LIVERMORE AMADOR VALLEY TRANSIT AUTHORITY  
1362 Rutan Court, Suite 100 
Livermore, CA 94551  

WHEELS Accessible Advisory Committee  

Meeting  

DATE: Wednesday, January 3, 2018  

PLACE: Dublin Library- Program Room  
200 Civic Plaza, Dublin, CA 94568  
PLEASE NOTE THE MEETING PLACE CHANGE  

TIME: 3:30 p.m.  

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AGENDA  

1. Call to Order  

A. Approval of Agenda and Modifications if necessary  

2. Citizens’ Forum: An opportunity for members of the audience to comment on a subject not listed on the agenda (under state law, no action may be taken at this meeting)  

3. MTC draft Coordinated Public Transit-Human Services Transportation Plan presentation (D. Shelton)  

Action  
Recommended by Staff  

3:30  

Action  

3:35  

Information  

3:40  

Information
4. Minutes of November 1, 2017 meeting (please review prior to meeting) Action 4:10

5. Chair’s Message Discussion 4:15


7. PAPCO Report Information 4:30


10. Adjournment Information 5:00

I hereby certify that this agenda was posted 72 hours in advance of the noted meeting.

Jennifer Suda 12/21/17
LAVTA Administrative Services Department Date

On request, the Livermore Amador Valley Transit Authority will provide written agenda materials in appropriate alternative formats, or disability-related modification or accommodation, including auxiliary aids or services, to enable individuals with disabilities to participate in public meetings. A written request, including name of the person, mailing address, phone number and brief description of the requested materials and preferred alternative format or auxiliary aid or service should be sent at least seven (7) days before the meeting. Requests should be sent to:

Executive Director
Livermore/Amador Valley Transit Authority
1362 Rutan Court, Suite 100
Livermore, CA 94551
Fax: 925.443.1375
Email: frontdesk@lavta.org
AGENDA

ITEM 3
SUBJECT: MTC Coordinated Plan Update

FROM: Christy Wegener, Director of Planning and Operations

DATE: January 3, 2018

Action Requested
None – information only

Background
In 2016, MTC staff began the process of updating the region’s Coordinated Public Transit-Human Services Transportation Plan, otherwise known as the Coordinated Plan. The goals of the Coordinated Plan are to identify gaps in transportation for seniors, individuals with disabilities and persons with low incomes. The plan sets out to identify solutions to address those gaps, and to identify strategies for improving coordination between public transit and human services agencies.

Discussion
MTC staff will present the updated draft Coordinated Plan during the meeting. Comments need to be submitted by January 11, 2018.

In the interest of saving paper and because of the size of the full Coordinated Plan, staff is only including Chapter 5 – Strategies as Attachment 1 to this staff report. The full plan can be found here: https://mtc.ca.gov/our-work/plans-projects/other-plans/coordinated-public-transit-human-services-transportation-plan

Recommendation
Staff recommends the WAAC discuss their feedback on the draft plan, and if there are comments, direct staff to submit those comments to MTC on behalf of the WAAC.

Attachment:
1. Coordinated Plan Chapter 5 - Strategies
5. REGIONAL STRATEGIES FOR COORDINATION

Transportation gaps and solutions identified in this Coordinated Plan become eligible for funding through federal funds distributed by MTC to regional partners, as well as other funds from state and county agencies. These eligible solutions are referred to as projects, and are outlined in Appendix E – Projects Eligible for Funding. Projects are concrete solutions—new vehicles, improved sidewalk infrastructure or accessible bus stops, and software systems are some examples.

Strategies—covered in this chapter—are bigger picture initiatives that stakeholders and MTC can implement or facilitate. These strategies grow directly from feedback received from user groups, their advocates, and existing local providers of transportation and human services. They are bounded by regional policies, and the powers that MTC and transit agencies, cities, counties, congestion management agencies, non-profits, providers, and other stakeholders have to fund and implement initiatives.
STRATEGY 1: COUNTY-BASED MOBILITY MANAGEMENT

In 2016, MTC staff prepared the Roadmap Study: A Bay Area Mobility Management Implementation Plan, the purpose of which was to assess ongoing mobility management efforts in each county, and lay the groundwork for successful implementation of mobility management region-wide. The study found that implementing a county-based mobility management strategy requires a multipronged approach. MTC would lead the development of a county-based mobility management program and continue to help leaders on a local level to coordinate mobility services for an entire spectrum of transportation providers. The approach and recommendations are detailed in this section.

Development of a County-Based Mobility Management Program

The promise of mobility management is two-fold: to improve the mobility of traditionally underserved groups by directing passengers to available transportation options, and to increase the efficiency of the overall system of public transit and human service transportation through coordination. Mobility management is of the utmost importance due to its ability to leverage and enhance the effectiveness and efficiency of other projects and strategies listed in this Coordinated Plan. Based on best practices, MTC expects county-based mobility management programs would include three key components:

1. **Countywide travel training,**

2. **In-person ADA paratransit certifications,** and

3. **Coordination of information and referrals (IandR) through the provision of a mobility manager in every Bay Area county.**

MTC’s primary roles in facilitating such a program would include:

- Supporting funding for locally led, county-based mobility management programs, and associated program components in each county, including county one-call/one-click systems for trip planning; coordinated travel training programs for those currently not using the fixed-route system; and enhanced ADA paratransit certification processes for each transit provider.

- Serving as the central point of contact for county mobility managers, providing resources and technical support.

- Leveraging the 511 system or other available traveler information system for its role in providing travel information. for its role in providing travel information.

