IMPROVING DEMAND RESPONSIVE SERVICES FOR PEOPLE WITH DISABILITIES IN THE WASHINGTON REGION

Access for ALL

February 15, 2006

NATIONAL CAPITAL REGION TRANSPORTATION PLANNING BOARD
METROPOLITAN WASHINGTON COUNCIL OF GOVERNMENTS

ACKNOWLEDGEMENTS

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Study Background

For several years, customers of MetroAccess, the Washington region's transit service for people with disabilities who are unable to use the bus and rail system, have expressed concerns about the quality and reliability of the service. The Washington Metropolitan Area Transit Authority (WMATA), which oversees MetroAccess, has also expressed concerns about continued growth in the cost of providing the service.   These concerns prompted the Access for All (AFA) Advisory Committee of the National Capital Region Transportation Planning Board (TPB) to call for a regional study to identify ways to improve regional paratransit services. The study was conducted between April and December of 2005 under the guidance of a study steering committee comprised of a wide variety of stakeholders.

The Benefits of and Need for Paratransit Services

Many people with disabilities would be unable to travel outside their homes without the benefit of paratransit services. High quality paratransit services promote independence, self-sufficiency, and full participation in community life, by providing access to school, work, shopping, health care and social services, as well as civic and social activities. The availability of paratransit services allows people to "age in place," and provides older adults the freedom to live in a variety of settings. Paratransit also benefits employers, by providing employees with reliable, dependable transportation. The importance of paratransit is recognized by the Americans with Disabilities Act (ADA), which requires transit agencies to provide paratransit to individuals who are unable to use the fixed-route system because of a disability.

Demand for Paratransit in the Washington Region

According to the 2000 Census, approximately 240,000 people, or 7% of the Washington region's population, have a disability that prevents them from going outside the home to shop or visit the doctor's office. Demand for paratransit has grown steadily since MetroAccess began operating in 1994, and the service now provides over one million trips each year at a cost of approximately $33 per trip. Ridership growth appears to have slowed in recent years, and total ridership in FY2005 fell below WMATA's predictions. Previous reports indicated that MetroAccess performed below industry standards on a variety of performance measures, such as complaints per 1,000 trips provided. More recent data suggests that performance has improved over the past few years but still lags behind in some areas.

In addition to MetroAccess, more than 60 local government and non-profit programs provide specialized transportation services for people with disabilities; local alternatives to MetroAccess are particularly well-used in Virginia. Non-MetroAccess transportation programs generally do not meet strict ADA criteria, such as prohibition of trip denials, provision of service during all hours and days that fixed route service is provided, etc.

Outside of MetroAccess, the largest funder of specialized transportation services is Medicaid.

Gaps and Shortcomings in Existing Paratransit Services

The study steering committee identified gaps and shortcomings in existing paratransit services from the perspective of customers, human service agencies, and transportation providers, including the following:

- Late pick-ups and excessively long travel times;
- No same-day service;
- Lack of wheelchair-accessible cabs, especially in the District of Columbia;
- Inadequate handling of customer complaints;
- Confusion due to the large number of public and private providers with inconsistent eligibility requirements;
- A managerial approach that adheres to the letter of the ADA, rather than the spirit;
- Contracts not geared towards service quality;
- Lack of technology requirements; and
- Poor understanding of the demand for paratransit and customer needs.

Potential Coordination Opportunities

The study steering committee agreed that the goals of coordinating specialized transportation services in the Washington region should be to 1) address gaps and shortcomings in current services; 2) better meet user needs; and 3) deliver services more efficiently. A survey of human service agency representatives, described in more detail in Chapter VIII Section D and in Appendix F, indicated that concerns about the quality and reliability of MetroAccess constitute a major barrier to better coordination of specialized transportation services. Essentially, no survey participants indicated major gaps in coordination, significant overlap in services, or the need to significantly expand coordination efforts. There already seems to be some degree of coordination between organizations at the municipal and county level.

Recommendations

For the purpose of developing recommendations, the gaps and shortcomings identified by the study steering committee were grouped into four focus areas. TPB staff researched innovative practices in each of these areas and worked with the steering committee to develop specific recommendations. The following is a summary of the final recommendations in each focus area.

A. MetroAccess System Design, Management, and Operations (page 22)

A1. **MetroAccess should provide clear public information about changes to the eligibility process, get feedback from users, and offer transitional services** - Clear information about the changes to the eligibility process should be readily available to clarify the goals of the changes. Users may feel more comfortable with the process if they have an opportunity to comment and if they understand what will change, when and for what reason. Information about transportation alternatives and travel training should be provided to users found not eligible or "conditionally eligible" for MetroAccess.

A2. **WMATA should adopt a more user-friendly "no-show" and "late cancellation" policy for MetroAccess** - The policy should consider the percentage of trips missed, not just the absolute number; define late cancellations as one or two hours before the scheduled trip; not count trips missed for reasons beyond the rider's control; and inform riders of their right to appeal.

A3. **WMATA should create a door-to-door service policy for MetroAccess** - To respond to the need of some people with disabilities to have additional service beyond "curb-to-curb", and to respond to recent FTA guidance on "origin to destination" service, WMATA should create and implement a door-to-door service policy.

A4. **An agency independent of WMATA should conduct an review of MetroAccess in January 2007 with the recommended "check list"** – An independent agency such as the TPB should conduct a review of MetroAccess based on the check list found on page 29 of this report after one year of operation under the new contract with MV Transportation. The check list is based on management and operational considerations that MetroAccess or other paratransit systems have had difficulties with in the past. The checklist is provided not only to guide a review of the service in 2007, but also to be of assistance to WMATA in ongoing service monitoring and management.

B. Communicating with MetroAccess Customers (page 38)

B1. **MetroAccess should improve informational materials to clarify what users can expect** – MetroAccess should provide extensive, well-organized information in multiple, accessible formats, and make this information widely available.

B2. **MetroAccess should improve its complaint process** – Complaints should be handled entirely within WMATA (not by the provider or broker), should be linked with first-hand observations of specific vehicles and drivers, should be categorized and tracked, and customers should receive meaningful and timely feedback. WMATA should handle immediate customer needs separately from less time-sensitive complaints.

B3. **MetroAccess should ensure that users have direct input** – A new user group should be established to bring together users, transportation providers, and management staff. The user group should be able to communicate directly with the WMATA Board, and should be involved in monitoring customer satisfaction through surveys, a mystery rider program, and performance reports.

C. Additional Transportation Services for People with Disabilities (page 46)

C1. **Local governments should use a combination of strategies to encourage more wheelchair accessible taxicabs** – a pilot program should be established (perhaps in the District of Columbia) to provide the financial subsidies and incentives necessary to encourage taxis and other transportation firms to provide a sufficient supply of accessible service. The program, which could potentially be funded through the New Freedom Initiative,[1] should also include driver training.

C2. **WMATA should provide premium same-day service to MetroAccess customers** – WMATA should implement a pilot program allowing users to call private transportation companies directly and pay a subsidized fare (typically higher than ADA fare), based on successful programs in Baltimore, Houston, Seattle and Chicago. In addition to providing users with more options, a steady demand for same-day service creates additional incentive for accessible taxicabs and can reduce the demand for traditional paratransit service.

C3. **Transit agencies should provide several different types of training, suited to different users, and make these services widely available** – WMATA and local transit agencies could should work together with other organizations to provide individualized travel training, orientation, and peer-training.

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[1] A new formula grant program administered by the FTA for capital and operating costs associated with service and facility improvements that address the transportation needs of persons with disabilities and that go beyond the requirements of the Americans with Disabilities Act. See http://www.fta.dot.gov/whats_new/14786_17003_ENG_HTML.htm

C4. **Transit agencies and local governments should make bus and rail service more accessible** – WMATA and local transit agencies should provide information on accessible bus stops, should work with local governments to improve bus and rail accessibility, should purchase low-floor buses, should thoroughly train bus and rail staff on disability issues and ADA requirements, and should allow MetroAccess customers to ride the entire fixed-route system for free.

D. Coordination of Specialized Transportation Services (page 55)

D1. **MetroAccess and local providers should coordinate subscription trips** – Within each jurisdiction (District of Columbia, Maryland, and Virginia) MetroAccess, Medicaid transportation providers, and local paratransit providers should hold regular forums to discuss who can best accommodate standing order trips.

D2. **The region should develop a centralized information clearinghouse** – The program should begin as a website with information on available services and eligibility requirements, and expand to become a "one-stop-shopping" resource center designed to help people with disabilities meet their transportation needs by providing a variety of services.

D3. **Human service agencies and local transportation providers should explore opportunities for collaboration** – Local providers should broaden their role to provide alternatives to MetroAccess, thereby removing the burden of providing transportation from human service agencies. Local providers may be better positioned than MetroAccess to provide services to user groups with well-defined, specific needs, such as participants in day programs for people with developmental disabilities.

D4. **The TPB and its member jurisdictions should explore additional opportunities through human service transportation coordination planning** – New federal legislation requires the TPB to develop a Human Services Transportation Coordination Plan. Opportunities that could be explored through this plan include federal reimbursement for Medicaid trips that MetroAccess already provides; transit passes for Medicaid and Vocational Rehab clients; more extensive use of universal "Smart" cards to collect fares on multiple modes and subsidize users directly, and other regional programs such as a non-profit, region-wide accessible taxicab service.

Priority Recommendations

The study steering committee ranked the recommendations under "Communicating with Customers" as highest priority, and those under "Coordination of Specialized Transportation Services" as lowest priority. The following five recommendations were ranked among the highest priority:

MetroAccess should improve informational materials to clarify what users can expect – MetroAccess should provide extensive, well-organized information in multiple, accessible formats, and make this information widely available.

MetroAccess should improve its complaint process – Complaints should be handled entirely within WMATA (not by the provider or broker), should be linked with first-hand observations of specific vehicles and drivers, should be categorized and tracked, and customers should receive meaningful and timely feedback.

MetroAccess should ensure that users have direct input – A new user group should be established to bring together users, transportation providers, and management staff. The user group should be able to communicate directly with the WMATA Board, and should be involved in monitoring customer satisfaction through surveys, a mystery rider program, and performance reports.

WMATA should provide premium same-day service to MetroAccess customers – WMATA should implement a pilot program allowing users to call private transportation companies directly and pay a subsidized fare (typically higher than ADA fare), based on successful programs in Baltimore, Houston, Seattle and Chicago. In addition to providing users with more options, a steady demand for same-day service creates additional incentive for accessible taxicabs and can reduce the demand for traditional paratransit service.

Conduct an independent review of MetroAccess by January 2007 with the "check list" – An independent review of MetroAccess should be conducted based on the check list found on page 29 of this report, with involvement from persons with disabilities and the TPB Access for All Advisory Committee. The check list is based on management and operational considerations that MetroAccess or other paratransit systems have had difficulties with in the past. The checklist is provided not only to guide a review of the service in 2007, but also to be of assistance to WMATA in ongoing service monitoring and management.

III. Study Background

Over the past several years, concerns about the quality and reliability of transportation services for people with disabilities have received increasing attention from the media and public interest groups in the national capital region.[2] The transportation challenges faced by people with disabilities were highlighted at a Disability Awareness Day event on October 20, 2004, sponsored by the Access for All (AFA) Advisory Committee of the National Capital Region Transportation Planning Board (TPB).[3] To illustrate the typical workday commute of a person with a disability, several travel teams—each including a person with a disability, a member of the TPB, and in some cases a member of the media—trekked to a press conference at the Metropolitan Washington Council of Governments (COG). The event focused on pedestrian, bus, rail, and paratransit access, and raised awareness of barriers to accessible transportation,[4] such as

- Not all of the region's buses are wheelchair accessible;
- Tactile edging warning rail passengers that the edge of the platform is near is present in only 54 out of 83 Metrorail stations;
- Elevator outages at Metrorail stations seriously impede travel for people who are unable to use stairs or escalators; and
- Curb ramps that are too steep, poorly placed, or poorly maintained make sidewalks difficult to navigate in a wheelchair. Intersections that completely lack curb ramps are impossible to cross in a wheelchair.

The Disability Awareness Day event also highlighted inefficiencies associated with MetroAccess, the curb-to-curb paratransit service provided by the Washington Metropolitan Area Transit Authority (WMATA). MetroAccess provides service to the same destinations and during the same days and hours as the fixed-route transit system (bus and rail), as required under the Americans with Disabilities Act (ADA). WMATA contracts with a private firm to manage the day-to-day operations of MetroAccess. Customer concerns associated with MetroAccess include late pick-ups, vehicle no-shows, and excessively long travel times.

These concerns prompted the AFA in 2003 to call for a regional study to identify ways to improve paratransit services. In January 2004, the TPB transmitted the AFA recommendation to the WMATA Board, and in the spring of 2005 WMATA agreed to commit a portion of TPB Technical Assistance funding to the study. The study was conducted between April and December of 2005, and addressed the following tasks with the overall goal of providing greater mobility for people with disabilities unable to use the fixed route system:

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[2] See for example the Washington Post article, "Service for Disabled Is Troubled: Metro Grapples With Late Rides, High Costs, Fraud Claims," published June 7, 2005, available at
http://www.washingtonpost.com/wp-dyn/content/article/2005/06/06/AR2005060601928.html
[3] See Appendix E for additional information about the mission and purpose of the TPB and AFA
[4] For more information about the TPB/AFA Disability Awareness Day, see
http://www.mwcog.org/transportation/activities/disabilityawareness/

- Review the demand for paratransit services and the benefits of providing such services;
- Identify customer needs and concerns regarding paratransit;
- Examine innovative practices of paratransit for persons with disabilities;
- Recommend cost-effective ways for MetroAccess and other regional paratransit services to better serve more people with disabilities; and
- Report on potential service and funding coordination opportunities that increase the range of transportation options available to people with disabilities.

Study Approach

A study steering committee was formed to oversee the study. The committee included representatives of the various jurisdictions located within the WMATA paratransit service area (Figure 2) and was comprised of AFA members, WMATA representatives, human service agency representatives, specialized transportation providers, private providers (i.e. taxi), and national organizations such as Easter Seals Project ACTION and the Community Transportation Association with expertise in ADA transportation and coordination efforts. AFA Chair Kathy Porter, who is also a TPB member and mayor of Takoma Park, Maryland, served as steering committee chair. A complete list of steering committee members is provided in Appendix A.

The steering committee met six times between April and December 2005. At the first meeting, the committee identified gaps and shortcomings in existing paratransit services, and suggested possible strategies for improving services. Section VI of this report describes the gaps, shortcomings, and strategies that were identified from the perspective of the different stakeholder groups: customers, human service agencies, private providers, and public providers. For the purposes of developing recommendations, the gaps, shortcomings, and strategies were grouped into four focus areas, also shown in Figure 1:

> ### What is Paratransit?
>
> Paratransit is a public transit service provided to people with disabilities who are unable to use the fixed-route transit system (bus or rail). It is a shared-ride service that picks up and drops off each passenger at specific locations requested by the passenger. Customers must call ahead to arrange a ride, or can set up standing order "subscription trips" to destinations that they routinely travel to, such as work or dialysis appointments. Paratransit services are also referred to as "demand responsive" services.
>
> This report uses the two terms interchangeably. Section IV of this report documents the need for and benefits of paratransit. Section V documents the demand for paratransit in the Washington region, and describes the various specialized transportation services that are currently available to Washington area

A. MetroAccess system design, management, and operations;
B. Communicating with customers;
C. Additional transportation services for people with disabilities; and
D. Coordination of specialized transportation services.

Figure 1. Study Focus Areas

A. MetroAccess System Design, Management and Operations	B. Communicating with Customers	C. Additional Transportation Services for People with Disabilities	D. Coordination of Specialized Services
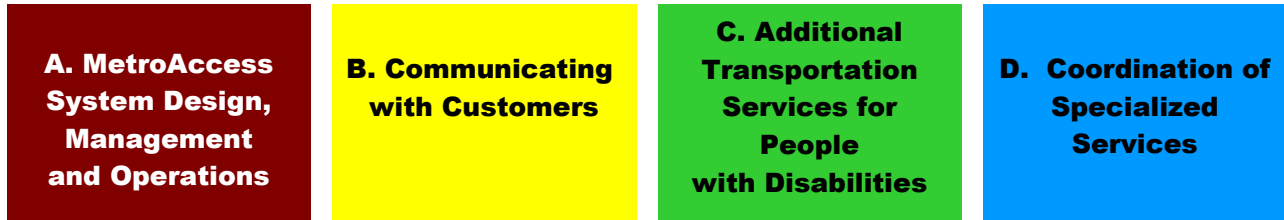
TPB staff conducted research on innovative practices for each of the focus areas. The research relied on a variety of resources, including interviews with steering committee members and other people knowledgeable about paratransit and the transportation needs of people with disabilities; existing reports and publications; transit agency websites and other web resources. The study also relied on consultant support from Russell Thatcher with TranSystems, Inc.. Two previously published reports provided useful information about existing paratransit services in the Washington region: A 2001 report prepared by MultiSystems (now TranSystems) for WMATA that examined how well and how efficiently the MetroAccess service is managed and operated and make recommendations for improvement,[5] and a 2004 report prepared by the KFH Group, Inc., for WMATA that provided information, analysis, and recommendations to policy makers for improving the cost-effectiveness of specialized transportation in the WMATA service area.[6] A complete list of resources is provided in Appendix G.

Based on the information collected about existing services and innovative practices, TPB staff developed draft recommendations for each of the four focus areas. Study steering committee members volunteered to participate in working groups associated with each focus area, and discussed the innovative practices and draft recommendations via face-to-face meetings, e-mail exchanges, telephone conversations, and an online message board.

Finally, the study steering committee engaged in facilitated dialogues to establish priority rankings, desired outcomes, and timeframes for implementing each of the recommendations. Section VII of this report discusses the final recommendations for each focus area. Appendices B and C summarize the recommendations two different ways: 1) in the order of their appearance in this report (organized by focus area) and 2) organized by the entity to which they are directed and implementation timeframe.

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[5] MultiSystems, *MetroAccess Study Final Report,* WMTAT RFP No. 23151/CR (Washington, DC: 2001).
[6] KFH Group, Inc., *Specialized Transportation Study*, prepared for the Washington Metropolitan Area Transit Authority in association with TranSystems Corporation (Bethesda, MD: 2004).

Figure 2. The WMATA Paratransit Service Area
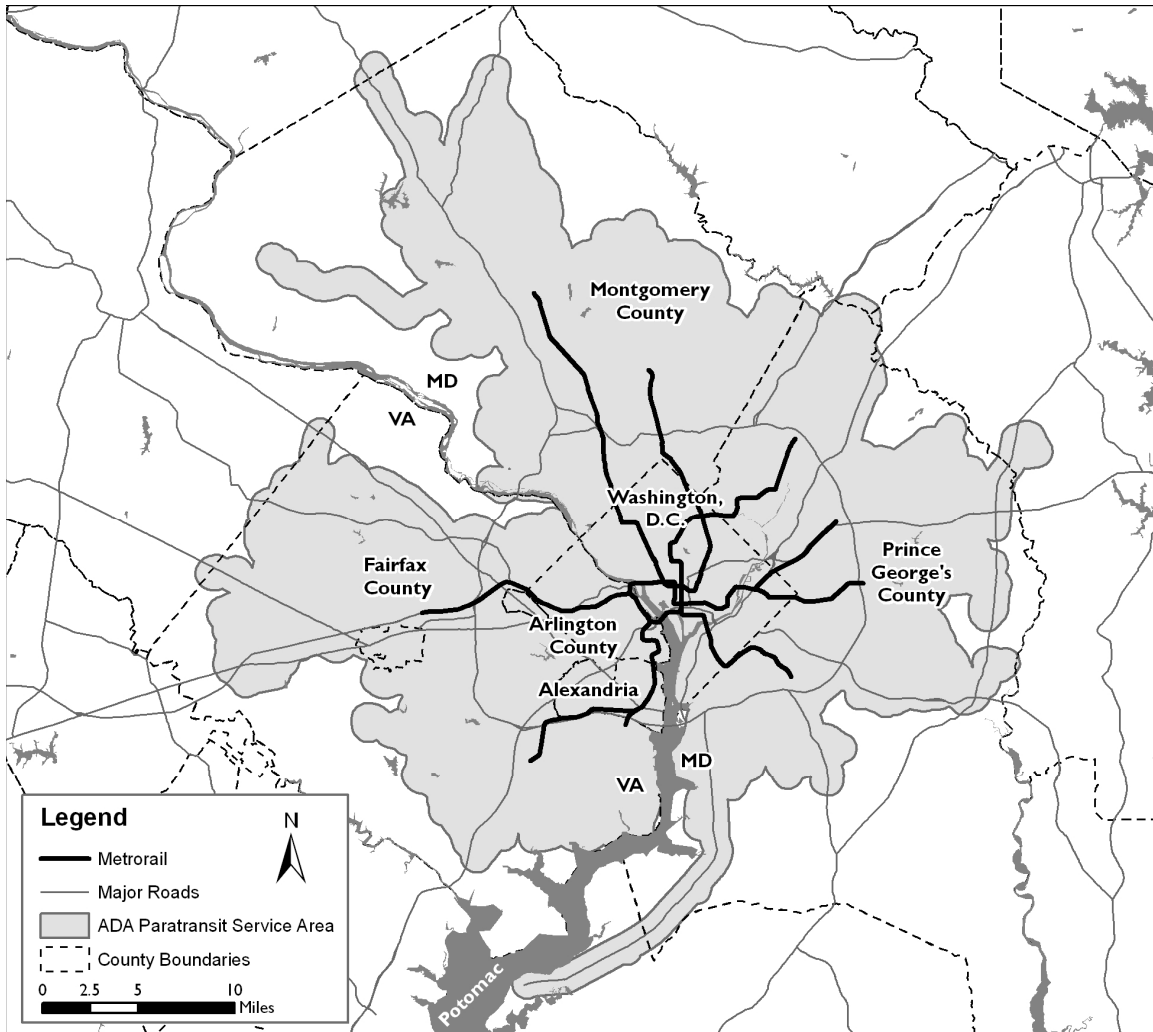
IV. The Need for and Benefits of Paratransit Services

The Benefits of Paratransit: A Personal Perspective
By AFA Member Dr. Raymond "Bud" Keith

Paratransit has definitely made my current lifestyle possible. I am 66 years old and have been totally blind since age eleven. I've had a very active and event-filled life.

As a college student, I took the bus daily, back and forth from my home in northeast Washington, DC to American University on the other side of the city. While in graduate school at Syracuse University, I took the city buses wherever I had to go. While in the Peace Corps in Panama I traveled from one end of the country to the other using city buses, small minivans, and hitch hiking. After starting my career with the Federal Government in 1972, I used the Washington DC bus system and later the Metrorail after it opened. For most of my working life I traveled back and forth to work using buses and subways. During all that time I developed a lifestyle of work, advocacy and volunteer service.

In 1995 I was diagnosed with advanced prostate cancer. I began a drug therapy treatment that has been very effective in suppressing the cancer, but it has come with some side effects. The primary drug I'm taking has severely limited my ability to handle stress and has subjected me to several incidents of acute anxiety. I just don't feel confident in crossing busy streets, negotiating the subway platforms, and wondering if I can get through the crowd at bus stops to find out if the bus at the stop is the one I want.

Add the above to the fact that I am now 66, I don't quite hear as well as I once did, I don't have the reflexes to respond to emergencies, I'm just a step slower; and the traffic of Washington DC and Arlington has increased to a dizzying condition.

I have the need to travel between my home and my doctor's office twice a month or so; I travel to various advisory meetings several times a month; I still have friends with whom I visit; my wife and I enjoy the theater and dining out; I still travel to and from the airport with luggage; and I still have to do normal errand-running. Without the Arlington STAR program or another similar paratransit service, I wouldn't have a life. I'd be sitting at home waiting to die. That's not overly dramatic; that's the truth. Our nation and our cities have been designed to serve normally capable people, most of whom have the ability to see, hear, walk, and have the normal endurance to handle the rat race. Paratransit is a relatively easy and low-cost public service that somewhat evens the field to allow the rest of us to participate in society.

Public officials, the media, and the general public typically view an increase in the use of traditional bus and rail transit as a positive trend, associated with environmental and quality-of-life benefits. In contrast, an increase in the use of paratransit services is often met with concern over rising costs and discussions about the need to manage demand. Many people with disabilities, however, would be unable to travel outside their homes without the benefit of paratransit services. Unavailable or inadequate transportation is not simply an annoyance or inconvenience for people with disabilities, but a serious impediment to a full and active life.

Data from the Bureau of Transportation Statistics clearly documents the need for paratransit services. According to the 2002 National Transportation Availability and Use

Survey[7], approximately 23% of people with disabilities need some sort of specialized assistance or equipment, such as a walker or a wheelchair, to travel outside the home. Twelve percent of people with disabilities have difficulty getting the transportation they need, compared to 3% of people without disabilities. Nationally, over half a million people with disabilities never leave their home because of transportation difficulties.

The demand for paratransit services is likely to increase as the U.S. population ages. According to the National Council on Disability[8], by the year 2030 one in five people will be over the age of 65. Currently, 42% of older adults have a disability, compared to 19% of adults age 18 to 64, and 20% of older adults have difficulty going outside of the home. More than 90% percent of older adults say that they would like to live in their own homes as long as possible, but loss of independence and mobility are among older adults' greatest concerns. As Access for All committee member Raymond "Bud" Keith stated at the TPB/AFA Disability Awareness Day on October 20, 2004, "We're not doing this for us, but for you. As you age, you might need a wheelchair. Your vision could get worse."

High quality paratransit services promote independence, self-sufficiency, and full participation in community life, by providing access to school, work, shopping, health care and social services, as well as civic and social activities. The availability of paratransit services allows people to "age in place," and provides older adults the freedom to live in a variety of settings. For all these reasons, an effective paratransit service can reduce the number of institutionalized individuals and associated costs.

Paratransit services also have benefits for employers. According to the 2000 Census, approximately two-thirds of people with disabilities are of working age, between 16 and 64. By increasing job accessibility, paratransit helps expand the labor pool. Reliable and dependable transportation increases employee reliability, and reduces absenteeism and turnover.

