20.51%
No fare required	10	25.64%
Other	2	5.13%

Client Profile

The survey asked respondents to estimate the percentage of one-way passenger trips provided to each segment of the target population addressed in this plan. Since the response groups are not mutually exclusive, caseload percentages will not equal 100 percent. Thirty-one respondents answered this question. Seniors were

the biggest constituency, followed by low income persons. Organizations that responded to the “other” category were asked to explain the populations served. The

most common answer was “chronically homeless.” Please refer to Exhibit D8.

Exhibit D.8
MAG Transportation Survey – Client Profile

Measure	Older Adults	Youth	Physically Disabled	Mental or Cognitive Disability	Unemployed	Low Income	General Public	Other
High	100	95	100	100	100	100	100	100
Low	2	0	0	0	0	0	0	0
Mean	56	23	39	39	45	68	39	33
Median	70	14	27.5	20	60	80	5	0
Mode	100	0	80	10	0	100	0	0

Passenger Assistance

The survey asked respondents to estimate the percentage of one-way passenger trips that fell into a particular category of passenger assistance. Again, respondents may have assigned trips to multiple categories, thus individual responses will total more than 100 percent. The average answer suggests that most clients/customers can independently board a vehicle independently. Please refer to Exhibit D9.

Exhibit D.9
MAG Transportation Survey – Passenger Assistance Required

Measure	Percent of One-Way Passengers Can Board Vehicle Independently	Percent of One-Way Passengers Requiring Assistance Getting On and Off Vehicle	Percent of One-Way Passengers Requiring Assistance Getting to and from the Vehicle	Percent of One-Way Passengers Using a Wheelchair, Walker, or Other Aid
High	100	99	99	95
Low	1	2	0	1
Mean	57	32	25	24
Median	70	25	20	20
Mode	10	40	20	40

Trip Purposes

Respondents were asked to indicate which trip purposes the organization served and to estimate the percent each purpose represented as percent of total trips delivered by the organization. There were 43 responses to this question. Health/medical trip purposes were the most prevalent, with more than three-quarters of all respondents providing this type of trip.

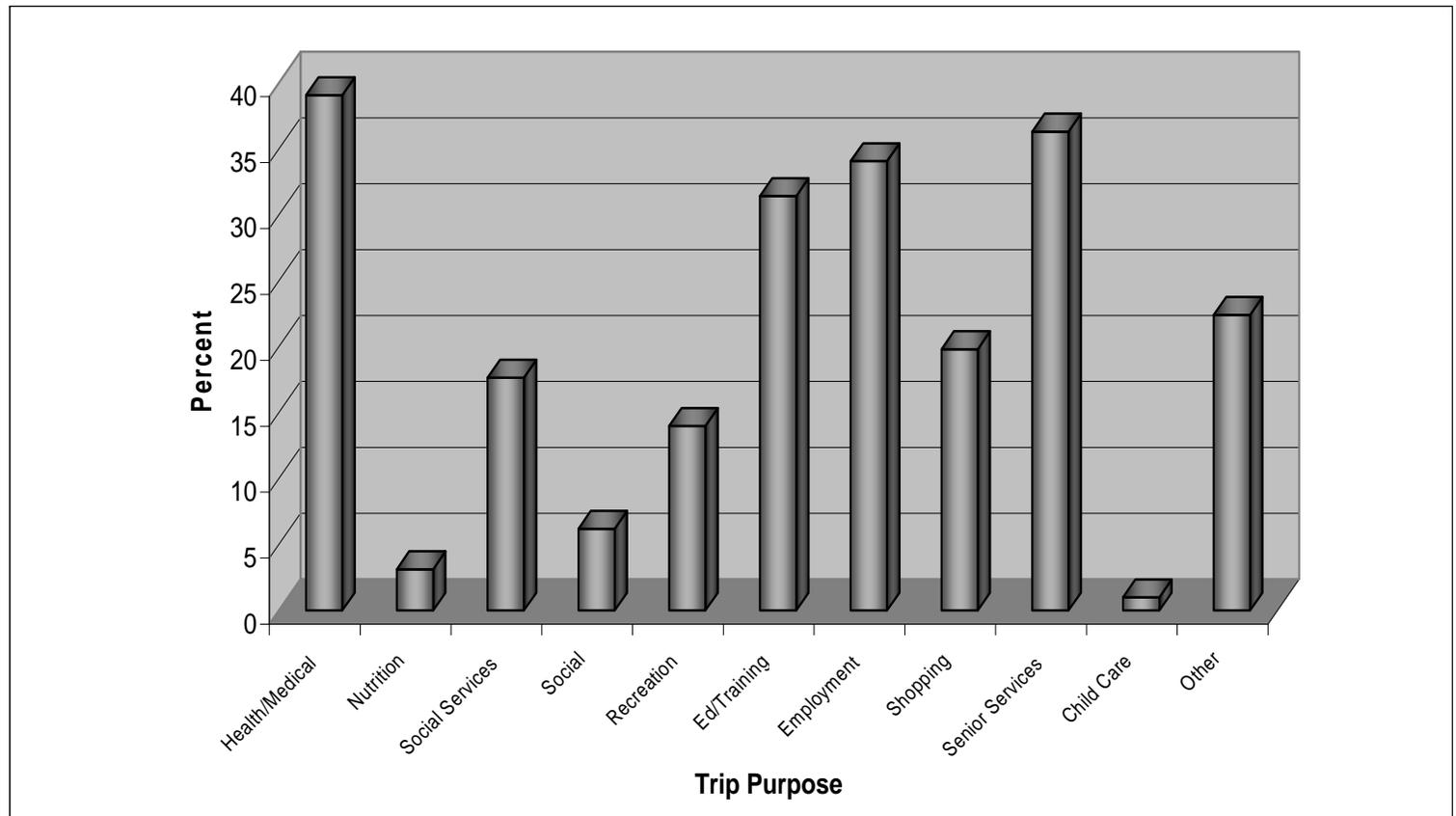
Exhibit D.10
MAG Transportation Survey – Trip Purposes
(Number of Respondents Providing Specific Trip Purposes)

Trip Purpose	N	Percent
Health/Medical	33	76.74%
Nutrition	8	18.60%
Social Services	12	27.91%
Social	16	37.21%
Recreation	24	55.81%
Ed/Training	18	41.86%
Employment	13	30.23%
Shopping	24	55.81%
Senior Services	15	34.88%
Child Care	3	6.98%
Other	12	27.91%

Maricopa Association of Governments
Human Services Coordination
Transportation Plan

Respondents who cited “Other” trip purposes were asked to indicate the trip purpose. One respondent indicated trips to adult day centers; another trips for volunteers to provide community services. In terms of the percentage each trip purpose constituted of the total volume of trips provided, health/medical trips were the bulk of trips. On average, 39 percent of all trips were for this purpose. Senior services trips were second at 36 percent, followed closely by employment at 34 percent (Exhibit D.11).

Exhibit D.11
MAG Transportation Survey – Trip Purposes
(Estimated Percent of Total Trips
Provided by Organization)



Passenger Trips

Respondents were asked to indicate the number of one-way passenger trips provided for the most recent full year of service and for a typical month. Respondents included RPTA (who cited all modes of their total annual ridership) and several for profit operators. The for profit operators included their contract ridership as well as traditional taxicab ridership. Respondents reported a total of 1,221,902 annual passenger trips through community dial-a-ride and human services agencies. The largest providers, in descending order of their passenger trips, were:

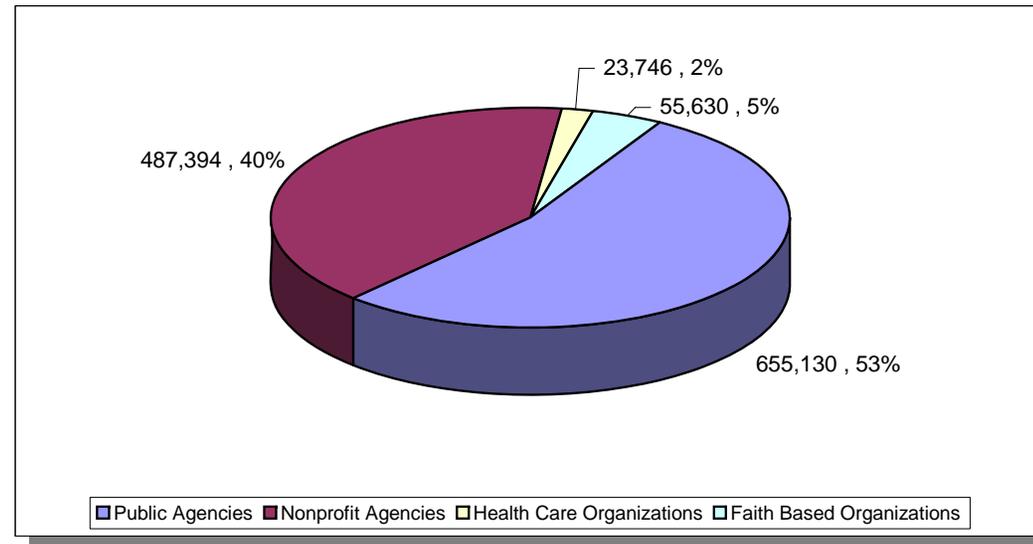
- Phoenix Dial-A-Ride (409,037)
- East Valley Dial-a-Ride (222,736)
- Gilbert Chandler ARC (211,140)

- City of Phoenix Reserve-a-Ride (152,631)
- Maricopa County Human Services – Special Transportation Services (STS) (103,533)

Private providers of transportation reported they delivered 1,737,344 passenger trips, more than the combined total of the responding dial-a-ride systems and human services agencies (four organizations reporting). Excluding privately provided trips, the breakdown in para-transit trips, by sector, reveals that public agencies provide 53 percent of all trips. Nonprofit organizations also play a significant role, with more than 40 percent of all trips (Exhibit D.12)

More than 9 million vehicle miles per year are operated by public, nonprofit, and for-profit sectors providing mobility for older adults, persons with disabilities, and low income individuals.

