

EXECUTIVE SUMMARY

In October of 2006, the Valley Metro/Regional Public Transportation Authority (RPTA) contracted with TranSystems Corp., RLS & Associates, Inc. and Gunn Communications, Inc. for a comprehensive study of the area's paratransit services to:

- ◆ *Assess each of the paratransit programs in the region, as well as the taxi subsidy and mileage reimbursement programs, identify ADA and non-ADA operational issues and needs, and propose operational or policy recommendations that serve to reduce or contain costs, improve service levels and meet ADA, non-ADA and other specialized transportation needs.*

- ◆ *Define the operational and administrative characteristics of a regional paratransit program, and identify the potential benefits and corresponding challenges of development of a regional program to the RPTA, its members and system users.*

At a "micro" level, the study developed information and provided recommendations to assist each of the paratransit programs in the region to operate services in the most efficient and effective manner possible. At the "macro" level, the study considered alternative regional service designs and developed a regional service plan for the area that would improve mobility for people with disabilities and satisfy the requirements of the Americans with Disabilities Act (ADA).

In the first phase of the study, conducted between October of 2006 and April of 2007, the major community and county-based paratransit programs were studied. On-site visits were conducted for each program and service data was gathered and analyzed. Detailed reports containing observations and recommendations for each of the eight community-based paratransit programs were prepared and submitted separately to each community and paratransit program.

In the second phase of the study, conducted from April through August of 2007, alternative system designs for a more regional paratransit program were studied and developed. Information was gathered about paratransit services in Dial-a-Ride systems in 11 peer systems. The advantages and challenges of each alternative design were identified and discussed with RPTA staff, member community staff, and at several public meetings. Through this process a preferred regional service design was identified.

The third phase of the study proposes a detailed implementation plan for the consensus regional service design as well as supplemental services and recommends a change in the eligibility process.

RESEARCH AND PUBLIC INVOLVEMENT

A number of sources were used to inform the study. Local studies were reviewed, peer city experience was studied and analyzed, stakeholder input was solicited and incorporated and DAR programs and alternate transportation programs were studied. Regional travel patterns were analyzed and DAR service was compared with fixed route service.

Local Studies

A number of other studies of paratransit services have been conducted by the RPTA and Maricopa County in recent years; these plans were reviewed.

Peer Cities

Information was solicited from 11 peer cities and their experience provided guidance throughout the study. The study found that all 11 peer systems operate paratransit services regionally. It also found that all 11 peers included in-person interviews and/or assessments in their determinations of ADA paratransit eligibility.

Community Participation

Throughout the project the community has been involved at every level. A technical Advisory Committee (TAC) composed of representatives from RPTA member communities and other local jurisdictions met six times during the study to help set the goals and objectives, provide input on study methodology and work tasks, review draft and final products and provide guidance to the study.

Twenty five staff and elected city officials were queried about the perceived strengths and weaknesses of current services. While some were quite satisfied with the current service and wondered if regionalization would reduce quality, many expressed concern about their ability to provide resources adequate to meet the growing Dial-a-Ride demand. Interest was expressed in alternate programs such as taxi and mileage reimbursement.

The need for seamless regional travel was identified by most officials and staff. This was also identified in the RPTA Rider Satisfaction Survey and the Area Agency on Aging Needs Assessment.

A broader Stakeholders Group including representatives from the disability and senior communities, human service agencies and paratransit passengers and transportation professionals met at three key points in the study in three locations, East Valley, West Valley and Central area and more than 50 people attended each of the meetings. The group identified the barriers to Dial-a-Ride use by people with disabilities and older adults. Lack of weekend service, trip denials, unmet trip requests and the need for

additional resources and vehicles were identified. Growing demand was a concern and the need for a more thorough eligibility process was advocated. Expansion of other travel options such as taxi programs and free bus passes were recommended. Coordination, the need for standardized service policies and issues with cross-jurisdictional travel were revealed. The Stakeholders Group studied different service designs and reached consensus on a preferred design. A fourth stakeholders meeting was scheduled to receive feed-back on the final recommendations.

CURRENT DIAL-A-RIDE PROGRAMS

Ten different public paratransit programs are provided within Maricopa County. This includes eight city-based Dial-A-Ride (DAR) programs, the County-based STS Service, and the SCAT non-profit service. Phoenix DAR, Paradise Valley DAR and Southwest Area DAR are all provided by the same operator.

With the cooperation and assistance of staff, each paratransit system listed below was examined on site by two members of the TranSystems study team.

