



ITEM #5

MEMORANDUM

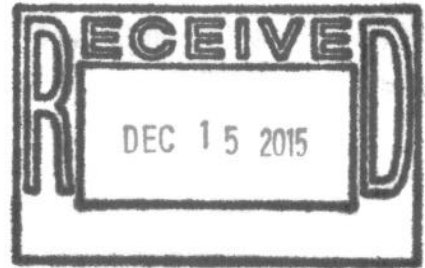
TO: Transportation Planning Board
FROM: Kanti Srikanth, TPB Staff Director
SUBJECT: Additional Letters Sent/Received
DATE: December 16, 2015

The attached additional letters sent/received will be reviewed along with other letters sent/received under Item 5 of the December 16th TPB agenda.

Attachment



December 10, 2015



Mr. Kanti Srikanth, Director
Department of Transportation Planning
The National Capital Region Transportation Planning Board
Metropolitan Washington Council of Governments
777 North Capitol Street NE, Suite 300
Washington, D.C. 20002

Dear Mr. Srikanth:

The purpose of this letter is to provide an overview of Metro's strategic interest in supporting regional paratransit services, particularly those operated by human service agencies (HSA). Providing decision makers with the information needed to fund and efficiently manage the region's various paratransit services is essential to the sustainability of these services (including MetroAccess) in future years. Metro intends to host a regional forum on this topic to be held in the spring of 2016 and wants to ensure TPB and its jurisdictions are fully informed about the issue and the urgency of addressing the regional challenge.

People with disabilities depend on the region's many different specialized services to meet their daily transportation needs. Metro (and its Compact members) also provides the region's accessible bus and rail service. The region's human service agencies provide transportation to day programs they operate, and Medicaid also provides transportation to medical services for people with disabilities and individuals with low income. Other programs provide trips for senior citizens, and there are a few general-purpose paratransit services established by local jurisdictions. Metro provides the Americans with Disabilities Act (ADA) complementary paratransit service as a safety net for people with disabilities who cannot use bus or rail.

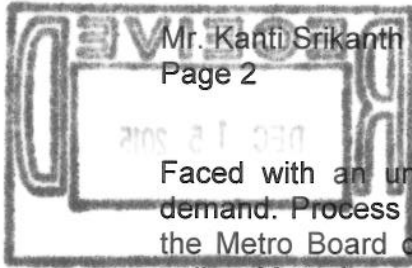
Prior to ADA complementary paratransit, HSA provided paratransit service to the day programs they operate for people with disabilities. With the arrival of MetroAccess, HSA began to enroll their constituents in MetroAccess and to downsize or eliminate their own paratransit services. Between FY2006 and FY2010, this shift in market share from HSA to MetroAccess fueled an explosive average 17.5% annual increase in MetroAccess demand. During this period, MetroAccess ridership and cost doubled, from 1.2 to 2.4 million riders, and from \$52 million to \$104 million in budget. While HSA once provided 50% of the region's paratransit service, they now provide 25%, and the MetroAccess share of the paratransit market increased commensurately.

Washington

**Metropolitan Area
Transit Authority**

600 Fifth Street, NW
Washington, DC 20001
202/962-1234

By Metrorail:
Judiciary Square—Red Line
Gallery Place-Chinatown—
Red, Green and
Yellow Lines
By Metrobus:
Routes D1, D3, D6, P6,
70, 71, 80, X2



Mr. Kanti Srikanth

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Faced with an unsustainable growth rate, Metro took action to manage this demand. Process improvements were made to eligibility and travel training, and the Metro Board of Directors redefined the MetroAccess service area and fare policy. MetroAccess would now only serve ¼-mile around fixed-route transit, and the fare would be the maximum allowed by ADA, capped at \$7. These steps were effective. From FY2010 to FY2013, MetroAccess ridership fell from 2.3 million to 2.0 million trips per year and the budget went down from \$104 million in FY2011 to \$96 million in FY2014. Since then, MetroAccess has resumed growth: 5.1% in FY2014 and 4.6% in FY2015. Human service agencies and Medicaid are both shifting trips they previously provided to MetroAccess. The current (FY2016) MetroAccess budget is \$106 million, which exceeds the cost of the rail subsidy for the State of Maryland.

This level of growth, service and costs are unsustainable. If continued, the cost to the region to provide MetroAccess service in some partner jurisdictions will exceed the cost of providing Metrorail service in those jurisdictions. At these service levels, the cost of paratransit will compete with the region's ability to fund Metrorail and Metrobus. The region needs to take action now.

Metro commissioned the George Mason University Center for Regional Analysis (CRA) to develop policy recommendations to address these issues and to project future MetroAccess service levels for the region. CRA has found that MetroAccess could easily provide 3.2 million annual trips by 2025. This nearly 50% increase from current service level will be driven by the senior "age wave" and the fact that seniors have a much higher rate of disability. CRA also found that continued shifting of trips from human services agencies to MetroAccess could result in an even higher service level: over 3.7 million trips by 2025. At this level, providing MetroAccess service will cost the region an unsustainable \$200 million each year in current dollars. Alternatively, the region can coordinate paratransit service. CRA projected that MetroAccess growth could be as low as 2.6 million in FY2025 if effective steps are taken now.

Paratransit service in the region today is not coordinated. Although the region does have a coordinated plan (Section 5310 Enhanced Mobility for Seniors and Individuals with Disabilities) which offers limited funding to qualified agencies (including human service agencies) to supplement the region's paratransit, that plan does not address funding services. There is no *functional* coordination plan that lays out the needs facing the region and specific actions for meeting them.

As a result, MetroAccess, a service not designed or required to provide custodial care or non-emergency medical transportation service, is being overtaxed and is in danger of becoming unsustainable in the years ahead.

Of the region's paratransit services, MetroAccess is the most visible. MetroAccess is featured as the "go-to service" on government web sites throughout the region,

but MetroAccess is not required to provide (and does not provide) the many additional services provided by human service agency paratransit services. Personal care attendants, seating charts, personal on-board assistance, door-through-door service, and extended waiting at customer homes or destinations are not provided. These services are not available in public transit. The role of MetroAccess is to bring public bus service to the doorstep of eligible customers with disabilities. The unavailability of human services amenities on MetroAccess has been a source of friction with human service agencies that want the full range of services they provide to be made available on MetroAccess. The region simply cannot afford this, particularly at Metro's cost per trip.

As the region's designated provider of ADA paratransit service, MetroAccess is required to meet all demand and do so at a very high performance level. MetroAccess operates 24 hours every day, 365 days per year. MetroAccess maintains a call center handling millions of calls each year. Eligibility for the over 40,000 persons enrolled in MetroAccess is determined quickly and efficiently, facilitated by a free trip to and from Metro's eligibility certification center. The maximum MetroAccess fare, \$6.50, is comparable to a long Metrorail trip, but MetroAccess delivers door-to-door van service from any point where public transit operates in Metro's service area to any other point. MetroAccess is convenient, always available, reasonably priced and provides reliable service.