Legislative Requirements

The Americans with Disabilities Act (ADA) of 1990 prohibits discrimination on the basis of disability in employment, State and local government, public accommodations, commercial facilities, transportation, and telecommunications. In addition to requiring all bus and rail transit to be accessible to people with disabilities, the law also requires transit agencies to provide paratransit service to individuals who are unable to use the fixed-route system either because the system itself is inaccessible or because the person's disability prevents him or her from traveling to a boarding location. Title 49 of the Code of Federal Regulations, Part 37 sets paratransit regulations under the ADA. Key provisions include the following:

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[7] U.S. Department of Transportation, Bureau of Transportation Statistics, *Freedom to Travel*, BTS03-08 (Washington, DC: 2003).
[8] National Council on Disability, *Livable Communities for Adults with Disabilities* (Washington, DC: 2004).

- Transit agencies must provide paratransit service within ¾ mile of bus routes and rail stations, and the service must be available throughout the same hours and days as the fixed-route service;
- Paratransit must provide "origin-to-destination" service. In some instances, door-to-door service may be required, whereas in other cases curb-to-curb service may suffice;
- Transit agencies may negotiate pick-up and drop-off times, but cannot schedule a trip more than an hour before or after the requested time;
- The fare for a paratransit trip may not exceed twice the fare for an equivalent trip on the fixed-route transit system;
- Transit agencies may not impose restrictions or priorities based on trip purpose;
- Transit agencies may not limit the availability of paratransit services by restricting the number of trips an individual may take or through untimely pick-ups, excessive trip lengths, trip denials, or missed trips; and
- Individuals have the right to appeal eligibility denials and service suspensions.

A primary purpose of this study and the recommendations described in section VIII of this report is to help ensure that paratransit services in the Washington region live up to the spirit of the Americans with Disabilities Act.

V. The Demand for Paratransit in the Washington Region

Census Data

Census data provides information on the disabled population in the Washington region, which represents the pool of potential paratransit customers. Figure 3 shows the prevalence of different types of disabilities across the region. According to the 2000 Census, approximately 240,000 people, or 7% of the regional population, have a disability that prevents them from going outside the home to shop or visit the doctor's office. The most common type of disability is physical, although a substantial number of people have mental or sensory disabilities. As shown in Figure 4, poverty and unemployment rates are nearly twice as high among people with disabilities, compared to the general population. Labor force participation, a statistic indicating the number of people who are either currently employed or seeking employment, is also low within the disabled community: 71% of the region's population age 16 and older participates in the labor force, compared with only 52% of the disabled population.

Figure 3. Types of Disabilities in the Washington Region
(Source: 2000 Census SF3)
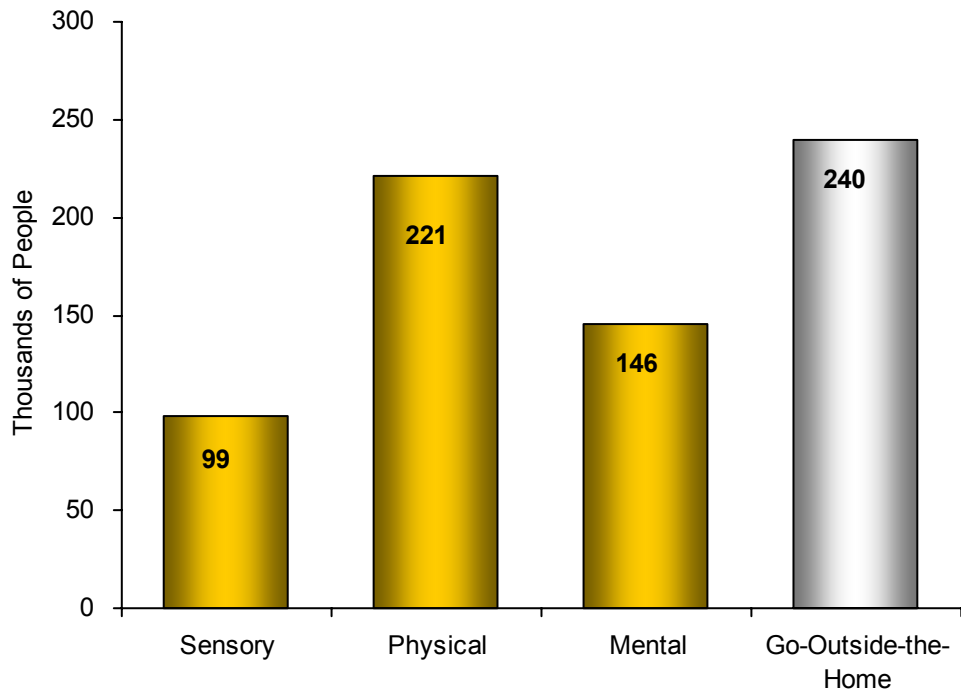
Numbers refer to the Washington, DC-MD-VA Metropolitan Statistical Area

Figure 4. Poverty and Unemployment Rates in the Washington Region
(Source: 2000 Census PUMS)
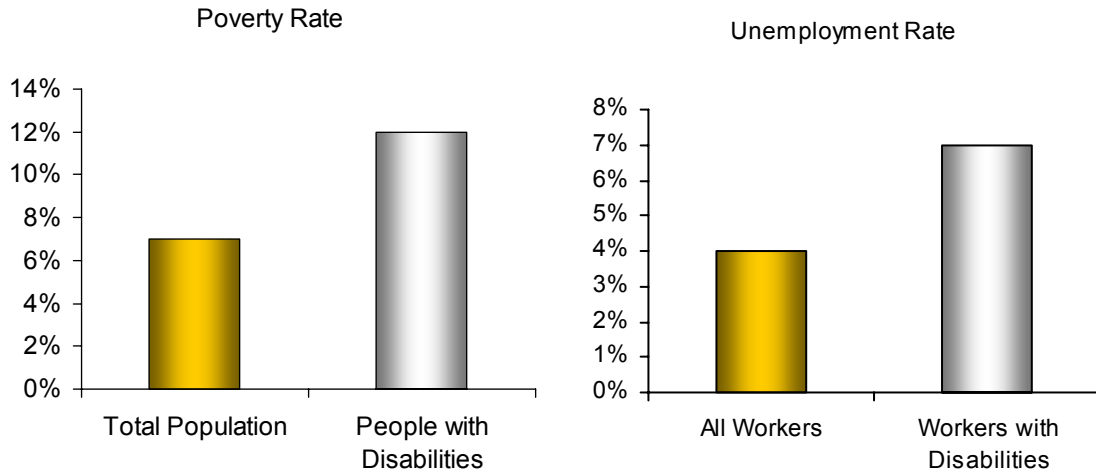
Numbers refer to the Washington, DC-MD-VA Metropolitan Statistical Area

ADA Paratransit Service (MetroAccess)

Beyond census data, scant information is available regarding latent or unmet demand for paratransit. Therefore estimates of the demand for paratransit in the Washington region are based on information about existing paratransit services and the customers that use these services. WMATA oversees MetroAccess, the ADA paratransit program for the Washington region. Table 1 provides a summary description of the program. WMATA contracts with a private broker that is responsible for trip reservations, scheduling, managing service operations, and trip reconciliation for trips provided by private providers under contract to the broker. At the time that this study was conducted, Logisticare, Inc. was the broker. Logisticare's contract ends in January, 2006, at which time MV Transportation will take over. WMATA's four-year, $210 million contract with MV includes options for two, two-year extensions, totaling about $350 million. The company also can earn up to $6 million in bonuses over the first four years if it meets on-time performance goals, provides a timely telephone response to users and has low rates of passenger injuries and complaints.

MetroAccess ridership has grown steadily since the service began operating in 1994. As Figure 5 shows, the annual number of MetroAccess trips grew from 44,000 in 1995 to 1.2 million in 2005. During the same time period, the average cost per trip decreased from nearly $89 to approximately $33. The growth rate appeared to slow down in 2005, with actual trips falling short of forecast trips.

Table 1. MetroAccess Summary Description
(Source: WMATA)

Transportation Arrangement	WMATA contracts with a private broker responsible for trip request and scheduling, management of service operations, and trip reconciliation. *Trip reservations must be made one day in advance.*
Types of Individuals Eligible	ADA eligible and certified – functionally unable to use fixed-route service
Types of Trips Eligible	Any trips; all trip purposes served, in accordance with ADA regulations
Geographic Service Area	District, Montgomery County and Prince George's County in Maryland; in Virginia, Alexandria City, Arlington County, Fairfax City, Fairfax County, and Falls Church City. ADA service is provided only within a ¾ mile of corridor of fixed-route bus and rail lines (see Figure 2 on page 5). Service beyond this corridor is available for an additional fee.
Days and Hours of Service	Weekdays 5:30 am – 2:00 am; Weekend days 5:30 am – 3:00 am. Service from 2:00 am/3:00 am until 5:30 am (called "owl" service) is provided strictly within ¾ mile corridor of the limited fixed routes that operate during those hours.
Fares	Fares range between $2.50 and $6.50 each way, depending on the distance (measured in "zones") traveled. A Personal Care Attendant (PCA) can travel for free with an ADA rider; companions with an ADA rider pay the same fare as the ADA rider; companions that are children under age 5 ride for free.
Registered Riders	15,497 as of March, 2005
Total Passenger Trips	1.2 million in FY05
Total Operating Cost	$42 million for FY05
Sources of Operating Funds	100 percent from local jurisdictions

**Figure 5. MetroAccess Cost and Trip Trends over Time
(Source: WMATA)**
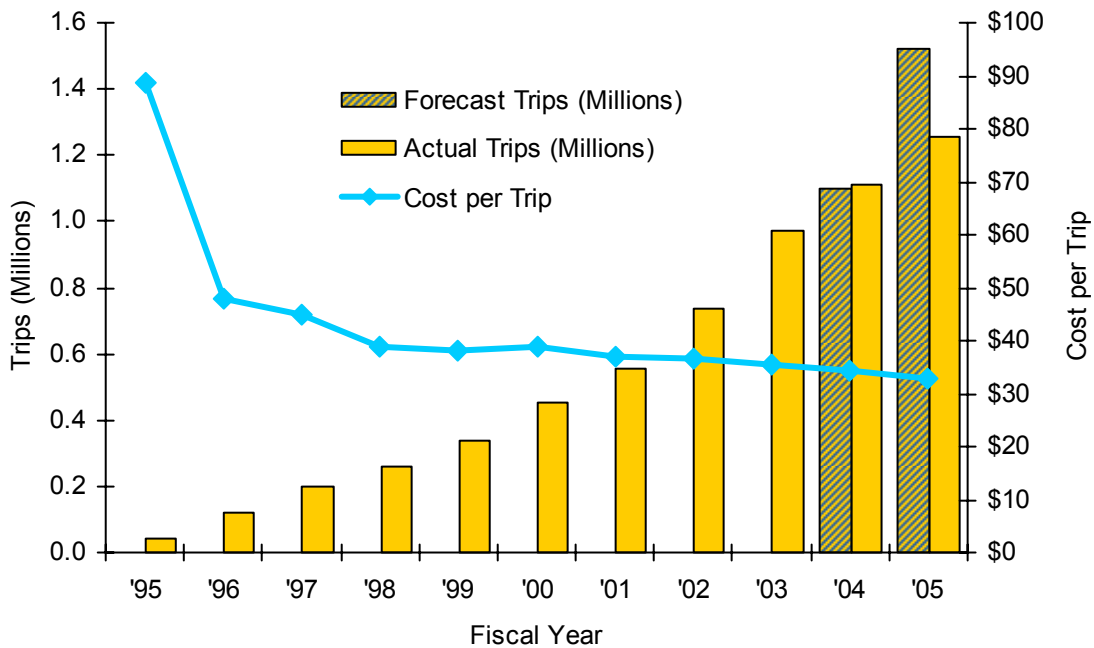
MetroAccess Riders and Trip Characteristics

Of the approximately 15,000 riders registered with MetroAccess, the majority (54%) live
in Suburban Maryland, 28% in the District of Columbia, and 18% in Northern Virginia.
A 2002 survey of MetroAccess riders, conducted by WMATA, revealed the following
characteristics:

- 24% are wheelchair users
- 64% are female
- 51% are African American
- Median income is $24,000
- Median age is 60

Riders report using MetroAccess for a variety of trip purposes. The most common trip
purpose is medical appointments (83% of riders). Other trip purposes include the
following (categories are not discrete):

- Friends and family – 27%
- Shopping – 24%
- Work – 20%
- Restaurants and entertainment – 15%
- Church – 9%
- School – 7%

Additional Specialized Transportation Services

In addition to MetroAccess, more than 60 local government and non-profit programs provide specialized transportation services for people with disabilities. According to a 2004 report prepared for WMATA by the KFH Group, Inc.[9], these programs provide approximately three times as many trips as MetroAccess, more than 3.1 million passenger trips per year. Local paratransit services are particularly well-used in Virginia, as shown in Figure 6. Non-MetroAccess transportation programs generally do not meet strict ADA criteria, such as prohibition of trip denials, provision of service during all hours and days that fixed route service is provided, etc. Outside of MetroAccess, the largest funder of specialized transportation services is Medicaid. More information on these alternative transportation programs is provided in Section VIII, D of this report, which discusses coordination of specialized transportation services.

Figure 6. FY2003 Trips Provided by MetroAccess and Additional Specialized Transportation Services for People with Disabilities (Source: KFH, 2004)
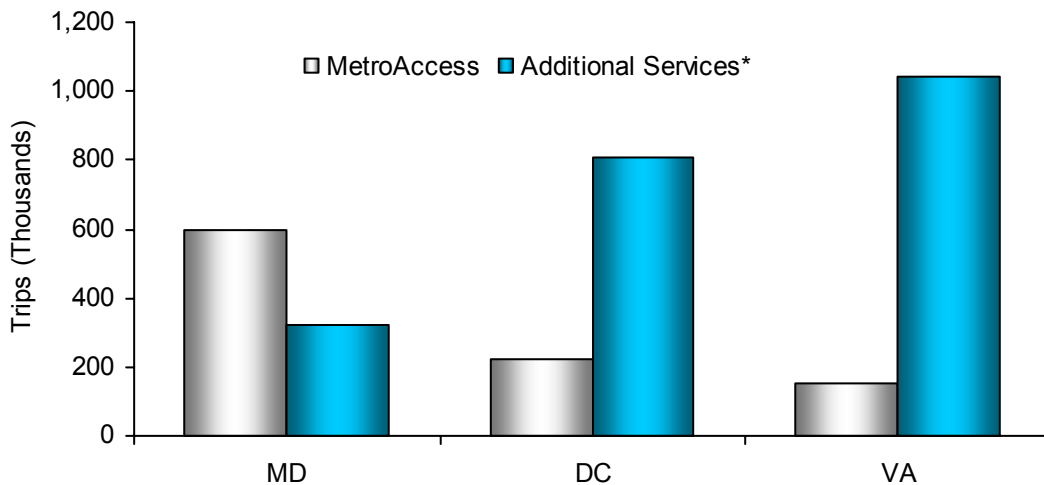
*Additional services include local general purpose paratransit programs, Medicaid transportation, the DC Office of Aging, FASTRAN, and Montgomery County Call 'n Ride Taxi Program

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[9] KFH Group, Inc., *Specialized Transportation Study*, prepared for the Washington Metropolitan Area Transit Authority in association with TranSystems Corporation (Bethesda, MD: 2004).

VI. MetroAccess Performance Indicators

Data from the Federal Transit Administration's National Transit Database provides information on how MetroAccess has performed relative to its peer agencies across the country. Between 2000 and 2003, MetroAccess trips grew at a faster rate than many similar services, as shown in Figure 7. The decrease in costs per trip was also relatively large compared to peer agencies, as shown in Figure 8. However, MetroAccess costs per trip are still relatively high, exceeded only by paratransit systems in Atlanta and New York City, as shown in Figure 9. MetroAccess productivity is also relatively low, at approximately 1.5 trips per vehicle revenue hour, as shown in Figure 10. According to a 2001 report[10], MetroAccess performed below industry standards on a variety of performance measures, shown in Table 2. More recent data from WMATA, also shown in Table 2, suggests that performance has improved on a number of measures. Some measures, however, such as very late or missed trips, remain below industry standards.

Figure 7. Percent Change in Annual ADA Trips 2000-2003
(Source: National Transit Database)

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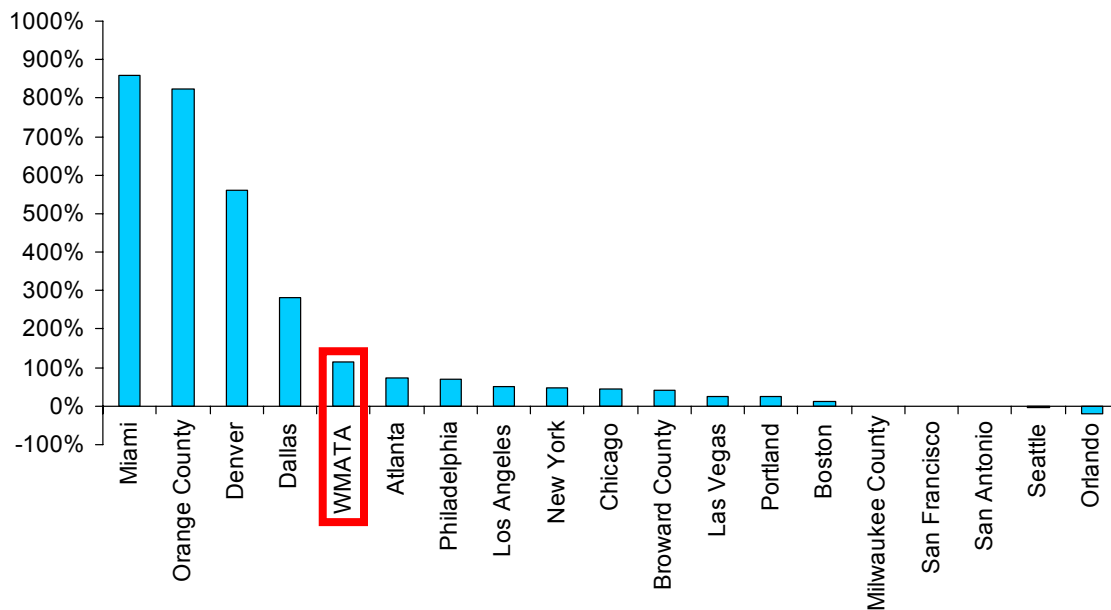
[10] MultiSystems, *MetroAccess Study Final Report,* WMATA RFP No. 23151/CR (Washington, DC: 2001).

Figure 8. Percent Change in Cost per ADA Trip 2000-2003
(Source: National Transit Database)
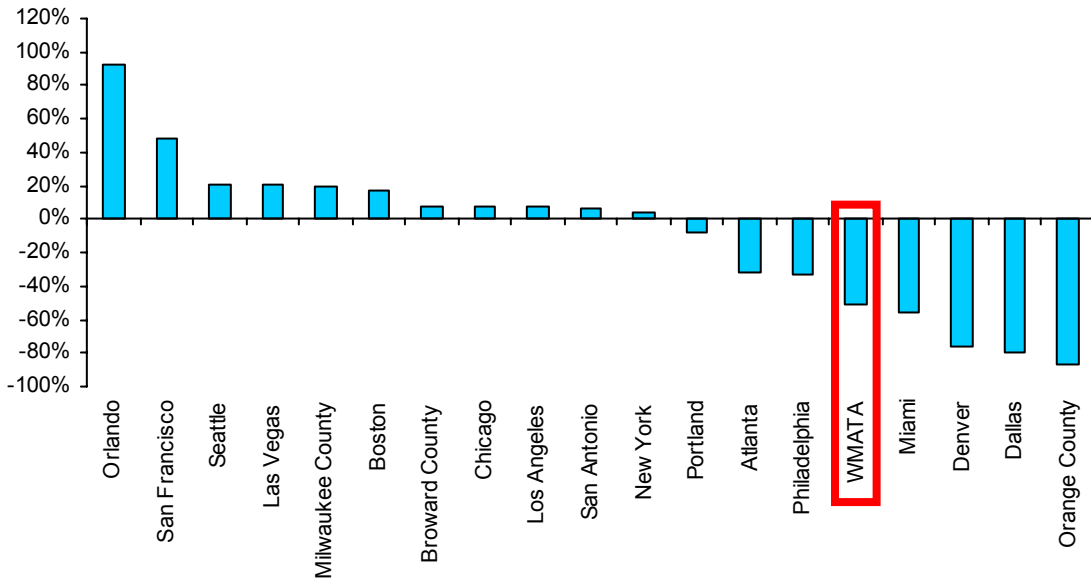
Figure 9. 2003 Operating Expenses per ADA Passenger Trip
(Source: National Transit Database)
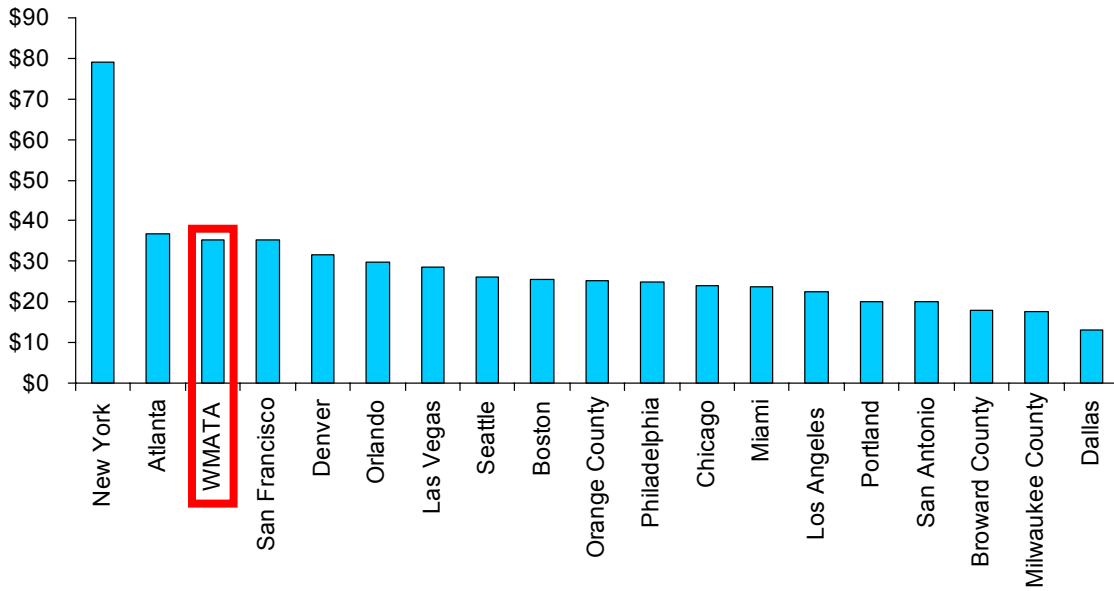
Figure 10. 2003 ADA Passenger Trips per Vehicle Revenue Hour
(Source: National Transit Database)
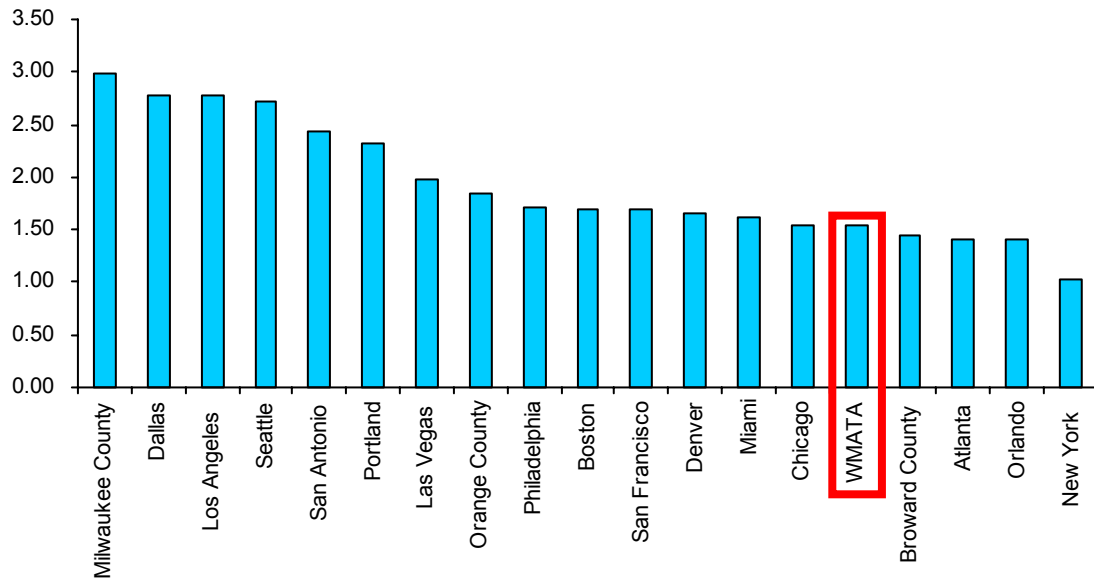
Table 2. MetroAccess Performance Measures Compared to Industry Standards for ADA Complementary Paratransit Systems
(Source: MultiSystems/WMATA)

Measure	Industry Standard or Average for 2001[11]	MetroAccess 2001 [12]	MetroAccess 2005 [12]
Cancellation Rate	12% to15%	19%	9%
No-Show Rate	3% to 5%	8%	4%
Trip Making Rate	.2 to .4 trips per capita	.17 trips per capita	.33 trips per capita
Average Trip Length	7.1 to 12.8 miles	11 miles	11 miles
Productivity: One way trips per vehicle hour	1.50 for average trip lengths over 10 miles	1.14 for dedicated providers	1.35 for dedicated providers
Operating Costs per Trip	$19.64 to $31.11	$26.64	$32.87
On-time Performance (based on scheduled pick-up time)	79% to 94%	89%	92%
Very Late (>60 Min) or Missed Trips	Less than 1%	2.2%	1.7%
Phone Hold Times (based on Reservation and "Where's My Ride?" calls)	95% of all calls answered less than 5 minutes	Less than 2 minutes – compares very favorably to other systems	97% of all calls answered in less than 5 minutes
Subscription Trips			47%
Complaints	2 to 5 complaints per 1,000 trips provided	10 complaints per 1,000 trips provided	4 complaints per 1,000 trips provided

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[11] MultiSystems, *MetroAccess Study Final Report,* WMTAT RFP No. 23151/CR (Washington, DC: 2001). MetroAccess 2001 statistics are for January to June 2001.
[12] All 2005 statistics are for the fiscal year covering July 2004 to June 2005. Total trips completed for FY05 was 1,253,948. A 120% increase over projected rides for the period of the MultiSystems Report. MetroAccess service area 2005 population of 3,780,000

VII. Gaps and Shortcomings of Paratransit Services

At the study kick-off meeting in April of 2005, steering committee members identified gaps and shortcomings in existing paratransit services, and suggested possible strategies for improvement. Table 6 groups these gaps, shortcomings, and strategies according to the different stakeholder perspectives: customers, human service agencies, private providers, and public providers. For the purpose of developing recommendations, the gaps, shortcomings, and strategies were grouped into four focus areas: 1) MetroAccess system design, management, and monitoring, 2) communicating with customers, 3) additional transportation services for people with disabilities, and 4) coordination of specialized transportation services. The final recommendations for each focus area are discussed in the following section.