- ◆ East Valley Dial-A-Ride (DAR)
- ◆ El Mirage DAR
- ◆ Glendale DAR
- ◆ Peoria DAR
- ◆ Phoenix DAR
- ◆ Paradise Valley DAR
- ◆ Southwest Area DAR
- ◆ Special Transportation Services (STS)
- ◆ Sun Cities Area Transportation, Inc. (SCAT)
- ◆ Surprise DART

Scheduling and dispatch operations were observed and bus operators were interviewed. Detailed reports were developed on every aspect of service including area served, Dial-a-Ride and Fixed Route service areas, service policies and performance, statistics and performance measures, cost performance indicators, service area gaps, other transportation programs and regional travel and transfers.

Area Served

One program – Special Transportation Services (or STS) – provides service throughout the county. The other programs serve specific cities or groups of communities. Three; East Valley DAR, Phoenix DAR and SCAT, serve groups of communities. El Mirage DAR, Glendale DAR, Peoria DAR, and Surprise DAR serve single communities.

In most cities, general (non-ADA) DAR service is provided throughout all parts of the community. In some communities, though, DAR service is provided only to persons who are “ADA paratransit eligible” and only in areas required by federal ADA

regulations. Transfer points have been established where riders transfer between Dial-a-Ride programs.

Dial-a-Ride and Fixed Route Service Areas

The Americans with Disabilities Act of 1990 (ADA) requires that complementary paratransit service be provided in all areas within $\frac{3}{4}$ mile that have non-commuter fixed route transit, on all of the days and times that fixed route service is available. In addition, small areas that are surrounded by fixed route corridors must be served with complementary paratransit service even if they fall outside the $\frac{3}{4}$ of a mile from fixed routes.

Service Policies and Performance

Service policies as well as performance vary in the Dial-a-Ride programs in terms of eligibility, days and hours of operation, fares, trip purpose, trip reservation policies, vehicle wait times, no-shows and late cancellations, missed trips, PCA and companion policies, rider assistance, service refusal. The lack of standardized policies was cited as an issue by riders and complicates regional travel.

Service Performance Standards also vary among systems. All DAR systems have zero trip denial policies for ADA riders; for non ADA trips the policies vary. Standards for on-time pick-up and drop-off, on-board time and telephone hold time are different among systems. Productivity Goals are formalized in some systems and informal in others.

Statistics and Performance Measures

Throughout the region during the study year, there were a total of 1,078,611 trip requests, 1,067,162 scheduled trips, and 864,791 provided trips. Of the 864,791 provided trips, 48.9% (422,538) were ADA paratransit eligible trips. The remaining 51.1% (442,253) were non-ADA trips.

Vehicle hours numbered 629,394 with 526,037 of these being revenue vehicle-hours. Vehicles were driven a total of 8,960,583 miles, with 7,674,973 of these being revenue vehicle-miles.

Cost Performance Indicators

The region-wide total operating cost per boarding (which includes companions and PCAs) was \$27.61, with a low \$12.08 to a high of \$55.58. Total operating cost per vehicle-revenue-hour averaged \$47.96, with a low of \$31.34 and a high of \$81.19. Average total operating cost per revenue-mile for the region was \$3.29, ranging from a low of \$2.03 to \$6.63.

Service Area Gaps

ADA paratransit service appears to be provided in all areas required by the ADA regulations and in some cases beyond the regulatory requirements.

Service for other, non-ADA populations also is provided in most cities in the RPTA area, but not all. In these communities, there could be a need for DAR service for persons who do not qualify as ADA Paratransit Eligible, but who have limited transportation options.

Supplemental Transportation Programs

In addition to Dial-a-Ride service Taxi User-Side-Subsidy programs provide a travel subsidy directly to the user of service who then selects a for-hire (taxi and van services) vendor to provide the trips. Taxi programs provide time-sensitive, dedicated trips at a reasonable cost and siphon-off from Dial-a-Ride some of their more difficult trips. At the time of the study taxi programs are provided in Phoenix, Scottsdale, Glendale, Surprise and East Valley. These programs were examined, in terms of eligibility, service area, days and hours of service, fares and levels of subsidy, trip purposes, costs and funding.

A lesser-used transportation alternative is a mileage reimbursement program for individuals who recruit a “volunteer” to drive them. Only Mesa currently offers such a program.

Regional Travel and Transfers

Regional travel patterns for the seven DAR programs plus STS were analyzed to identify trip origin and destination pairing for 18,376 trips made during a sample week.

The travel patterns exhibited by DAR and STS riders for this sample week were compared to general public fixed route travel patterns. What emerged is that DAR and STS riders travel out of their local DAR area only 8.2% of the time. General public fixed route riders make regional trips 20% of the time.

These results appear to support rider comments about difficulties experienced making inter-jurisdictional DAR trips. Riders who travel regionally must transfer between each city-based DAR service. Transfer locations have been established to facilitate the transfers. Some systems have a bit of flexibility in the form of a one mile buffer zone.

A number of communities contract with Maricopa County STS to provide non-ADA regional trips.