- Encouraging the creation of Consolidated Transportation Service Agencies (CTSAs) in each county. CTSAs are a mechanism for promoting mobility management. Through an MTC designation process, County Board of Supervisors, Paratransit Coordinating Councils, County Congestion Management Agencies, and transit operators confirm their support of an official mobility manager for the county. (Appendix D lays out the process for designating CTSAs in the San Francisco Bay Area.)

In addition, MTC should work with county led mobility management efforts to ensure that each county has created and maintains an online inventory of accessible vehicles in each county (e.g. all 5310-funded vehicles plus other public transit and human service transportation vehicles). This list should be shared with County-level offices of emergency services and would improve the ability of agencies to coordinate and/or enter into public-private partnerships to provide wheelchair-accessible trips.

This would increase the effectiveness of investments in the accessible fleet. MTC should also ensure that each county mobility manager provides assistance to 5310 applicants to help with applications and federal compliance, and that within each county there is a mechanism by which applicants can “piggyback” onto statewide commodity contracts (vehicles, software, capital investments) to increase cost efficiency of vehicle investments.

MTC should work with county-based mobility management efforts to make sure that each county mobility manager facilitates joint driver training and follow-up customer satisfaction surveys to monitor success, and provide assistance in the development and funding of new transportation services.

**Best Practice Example:**

**Ride Connection (Portland, Oregon)**: 37 Ride Connection is a private non-profit that coordinates the transportation operations of 30+ small community-based providers of elderly and disabled transportation services. The services it provides are summarized in Figure 5.1.

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Figure 5.1 Ride Connection Support Services Provided to Service Partners

<table>
<thead>
<tr>
<th>Support Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Service coordination between partners</td>
</tr>
<tr>
<td>• Customer service monitoring</td>
</tr>
<tr>
<td>• Grant writing, fundraising, and serving as conduit for state and federal fund</td>
</tr>
<tr>
<td>• Service planning, which includes coordination of existing services for efficiency and creation and implementation of innovative ideas to meet local and regional transportation needs in the community</td>
</tr>
<tr>
<td>• Individual travel ability assessment</td>
</tr>
<tr>
<td>• Web-based tools for daily operations and reporting</td>
</tr>
<tr>
<td>• Contract administration, compliance and performance monitoring</td>
</tr>
<tr>
<td>• Advocacy for individuals with transportation needs and for community-based service partners who meet those needs</td>
</tr>
<tr>
<td>• Driver, partner and staff training and development</td>
</tr>
<tr>
<td>• Data management and reporting support</td>
</tr>
<tr>
<td>• Outreach and joint marketing of regional transportation services</td>
</tr>
<tr>
<td>• Technical assistance and support to service partners and community organization</td>
</tr>
<tr>
<td>• Accessible fleet acquisition</td>
</tr>
<tr>
<td>• Volunteer recruitment assistance</td>
</tr>
<tr>
<td>• Management and maintenance of a 100+ fleet</td>
</tr>
<tr>
<td>• Service scheduling and centralized call center services for a growing number of partners</td>
</tr>
</tbody>
</table>

**SOURCE:** TriMet Coordinated Transportation Plan for Elderly and People with Disabilities 2012

Ride Connection provides information for all transportation options available to older adults and people with disabilities in the region, and refers people to the options that best fit their circumstances. With one call to Ride Connection, a rider can either access Ride Connection services or be connected to another service provider in the region who can best serve her/him.

**Facilitate Coordination**

Coordination is essential for meeting the needs of seniors, people with disabilities, veterans, and those with low incomes. To best serve the region's needs for mobility services, partnerships need to involve the entire spectrum of transportation providers: providers of public fixed route transit, human service transportation providers, private taxi and ride-hailing services, departments of health and human services, advocacy groups, faith-based groups, medical and dialysis providers and providers of support services to low-income populations, seniors and individuals with disabilities.

As a funder and evaluator of grant applications, MTC has been and should continue to award extra points to projects and proposals that address cross-county or regional connections by including coordination as an evaluation criterion in appropriate fund programs. MTC will continue to provide a venue for inter-agency coordination.

**Best Practice Example:**

**King County Access (King County Metro)**38, 39: King County Access provides paratransit service in King County, Washington. A paratransit rider making an “Out of County Transfer trip” only needs to make a reservation with King County Access. Access will coordinate the trip scheduling with the connecting agency. King County Access recommends that riders call as early in the day as possible to give the two agencies time to coordinate the Out of County Transfer trip before the end of the day.

Access has designated transfer points for Out of County Transfer trips at transit stations or park-and-rides near the boundaries of neighboring counties. On the day of an Out of County Transfer trip, Access will pick up the rider at her/his origin, and drive her/him to the transfer point. Drivers and dispatch staff at both agencies coordinate with each other to communicate times of arrival. If the driver from the paratransit agency in the neighboring county has not arrived at a transfer point when the Access driver arrives, the Access driver will wait with the passenger until the connecting driver gets there.

This transfer method of two paratransit drivers meeting to transfer the rider from one vehicle to another – without leaving a rider at a transfer point unattended – is also known as a “hand-off.” While there is an example of a Bay Area provider that has also adopted the “hand-off” model (East Bay Paratransit), most of the larger systems have yet to implement this practice.

38 King County Metro. Access Ride Guide. 2015. metro.kingcounty.gov/tops/accessible/pdf/AccessRideGuide.pdf
39 King County Access Call Staff. Phone Interview by Nelson Nygaard. February 17, 2017.
**Recommendations for MTC**

**Plan and Implement Mobility Management Technical Assistance Program**

As regional partners begin to develop local mobility management functions, MTC staff should develop a technical assistance program to advise partners on the implementation of travel training, in-person eligibility, and information and referral programs.