**Exhibit D.12
MAG Transportation Survey – Ridership, by Sector**

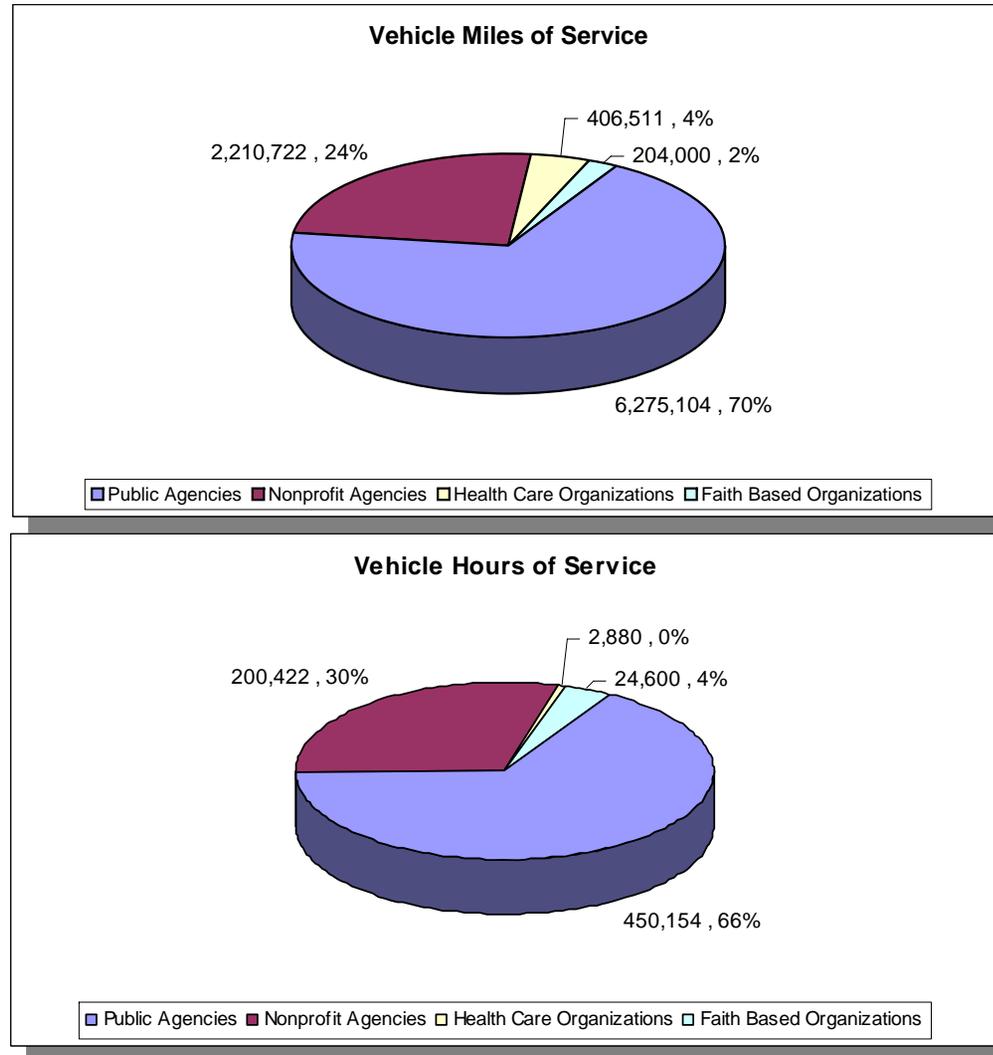


Hours and Miles of Service

The MAG survey asked respondents to indicate annual and typical month miles and hours of service. In analyzing this information, RPTA reported data were adjusted to reflect only East Valley Dial-a-Ride service. Additionally, private sector firms were excluded to protect confidentiality as only one provider reported service data on

70 percent of the vehicle miles of service and 66 percent of the vehicle hours of service. This may be explained, in part, by complementary ADA requirements that may force public entities to operate paratransit services during less productive evening and weekend hours. Non-profit human services agencies have no such obligation.

**Exhibit D.13
MAG Transportation Survey –
Miles and Hours of Service, by Sector**



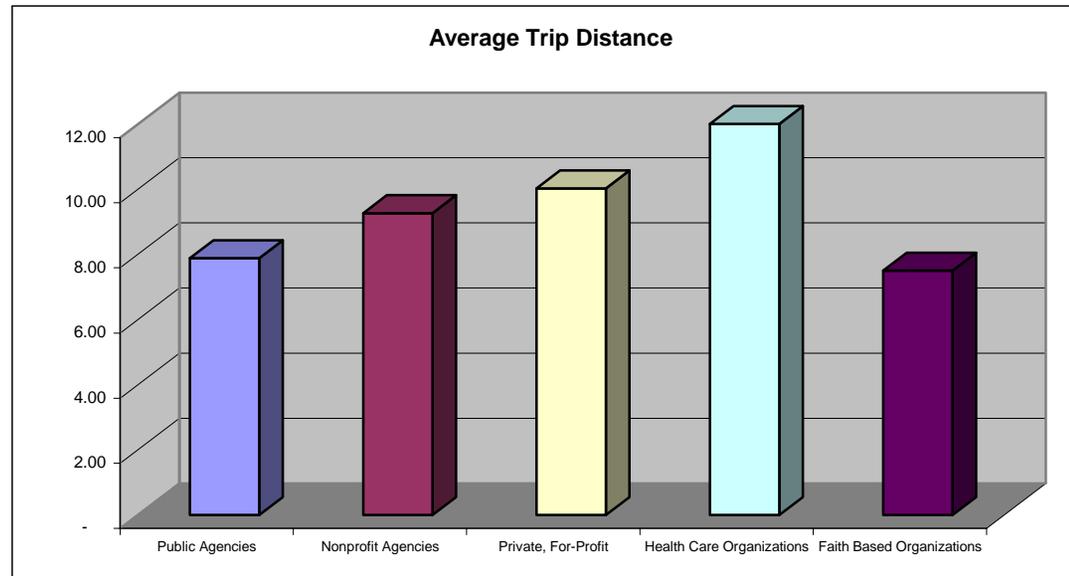
Average Trip Distance

Respondents were asked to report the average passenger trip distance. In some cases, agencies reported precise computations for this service measure; it is clear in other instances that the respondent did not have the necessary data to compute this measure and gross averages were reported. Three responses were well outside the range of responses to this question, including

one respondent who cited an average trip distance of 200 miles.

Additionally, three respondents reported average trip distances in excess of 50 miles. In reporting average trip distances, the anomalies have been excluded from the computations. Faith based organizations reported the shortest average trip distance (7.50 miles) followed by public organizations (7.88 miles).

**Exhibit D.14
MAG Transportation Survey – Average Trip Distance,
in Miles**



Vehicle Fleets

The survey requested that respondents report the total number of active and back-up vehicles in their respective fleets and the total overall number of vehicles. Back-up vehicles are used when the active vehicle is not available.

A total of 1,195 vehicles were identified in the survey (excluding RPTA fixed route vehicles). Approximately 1,043 were reported to be “active” while 150 vehicles were reported as back-up (a spare ratio of about 14.4 percent). This count includes all vehicles owned by the private sector responding to this survey. Vehicle counts, by sector and by status are documented in Exhibit D.14.

Exhibit D.14
MAG Transportation Survey –
Total and Average Fleet Size, by Sector

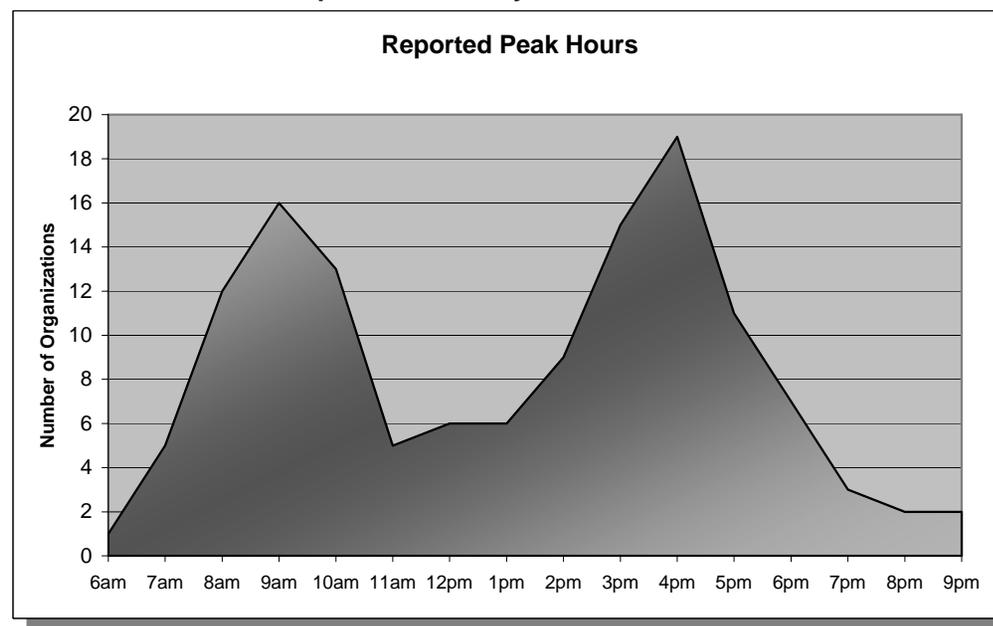
Vehicle Fleet Size	Active	Back-Up	Total
Public Agencies – Total Fleet	233	49	284
Public Agencies – Average Fleet Size	42.44	10.86	38.50
Nonprofit Agencies – Total Fleet	221	16	237
Nonprofit Agencies – Average Fleet Size	24.56	3.56	18.23
Private for Profit Organizations – Total Fleet	605	73	678
Private for Profit Organizations – Average Fleet Size	241	28.40	224.50
Health Care Organizations – Total Fleet	17	2	19
Health Care Organizations – Average Fleet Size	11.33	2.00	12.67
Faith Based Organizations – Total Fleet	11	0	11
Faith Based Organizations- Average Fleet Size	7.33	0.00	7.33

Peak Periods of Service

The MAG survey asked “What are the busiest days/hours for your transportation service?” In some cases, respondents did not provide peak activity hours, rather they merely indicated all hours of operation. Each organization’s reported peak times were plotted and the

number of organizations reporting a peak hour, by time, of day, was graphed. The largest number of organizations reported a morning peak at 9:00 a.m. and an afternoon peak at 4:00 p.m. After 5:00 p.m., the number of organizations reporting their peak activity declines dramatically (Exhibit D.15).

**Exhibit D.15
MAG Transportation Survey – Peak Periods of Service**



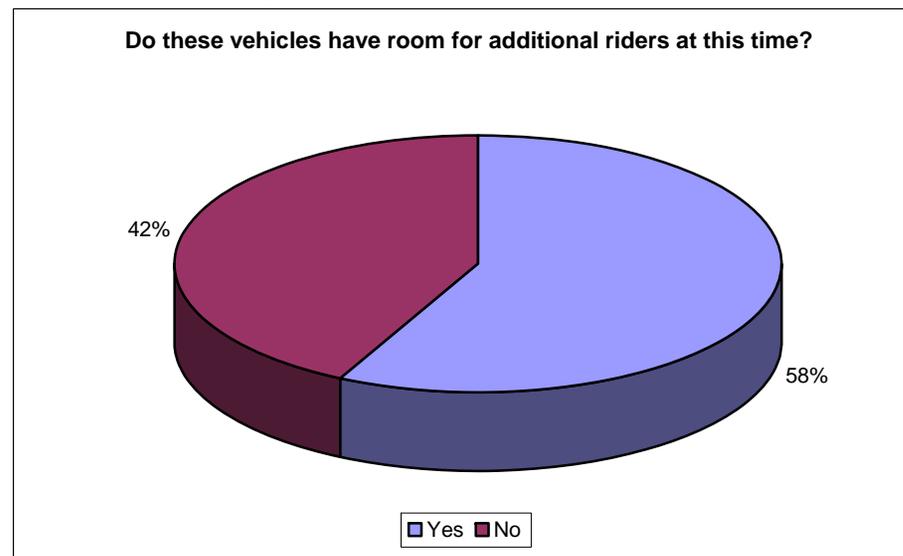
The question on vehicle utilization consisted of multiple parts. The next part of the question asked if vehicles had capacity to transport additional passengers at peak times. Fifty-eight percent (N=33) stated they had additional capacity. The next part of the question asked if additional capacity existed, if this capacity was sufficient

for one or two individuals, several individuals, or many individuals.