These qualities are not without price. MetroAccess, at \$52 per trip, is the most expensive of the region's paratransit services. The region's other paratransit services, (which do not have to meet ADA requirements and do not offer the eligibility, travel training, regional call center and other central "umbrella" services that Metro does), can operate at a substantially lower price. Human service agencies can typically provide transportation to customers for less than \$30 per trip.

The CRA report points out that continued budget pressure on human service agencies contributes to increased reliance on MetroAccess service. Human service agencies facing budget shortfalls have responded by shutting down their own transportation programs and moving their customers to MetroAccess. This has been happening for the last 15 years and is still happening now. A number of human service agencies have recently approached Metro seeking help to move their customers to MetroAccess.

There are alternatives. The CRA analysis provides 11 policy recommendations that the region can adopt which will reduce the pressure on MetroAccess growth. Six policies address demand and cost management. Five policies address provision of jurisdictional based services. These are detailed in the attached report. Enactment of these policies would reduce the demand for MetroAccess to a more sustainable level of 2.6 million trips per year by 2025 but also will provide better service to customers at a substantially lower cost.

Mr. Kanti Srikanth
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Metro has demonstrated the effectiveness of jurisdictional-based services by sponsoring a series of pilot projects, to include: a pilot project with Community Support Services (CSS) in Montgomery County, in partnership with MDOT, to transport customers with intellectual disabilities to day programs; a second pilot with the ARC of Prince George's County do to the same; and with the District of Columbia, TransportDC, which provides on-call taxi services to District residents. These services all operate at substantially lower cost than MetroAccess and have produced the added benefit of increasing capacity on MetroAccess and the availability of lift equipped taxi service in the District. The District has chosen to support and expand this service.

From the lessons learned in these pilot projects, Metro is calling upon the region to use these ideas as a template for a more effective coordination of paratransit resources. Coordination must start with a collective understanding of how the region will fund these services. An important first step to that understanding is to ensure that the region's decision-makers (those with financial authority) are thoroughly briefed versed in these issues.

Metro intends to host a regional forum on this topic be held in the spring of 2016 and wants to ensure TPB and its jurisdictions are fully informed about the issue and the urgency of addressing the regional challenge. We are interested in TPB's support and assistance to ensure the appropriate stakeholders are included. Recognizing the financial implications to the region's jurisdictions' future budgets, we are also seeking to present to the Chief Administrative Officers Committee and are contacting the Metropolitan Washington Council of Governments Executive Director. Metro proposes a briefing to TPB and will be glad to brief other appropriate committee(s) at your direction.

Thank you for your consideration, and we look forward to working with you to explore better transportation options for people with disabilities throughout the National Capital Region.

Sincerely,



CHRISTIAN T. KENT
Assistant General Manager
Department of Access Services

cc: Chuck Bean, Executive Director
Wendy Klancher, Principal Transportation Planner

Enclosure

MetroAccess: A Study for a Sustainable Regional Approach to Specialized Transportation

**Prepared for
Washington Metropolitan Area Transit Authority**

**Prepared by
David Versel, AICP
Jeannette Chapman
Terry L. Clower, Ph.D.
George Mason University Center for Regional Analysis**

June 2015

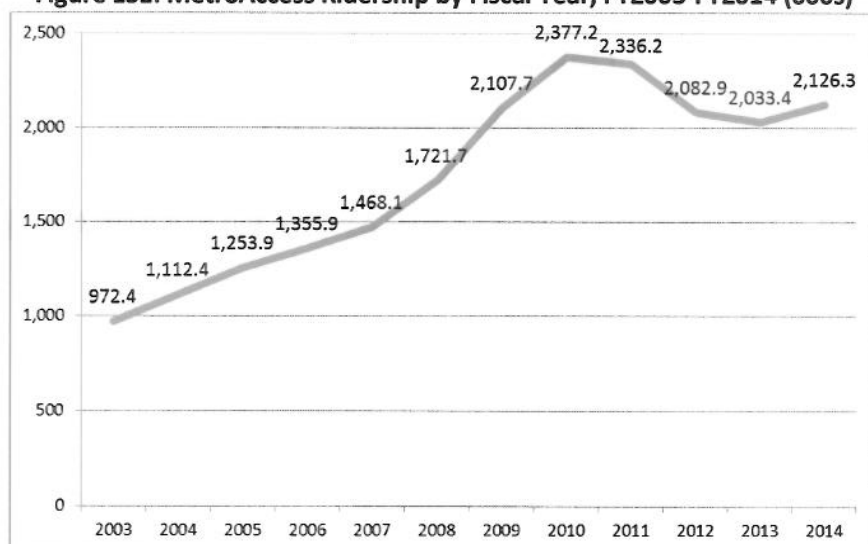


Executive Summary

As the population of people with disabilities increases nationwide, the need for specialized transportation increases with it. The Washington Metropolitan Area Transit Authority (WMATA) has made considerable investments over the years to provide a fully accessible fixed-route transit system. With the advent of the Americans with Disabilities Act of 1990 (ADA), WMATA was also required to provide complementary paratransit service as a “safety net” for those whose disabilities prevent them from using fixed-route transit service. WMATA fulfills this obligation through the provision of MetroAccess, a door-to-door, shared ride paratransit service. However, door-to-door, shared ride services are very costly. In this report, the Center for Regional Analysis at George Mason University addresses three key issues regarding the provision of paratransit services: 1) evaluation of the market share for MetroAccess; 2) forecasted demand for MetroAccess service through 2025; and 3) policy recommendations for managing demand growth for specialized transportation services. Our findings and recommendations include:

- The demand for paratransit services is met by a wide range of providers besides WMATA including local transit systems, human service agencies (HSAs), Medicaid transportation, and others. However, during the recession, the services offered by many HSAs were pared back or eliminated due to agency fiscal constraints that shifted market share to MetroAccess.
 - MetroAccess ridership increased from 972,000 in 2003 to about 2.4 million in 2010, driven largely by an aging population and reduction in services offered by HSAs. Over the next three years, WMATA implemented a series of demand management strategies that lowered annual MetroAccess ridership; however, demand has started growing again rising to about 2.1 million rides for 2014.

Figure ES1: MetroAccess Ridership by Fiscal Year, FY2003-FY2014 (000s)



Source: Washington Metropolitan Area Transit Authority; GMU Center for Regional Analysis

- Based on demographic trends and assuming no further changes in service offerings by MetroAccess and other paratransit service providers, by 2025 ridership on MetroAccess will increase to 3.1 million, an increase of more than 1 million rides per year. The annual operating

costs supporting this level of ridership will exceed \$168 million in 2025, expressed in 2014 dollars. (See Table ES1.)