**Set Schedule for Coordination Summits and Assess Opportunities to Incentivize Coordination**

Coordination takes preparation. MTC should keep the momentum from the Coordinated Plan and Roadmap Study efforts by establishing a schedule of regional coordination summits and topics for the convening.

MTC can host regular events with transit operators, human service agencies, CMAs, and other coordination partners. MTC can also begin to assess specific opportunities, suggested in this chapter of this plan, to incentivize coordination among transit operators and human services providers.

**Identify Sustainable Sources of Flexible Funding for County-Based Mobility Management**

Within one to two years of Coordinated Plan adoption, MTC should work with county and local stakeholder to identify funding for county-based mobility management in programs.

**Recommendations for Partners**

**Develop New County-Based Mobility Management and Related Initiatives**

In the first one to two years of this plan’s adoption, regional partners should begin to develop new mobility management functions across the Bay Area. In the first two years of this plan’s implementation, county partners are expected to consider how to fund county-based mobility management functions, such as travel training, information and referral services, and ADA paratransit in-person eligibility and conditional eligibility policies.

**Contribute to Regular Coordination Summits**

To leverage coordination opportunities, CMAs, transit operators, human service providers, and other partners should commit to contributing and participating in regular coordination summits.

**Create Consolidated Transportation Service Agencies and Seek Funding for County-Based Mobility Manager Positions**

Local entities can request to become designated as a Consolidated Transportation Service Agency (CTSA) from MTC. The CTSA designation empowers each county to build out a full mobility management program that facilitates coordination between local social service agencies and transportation providers. In the next one to two years, counties that lack a CTSA should seek designation, or develop a plan to build CTSA capacity in their county. (Appendix D lays out the process for designating CTSAs in the San Francisco Bay Area.)

**STRATEGY 2: IMPROVE PARATRANSIT**

Paratransit services should be improved to better meet the needs of customers. The recommended approach is to improve access to healthcare, reduce the cost of service, and make it easier to pay for ADA paratransit services.

**Address Access to Healthcare**

The ongoing consolidation of healthcare centers and tendency to locate in peripheral locations has reduced transit accessibility to medical services. Although ADA paratransit and non-profit providers have been required to increase the volume and length of trips for medical purposes, there is currently no unified funding mechanism in place in the Bay Area for providers to recover the costs of these trips from Medi-Cal. However, “non-emergency transportation” is one of the reimbursable activities under the Medi-Cal program.

Non-emergency transportation vehicles include taxis, buses, trains, cars, and vans. Time spent and actual expenses, such as taxi vouchers and bus passes, can be claimed through County-Based Medi-Cal Administrative Activities (CMAAs). However, there is a requirement to use the lowest cost option, which often results in reimbursement being limited to transit fares.

Attempts to address this issue have been ongoing for a number of years in California. MTC can play a role by exploring a cost recovery program for Medi-Cal non-emergency transportation in the Bay Area for public and private transportation providers who are coordinating with county-based mobility management efforts. As part of the development of this program, the types of entities that would be eligible for participation should be determined, in addition to an overall implementation plan.
Given the lack of reimbursement programs, MTC could also explore other ways to help agencies contain costs. For instance, costs are particularly burdensome for ADA paratransit providers who provide subscription trips to individuals requiring dialysis. ADA paratransit providers receive no financial contribution from the clinics whose clients receive these services. MTC could bring the parties together to arrive at cost sharing arrangements that would exceed the fare paid by riders.

Finally, MTC could play a role in addressing service gaps to medical services by linking NEMTs and TNCs to increase capacity and provide accessible service to medical destinations. This could be achieved through MTC grants for pilot programs and/or technical assistance.

**Reduce the Cost of Providing ADA Paratransit**

Due to the growing population of ADA-eligible passengers, the increasing difficulty of hiring and retaining paratransit drivers, and other national trends indicating increased labor costs, the costs of providing ADA paratransit are rising. Strategies to address these costs are:

- Increasing the use of in-person eligibility assessments and conditional eligibility policies. Transit agencies should implement in-person assessments, as well as evaluations of applicants’ functional mobility by trained professionals to provide conditional eligibility.

- Piloting trip-screening modules in scheduling software to facilitate the implementation of conditional eligibility policies. Funding for this technology can be prioritized, and can assist in coordinating the phased development of a regional database of accessible bus stops to inform trip-screening.

- Promoting the use of Interactive Voice Response (IVR) systems to remind passengers of upcoming trips and communicate imminent arrival. IVR systems will help reduce no-shows and late cancels.

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**Best Practice Examples:**

Most large paratransit systems in the U.S. now use in-person eligibility assessments, including functional assessments, in order to achieve more accurate eligibility determinations. One of the key benefits of this eligibility model is the ability to determine the conditions under which an applicant can ride fixed route service, even if for some of their trips.

Conditional eligibility is routinely applied in Seattle, Pittsburgh, Philadelphia, Tacoma, and Salt Lake City, and the trend is towards greater implementation. Systems that have been successful in implementing conditional eligibility generally have between 12 and 14 conditional categories, although King County Metro has over 20. Following is a listing of some of the key categories that are used by transit agencies in applying conditional eligibility:

- Street barriers (e.g. lack of sidewalks or curb cuts)
- Distance
- Slope
- Seasonal
- Snow/ice
- Temperatures
- Darkness
- Need for transfers on fixed-route
- Travel trained
- Dialysis

Transit agencies use a variety of approaches to apply eligibility conditions. King County Metro identifies conditionally eligible riders who request the same trip with some frequency. They then conduct a “pathway review” to determine if the individual would actually be able to negotiate the paths between the nearest transit stops and their points of origin and destination. If this is an option, they inform the customer of their fixed route options and do not provide the trip on paratransit. Accessible Services staff have estimated annual savings of approximately $845,000 in Access operating costs because of this approach.