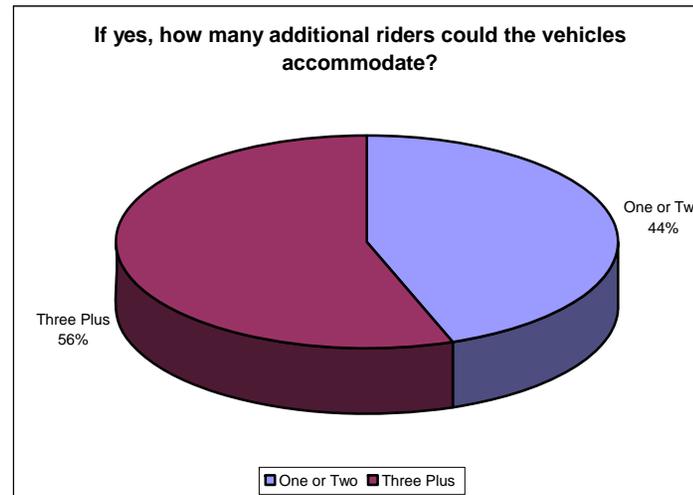
Other Uses – Off-Peak Periods

Nineteen of 33 respondents indicated they have capacity at off-peak periods. (Exhibit 16 D. 16 and D.17)

**Exhibit D.16
Availability of Vehicles/Capacity at Off-Peak Periods**



**Exhibit D.17
If Available Capacity, How Many Additional Riders?**



Vehicles Used for Other Purposes

Seventeen respondents indicated that when not transporting passengers or clients, vehicles are used for purposes other than passenger transport. The following responses were reported:

- Home delivered meals (N=1)
- In-service agency use (transport of materials, etc.)(N=6)
- Bulk mail or courier service (N=2)
- Transport passenger to work sites (N=1)
- Taxi service (N=1)
- Staff vehicle (N=3)
- Client field trips (N=1)
- Other (N=2)

Destinations of Travel

Many respondents reported destinations only in general terms (e.g., “medical facilities,” “Glendale,” etc.) which prohibited specific geographic definition. From this generalized listing, respondents indicated top destinations of travel were:

- Medical facilities
- Shopping
- Work locations
- Dialysis
- Agency locations

A second question asked what destinations outside the provider’s service area were most frequently requested by customers/clients. The primary responses were medical facilities outside a limited service area, Arrowhead Mall, and locations outside Native American reservation lands.

Expenses and Revenues

Thirty-three organizations reported transportation expenses in one or more of the requested categories (administrative, operating, and/or capital expenses). This

question also provides insight into a common problem in efforts to document the fully allocated costs of human services transportation agencies. As one nonprofit organization succinctly stated, transportation expenses are, “considered part of overall other operating expenses and administrative costs, not a separate line item.” Many human services programs that operate transportation as a supportive, rather than a direct service, do not have the necessary accounting systems in place to separately track client transportation expenses as a discrete program activity. In addition to some agencies not separately accounting for transportation expenditures from program expenditures, there is no uniform definition of what constitutes an administrative expense or an operating expense. Review of more detailed survey responses indicated that some agencies reported operating expenses in the administrative category.

Based on the survey, total transportation expenditures were reported to be \$22,924,318. Exhibit D.18 provides a breakdown of categorical expenditures, by sector.

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Exhibit D.18
MAG Transportation Survey – Transportation Expenditures, by Sector

Transportation Expenditures	Administration	Operations	Capital	Total*
Public Agencies	\$1,491,830.48	\$13,616,275.70	\$1,455,809.00	\$15,727,803.18
Nonprofit Agencies	\$274,747.00	\$1,192,409.00	\$251,000.00	\$2,541,987.00
Private for Profit Organizations	\$3,002,000.00	\$150,000.00	\$30,000.00	\$3,182,000.00
Health Care Organizations	\$80,000.00	\$80,000.00	\$89,744.00	\$1,304,939.00
Faith Based Organizations	N/R	\$167,589.00	N/R	\$167,589.00
Total*	\$4,848,577.48	\$15,206,273.70	\$1,826,553.00	\$22,924,318.18

Note: Totals may not add due to some respondents providing only a total, rather than a breakdown, of expenditures.

Sources of Operating Funds

Respondents were asked to list the sources of funding for their operating budgets. (Exhibit D.19)

Exhibit D.19
MAG Transportation Survey – Operating Grant Revenues

Funding Source – Transit Operations	No. Organizations Using this Source
Maricopa County	1
City General Funds	7
Transit Sales Tax Revenue	2
Donations, Foundation Funding	14
United Way	3
Passenger Fares	9
Program/User Fees	4
Area Agency on Aging	3
DES – Medicaid	7
DES – DDD	4
LTAf	3
FTA Formula Grants	2
FTA – JARC	1
ADOT	1
Tribal Revenues	1
Other Unspecified Grant Revenues	6

Sources of Capital Funds

Respondents were asked to list the sources of funding for their capital budgets. (Exhibit D. 20)

Exhibit D.20
MAG Transportation Survey – Capital Grant Revenues

Funding Source – Transit Capital	No. Organizations Using this Source
City General Funds	4
Transit Sales Tax Revenue	1
Donations, Foundation Funding	7
Bonds	1
Taxes	1
Interest Income	1
MAG	1
Program/User Fees	1
Area Agency on Aging	1
FTA Capital Grants	3
ADOT	8
Tribal Revenues	1
Other Unspecified Grant Revenues	1

Fiscal Year

Organizations were asked to identify the end date of their agency fiscal year (Exhibit D.21).

Exhibit D.21
MAG Transportation Survey – Fiscal Year for Detailed Reporting of Revenues

Fiscal Year, for Detailed Revenues	No. Organizations Using this Source
June 30, 2004	4
June 30, 2005	8
June 30, 2006 (projected)	1
September 30, 2005	6
December 31, 2004	6
December 31, 2005	1

Operating Revenues

Local governments in the MAG region provided the largest amount of funding to support transportation services (Exhibit D.22).

Exhibit D.22
MAG Transportation Survey – Reported Operating Revenues for Transportation

Revenues	Amount
Revenues from Cash Fares or Donations	\$ 445,667.90
Revenues from Paid in Advance Fares (tickets, coupons, etc.)	50,800.00
Non-Fare Revenues (charters, advertising, etc.)	900.00
Operating Subsidies	
City	4,281,959.00
County	301,000.00
State	779,480.00
Tribe	N/R
United Way	234,779.00
Title III	491,571.00
Title XIX (Medicaid)	722,473.00
Section 5311	65,000.00
Other (FTA, Head Start, and other unspecified grants)	1,272,929.00
Other (CMAQ, Transit 2000)	1,585,563.00
Total	\$ 10,232,121.90

Operating Expense, by Function

Although fewer respondents answered this question, operating expenses dominate total transportation expenses (Exhibit D.23).

Exhibit D.23
MAG Transportation Survey – Reported Operating Expenses

Expenses	Amount
Direct Operating Expenses	\$ 8,195,448.57
Purchased Transportation Expenses	554,957.65
Other Administrative Expenses	827,786.00
Total	\$ 9,236,894.57

Capital Expenses

Only 12 respondents reported capital revenues. This may be due, in part, to the fact that some respondents may not have had capital expenses in the previous fiscal year. In this category, “other” categories of revenues ranked first (Exhibit D.24). Purchase of rolling stock was the overwhelming object of capital expenditures (Exhibit D.25).

Exhibit D.24
MAG Transportation Survey – Reported Capital Revenues for Transportation

Revenues	Amount
Excess Operating Revenues	\$ 39,471.00
Capital Subsidies	N/R
City	131,340.00
County	N/R
State	96,000.00
Tribe	N/R
United Way	N/R
Section 5310	68,346.00
Section 5311	78,125.00
Other (Lease, Donations, Fundraising)	1,125,976.80
Total	\$ 1,539,258.80

Exhibit D.25
MAG Transportation Survey – Reported Capital Expenses

Revenues	Amount
Vehicles	\$ 1,561,523.80
Facilities	7,553.00
Other	N/R
Total	\$ 1,569,076.80

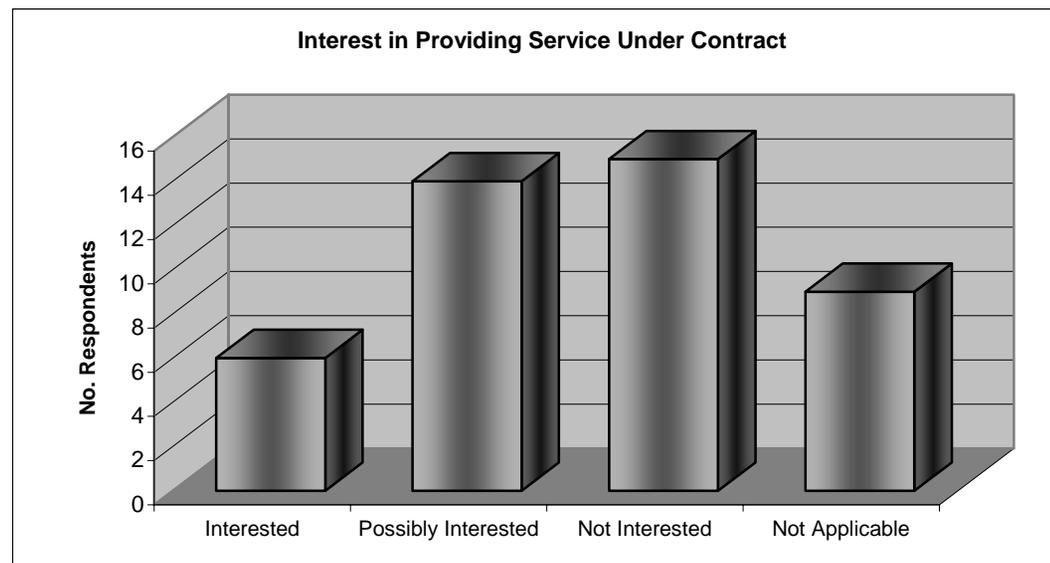
Coordination Arrangements

The MAG survey posed a series of questions to gauge interest in a range of possible strategies for improving coordination among transportation providers in the MAG region.

Interest in Providing Service Under Contract to Another Agency

About 45.5 percent of respondents indicated they were interested or possibly interested in providing service under contract to another organization or agency (Exhibit D.26).