Even though some accommodations have been made to facilitate travel between DAR areas, significant issues still exist. A number of recent Dial-a-Ride Passenger Surveys have identified dissatisfaction with regional travel.

An analysis of 123 transfer trips was made during the week of September 17-23, 2006. The total travel time and wait time at the transfer location was compared to the travel time if the same trip was taken on the fixed route bus service with the following results:

- ◆ Travel on DAR took longer than on fixed route for 65% of the trips studied
- ◆ 27% of the trips took more than 30 minutes longer than on fixed route
- ◆ When a transfer is made, the extra time required to travel by DAR appears to be due to long wait times at transfer sites
- ◆ 46% of riders who made a transfer waited 31 minutes or more at transfer sites
- ◆ Dial-a-Ride drivers do not wait with passengers at transfer locations

This analysis indicated that regional trips currently may not meet the ADA requirement for comparable service.

REGIONAL DIAL-A-RIDE ALTERNATIVES

Based on the experience of 11 Peer Cities, a broad set of paratransit design alternatives were examined in light of their applicability to the RPTA region and analyzed in terms of their advantages and challenges. Five designs resulted, progressing from today's highly decentralized approach (Option 1) through increments of greater centralization (Option 5 being a single regional provider). The Options were as follows:

Option 1. Current Dial-a-Ride Structure with Regional Service Policies

Option 2. Modified Dial-a-Ride Structure with Regional Service Policies

- Three Sub-regions (East, West, Central), each with a single service provider
- Creation of buffer zones for cross-regional trips—transfers only for longer trips
- Administration by RPTA
- Local option for types of service to be provided in that community

Option 3. Centralized Reservation and Scheduling with Decentralized Operations

- Central Call Center for all ADA trips and optionally for non-ADA trips
- Standardized policies for ADA trips
- Region-wide ADA service for seamless trips across city boundaries
- Vehicle operation and dispatch by service providers contracted to the Call Center; some dedicated vehicles for regional trips
- Administration of the call center by a contracted broker or RPTA
- Management by a contracted broker of alternate service such as taxi programs

- Option to operate non-ADA service separately from the regional service
- Option 4.** Centralized Reservations, Scheduling and Dispatch, Decentralized Operations
- Regional Call Center to handle reservations, scheduling and dispatch
 - Dedication of most vehicles to the trips assigned by the call center
 - Option to operate non-ADA service separately from the regional service
 - Call center administered by a single entity
 - Contracting with service providers by RPTA
 - Service providers would be assigned trips by the call center
 - Both ADA and most non-ADA policies would be standardized
- Option 5.** Single Regional Provider
- All service, including operations reservations and scheduling provided by a single provider
 - Administration by RPTA, including service quality monitoring, eligibility determination and customer service

REGIONAL DIAL-A-RIDE PREFERRED SERVICE DESIGN

The five DAR options were presented to the Technical Advisory Committee who narrowed the field to Options 2, 4 and 5. Option 4 was the unanimous choice of the Stakeholders.

Characteristics of Option 4 include:

- Centralized dispatch for all “dedicated” services (that is drivers who are only performing trips for the RPTA program)
- Provision of service by three contracted service providers who would run their operations based on daily run manifests provided by the Call Center.
- Separate contracts and vendors for the Call Center and the service providers.

Implementation of the regional service is recommended to occur in two phases;

- Phase 1, ADA paratransit service would be regionalized throughout. In addition, non ADA service provided by East Valley Dial-a-Ride and Phoenix would be regionalized.
- Phase 2, non-ADA service in the West Valley will be coordinated through the Call Center. However the communities could also continue their separate services for non-ADA trips and use the coordinated service for regional trips. (The full report of this study details the implementation process).

COSTS AND FUNDING OF PREFERRED SERVICE DESIGN

RPTA additional administrative costs are estimated to be \$923,600 in the first year of the regional program. This cost would be the same for either the Phase I service or the full regional service. Proposition 400 funding is an option for funding these administrative costs. After year one, it could be expected that these costs would increase by about 3% per year.

Call center startup costs for the Phase I design are estimated at \$1,714,000 and at \$1,885,400 for the full regional service. Unallocated Proposition 400 funding for this one-time start-up cost is an option.

A range is provided for the annual call center operating costs for the first year. For the Phase I design, the cost range is estimated to be between \$2,509,100 and \$2,574,603. For the full regional service, the range is estimated at between \$2,844,295 and \$2,918,313. After the first year, it could be assumed that annual call center operating costs would increase at a rate of about 5-10% per year in the near future. Initially, these costs would be allocated to member communities along with provider operating costs. It is recommended, though, that the RPTA explore the option of using federal Section 5309 capital funding to cover 80% of the call center costs. Federal capital funding can be used to fund "Mobility Manager" services. In our opinion, the regional call center, which would coordinate the provision of ADA, senior and general public paratransit costs, would qualify as a "Mobility Manager." If this were done, only 20% of the call center costs would then be allocated to member communities.