In Pittsburgh, ACCESS applicants are given very specific information about their eligibility to ensure that both reservationists and the riders have a common understanding of which trips are eligible. Since 2005, ACCESS has been applying eligibility conditions on all trips requested by those with conditional eligibility.
ACCESS has found that about 29-35 percent of applicants are determined conditionally eligible, but they only take about 18 percent of the trips, and about half of those are subscription trips. This proportion of trips has not changed in nearly ten years. Therefore, the screening process, while not insignificant, is not as substantial as is commonly assumed.

ACCESS generates regular reports about conditional and feeder trips so they can evaluate the barriers that create eligibility. If these barriers can be addressed, the agency tries to implement mitigations, such as making bus stops accessible, installing traffic signalization and curb cuts.

The agency has had only limited success in this effort – but knowing why people need to use paratransit is helpful in planning efforts.

**Make it Easier to Pay for Paratransit**

Without contributing to the cost of providing ADA paratransit, operators can provide seamless paratransit payment options for passengers. The cost of on-vehicle card readers necessary for the use of Clipper cards is prohibitive given the relative lower volume of trips provided on paratransit as compared to fixed-route.

Clipper 2.0 may be able to include paratransit as a parameter in the new system. Other solutions may be available using current technology (RTC Clipper Cards), such as a system in which payment for the trip is secured upon booking, and processed upon taking the trip.

**Figure 5.2 Access Services Paratransit Payment Methods**

<table>
<thead>
<tr>
<th>Support Services</th>
<th>Payment Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>At Boarding</td>
<td>Cash</td>
</tr>
<tr>
<td></td>
<td>Credit/Debit Card</td>
</tr>
<tr>
<td>In Advance</td>
<td>Purchase Coupons In-Person (Pomona Valley Transit Authority, City of Santa Fe Springs, City of Azusa Bus Pass Window)</td>
</tr>
<tr>
<td></td>
<td>Order Coupons by Mail</td>
</tr>
<tr>
<td></td>
<td>Order Coupons Online</td>
</tr>
<tr>
<td></td>
<td>Pre-Load Access Rider ID/TAP card</td>
</tr>
</tbody>
</table>

**SOURCE:** Access Services

**Best Practice Example:**

**Access Services (Los Angeles County):** Access Services provides paratransit services on behalf of Los Angeles County’s 44 fixed route transit providers. It is the county’s Consolidated Transportation Services Agency (CTSA). Access offers multiple options for riders to pay for paratransit trips both before and at boarding (Figure 5.2).

Having several options for paying both in advance and at boarding allows riders the flexibility to reduce their boarding time with pre-payment options, or pay when they board if there was less planning in advance of the trip. Riders can pre-load funds for paratransit rides onto their Access Rider ID/TAP card. At boarding time, the driver can then swipe their card, and the fare will be deducted automatically from the rider’s Access Rider ID/TAP card account balance.

Riders can also pre-pay for upcoming trips by purchasing ride coupons in-person at a local transit agency, by mail, or online at Access’s website. If a rider does not have a form of prepayment for a paratransit trip, she/he can pay the driver with a credit/debit card, or cash in exact change. The pre-paid Access Rider ID/TAP card and coupons save time during boarding, because they forego the time spent providing exact change cash to a driver.

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41 Access Services. How to Pay for Your Ride. accessla.org/ riding_access/access_riders_guide/pay_your_ride.html#
Recommendations for MTC

Begin Policy Discussion around Medi-Cal Cost Recovery Program for the Bay Area

To address the growing costs of transportation to healthcare in the Bay Area, in the next 6 to 12 months, MTC can begin internal policy discussions regarding how to leverage available reimbursements for non-emergency medical trips. The first step is to identify the types of entities that would be eligible to participate in the program and those who would likely participate in such a program.

Convene Task Force to Assist Implementation of In-Person Eligibility

MTC can use its position as a regional resource to convene a task force to assist in the implementation of in-person eligibility and functional testing procedures at each of the region’s transit operators that do not currently use this eligibility model. This effort can increase the effectiveness of new funding made available to regional operators for the implementation of county-based mobility management.

Recommendations for Partners

Take Opportunities to Expand Subsidized Same-Day Trip Programs

Paratransit users and operators alike see benefits in expanding options for same-day trips. Same-day trip programs provide greater mobility options and flexibility to riders, and operators may realize cost savings through innovative partnerships. Some public transit agencies across the Bay Area already have programs, typically in partnership with local taxi companies, and some are exploring relationships with ride-hailing companies. In counties where local sales taxes have afforded the opportunity to provide additional supplemental service for seniors and people with disabilities, municipal programs also exist. However, many individuals who would benefit from such programs, including veterans and those with low incomes, lack access. In the next one to two years, operators and providers should explore opportunities to implement these programs.

Implement Medi-Cal Cost Recovery Program

To address the growing costs of transportation to healthcare in the Bay Area, paratransit providers can implement Medi-Cal cost recovery programs. Recovered costs could be put back into the paratransit system, or used to fund less expensive non-ADA services.