- Based on the need to address a potential financial crisis related to MetroAccess services, we offer several policies recommendations separated into two categories: Demand and Cost Management and Jurisdictional Based Services.

Demand and Cost Management Policy Recommendations:

- Policy 1: Improve accessibility of transit stops
- Policy 2: Expand travel training programs
- Policy 3: Enforce trip-by-trip eligibility for all customers
- Policy 4: Expand reduced fare programs
- Policy 5: Ensure that MetroAccess maintains ADA baselines
- Policy 6: Monitor efficiency of MetroAccess system

Recommended Policies for Jurisdictional Based Services

- Policy 7: Establish regional or sub-regional one-stop shops for specialized transportation
- Policy 8: Pursue partnerships to secure vehicles for local providers
- Policy 9: Encourage consolidation among individual providers
- Policy 10: Provide support for expansion of jurisdictional based services
- Policy 11: Coordinate with state and local governments to ensure consistency with regional policies

- Achieving the goals of these policy recommendations could shift demand to other service providers and lower MetroAccess ridership in 2025 by about 576,000 rides and thereby reducing 2025 operating costs by almost \$31 million.
- If WMATA ceases its current demand mitigation programs and strategies and there is less funding made available for local specialized transportation, overall demand for MetroAccess services will rise to more than 3.7 million rides per year with operating costs exceeding \$200 million.

Table ES1: Alternative Scenarios for Specialized Transportation Ridership and Annual Operating Costs, FY2025

Provider	Avg. Cost per Ride*	Baseline		Demand Management & Shift Market to Other Providers		Further Shift of Market to MetroAccess	
		Ridership (000s)	Ann'l. Op. Cost (\$M)	Ridership (000s)	Ann'l. Op. Cost (\$M)	Ridership (000s)	Ann'l. Op. Cost (\$M)
MetroAccess	\$53.67	3,137.4	\$168.4	2,561.9	\$137.5	3,742.8	\$200.9
Other Providers	\$25.00	5,887.4	\$147.2	6,192.2	\$154.8	5,552.7	\$138.8
Total		9,024.8	\$315.6	8,754.1	\$292.3	9,295.5	\$339.7
<i>MetroAccess Share</i>		<i>34.8%</i>	<i>53.4%</i>	<i>29.3%</i>	<i>47.0%</i>	<i>40.3%</i>	<i>59.2%</i>

*Estimates are in current (FY2014) dollars.

Source: WMATA Access Services; GMU Center for Regional Analysis

Introduction

As the population of people with disabilities increases nationwide, the need for specialized transportation increases with it. The Washington Metropolitan Area Transit Authority (WMATA) has made considerable investments over the years to provide a fully accessible fixed-route transit system. With the advent of the Americans with Disabilities Act of 1990 (ADA), WMATA was also required to provide complementary paratransit service as a “safety net” for those whose disabilities prevent them from using fixed-route transit service. WMATA fulfills this obligation through the provision of MetroAccess, a door-to-door, shared ride paratransit service.

While MetroAccess fills a critical transportation need for certain populations, it is a very expensive service. Each ride provided by MetroAccess costs WMATA about \$50—the current annual budget for MetroAccess exceeds \$100 million. Responding to these rising costs, WMATA enacted measures to mitigate demand for MetroAccess in 2010. Though this initiative was very successful at shifting trips to other modes, overall demand continued to grow. FY2010 demand of 2.3 million trips was reduced to 2.0 million by FY2013 but is growing rapidly and is projected to exceed 2.2 million trips in FY2015. This report includes recent ridership data. WMATA now believes that it has done all that it can do to reduce demand for the use of MetroAccess under current policies. While demand management continues to be successful at reducing the number of trips, its effectiveness is being outweighed by demographics-driven increases to overall regional demand.

All signs point to a resumption of rapid increases in demand for MetroAccess usage. Ridership¹ increased in 2014 for the first time since 2010. Regional population forecasts suggest that the number of senior citizens and/or disabled individuals in WMATA’s service area will double between 2010 and 2040. WMATA has become concerned that the policy approach for continuing to serve as the principle provider of paratransit services is not fiscally sustainable. Continued increases in ridership will add significant costs to the agency which will have a negative impact on its ability to provide its core fixed-route bus and rail services and will make it more difficult to expand bus and rail services in the future.

In order to avoid a future financial crisis, WMATA is searching for new policy approaches that will slow or reverse the growth of costs related to MetroAccess. The George Mason University Center for Regional Analysis (CRA) was retained by WMATA for this purpose. This report evaluates the specialized transportation system and puts forth policy recommendations to address this issue. There are three sections in the report:

1. Evaluation of Market Share for MetroAccess
2. Alternative Scenarios for Future Demand
3. Recommended Policies for Specialized Transportation

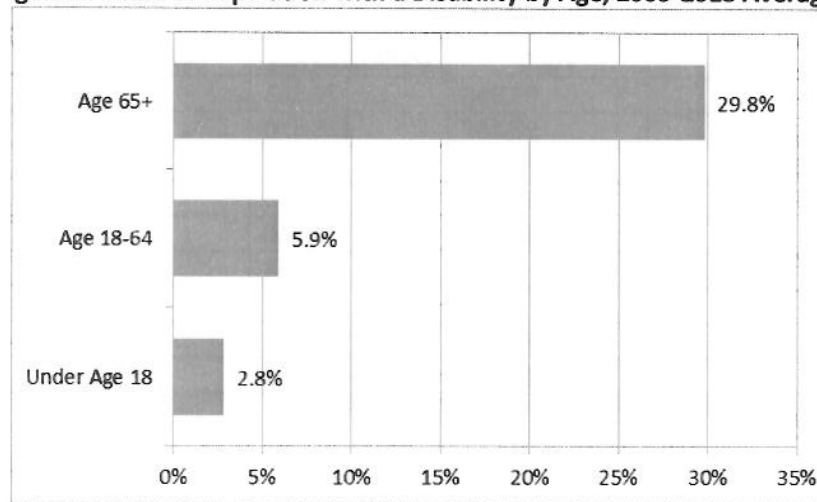
¹ Ridership is used in this paper to refer to the total number of trips taken by all passengers, and not the number of unique registered riders.

Section 1: Evaluation of Market Share for MetroAccess

Changes in Population with Disabilities

The demand for specialized transportation in the WMATA service area² is directly related to the presence of residents with disabilities. In turn, this is largely a product of the share of the region's residents who are age 65 or older. This is already reflected in the current profile of MetroAccess customers: 49 percent are age 65 or older, and the average age is 62. The American Community Survey reports that, among residents of the WMATA service area age 65 or older, 29.8 percent have a disability. By comparison, just 5.9 percent of residents age 18-64 and 2.8 percent of those under age 18 have a disability (Figure 1).