Exhibit D.26
MAG Transportation Survey – Interest in Providing Service Under Contract

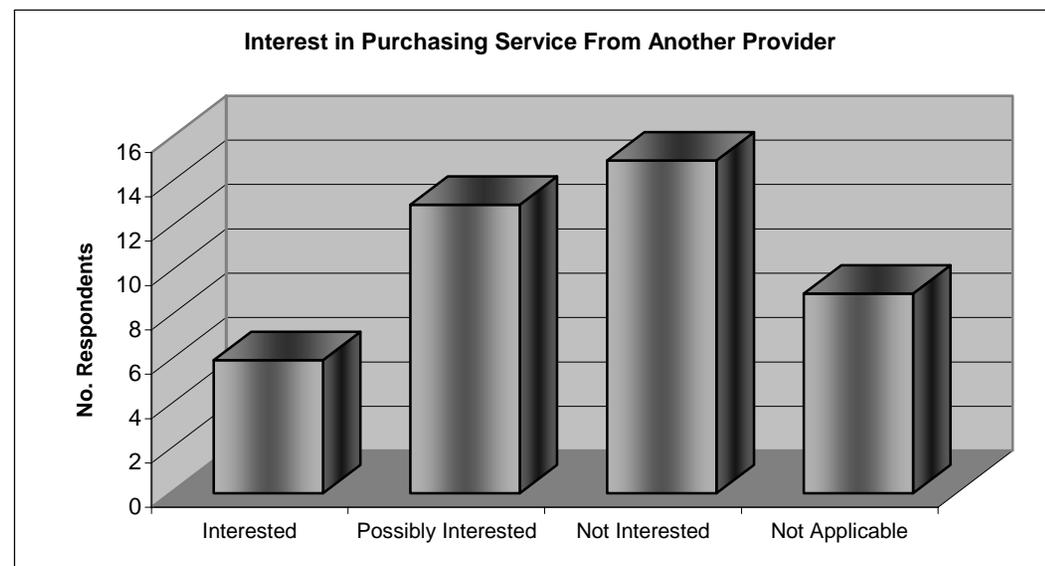


Interest in Purchasing Service from Another Agency

About 44.2 percent of respondents indicated they were interested or possibly interested in purchasing transportation service from another organization, provided that

assuming that the price and quality of service met the organization's needs (Exhibit D.28).

Exhibit D.27
MAG Transportation Survey – Interest in Purchasing Service Under Contract

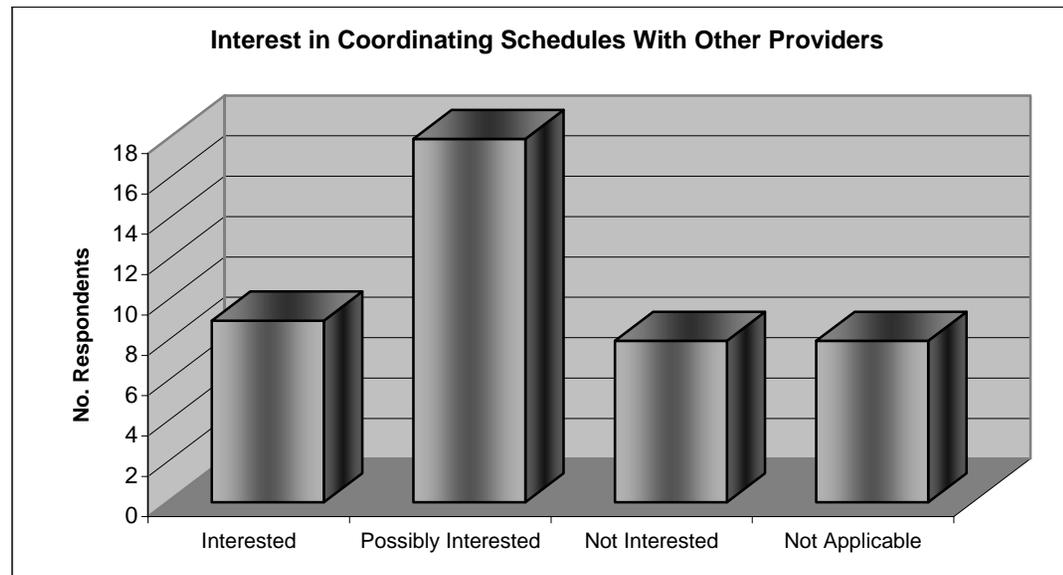


Interest in Coordinating Schedules to Facilitate Passenger Transfers Among Providers

Respondents were asked whether they would be willing to coordinate schedules and vehicle operation with

nearby providers so that riders can transfer from one service to another. Approximately 63 percent of respondents expressed interest or possible interest. (Exhibit D.28)

Exhibit D.28
MAG Transportation Survey – Interest in Coordination of Schedules

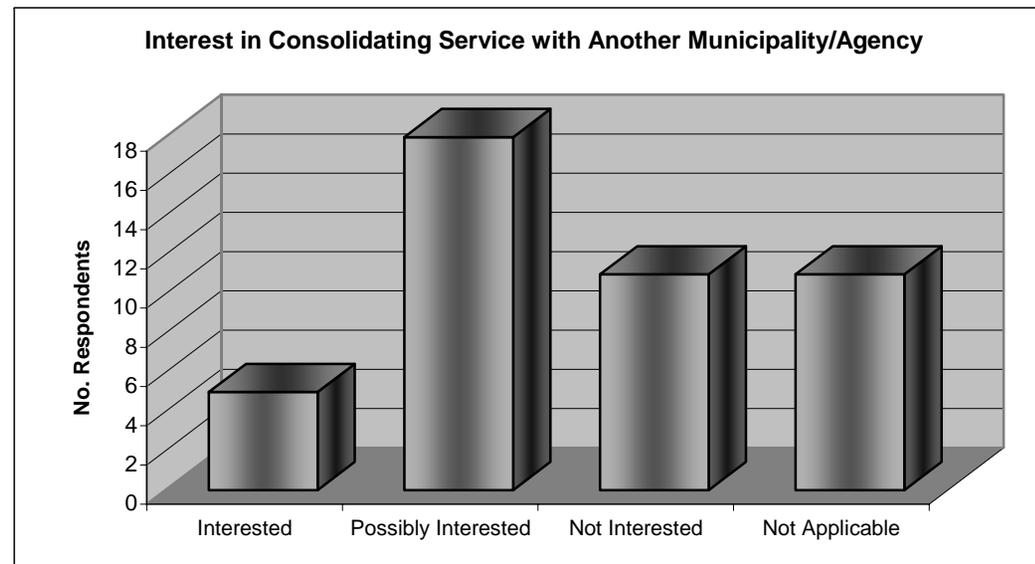


Interest in Consolidating Service with Another Municipality/Agency

Slightly over half of all respondents, 51.1 percent, expressed interest or possible interest in joining together

with another municipality/agency to consolidate the operation of transportation services (Exhibit D.29).

Exhibit D.29
MAG Transportation Survey – Interest in Consolidation with Another Municipality/Agency

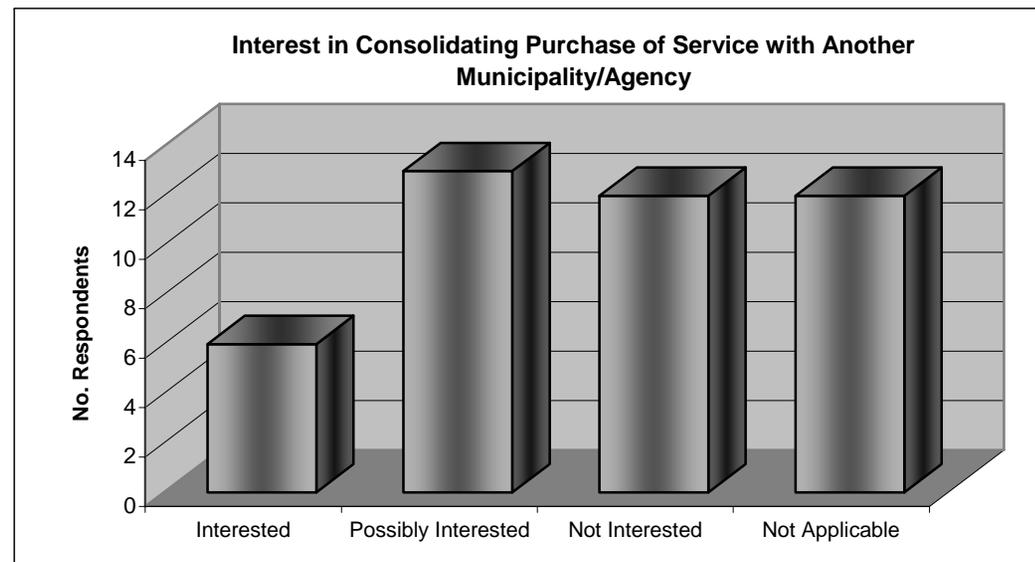


Interest in Consolidating the Purchase of Transportation Service with Another Municipality/Agency

municipality or agency to consolidate the operation of transportation services (Exhibit D.30).

Only about 44.2 percent of respondents expressed interest or possible interest in joining together with another

Exhibit D.30
MAG Transportation Survey – Interest in Consolidating the Purchase of Transportation Service

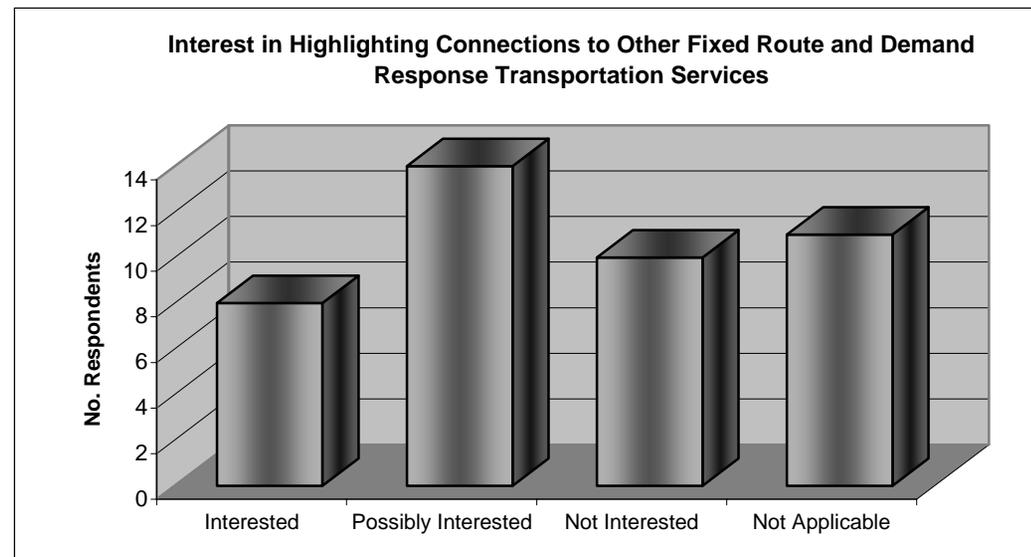


Interest in Publicizing Connections to Other Modes of Transportation

Slightly over half of the respondents, 51.2 percent, expressed interest in a relatively low level coordination ac-

tion – publicizing potential client/passenger connections to other modes of transportation (fixed route and demand response service) in their own schedules and system brochures. (Exhibit D. 31)