STRATEGY 3: PROVIDE MOBILITY SOLUTIONS TO SUBURBAN AREAS

The suburbanization of poverty has resulted in challenges providing fixed-route services in low-density development areas. MTC can help the region address some of these challenges by implementing recommendations for an expansion of suburban mobility options.

Increase Suburban Mobility Options

New and expanded transportation solutions are needed for addressing mobility challenges that result from the suburbanization of poverty and older adults. Suburban development patterns are characterized by medium- and low-density land uses, which are often incompatible with traditional fixed-route transit service. Flexible, demand-responsive solutions are necessary to provide mobility in these areas.

Technical assistance for Bay Area agencies and organizations interested in developing public-private partnerships for new suburban mobility options is needed. MTC can provide guidance on requirements and best practices for ensuring equitable access to all mobility options. MTC and Bay Area operators can establish minimum data sharing requirements and minimum service characteristics. Technical assistance and region wide policies can help transit agencies and human service transportation providers expand non-ADA subsidized same-day trip programs through partnerships with taxi or ride-hailing companies. Subsidized carshare programs and low-income vehicle loan programs are essential to ensuring that low-income people have access to vehicles when trip patterns render transit not an option.

Best Practice Examples:

KEYS Auto Loan Program (Contra Costa County):
The Keeping Employment Equals Your Success (KEYS) Auto Loan Program at Contra Costa County’s Employment and Human Services Department (EHSD) offers a low-interest auto loan for CalWORKs participants who are unable to qualify for an auto loan on their own. In order to qualify for an auto loan in the KEYS program, a CalWORKs participant must meet the following eligibility requirements:

- Valid driver’s license
- No more than one point on driving record
- Employed full-time with the same employer for at least three months
An eligible CalWORKs participant may be eligible for a loan up to $5000. The loan recipient must pay back their KEYS loan within a two-year period over monthly payments. Additionally, she or he must attend basic automobile maintenance and budget management classes.

**DriveForward (Peninsula Family Service):** Peninsula Family Service’s DriveForward program offers auto loans to help individuals who cannot qualify for an auto loan on their own acquire a car, and mend their credit. To qualify for participation in the DriveForward program, a person must meet the following eligibility requirements:

- Valid California driver’s license
- Annual household income of $75,000 or less (for a family of three)
- Live or work in San Mateo or Santa Clara counties
- Demonstrate ability to afford loan payments
- Attend a financial workshop
- Meet one-on-one with a member of the Peninsula Family Service Financial Empowerment Team

If a person meets the requirements and is approved by the Peninsula Family Service Loan Committee, she or he must select a vehicle that passes third-party certified mechanic inspection before purchasing. DriveForward requires the inspection before issuing a loan in an effort to ensure that a vehicle is safe for the participant.

**LAVTA GoDublin Pilot:** In 2017, the Livermore-Amador Valley Transportation Authority launched GoDublin, a year-long pilot partnership between the agency, two ride-hailing companies, and a local taxi company. In the pilot, participants can use a unique code either through the ride-hailing apps or with the taxi company to receive a discount on rides that start and end within the jurisdictional boundaries of Dublin, CA. The pilot grew out of the agency’s 2016 Comprehensive Operational Analysis, which revealed low productivity on two routes and spurred the agency to consider supplemental service as a way to maintain coverage more cost-effectively.

Like other transit/ride-hailing partnerships, this pilot is still in its early days and no formal evaluation of impacts has been conducted. The agency plans to conduct and release such an evaluation by the end of 2017. As such, this, and other transit/ride-hailing partnerships, are not best practice examples per se, but rather demonstrate a recent trend for agencies trying to address suburban mobility challenges in a more cost effective manner.

**Recommendations for MTC**

**Define the Channels to Provide Shared Mobility Technical Assistance**

Human service providers, transit agencies, and municipalities serving seniors, people with disabilities, veterans, and low-income groups in the Bay Area want to leverage new mobility service providers — such as carshare, ride-hailing, and bikesharing — to serve their constituents and reduce costs.

MTC can help ensure that partnerships have the best interests of all, and can start by defining appropriate channels to provide technical assistance.

Key areas include:

- Providing regular venues for agencies who have piloted flexible transit in low-density areas (e.g. VTA and AC Transit) to communicate lessons learned and best practices to other transit agencies.
- Creating a region wide policy statement on the goals of public/private shared mobility partnerships and the values they should uphold in coordination and alignment with similar ongoing efforts within the agency.
- Establishing recommended policies for minimum data sharing requirements and service characteristics for public-private partnerships in coordination and alignment with similar ongoing efforts within the agency.

**Recommendations for Partners**

**Fund Low-Income Vehicle Programs**

County transportation and transit agencies should prioritize and fund low-income carshare subsidy programs to increase access to vehicles for occasional trip needs, such as shopping or medical appointments. Implementation partners may be cities with on-street carshare programs, senior centers or large developments that provide access to carshare vehicles on-site, or non-profits who can coordinate across several carsharing programs.

MTC and County transportation and transit agencies should prioritize and fund low-income vehicle loan programs for individuals whose typical trip patterns render transit not an option. This program would include funds for vehicle purchase, insurance, and maintenance, and could be implemented in coordination with county-level partners.
Prioritize One-Click Systems

County transportation and transit agencies should prioritize the development and funding of one-click systems that increase the awareness of existing suburban mobility options, and potentially make it easier to pay for trips. CMAs and mobility managers should ensure the integration of all locally available public and private mobility options to increase the availability of non-driving options.