Figure 1: Share of Population with a Disability by Age, 2009-2013 Averages



Source: 2009-2013 American Community Survey 5-Year Averages

The 2000 Decennial Census documented that there were 3,566,275 residents in WMATA's eight jurisdictions, of whom 340,206 (9.5 percent) were at least 65 years old. Since 2000, both the number and share of residents in the region age 65 or older increased dramatically. The most recent data available are 2009-2013 five-year averages from the American Community Survey. According to this dataset, the WMATA region's total population has increased by 10.1 percent since 2000, but the number of residents age 65 or older increased by 27.3 percent (Tables 1 and 2)

² Includes: the District of Columbia; Montgomery County, MD; Prince George's County, MD; Arlington County, VA; Fairfax County, VA; and the independent cities of Alexandria, VA, Fairfax, VA, and Falls Church, VA.

Table 1: Total Population

Jurisdiction	2000	2009-2013 Avg	Change	% Change
District of Columbia	572,059	608,630	36,571	6.4%
Montgomery County	873,341	980,031	106,690	12.2%
Prince George's County	801,515	865,665	64,150	8.0%
Alexandria City	128,283	140,515	12,232	9.5%
Arlington County	189,453	210,403	20,950	11.1%
Fairfax City	10,377	12,656	2,279	22.0%
Falls Church City	21,498	22,518	1,020	4.7%
Fairfax County	969,749	1,087,061	117,312	12.1%
Region Total	3,566,275	3,927,479	361,204	10.1%

Source: 2000 Decennial Census; 2009-2013 American Community Survey 5-Year Averages

Table 2: Population Age 65+

Jurisdiction	2000	2009-2013 Avg	Change	% Change
District of Columbia	69,898	70,363	465	0.7%
Montgomery County	98,157	125,510	27,353	27.9%
Prince George's County	61,951	86,762	24,811	40.0%
Alexandria City	11,605	13,473	1,868	16.1%
Arlington County	17,762	18,910	1,148	6.5%
Fairfax City	1,262	1,351	89	7.1%
Falls Church City	2,753	3,253	500	18.2%
Fairfax County	76,818	113,503	36,685	47.8%
Region Total	340,206	433,125	92,919	27.3%

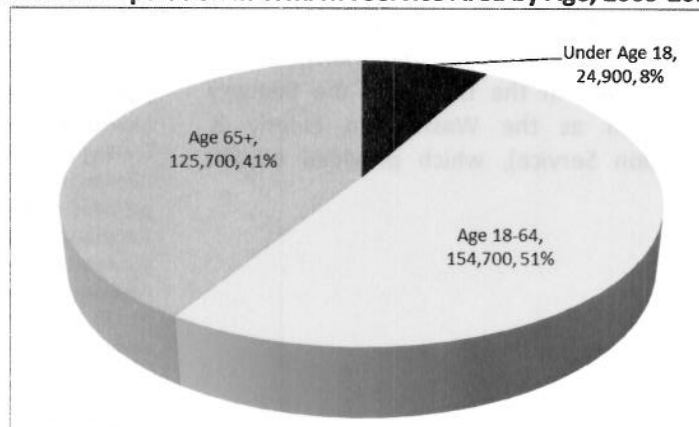
Source: 2000 Decennial Census; 2009-2013 American Community Survey 5-Year Averages

The rapid increase in the region's older population boosted the share of age 65+ residents from 9.5 percent in 2000 to 11.0 percent during the 2009-2013 period. Population growth rate among residents age 65 or older was most pronounced in Fairfax and Prince George's counties. In both of these jurisdictions the growth rate of the age 65+ population was at least four times greater than the overall population growth rate. The age 65+ population also experienced rapid growth in Montgomery County, Alexandria, and Falls Church. The age 65+ population increased more slowly than the overall population in the District of Columbia, Arlington County, and Fairfax City.

The high rate of disabilities among older residents and the region's aging population has each contributed to the growing number of disabled residents in the region. The American Community Survey estimates the current number of disabled residents in the WMATA service area at about 305,300³. Although the region's age 65+ population only represents 11 percent of its total resident base, the older population accounts for 41 percent of its residents with disabilities (Figure 2).

³ The Bureau of the Census changed its methodology for determining disability status in 2008. All data collected since that time are therefore not comparable to prior data on disabilities.

Figure 2: Disabled Population in WMATA Service Area by Age, 2009-2013 Averages



Source: 2009-2013 American Community Survey 5-Year Averages

Profile of Specialized Transportation Providers

The region's increasing population of residents with disabilities has driven rapid growth in the demand for specialized transportation services. Specialized transportation services in the WMATA service area are offered by three different types of providers: 1) MetroAccess; 2) Medicaid transportation programs; and 3) Local human service agencies (HSAs).

MetroAccess (MACS) is "the region's Americans with Disabilities Act (ADA) public paratransit service for those unable to use accessible bus and rail service."⁴ It is a regional system that provides demand-responsive service to qualifying residents of all eight jurisdictions in WMATA's service area.

Medicaid transportation is provided by local governments to transport Medicaid patients to medical appointments. These services are funded by the federal government.

Local human service agencies (HSAs) include many public and non-profit entities that offer services to varied target populations within their borders. A recent study of the region's specialized transportation needs⁵ documented all known major providers of these services within WMATA's service area. The study was able to provide estimates of ridership for 33 local and/or HSAs within the service area (Table 3).

As of FY2010, the year profiled in the study⁶, all of these services combined to provide a total of 2.06 million rides to their clients (Table 3). The largest local providers in terms of ridership were countywide programs in the region's three largest suburban counties, each of which provided more than 130,000 rides. These include: Fastran (Fairfax); Rehab Opportunities, Senior

Local Case Study: Arlington STAR

Established in the mid-1990s, Specialized Transportation for Arlington Residents (STAR) is a local paratransit system that is available to any Arlington County resident who is unable to make use of fixed-route transit due to a disability. STAR provides more than 84,000 trips per year, which accounts for 82 percent of the specialized transportation trips taken by Arlington residents. The average cost per trip to STAR is about \$35, compared with the per-trip cost of \$53.67 for MetroAccess. STAR is thus estimated to save Arlington County more than \$1.5 million per year.

⁴ "Regional Coordination of Specialized Transportation Study," prepared by KFH Group, June 2013, p. ES-1

⁵ "Regional Coordination of Specialized Transportation Study," prepared by KFH Group, June 2013

⁶ Ridership statistics are from other years for some providers, as noted in Table 4

Transportation Services, and Melwood (Prince George's); and Call 'n' Ride, CHI Centers, and Arc (Montgomery County). The District of Columbia has no general purpose specialized transportation providers. The largest provider in the District is the Seabury Connector (formerly known as the Washington Elderly & Handicapped Transportation Service), which provided 67,000 rides in FY2010.