Annual service provider costs for the first year are estimated at between \$27,037,289 and \$30,639,475 for the Phase I design. Service provider operating costs are estimated at between \$30,669,566 and \$34,845,500 for the full regional service. It is proposed that all of these costs be allocated to member communities based on the amount of service received by resident. As is currently done, member communities would use several different available funding sources to cover these costs. This would include fares collected from riders and credited to each member community, LTAF funding, Proposition 400 funding that has been allocated to the member communities, T2000 funding, city general fund monies and other funding deemed appropriate by each member community.

In the first year of the proposed regional program (2010), the total call center costs and service provider costs are estimated to be \$31,400,000. The estimated cost of continuing current Dial-a-Ride programs in the same year is \$29,400,000.

Finally, an estimated \$3,420,000 in capital costs are expected in the first year for the Phase I design and \$3,720,000 is estimated in year one for the full regional service. As is currently done, these costs would be funded with 80% federal S.5307 funding. The remaining 20% would be allocated to member communities – again based on the amount of service delivered to residents.

As Table 1 indicates, a total of \$2,637,600 would be required for Phase I in the first year from unallocated Proposition 400 funding to cover the added RPTA administrative costs as well as the call center start-up costs. After the first year, the additional RPTA administrative costs would need to continue to be covered by Proposition 400 funding. Assuming that administrative costs increase 3% per year from FY2010 through FY2026, the total amount of unallocated Proposition 400 funding needed through FY2026 is estimated to be \$21,835,302. At the time of this writing, the RPTA has indicated that about \$64 million of the expected Proposition 400 funding remains unallocated.

Table 1. Summary of Year One (FY2010) Costs and Proposed Funding for Phase I Design and Full Regional Paratransit Service

	Phase I Service Design	Full Regional Service
RPTA Administrative Costs	\$923,600	\$923,600
Proposed Admin. Funding:		
Unallocated Proposition 400	\$923,600	\$923,600
Call Center Start-Up Costs	\$1,714,000	\$1,885,400
Call Center Start-Up Funding:		
Unallocated Proposition 400	\$1,714,000	\$1,885,400
Call Center Operation Costs	\$2,509,100 - \$2,574,603	\$2,844,295 - \$2,918,313
Call Center Operation Funding:		
Member Communities	\$2,509,100 - \$2,574,603	\$2,844,295 - \$2,918,313
Service Provider Operations Costs	\$27,037,289 - \$30,639,475	\$30,669,566 - \$34,845,500
Member Communities	\$27,037,289 - \$30,639,475	\$30,669,566 - \$34,845,500
Capital Costs	\$3,420,000	\$3,720,000
Capital Funding:		
Federal S.5307 Capital	\$2,736,000	\$2,976,000
Member Communities	\$684,000	\$744,000
Total (All Costs)	\$35,603,989 - \$39,271,678	\$40,042,861 - \$44,292,813
Funding:		
Federal S.5307 Funding	\$2,736,000	\$2,976,000
Unallocated Proposition 400	\$2,637,600	\$2,809,000
Member Communities (Prop 400 allocations & other local funds)	\$30,230,389 - \$33,898,078	\$34,257,861 - \$38,507,813

ADDITIONAL RECOMMENDATIONS

In addition to recommending that paratransit be regionalized, the study recommends the following additional services.

ADA Eligibility Determinations

An in-person process for determining eligibility for ADA service is recommended. This will ensure that people who are certified meet the criteria for ADA service and will help to identify people whose mobility options can be enhanced through supplementary programs including travel training.

An accurate assessment of ADA eligibility is a component in facilitating seamless travel between jurisdictions. Improved regional travel will likely increase demand for service. In order for this improved regional travel to be affordable, it's important that it be provided to those who, because of their disability, are unable to use fixed-route transit.

Furthermore, more thorough eligibility determination will ensure that federally-required ADA service policies are met and that resources remain for communities to provide non-ADA service to seniors and other transit dependent people who do not qualify for ADA service.

Supplemental Transportation

In addition to implementing a regional paratransit service, we strongly recommend that the RPTA and its members expand travel options to people with disabilities, older adults and other transit dependent people including:

- Travel training to facilitate greater use of the fixed-route service
- Free fixed route bus and rail fares for people who are certified ADA eligible through an in-person assessment process
- Expansion of taxi programs throughout the region
- Paratransit to fixed route feeder systems

CONCLUSION

Implementation of the regional paratransit service plan identified in this study, along with the additional recommendations for in-person eligibility determination and supplemental programs, will provide improved service quality and better mobility for riders. Such service will bring the paratransit program for the region into a more comparable status with the current fixed route bus service.