STRATEGY 4: MEANS-BASED FARES*

Regional Means-Based Transit Fare Programs

Based on comprehensive input from stakeholders in the needs assessment of this plan, as well as other Bay Area needs assessments and studies, transit affordability has been and continues to be a key issue for some segments of the population.

MTC has been leading a study to develop scenarios and evaluate the feasibility of implementing a regional means-based transit fare program in the nine-county Bay Area to make transit more affordable for low-income residents. The findings and recommendations of this study are expected to be available in fall 2017. Recommendations for MTC and agency partners are outlined below.

Recommendations for MTC and Partners

Build Consensus for Implementation of Means-Based Fares

Pending the conclusion of the Means-Based Fare Study, MTC should continue working with transit operators to develop an implementable program and seek funding to support this effort.

STRATEGY 5: SHARED AND FUTURE MOBILITY OPPORTUNITIES*

Advocate for the Accessibility of Emerging Shared Mobility Solutions and Autonomous Vehicles

Shared mobility solutions, such as bikeshare, carshare, ride-hailing, and microtransit are options available to the public today. Most shared mobility providers are private entities, and as such may or may not prioritize service to traditionally underserved groups. MTC, CMAs, cities and counties can play an important role in ensuring access to these systems and their future driverless products, which, when taken together with public transit, promise a more seamless and convenient mobility ecosystem. MTC, CMAs, cities and counties should:

- Leverage shared and future mobility programs to liaise with the technology and automotive industries and advocate for the physical, temporal, financial, and geographic accessibility of these systems for users of all abilities
- Develop a statement of guidance to formalize agency position on these topics
- Create and fund accessible bikeshare pilots with local partners
- Create and fund subsidized shared mobility programs, such as was recently implemented by MTC with Bay Area Bike Share (now Ford GoBike), to increase access to low-income populations by incentivizing private providers to locate in traditionally underserved areas at discounted rates
- Fund cities’ and non-profits’ purchase of wheelchair-accessible vehicles to contribute to a “flexible fleet,” made available to taxi companies, ride-hailing services, or carsharing programs

Best Practice Examples:

Los Angeles: In August 2016, the City of Los Angeles’ Transportation Technology Strategist published “Urban Mobility in a Digital Age,” a plan to focus the City’s regulatory and service provision responsibilities in an evolving ecosystem of mobility choices. Later that year, the Shared Use Mobility Center, TransitCenter, and the William and Flora Hewlett Foundation collaborated with Los Angeles County to create the “Shared Mobility Action Plan for Los Angeles County.”

Each of these guiding documents highlights accessibility — both physical and economic accessibility — as necessary goals for shared mobility and autonomous vehicles within their jurisdictions. Further, both recognize the important role of local government in ensuring accessibility as a means to achieve community values.

“Without a proactive role by local government, connected and automated vehicles may not fulfill the promise of making our roadways safer, more efficient, and more accessible.”

“As California considers strategies to put TNCs and taxis on an ‘even playing field’ through statewide regulation, several of the taxi industry’s legacy

*Pending Commission Direction

42 Urban Mobility in a Digital Age. Los Angeles, CA: City of Los Angeles, 2016
consumer and safety provisions — such as mandates to provide wheelchair-accessible vehicles and serve low-income neighborhoods — hang in the balance.”

The Shared Mobility Action Plan makes a specific policy recommendation to apply public transit’s focus on equity and accessibility to shared mobility. The plan encourages the County to work closely with Access Services — the county’s ADA Paratransit provider and Consolidated Transportation Services Agency (CTSA) — to “identify and test how shared mobility can meet ADA requirements and improve the rider experience.” In March 2017, a Shared Mobility Action Plan Implementers Council — comprised of stakeholders from transit agencies, cities, advocates, and mobility service providers — was formed to coordinate implementation efforts.

**STRATEGY 6: IMPROVE MOBILITY FOR VETERANS**

**Veterans’-Specific Mobility Services**

Some of veterans’ mobility needs will be addressed by other strategies recommended in this plan — such as creating a more seamless transit experience or means-based fare programs. However, additional mobility services could address the affordability and access needs unique to veterans in the Bay Area, such as implementing new services for medical long-distance trips.

**Serve Long-Distance Medical Trips for Veterans and Local Veterans’ Shuttles**

MTC can also support the development of new services designed specifically for veterans. While some of the Bay Area’s veteran population is concentrated close to VA Hospitals and other veteran-specific health clinics, many parts of the region are more rural in nature, and veterans must travel long distances to reach the care they need. Other regions have set up frequent long-distance coach bus services to connect veterans with these health centers. In other locations, transit agencies have designed fixed-route shuttles around the specific needs of veterans (based on their home locations and health clinics or community centers). Volunteer driver programs have had difficulty serving these types of trips due to constraints in recruiting veteran drivers.

**Best Practice Example:**

- **Lufkin-Houston Veterans Bus:** Former U.S. Congressman Charlie Wilson was instrumental in obtaining private funding for the launch of a coach bus service between Lufkin and Houston — where the VA has a large medical center. The vehicle was funded by a local foundation that coordinated volunteers to distribute coffee and donuts to passengers each morning. The program, administered by the Brazos Transit District and operated by Coach America, transports 35 to 40 veterans every day. Since the launch of the service, additional “last-mile” shuttles have been initiated to connect people to Lufkin from smaller communities up to 40 miles away. Angelina County determined that a volunteer driver program was infeasible for this need given the distance and scale of demand.