Local Case Study: Fastran

Fastran is the designated provider of specialized transportation for public human service agencies in three jurisdictions: Fairfax County and the independent cities of Fairfax and Falls Church. HSAs in these jurisdictions provide funding to Fastran, which in turn provides rides to the HSAs' clients. In 2014, Fastran provided more than 382,000 trips, making it the single largest provider of specialized transportation in the region aside from MetroAccess. Fastran provides its services at an average cost per trip of \$21, meaning that it costs about \$12 million less per year than it would cost for MetroAccess to provide the same level of service.

Table 3: Specialized Transportation Providers in WMATA Service Area, FY2010

Provider Name	Population(s) Served	Riders
District of Columbia		
Wash. Elderly Handicapped Transp. Svc. (WEHTS)	Seniors, limited purpose	67,000
DC Green Door	Developmentally disabled adults	12,000
Taxi Call 'n' Ride	Seniors	4,400
DC Office on Aging	Seniors	5,144
<i>Subtotal</i>		88,544
Fairfax County/Fairfax City/Falls Church City		
Fastran	HSA clients, low-income, limited purpose	382,439
Seniors on the Go	Low income seniors	6,908
TaxiAccess	General purpose	1,541
<i>Subtotal</i>		390,888
City of Alexandria		
DOT Paratransit	General purpose	60,454
Arlington County		
STAR Assisted Transportation Service	General purpose	84,670
Senior Loop	Seniors in target neighborhoods	7,884
Assisted STAR	Disabled seniors	322
Interim STAR	Those waiting for MACS approval	3,621
Senior Center Adult Transportation	Senior center participants	18,520
Community Service Board		21,000
Walter Reed Adult Health Care		3,201
<i>Subtotal</i>		139,218
Prince George's County		
Arc of Prince George's County*	Developmentally disabled adults	27,000
Ardmore Enterprise	Developmentally disabled adults	18,204
Helping Hands*	Mental and developmental disabled adults	55,000
Melwood	Developmentally disabled adults	132,528
Rehab Opportunities	Developmentally/physically disabled adults	164,640
VESTA Foundation	Developmentally disabled adults	16,500
New Horizons Supported Services-NHSSI	Developmentally disabled adults	54,000
County Call-a-Bus	General purpose	36,603
County Call-a-Cab	General purpose	14,213
Municipal Call-a-Bus	General purpose	45,485
Senior Transportation Services	Seniors	139,842
<i>Subtotal</i>		704,015
Montgomery County		
Arc of Montgomery County	Developmentally disabled adults	141,500
CHI Centers**	Developmentally disabled adults	172,844
Community Support Services*	Developmentally disabled adults & children	60,000
Call 'n' Ride	Low income seniors, disabled	201,172
Jewish Council for Aging	Seniors	48,325
The Support Center	Frail or disabled adults	27,500
Senior Program Transportation	Seniors	30,000
<i>Subtotal</i>		681,341
Total: Local HSAs		2,064,460

* Ridership was reported for 2012 for these providers, not 2010

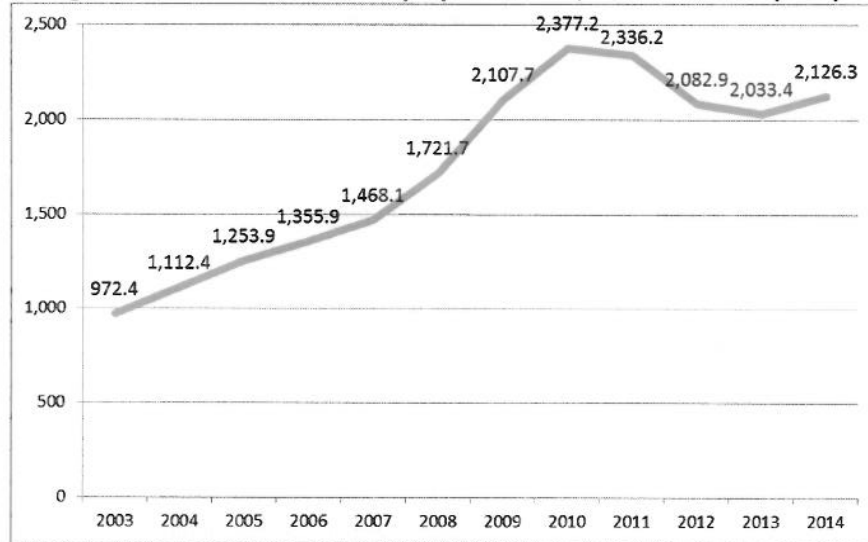
** Ridership was reported for 2009 for this provider, not 2010

Source: KFH Group; GMU Center for Regional Analysis

MetroAccess Ridership and Eligibility Trends

MetroAccess is the core of the region's specialized transportation system and the only region-wide provider of paratransit service. MetroAccess experienced rapid ridership growth between FY2003 and FY2010, increasing from 972,400 to 2.38 million (+144 percent). Beginning in FY2011 MetroAccess ridership declined for three consecutive years in response to WMATA's proactive efforts to shift demand to fixed-route transit; during this period, ridership declined by 14 percent. However, ridership has again begun to increase. Between FY2013 and FY2014, ridership increased by 4.6 percent.

Figure 3: MetroAccess Ridership by Fiscal Year, FY2003-FY2014 (000s)



Source: Washington Metropolitan Area Transit Authority; GMU Center for Regional Analysis

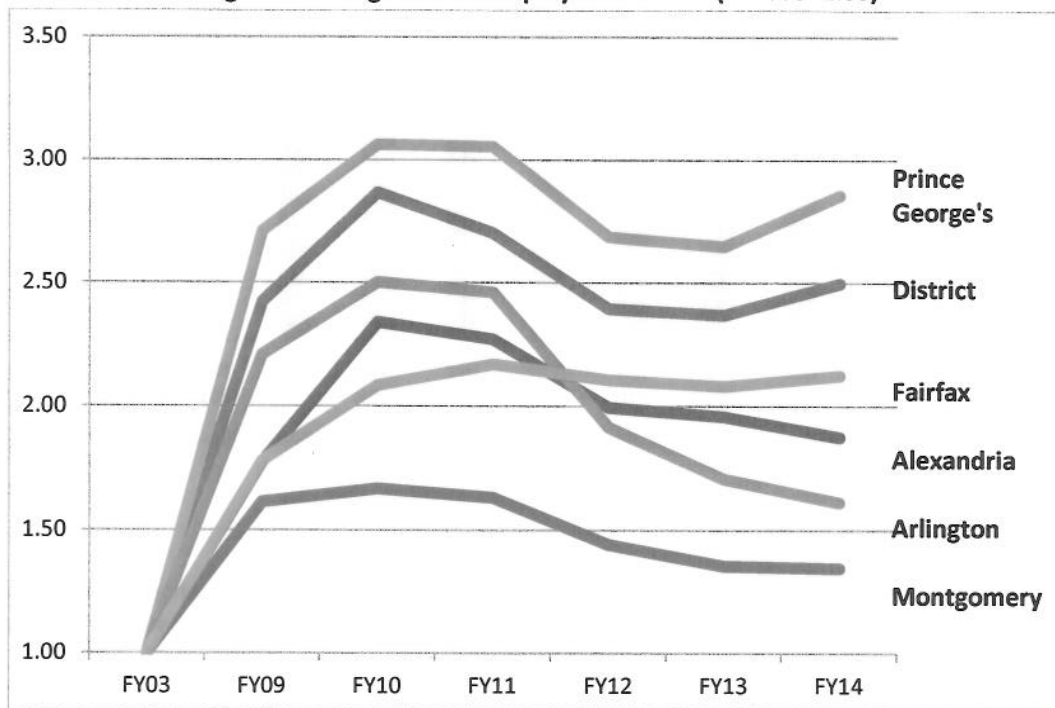
Ridership statistics for the first half of FY2015 suggest that MetroAccess is again experiencing rapid increases in usage. There were 1.13 million riders on MetroAccess between July and December 2014, representing an increase of 6.3 percent over ridership during same six months in the preceding year.