**Table 3. Gaps and Shortcomings of MetroAccess and Additional Paratransit
Services and Strategies for Improvement**

Gaps and Shortcomings	Strategies
Customer Perspective	
- Knowledgeable and concerned people, who are users of the system should be involved in the management of demand responsive services - MetroAccess service is not always dependable - Late pick-ups are too frequent - Inefficient ride-sharing practices lead to excessively long travel times - Lack of driver training and sensitivity to customers - The eligibility determination process is inadequate - User complaints are not tracked or handled well - User complaints are not always responded to with adequate information - Lack of wheelchair accessible cabs, especially in D.C. - Need better services to common / regular destinations - Failure to enforce existing ADA related guidelines for bus and rail services has increased the demand for paratransit (i.e. calling out bus stops and calling ahead for shuttles)	- Hire knowledgeable people to manage and operate the system, preferably users of the service - Use technology to provide real-time vehicle location information to users, to facilitate communication between brokers, drivers, and users, and to help drivers navigate - Vehicles and equipment should be maintained for reliability and comfort of users - Involve users in driver training - Create an eligibility determination process that is consistent, in-person, examines functional skills by people who understand the path of travel and vehicle use issues - Handle MetroAccess complaints entirely within WMATA, or use a third party (separate from provider) - Provide feedback/responses to customer complaints - Make providers more accountable to users - Get wheelchair accessible cabs in D.C. - Provide more transit and vehicle based services, and expand services geographically - Remove environmental barriers (make fixed routes accessible) - Better travel training for users on fixed routes - Provide Orientation and Mobility Services (OMS) and Bus Familiarization - Enforce ADA related requirements

Table 6. Continued

Gaps and Shortcomings	**Strategies**
Human Service Agency Perspective	
• Lack of coordination results in duplication of efforts • The large number of public and private providers, with inconsistent eligibility requirements, causes confusion • Multi-state region creates unique challenges – i.e. providers have different policies regarding crossing jurisdictional boundaries • Inexperienced providers • Approach to operating and managing paratransit adheres to the letter of the ADA law rather than to efficiency or the spirit of the law • Users need more lower cost options • No same day service is available	• Study coordination efforts in Seattle and Florida • Coordinate trip provision among multiple providers (e.g., allow agencies to book trips on vehicles operated by other providers) • Make sure that enough lift-equipped vehicles are on the road (not parked) • Need to target key decision makers when planning and coordinating transportation • Regional clearinghouse of specialized transportation services for customers (alternatives to MetroAccess) • Require that more experienced providers are used • Management approach should focus on spirit of the ADA and efficient service • Provide same-day service • Provide more alternatives to MetroAccess • Consider the mobility manager concept
Provider Perspective	
• Contracts not geared towards service quality • Contracting procedures- understand the pros and cons of brokerage versus direct • Lack of technology requirements (scheduling software) leads to delays in service and no reliable way to track performance data (AVL) • Operational inefficiencies from the point of view of providers (low number of passengers per hour) • Standards for vehicles and drivers for dedicated vehicles are not the same as for taxis • The demand for paratransit and needs of paratransit users is not well understood • Customer expectations don't match reality	• Write an effective RFP (no loop holes, have penalties and accountability) • Contract should pay by revenue or service hour rather than by trip • Require scheduling software and AVL in vehicles • Use technology to improve dispatch process • Decentralize ADA paratransit to local providers • Drivers could be dedicated to certain geographic areas • Evaluate spare-vehicle ratio • Examine impact of drivers' pay on performance (set pay rates to ensure an adequate supply of qualified drivers) • Identify and survey potential customers who <u>don't</u> currently use paratransit services • Find dedicated funding to meet increased demands • Increase user outreach • Provide better information on paratransit services to users, i.e.: -Orientation sessions to MetroAccess users -Review MetroAccess User hand book

VIII. Recommendations by Focus Area

A. MetroAccess System Design, Management, and Operations

In the area of MetroAccess system design, management and operations, the study steering committee identified the following gaps and shortcomings:

1. **MetroAccess service is not always dependable**. MetroAccess users regularly experience delays, late pick-ups and arrivals, and long travel times. In recent months, customers have been "stranded" because missed trips by MetroAccess. Customers have expressed frustration with not being able to directly contact anyone or put on hold when stranded.

2. **WMATA has not vigilantly managed and monitored the MetroAccess contract and service**. WMATA needs to take a proactive, hands-on approach to managing the contract and monitoring the service. A major issue in the current service is that the contractor hired by WMATA is responsible for monitoring and managing the service providers. At the same time that the contractor is trying to find the lowest cost providers (to maximize its profit), it is supposed to monitor the providers and ensure contract compliance and service quality, roles that conflict with each other.

   Related to this shortcoming is that in the past, the approach to operating and managing MetroAccess adhered to the letter of the ADA law rather than to efficiency or the spirit of the law. Knowledgeable and concerned people, who are users of the system, have not been involved in the management of MetroAccess.

3. **The eligibility determination process is not clearly defined or consistently applied.** Eligibility determinations are conducted in many locations throughout the region and the steering committee had concerns that assessments of travel abilities are not done in the same way at each location. Users feel that the new eligibility determination process has not been clearly described and that they have not had an opportunity to comment on the process.

4. **The current "no- show" and "late-cancellation" policy is not user friendly.** Currently riders are required to cancel reservations by 4:30 pm the day before to avoid a penalty. This is a very short time frame that does not account for changes in travel schedules, which normally occur for everyone. The no-show policy sometimes unfairly penalizes customers for no-shows beyond their control.

5. **MetroAccess offers curb-to-curb service and some passengers need door-to-door service.** Curb-to-curb service means that drivers can help passengers into a vehicle, but do not assist passengers from the inside of their home or building to the vehicle (referred to as door-to-door service). Some passengers need assistance because of a blocked travel path to their actual destination, or because they might wander from the destination, especially passengers who have Alzheimer's or some types of developmental disabilities.

6. The steering committee identified numerous other **MetroAccess contract and service related shortcomings** that are provided in section VI of this report. Shortcomings include a *lack of experienced drivers and providers, provider payment arrangements, the pay structure and training for drivers, inadequate vehicle design, the lack of vehicles, inefficient trip grouping and the failure to negotiate trip time*s, *and the inadequate use of scheduling software and automatic vehicle locators*. These gaps are addressed in this chapter under the recommendation for a one-year independent review of MetroAccess.

The New MetroAccess Contract

When this study was first initiated in March of 2005, it was not known that the MetroAccess contractor would be changed within a year. During the course of the study, WMATA awarded a new contract to MV Transportation and hired a new MetroAccess director. Logisticare, Inc., the current contractor, did not bid for the contract. The anticipated change of the contractor in January 2006 presented challenges to the study, especially to the MetroAccess focus area. Instead of making recommendations about improving system design and operations under the existing system and contract with Logisiticare, Inc., a recommendation for a one-year review of MetroAccess service quality and operations under the new contract with MV Transportation was made. Provided here is some information about the new MetroAccess contract as context.

WMATA awarded a four-year MetroAccess contract for $210 million to MV Transportation on September 22, 2005, with options for two-year extensions. WMATA chose the lowest bid, MV Transportation, from a total of three responsive bids. The contract allows for up to $6 million in bonuses if MV Transportation meets on-time performance, safety and telephone wait time goals. The on-time performance goal is set at 93.5% and is measured based on the difference between scheduled pick-up time as reflected on the drivers' manifests and actual pick-up time as recorded on the vehicles mobile data computers (MDCs).[13] The on-time performance measure takes into account the 30 minute window – vehicles can arrive 15 minutes prior to or after the scheduled pick-up time.

> **What is a Broker?**
>
> There are two basic types of organizational structures used by transit agencies to provide ADA complementary paratransit service in the U.S.:
>
> **Broker:** The transit agency contracts with a firm that oversees day-to-day management of paratransit services, but does not operate the vehicles. The new contract with MV Transportation is a hybrid broker system because MV Transportation will operate 30% of the service.
>
> Direct: The transit agency provides the service directly with its own vehicles, drivers, reservationists and schedulers.
>
> National experience suggests that the key to any arrangement is strong management and oversight by the transit agency.
>
> Source: *Innovative Practices in Paratransit Services,* Easter Seals Project ACTION.

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[13] In the past, difficulties have arisen because the scheduled pick-up time on the drivers manifest has differed from the pick-up time that the customer was given.

The organizational structure under the new contract is somewhat different than with Logisticare, Inc. MV Transportation is fully responsible for all areas of operations, but will also directly provide 30% of the service. Logisticare, Inc. did not provide any of the service. MV Transportation will subcontract with local providers for the other 70% of the service. However, MV Transportation, like Logisticare, Inc., will be responsible for monitoring service and the providers. MV Transportation will pay dedicated service providers per hour and non-dedicated providers per trip.

Other key provisions of the new contract include the following:

- MV Transportation will utilize Trapeze scheduling software, Mentor Ranger Mobile Data Terminals and Automatic Vehicle Locators, which must be operational by January 15, 2005;
- Customers will be able to call or use the internet to automatically book reservations and check vehicle location;
- The productivity goals (trips per hour) are set for 1.25 in 2006 and 1.55 in 2009;
- The service will begin with 300 vehicles (about 230 of those vehicles will be newly purchased vans and Ford Taurus sedans);
- 255 of the vehicles will have cameras (DriveCam);
- Customers will receive a free voucher for missed or excessively late trips;
- The new contract establishes WMATA responsible for logging complaints and MV Transportation responsible for resolving the complaints;
- WMATA will be responsible for investigating serious complaints; and
- Taxicabs cannot provide more than 5% of the trips from non-dedicated providers.

In addition to MetroAccess operational and service issues, the study also focused on broad customer concerns and policy issues that could be addressed immediately. The three following recommendations should be implemented by WMATA within six months.

A1. MetroAccess should provide clear public information about the eligibility process, get feedback from users and offer transitional services.

Under the new contract with MV Transportation, WMATA will be handling the eligibility determination process instead of the broker, as was the case with Logisticare, Inc. WMATA has contracted with the Greater Southeast Community Hospital in D.C. and Suburban / National Rehabilitation Hospital in Bethesda to conduct eligibly assessments. Functional assessments will be standardized and follow Easter Seals Project ACTION guidance for eligibility determinations[14]. Registrants are required to re-certify every three years; people who are permanently disabled may also be required to re-certify even though their disability is not expected to change.

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[14] Determining ADA Paratransit Eligibility: An Approach, Guidance and Training Materials, Easter Seals Project ACTION, 2004 Product Update. Document number: 04ELIG. All materials from Easter Seals Project ACTION are free. See www.projectaction.easterseals.com.

During the certification process, a functional assessment will determine if the applicants are able to use the rail and bus system, or who have the potential to use the fixed route system with travel training. Similar programs are in place in Philadelphia and Pittsburgh in Pennsylvania; Dallas, Texas; Salt Lake City, Nevada; Broward County, Florida; Cincinnati, Ohio and many other cities. The MetroAccess determination process will result in one of three possible outcomes:

1) Applicants are found eligible for MetroAccess;
2) Applicants are given conditional eligibility to use MetroAccess only at some times, for example during cold weather or under other conditions; or
3) Applicants are not found eligible for MetroAccess.

During each assessment, a video on Metrobus and Metrorail accessibility will be shown to the applicant. The eligibility contractor will also provide information on travel options other than MetroAccess to applicants, such as local specialized transportation services.

Users are concerned about potential changes to the eligibility determination process and would like more specific information about how they might be affected. The Easter Seals Project ACTION materials on eligibility recommend that changes to the determination process be made with the full input and cooperation of users.

> *"....it is vital that the community understands the reasons for changes in the eligibility process ... A new process and materials is very likely to meet significant resistance (and its implementation may ultimately not be successful) without community input and some level of "buy-in." Explain the need to strictly limit eligibility not only to meet regulatory requirements but to ensure that quality service can be provided to those persons who have a right to the service. Without a broad understanding of the overriding goals, people are likely to view new eligibility procedures as "gate-keeping," based solely on cost-saving issues. Some will be skeptical about the introduction of functional assessments to the process, and may be concerned that their personal assessment of their abilities will not be considered. If the eligibility process currently used is very liberal and has been in place for some time, the change will be perceived by many as very threatening."*

> Determining ADA Paratransit Eligibility: An Approach, Guidance and Training Materials, Easter Seals Project ACTION, 2004 Product Update. Page 3.

For these reasons, WMATA should implement the following recommendations:

Provide concise information about how the eligibility process will change and the goals of the changes. Information about the changes and the goals should be widely available, which may clarify what users can expect from the process and therefore make users feel more comfortable and supportive of the process. This recommendation is similar to B1-- Improve MetroAccess materials to clarify what users can expect.

Develop a fair and a clear appeal process and make information about the appeal process easily available. Again, improved information to users will help users understand the process and clarify what can be expected. Users currently don't feel that the appeals process is clear nor always conducted fairly.

Seek user input about the changes in the eligibility process, preferably before final changes are implemented. Giving users a chance to comment and provide input before eligibility changes are finalized was a key recommendation from the Easter Seals Project ACTION materials cited above[15].

Involve people with disabilities in the functional assessment. People with disabilities understand travel limitations faced by applicants much better than an individual without a disability. The functional assessment should include that perspective and be realistic about the applicant's ability to travel under all conditions. In particular, the functional assessment must recognize that the bus and rail system is not always fully accessible to people with disabilities. Recommendation C4 calls for local governments and transit agencies to work together to improve pedestrian access to bus in the chapter on "Additional Transportation Services."

Provide one-on-one travel training in conjunction with changes to eligibility. WMATA should provide travel training to a wide range of people with disabilities, as described under recommendation C3. Customized and in-depth one-on-one travel training should be provided immediately to applicants who experience a change in their eligibility status.

Provide assistant in finding alternative transportation options to applicants or existing riders that are found "not eligible" for MetroAccess. In addition to travel training, WMATA should help applicants no longer eligible for MetroAccess find alternative options, such as accessible bus and rail routes and local specialized services.

Allow existing riders found "not eligible" to use MetroAccess service for some time period, such as two months, after they are officially notified. The time period should allow riders time to be travel trained on specific bus and rail routes, and/or explore specialized local transportation options.

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[15] Determining ADA Paratransit Eligibility: An Approach, Guidance and Training Materials, Easter Seals Project ACTION, 2004 Product Update

A2. WMATA should adopt a user-friendly "No-Show" and "Late Cancellation" policy for MetroAccess.

WMATA's current "no-show" and "late cancellation" policy states that a no-show occurs when a MetroAccess vehicle arrives within the pickup window and the passenger fails to appear within 10 minutes. A late cancellation occurs when a customers cancels his or her trip after 4:30 pm the day prior to the trip. Customers are suspended from using MetroAccess service for two weeks if they have three no-shows within a 30-day period or six late cancellations within a 30-day period.

The late cancellation policy has been particularly troubling to customers. Many people experience last minute changes to their schedule, particularly after 4:30 pm the day before a trip. Users feel that they are sometimes punished unfairly by WMATA's strict late cancellation and no-show policy.

In a 2003 letter from the Office of Civil Rights at the Federal Transit Administration (FTA) to WMATA, FTA stated that the current policy "may unreasonably limit service to ADA-eligible customers" and that WMATA should "consider analyzing overall frequency of riders' use of the service, as well as the number of no-shows." Furthermore, it "seems unreasonable" to require riders to cancel by 4:30 pm the day before to avoid a penalty[16].

Innovative practices from transit agencies around the U.S. suggest that the recommended policy should: (Note: A short description for each bullet will be filled in later)

- Consider the percentage of trips missed, not just the absolute number;
- Define late cancellations as one or two hours before the scheduled trip;
- Not count trips missed for reasons beyond the rider's control; and
- Inform riders of their right to appeal.

WMATA should adopt a new, user-friendly no-show and late cancellation policy by the end of this fiscal year (June 2006).

A3. WMATA should create a door-to-door service policy for MetroAccess.

As stated earlier in the "gaps and shortcomings" identified by the study steering committee, some people eligible for MetroAccess need assistance getting to a MetroAccess vehicle from the pick-up location, and/or assistance in getting from the vehicle to their destination. Environmental barriers, such as sidewalk construction or icy sidewalks in bad weather, may prompt the need for a higher level of service ("door-to-door" service) than what MetroAccess currently provides ("curb-to-curb"). In addition, the type of disability someone has may require additional help to ensure that person gets

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[16] Letter from Michael Winter, Director of the FTA Office of Civil Rights, to WMATA dated February 26, 2003. Referenced on page 77 of *The Current State of Transportation for People with Disabilities in the United States*. National Council on Disability. June 13, 2005.

from the origin to the destination. For example, older adults with Alzheimer's may wander from the MetroAccess vehicle and never make it to his or her destination.

The U.S. Department of Transportation's ADA regulation states that ADA complementary paratransit service for eligible persons shall be "origin-to-destination" service. The Department released guidance on "Origin-to-Destination Service" on September 1, 2005, stating that:

> *"… the service must go from the user's point of origin to his or her destination point. It is reasonable to think that service for some individuals or locations might be better if it is door-to-door, while curb-to-curb might be better in other instances.*
>
> *Under the ADA rule, it is not appropriate for a paratransit provider to establish an inflexible policy that refuses to provide service to eligible passengers beyond the curb in all circumstances. On an individual, case-by-case basis, paratransit providers are obliged to provide an enhancement to service when it is needed and appropriate to meet the origin-to-destination service requirement. We recognize that making individual, case-by-judgments may require additional effort, but this effort is necessary to ensure that the origin-to-destination requirement is met."[17]*

WMATA should develop a door-to-door service policy by October 2006 that addresses customer needs and the DOT disability law guidance. To do this, WMATA should:

Adopt a flexible policy that allows drivers to provide additional assistance beyond "curb-to-curb" to those who need it, while addressing the following operational considerations: maintaining effective control of vehicle; oversight of any other riders at all times; limits in the path-of-travel such as no more than one step or curb; and the definition of accessible path-of-travel in terms of snow, ice, obstructions, etc. Drivers are key to this policy, and may be able to best recommend riders who are in need of door-to-door service. Drivers should be properly trained and given clear guidance on when and how they should assist passengers beyond the curb. One potential issue is that drivers may not have confidential medical information and therefore may not be aware of the type of disability the passenger has, such as Alzheimer's.

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[17] The DOT guidance can be found at the FTA website at www.fta.dot.gov under "Disability Law Guidance."

A4. Conduct an independent review of MetroAccess in January 2007 with the study's "checklist."

During the time frame that this study was conducted, a new contract was awarded to MV Transportation, as stated earlier. The contract is key to the management, monitoring, system design and quality of MetroAccess. Instead of making recommendations about improving system design and operations under the existing contract, the study recommends that an independent review of MetroAccess be conducted in January 2007.

The TPB through its AFA committee should oversee the one-year review of MetroAccess. A checklist is provided in Table 4 to guide the review. The Office of MetroAccess and the contractor, MV Transportation, should be involved in the review by providing the necessary statistics and information. The review should identify shortcomings based on the checklist and other recommendations in this study, identify a timeframe for addressing the shortcomings and recommend long-term strategies and innovations for consideration. The review should also identify a process for further review of MetroAccess and the progress made on recommendations made in this report.

The checklist is based on management and operational considerations that MetroAccess or other paratransit systems have had difficulties with in the past. The review will address the following basic questions:

- ☑ Has service quality improved? Are performance goals being met?
- ☑ Do actual operating procedures meet contract requirements and support service quality?
- ☑ Have policy and planning issues been adequately addressed?
- ☑ Do riders have adequate input?
- ☑ Has the eligibility determination process been improved?

A number of sub-questions and issues are then related to each of these basic questions. Table 4 below provides additional details for each of these questions.

The items in the checklist in Table 4 are provided not only to guide a review of the service in 2007, but also to be of assistance to WMATA in ongoing service monitoring and management.

Table 4: Checklist for a One-Year Review of MetroAccess

Primary and Secondary Issues and Questions	In particular, consider:	Information needed:
Has service quality improved?		
What service quality issues remains a concern for riders?	• Rider comments received in 2006 by WMATA. • Qualitative input from riders, advocates and agencies served by MetroAccess. • Qualitative input from WMATA staff and service provider.	• WMATA rider comment/complaint records for 2006. • Phone interviews with riders, advocates and agencies • Minutes of advisory committee meetings • In-person interviews with WMATA staff and service provider staff
How is service quality measured?	• Have the performance standards detailed in the contract been adequate to track and manage all aspects of service quality and do they provide an adequate summary of service quality issues?	• Service performance standards and contract incentives and liquidated damages. • Standards related to trip denials and trip time negotiations, telephone performance, on-time performance, missed trips, and travel time.
Are performance goals being met?	• How do 2006 MetroAccess performance statistics compare to prior performance and to industry standards or averages?	• Consultant verified (or adjusted) performance for 2006 in each area. • 2001-2006 performance measures in each area. • Selected peer data.
Are other aspects of service quality and contract requirements being adequately monitored by WMATA?	• Is on-street monitoring being done to complement and validate reported service performance? • Are periodic, unannounced inspections of contract requirements such as driver qualifications, employee performance, and vehicle condition and maintenance being performed? • Is the same level of on-site and on-street monitoring being done of non-dedicated providers as for dedicated providers?	• WMATA contract monitoring procedures and staffing. • Sample monitoring reports and findings.

Primary and Secondary Issues and Questions	In particular, consider:	Information needed:
Has service quality improved? (continued)		
Is the data used to calculate service performance appropriate, accurate and validated by WMATA?	• Are requested trip times being preserved in the system, compared to final negotiated times, and used to determine appropriate trip time negotiation? • Are negotiated pick-up times being preserved and protected from subsequent scheduling and dispatching changes scheduled (or are riders contacted if times are changed in scheduling or dispatching)? • Is on-time pick-up performance measured by comparing final negotiated times with actual pick-up times? • Are on-time arrivals being considered? • Does the new software system "protect" other key trip information so service performance is accurately portrayed? • Do phone MIS reports adequately portray phone service in all areas (reservations, dispatch, by time of day)? • How is on-board travel time reviewed? • Are missed trips and no-shows correctly coded and considered? • How does WMATA check and validate service data?	• Comparison of requested, negotiated and scheduled trip times for a sample of trips. • Examination of trip histories for selected cancelled trips. • Statistically-significant check of on-time performance for a selected day or days. • Analysis of long-ride times and comparison to fixed route travel times. • Review of phone MIS reports. • Analysis of a sample of no-shows and missed trips. • Review of data provided on video from the 255 vehicles with DriveCam (on-board video cameras).

Primary and Secondary Issues and Questions	In particular, consider:	Information needed:
Do actual operating procedures meet contract requirements and support quality service?		
Is the reservations process properly handling trip requests, validating key trip information, capturing important information, and communicating important service policies to riders?	• Does the system allow trips to be booked based either on drop-off times or pick-up times? • Is "negotiation" of trip times that take rider needs into consideration allowed for? Are reservationists properly using the trip scheduling features of the new software (appointment times, earliest arrival, and earliest departure features)? • Is key trip information (trip days/dates, pick-up times, companions and PCAs, special instructions, mobility aids used, origin and destination addresses, origin and destination phone numbers) captured and validated? • Is the pick-up window explained? • Are the reservation phone service hours long enough for users?	• Reservationist procedures or "script." • First-hand observations of the reservations process. • Reservationist interviews. • Review of randomly selected telephone recordings for the reservations line.
Is the scheduling process working effectively?	• Are there an adequate number of schedulers and are they adequately reviewing the initial automated trip assignments made by the software system? • Are schedulers effectively using the schedule assist features of the software? • Are parameter settings appropriate? Are system settings periodically reviewed and fine-tuned? • Does the software design include the proper "scheduling window," the "on-time performance window," and an "arrival window"? • Does the system ensure that key trip information (specifically the original requested time and the time negotiated) is "protected" throughout the reservations, scheduling and dispatch processes? • Are subscription trips handled and scheduled effectively?	• Scheduler staffing. • First-hand observations of the scheduling process. • Scheduler interviews. • Driver interviews re: schedules assigned. • Review of schedules for parameter violations and appropriate slack time. • Review of scheduling and system parameter settings. • Review of run structure. • Review of "unscheduled trips." • Subscription trip policies.