- **Monterey-Salinas Transit (MST) Veterans Shuttle:** In May 2017, MST launched a new fixed-route service designed to meet the local mobility needs of veterans. A new VA clinic will open in August, and the route serves that destination as well as an integrated health facility and an area with veteran residential density.

**Create a Forum for Veterans to Advise MTC on Mobility Needs**

This plan recognizes that there are further opportunities to address veterans’ mobility needs in the Bay Area. In some cases, the needs are regional in nature; in others, there are specific local gaps. However, more dialogue is needed to refine strategies to meet Bay Area veterans’ needs. MTC can coordinate forums for this dialogue to take place.

**RECOMMENDATIONS TIMELINE**

This section outlines the recommended timeline for the immediate and longer-term steps required for MTC, CMAs, transit providers, and human services providers to adopt and implement this plan.

**Figure 5.3** lists each component of the previously listed strategies. The recommended timeline for implementing each recommendation is included in the figure.

The timeline categorizes the recommendations into the following periods: **Keep the Momentum (next 6-12 months), Implement the Basics (next 1-2 years), and Build Out the Program (next 3-5 years).** Each recommendation is also marked with the anticipated level of effort required for implementation. These are categorized as minimal, moderate, and high.
**Figure 5.3 Implementation Timeline**

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Recommendation</th>
<th>Timeline</th>
<th>Level of Effort</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STRATEGY 1: COUNTY-BASED MOBILITY MANAGEMENT</strong></td>
<td>Recognize Mobility Management as a Regional Priority</td>
<td>Keep the Momentum (next 6-12 months)</td>
<td>Minimal</td>
</tr>
<tr>
<td></td>
<td>Set Schedule for Coordination Summits and Assess Opportunities to Incentivize Coordination</td>
<td>Keep the Momentum (next 6-12 months)</td>
<td>Minimal</td>
</tr>
<tr>
<td></td>
<td>Identify Sustainable Sources of Flexible Funding for County-Based Mobility Management</td>
<td>Implement the Basics (next 1-2 years)</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>Plan and Implement Mobility Management Technical Assistance Program</td>
<td>Implement the Basics (next 1-2 years)</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>Implement Regular Coordination Summits</td>
<td>Implement the Basics (next 1-2 years)</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>Create Consolidated Transportation Service Agencies and Seek Funding for County-Based Mobility Manager Positions</td>
<td>Build Out the Program (next 3-5 years)</td>
<td>High</td>
</tr>
<tr>
<td><strong>STRATEGY 2: IMPROVE PARATRANSIT</strong></td>
<td>Begin Policy Discussion around Medi-Cal Cost Recovery Program for the Bay Area</td>
<td>Keep the Momentum (next 6-12 months)</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>Convene Task Force to Assist in Implementation of In-Person Eligibility</td>
<td>Implement the Basics (next 1-2 years)</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>Take Opportunities to Expand Subsidized Same-Day Trip Programs</td>
<td>Implement the Basics (next 1-2 years)</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>Implement Medi-Cal Cost Recovery Program</td>
<td>Build Out the Program (next 3-5 years)</td>
<td>High</td>
</tr>
<tr>
<td><strong>STRATEGY 3: PROVIDE MOBILITY SOLUTIONS TO SUBURBAN AREAS</strong></td>
<td>Define the Channels to Provide Shared Mobility Technical Assistance</td>
<td>Keep the Momentum (next 6-12 months)</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>Fund Low-Income Vehicle Programs</td>
<td>Implement the Basics (next 1-2 years)</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>Prioritize One-Click Systems</td>
<td>Build Out the Program (next 3-5 years)</td>
<td>High</td>
</tr>
<tr>
<td><strong>STRATEGY 4: MEANS BASED FARE</strong></td>
<td>Build Consensus for Implementation of Means-Based Fares</td>
<td>Keep the Momentum (next 6-12 months)</td>
<td>High</td>
</tr>
<tr>
<td><strong>STRATEGY 5: SHARED AND FUTURE MOBILITY OPPORTUNITIES</strong></td>
<td>Advocate for Equity in Shared and Autonomous Mobility Services</td>
<td>Implement the Basics (next 1-2 years)</td>
<td>Moderate</td>
</tr>
<tr>
<td><strong>STRATEGY 6: IMPROVE MOBILITY FOR VETERANS</strong></td>
<td>Create a Forum for Veterans’ Mobility Needs</td>
<td>Implement the Basics (next 1-2 years)</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>Identify Funding for Veterans’-Specific Mobility Services</td>
<td>Build Out the Program (next 3-5 years)</td>
<td>High</td>
</tr>
</tbody>
</table>

*Pending Commission Direction

**PROGRESS REPORTING**

Prior to the next Coordinated Plan update, MTC should assess progress made to implement the strategies called for in this Coordinated Plan. This assessment should include a report back to the members of this plan’s Technical Advisory Committee and an update to the Commission. The evaluation will provide valuable input to the Coordinated Plan’s next update, and should not wait until the next planning phase commences. Rather, a bi-annual progress reporting schedule is recommended.
AGENDA

ITEM 4
DATE: Wednesday, November 1, 2017

PLACE: Dublin Civic Center, Regional Room
       200 Civic Center Plaza, Dublin, CA 94568

TIME: 3:00 p.m.