MetroAccess increased sharply in all WMATA jurisdictions in the years leading up to 2010, but trends have varied widely since then. From FY2003 to FY2010, MetroAccess ridership tripled in Prince George's County, more than doubled in the District of Columbia, Arlington, Alexandria, and Fairfax, and increased by 67 percent in Montgomery County. Between FY2010 and FY2013 ridership decreased significantly in every jurisdiction except for Fairfax County, with the sharpest declines in Arlington (-32 percent), Montgomery (-19 percent), the District of Columbia (-17 percent), Alexandria (-16 percent), and Prince George's (-14 percent). MetroAccess ridership actually increased by 0.4 percent in Fairfax during this period. While the overall number of MetroAccess trips increased between FY2013 and FY2014, change varied by jurisdiction. The number of trips increased during this year in Prince George's (+8 percent), the District of Columbia (+5 percent), and Fairfax (+2 percent), but decreased in Arlington (-6 percent), Alexandria (-4 percent), and Montgomery (-1 percent).

Irrespective of these fluctuations, ridership is up significantly in all jurisdictions since 2003. The most significant overall increases have occurred in Prince George's, the District of Columbia, and Fairfax, with ridership doubling for each of these jurisdictions. While growth was more modest in other areas, it still

increased by at least 34 percent in the region's largest jurisdictions between FY2003 and FY2014 (Figure 4).

Figure 4: Change in Ridership by Jurisdiction (FY2003=1.00)

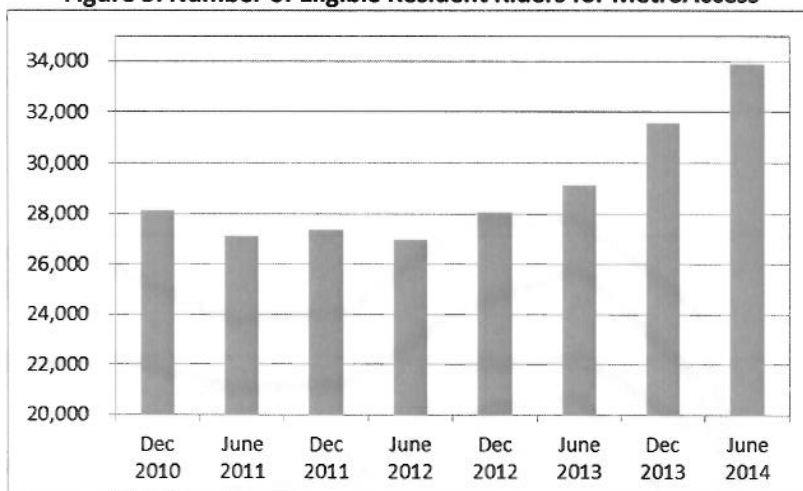


Source: Washington Metropolitan Area Transit Authority; GMU Center for Regional Analysis

WMATA's recent efforts to improve the effectiveness of eligibility screening for MetroAccess riders are clearly related to these recent ridership reductions. The first full year for which WMATA implemented its new policy on conditional eligibility was FY2011. One initiative was to establish the designation of conditional eligibility status that only permits some customers to make use of MetroAccess for specific types of rides. For example, if a customer can get to work via fixed route transit, that person would not be eligible for MetroAccess for work trips but could be eligible for medical appointments that are not accessible via fixed route service. In FY2011, 33 percent of applicants for MetroAccess were found to only be conditionally eligible; by FY2014, the share of applicants that were only conditionally eligible had increased to 62 percent. The result has been a dramatic reduction in the average number of annual MetroAccess rides per eligible rider, which decreased from 83 in FY2011 to 64 in FY2014, a 30 percent decline.

The recent uptick in trips has thus occurred due to a larger pool of riders in spite of there being fewer rides per customer. In December 2010 there were 28,125 registered riders living in the WMATA service area. This number declined to 26,973 (-4.1 percent) through June 2012, but then began to increase again. By June 2014 there were 33,877 registered riders, which was 20.5 percent above the December 2010 figure. This trend suggests that MetroAccess is already feeling the effects of the so-called "gray tsunami" of aging Baby Boomers. The oldest Boomers turned 65 in 2011, and tens of thousands of more Boomers are now reaching the age of 65 each year.

Figure 5: Number of Eligible Resident Riders for MetroAccess



Source: Washington Metropolitan Area Transit Authority; GMU Center for Regional Analysis

MetroAccess Market Share

WMATA recently undertook a review of changes in the delivery of specialized transportation services between FY2003 and FY2014. Between FY2003 and FY2010 the total number of rides provided by specialized transportation providers in the WMATA service area increased from 4.09 million to 5.95 million, a growth rate of 45.4 percent. The number of rides provided by HSAs/local jurisdictions actually decreased during this period, as local governments and social service agencies shifted resources from transportation services to other needs. Some of this slack was taken up by federally-funded Medicaid transportation programs, which saw ridership increase by 65.2 percent. However, most of the brunt of the increase between FY2003 and FY2010 was borne by MetroAccess. During this seven year period, ridership on MetroAccess increased by 144.4 percent (see Table 4).

In response to the rapid growth in MetroAccess ridership WMATA enacted a series of policy changes beginning in FY2011 aimed at limiting demand for the service. Establishing conditional eligibility standards, which are discussed above, was one of these changes. Three other major policy changes were enacted as well: (1) limit new MetroAccess eligibility to those living within 0.75 miles of fixed routes, which is the standard set forth in the Americans With Disabilities Act (ADA); (2) index the paratransit fare to twice the fastest equivalent fixed-route fare (with a current maximum of \$6.50), which also mirrors the baseline fare structure as defined in the ADA; and (3) enact a travel training program to help riders who have the ability to learn how to use fixed-route service.⁷ As documented above these policy changes have been successful at reducing ridership on MetroAccess since FY2010.