Primary and Secondary Issues and Questions	In particular, consider:	Information needed:
Do actual operating procedures meet contract requirements and support quality service? (continued)		
Is the new centralized dispatch process working effectively?	• Is the line of communication between central dispatch and the service provider staff working effectively? • Are there an adequate number of dispatchers throughout the day and are they effectively using the technology provided? • Are dispatchers effectively using the dispatch assist features of the software? • Do dispatchers have effective control and real-time information about the status of every run? • Do dispatchers have control of trips assigned to taxis or other non-dedicated providers? • Are dispatchers acting proactively to identify and reassign trips that are predicted to run late? • When trips are reassigned, are the original negotiated/scheduled times kept? • Are no-shows monitored and managed by dispatchers effectively?	• Dispatch staffing and assignments. • First-hand observations of the dispatch process. • Dispatcher interviews. • Driver interviews re: dispatcher assistance. • Review of randomly-selected telephone recordings of the late trip/dispatch lines. • Documentation of a sample of observed no-shows. • Review of a sample of no-show records and associated dispatcher notes and MDT/AVL data. • Review of trip histories for a sample of late trips to see reassignment times.
Are there an adequate number of drivers and vehicles to cover all scheduled runs?	• Are service providers required to indicate how many vehicles and drivers will be available for the following day and reporting on the actual number of vehicles and drivers available each day? • Are there an adequate number of "extra-board" drivers as well as "floater vehicles" to assist with same day issues?	• Daily pull-out records. • Daily service summary reports. • Driver and vehicle availability reports. • Run structures, driver assignments, and driver rosters.
Are MetroAccess vehicles providing adequate accessibility for users?	• Are the new vans and sedans accommodating riders adequately? • Is there room for wheelchair users and service animals?	• Driver, provider and customer input on vehicles
Are drivers adequately trained and proficient in service policies?	• Do drivers know and follow service policies? • Are drivers familiar with the areas in which they are working? • Do drivers provide appropriate assistance?	• Rider input on driver performance. • Review of training information • Driver turnover records. • First-hand observations of driver performance.

Primary and Secondary Issues and Questions	In particular, consider:	Information needed:
Have policy and planning issues been adequately addressed?		
Have key service policies been reviewed?	• Has a new no-show policy been established? • How is MetroAccess addressing the FTA guidance on providing door-to-door service to those who need it? • Are WMATA employees with disabilities involved in management of MetroAccess?	• No-show policy. • Records of no-show actions taken. • Review of driver assistance policies and public information on assistance provided. • WMATA staffing.
Are service needs and resources accurately considered?	• Is adequate planning being done to address the future demand for paratransit service? • Is MetroAccess adequately funded? Has a dedicated funding source been identified?	• Examine demand estimation methodology. • Review current and planned funding levels and sources.
Has same-day service been established?	• Has a premium, supplemental taxi service been created?	• Same-day service plan, policy and records.

Primary and Secondary Issues and Questions	In particular, consider:	Information needed:
Do riders have adequate input?		
Is the complaint process thorough and appropriate?	• Have rider concerns about potential retaliation been addressed in the complaint intake and investigation processes? • Are complaints properly tracked and responded to in a timely manner?	• Qualitative rider input on the complaint process • Examination of a sample of complaint files for actions and timely response.
Is complaint information used to manage service quality?	• Are complaints linked to targeted monitoring? • Is complaint investigation information linked to driver re-training, performance evaluation, and discipline? • Are complaint trends tracked and used is service management and planning?	• Follow-through on selected complaints: examination of related driver training and personnel files (commendations, warnings, disciplinary actions, etc.). • Tabulation of complaints and WMATA service management and planning responses
Are there effective ongoing mechanisms for receiving rider input of service design, implementation and operational issues?	• Has a new, independent user group been established? • Is customer satisfaction being monitored through surveys?	• Advisory committee structure and governing rules. • Rider satisfaction surveys and results.

Primary and Secondary Issues and Questions	In particular, consider:	Information needed:
Has the eligibility determination process been improved?		
Are determinations accurate and appropriate?	• Are eligibility outcomes more consistent? • How do outcomes compare with other exemplary systems? • Are outcomes effectively communicated to riders and does outcome information support operational needs? • Do users feel the determinations are fair?	• Review of new process and materials. • Review of a sample of determination files – particularly those where eligibility is denied or limited. • Review of outcome information and statistics. • Comparison to peer outcomes. • Review of letters of determination.
Are determinations made in a timely way?	• Are determinations made within 21 days of the receipt of a completed application? • Are applications tracked through the process? • Is service provided if determinations are not made within 21 days and are applicants informed that service is available?	• Application tracking records. • Examination of a sample of files to validate tracking information. • Documentation of communications with applicants where 21 days is exceeded.
Is there an appropriate appeal process?	• Do those hearing the appeals bring a high level of understanding of eligibility issues? • Are reviewers independent and objective and is there a separation of authority? • Do appeal outcomes indicate issues with the initial process? • Are appeal decisions used to strengthen the initial process? • Do users feel that the appeal process is clear and fair?	• Review of appeal policies and appeal board member qualifications and training. • Review of appeal outcomes. • Applicant interviews.
Is there community acceptance of the process and do potential applicants understanding the process?	• Was there adequate community input in the redesign of the process? • Has the process been clearly described for users?	• Public input records. • Public information and materials. • Rider, advocate and agency interviews.

Summary of Recommendations

A1. MetroAccess should provide clear public information about changes to the eligibility process, get feedback from users, and offer transitional services.
- Provide concise information about how the eligibility process will change and the goals of the changes.
- Develop a fair and a clear appeal process and make information about the appeal process easily available.
- Seek user input about the changes in the eligibility process, preferably before final changes are implemented.
- Involve people with disabilities in the functional assessment.
- Provide one-on-one travel training in conjunction with changes to eligibility.
- Provide assistant in finding alternative transportation options to applicants or existing riders that are found "not eligible" for MetroAccess.
- Allow existing riders found "not eligible" to use MetroAccess service for some time period, such as two months, after they are officially notified.

A2. WMATA should adopt a user-friendly "No-Show" and "Late Cancellation" policy for MetroAccess by October 2006. The policy should:
- Consider the percentage of trips missed, not just the absolute number;
- Define late cancellations as one or two hours before the scheduled trip;
- Not count trips missed for reasons beyond the rider's control; and
- Inform riders of their right to appeal.

A3. WMATA should create a door-to-door service policy for MetroAccess by October 2006.
- To respond to the need of some people with disabilities to have additional service beyond "curb-to-curb", and to respond to recent FTA guidance on "origin to destination" service, WMATA should create and implement a door-to-door service policy.

A4. An agency independent of WMATA should conduct a review of MetroAccess in January 2007 with the recommended "checklist."
- The TPB and the AFA should conduct an independent review of MetroAccess based on the checklist found in this chapter after one-year of operation under the new contract with MV Transportation.
- The checklist is based on management and operational considerations that MetroAccess or other paratransit systems have had difficulties with in the past.
- The checklist is also intended to be assistance to WMATA in ongoing service monitoring and management.

B. Communicating with MetroAccess Customers

In the area of customer communications, the study steering committee identified the following gaps and shortcomings in current MetroAccess services:

1. **Customer expectations often don't match reality.** Confusion regarding policies and procedures such as eligibility requirements, the scheduling process, late cancellation and no-show policies, and the level of service provided (e.g., curb-to-curb vs. door-to-door) lead to customer frustration and inefficient use of the service.

2. **Customer complaints are not properly investigated, tracked, or responded to.** Customers often feel that their complaints fall on "deaf ears," and that they make the same complaints repeatedly without seeing any evidence that the issues have been investigated or attended to.

3. **The needs of paratransit users are not well understood.** Users do not feel that they have adequate input into planning, management, operation or other aspects of the paratransit service. The managerial approach has tended to adhere to the letter of the American with Disabilities Act, rather than the spirit, and has emphasized cost containment over meeting customer needs.

To address these shortcomings, WMATA should implement the following recommendations.

B1. MetroAccess should improve materials to clarify what users can expect.

MetroAccess should provide extensive and well-organized information in multiple accessible formats. Formats successfully utilized by other paratransit agencies include websites (compatible with text translation programs), large-print brochures, videos, quick reference guides, and regular newsletters. Materials should be made available in Braille and on audiotape as well. Key content should address frequently asked questions:
1. What is paratransit?
2. Who is eligible?
3. How do I apply?
4. How much does it cost?
5. When and where can I go?
6. How do I book a trip?
7. Can I schedule ongoing rides?
8. What is the pick-up procedure?
9. What kind of assistance does the driver provide?
10. Can I bring a companion or service animal?
11. How do I cancel a trip?
12. What if my ride is late?
13. How do I make a complaint or appeal a decision?

All materials should be branded with a readily identifiable logo, color-coordinated, and widely distributed. The importance of promoting and educating the public about paratransit programs is highlighted in the Easter Seals Project ACTION report, "Innovative Practices in Paratransit Services."[18] The wide distribution of informational materials can help customers learn to use the system more effectively. MetroAccess currently provides newly registered users with a customer handbook, and provides limited information on its website. Beyond this, however, it is difficult to find detailed information about MetroAccess services, and no information is available in languages other than English. Although MetroAccess currently has an identifiable logo, the study steering committee feels that it is not being used effectively. For example, the logo is not readily visible on all paratransit vehicles. The new contract with MV provides an opportunity to either develop a new logo, or to employ the current logo more extensively and effectively.

Agencies that have successfully developed extensive, well-organized, clearly branded information about paratransit services include MTA in New York City (http://www.mta.nyc.ny.us/nyct/paratran/guide.htm, Figure 11), TriMet in Portland (http://www.trimet.org/access/liftguide.htm), and Arlington County STAR (http://www.commuterpage.com/ART/star.htm, Figure 12). Other systems that have developed videos about the paratransit and fixed route systems include the RTA in Chicago and CAT in Las Vegas. Both of these systems use the video as part of the eligibility process; the video is shown while applicants are waiting for their interviews. WMATA has also developed a video that is shown during the eligibility process, and that provides basic information about how to use Metrobus and Metrorail, with a special focus on accessibility features and resources and services available for people with disabilities.

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[18] Easter Seals Project Action, *Innovative Practices in Paratransit Services* (Washington, DC:2003), available online at http://projectaction.easterseals.com/site/DocServer/03IPP.pdf?docID=3196

Figure 11. Information about Paratransit Services on the New York City Transit System (MTA) Website
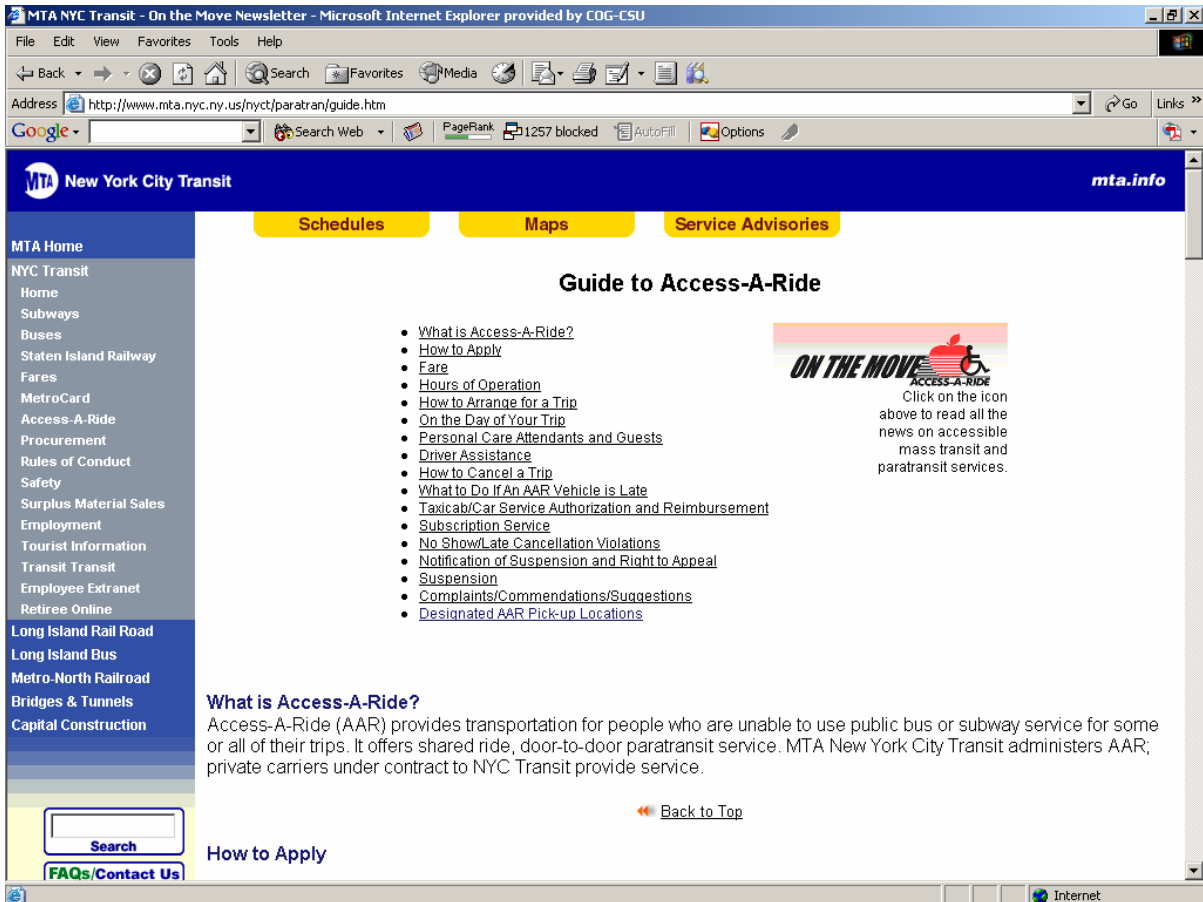
Figure 12. Promotional Flyer for Arlington STAR Paratransit Services

B2. MetroAccess should improve its complaint process

The MetroAccess complaint process should strive to achieve the following objectives:

- Make riders feel comfortable raising issues through the complaint/comment process;
- Address any rider concerns about retaliation for raising issues;
- Make sure all comments and complaints are captured and logged;
- Ensure a thorough and meaningful investigation of comments and complaints is performed;
- Keep riders informed about the status of their complaints and the outcome/actions to be taken;
- Use results from the complaint process to strengthen the service monitoring process; and
- Use results of the complaint process to strengthen the employee training process.

To achieve these objectives, WMATA should implement the following recommendations.

WMATA should clearly post information about the complaint process on all paratransit vehicles. The Easter Seals Project Action report "Innovative Practices in Paratransit Services" indicates that posted information and comment cards are effective means of gathering data from customers. WMATA should also acknowledge all complaints with a postcard, e-mail, or telephone call, noting that the comment was received and is being investigated.

WMATA, or a third-party other than the broker, should not only take the complaints but also develop appropriate plans for investigating each complaint. As the Easter Seals Project Action report notes, a thorough and real investigation of each complaint is an essential component of service monitoring. Too often, complaints are just forwarded to the broker or service provider, who then talks to the employee against whom the complaint was made. The broker or provider then reports "Discussed with employee" or "Driver said it wasn't true" and that is the end of the investigation. It is also important to make sure that the person investigating is not "too close" to the situation and that that person does not have a potential bias in the outcome. Furthermore, because riders have direct and ongoing contact with drivers, reservationists and dispatchers, people may be afraid to raise concerns or may feel uncomfortable doing this. For all of these reasons, WMATA or a third-party ombudsperson should be meaningfully involved in the investigation process, rather than simply passing complaints on to the broker. The investigator should ask complainants if it is okay to reveal their name to service providers during the investigation or if they want to remain anonymous. If the person wants to remain anonymous, WMATA or a third-party broker should develop a plan for investigating the complaint without revealing the complainant's identity to the provider.

WMATA should link the complaint investigation process with direct observation of specific employees, vehicles, and provider records. WMATA has and continues to

invest in a lot of technology and systems that can be very helpful to complaint investigations, such as telephone recording systems, AVL, software with "tracking" records that can tell each time a trip record is touched or changed, software with a "dispatcher notes" capability that can be used for service providers to track in-service issues, etc. WMATA should utilize the systems and technology in place to help with management and monitoring. The approach also should be tailored to the exact complaint. For example:

- If the complaint alleges issues with reservationist or dispatcher professionalism or actions, the person at WMATA or the third-party should listen to the phone tapes and the conversation between the complainant and the reservationist/dispatcher.

- If the complaint has to do with a vehicle no-show, the investigator should go to the AVL files and see where the relevant vehicle was at during the time the pick-up was to be made.

- If the complaint has to do with the driver, the investigator should look at the manifest, see if there were any other riders on-board at the time of the alleged incident and contact them to get a second opinion on what happened.

WMATA should categorize and track complaints by service provider, by issues, and by employee, in order to identify areas where improvements are needed. Information from the complaint process should feed back into the monitoring process and employee training and discipline. If there are repeat complaints of a particular type or against a particular employee, this should trigger independent monitoring. If the independent monitoring confirms the issues, this should tie into re-training and enforcement/discipline. Too often complaints are just logged and reported and nothing is actually done with the information. The MTA in New York City provides a successful example of linking customer complaints with monitoring, employee training, and discipline.

WMATA should provide all customers with a meaningful response to each complaint. The policy at MTA in New York City is to respond to the customers within one to three weeks. Figure 13 provides examples of meaningful and not-meaningful responses.

WMATA should handle immediate customer needs separately from less time-sensitive complaints. Customers who are stranded while waiting for a ride need immediate assistance and should have access to a live person who can assist them. To address this need, Wheel-Trans, the paratransit service in Toronto, Canada, established a priority phone line that customers can call to cancel rides and report vehicle no-show problems. Wheel-Trans also made arrangements with several cell phone companies to provide free cell phone calls to this priority line.[19] WMATA should establish a similar dedicated line to assist customers with immediate needs.

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[19] More information about Wheel-Trans is available online at http://www.toronto.ca/ttc/special.htm

Figure 13. Examples of "Meaningful" and "Not-Meaningful" Letters in Response to Customer Complaints

NOT Meaningful	Meaningful
April 1, 2005 Ms. Mary Smith 35 Park Gate Drive Edison, NJ 08840 Dear Ms. Smith: This is in response to your recent complaint. We apologize for the inconvenience and hope that your future trips on Able-Ride are satisfactory. Sincerely, Donald Smith Manager of Customer Service	April 1, 2005 Ms. Mary Smith 35 Park Gate Drive Edison, NJ 08840 Dear Ms. Smith: This is in response to your recent letter concerning your Able Ride trip on March 18, 2005. Our investigation revealed that the vehicle operator arrived 15 minutes late for your pickup and had difficulty properly securing your wheelchair. She then became lost in route to your destination and required assistance from dispatch to locate the Marriott Hotel on 57th Street. As a result of this incident, the vehicle operator is receiving re-training in the proper securement of wheelchairs and refresher training in map reading skills. She will be monitored closely by our road supervision for the next six weeks. We apologize for the late trip on March 18th and hope that your future trips with us will be satisfactory. Sincerely, Donald Smith Manager of Customer Service

B3. MetroAccess should ensure that users have direct input

WMATA should establish a new user group made up of paratransit users with a wide range of disabilities, transportation providers, and management staff. Currently, there are several groups that provide input into the planning and operation of MetroAccess, including a subcommittee of the WMATA elderly and disabled advisory committee that holds monthly meetings where users can comment on MetroAccess service, and the regional paratransit coordinating committee (RPCC). However, the study steering committee feels that this input is too limited, not sufficiently representative or independent of the transit agency, and not adequately responded to by decision makers. To ensure that users have direct, meaningful input, the committee believes that a new user group devoted specifically to paratransit-related issues should be established. The group should bring together users with providers and decision makers from both the broker and WMATA.

The group should be structured so that membership can be refreshed and reflect a diversity of opinions. There are at least two different models that WMATA could adopt for structuring the advisory committee to ensure that the committee is independent and provides representative input. In the first model, WMATA could invite individuals or outside agencies to nominate themselves or other potential committee members. To get started, the transit agency could select the initial committee members, and then move to a self-selection process, whereby the committee selects the new members based on outside nominations. A second model simply allows open participation and then sets rules for

people who attend to become "voting members," who in turn elect officers of the committee. For example, in the Boston paratransit system anyone who attends more than three user group meetings within one year (the meetings are held monthly) automatically becomes a voting member. Regardless of whether WMATA chooses one of these two models or a third model, all meetings should be open to the public, and the meetings should occur on a regular basis (monthly, bi-monthly, or quarterly).

WMATA should involve the user group in all stages of planning and implementation. To make sure that the user group is involved in all key decisions, the group should spend time identifying the different types of planning and operating issues where input is important. In making this list, all departments within WMATA need to be considered. For example, what decisions are made in the purchasing department (development of vehicle and equipment specifications, final selections and awards for vehicles and equipment, development of provider RFPs, etc.)? What decisions are made in paratransit and fixed route operations departments (overall service design, policies and procedures, training content and approach, service monitoring approaches, etc.)? And, what decisions are made in the planning department (development of service alternatives, recommendations for programming funds, etc.)? As each key decision is identified, the type of input and the timing of the input should be discussed. For example, on vehicle specifications and purchase, it would be appropriate to ask the use group to inspect sample vehicles and to look at the specifications in draft form. WMATA should then set internal requirements regarding what information each department should bring to the committee at what stage in the decision-making process. These issues would be good discussion topics for the initial meetings of the user group. Staff from each department could be asked to attend the first meetings to present what they do, what decisions are made, what input might be appropriate, and the timing of that input.

The user group should have regular opportunities to communicate directly with the WMATA Board. This could be accomplished by allowing time for a representative of the user group to speak at each board meeting. Top-level staff and board members should also attend the user group meetings periodically, particularly when important issues are being discussed. In addition, the user group should have the ability to request reports from specific staff or departments.

The user group should be involved in monitoring customer satisfaction through performance reports, a "mystery rider" program, and regular surveys. WMATA should provide the user group with meaningful information at each meeting. There should be a set of reports (developed with input of the group) for key operating areas. Specific reports recommended in the Easter Seals Project Action report "Innovative Practices in Paratransit Services" include telephone system reports, trip denials, on-time performance, trip length, missed trips, accidents/incidents, and complaints. The report also recommends supplementing internally generated reports with a "mystery rider" program, in which a selected group of riders are trained to keep detailed trip logs. These trip logs can include information about all aspects of the service, including:

- Telephone service and hold times

- Requested versus offered trip times
- Actual pick-up and drop-off times
- Driver assistance and performance
- Vehicle and equipment operation and condition
- General observations and comments

WMATA should also monitor customer satisfaction through regular surveys. Some transit agencies, such as MTA in New York City, conduct surveys annually and track responses to the same questions over time.

Summary of Recommendations

B1. *MetroAccess should improve materials to clarify what users can expect.*
- MetroAccess should provide extensive and well-organized information in multiple accessible formats.
- All materials should be branded with a readily identifiable logo, color-coordinated, and widely distributed.

B2. *MetroAccess should improve its complaint process*
- WMATA should clearly post information about the complaint process on all paratransit vehicles.
- WMATA, or a third-party other than the broker, should not only take the complaints but also develop appropriate plans for investigating each complaint.
- WMATA should link the complaint investigation process with direct observation of specific employees, vehicles, and provider records.
- WMATA should categorize and track complaints by service provider, by issues, and by employee, in order to identify areas where improvements are needed.
- WMATA should provide all customers with a meaningful response to each complaint.
- WMATA should handle immediate customer needs separately from less time-sensitive complaints.

B3. *MetroAccess should ensure that users have direct input*
- WMATA should establish a new user group made up of paratransit users with a wide range of disabilities, transportation providers, and management staff.
- The group should be structured so that membership can be refreshed and reflect a diversity of opinions.
- WMATA should involve the user group in all stages of planning and implementation.
- The user group should be involved in monitoring customer satisfaction through performance reports, a "mystery rider" program, and regular surveys.

C. Additional Transportation Services for People with Disabilities

In addition to improving the current ADA paratransit services provided by MetroAccess, the study steering committee felt that the region should provide more low-cost transportation alternatives to people with disabilities. The committee identified the following gaps and shortcomings in the alternatives currently available:

1. **Wheelchair-accessible taxicab service is limited.** Currently there are no accessible cabs in the District of Columbia. Although some accessible cabs are available in Northern Virginia and Suburban Maryland, the number is relatively small and the vehicles often remain parked, rather than circulating on active duty.

2. **Fixed-route transit is not always fully accessible.** Many people with disabilities are unable to reach bus stops or rail stations due to environmental barriers. Information about which bus stops are accessible is lacking. Most, but not all of the region's transit buses are lift equipped; however the lifts do not always work properly. Elevators and escalators in rail stations are frequently out of service. Bus drivers do not always call out bus stops.

3. **Travel training programs for the fixed-route system are limited.** The type of training required varies depending on a person's specific disability. Training programs currently available to people with disabilities are limited in scope and variety.

To address these shortcomings, WMATA and local jurisdictions should implement the following recommendations:

C1. Local governments should use a combination of strategies to encourage more wheelchair-accessible taxicabs.

The ADA prohibits taxicab drivers from denying service to people with disabilities or charging extra fees for necessary assistance. However, the law requires taxi companies to provide wheelchair-accessible service only if the company purchases new vans with a seating capacity of eight or more passengers, an arrangement that is unusual. Taxi companies often cite financial reasons for not providing wheelchair-accessible service: lift-equipped vehicles cost more to purchase and maintain compared to non-accessible vehicles; boarding and de-boarding a person in a wheelchair often requires additional time that is not included in the fare; and insurance may be more expensive both because the vehicle is more costly to purchase and maintain and because people with disabilities may be more at risk being helped on and off the vehicle.

In the absence of comprehensive ADA requirements for accessible cabs, many cities around the country have experimented with different strategies for putting more wheelchair-accessible cabs into service, with mixed results. A 2005 report by the

National Council on Disability[20] found that the most successful programs combine a variety of strategies, including both regulations and incentives. Listed below are the strategies that the study steering committee found most promising for the Washington region. The strategies could initially be implemented in a pilot area, such as the District of Columbia, before they are expanded to the entire region.

Mandate that a certain percentage of the taxicab fleet be wheelchair accessible.
Several cities require taxi companies to operate a minimum number of accessible cabs. Portland, OR, which likely has the highest percent fleet accessibility in the US, passed an ordinance mandating movement towards 20 percent accessibility of the taxi fleet by requiring all replacement cabs to be accessible. Chicago, IL, and Arlington, VA, are more typical, requiring two percent of the fleet to be accessible. The National Council on Disability report recommends that such mandates should be complemented by additional regulatory requirements, including a requirement to give priority to riders who need accessible taxis over other riders, and adherence to ADA nondiscrimination standards and vehicle standards. Chicago further enhanced their accessible taxi program by establishing a centralized dispatch system - a toll-free number that customers can call to request an accessible cab from any Chicago cab company.