DRAFT MINUTES

1. Call to Order
The WAAC Chair Herb Hastings called the meeting to order at 2:59 pm.

Agenda was approved.
Mack/Buckholz

Members Present:
Connie Mack    City of Dublin
Shawn Costello City of Dublin
Helen Buckholz City of Dublin – Alternate
Carmen Rivera-Hendrickson City of Pleasanton
Regina Linse  City of Pleasanton
Sue Tuite    City of Pleasanton – Alternate
Herb Hastings County of Alameda
Judy LaMarre County of Alameda – Alternate
Melanie Henry Social Services Member
Amy Mauldin Social Services Member
Esther Waltz  PAPCO Representative

Staff Present:
Christy Wegener LAVTA
Kadri Kulm    LAVTA
Juana Lopez  MTM
Lindsay Bookhammer MTM
Christian Pereira MV Transportation
2. **Mobility Forward Update and Presentation.**
This part of the meeting was a joint Wheels Accessible Advisory Committee and Pleasanton Paratransit Task Force (PPTF) Committee meeting. Nelson\Nygaard gave a presentation on the status of the Mobility Forward: Tri-Valley Paratransit Assessment study. The study team presented potential recommendations from the study, including Wheels becoming more in-line with ADA-mandated service in terms of service area and hours. Additional potential recommendations include Pleasanton no longer operating ADA service and LAVTA picking up those trips instead. The study team asked for the committee members’ feedback on the potential changes to the two transit system’s service delivery.

Carmen Rivera-Hendrickson said that Pleasanton seniors don’t like changes and that there are different pick-up needs for different consumers. She also expressed concerns that if Pleasanton no longer provided ADA service they would not have wheelchair accessible vehicles. Herb Hasting asked why there are two entities providing service in Pleasanton. Art Tenbirk from PPTF said it makes sense for the two entities to use the same scheduling system. Maureen Swinbank from PPTF was concerned about LAVTA changing the Dial-A-Ride service area to become more in-line with ADA as it would leave holes of coverage in Livermore.

3. **Citizens’ Forum: An opportunity for members of the audience to comment on a subject not listed on the agenda (under state law, no action may be taken at this meeting)**
Livermore resident Robert Allen liked how the Wheels bus service was provided to the Alameda County Fair this year, and appreciates the recommendation from the WAAC to adjust the Fair pickup spot at BART.

4. **Minutes of the September 6, 2017 meetings of the Committee**
Approved with corrections.
Waltz/Costello
Rivera-Hendrickson abstained
4. **Chair’s Message**  
The Chair Herb Hastings reminded the committee members of the importance of being a positive supportive advisory committee providing this important service for LAVTA.

5. **Election of the WAAC Vice Chair**  
Social Services representative Amy Mauldin was elected for the committee Vice-Chair position for the reminder of the FY18.

6. **LAVTA ADA Paratransit Eligibility Interviews Statistics**  
Staff provided statistics on the eligibility interviews.

7. **PAPCO Report**  
Esther Waltz reported on the September and October PAPCO meetings.

Sue Tuite said that the reservationists keep asking the spelling of her name. She also mentioned that her pick-up time got pushed back and she didn’t get called about it, but she didn’t remember when it happened. Judy LaMarre said that the same thing has happened to her.

Juana Lopez introduced Lindsay Bookhammer from MTM.

A Committee member inquired as to whether a DAR client could also ride as a Personal Care Attendant (PCA). The answer is yes.

9. **Fixed Route Issues – Suggestions for Changes**  
Shawn Costello was interested in having complaint/comment cards available on buses. Staff said that Shawn can be provided with a piece of paper he can use to mail in his complaint or he can always call in his complaint. Staff also said that the sooner complaints are called in the better because the video recordings from buses get over-written after a period of time.

Carmen Rivera-Hendrickson said that when the bus made a turn on the day of the meeting her chair went up on two wheels, but she was hooked up properly. Staff will be investigating the incident.

Judy LaMarre inquired about a construction project on Pacific Ave impacting the Route 14 bus stop in Livermore. Staff indicated that if the current stop was shut down, there would be a temporary stop available in the near vicinity. Staff will follow-up with the City on the project.
Helen Buckholz informed the Committee that she has received confirmation from the College and the boy scouts for surveying in Dublin. She is waiting on permission from the Mayor.

10. **Adjourn**
The meeting was adjourned at 5pm.
SUBJECT: FY 2018 1st Quarter Report – Operations

FROM: Kadri Külm, Paratransit Planner

DATE: January 3, 2018

Action Requested
This is an informational item.

Background
This report is intended to provide the Committee with a summary of paratransit operations for the first quarter of FY2018 (July to September, 2017).

Discussion
The graph below provides an overview of the historic paratransit ridership trend from the agency’s inception thru the fiscal year FY2017:
The paratransit ridership has increased slightly during the first quarter in FY18 when comparing it to the first quarter ridership in FY17. There has been a small increase in the total number of one-way trips (2.87% increase) as well as the number of total passengers (1.3% increase), which the two graphs below illustrate.

Staff are noting an increase in trips associated with transportation to/from Dialysis Centers. According to several new clients, at least one Dialysis Center has cancelled their own transportation service and these clients have been left with no alternative. Additionally, staff is noting an increase in Pleasanton trips that Pleasanton Paratransit is having a challenge accommodating. Staff is continuing to explore service alternatives as a part of the Mobility Forward study.
On-time performance (OTP) has decreased by 3% from 96% in Q1, FY17 to 93% in Q1, FY18. As the OTP performance standard is 95% the performance in Q1 FY18 is below the standard. The OTP has suffered partly due to the driver shortage in the beginning of the current FY. OTP has worsened in October and November. Staff has worked with MTM on a plan to bring additional drivers/vehicles to the service; however, it will take time to get drivers and vehicles through the credentialing process and they aren’t expected to be in service until the New Year.

Next Steps
None

Recommendation
None – information only.