Exhibit D.31
MAG Transportation Survey – Interest in Publicizing Connections to Other Fixed Route and Demand Response Service in Schedules/System Information

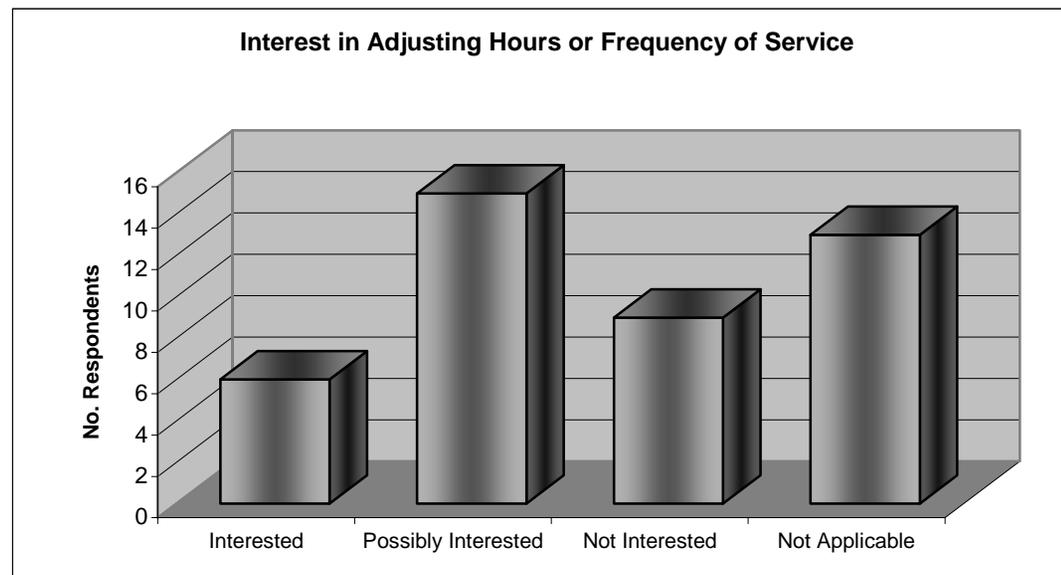


Interest in Adjusting Hours or Frequency of Service

Similar to the responses to other questions in this series, less than half of all respondents had interest or possible

interest in changing services (hours or frequency) to facilitate coordination, further indicating that existing providers prefer less active forms of coordination (Exhibit D.32).

Exhibit D.32
MAG Transportation Survey – Interest in Adjusting Hours or Frequency of Service

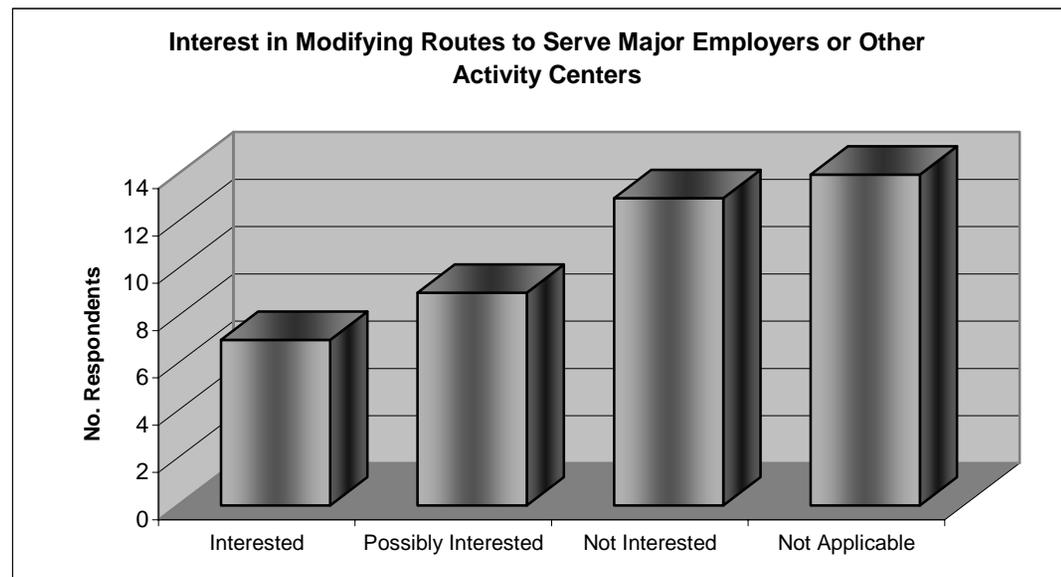


Interest in Modifying Routes to Serve Major Employers or Other Activity Centers

Only 37.2 percent of respondents expressed interest in modifying routes to serve major employers or other ac-

tivity centers again suggesting that less formal means of coordination may be favored or that the organizational mission is unrelated to employment or work activities. (Exhibit D.33).

Exhibit D.33
MAG Transportation Survey – Interest in Modifying Routes to Serve Major Employers or Other Activity Centers

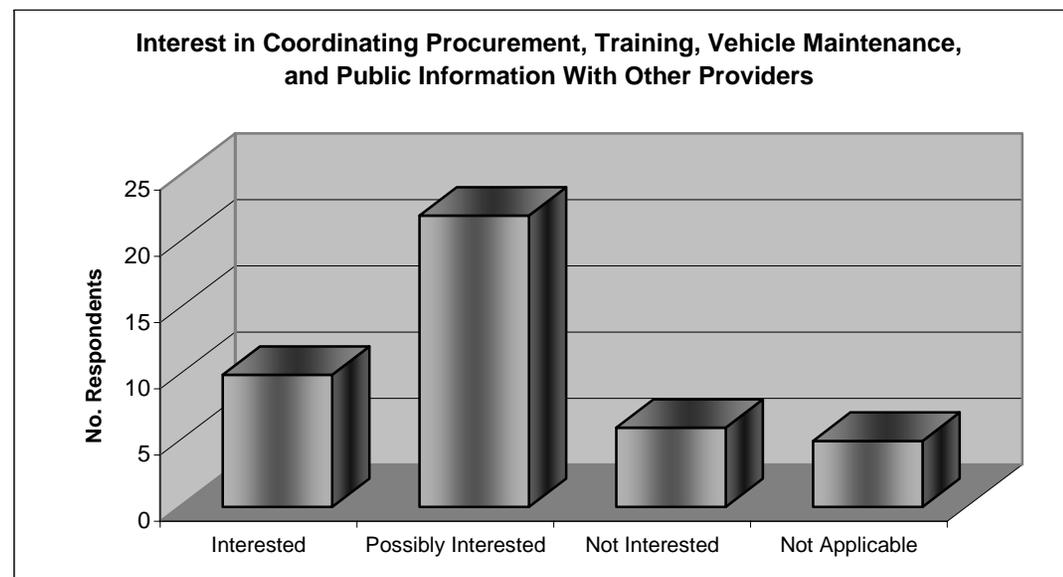


Interest in Coordinating Support Activities

This coordination strategy generated the highest level of interest among all questions in this series. Approxi-

mately 74.4 percent of all respondents expressed interest or possible interest in coordinating support activities such as procurement, training, vehicle maintenance, and public information with other providers (Exhibit D.34).

Exhibit D.34
MAG Transportation Survey – Interest in Coordinating Support Activities: Procurement, Training, Vehicle Maintenance, and Public Information With Other Providers

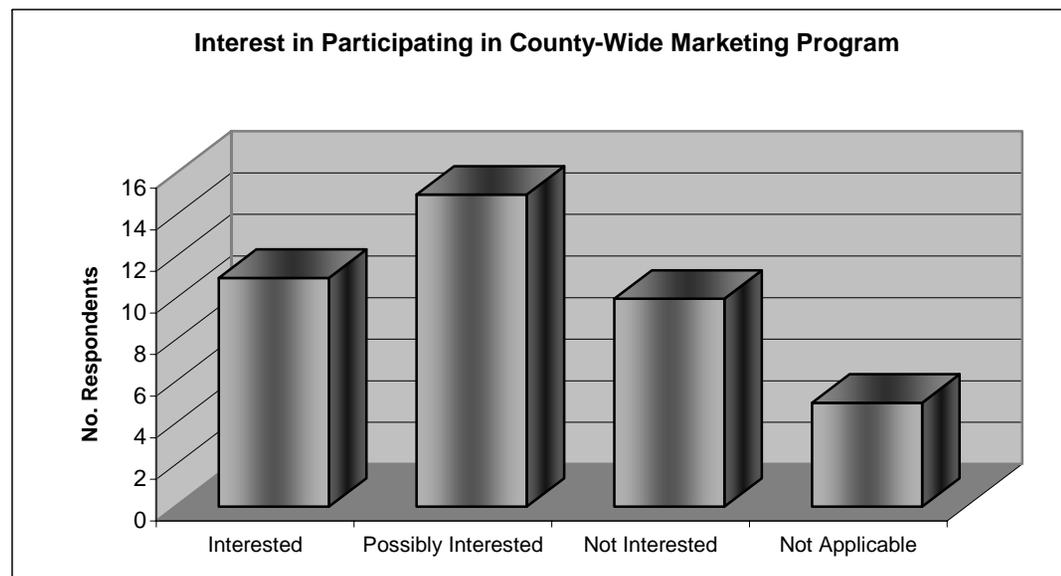


Interest in Participating in County-Wide Transportation Marketing Program

Participants also expressed a high degree of interest in participating in an organized county-wide transportation marketing program. Sixty-three percent of all respon-

dents expressed interest or possible interest in implementing this strategy (Exhibit D.35).