Provide the minimum financial subsidies and incentives necessary to encourage taxi and other transportation firms to provide and maintain a sufficient supply of accessible service. To be effective, incentives must be aimed at both companies and drivers to ensure that accessible vehicles are not only purchased, but also put to use and available to customers with disabilities. Incentives directed towards companies include subsidies to offset the cost of vehicle purchase, maintenance, or insurance. For example, the city of Chicago made $1 million available to cab companies to defray the incremental cost of an accessible ramp-equipped van versus a new Ford Crown Victoria. Alternatively, local governments can provide accessible vehicles at little or no cost. For example, the Denver Region Transportation District (RTD) leased 16 old accessible vans and small buses to two taxi companies to operate in regular taxi service, at full fare and with immediate dispatching. These subsidies can be passed through to drivers by requiring taxi companies to offer lower daily leases to drivers.

Contracts with transit agencies for paratransit taxi service can also serve as an incentive for taxi companies to provide accessible vehicles and trained drivers, by ensuring a steady demand for accessible service (see Recommendation B2, "Provide premium same-day service to MetroAccess customers.") It is important to ensure, however, that paratransit contracts don't overwhelm the accessible capacity, leaving few vehicles available for on-demand service to private-paying customers.

A potential funding source for incentive programs in the Washington region is the New Freedom Initiative, a new formula grant program administered by the Federal Transit Administration for capital and operating costs associated with services and facility

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[20] National Council on Disability, *The Current State of Transportation for People with Disabilities in the United States* (Washington, DC: 2005).

improvements that address the transportation needs of persons with disabilities and that go beyond the Americans with Disabilities Act.[21]

Train taxicab drivers on serving customers with disabilities. The National Council on Disability report notes that training is an essential component of a comprehensive program, yet training sometimes amounts to little or nothing. Training should cover rights and responsibilities of drivers and customers under the ADA; general guidelines for serving customers with disabilities; and specific guidelines for serving customers who use wheelchairs or service animals, and customers with visual or auditory disabilities. The Easter Seals Project ACTION "Taxicab Pocket Guide" provides a brief overview of each of these topics.

The Easter Seals Project ACTION publication "Moving Forward Together: A Workbook for Initiating and Increasing Accessible Taxi Services in Your Community" provides additional information on the strategies described here, as well as other strategies and examples from across the country.[22]

C2. WMATA should provide premium same-day service to MetroAccess customers.

WMATA should implement a program allowing users to call private transportation companies directly and pay a subsidized fare, based on successful examples in other major cities. Several transit agencies around the country have launched successful same-day service programs to supplement their traditional paratransit service. Under Baltimore's recently-launched Taxi Access program, for example, paratransit riders are eligible for subsidized taxi service (http://www.taxiaccess.org/). The customer pays a $3 flat rate to travel anywhere within the service area, and the Maryland Transit Administration pays the remainder of the fare. Customers contact participating taxi companies directly, and can book trips up to 40 minutes in advance, 24 hours a day, seven days a week. The average cost per trip is approximately $15, well below the average cost for traditional paratransit service, and the program has grown to account for approximately 25% of all paratransit trips in the Baltimore area. Unfortunately, very few cabs in the Baltimore area are wheelchair-accessible. However, as noted under the previous recommendation (B1, "Local governments should use a combination of strategies to encourage more wheelchair-accessible taxicabs") the existence of a subsidized taxi program can help create incentive for taxi companies to provide accessible vehicles and adequately trained drivers.

Examples of other successful same-day service programs include Chicago's Taxi Access Program (http://www.transitchicago.com/welcome/tap.txt) and the Taxi Scrip Program in King County (Seattle, http://transit.metrokc.gov/tops/accessible/taxi_scrip.html). For budgetary control, many same-day service programs limit either the total number of trips or the subsidy per trip, or both. Another important consideration is how the service is

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[21] For more information see http://www.fta.dot.gov/whats_new/14786_17003_ENG_HTML.htm

[22] Easter Seals Project ACTION, *Moving Forward Together: A Workbook for Initiating and Increasing Accessible Taxi Services in Your Community* (Washington, DC: 2005). Avaialble online at http://projectaction.easterseals.com/site/DocServer/05TXWKBK.pdf?docID=17723.

priced relative to the ADA paratransit service. Use and cost can be limited if the effective fare for same-day service is set above the typical ADA paratransit fare. On the other hand, if the transit agency wants to encourage people to use the taxi program rather than traditional paratransit, the effective fare can be set at or slightly below the paratransit fare.

There are a number of considerations to keep in mind when evaluating the potential costs and benefits of a same-day service program. First, the subsidy per taxi trip is typically far less than the subsidy per paratransit trip. However, it is likely that providing same-day service generates trips that would otherwise not be taken by standard paratransit. Studies have suggested that demand for same-day paratransit service can be up to 40% higher than for service provided on a "next day" basis.[23] Finally, diverting a number of shorter trips from paratransit to taxis likely will cause the average trip length and average trip cost of paratransit to increase.

Taking all of these factors into consideration, it is still likely that providing a "premium" same-day service will have a positive impact on overall paratransit costs. The typical taxi subsidy per trip is only $5-8, whereas the typical ADA paratransit subsidy per trip is approximately $20-$30. Even if half of the trips taken by taxi were "generated" rather than "diverted from paratransit," and the average paratransit trip cost increased slightly for longer trips, there would likely still be a net savings. And, the program would offer additional mobility to eligible individuals by making same-day service available. In the Washington region, same-day service could initially be implemented as a pilot program in just one jurisdiction, before being expanded to the entire region.

TPB staff worked with MJM Innovations, the management company that operates Baltimore's Taxi Access Program, to calculate a rough estimate of the cost of providing premium same day service in the Washington region. The estimate was based on the following assumptions:

- The number of same day taxi trips would be approximately 5% substitution of MetroAccess trips and 5% new trips;

- The service would start in a limited area, such as Montgomery County;

- Users would pay a $5.00 fare per trip;

- Total meter costs would be capped at $20.00;

- Administrative costs would be $3.00 per trip; and

- Administrative and start up costs would be approximately $150,000.

Given these assumptions, the estimated annual operating cost of premium same day service ranges from $600,000 to $1.6 million.

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[23] Lewis, David, Hickling Corporation, "Preliminary Regulatory Impact Analysis of Transportation Accessibility Requirements for the Americans with Disabilities Act," prepared for the U.S. Department of Transportation, April 1991.

C3. Transit agencies should provide several different types of training, suited to different users, and make these services widely available.

Training on how to use the fixed-route system benefits both riders and the transit agency. Individuals who successfully complete travel training benefit by increasing their mobility and decreasing their dependence on paratransit. Transit agencies benefit by enabling customers to choose the most efficient form of transport for a particular trip – the fixed route system when possible, and paratransit for other trips. By reducing some riders' paratransit dependency, training programs can help ensure that paratransit remains available for individuals who have no other options. Before an individual's paratransit eligibility is reduced or denied, however, it is important for transit agencies to track and support riders' successful transition through travel training to fixed-route service.

Several different types of training are needed to address the needs of people with different types of disabilities. A case study of King County (Seattle) Metro conducted for Easter Seals Project ACTION by MultiSystems, Inc. (now TranSystems Corporation)[24] illustrates the range of training needed for a comprehensive program:

> *In-depth, one-on-one "destination training"* is provided for people with cognitive disabilities. Metro contracts with a community affiliate of a large union to conduct the trainings, and only pays for successfully completed trainings. This encourages the contractor to carefully assess people's potential to use the fixed route system. The price of approximately $1,600 per successful training includes an initial assessment of the individual's travel potential, the training itself, and a 6-month follow-up assessment of the individual's fixed-route travel. A 2000 analysis indicated that each successful training saved approximately $4,000 in paratransit costs.

> *Group "orientation training"* involves two days of instruction and is often done in cooperation with local senior centers and schools. The first day includes classroom training on issues associated with using the bus service, such as reading route maps and schedules, figuring out fares, planning a trip, and important bus service policies. On the second day, the group meets and travels to a bus stop, boards and rides the bus to a selected location, spends time on this outing and then returns on the bus. Metro pays the contractor approximately $1,300 for each group orientation training, which typically involve 8 to 10 participants.

> *Instruction in using accessible buses* is also provided. About six times a year, a bus is taken to the local VA hospital for demonstration purposes. Individuals can come to the site to learn how to get on and off the bus using a wheelchair lift, and how to secure their wheelchair on the bus. Metro pays the contractor $299 for each lift training, and provides paratransit service to the training if needed.

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[24] Multisystems, Inc., "ADA Complementary Paratransit: A Decade of Change," prepared for Easter Seals Project ACTION, December 2002.

Key to the success of Seattle's training program is the collaboration with and provision of funds to local agencies that have staff who are qualified to do training. Similarly, in Austin, TX, the transit agency has collaborated with the Austin Resource Center for Independent Living, which hires people with disabilities who are proficient with fixed-route travel to serve as Peer Trainers. Training consists of both classroom and field training, and students are encouraged to make decisions about the length and content of their own training.

Another practice that has proven effective is integrating training with the paratransit eligibility determination process. For example, the Southwest Ohio Region Transit Authority in Cincinnati hires trainers to conduct in-home assessments of individuals before training begins. Individuals who are determined eligible for paratransit services retain eligibility for all trips except those for which travel training is successful. The training prioritizes work, agency, or other regular trips that usually occur during peak hours when the paratransit system capacity is stretched.

WMATA currently provides free system orientation services to people with disabilities. The content of the orientation is largely the same for people with different types of disabilities, although the length of time varies depending on the interests and needs of each individual. Most orientations are several hours up to one day in length; for people who are blind or have low vision, again depending upon their interests, needs and skills, orientations may vary from one day to several days and many hours of training. During the past year, WMATA conducted approximately 60 individual and group orientations. Thirty-seven people took part in individual system orientations and approximately 250 people took part in group system orientations (i.e., special education school groups, AAPD interns, etc.)[25]

WMATA should work with local transit agencies and human service agencies to expand training services to ensure that they are widely available to all who need them, and to ensure that people with all different types of disabilities can obtain training sufficiently suited to their needs so that they can safely use the bus and rail system.

C4. Transit agencies and local governments should make bus and rail services more accessible.

WMATA and local jurisdictions should provide easy-to-find, up-to-date information on accessible bus stops. A regional inventory of bus stops is currently underway; only Montgomery County in Maryland and Fairfax County in Virginia have completed the inventory. The other local jurisdictions in the WMATA service area, including the District of Columbia and Prince George's County, should place high priority on completing the inventory, and should work with WMATA to make the information publicly available in a useful format.

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[25] Personal Communication, Rikki Epstein, WMATA ADA Project Officer, December 13, 2005.

Local and state governments should work with transit agencies to improve bus stop accessibility. Communities and developers need to give more attention to bus stop placement, design, and pedestrian considerations. There are some steps that transit agencies can take, such as developing a bus stop design and location policy that is applied every time a stop is moved or located. Because bus stop accessibility issues extend beyond the boundaries of properties directly controlled by transit agencies, however, the agencies must work together with local communities.

The Suburban Mobility Authority for Regional Transportation (SMART) in Detroit has taken some innovative steps to improve bus stop accessibility. For example, the agency developed a "Guide for Creating a Transit Friendly Environment" that they distribute to communities and developers. It includes guidance for design of bus stops and shelters, including ADA Accessibility Guidelines for Buildings and Facilities (ADAAG) requirements. SMART uses the document to guide road builders, developers and business operators in designing and building accessible bus stops and shelters and other elements of a transit friendly environment. SMART also employs a bus stop technician/coordinator who has the responsibility of identifying locations for bus stops as part of bus route design.

Capital Metro in Austin, Texas, has also been a leader in this area. Up until the late 1990's, the agency set aside approximately $500,000 per year in transit capital funding to use in cooperation with the city to make sidewalk and bus stop accessibility improvements. The agency prioritized improvements by identifying locations with high fixed-route system ridership by people who use wheelchairs. Environmental barriers that prevent people with disabilities from using the fixed route system can also be identified through the paratransit eligibility process and targeted for correction.

For further guidance, transit agencies and local governments in the Washington region can refer to an Easter Seals Project ACTION toolkit on bus stop accessibility and guidelines that will be available in early 2006.

WMATA and local transit agencies should purchase more low-floor buses for routes in urban areas where curbs are present. A growing number of transit systems are moving to low-floor, ramp-equipped buses. SMART in Detroit recently retired their fleet of lift-equipped buses earlier than initially scheduled because the buses were starting to experience reliability problems that were unmanageable even with an aggressive maintenance program. The agency used local money to replace the entire fleet with low-floor buses, and has effectively eliminated in-service failure. The ramps can be manually deployed even if the automatic, electro-hydraulic deployment feature isn't working. Complaints about accessible boardings are now rare and the agency reports a steady increase in ridership by individuals using wheelchairs. For routes where lift-equipped buses are still in use, such as rural areas lacking the curbs that are necessary for safely using the ramps, WMATA and local transit agencies should consider buying accessible vans or minivans for fixed-route street supervisors, which can be used for emergency back-up if lifts fail.

WMATA and local transit agencies should thoroughly train bus and rail staff on disability issues and ADA requirements. Training is most effective if it includes riders with disabilities who can discuss appropriate assistance and communication issues with employees. The training also should include "empathy" segments where employees experience first-hand the issues associated with using buses while using a wheelchair, a loss of vision, and other types of disabilities. For example, SMART in Detroit has purchased two wheelchairs and requires all employees to set aside a time to sign out a wheelchair and ride the system.

WMATA and local transit agencies should implement "universal design" principles so that bus stops, rail stations, and vehicles accommodate the widest range of potential users. Universal design is a framework for designing things, places, and communications so that they work for the widest possible spectrum of users without adaptation or specialized design.[26] Examples of universal design features are illustrated in Figure 14 include the following:

- Large destination signs;
- Floor markings;
- Strategic use of colors, symbols, and lighting;
- Additional grab bars;
- Audible stop announcements on buses and at bus stops; and
- Onboard computer monitors that flash upcoming stops and destinations.

Figure 14. Examples of Universal Design Features

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[26] For more information about universal design, see the Adaptive Environments website at http://www.adaptenv.org/

WMATA and local transit agencies should allow MetroAccess customers to ride the entire fixed-route system for free. Currently, WMATA allows MetroAccess customers to ride Metrorail and Metrobus for free. This policy encourages customers to use the fixed route system when they can, and to us paratransit services only when bus or rail is not a viable option. Montgomery County Ride-On was the only local transit agency to follow suit and also allow MetroAccess customers to ride free. All local transit agencies should adopt policies allowing MetroAccess customers to ride the fixed-route system for free.

Summary of Recommendations

C1. Local governments should use a combination of strategies to encourage more wheelchair-accessible taxicabs.
- Mandate that a certain percentage of the taxicab fleet be wheelchair accessible.
- Provide the minimum financial subsidies and incentives necessary to encourage taxi and other transportation firms to provide and maintain a sufficient supply of accessible service.
- Train taxicab drivers on serving customers with disabilities.

C2. WMATA should provide premium same-day service to MetroAccess customers.
- WMATA should implement a program allowing users to call private transportation companies directly and pay a subsidized fare, based on successful examples in other major cities.

C3. Transit agencies should provide several different types of training, suited to different users, and make these services widely available.
- In-depth, one-on-one "destination training."
- Group "orientation training."
- Instruction in using accessible buses.

C4. Transit agencies and local governments should make bus and rail services more accessible.
- WMATA and local jurisdictions should provide easy-to-find, up-to-date information on accessible bus stops.
- Local and state governments should work with transit agencies to improve bus stop accessibility.
- WMATA and local transit agencies should purchase more low-floor buses for routes in urban areas where curbs are present.
- WMATA and local transit agencies should thoroughly train bus and rail staff on disability issues and ADA requirements.
- WMATA and local transit agencies should implement "universal design" principles so that bus stops, rail stations, and vehicles accommodate the widest range of potential users.
- WMATA and local transit agencies should allow MetroAccess customers to ride the entire fixed-route system for free.

D. Coordination of Specialized Transportation Services

Existing Specialized Transportation Services Beyond MetroAccess

Any effort at coordinating specialized transportation services for people with disabilities must begin with an inventory of the services that are currently available. The KFH Group, Inc., prepared such an inventory for WMATA in 2004. [27] As discussed in the earlier section on demand for paratransit, the KFH report identified more than 60 local government and non-profit programs provide or fund specialized transportation services in the Washington region. These programs, which are particularly well-used in Virginia (see Figure 6 on page 13), provide approximately three times as many trips as MetroAccess, more than 3.1 million trips per year. Tables 3, 4, and 5 summarize selected transportation programs of particular interest.

Non-MetroAccess transportation programs generally do not meet strict ADA criteria, such as prohibition of trip denials, provision of service during all hours and days that fixed route service is provided, etc. Only four programs in Suburban Maryland and three programs Northern Virginia provide general-purpose paratransit services that are available to all ADA eligible riders for any trip purpose (Table 3). The District of Columbia has no general purpose paratransit program for people with disabilities other than MetroAccess, and has no lift-equipped taxi service.

Human service agencies that provide transportation typically restrict their services to agency clients for specific trip purposes, such as trips to social service centers or medical appointments (Table 4). Some programs provide *more specialized* services than MetroAccess, such as door-through-door service. In the case of subsidized taxi programs, the service may be *less specialized* than MetroAccess, in that the rider arranges and takes the taxi trips the same way a non-subsidized general public rider would. Outside of MetroAccess, the largest funder of specialized transportation services is Medicaid (Table 5). According to the KFH report, the region spent $34 million in 2003 to provide 970,000 Medicaid trips.

Local specialized transportation programs report significantly lower costs per trip, compared to MetroAccess. The KFH report estimates that the average cost in 2003 was $35 for MetroAccess trips, compared to $21 for trips provided by alternative programs. Several reasons may explain the apparent cost savings:

- Trip lengths may be shorter (intra-jurisdictional rather than regional);
- Trips may be easier to group (e.g., seniors to nutrition sites);
- Full transportation costs may not be tracked separately from other expenses, and therefore may be underestimated; and
- Services may not meet strict ADA paratransit service criteria.

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[27] KFH Group, Inc., *Specialized Transportation Study*, prepared for the Washington Metropolitan Area Transit Authority in association with TranSystems Corporation (Bethesda, MD: 2004).

Findings from Survey of Human Service Transportation Agencies

The study consultant, Russell Thatcher with TranSystems Corporation, conducted telephone interviews with human service agencies that provide transportation in December 2005. The purpose was to identify currently available services, unmet needs, existing coordination efforts and opportunities. Appendix F includes a memorandum from TransSytems Corporation describing the results. Below are key points excerpted from the memorandum:

- The most common transportation issue facing human service agencies and transportation providers is adequate funding. The funding was mentioned in relation to being able to expand services to meet growing demand and fill in service gaps, such as evenings and weekends. Vehicle availability and accessibility were also high on the list of issues for survey participants from non-profit organizations.

- Many participants described issues relating to taxi services used to provide transportation services. The primary concern here is driver training and attitude.

- Other issues that were frequently mentioned include scarcity of drivers due to competition with other transportation services; infrastructure with poor accessibility (including fixed route service and housing); and service reliability and timeliness.

Unmet Needs

- Same day service and greater service areas were the top two unmet needs mentioned in the phone interviews. The participants described their clients needing day of transportation for medical trips due to sudden illnesses and other short-notice trips. Additionally, many transportation services are only provided in a limited service area, which may not include a client's doctor's office or necessary destination. There seems to be several options for seniors and persons with disabilities to travel to medical appointments but few for shopping and social activities. The need for additional trip types was followed by the need for expanded operational hours.

- The next three unmet needs that were identified include reliable service, companion services, and door-to-door service. Under service reliability, several survey respondents indicated that their clients were frequently left waiting for rides.

- Essentially, no survey participants indicated major gaps in coordination, significant overlap in services, or the need to significantly expand coordination efforts. There already seems to be some degree of coordination between organizations at the municipal and county level. The only area where the issue of overlapping services might be studied further is Prince George's County, which

has a Call-a-Bus program at the county level as well as programs in several municipalities.

- Several respondents favor the COG assisting in identifying possible additional funding to address gaps and expand transportation services for seniors and persons with disabilities. One person suggested supporting a sales tax for public transit that includes a specific proportion for senior and disabled transportation. Increasing rider options, including accessible fixed route, door-to-door service, and low cost options, was an important aspect of service participants felt the COG could work on. Other participants suggested the COG become a vehicle to concentrate transportation provider power, especially in terms of purchasing fuel and vehicles and establishing contracts with taxi companies. Two other participants thought the COG or RPA could assist with training to establish a standardized level of training (perhaps even required), especially for independent taxi drivers.

Table 5. Local General-Purpose Paratransit Services for People with Disabilities (Source: KFH, 2004)

Program	Operations	Eligibility	FY03 Trips	Dedicated Vehicles	FY03 Costs	Funding
Montgomery County Same-Day Taxi Subsidy	County contracts with three local taxi companies	Certified MetroAccess	?	0	$35,000	County general funds
Prince George's County Call-A-Bus	County directly operates	General public, priority to seniors and disabled	27,172 (1/3 for dialysis)	46, all lift-equipped, no 5310 vehicles	$1 M	County - 47%, Federal 15%, State- 38%
Prince George's County Call-A-Cab	County contracts with local taxi companies	Disabled and seniors 55+	?	0	$185,000	County - 75%, State - 25%
Prince George's County Municipal Call-A-Bus	County provides vehicles to 14 participating municipalities	Elderly and disabled	33,000	22, 100% accessible	?	Local municipalities
Alexandria DOT Paratransit	Contract with taxi and lift-equipped van companies	Certified disabled	54,000	0	$870,000	Local city funds
Arlington County STAR	County contracts with two private providers	Certified MetroAccess and seniors	75,000	0	$1.9 M	Local county funds
Fairfax City Taxi Subsidy Program	City uses one taxi company	Disabled	1,300	0	$10,000	City general funds

Table 6. Medicaid Transportation Services in the Washington Region
(Source: KFH, 2004)

Agency	Operations	Eligibility	FY03 Trips	Dedicated Vehicles	FY03 Costs	Funding
DC Medical Assistance Administration (MAA)	MAA contracts with local providers for ambulatory trips	Medicaid eligible individuals - for medical trips	432,000 in FY2000	0	$11 M for non-emergency trips	DC - 30%, Federal 70%
Montgomery County Department of Public Works and Transportation	County has contracts with providers of taxi service, wheelchair van service, and non-emergency ambulance service	Medicaid eligible individuals - for medical trips	54,000	0	$2 M	State and Federal Medicaid funds
Prince George's County Health Department	Direct provision and contracted service with two taxi companies, two private paratransit providers, and one ambulance company.	Medicaid eligible individuals - for medical trips	105,000	One van directly operated by Health Dept.	$2.5 M	State and Federal Medicaid funds
Virginia Department of Medical Assistance Services	LogistiCare contracts with local providers for non-emergency trips	Medicaid eligible individuals - for medical trips	390,000 (including Loudoun and PW Counties, FASTRAN Medicaid trips)	0	$8.2 M	Virginia - 50%, Federal 50%

Table 7. Other Specialized Transportation Services of Interest
(Source: KFH, 2004)

Program	Operations	Eligibility	FY03 Trips	Dedicated Vehicles	FY03 Costs	Funding
DC Office of Aging	Transportation provided under contract, with WEHTS as one of the contractors, arranged through six lead agencies	Seniors 60+, who live in the District - limited trip purposes	378,000	0	$2.3 M	DC General Funds, Title III AAA
Fairfax County, Fairfax City and Falls Church FASTRAN	County contracts with two dedicated private providers, back-up and limited supplemental service provided by two taxi companies	Human service agency clients and low-income residents - limited trip purposes	522,000	141, 70% lift-equipped, 16 Section 5310 vehicles	$9.1 M	Community Services Board - 73%, Dept. of Family Services - 25%, Other County Depts - 2%
Montgomery County Call 'n Ride Taxi Program	County contracts with three local taxi companies	Low-income seniors, low-income disabled	101,000	0	$1.9 M	County general funds; one-fifth from Statewide Specialized Transportation Assistance Program

Previous and Ongoing Coordination Efforts

Over the past 30 years, federal, state, and local governments have implemented various programs aimed at improving coordination of publicly funded transportation services for transportation disadvantaged populations, including people with disabilities, Medicaid recipients, and other human service agency clients. For example, in 1986 the federal Department of Health and Human Services and Department of Transportation established a joint Coordinating Council on Human Services Transportation (now the Coordinating Council for Access and Mobility). The council provides technical assistance to transportation providers and human service agencies, identifies barriers to coordination, disseminates information, and develops planning guidelines. In late 2003, the USDOT, DHHS, Department of Labor, and Department of Education introduced a new human services transportation coordination initiative, United We Ride. The program consists of several components intended to make coordination easier and more rewarding for states and local communities to pursue. Many states have also established interagency advisory committees or coordination councils to promote information sharing or assist in decision making about the distribution of available funding.

The recently reauthorized federal transportation legislation, SAFETEA-LU, includes new human services transportation coordination provisions intended to enhance transportation access, minimize duplication of services, and facilitate the most appropriate cost-effective transportation possible with available resources. The legislation requires the establishment of a locally developed, coordinated public transit-human services transportation plan, which must include priorities and projects for the following three FTA programs:

- Formula Program for Elderly Persons and Persons with Disabilities (Section 5310);
- Job Access and Reverse Commute (JARC, Section 5316); and
- New Freedom Program (Section 5317).