⁷ Board Memorandum from AGM of Access Services Christian T. Kent entitled, "MetroAccess Fare Policy", dated March 23, 2012.

**Table 4: Changes in Specialized Transportation Ridership and Market Share
FY2003-FY2010**

Provider	FY2003		FY2010	
	Ridership	Share	Ridership	Share
HSAs/Jurisdictions*	2,137,500	52%	1,952,300	33%
Medicaid	982,000	24%	1,621,900	27%
MetroAccess	972,500	24%	2,377,200	40%
Total Trips	4,092,000	100%	5,951,400	100%

* The number of rides provided by HSAs in FY2010 differs slightly from the amount shown in Table 3 (2,064,460), as that amount included some figures from other years.

Source: Washington Metropolitan Area Transit Authority

The distribution of ridership among the three types of specialized transportation service has experienced significant changes in recent years. In FY2003 local HSAs provided 52 percent of all specialized transportation rides, and Medicaid and MetroAccess each accounted for 24 percent of rides. By FY2010 MetroAccess provided 40 percent of all rides, making it the most common provider of specialized transportation in the region, while the local HSA share declined to 33 percent and Medicaid increased slightly to 27 percent (see Table 4).

Between FY2010 and FY2014, MetroAccess' share of ridership declined by 11 percent while Medicaid ridership increased by 27 percent. Exact figures have not been collected since FY2010 for other providers, though, so exact market share estimates are not available for FY2014. WMATA estimates that specialized transportation ridership was split roughly evenly among the three provider types as of FY2014.

In addition to the reductions in ridership, WMATA has also taken actions that have reduced the cost of providing paratransit service. The primary action was for WMATA to shift from leasing paratransit vehicles from its contractor to owning and maintaining its own fleet, which has resulted in cost savings. WMATA also took on the responsibility of providing liability insurance and fuel for paratransit vehicles; these have both resulted in substantial savings.⁸

Two recent national research papers⁹ identified the best practices in managing demand and controlling costs of paratransit. The best practices include: tightening eligibility requirements, establishing an efficient central reservation system; shifting demand to fixed route services; providing travel training for customers; coordinating with local transportation providers; standardizing the fleet of paratransit vehicles; and maximizing the productivity and efficiency of labor. It is clear that WMATA has already addressed or is addressing each of these items. WMATA is also not likely to be affected by the recent revision by USDOT to its final rule that defines "reasonable accommodations" for individuals with disabilities, as WMATA is already making these accommodations for its customers.¹⁰

MetroAccess operating costs are reasonable although costs are higher than local paratransit providers due to the many ADA requirements made on MetroAccess. These include:

⁸ Board Memorandum from Christian T. Kent entitled, "MetroAccess Business Model", dated March 23, 2012.

⁹ Center for Urban Transportation Research, University of South Florida, "Creative Ways to Manage Paratransit Costs," July 2008; and United States Government Accountability Office, "ADA Paratransit Services: Demand Has Increased, but Little is Known about Compliance," November 2012.

¹⁰ Board Memorandum from Christian T. Kent entitled, "US DOT Final Rule – Reasonable Accommodations," dated April 17, 2015.

- MetroAccess serves the entire region, so trips typically cover longer distances and the distances are greater between both pickup/drop-off sites and maintenance facilities.
- MetroAccess is mandated by federal law to provide service to all customers at all times when fixed route transit service is available; local providers typically have limited hours and can deny service based on capacity issues.
- WMATA is responsible for determining eligibility and ADA compliance for all specialized transportation customers within its service area, so all costs for determining eligibility are borne by WMATA, not by local providers.
- Due to operational scope and complexity, WMATA costs include substantial ongoing investments and operating costs for information technologies and overhead expenses for facilities/capabilities, such as the Operations Control Center, that local providers can avoid. The scope of operations of WMATA also requires administrative expenses for a highly complex, multimodal transit system that are not required to run smaller, operationally simpler local services.
- Federal regulations impose substantial performance and quality standards, as well as regulatory compliance costs that far exceed those required of local providers.

While recent trends have taken some of the pressure off of MetroAccess the distribution of market share is poised to move towards MetroAccess in the next few years. The ridership increases in FY2014 and first half of FY2015 suggest that underlying demographic trends that are increasing demand for specialized transportation in the region are starting to overcome the effects of WMATA's demand management strategies. Moreover, many local governments in the Washington area are experiencing revenue shortfalls due to flat real estate assessments, which typically lead to funding reductions for social service providers.

WMATA is required by federal law to provide paratransit within its service area and is therefore not able to reduce MetroAccess service through its budgetary process as it could with fixed route transit; this effectively makes MetroAccess an unfunded mandate. Given the lack of alternatives, any additional cuts by other providers will undoubtedly move demand to MetroAccess. Barring additional policy interventions, MetroAccess will account for a growing share of the total regional demand for specialized transportation well into the future.

Section 2: Alternative Scenarios for Future Demand

Total Demand Forecast

Three alternative scenarios are examined for specialized transportation demand in the WMATA service area for the 11-year period covering FY2014 through FY2025. Each scenario assumes the same level of total demand for specialized transportation within the region. The scenarios simply allocate demand differently based on assumptions related to potential policy initiatives that may be taken by WMATA. For each scenario, demand is allocated into three separate categories:

1. MetroAccess;
2. Other specialized providers, including Medicaid transportation, local governments, and human service agencies (HSAs); and
3. Fixed-route transit service, to be achieved by travel training and related proactive steps toward shifting demand.

For all three scenarios total demand is estimated by forecasting the future population of adults (age 18-64) and seniors (65+) with disabilities and applying current trip levels for each age group to future populations. These forecasts assume that the present relationships between age, disability, and demand for specialized transportation services will continue. These are profiled in Table 5.

Table 5: Current Profile of Specialized Transportation Demand in WMATA Service Area

Age Group	18+ Population	Pop. With a Disability		Total Specialized Trips, FY2014		
		Count	Share	Share of Trips*	Total Trips	Per Person with a Disability
Adults (18-64)	2,627,524	154,700	5.9%	67.1%	4,105,100	26.4
Seniors (65+)	421,854	125,700	29.8%	32.9%	2,011,200	16.0
Total	3,049,378	280,400	9.2%	100.0%	6,116,300	21.8

*Share of trips by age group is based on MetroAccess rider survey for Calendar Year 2013.