Exhibit D.35
MAG Transportation Survey – Interest in Participating in a County-Wide Marketing Program



Real or Perceived Barriers to Coordination

Thirty-one agencies responded to questions regarding real or perceived barriers to coordination. The MAG survey posed questions about whether the respondent felt the following topics represented an impediment to coordination:

- statutory barriers to pooling funds
- liability concerns
- turf issues
- unique client characteristics
- other

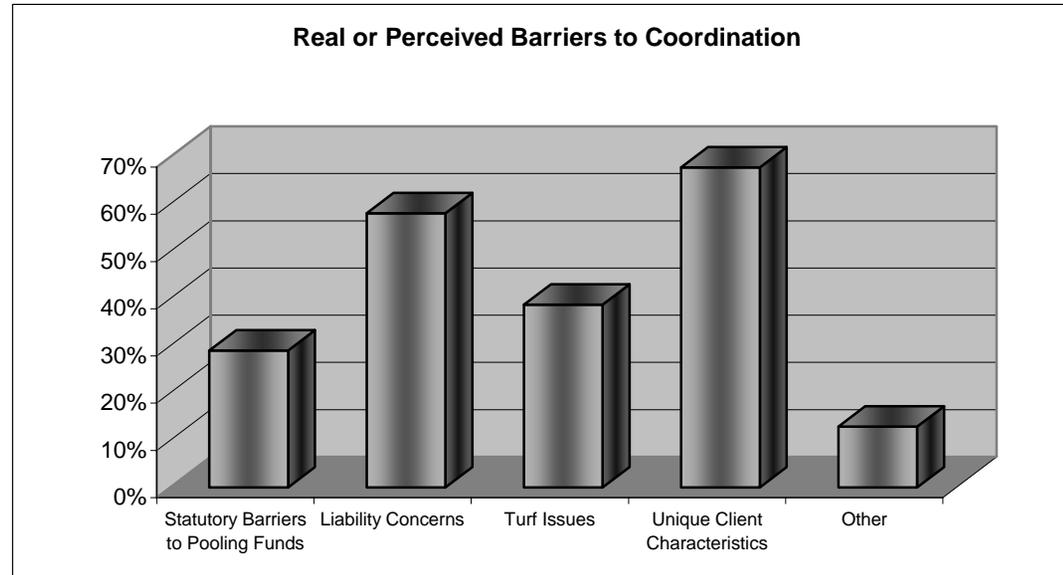
Respondents cited the unique client characteristics of the populations they serve as the most significant obstacle to coordination. Approximately 67.7 percent of all

respondents indicated this factor would be barrier to coordination. (Exhibit D.35)

Liability concerns were the second most frequently cited barrier to coordination. For those respondents citing “other” concerns, most related to either:

- (1) limited funding to undertake coordination activities
- (2) unique client characteristics, such as language barriers, or the need for agency staff to be present for case management purposes during client transport.

Exhibit D.35
MAG Transportation Survey – Real or Perceived Barriers to Coordination



E

Attachment E

Maricopa Association of Governments Human Services Coordination Transportation Plan



Needs

Statement of Needs

Guidance issued by the Federal Transit Administration (FTA) on the preparation of coordination plans indicate that each plan must contain an assessment of transportation needs for individuals with disabilities, older adults, and persons with low incomes. FTA further indicated that the assessment can be based on the experiences and perceptions of the planning partners or on more sophisticated data collection efforts, and gaps in service. The plan has been based on needs articulated from two sources:

- The MAG Regional Human Services Plan and the various focus groups (22) and community outreach meetings (3) held from June – August 2005 in conjunction with the plan.
- Input received from a series of community meetings held from January 17 – 24, 2007 in conjunction with the development of this plan.

Additionally, the Transportation Coordination Stakeholders Group discussed various concepts to address needs of the target population throughout its deliberations in the preparation of this plan.

MAG Regional Human Services Plan

The Regional Human Services Plan, dated January 31, 2006, states:

The MAG Region has experienced rapid and sustained growth over the last several years, and continued growth is projected for at least the next 30 years. Regional development patterns have included strong residential growth on the fringes of the urbanized area; this is expected to significantly increase the urban density of the entire region. These patterns will require a variety of transportation approaches to respond to the different types of development occurring in the region. Transportation solutions will need to include increased highway capacity, expanded mass transit service and alternative mode options. While this growth will bring benefits, it may also present special challenges to underserved populations such as the elderly, disabled and low-income persons and families as housing moves farther away from job centers and services.

Housing and enhanced/improved availability of public transit service were the highest ranked needs in the

MAG region among the target populations (the elderly, persons with disabilities, and low income).

Community Meeting Input

At three community meetings, participants expressed the following needs concerning the target populations:

- With the impending boom of more and more seniors, providing transportation is a serious concern.
 - There is a need for consumers to have a centralized source for transportation alternatives. Information should be bi-lingual.
 - Regional service zones (long-term implementation option) will need financial and political support from all jurisdictions.
 - Finding drivers is also very challenging.
- Transportation is second only to housing in terms of expense. Local governments have been bearing the cost of transportation but cannot meet the demand. There are constant complaints to the elected officials and city staff. This issue has to be addressed regionally.
 - Alternative transportation services, such as mileage reimbursements and taxi vouchers, should be in the mix of solutions.
 - Sub-regional coordination seems to be the practical solution to providing services regionally.
 - There are many programs in the schools that could use a centralized information resource because transportation for students with special needs is very difficult to find.

F

Attachment F

Maricopa Association of Governments Human Services Coordination Transportation Plan



Relevant Practices

Relevant Practices

SAFETEA-LU mandated the development of coordination plans for all communities in the United States that sought funding under one of three FTA programs:

- Elderly Individuals and Individuals with Disabilities (Section 5310)
- Job Access and Reverse Commute (JARC)(Section 5316)
- New Freedom Programs (Section 5317).

FTA defined the coordination plan as “a unified, comprehensive strategy for public transportation service delivery that identifies the transportation needs of individuals with disabilities, older adults, and individuals with limited incomes, lays out strategies for meeting these needs, and prioritizes services.”

In supplemental guidance, published in the September 6, 2006 Federal Register, FTA notes:

The benefit of enhancing coordinated transportation service systems is to break down the “silo” transportation systems that often only address the transportation needs of one specific group of riders. Coordi-

nation can help provide more rides with the same dollars by minimizing service duplication and filling service gaps. SAFETEA-LU provides the “table” for all stakeholders, including services funded through other sources, to build a coordinated plan and ultimately a service delivery system that addresses the needs of target populations. While there may be some unique needs of each target population, the functional transportation needs of the three populations are often more similar than dissimilar. Even when unique needs exist, they are often associated with at least one or more subsets of the population.

Target populations are outlined in the definition of the coordination plan.

While coordination of transportation services has been a topic of interest at the federal level for more than thirty years, it is remarkable to note that most of the literature on coordination planning, implementation techniques, relevant practices, etc., is based on examples in nonurbanized or small urbanized areas. In the absence of strong federal guidance on coordination prior to SAFETEA-LU, the states have generally taken the lead role in the advocacy and promotion of local coordination

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activities. With some notable exceptions, most states focused their activities on areas where the state could exercise some management options – typically federal programs that called for a strong state management role in program administration. Under the FTA program, this meant that state activities in coordination were typically focused on the Nonurbanized Area Formula Program (Section 5311) which was managed at the state level and had, in its enabling legislation, some coordination requirements.

No such coordination requirement with human services agencies exists within legislative or regulatory guidance issued under FTA urban programs. Moreover, since the early 1990s, most transit agencies in large urbanized areas have focused attention in the paratransit arena to planning, implementation, and more recently, in developing strategies to manage demand for complementary paratransit for persons with disabilities.

To a lesser extent, in the mid-1990s, transit systems throughout the country also directed attention to how public transportation could assist in the nation's welfare reform efforts, focusing on strategies to assist low income persons commute to job opportunities. Supple-

mented with Job Access and Reverse Commute (JARC) funding from FTA (then a discretionary competitive program), transit systems worked cooperatively with one-stop job centers, employment offices, and other government income support offices to develop innovative, non-traditional transit services.

The elderly is an important group within this population. Some commentators have suggested that the elderly represent a forgotten segment of the transportation disadvantaged population. The industry's focus on persons with disabilities, and the corollary adverse impact on seniors that has occurred in some paratransit systems struggling to meet rising demand among the ADA certified population, has been recognized more recently as some urban areas have addressed senior transportation needs and resources.

In summary, efforts and technical assistance efforts sponsored by the federal government have been dominated in recent years by other pressing policy issues associated with types of paratransit service delivery. Only recently, with the recent introduction of the federal government's *United We Ride* initiative, has coordination become a primary public policy issue. While a new ini-

tiative, much progress has been achieved in a short time. For example, FTA, in partnership with the Community Transportation Association of America, recently sponsored the very first Institute for Transportation Coordination in Washington, D.C. in August 2006. A competitive selection process was used to select the initial group of participants at this Institute. A team from the MAG region was selected for participation at the inaugural Institute.

Factors Used to Identify Relevant Practices in Urban Coordination

As noted above, the vast majority of research and practical experience with public transit and human services agency coordination has occurred in nonurbanized areas and smaller urbanized areas. That finding notwithstanding, there are some notable examples in urbanized areas across the country where transit systems determined that coordination with human services agencies represents good public policy making that enhances mobility.

In seeking out “relevant practices” to identify for the Transportation Coordination Stakeholder Group (TCSG), the following factors were employed:

- **Urban Areas** – Coordination examples were sought from large urban areas that had population in excess of 1,000,000 in population.
- **Large Geographic Area** – The MAG region is larger in land area than seven states and rates as the 14th largest county in land area in the United States. This fact clearly presents challenges in any coordination solution that is meant to be “region-wide.” As a consequence, it was critical that the best practice not be confined to a small geographic area.
- **Dynamic Population Characteristics** – The MAG region's population is projected to increase from 3,096,600 in 2000* to 5,230,300 in 2020, an increase of 2,133,700 people. The projected population for Maricopa County in 2030 is 6,135,000. This addition of 3,038,400 people over the 30-year period equates to a 98.1 percent increase or approximately a 2.3 percent growth rate on an average annual basis.

*The Census April 1, 2000 population for Maricopa County was 3,072,149. However, the projections are for July 1st of the projection year. For consistent comparisons, the Census number was adjusted to July 1, 2000 based on housing units built between April 2, 2000 and June 30, 2000.

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- **Human Services Coordination** – For this project, specific examples of public transit and human service agency transportation coordination were sought.
- **Area-Wide Program, Not a Neighborhood Program** – The TCSG sought to ensure that a coordination plan be developed that was region-wide in scope. In searching the literature for coordination options, smaller neighborhood programs were passed over in favor of initiatives that were area-wide programs.

Selected Practices

Based on these criteria, no single practice met all the criteria established above (attesting to the uniqueness of the MAG region). Yet several projects met one or more of the criteria and are held as relevant practices by industry experts. Projects selected include:

- Ride Connection, Portland, OR
- Miami-Dade Medicaid Bus Pass Program, Miami, FL
- Senior Transportation Connection, Cleveland, OH
- ACCESS, Pittsburgh, PA

- GPTMS, Pinellas County, FL.

A brief overview of each project is provided below.

Ride Connection/TriMet, Portland, OR

Description

Ride Connection is a non-profit, community service organization established to link accessible, responsive transportation with community need in Clackamas, Multnomah, and Washington Counties (Portland, OR area) by:



- serving those without viable transportation alternative giving priority to elderly and persons with disabilities
- coordinating transportation services in the service area
- coordinating system-wide training and safety programs
- developing and securing financial, volunteer and equipment resources for Ride Connection's network
- developing and maintaining provider programs
- acting as a liaison between funders and community agencies.

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Ride Connection is a relatively unique cooperative that has evolved by identifying transportation needs and filling them, by recognizing opportunities and by developing solutions based on a network of existing service providers. Where these networks were insufficient, Ride Connection developed its own service delivery capability.