Each of these programs involves federal funds that could be used to leverage local funding for specialized transportation services. As Metropolitan Planning Organization (MPO) for the Washington region, the TPB will play a larger role in this newly mandated coordination planning process than in previous coordination efforts. In addition to serving as a forum for development of the plan, the TPB be involved in competitively selecting projects for participation in the FTA programs listed above.[28]

The success of previous and ongoing coordination efforts is not immediately clear. A 2003 University of Minnesota report prepared for the Federal Transit Administration[29] found that the term "coordination" is used to refer to a multitude of different activities. In many instances coordination efforts appear to simply cut services or shift costs, rather than result in true efficiency improvements. A 2003 report by the Transit Cooperative Research Program defines coordination as a political process that requires shared power—including shared responsibility, management, and funding—and notes that achieving desired results through coordination may require significant time and energy.[30]

Goals and Opportunities for Coordination in the Washington Region

The study steering committee agreed that the goals of coordinating specialized transportation services in the Washington region should be to 1) address gaps and shortcomings in current services; 2) better meet user's needs; and 3) deliver services more efficiently. A survey of human service agency representatives, described in more detail in Appendix F, indicated that concerns about the quality and reliability of MetroAccess constitute a major barrier to better coordination of specialized transportation services. Other gaps that coordination efforts could address have been discussed in previous sections of this report, and include the following:

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[28] For more information about the new requirements for human services transportation coordination planning, see http://www.fta.dot.gov/whats_new/14786_17003_ENG_HTML.htm

[29] Barnes, Gary, *Improving Transportation Services for Disadvantaged Populations,* FTA-MN-26-7004 (Springfield, VA: 2003).

[30] Transit Cooperative Research Program, *Economic Benefits of Coordinating Human Service Transportation and Transit Services,* TCRP Report 9, page 2.

From the customer's perspective:
- Insufficient alternatives to MetroAccess;
- No accessible cabs in DC;
- Lack of information about available options and confusion over different requirements and policies;
- Inaccessibility of fixed-route transit; and
- Inadequate travel training.

From human service agencies' perspective:
- Insufficient funding;
- Insufficient alternatives to MetroAccess;
- No same-day service;
- Need for person-to-person service;
- Inefficient use of existing services; and
- Lack of expertise in various aspects of providing transportation for people with disabilities.

The study steering committee identified opportunities for coordination in the Washington region that seem most promising. The logistical details of any particular coordination effort, although very important to the success of the effort, are beyond the scope of the current study. The coordination opportunities described below are intended as guidance to focus future coordination efforts in areas that are most likely to produce the desired result of meeting user's needs in a cost-efficient manner, and should be pursued through the TPB-led human services transportation coordination planning effort.

D1. MetroAccess and local providers should coordinate subscription trips.

Subscription trips are regularly scheduled trips to a particular destination, such as a dialysis center. Local paratransit providers, such as FASTRAN in Virginia, have been able to keep costs low by grouping together subscription customers who travel to common destinations. These efficiencies could be further capitalized upon by coordinating subscription trips across different providers within each jurisdiction (the District of Columbia, Maryland, and Virginia), through a process analogous to the children's card game "Go Fish." MetroAccess, Medicaid transportation providers, and local paratransit providers could hold regular forums to compare subscription trips, identify common destinations, and determine which provider can best accommodate standing order trips to these destinations. Successful coordination of subscription trips can reduce costs by eliminating redundant trips to the same location, and can provide better service to costumers by ensuring that trips are handled by the agency best situated to serve a particular destination.

D2. The region should develop a centralized information clearinghouse.

As illustrated at the beginning of this section, a wide variety of specialized transportation services are available across the Washington region, each with its own eligibility requirements and service policies. A centralized source of information about the

different options that are currently available is lacking, however. The San Diego Association of Governments addressed this problem by collaborating with various public and private entities to establish a web-accessible database of specialized transportation services, referred to as STRIDE (Specialized Transportation Referral & Information for the Disabled & Elderly, see Figure 15).

Figure 15. The STRIDE Web Page
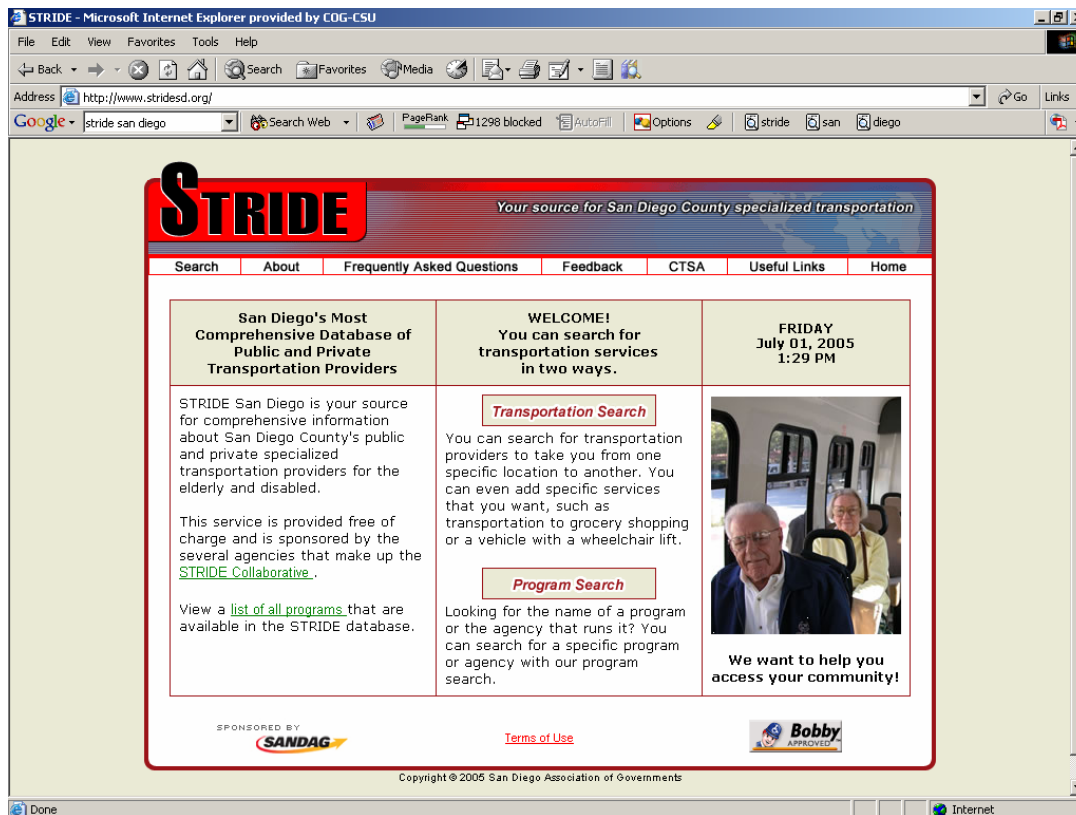
WMATA and TPB staff are currently developing a proposal for a similar centralized clearinghouse that would provide clear, easy-to-understand information via the internet and the telephone about the multitude of transportation options available to people with disabilities, including eligibility requirements, trip scheduling and costs for various types of trips. To develop and maintain a web-based clearinghouse, a multi-year contract between the Metropolitan Washington Council of Governments (COG) and WMATA is envisioned. A full-time staff person would be hired to oversee the project, including the creation of a regional clearinghouse committee and the development and maintenance of a database on specialized transportation services.

Once a regional clearinghouse is established, the study steering committee would like to see the program expanded to become a "one-stop-shopping" resource center designed to help people with disabilities meet their transportation needs by providing the following types of services:

- A "511" type telephone number, that people with disabilities and human service agency staff could call to obtain more information about specialized transportation services
- Personalized mobility management, where people with disabilities can receive one-on-one counseling to help them identify the specialized transportation services for which they are eligible and that will best meet their needs
- Travel training for people with disabilities (see recommendation B3, "Transit agencies should provide several different types of training, suited to different users")
- A complaint/comment line for pedestrian issues, through which callers could report accessibility barriers, and the information would be passed on to the relevant agency for correction (see recommendation B4, "Transit agencies and local governments should make bus and rail service more accessible")

D3. Human service agencies and local transportation providers should explore opportunities for collaboration.

The FASTRAN system in Fairfax County, Virginia, where a local paratransit provider serves the transportation needs of a wide variety of human service agency clients, has proven very successful at providing high quality service in a cost-efficient manner. In other jurisdictions without similar arrangements, particularly the District of Columbia and Suburban Maryland, human service agencies must either rely on MetroAccess or act as transportation providers for their own clients. As shown in Figure 6 on page 13, MetroAccess is most heavily used in Maryland, whereas local programs such as FASTRAN provide most of the specialized transportation in Virginia. Maryland human service agency representatives interviewed for this study expressed frustration with the lack of alternatives to MetroAccess, and indicated that they choose to provide their own transportation when MetroAccess doesn't meet the specific needs of certain client groups. For example, people with developmental disabilities or Alzheimer's patients may need more assistance than other paratransit customers, such as door-to-door service, which MetroAccess currently does not provide. However, the primary purpose of human service agencies is not to provide transportation, and many agencies are ill-equipped to do so.

Better collaboration between local transportation providers and human service agencies could remove the burden of providing transportation from some agencies. Broadening the role of local transportation providers to serve the transportation needs of human service agency clients can increase efficiency by combining trips from different agencies and making fuller utilization of vehicles that are currently used only part time. Local providers may also be better positioned than MetroAccess to serve the needs of client groups that require a high level of assistance. For all these reasons, human service agencies and local transportation providers in the District of Columbia and Suburban Maryland should explore the possibility of developing collaborative arrangements similar to FASTRAN.

To facilitate such collaboration in Suburban Maryland, the state and counties should reexamine current transportation funding arrangements. Currently, the state of Maryland reimburses WMATA for all MetroAccess trips taken by Maryland residents, whereas the local county pays for local transportation services. Under this arrangement, local counties have little incentive to provide any alternative to MetroAccess, even if locally provided services would be more cost efficient or provide a higher level of service. Alternative funding arrangements, whereby the state helps pay for local transportation services and/or local counties contribute to the cost of MetroAccess trips might help redirect public funds towards services that better meet user's needs in a more cost efficient manner.

D4. The TPB and its member jurisdictions should explore additional opportunities through human service transportation coordination planning

The previously described human services transportation coordination planning process, which new federal transportation legislation requires and which the TPB will oversee, should incorporate the three coordination opportunities described above. The planning process should also explore additional coordination opportunities that might address needs that transcend local jurisdictional boundaries or provide new services that are currently unavailable. Specific coordination opportunities that the TPB and member jurisdictions should explore include the following:

- **Explore federal reimbursement for Medicaid trips that MetroAccess already provides.** Because Medicaid is one of the largest providers of specialized transportation services in the Washington region, previous discussions of coordination opportunities have considered the possibility of MetroAccess serving as a Medicaid provider.[31] One model for coordinating Medicaid and ADA paratransit is exemplified by the ACCCESS paratransit system in Pittsburgh, PA. ACCESS screens Medicaid clients for ADA eligibility. For those clients who are eligible, the Allegheny County Department of Human Services (DHS) forwards Medicaid-related trip orders to ACCESS, and ACCESS bills 100 percent of the cost to DHS. A similar arrangement in the Washington region would be challenging to set up, however, because Maryland, Virginia and the District of Columbia each have their own Medicaid programs that differ in terms of eligibility, funding arrangements, the types of trips that are covered, etc.

    A simpler approach would be to pursue federal reimbursement for Medicaid-related trips that MetroAccess is already providing. This would involve identifying MetroAccess riders who are Medicaid eligible and flagging trips to Medicaid eligible programs, including medical services and "waiver" programs such as work training or day rehab. These trips are eligible for 50% reimbursement from the federal government, and the money that Maryland, Virginia, and the District of Columbia already spend on these trips can qualify as

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[31] See for example the 2004 "*Specialized Transportation Study*" report prepared by the KFH Group, Inc., for WMATA

the state match. In this way, federal money can be leveraged at no additional cost to state Medicaid programs.

- **Provide transit passes for Medicaid and Vocational Rehab clients.** Another relatively simple approach to coordination between Medicaid and transit providers is to offer subsidized transit fare to clients. For example, Medicaid clients in Miami Dade County who have three or more medical appointments per month can receive a monthly transit pass for a $1 co-payment. Clients who can use the fixed-route system are thereby provided with an inexpensive and flexible transportation option. The estimated annual savings to Medicaid is $7.5 million per year, and the transit agency benefits from increased ridership and revenues. WMATA is currently pursuing a similar program for the Washington region.

- **Make more extensive use of universal "Smart" cards to collect fares on multiple modes and subsidize users directly.** WMATA currently uses a "SmarTrip" card to collect fares on the fixed-route system and parking fees. This technology could be expanded to include specialized transportation services. For example, the Baltimore Taxi Access program uses a "TaxiCard" system to subsidize paratransit customers who utilize same-day taxi services.[32] The TaxiCard acts similar to a corporate credit card; when a taxi drivers swipes the card, this creates an electronic record of the trip that is used to bill the Maryland Transit Administration for the subsidized portion of the fare; verify the user's identity; track trips and costs; and prevent fraud. Similar technology could be used to provide paratransit customers in the Washington region with a simple and flexible method of payment for paratransit, fixed-route, and/or same-day taxi service, and to provide direct subsidies to Medicaid and other human service agency clients.

- **Establish a non-profit, region-wide accessible cab service.** Recommendation B1, "Local governments should use a combination of strategies to encourage more wheelchair accessible taxicabs," discussed steps the region could take to encourage private, for-profit companies to offer accessible taxi service. Alternatively, the region could pool its money to establish a non-profit, region-wide service. Under this proposal, the government would purchase accessible vehicles that would be used solely for same-day, demand-responsive service, and hire drivers who would be trained in the provision of paratransit service to people with disabilities. Customers would arrange rides through a centralized dispatch, and pay either a flat-rate or metered fare. Fares would be collected by the drivers and turned in to off set the cost of the program. The benefits of this program would be a guaranteed level of service with a well trained work force dedicated to the task at hand. The true cost of providing this service would be offset by the fares that are paid by the passengers.

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[32] See recommendation B2, " WMATA should provide premium same-day service to MetroAccess customers" for more information about the Baltimore Taxi Access program.

The District of Columbia could take immediate action to assist people with disabilities in obtaining accessible taxi service by better advertising the fact that District residents can order an accessible cab from a Maryland or Virginia taxi company through the District Taxicab Commission. This process for requesting an accessible cab is cumbersome, however, and may take vehicles away from residents in need in other jurisdictions.

- **Develop incentives/programs for improving pedestrian access to bus and rail.** As discussed under recommendation B4, "Make bus and rail service more accessible," environmental barriers are a major obstacle for people with disabilities who might otherwise be able to utilize the fixed-route system. The region could leverage money available through the New Freedom Initiative, Safe Routes to School, or similar federal programs to assist local jurisdictions in correcting these barriers by making accessibility improvements to sidewalks, intersections, bus shelters, and pedestrian areas around rail stations.

- **Establish a car-loan program.** For some people with disabilities, such as those who do not live near the fixed-route transit system, a personal automobile may be the most efficient form of transportation. Vehicles equipped with special features to accommodate drivers or passengers with disabilities are very expensive, however, and therefore out of reach for many people. State rehabilitation agencies offer financial assistance for vehicle modification, but these programs typically have long waiting lists and require individuals to purchase relatively late model vehicles, which are not as affordable as older vehicles. To better address this need, a regional pot of money could be established to fund a low-interest car loan program for people with disabilities. The program could be modeled after similar programs for low-income individuals, such as the "Ways to Work Loan Program" and "Vehicles for Change Program," both of which are based in Northern Virginia.[33]

- **Provide training for human service agency staff on the various aspects of providing transportation for their clients, such as available funding sources and recommended contracting practices.** Most human service agencies do not have in-house expertise in the provision of specialized transportation services for people with disabilities. Training on the costs and benefits of different transportation arrangements, and best practices in setting up these arrangements, can help agencies make more informed decisions, use their resources more efficiently, and better serve their clients needs.

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[33] For more information about these car loan programs, visit the Northern Virginia Family Services website at http://www.nvfs.org/.

Summary of Recommendations

D1. MetroAccess and local providers should coordinate subscription trips.
- MetroAccess, Medicaid transportation providers, and local paratransit providers should hold regular forums to discuss who can best accommodate standing order trips.

D2. The region should develop a centralized information clearinghouse.
- Develop a website for paratransit customers and human services agencies with information on available services and eligibility requirements
- Expand the program to become a "one-stop-shopping" resource center designed to help people with disabilities meet their transportation needs by providing a variety of services.

D3. Human service agencies and local transportation providers should explore opportunities for collaboration.
- Provide alternatives to MetroAccess for user groups with well-defined, specific needs, such as participants in day programs for people with developmental disabilities.
- Remove the burden of providing transportation from human service agencies.
- Make fuller utilization of vehicles now used part-time.
- Examine alternative funding arrangements that make more efficient use of state and local funding.

D4. The TPB and its member jurisdictions should explore additional opportunities through human service transportation coordination planning.
- Federal reimbursement for Medicaid trips that MetroAccess already provides
- Transit passes for Medicaid and Vocational Rehab clients
- More extensive use of universal "Smart" cards to collect fares on multiple modes and subsidize users directly
- Other regional programs:
  - Non-profit, region-wide accessible cab service
  - Incentives/programs for improving pedestrian access to bus and rail
  - Car-loan program

IX. Conclusion

High quality paratransit services allow people with disabilities to lead self-sufficient lives and fully participate in their communities by providing access to school, work, shopping, health care and social services, as well as civic and social activities. Concerns regarding the quality and reliability of paratransit services in the Washington region led to this study, which identified ways to improve those services. A steering committee comprised of a variety of stakeholders oversaw the study, and worked collaboratively with TPB staff to identify gaps and shortcomings in MetroAccess and other paratransit services, to examine innovative practices from other parts of the country, and to develop recommendations in each of the following focus areas (summarized in Appendix B):

    A) MetroAccess system design management, and operations;
    B) Communicating with MetroAccess customers;
    C) Additional transportation services for people with disabilities, and
    D) Coordination of specialized transportation services.

The steering committee concluded the study by focusing on next steps, including prioritization and implementation of the recommendations. Appendix D contains a chart indicating the priority rankings, implementation time frames, agencies responsible for implementation, and desired outcomes for recommendations in the first three focus areas. The fourth focus area, "Coordination of specialized transportation services," includes recommendations that have long (multi-year) implementation time frames and that the steering committee ranked as relatively low priority. In early 2006, the TPB will establish a Human Services Transportation Task Force to develop a regional coordination plan; the coordination recommendations in this report will serve as a starting point for development of the plan.

The study steering committee ranked the recommendations under "Communicating with MetroAccess customers" as the highest priority, with a particular emphasis on ensuring that MetroAccess users have direct input into all aspects of management and operations. All of the recommendations in this focus area can be implemented within a relatively short time frame (six months), and will require collaboration among the WMATA Offices of MetroAccess, Marketing, and Customer Service, as well as the WMATA Board and MV Transportation. Desired outcomes include the establishment of a MetroAccess-specific user group, the designation of a specific WMATA board member to participate in user group meetings, and the designation of a single entity responsible for receiving, resolving, and responding to customer complaints.

Most of the recommendations under "MetroAccess system design, management, and operations" can also be implemented within a short time frame (six months), and will require collaboration between the WMATA Board, management, and Office of MetroAccess. Desired outcomes include the involvement of knowledgeable users in the development of new policies, clear and accessible policy statements, notification of users regarding any policy changes, and any contract amendments and staff training required to implement new policies.

The "MetroAccess system design, management, and operations" focus area also includes the recommendation for an agency independent of WMATA to conduct a review of MetroAccess in January of 2007 with the "checklist" contained in this report. The TPB and AFA will oversee this review, which will examine the performance of the new contractor (MV Transportation), evaluate the extent to which WMATA has implemented the recommendations of this study, and establish a baseline against which future assessments can be compared.

The recommendations under "Additional transportation services for people with disabilities" have medium (1-year) and long (multi-year) implementation time frames, and will require collaboration among various offices within WMATA, as well as local governments and local transit agencies. Within this focus area, the steering committee ranked the recommendation to make bus and rail service more accessible as the highest priority. Desired outcomes include an annual increase in the number of accessible bus stops, an increase in the number of wheelchair accessible taxicabs on the street and available for hire, and the establishment of premium same-day service for MetroAccess customers.

To ensure successful implementation of the recommendations in this report, the AFA plans to regularly monitor progress towards addressing the gaps and shortcomings in MetroAccess and other paratransit services. The Disability Awareness event hosted by the AFA in October of 2004 helped raise awareness of concerns regarding regional paratransit services and provided impetus for this study. In October of 2006, the AFA will report to the TPB on progress made towards implementation of the study's recommendations. Similar events in the future will continue to raise awareness and move the region closer to the goal of increasing mobility for people with disabilities who are unable to use the fixed-route transit system.

X. Glossary of Terms

ADA	Americans with Disabilities Act – federal legislation that prohibits discrimination on the basis of disability in employment, state and local government, public accommodations, commercial facilities, transportation, and telecommunications.
AFA	Access for All Advisory Committee, advises the Transportation Planning Board (TPB) on transportation issues, programs, policies, and services that are important to low-income communities, minority communities, and people with disabilities.
AVL	Automatic Vehicle Location - A computerized system that tracks the location and movement of vehicles
Broker	An agency or firm hired by a transit agency to oversee day-to-day management of paratransit services. Brokers typically subcontract with multiple providers. (See also "Provider")
Conditional eligibility	Applies to customers who may use paratransit only under certain circumstances, such during inclement weather.
Coordination	Collaboration between various agencies that fund or provide specialized transportation to people with disabilities; a political process that requires shared power, including shared responsibility, management, and funding.
Curb-to-curb service	Service that picks up and drops off passengers at the curb of a public street in front of or as close as possible to the rider's house, building or other designated location, and that assists passengers in getting on and off vehicles. (See also "door-to-door service")
Demand responsive transportation	Any system of transporting individuals that is specifically adapted to meet the travel needs of the individual, and provides service upon demand. Paratransit is demand responsive in that users are able to schedule rides with specific times and locations.
Door-to-door service	Service that assists passengers in traveling between vehicles and buildings, in addition to getting on and off vehicles. (See also "curb-to-curb service")
Fixed-route transit	Transit modes, such as bus and rail, that follow fixed routes and schedules
Human service agency	Government or non-profit agency that provides medical, employment, educational, or other types of assistance to people with disabilities and other disadvantaged population groups

JARC	Job Access and Reverse Commute – federal grant program to develop transportation services designed to transport welfare recipients and low income individuals to and from jobs and to develop transportation services to suburban employment opportunities.
MDT	Mobile Data Terminal – a device installed on vehicles that can transmit and receive information, such a passenger pick-up and drop-off times.
MetroAccess	The curb-to-curb paratransit service provided by WMATA
MPO	Metropolitan Planning Organization, a regional transportation planning body that is required to approve transportation improvement plans for major infrastructure projects, to ensure that they are consistent with federal environmental legislation and that they are fiscally sound.
New Freedom Initiative	A new formula grant program administered by the FTA for capital and operating costs associated with services and facility improvements that address the transportation needs of persons with disabilities and that go beyond the requirements of the ADA.
Paratransit	Public transit service provided to people with disabilities who are unable to use the fixed-route system (bus and rail).
Productivity	A measure of how efficiently paratransit services perform; typically measured in terms of trips per mile or trips per hour of vehicle travel.
Provider	An agency or firm that operates vehicles for a paratransit service.
Subscription service	A standing order for repeated trips to the same destination, so that the passenger is not required to call in the reservation on a daily or weekly basis.
TPB	Transportation Planning Board, the Metropolitan Planning Organization (MPO) for the National Capital Region.
Trapeze	A software application designed to provide computerized dispatch and scheduling assistance for paratransit services.
Travel training	One-on-one, intensive training that gives people with disabilities the skills required to travel safely on fixed-route transit.
WMATA	Washington Metropolitan Area Transit Authority

XI. Appendices

Appendix A: List of Steering Committee Participants, Interviewees and Consultants

Table 8. Steering Committee Participants

Name	Affiliation
Odile Saddi	Arlington County Aging and Disability Services
Eric Smith	Arlington County Transit
Irvin Harried	Arlington STAR
Mike Hatfield	City of Alexandria, Office of Aging and Adult Services
Kathy Porter	City of Takoma Park, AFA and Steering Committee Chair
Robert Werth	COG Private Providers Task Force/Diamond Transportation Services
Susan Ingram	Community Support Services (Montgomery County)
Kelly Shawn	Community Transportation Association
Dr. Raymond Keith	Consumer Representative, Arlington County, VA
David Sharp	Consumer Representative, Montgomery County, MD
Regina Lee	Consumer Representative, Prince George's County, MD
Robert Coward	Consumer Representative, Washington, DC
Calvin Kearney	D.C. Department of Health, Medical Assistance Administration
William Brown, III	D.C. Dept. of Health, Medical Assistance Administration
Rhonda Stewart	D.C. Mayor's Committee on Persons with Disabilities
Elizabeth Parker	D.C. Rehabilitation Services Administration
Ted Daniels	D.C. Rehabilitation Services Administration
Lillian Nazario	D.C. Workforce Investment Council
Karen Wolf-Branigin	Easter Seals Project ACTION
John Hudson	Fairfax Area Disability Services Board
Steve Yaffe	Fairfax County FASTRAN
Latrina Trotman	Maryland Transit Administration
Ron Spalding	Maryland Transit Administration
Veronica Bell	Maryland Transit Administration Mobility
Georgia Burgess	Maryland Transit Authority Mobility Services
Jay Kenney	Montgomery County Aging and Disability Services
Betsy Luecking	Montgomery County Commission on People with Disabilities
Calvin Green	Montgomery County Division of Transit Services
Andrea Cetera Jines	Montgomery Works
Karyn Lynch	Prince George's County Department of Social Services
Elaine Lancaster	Tri-County Council for Southern Maryland
Jeffery Lehman	Washington Metropolitan Area Transit Commission
Debra Coram	WMATA, Office of Civil Rights

Joel Washington	WMATA, Department of Planning and Strategic Programs
Kristin Haldeman	WMATA, Department of Planning and Strategic Programs
Lora Byala	WMATA, Department of Planning and Strategic Programs
Scott Kubly	WMATA, Department of Planning and Strategic Programs
Pat Sheehan	WMATA, Elderly and Disabled Committee
Christian Kent	WMATA, Office of MetroAccess
Michael Antique	WMATA, Office of MetroAccess

Table 9. Interviewees

Name	Affiliation	Date
Betty Newell	Expert on rural transportation and accessible cabs	April 15, 2005
Beverly Morris	New York City Transit, Access-A-Ride	May 10 and August 22, 2005
Christian Kent	WMATA, Office of MetroAccess	June 29, 2005
Dr. Raymond Keith	Consumer Representative	August 12, 2005
Eric Donnelly	MJM Innovations	August 26, 2005
Gary Barnes	University of Minnesota, Humphrey Institute	June 23, 2005
Gary Shaivon	New York City Transit, Access-A-Ride	August 22, 2005
Gene LeFebvre	New York City Transit, Access-A-Ride	August 22, 2005
Glenn Millis	WMATA, Office of ADA Programs	April 18, 2005
Jeffrey Venick	MJM Innovations	August 26, 2005
Kimberly Lewis	D.C. Taxicab Commission	August 3, 2005
Lenoard Howard	Maryland Transit Authority	April 19, 2005
Michael Antique	WMATA, Office of MetroAccess	April 25, 2005
Pamela Wilkins	WMATA, Contract Services	April 18, 2005
Rikki Epstein	WMATA, Office of ADA Programs	April 18, 2005
Sheila Goldberg	MJM Innovations	August 26, 2005
Steve Yaffee	Fairfax County FASTRAN	September 28, 2005
Susan Ingram	Community Support Services (Montgomery County)	October 28, 2005
Terry Parker	Lane Transit District, Accessible Services (Eugene, OR)	August 16, 2005
Thomas Charles	New York City Transit, Access-A-Ride	August 22, 2005

Consultant Support

Russell Thatcher and Heather Richardson with TranSystems Corporation provided additional support to this study.