The organization was established based on community recognition that there was an unmet need for transportation among the elderly and persons with disabilities. Even though the service area includes Tri-Met (the regional transit authority operating bus, paratransit, and light rail services), often recognized as one of the top and most innovative transit authorities in the United States, residents in these three counties had mobility needs that could not be met with traditional public transit services. Through a citizen committee's recommendation and with the full support of Tri-Met, it was decided that a volunteer program, Ride Connection, could meet these special needs. Ride Connection was incorporated as a private nonprofit on May 26, 1988. Ride Connection soon recognized that volunteers could not fully meet mobility needs in the community; the program expanded

to direct operation of vehicles and began forming partnerships with human services agencies in the service area to provide a service network. Initially, used Tri-Met vehicles were used.

Ride Connection has grown to include a network of more than 30 agencies and senior centers and more than 370 volunteers providing 236,000 rides annually. The role of Ride Connection incorporates:

- support and technical assistance to its provider network agencies
- public awareness regarding the need for elderly and disabled transportation
- training
- volunteer recruitment
- service network development
- advocacy

More recently, Ride Connection has developed a travel training program to assist persons to utilize accessible public transit services. RideWise is a new program, born out of a partnership between Tri-Met and Ride Connection and helps older adults and people with disabilities travel safely and independently using public transportation. The program provides information on transporta-

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tion choices, personal trip planning, and assistance learning to ride regular buses and trains.

This is an example of a nonprofit organization working in close, collaborative partnership with a well established regional transit authority to augment specialized transportation services that otherwise are not provided under the umbrella of ADA complementary paratransit services. This organization works with, rather than as a competitor to, existing transit services. The organization has leveraged existing transportation services to enhance service delivery, and in the process attracted significant private investment from foundations, charities, and other donor organizations. While the organization is no longer exclusively devoted to elderly and disabled transit needs, this market constitutes the bulk of riders on the network.

Relevant Characteristics of this Practice for the MAG Region

This project serves a three-county area encompassing a large geographic area, approximately 3,027 square miles. While this area does not match the approximate 9,200 square miles of Maricopa County, few projects in the US will. Population growth rates in the Tri-Met area

are also dynamic, although not at the rates projected for Maricopa County. The project primarily encompasses human services transportation, but in recent years as provided some transportation for Tri-Met's LIFT service, the District's ADA complementary paratransit service.

The organization's working relationship with Tri-Met is clearly a national best practice that has facilitated the development of alternative services for individuals who are not ADA eligible but require special transportation (e.g., the elderly). The organization's use of multiple funding sources, while not unique, is developed to a very high degree.

The organization works with, but does not compete, with existing human service agencies in the region. As a consequence, in the early stages of development, the organization was not perceived as a "threat" and typical "turf" issues were mitigated.

Miami-Dade County, FL Medicaid Bus Pass Program

Description

This project was selected due to interest in methods in which Title XIX (Medicaid) can be better integrated with public transit services. Perhaps the most notable example of such coordination can be found in Miami-Dade County, Florida. While sometimes difficult to “transfer” innovations in Florida due to the unique infrastructure and dedicated trust fund for the transit disadvantaged, this project nevertheless has transferability potential.



Chapter 427 of the Florida Statutes establishes the Florida Commission for the Transportation Disadvantaged (CTD) and directs the Commission to “accomplish the coordination of transportation services provided to the transportation disadvantaged.” The Commission contracts with 49 entities (Community Transportation Coordinators or CTCs) to carry out the provision of transportation service in all 67 counties in Florida. The CTCs may be providers of service or may contract service delivery to third parties. Indeed, there are 480 total operators in the 67 counties, 85 percent of which are private nonprofit or for-profit entities.

Also of note is a recent change in Florida with regard to the statewide administration of the Medicaid program. The Agency for Health Care Administration (AHCA) administers Florida’s Medicaid program which consists of both mandated and optional programs to carry out its mission. Transportation service for Medicaid beneficiaries is a federally mandated service. Effective June 11, 2004, AHCA and CTD executed a contract to transfer the administration and management of the Medicaid Non-Emergency Transportation (NET) Program to the CTD. The Medicaid NET Program provides training and technical assistance to all subcontracted transportation providers and beneficiaries regarding Medicaid Non-Emergency Transportation services.

Based, in part, on the experiences gained in Miami-Dade County, the CTD expanded a Medicaid bus pass program to all 23 counties where fixed route transit service was provided. Under this program, the local CTC screens Medicaid applicants for use of the Medicaid bus pass (eligibility, ability to independently use fixed route transit service, etc., are used in the screening process). The goal of the program is to encourage and/or require Medicaid recipients to utilize existing fixed route services, where appropriate, rather than door-to-door para-

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transit services. An independent audit assessment conducted AHCA showed that this coordinated strategy saved \$41 million for the State of Florida in Fiscal Year 2002.

The origins of this program date back to May 1993. The Metro Dade County Transit Authority (Miami-Dade Transit, a/k/a MetroBus) looked at the portion of the Medicaid eligible individuals who were transit dependent and used conventional transportation for all their daily non-medical trips but who used door-to-door Medicaid paratransit trips for their medical appointments. The transit system compared the cost of the paratransit trips to the cost of a monthly transit Metropass, inclusive of administrative fees. The cost of such a pass was slightly less than that of a single paratransit round-trip. It was determined that the break-even point for the agency would be the third one-way trip.

In order to qualify for the Metropass program, the Medicaid recipient must be able to use public transportation on a regular basis and must make six or more one-way trips per month for three consecutive months. Once the Medicaid recipient is accepted into the Metropass program, the individual is no longer authorized to receive

door-to-door paratransit for medical trips. This process is enforced by the Community Transportation Coordinator.

More than 9,000 Dade County residents have participated in the Metropass program for at least one month. Metropass averages approximately 4,800 users per month, a figure just over one percent of the total number of Medicaid recipients in Dade County. Miami-Dade Transit estimates that approximately \$19 million has been saved in Dade County and that the program has resulted in \$5 million in new revenues for the transit agency over the life of the program

Relevant Characteristics of This Practice for the MAG Region

This project serves a combined city/county government that encompasses approximately 1,946 square miles. Population growth rates in the county are dynamically rising, albeit not at rates seen in the MAG region. The project primarily encompasses the single largest human services transportation program (Medicaid) and public transit. Presumably any area in the country where willingness is exhibited could implement this option.

Since this program was conceived, Florida has obtained a Medicaid waiver to specifically permit Medicaid transportation needs to be met through the local CTCs. A waiver is not technically required for this program to work. A key requirement, however, is the need to have some administrative structure in place to manage this program, screen clients, be familiar with Medicaid eligibility requirements, and have relationships with transit service providers. No such organization currently exists in the MAG region that possesses all these characteristics.

This program is also unique in that it can demonstrate audited savings arising directly from coordination activities. While such savings typically accrue to the state (and not necessarily a local agency or government), the strategy remains good public policy and is an industry best practice.

Senior Transportation Connection, Cleveland, OH

Description

In 1995, the Greater Cleveland Regional Transportation

Authority, in response to the rising demand for paratransit services among individuals with disabilities, ended service for seniors with no disabilities on the complementary paratransit system.

Following this action, the Metropolitan Area Specialized Transportation (MAST) Group developed a county-wide action plan for meeting the paratransit needs of non-ADA eligible elderly. Incremental improvements were made to senior transportation services in individual communities, but comprehensive county-wide service was lacking.

In 2001, at the behest of the Board of Cuyahoga County Commissioners, the County's Department of Senior Adult Services (DSAS) and the Cuyahoga County Planning Commission, with the support and guidance of the Western Reserve Area-wide Agency on Aging, the Transportation Consortium Coordinating Committee (TC3), and other social services groups, submitted a grant request to the Mt. Sinai Health Care Foundation to develop a strategic plan to address the mobility needs of the growing senior population. The United Way's Senior Success Vision Council identified the development of a coordinated transportation system for older persons as a

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top community priority and provided funding to undertake a comprehensive planning process.

Working under the guidance of the Senior Transportation Working Group, a comprehensive strategic plan was developed based on the following principles:

- Improve the quality and quantity of transportation services.
- Institute the “family of services” approach which will provide a range of transit services and integrate non-traditional services (neighborhood circulators and on-demand buses) with traditional bus services.
- Provide a variety of services; while more transit dependent than the general population, many seniors have active lifestyles and different transportation needs depending upon the time of day, season and location.

The working group developed an infrastructure that incorporates central management of paratransit services, close coordination with the GCRTA, and a regional service delivery model. In February 2005, the Senior Transportation Connection of Cuyahoga County (STC) was established as a nonprofit corporation and became the designated central entity to manage and coordinate

county-wide delivery of senior transportation services. The STC is responsible for:

- Consolidating networks of individual operators into multiple formal collaborations providing service over a broad region.
- Integrating facilities, equipment and systems for better buying power and quality service across the region.
- Using information technology as the central organizing component to allow for state-of-the-art customer service and scheduling.
- Developing a more centralized management structure to replace the existing fragmented jurisdictional and organizational structure.

Coordination is achieved by:

- (1) centralizing management and operational structures for senior transportation services; and
- (2) integrating local municipal and nonprofit providers scheduling and dispatching functions into one centralized call center using the a state-of-the-art software system, procured jointly with the GCRTA.

The new model encompasses a family of services concept, and uses all of the resources available in the community to provide seniors with a range of transportation

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options to meet their individual needs. While the STC provides centralized management and a general operational structure for coordinated senior transportation services, the provision of actual transportation remains a local function through municipal governments and non-profit agencies that are similar to the types of public and nonprofit agencies found in the MAG region.

The plan is being implemented incrementally, by service area, based on provider/community willingness to begin centrally managed service delivery.

Relevant Characteristics of this Practice for the MAG Region

This project serves an area that is similar to the MAG region in that Cuyahoga County took the lead in organizing planning efforts that encompassed 58 different municipal jurisdictions. The county covers a large geographic area, approximately 458 square miles. This area is actually experiencing population decline, but growth among the elderly segment is projected to increase markedly between 2005 and 2015.

This project addresses only one segment of the transportation disadvantaged – the elderly. A well developed

regional transportation authority provides a variety of bus, rail, and paratransit services to meet the needs of low income and persons with disabilities.

This project is possible due to a unique collaborative process. Under this process, the STC relies on the transit authority to provide procurement, and other technical services. The system software license was acquired under the auspices of GCRTA. In 2008, the project will move into a joint call-center.

While this concept could be implemented without a relationship between MAG and RPTA, it would be more expensive and the program would lack some synergies created with the transit linkages.

Access, Port Authority of Pittsburgh (PAT), Pittsburgh, PA

Overview

ACCESS Transportation Systems, Inc., has been providing brokerage services for PAT, which is the Pittsburgh area's public transit provider, since 1979. Development of the ACCESS brokerage was made possible by FTA funding for a brokerage demonstration program by FTA in 1978. ACCESS has sponsorship agreements with

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more than 120 local agencies, including PennDOT, which provides state lottery revenues for senior transportation, and the County Office of the Bureau of Federal Programs, which is responsible for Medicaid transportation. PAT provides funding for ADA paratransit trips and the local match for the senior transportation program. For these 120 agencies, ACCESS is responsible for the provision of more than two million trips annually through the network of eight for-profit and nonprofit transportation providers it has under contract. General public customers may also use ACCESS services, but must pay a fare that covers the full cost of their trip.

ACCESS is an example of a decentralized/administrative paratransit brokerage with reservation intake and scheduling being performed by the ten service providers. The ACCESS staff of 35 employees performs several centralized functions, including the following:

- design and maintenance of the service delivery structure
- provider procurement and negotiations
- contract/service monitoring
- provider training (e.g., management training, passenger assistance training, and training for drug abuse monitoring)

- reporting
- accounting (e.g., vendor payments and sponsor invoicing)
- information and referral
- eligibility determination
- customer registration
- sale of scrip for customers of the brokerage's user-side subsidy program
- customer information services

Providers are paid on a per hour basis and are assigned to specific zones. Including the administrative cost of the brokerage, the average cost per hour is \$36.00, while the average cost per trip is approximately \$15.00.

Another state-level action that has benefited the ACCESS program and assisted with coordination efforts in other parts of Pennsylvania was the creation of the State Lottery by the Pennsylvania legislature in 1971. A unique aspect of the lottery program is that all net proceeds are used to fund programs and services for older Pennsylvanians. The Shared Ride and Free Transit Programs subsidize, respectively, door-to-door, specialized transportation and use of off-peak public transit services for individuals age 65 and older. These two programs generate approximately \$188 million per year for

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providers such as ACCESS and encourage coordination by promoting the use of multiple modes to meet the transportation needs of older adults in the state.

Relevant Characteristics of this Practice for the MAG Region

At 730 square miles, the area covered by this project is the third largest service area among the relevant practice sites identified. This county does not experience population growth as is found in the MAG region. This program was established as part of the regional transit authority, but operates through the services of a contracted management entity, similar to the organizational model for some aspects of RPTA.

One notable aspect of this project is the fact that a full range of human services agencies are included in the project design. Given the project's long history, a network of "silo" human services systems did not develop in this county. This scenario contrasts sharply with the MAG region. Additionally, the program coordinates ADA complementary paratransit and human services agency transportation. This again contrasts with the baseline conditions found in the MAG region.

The project employs a managed, but decentralized brokerage model. Given the lack of a seamless, regional public transportation network, this model could be suitable to the MAG region.

Greater Pinellas Transportation Management Service, Pinellas County, FL

Overview

Greater Pinellas Transportation Management Services (GPTMS) is a private com-



pany that coordinates transportation service for publicly funded transit and human services agencies in Pinellas County, FL. The county's major cities include Clearwater and St. Petersburg. The company was formed as a wholly owned joint venture of four local taxicab and wheelchair transport companies. The company was selected through a competitive process to procure the services of a broker to manage transportation disadvantaged services in Pinellas County. The organization works with Medicaid, Pinellas County Social Services, Pinellas County School Board, Hillsborough County Social Services, as well as the Pinellas County program. Customer trips are brokered to a host of service providers based on location and suitability to client needs. If

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the individual's trip is not sponsored by one of the above listed programs and the individual qualifies under state promulgated transportation disadvantaged eligibility guidelines, an individual can travel within Pinellas County for \$3.00 each way, regardless of distance. A 31-day unlimited bus pass is also available for the cost of \$4.20 per pass for qualified individuals.

To qualify for the program, an individual must show that they have no other means of transportation, including family, friends, or the bus system, and also demonstrate that they have income of less than 200 percent of the federal poverty level. Once qualified, persons call a centralized call center 24 hours in advance of the requested trip time to arrange transportation.

Shortly after project start-up in the early 1990s, GPTMS also assumed responsibility for Medicaid transportation trip brokerage. Similar to Miami-Dade, GPTMS worked cooperatively with the local transit system to route demand response, door-to-door paratransit customers to lower cost fixed route services, when appropriate, to meet client needs.

The model for this best practice is centralized brokerage. Trip requests are all routed to a centralized call center operated by GPTMS. GPTMS routes trips, in accordance with trip assignment rules approved by the County's Transportation Coordination Council, and assigns the trips to the appropriate providers. Trip orders are conveyed by fax or electronically to contract providers.

Relevant Characteristics of this Practice for MAG Region

This project serves the smallest geographic area among the identified relevant practices at 280 square miles. Yet the area is experiencing rapid population growth, particularly among older adults, at rates similar to those experienced in the MAG region.

This model represents a variation of the ACCESS model in Pittsburgh. In this case, all trip reservation and scheduling functions are handled at a single, central location. This would represent a more comprehensive strategy for the MAG region than that offered in the decentralized brokerage model.

Stakeholder Review of Relevant Practices

Throughout the study process, monthly meetings of the Transportation Coordination Stakeholder Group (TCSG) were held. Meetings were purposefully structured to emphasize stakeholder input and comment. To this end, the TCSG was asked for comments on the various concepts embodied in the relevant practices and the potential applicability to the MAG region. General comments included:

- One commenter observed that most of the initiatives presented were derived from local efforts; the concept was not forced upon the community due to federal regulations or requirements.
- Some stakeholders were concerned over the impact on consumers when a new, coordinated service delivery model was implemented. Only in the Florida NET transition has there been authoritative research on consumer reaction to the change in service delivery model, however, this research was confined to consumer satisfaction after the change and did not conduct a pre- and post-transition analysis. Consumer reaction, however, was overwhelmingly favorable.

Challenges to Successful Coordination in the MAG Region

- The coordination plan will have to take into account that fixed route bus service is less well developed in the West Valley; options that integrate fixed route bus in service delivery may result in uneven levels of service.
- Additionally, as the survey indicates, local funding is the major source of transportation funding in the region; again, there are varying levels of local government participation in transit services. A level playing field is required.
- Funding sources to support any action arising from the coordination plan must be sustainable. Examples of sustainable funding were cited in the region at the local level. For example, some cities have dedicated sales tax for transportation.
- Quality of service should be uniform throughout the county. Anecdotal accounts from consumers suggest that some private sector providers do not provide uniform service levels in all areas.

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- The private sector, a significant transportation resource in the MAG region, may resist coordination activities for fear of loss of business.
- Not all client groups are suitable for integration into a coordinated transportation system or may be unsuitable for transport in a group setting.

Factors that May Work to Enhance Successful Coordination in the MAG Region

- Most public transit systems and dial-a-ride systems use a single vendor's software product. Thus, data and systems will be compatible if coordination occurs.

- There is a proven track record in coordinating services in the East Valley with the East Valley Dial-a-Ride service.
- Proposition 400 funds are being used to support paratransit services. This funding source could be used to leverage additional funding, particularly in areas that have not traditionally used local governmental funds to support transit.
- Similarly, there may be ways to leverage Federal Section 5310 funds (FTA) and Title III-B funds to enhance coordination.

G

Attachment G

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TCSG Membership



Transportation Coordination Stakeholders Group

<u>Name</u>	<u>Organization</u>
Councilmember Claudia Walters, Discussion Co-Leader	City of Mesa
Councilmember Betty Lynch, Discussion Co-Leader	City of Avondale
Maxine Anderson	City of Phoenix - Reserve Ride
Debra Astin	City of Scottsdale
Bob Baratko	City of Surprise
Sheila Barberini	TransSystems
Mary Brannoch	Valley of the Sun Schools
Gary Bretz	RPTA
E. Alan Brimage	King Arthur's Transportation & Limousine Services, LLC
Donna Brower	City of Scottsdale
Betsy Buxer	TransSystems
Cheryl Cady	MARC Center
Eddie Caine	Maricopa County Human Services Department
Darrel Christianson	ABIL
Cathy Colbath	City of Glendale
Gloria Collazo	City of Scottsdale
Gwyneth Cowger	AFD
Rex Critchfield	DES/DAA
Diane Dempsey	Gila Bend CAP
Cindie Diaz	City of Chandler
Hossein Dibazar	AAA Full Transportation & Yellow Cab Company
Cliff Elkins, Councilmember	City of Surprise
Raquel Fagan	LIFE
Deborah Forbes-Baker	The Salvation Army
Rachel Gaisford	AAA of Arizona

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<u>Name</u>	<u>Organization</u>
Paige Garrett	Glendale Human Services Council
Janeen Gaskins	City of Avondale
Dave Golder	City of Surprise
Robert Gonzales	Veolia/EVDAR
Joyce Gross	Town of Buckeye
Willie Gray	Just For You Transportation Service, Inc
Craig C. Hughes	Total Transit, Inc.
Bruce Jackson	VICAP Faith in Action
Bruce Jameson	AHCCCS
Rich Kenney	Foundation for Blind Children
Joanne King	Avondale CAP
Jim Knaut	Area Agency on Aging
Barry Levine	Value Options
Kevin Link	City of Glendale
Brad Lundahl	City of Scottsdale
Vera Martinez	Arizona Recreation Center for the Handicapped (ARCH)
Ken-Ichi Maruyama	Town of Gilbert
Jayson Matthews	Tempe Community Council
Pat Mesa	City of Surprise
Chris McGurdy	Goodyear
Guy Mikkelsen	Foundation for Senior Living
Robert Miller	Hacienda
James Musick	AZ Foundation/ Handicapped
Marsha Ngirchuelbak	Valley of the Sun Schools
Ann Pasco	ABIL
Doneen Peterson	AIRES
Dan Pontius	Triple R Behavioral Health
Donna Powers	LIFE
Nick Promponas	RPTA
Stephanie Prybyl	Town of Gilbert

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<u>Name</u>	<u>Organization</u>
Chris Reams	City of Avondale
Marvin Rochelle	MCDI
Scott Rogers	Safe Ride Services, Inc
Steve Rost	ADOT - Arizona Rides
Ricardo Samano	Beatitudes Center DOAR VICaP Faith in Action
Albert Santana	City of Phoenix
Jess Segovia	City of Avondale
Anne Silversmith	Phoenix Indian Medical Center
Laura Skotnicki	Save the Family
Rose Smith	Veolia East Valley
Chris Stage	Neighbors Who Care, Inc.
Dan Taylor	East Valley Senior Services
Lynn Timmons	City of Phoenix
Russell Thatcher	TransSystems
Cletus A Thiebeau	Valley of The Sun School
Neal Thomas	ComTrans
Mark Tompert	Marc Center of Mesa, Inc.
Darlene Turner	Peoria Adult Day Care
Ron Travis	Chandler/Gilbert ARC
K. Vilay	UCP
Al Villaverde	City of Phoenix
Kevin Wallace	MAG
Stephanie Wilson	City of Surprise
Scott Wisner	Valley Metro
Harry Wolfe	MAG
Neal Young	City of Phoenix
Don Zella	Gompers Center

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