Appendix B: Recommendations in Order of Appearance in Report (Organized by Focus Area)

A. MetroAccess System Design, Management, and Operations (page 22)

A5. **MetroAccess should provide clear public information about changes to the eligibility process, get feedback from users, and offer transitional services** - Clear information about the changes to the eligibility process should be readily available to clarify the goals of the changes. Users may feel more comfortable with the process if they have an opportunity to comment and if they understand what will change, when and for what reason. Information about transportation alternatives and travel training should be provided to users found not eligible or "conditionally eligible" for MetroAccess.

A6. **WMATA should adopt a more user-friendly "no-show" and "late cancellation" policy for MetroAccess**- The policy should consider the percentage of trips missed, not just the absolute number; define late cancellations as one or two hours before the scheduled trip; not count trips missed for reasons beyond the rider's control; and inform riders of their right to appeal.

A7. **WMATA should create a door-to-door service policy for MetroAccess** - To respond to the need of some people with disabilities to have additional service beyond "curb-to-curb", and to respond to recent FTA guidance on "origin to destination" service, WMATA should create and implement a door-to-door service policy.

A8. **An agency independent of WMATA should conduct an review of MetroAccess in January 2007 with the recommended "check list"** – An independent agency such as the TPB should conduct a review of MetroAccess based on the check list found in Section VIII, A of this report after one year of operation under the new contract with MV Transportation. The check list is based on management and operational considerations that MetroAccess or other paratransit systems have had difficulties with in the past. The checklist is provided not only to guide a review of the service in 2007, but also to be of assistance to WMATA in ongoing service monitoring and management.

B. Communicating with MetroAccess Customers (page 38)

B4. **MetroAccess should improve informational materials to clarify what users can expect –** MetroAccess should provide extensive, well-organized information in multiple, accessible formats, and make this information widely available.

B5. **MetroAccess should improve its complaint process** – Complaints should be handled entirely within WMATA (not by the provider or broker), should be linked with first-hand observations of specific vehicles and drivers, should be

categorized and tracked, and customers should receive meaningful and timely feedback. WMATA should handle immediate customer needs separately from less time-sensitive complaints.

B6. **MetroAccess should ensure that users have direct input** – A new user group should be established to bring together users, transportation providers, and management staff. The user group should be able to communicate directly with the WMATA Board, and should be involved in monitoring customer satisfaction through surveys, a mystery rider program, and performance reports.

C. Additional Transportation Services for People with Disabilities (page 46)

C5. **Local governments should use a combination of strategies to encourage more wheelchair accessible taxicabs** – a pilot program should be established (perhaps in the District of Columbia) to provide the financial subsidies and incentives necessary to encourage taxis and other transportation firms to provide a sufficient supply of accessible service. The program, which could potentially be funded through the New Freedom Initiative,[34] should also include driver training.

C6. **WMATA should provide premium same-day service to MetroAccess customers** – WMATA should implement a pilot program allowing users to call private transportation companies directly and pay a subsidized fare (typically higher than ADA fare), based on successful programs in Houston, Seattle and Chicago. In addition to providing users with more options, a steady demand for same-day service creates additional incentive for accessible taxicabs and can reduce the demand for traditional paratransit service.

C7. **Transit agencies should provide several different types of training, suited to different users, and make these services widely available** – WMATA and local transit agencies could should work together with other organizations to provide individualized travel training, orientation, and peer-training.

C8. **Transit agencies and local governments should make bus and rail service more accessible** – WMATA and local transit agencies should provide information on accessible bus stops, should work with local governments to improve bus and rail accessibility, should purchase low-floor buses, should thoroughly train bus and rail staff on disability issues and ADA requirements, and should allow MetroAccess customers to ride the entire fixed-route system for free.

D. Coordination of Specialized Transportation Services (page 55)

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[34] A new formula grant program administered by the FTA for capital and operating costs associated with service and facility improvements that address the transportation needs of persons with disabilities and that go beyond the requirements of the Americans with Disabilities Act. See http://www.fta.dot.gov/whats_new/14786_17003_ENG_HTML.htm

D5. **MetroAccess and local providers should coordinate subscription trips –** Within each jurisdiction (District of Columbia, Maryland, and Virginia) MetroAccess, Medicaid transportation providers, and local paratransit providers should hold regular forums to discuss who can best accommodate standing order trips.

D6. **The region should develop a centralized information clearinghouse –** The program should begin as a website with information on available services and eligibility requirements, and expand to become a "one-stop-shopping" resource center designed to help people with disabilities meet their transportation needs by providing a variety of services.

D7. **Human service agencies and local transportation providers should explore opportunities for collaboration –** Local providers should broaden their role to provide alternatives to MetroAccess, thereby removing the burden of providing transportation from human service agencies. Local providers may be better positioned than MetroAccess to provide services to user groups with well-defined, specific needs, such as participants in day programs for people with developmental disabilities.

D8. **The TPB and its member jurisdictions should explore additional opportunities through human service transportation coordination planning** – New federal legislation requires the TPB to develop a Human Services Transportation Coordination Plan. Opportunities that could be explored through this plan include federal reimbursement for Medicaid trips that MetroAccess already provides; transit passes for Medicaid and Vocational Rehab clients; more extensive use of universal "Smart" cards to collect fares on multiple modes and subsidize users directly, and other regional programs such as a non-profit, region-wide accessible taxicab service.

Appendix C: Recommendations Organized by Entity to Which They Are Directed and Implementation Time Frame

Note: Recommendations directed to more than one entity may be listed multiple times

WMATA Office of MetroAccess

Short Term (Six Months) – Highest Priority Recommendations Listed First

B3. **MetroAccess should ensure that users have direct input** – A new user group should be established to bring together users, transportation providers, and management staff. The user group should be able to communicate directly with the WMATA Board, and should be involved in monitoring customer satisfaction through surveys, a mystery rider program, and performance reports.

B2. **MetroAccess should improve its complaint process** – Complaints should be handled entirely within WMATA (not by the provider or broker), should be linked with first-hand observations of specific vehicles and drivers, should be categorized and tracked, and customers should receive meaningful and timely feedback. WMATA should handle immediate customer needs separately from less time-sensitive complaints.

A1. **MetroAccess should provide clear public information about changes to the eligibility process, get feedback from users, and offer transitional services** - Clear information about the changes to the eligibility process should be readily available to clarify the goals of the changers. Users may feel more comfortable with the process if they have an opportunity to comment and if they understand what will change, when and for what reason. Information about transportation alternatives and travel training should be provided to users found not eligible or "conditionally eligible" for MetroAccess.

A2. **WMATA should adopt a more user-friendly "no-show" and "late-cancellation" policy for MetroAccess** - The policy should consider the percentage of trips missed, not just the absolute number; define late cancellations as one or two hours before the scheduled trip; not count trips missed for reasons beyond the rider's control; and inform riders of their right to appeal.

A3. **WMATA should create a door-to-door service policy for MetroAccess** - To respond to the need of some people with disabilities to have additional service beyond "curb-to-curb", and to respond to recent FTA guidance on "origin to destination" service, WMATA should create and implement a door-to-door service policy.

B1. **MetroAccess should improve informational materials to clarify what users can expect –** MetroAccess should provide extensive, well-organized information in multiple, accessible formats, and make this information widely available.

Medium Term (One Year)

C2. **WMATA should provide premium same-day service to MetroAccess customers** – Implement a pilot program allowing users to call private transportation companies directly and pay a subsidized fare (typically higher than ADA fare), based on successful programs in Houston, Seattle and Chicago. In addition to providing users with more options, a steady demand for same-day service creates additional incentive for accessible taxicabs.

All Transit Agencies

Medium Term (One Year)

C3. **Transit agencies should provide several different types of training, suited to different users** – WMATA and local transit agencies could should work together with other organizations to provide individualized travel training, orientation, and peer-training.

D1. **MetroAccess and local providers should coordinate subscription trips** – MetroAccess, Medicaid transportation providers, and local paratransit providers should hold regular forums to discuss who can best accommodate standing order trips.

Long Term (Multi-Year)

C4. **Transit agencies and local governments should make bus and rail service more accessible** – WMATA and local transit provides should provide better information on accessible bus stops, should work with local governments to improve bus and rail accessibility, should purchase low-floor buses, should thoroughly train bus and rail staff on disability issues and ADA requirements, and should allow MetroAccess customers to ride the entire fixed-route system for free.

Local Governments

Long Term (Multi-Year) – Highest Priority Recommendations Listed First

C4. **Transit agencies and local governments should make bus and rail service more accessible** – WMATA and local transit provides should provide better information on accessible bus stops, should work with local governments to improve bus and rail accessibility, should purchase low-floor buses, should thoroughly train bus and rail staff on disability issues and ADA requirements, and should allow MetroAccess customers to ride the entire fixed-route system for free.

C1. **Local governments should use a combination of strategies to encourage more wheelchair accessible taxicabs** – a pilot program should be established (perhaps in the District of Columbia) to provide the financial subsidies and incentives necessary to encourage taxis and other transportation firms to provide a sufficient supply of accessible service. The program, which could potentially be funded through the New Freedom Initiative, should also include driver training.

D3. **Human service agencies and local transportation providers should explore opportunities for collaboration –** Local providers should broaden their role to provide alternatives to MetroAccess for user groups with well-defined, specific needs, such as participants in day programs for people with developmental disabilities, thereby removing the burden of providing transportation from human service agencies.

The Transportation Planning Board and Member Jurisdictions

Medium Term (One Year)

A4. **An agency independent of WMATA should conduct a review of MetroAccess in January 2007 with the recommended "check list"** - An independent review of MetroAccess should be conducted based on the check list found in Section VII, A of this report after one-year of operation under the new contract with MV Transportation. The check list is based on management and operational considerations that MetroAccess or other paratransit systems have had difficulties with in the past. The checklist is provided not only to guide a review of the service in 2007, but also to be of assistance to WMATA in ongoing service monitoring and management.

D2. **The region should develop a centralized information clearinghouse –** The program should begin as a website with information on available services and eligibility requirements, and expand to become a "one-stop-shopping" resource center designed to help people with disabilities meet their transportation needs by providing a variety of services.

Long Term (Multi-Year)

D4. **The TPB and its member jurisdictions should explore opportunities through human service transportation coordination planning –** Federal law requires the TPB to develop a Human Services Transportation Coordination Plan. Opportunities that could be explored through this plan include coordination of subscription trips between MetroAccess and local providers; a centralized information clearinghouse; collaboration between human service agencies and local transportation providers; federal reimbursement for Medicaid trips that MetroAccess already provides; transit passes for Medicaid and Vocational Rehab clients; more extensive use of universal "Smart" cards to collect fares on multiple

modes and subsidize users directly; a non-profit, region-wide accessible cab service; and other regional programs.

Appendix D. Recommendations Chart Indicating Implementation Time Frame, Who Implements, Priority Ranking, and Desired Outcomes

MetroAccess System Design, Management, and Monitoring				
Recommendation	**Time Frame**	**Who Implements?**	**Average Ranking** (1=high to 15=low)	**Desired Outcomes**
A1) MetroAccess should provide clear public information about changes to the eligibility process, get feedback from users and offer transitional services	Short (6 mo)	WMATA Office of MetroAccess	Medium (7.0)	▪ MetroAccess should review policies of peer agencies. ▪ MetroAccess should involve knowledgeable users in the development of new policies. ▪ MetroAccess should release proposed policy changes for public comment, and make revisions based on the feedback received. ▪ MetroAccess should take proposed policy changes to the board for formal adoption. ▪ MetroAccess should develop clear and accessible policy statements, including comprehensive manuals for internal use and concise, consumer-friendly materials in multiple accessible formats. ▪ MetroAccess should develop a system for notifying customers of policy changes. ▪ MetroAccess should amend its contract with MV as needed to implement policy changes. ▪ MetroAccess should provide staff with any training required to implement policy changes. ▪ The TPB and WMATA should determine who will oversee the independent review of MetroAccess, identify funding for the review, and develop a scope of work for the review. ▪ The review of MetroAccess should establish a baseline against which future assessments can be compared.
A2) MetroAccess should adopt a more user-friendly "no-show" and "Late cancellation" policy	Short (6 mo)	WMATA Board and Management	Medium (7.2)	
A3) MetroAccess should create a door-to-door service policy	Short (6 mo)	WMATA Board and Management	Medium (7.5)	
A4) An agency independent of WMATA should conduct an independent review of MetroAccess in January 2007 with the "check list"	Medium (1 year)	Agency Independent of WMATA	Medium (8.1)	

				Communicating with Customers

Recommendation	Time Frame	Who Implements?	Average Ranking (1=high to 15=low)	Desired Outcomes
B1) MetroAccess should improve its informational materials to clarify what users can expect	Short (6 mo)	WMATA Office of MetroAccess and Marketing/ Communications	Medium (7.7)	▪ MetroAccess should review informational materials produced by peer agencies. ▪ MetroAccess should involve knowledgeable users in the development of new informational material. ▪ MetroAccess should establish a single point of contact for customer complaints. ▪ MetroAccess should post the phone number for registering complaints in every vehicle, in both print and in Braille. ▪ MetroAccess should designate a single entity responsible for complaint resolution and follow-up communication with customers. ▪ MetroAccess should resolve and respond to all complaints within 30 days. ▪ WMATA should establish a MetroAccess-specific user group. ▪ WMATA should designate a specific board member to meet with the MetroAccess user group, similar to the TPB Access for All Advisory Committee. ▪ The user group should meet with the designated board member and MetroAccess management on a regularly scheduled basis.
B2) Improve the MetroAccess complaint process	Short (6 mo)	WMATA Office of MetroAccess, and Customer Service; MV Transportation	High (6.3)	
B3) Ensure that MetroAccess users have direct input	Short (6 mo)	WMATA Board, Office of MetroAccess	High (4.2)	

Additional Transportation Services for People with Disabilities				
Recommendation	**Time Frame**	**Who Implements?**	**Average Ranking** (1=high to 15=low)	**Desired Outcomes**
C1) Use a combination of strategies to encourage more wheelchair accessible taxicabs	Long (Multi-Year)	Local governments	Medium (7.8)	▪ The AFA should share this report, "Improving Demand Responsive Services for People with Disabilities" with the D.C. Taxi Commission and the D.C. Counsel. ▪ Local governments should consider providing industry incentives and discuss such incentives with the industry. ▪ Premium same-day MetroAccess service would provide better and more flexible service for customers put less stress on the paratransit system and provide incentives for taxi cabs to become wheelchair accessible. ▪ Local transit agencies and WMATA should collaborate on the provision of travel training (share costs and training responsibilities). ▪ Local transit agencies and WMATA should develop a centralized training course. ▪ Disability groups should be made more aware of the travel training options available ▪ WMATA's travel training resources should be extended to MetroAccess customers ▪ The different types and audiences for travel training should be clearly defined. ▪ WMATA should fund agreed upon accessibility improvement programs and meet the following goals: o Five more Metrorail stations will have truncated domes installed by October 2006; o Metrorail transfer stations will have redundant elevators installed in two stations per year, beginning in 2006; o By October 2006, all buses will have stops called-out; o The regional bus stop inventory will be completed by local governments and WMATA. WMATA will integrate the information about accessible bus stops with the on-line Ride Guide; o Locals will make deficient bus stops identified in the inventory more accessible for people with disabilities; and o WMATA will begin a mystery rider program for bus and rail to help identity problem areas for people with disabilities in using the fixed route system.
C2) Provide premium same-day service to MetroAccess customers	Medium (1 year)	WMATA Management, Board, and Office of MetroAccess	Medium (7.6)	
C3) Provide several different types of training, suited to different users	Medium (1 year)	WMATA Office of ADA Programs; local transit agencies	Medium (8.1)	
C4) Make bus and rail service more accessible	Long (Multi-Year)	WMATA Management, Board, and Office of ADA Programs; Local governments and transit agencies	High (6.9)	

Appendix E: Mission and Purpose of the National Capital Region Transportation Planning Board and Access for All Advisory Committee

National Capital Region Transportation Planning Board (TPB)

TPB Purpose

The TPB is responsible for coordinating transportation planning at the regional level and developing the 25-year transportation plan for Northern Virginia, Suburban Maryland and the District of Columbia. The TPB brings together key decision makers to coordinate planning and funding for the region's transportation system.

TPB Membership

Members of the TPB include representatives of the transportation agencies of the states of Maryland and Virginia and the District of Columbia, local governments, the Washington Metropolitan Area Transit Authority (WMATA), the Maryland and Virginia General Assemblies, and non-voting members from the Metropolitan Washington Airports Authority and federal agencies.

Access for All Advisory Committee (AFA)

AFA Purpose

The Access for All Advisory Committee advises the TPB on transportation issues, programs, policies, and services that are important to low-income communities, minority communities and people with disabilities. The mission of this committee is to identify concerns of low-income and minority populations and persons with disabilities, and to determine whether and how these issues might be addressed within the TPB process.

AFA Membership

The committee membership is composed of TPB-appointed community leaders from around the region. A list of the organizations committee members represent is below. The committee also includes ex-officio representation from five key transportation agencies that are active in the TPB process: the District, Maryland, and Virginia Departments of Transportation; the Washington Metropolitan Area Transit Authority; the Federal Transit Administration; and the Federal Highway Administration.

- ACORN
- American Cancer Society
- American Council for the Blind
- Arlington County Disability Advisory Commission
- Boat People S.O.S., Inc.
- Business Development Assistance Group, Inc
- Calvary Bilingual Multicultural Center

- Casa of Maryland, Inc.
- Chinese Culture and Community Service Center
- Council of Latino Agencies
- Crossroads
- DC Adapt
- DC Latino Task Force
- DC Workforce Investment Council
- Fairfax Area Disability Services Board
- Fairfax County Department of Family Service
- Ibero American Chamber of Commerce
- Inclusion Research Institute
- Independence NOW
- Montgomery County Hispanic and Latino Initiative
- Prince George's County Black Chamber of Commerce
- The Amériças Institute
- The Brookings Institution
- Washington Regional Network for Livable Communities
- Women Like Us

Appendix F: Results of Human Service Agency Survey Conducted by TranSystem Corporation

MEMORANDUM

TO: **Wendy Klancher, Metropolitan Washington Council of Governments**
FROM: **Heather Richardson, Russell Thatcher**
DATE: **December 15, 2005**
RE: **TPB/AFA Study of Improving Demand Responsive Transportation Services: Summary of Agency Contacts**

The following memo is summary of the telephone interviews for Washington DC and the counties of Montgomery, Prince George's, Arlington, Alexandria, and Fairfax in Maryland and Virginia. The goals of the phone interviews were to: 1. identify transportation contacts; 2. determine what services are currently available and identify unmet needs; 3. identify existing coordination and opportunities; and 4. discuss areas where assistance is needed. In order to achieve these goals, relevant agencies and transportation providers were asked a set of questions regarding their service and clientele, transportation issues they face as a provider, unmet needs of their clients, whether they already coordinate with other organizations, and how a regional organization may help them address the issues and needs they identified. The results from two independent studies on service gaps and unmet needs for seniors are also included. This memo summarizes the survey responses and study results, and concludes with possible assistance from the MWCOG that would improve demand response services in the area.

Survey Participants

The survey participants were chosen based on a specialized transportation study from the KFH Group, Inc. that was completed in 2004. Additional participants were identified through the MWCOG TPB/AFA Study of Improving Demand Responsive Transportation Services steering committee and from the Regional Paratransit Task Force (RPTF) member roster. Prior to commencing the telephone interviews, a total of 47 contacts were identified: 8 in Washington DC, 11 in Montgomery County, 11 in Prince George's County, 7 in Alexandria City, 5 in Arlington County, and 5 in Fairfax County (See Exhibits 2-7). Several other contacts were identified through conversations with survey participants.

Survey Questions & Methodology

A set of open ended questions on current services, transportation issues, unmet needs, collaboration efforts and regional assistance were developed to gather the desired information from the target organizations (see Exhibit 1). The phone interviews were started with a statement on the goals of MWCOG and the purpose of the survey. Participants were then asked whether they wanted to participate and if they had time to answer the questions. Whenever background data from the KFH study was available, the participant was asked to verify the information to ensure it was current and accurate. Those participants not described in the KFH study were asked to describe the transportation services they provided, including eligibility parameters, service area, and types of trips available. Once the background data was established, the interviewer started an open dialogue regarding the transportation issues facing the organization and the unmet needs of the clients. These conversations were allowed to flow based on the response from the participant. The responses were recorded by hand and clarifications were sought whenever there was potential confusion. The participants were asked whether their organization collaborated or coordinated with other agencies or organization in the area on transportation services. The final questions dealt with whether there were ways for the COG or other regional planning agencies to assist human service agencies and transportation providers in addressing the identified issues and needs. The participants were also given the opportunity to identify other relevant stakeholders to be surveyed and contribute other comments.

Survey Results

The survey participants represented organizations that assist seniors, persons with disabilities and some low income communities from the Greater Washington DC area. The types of trips provided include rides to medical appointments, grocery shopping, employment centers, senior centers and social events. A detailed breakdown of these populations and trip types are presented in Exhibit 8.

Transportation Issues
The most common transportation issue facing human service agencies and transportation providers is adequate funding. This response came up nine times over the course of the interviews, primarily among the non-profit organizations. The funding was mentioned in relation to being able to expand services to meet growing demand and fill in service gaps, such as evenings and weekends. Vehicle availability and accessibility were also high on the list of issues for survey participants from non-profit organizations (mentioned five times).

Many participants described issues relating to taxi services used to provide transportation services. The primary concern here is driver training and attitude. On several occasions, participants described the taxi drivers as independent operators unwilling to accept short rides or vouchers that do not yield a high payout per ride. Additionally, it was mentioned that drivers wait until they find a fare to take them to an area where a voucher ride has been requested rather than go immediately to the location for the senior or disabled client.

In addition to driver behavior, many interviews revealed a negative attitude and lack of understanding toward the senior and disabled populations being served. Concerns regarding driver sensitivity were also highlighted in the Fairfax County forums on service gaps. In addition, the Northern Virginia Transportation Commission (NVTC) focus groups uncovered a preference for taxis as part of door-to-door services. The inclusion of taxi issues in independent studies further underlines the need to address this issue and improve taxi services.

Other issues that were frequently mentioned include scarcity of drivers due to competition with other transportation services; infrastructure with poor accessibility (including fixed route service and housing); and service reliability and timeliness. Poor infrastructure, accessibility and safety for bus service also came up in the Fairfax County forums. Additional results are summarized in Exhibit 8.

Unmet Needs

Same day service and greater service areas were the top two unmet needs mentioned in the phone interviews (each identified six times). The participants described their clients needing day of transportation for medical trips due to sudden illnesses and other short-notice trips. Additionally, many transportation services are only provided in a limited service area, which may not include a client's doctor's office or necessary destination. The need for non-medical trips was third on the list of unmet needs identified by participants (articulated five separate times). There seems to be several options for seniors and persons with disabilities to travel to medical appointments but few for shopping and social activities. The need for additional trip types was followed by the need for expanded operational hours. Often times, transportation services are only available during weekday business hours. Clients find it difficult to travel in the evenings and on weekends. The evening hours are especially important in the winter when daylight is significantly reduced and safety becomes an issue.

The next three unmet needs that were identified include reliable service, companion services, and door-to-door service. Under service reliability, several survey respondents indicated that their clients were frequently left waiting for rides. Waiting for rides to appointments that are delayed causes the clients to be late for appointments or miss them altogether. Additionally, clients may have to wait in inclement weather or in unsafe conditions, especially on return trips. The NVTC study also found service reliability on return trips a major concern for participants in their focus groups. Timely access to transportation is important in maintaining the mobility and independence for seniors and persons with disabilities. The issues with service reliability are related to the need for door-to-door service. Some seniors and persons with disabilities need assistance getting to and from vehicles, have difficulties exiting and entering buildings with multiple stairs and finding their way in large facilities, and are not able to wait outside for long periods of time. Door-to-door service is identified as the ideal transportation option both by

survey participants and the NVTC focus groups. As for companion services, some interview participants identified a need to have someone assist their client into buildings, especially when the areas in unfamiliar or when the client has development disabilities. Additional unmet needs identified by the telephone interviews are summarized in Exhibit 2.

Coordination Efforts

The survey revealed that 21 organizations are active in some form of coordination with other organizations; four were not pursuing coordination; and four others were unclear or did not respond. Based on the phone interview response, the types of coordination being pursued fall into five categories (indicates number of organizations classified in each category):

1. Use or refer clients to other existing services (12), 1 is to add a regional component
2. Provide service to other organizations (10)
   a. Direct transportation (7)
   b. Call centers (2)
   c. Maintenance (1)
3. Capital and/or technical assistance (receives) (2)
4. Travel training (1)
5. Cost sharing (1)

Essentially, no survey participants indicated major gaps in coordination, significant overlap in services, or the need to significantly expand coordination efforts. There already seems to be some degree of coordination between organizations at the municipal and county level. The only area where the issue of overlapping services might be studied further is Prince George's County, which has a Call-a-Bus program at the county level as well as programs in several municipalities.

Requested Assistance

While several participants felt their service was too local and unique to warrant regional help or did not have suggestions on how the COG or a regional planning agency (RPA) could help, several others had good ideas on how the regional transportation network could be improved for seniors and persons with disabilities. Several respondents favor the COG assisting in identifying possible additional funding to address gaps and expand transportation services for seniors and persons with disabilities. One person suggested supporting a sales tax for public transit that includes a specific proportion for senior and disabled transportation. Increasing rider options, including accessible fixed route, door-to-door service, and low cost options, was an important aspect of service participants felt the COG could work on. Other participants suggested the COG become a vehicle to concentrate transportation provider power, especially in terms of purchasing fuel and vehicles and establishing contracts with taxi companies. Two other participants thought the COG or RPA could assist with training to establish a standardized level of training (perhaps even required), especially for independent taxi drivers.

The remaining suggestions were proposed by a single respondent with no duplications. While these may not have been frequent suggestions, several are worth considering in light of the issues identified earlier. These include:

- Consolidate transportation services under one umbrella agency; one number to call for a ride
- Providing drivers to agencies/ expanding the pool of available drivers
- Raise awareness of aging in place and the need to improve pedestrian access and concentrated development
- Travel clearinghouse
- Outreach and travel training for clients, including on the use of paratransit
- Establish a strong policy statement on the importance of Smart Growth and how it is beneficial to seniors and persons with disabilities
- Install GPS equipment on vehicles for greater reliability and accountability
- Encourage volunteer drivers by assisting with insurance and fuel costs.

Exhibit 8 provides details on all of the suggestions collected through the interview process.

Potential Coordination Opportunities
In *very* preliminary observations, various potential opportunities for increased coordination were identified. These are very basic suggestions that require additional research and communication with stakeholders. These are not meant to be construed as required coordination actions or efforts that will be taken.

- Prince George's County –
    - Explore the possibility of coordinating the County Call-a-Bus/Senior Transportation Service and Municipal Call-a-Bus services
- Arlington County –
    - STAR could coordinate more with the Community Services Board and Dept. of Social Service in a manner similar to FASTRAN
- Washington DC –
    - Possible additional coordination between the Urban Planning Organization (WEHTS) and Office on Aging transportation services
    - Medicaid broker development – build on current service with brokerage
- Alexandria City –
    - DOT service and the American Red Cross: DOT could work with RC to use volunteer drivers to supplement van and taxi services
- Fairfax County –
    - City Wheels, Fare Wheels and Seniors on the Go: joint purchasing or contracting; may simplify administration in several ways and may give agencies greater purchasing power
- Montgomery County –
    - The Department of Human Services and Department of Public Works and Transportation: might work together on Call-n-Ride enhancements

o   Explore the possibility of coordinating the Area Agency on Aging Senior Center and Community Services Center transportation programs.

These preliminary ideas were formed based on the various responses from organizations in each county regarding their clients, services and needs. Before any coordination efforts occur, the COG and other stakeholders should meet and discuss in greater detail how coordination efforts impact each group and their clients.

Conclusions

The results of the phone survey were reported to the National Capital Regional Transportation Planning Board Access for All Advisory Committee on December 15, 2005. A copy of this presentation is in Exhibit 10.

Overall, the telephone survey provided important insight for the MWCOG on the transportation issues and unmet needs facing senior and persons with disabilities populations of the Greater DC metropolitan area. Funding, service expansion (hours, vehicles and areas served), and driver training were the most prevalent issues raised. With this knowledge and information about the other concerns and needs, the COG is better prepared to investigate solutions to these problems. It is the goal of MWCOG to improve upon these issues and meet these needs through continued open dialogue with the stakeholders in the greater Washington DC area.

Exhibit 1.

<div align="center">SURVEY QUESTIONS FOR HUMAN SERVICE AGENCIES</div>

Name	
Agency and Department	
Phone Number	
E-mail Address	
Date Completed	

GENERAL BACKGROUND
Working with the Council of Governments and the Transportation Planning Board to collect information on transportation issues and unmet needs for Human Service Agencies and transportation providers

COG has asked us to contact key human service agencies and transit providers in the DC area to gather this information

Have a few minutes to answer questions?

CURRENT SERVICES
Something we know about agency/provider from prior surveys

Who is served? Types of trips?

TRANSPORTATION ISSUES
What do you see as major issues with your transportation/paratransit services?

UNMET NEEDS
What are the unmet transportation needs for your agency?

COLLABORATION WITH OTHER AGENCIES
Do you work with other agencies in the area on transportation needs and services?

REGIONAL ASSISTANCE
Do you feel there are ways the COG or a regional planning agency might be able to assist you with your transportation issues or unmet needs?

Other notes:

Exhibit 2. Washington DC Transportation Agency Contacts

County	Agency	Contact Name	Phone	Date Contacted	Results	Notes
DC	DC Office on Aging	E. Veronica Pace Exec Director	(202) 724-5622	29-Nov	completed	spoke with Tomiko Thomas; suggested Zanavia George at Urban League
	Medical Assistance Administration	William Brown Calvin Kearney	(202) 698-2007 (202) 698-2000	1-Dec	completed	spoke with William Brown
	DC Rehabilitation Services Administration	Ted Daniels	(202) 442-8419	29-Nov	completed	suggested Rhonda Stewart - Mayor's Committee on People with Disabilities
	United Planning Organization	Sydney Lewis, RPTF	(202) 635-8866	11/29, 12/1	out of office	
	DC Department of Human Services	none	(202) 671-4200	29-Nov	too large - try sub agencies	
	Joseph Kennedy Institute	Krista	(202) 529-7600	29-Nov	left message	
	DC Independent Living	Doris Ahagatou George Richards Simms	(202) 388-0033	11/29/2005 12/1	left message (Doris) left message (George)	Simms suggested by Rhonda Stewart
	ARC of Washington DC	Mary Dorsow	(202) 636-2950	1-Dec	no answer	
	Mayor's Committee on People with Disabilities	Rhonda Stewart	(202) 442-8464	6-Dec	completed	
	Greater Washington Urban League	Zanavia Georgre	(202) 373-1860	29-Nov	completed	referred to by Tomiko Thomas

Exhibit 3. Montgomery County Transportation Agency Contacts

County	Agency	Contact Name	Phone	Date Contacted	Results	Notes
Montgomery	MD Dept of Education Division of Rehabilitation Services	Kathi Santora, Public Information & Planning	(410) 554-9435	12/6/2005 12/12/05	completed	faxed from Sharon Julius
	MTA	Trina Trotman Lou Farber, RPTF	(410)767-7272 (301)565-9665	11/30 12/2	completed (Trina) completed (Lou)	If Lou Farber is unavailable, talk to "Andy Scott's replacement"
	Dept of Social Services	none	(540) 382-6990	29-Nov	left message at x232	
	Department Human Services	none	(540) 382-5776	29-Nov	not a useful contact	services not offered
	MC Area Agency on Aging	Jay Kenney	(240) 777-4577	29-Nov	completed	spoke with Betsy Luecking
	Commission on Aging and Disabilities Services	Meg Kotler	(240) 777-1132	1-Dec	completed	referred to by Caroline Jones in DPWT
	ARC of Montgomery County	Mark in vocational department	(301) 439-5365	1-Dec	completed	reached through calling for Bert Whitney
	Community Support Service	Susan Ingram (survey respondent)	(301)926-2300 208		already completed survey	
	DPWT Division of Transit Services	Nancy Kutz Caroline Jones	(240) 777-5850	29-Nov	completed (Caroline)	suggested Meg Kotler and Betsy Luecking
	DPWT Division of Transit ServicesMEDICAID	Calvin Green	(240) 777-5868	1-Dec	completed	spoke with Joy Barrow 240-777-5895
	Jubilee Association	Zach Martin	(301) 949-8626	30-Nov	completed	
	Jewish Council for Aging	Moti Galil	301-468-6280			
	CHI Centers	Kris Fitzpatrick Transportation Administrator	(301) 439-5366	30-Nov	completed	

Exhibit 4. Prince George's County Transportation Agency Contacts

County	Agency	Contact Name	Phone	Date Contacted	Results	Notes
Prince George's	Dept of Social Services	Karyn Lynch	(301) 909-7000	30-Nov	left message	
	Red Cross of Prince George's County	none	(240) 487-2100	30-Nov	not relevant - said no service provided	
	Prince George's DPWT	Kevin Thornton Aaron Overman Lynn Sivels	(301)883-5697 (301)883-5656	11/30/2005 11/30	completed (John) completed (Ruth)	spoke with John Moran re: STS and Call-a-Bus 301-499-8581 spoke with Ruth Campbell re: Call-a-Cab
	PGC Health Department Medical Assistance Transportation	Ernie Peralta	(301) 856-9555	1-Dec	completed	
	PGC Dept of Social Services Medicaid	none	(301) 209-5000	30-Nov	referred to above	
	PGC Dept of Family Services, Administration on Aging	Theresa Grant	(301) 265-8450	30-Nov	someone will call back	directed to Janet Overton in nutrition
	City of College Park Municipal Call-a-Bus	none	(301) 345-8100	30-Nov	left message	
	City of Greenbelt Municipal Call-a-Bus	Antoinette	(301) 474-4100	30-Nov	completed	
	City of New Carrollton Municipal Call-a-Bus	Regina Robinson	(301) 459-6103	30-Nov	completed	
	Ardmore Enterprises	Leonard Hodges	(301) 577-2575	1-Dec	completed	
	Rehabilitation Opportunities, Inc.	Uday	(301) 731-4242			

Exhibit 5. Alexandria City Transportation Agency Contacts

County	Agency	Contact Name	Phone	Date Contacted	Results	Notes
Alexandria	Social Services	Mike Hatfield, Disability Resources Coordinator	(703) 838-0711	12/1 12/6	completed	emailed response on 12/12, on steering committee
	Health Department	none	(703) 838-4400	1-Dec	transportation not offered	
	Office of Aging and Adult Services	Sadina Vanison (survey respondent)	(703) 751-0078	6-Dec	already completed once, emailed survey	
	Senior Services of Alexandria	Eileen Longstreet (survey respondent)	(703) 836-4414		already completed survey	
	DOT	Lakeshia Lewis, RPTF	(703) 838-3800	12/1 12/6	completed	
	Alexandria Community Services Board	none	(703) 838-4455	1-Dec	not relevant	
	Red Cross	Glen White, Community Services Director	(703) 549-8300	12/1 12/6	left message both times	

Exhibit 6. Arlington County Transportation Agency Contacts

County	Agency	Contact Name	Phone	Date Contacted	Results	Notes
Arlington	Agency on Aging	Odile Saddi (steering committee) Terry Lynch	(703) 228-1749	1-Dec	"completed" "completed"	Lynch referred me to studies and others; didn't really answer questions directly spoke with Jana Lynott w/ N. Va. Transportation Commission
	Dept of Human Services Social Services for Seniors & Disabled Adults	Cedar Dvorin	(703) 228-1700	1-Dec	completed	actually Agency on Aging
	DPW	Irvin Harried, STAR Manager	(703) 892-8747	6-Dec	left message	steering committee)
	Red Cross	Kristie Fraser, Transportation Program	(703)527-3010 x701	6-Dec	left message	
	Community Services Board	none	(703) 228-4871	6-Dec	already covered by AAA	

Exhibit 7. Fairfax County Transportation Agency Contacts

County	Agency	Contact Name	Phone	Date Contacted	Results	Notes
Fairfax	Dept of Community & Recreation Services FASTRAN	Steve Yaffe (steering committee)	(703) 324-7075	6-Dec	completed	
	Fairfax City/George Mason University City Wheels	Alex Verzosa Transportation Director RPTF	(703) 385-7889	12/6/2005 12/9	left message completed	
	City of Falls Church Fare Wheels	Letha Flippin ADA Compliance Officer, RPTF	(703) 248-5113	12/6/2005 12/9	left message completed	
	Fairfax County Seniors on the Go	Denis Paddeau	(703) 324-1439	6-Dec	completed	Attends Access for All Committee meetings
	ARC	none	(703)964-0004 (703)841-2747	6-Dec	left message	

Exhibit 8. Summary of Survey Responses

Category	Response		Frequency of Response	Who
Current Services population served	**Senior**			
		≥ 55	4	MC AAA, PGC C-A-C, Alexandria AAA, Senior Services of Alexandria,
		≥ 60	6	DC Office on Aging, Greater DC Urban League, Alexandria ARC, Arlington AoA, Fairfax Fare Wheels, Alexandria Dpt Soc Services
		≥ 65	2	Fairfax Seniors on the Go, MC Dept. HHS
		≥ 67	1	MC DPWT C-N-R
	Disabled		10	MD DORS, DC Rehab Svc Admin, Jubilee, CHI, MC Comm Support Services, Ardmore Enterprises, MC ARC-vocational, Fairfax City Wheels, Fairfax Fare Wheels, Alexandria Dpt Soc Services
	Senior and Disabled (# double counted above)		2	Fairfax Fare Wheels, Alexandria Dpt Soc Services
	Low income/Medicaid		5	Fairfax Seniors on the Go, MC Dept. HHS, DC Medical Assist Admin, MC DPWT Medicaid, PGC Dept of Health Medical Assist
	Low income and senior (double counted above)		2	Fairfax Seniors on the Go, MC Dept. HHS
	all three		3	Senior Services of Alexandria, PGC STS & C-A-B, FASTRAN
type of trips	**medical only/primarily**	Senior	5	DC Office on Aging, Greater DC Urban League, PGC C-A-C, Alexandria ARC, Arlington AoA
		Medicaid	2	DC Medical Assist Admin, PGC Dept of Health Medical Assist
	medical and grocery	Senior	3	Senior Services of Alexandria, FASTRAN, Alexandria Dpt Soc Services
		Disabled	4	Jubilee, Ardmore Enterprises, MC ARC-vocational, Alexandria Dpt Soc Services

	employment	Disabled	4	MD DORS, DC Rehab Svc Admin, Jubilee, CHI,
	shopping / any		7	MC AAA, MC DPWT C-N-R, Alexandria AAA, Senior Services of Alexandria (disabled), Fairfax Seniors on the Go, PGC STS & C-A-B, Fairfax City Wheels
Transportation Issues	funding		9	Greater DC Urban League, Jubilee, CHI, MC DPWT C-N-R, PGC C-A-C, Alexandria ARC, MC Commission on Aging, MC ARC-vocational, Greenbelt Munic C-A-B, New Carollton Munic C-A-B
	not enough vehicles available/vehicle reliability		5	Greater DC Urban League, Jubilee, Alexandria ARC, MC ARC-vocational, FASTRAN
	taxi driver attitude (rude or refuse)		5	PGC C-A-C, MC Commission on Aging, DC Medical Assist Admin, Fairfax City Wheels, Fairfax Fare Wheels
	driver source/ staffing		4	CHI, Ardmore Enterprises, PGC STS & C-A-B, FASTRAN
	accessibility of infrastructure (fixed route); includes housing		4	MC AAA, Fairfax Seniors on the Go, MC Commission on Aging, FASTRAN
	reliability (timeliness, scheduling)		3	MD DORS, Jubilee, MC Comm Support Services, Fairfax Fare Wheels
	insurance/liability issues		3	Jubilee, MC AAA, DC Mayor's Committee
	encouraging fixed route use		2	MC AAA, MC DPWT C-N-R
	communication with taxi drivers (language barrier or unable to contact)		2	PGC C-A-C, DC Mayor's Committee
	wheelchair accessible vehicles		1	PGC C-A-C
	general overhaul of paratransit necessary		1	DC Rehab Svc Admin
	clientele misuse/misperception		1	MC DPWT Medicaid
	limited service for those under 60		1	DC Office on Aging,
Unment Needs	same day service needed		6	MC AAA, Alexandria ARC, MC Comm Support Services, PGC Dept of Health Medical Assist, Fairfax City Wheels, Alexandria Dpt Soc Services

	greater service area	6	DC Office on Aging, Alexandria ARC, Senior Services of Alexandria, MC Commission on Aging, New Carollton Munic C-A-B, Fairfax City Wheels
	trips other than medical	5	DC Office on Aging, Greater DC Urban League, Alexandria ARC, Arlington AoA, Greenbelt Munic C-A-B
	evenings and weekends, special events	4	PGC C-A-C, Alexandria AAA, Fairfax Seniors on the Go, Greenbelt Munic C-A-B
	service reliability	4	Jubilee, CHI, Senior Services of Alexandria, MC Commission on Aging
	companion or person-to-person services	4	Alexandria ARC, MC Comm Support Services, MC Commission on Aging, MC DPWT Medicaid
	door-to-door (combine w/ curb-curb)	3	MC AAA, Alexandria ARC, DC Mayor's Committee
	lack of accessible trips in entire area, including additional vehicles available (taxis too)	3	MD DORS, DC Rehab Svc Admin, Fairfax City Wheels
	outreach and information on services available (including fixed route)	3	MC AAA, MC DPWT C-N-R, PGC C-A-C
	options too expensive, including MetroAccess; includes concern for those not elgible for low income service	3	Greater DC Urban League, MC Commission on Aging, FASTRAN
	eligibility process difficult & lengthy	2	Jubilee, Arlington AoA
	limited number of vouchers available in 1 year	2	Fairfax Seniors on the Go, MC Commission on Aging
	training for individual to use the services	1	MC AAA,
	no programs for welfare-to-work	1	FASTRAN
Coordination	none	2	Jubilee, PGC Dept of Health Medical Assist
	some	18	MD DORS, DC Rehab Svc Admin, DC Office on Aging, Greater DC Urban League, CHI, MC DPWT C-N-R, PGC C-A-C, MC Comm Support Services, Senior Services of Alexandria, Fairfax Seniors on the Go, MC Dept HHS, DC Medical Assist Admin, Arlington AoA, MC DPWT Medicaid, Ardmore Enterprises, MC ARC-vocational, PGC STS & C-A-B, Fairfax City Wheels

COG Actions	advocate for additional funding to expand service (suggestion: push sales tax issue; include portion of E&D in applying for transit funds from taxes)	3	MD DORS, DC Office on Aging, Greenbelt Munic C-A-B
	adopt a regional approach to focus power, especially purchasing power (veh & taxi contracts)	3	DC Rehab Svc Admin, CHI, Fairfax City Wheels
	nothing	3	PGC Medical Assist, PGC STS & C-A-B, New Carollton Munic C-A-B
	training assistance (standardized, esp taxi drivers)	2	CHI, Fairfax Fare Wheels
	advocate to increase accessible transportation for people with severe mobility limitations	1	MD DORS,
	determine needs for seniors beyond medical	1	DC Office on Aging
	provide drivers or contracted providers to agencies (per ward in DC due to imbalance of service in lower income or undesirable areas)	1	Greater DC Urban League
	contract with lead agencies to provide services in wards (again regarding DC southeast ward as neglected)	1	Greater DC Urban League
	ITS/GPS tracking (Boulder, CO example)	1	Jubilee
	consolidate all transportation services under one agency (1 number to call to schedule a ride)	1	Alexandria ARC
	provider outreach to clients on services available	1	Alexandria ARC
	provide more flexibility in the taxi companies able to be used for trips	1	Senior Services of Alexandria,
	campaign to raise awareness of 'aging in place' and the issues that are quickly rising with it: need infrastructure in place, needs to be uniformly addressed in all counties	1	Fairfax Seniors on the Go,

	establish a strong statement on Smart Growth and suggest all development be organized to improve mobility and address issues such as walking distances, land use choices, and the pedestrian environment	1	Fairfax Seniors on the Go,
	take advantage of volunteers by encouraging drivers with incentives on insurance and gas coverage - especially given recent gas prices	1	MC Commission on Aging
	make bulk purchasing of gasoline available to non-profits and providers	1	MC Commission on Aging
	develop mechanism and advertise a cab-sharing program for seniors	1	MC Commission on Aging
	demand better access to fixed route for E&D as part of effort to reduce demand for demand response	1	MC DPWT Medicaid
	sharing information between providers, including how to deal with changes in rules and regs, and reporting requirements	1	Ardmore Enterprises
	develop a coordinated, seamless system for area	1	MC AAA
	install GPS on demand response vehicles, including taxis for client safety and driver accountability	1	Fairfax Fare Wheels
Other Comments	want more services but need more funding		MC DPWT C-N-R
	MetroAccess proposed action: treat disabled community in Montgomery County as one subgroup with different policies to meet needs of clientes		MC Comm Support Services
	taxis dedicated to only serve seniors		Senior Services of Alexandria,
	greater use of volunteer senior drivers		Senior Services of Alexandria,

Exhibit 9. Detail Summary of Coordination Efforts

Type	Description	Agency	Both?
None	No coordination at time of interview no formal coordination (AAAA) only coordinates within own agency (MC DPWT)	Jubilee, PGC Dept of Health Medical Assist, Alexandria AAA, MC DPWT - Medicaid	
Agency w/ other agencies	work w/ county paratransit on scheduling rides and paying for rides	MD DORS	
	coordinate w/ DC AAA; individual basis	DC Rehab Svc Admin	
	contract to provide ride scheduling from call center	DC AAA	
	communicates with MetroAccess and works closely with Dept of Health and Human Services to increase outreach and assist with travel training	MC DPWT Div Trans Services	
	work w/ health dept (HIV/AIDS), AAA (coupons), Social Services (coupons)	PGC DPWT Call-a-Cab	
	work with FASTRAN, AAA, departments of health and housing	Fairfax County Seniors on the Go	
	coordinate w/ Dept of Human Services (MRDD recipients) on services covered and state plan requirements	DC Medical Assistance Admin	
	SuperSenior Taxi a collaboration between Dept of Environmental Services and senior sites	Arlington AAA	
	primarily with Family Services on those needing transportation services	PGC DPWT Call-a-Bus and STS	
	coordinates with FASTRAN and Seniors on the Go	Fairfax City Wheels	
	generalized in KFH report	FASTRAN	
Agency w/ non-profit	private van companies to assist those w/ severe mobility impairments	MD DORS	yes
	Collington House and outreach trips to senior centers	PGC DPWT Call-a-Cab	yes
	provides funding to ARC; collaboration with senior sites on SuperSenior Taxi	Arlington AAA	yes
	limited coordination with senior sites	City of Falls Church Fare Wheels	
	generalized in KFH report	FASTRAN	
Non-profit w/ agency	Home-health agencies, council members, hospitals, and child and family services - primarily referrals	Greater DC Urban League	
	purchases vans through MD MTA	CHI	
	some coordination with Alexandria AAA	Alexandria ARC	
	some limited coordination with MC C-a-C, but very expensive	MC Community Support Services	
	reservations for Senior Taxi and DOT agency programs	Senior Services of Alexandria	
	dept of transportation provides van	New Carollton Municipal C-a-B	

Type	Description	Agency	Both?
Non-profit w/ non-profit	Other Urban Leagues with differing focuses (blind, homeless, deaf)	Greater DC Urban League	yes
	work w/ ARC occasionally to help w/ vehicles, sharing space, and scheduling; ARC subcontracts maintenance to CHI	CHI	yes
	coordinates/contracts with ARC and Millwood site	Ardmore Enterprises	
	work w/ Jubilee, CHI, Jewish Council and Kennedy Institute to pick up clients for ARC programs	MC ARC (vocational)	
Unclear/Not Answered	MC AAA, DC Dept of Human Services (Mayor's Commission respondent), MC Dept HHS (Commission on Aging respondent), Greenbelt Municipal C-a-B		

Appendix G: List of Resources Utilized in the Study

Publications

Access for All Advisory Committee, *2003 Report to the National Capital Region Transportation Planning Board* (Washington, DC: 2004). Available online at http://www.mwcog.org/store/item.asp?PUBLICATION_ID=185

American Public Transportation Association, *The Benefits of Public Transportation Series* (Washington, DC: 2002). Available online at http://www.apta.com/research/info/online/

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Easter Seals Project ACTION, *Innovative Practices in Paratransit Services* (Washington, DC: 2003). Available online at http://projectaction.easterseals.com/site/DocServer/03IPP.pdf?docID=3196

Easter Seals Project ACTION, *Moving Forward Together: A Workbook for Initiating and Increasing Accessible Taxi Services in Your Community* (Washington, DC: 2005). Available online at http://projectaction.easterseals.com/site/DocServer/05TXWKBK.pdf?docID=17723

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National Council on Disability, *The Current State of Transportation for People with Disabilities in the United States* (Washington, DC: 2005). Available online at http://www.ncd.gov/newsroom/publications/2005/pdf/current_state.pdf

Rosenbloom, Sandra, *Increasing Accessible Taxi Options for People with Disabilities*, Paper presented at the 2003 Transportation Research Board Annual Meeting (Washington, DC: 2003).

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WB&A Market Research, *MetroAccess Annual Customer Satisfaction Study*, Prepared for the Washington Metropolitan Area Transit Authority (Crofton, MD: 2002).

Websites

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http://www.adaptenv.org/

Community Transportation Association of America
http://www.ctaa.org/

Easter Seals Project Action
http://projectaction.easterseals.com/site/PageServer?pagename=ESPA_homepage

Federal Transit Administration ADA Information Page
http://www.fta.dot.gov/transit_data_info/ada/14524_ENG_HTML.htm

Federal Transit Administration National Transit Database
http://www.ntdprogram.com/NTD/ntdhome.nsf?OpenDatabase

Federal Transit Administration – Information on SAFETEA-LU, including the New
Freedom Initiative and Human Services Transportation Coordination
http://www.fta.dot.gov/whats_new/14786_17003_ENG_HTML.htm

National Council on Disability
http://www.ncd.gov/

Section 508 – Information about federal requirements for agencies to make their
electronic and information technology accessible to people with disabilities
http://www.section508.gov/

United States Access Board
http://www.access-board.gov/

United We Ride
http://www.unitedweride.gov/

Washington Metropolitan Area Transit Authority
www.wmata.com