Source: American Community Survey, 2009-2013 5-Year Estimates; WMATA Access Services; GMU Center for Regional Analysis

At present, there are an estimated 280,400 adults age 18 or older living in the WMATA service area who report having some type of disability. For FY2014 all specialized transportation providers in the service area were estimated to have provided a total of 6,116,300 rides, or 21.8 rides for each disabled resident. In practice, only a small share of residents with disabilities makes use of specialized transportation: Metro Access counted 32,179 enrolled customers in 2013, representing just 11 percent of the total population with disabilities. Still, the relationship between total ridership and age of population offers the best way of assessing future demand for specialized transportation services.

This analysis makes two key assumptions that affect future demand for specialized transportation services: (1) the incidence of disabilities within each age cohort remains the same; and (2) the number of rides per disabled adult and senior will remain constant. The variable that drives demand growth is therefore the actual change in the number of people in each age group, which is presented in Table 6.

Table 6: Forecasted Change in Adult and Senior Population Change with a Disability to 2025

Age Group	2025 Population Forecast*	Pop. With a Disability			Compound Annual Growth Rate**
		Share of Population	Baseline	2025 Forecast	
Adults (18-64)	2,802,300	5.9%	154,700	164,900	0.6%
Seniors (65+)	692,600	29.8%	125,700	206,400	4.6%
Total	3,494,900		280,400	371,300	2.6%

* Forecasts by applying cohort component ratios, controlled to MWCOG forecasts, stabilized using historic patterns relative to the nation's

** Compound annual growth rates are based on an 11-year period of analysis (2014-2025)

Source: MWCOG; U.S. Census; GMU Center for Regional Analysis

The number of residents with disabilities in the region is expected to increase by about 91,000 by 2025, with 89 percent of this change occurring among residents age 65 or older. While the compound annual growth rate (CAGR) of the adult population with disabilities is expected to be 2.6 percent, the growth rate among seniors is expected to be 4.6 percent.

The growth rate of future demand for specialized transportation services is likely to be far higher than the overall growth rate in the population with disabilities. Seniors who become disabled are likely to have a higher demand for paratransit service than younger adults, as it is far more difficult for this population to make use of fixed-route transit given the nature of their disabilities and the fact that most newly disabled seniors will not be living in proximity to fixed-route transit. It is also likely that seniors who are already using specialized transportation will need to make more frequent use of it as they grow older. Finally, national research suggests that both longevity and the rate of disabilities among seniors are likely to increase over the next decade¹¹.

Based on these factors, the assumed annual growth rate in demand for specialized transportation services is **3.6 percent**, which is halfway between the forecasted growth rates of the overall adult population with disabilities and the senior population with disabilities.

As with total demand, future ridership increases at the local level are assumed to be a factor of the anticipated growth rates in the populations of disabled adults in each of the eight WMATA jurisdictions. These growth rates were determined by applying the current shares of persons with disabilities by age group from the American Community Survey to jurisdiction-level population forecasts by age group that were adapted from MWCOG's forecasts.

The forecasted growth rate of the population of persons with disabilities of all ages in the WMATA region between 2014 and 2025 is 2.5 percent. This is nearly equal to the forecasted growth rate for adults with disabilities of 2.6 percent. Since MWCOG's forecasts by age and jurisdiction do not match up with the age categories used at the regional level¹², the overall growth rate is used for the jurisdiction-level forecasts. Table 7 shows the forecasted annual growth rates in the population with disabilities for each jurisdiction.

¹¹ These national trends were cited by AECOM in their forecasts of future paratransit demand for WMATA.

¹² MWCOG forecasts use the following age groups: 0-14, 15-24, 25-34, 35-44, 45-54, 55-64, and 65 and older. It is therefore not possible to accurately isolate the population under 18 from the population aged 18-64.

**Table 7: Forecasted Annual Growth Rates Population with a Disability to 2025
By WMATA Jurisdiction**

Jurisdiction	Total Population with Disabilities	Under 65	Seniors (65+)
District of Columbia	2.94%	1.66%	5.01%
Montgomery County	2.61%	0.58%	4.40%
Prince George's County	1.84%	0.14%	4.24%
Alexandria City	2.96%	1.11%	5.36%
Arlington County	3.25%	1.09%	5.22%
Falls Church City	4.05%	1.27%	5.79%
Fairfax City	2.79%	0.87%	4.68%
Fairfax County	2.37%	0.53%	4.36%
WMATA Total	2.50%	0.78%	4.54%

Source: MWCOG; U.S. Census; GMU Center for Regional Analysis

The most rapid increases in the population with disabilities is expected to occur in the close-in areas of Northern Virginia. The City of Falls Church (4.05 percent annual growth rate), Arlington County (3.25 percent), and the City of Alexandria (2.96 percent) have the fastest growth rates. The District of Columbia (2.94 percent) will also have a rapid rate of growth in its disabled population. The slowest growth rates will be in Prince George’s County (1.84 percent) and Fairfax County (2.37 percent).

For each of the three scenarios evaluated below these growth rates are adjusted to account for the difference between the forecasted population with disabilities and the assumed growth rate in MetroAccess ridership in order to determine future MetroAccess ridership for each jurisdiction. Adjustments are as follows:

- Baseline Scenario: MACS ridership increase of 3.60%, adjustment factor of 1.44
- Scenario 1: MACS ridership increase of 1.70%, adjustment factor of 0.68
- Scenario 2: MACS ridership increase of 5.27%, adjustment factor of 2.11

Baseline Scenario

The Baseline Scenario makes three key assumptions:

- 1) the balance between MetroAccess and other providers remains steady, with 34.8 percent of specialized trips occurring on MetroAccess through 2025;
- 2) WMATA maintains its current level of effort for demand mitigation; and
- 3) Local jurisdictions maintain their current level of funding support for specialized transportation.

The outcome of these assumptions is that ridership on MetroAccess and other providers would grow at an annual rate of **3.6 percent** annually. At this growth rate MetroAccess ridership in FY2025 would be **3.14 million** (Table 8).

**Table 8: Forecasted Annual Ridership, FY2014 and FY2025
Baseline Scenario**

Provider	2014 Baseline	2025 Forecast	Change	Annual Growth Rate
Metro Access Share:	34.8%	34.8%		
MetroAccess	2,126,318	3,137,442	1,011,124	3.6%
Other Providers*	3,990,000	5,887,358	1,897,358	3.6%
Total	6,116,318	9,024,800	2,908,482	3.6%

*Includes Local HSAs and Medicaid transportation; 2014 estimates are from WMATA Access Services staff
Source: WMATA Access Services; GMU Center for Regional Analysis

Table 9 shows the expected ridership increases on MetroAccess by jurisdiction under this scenario. In the Baseline Scenario the District of Columbia would experience the largest increase in ridership, with more than 335,000 rides added to 2025. Prince George's County would remain the largest source of ridership, with nearly 1.18 million rides generated from this jurisdiction alone by 2025.

**Table 9: Forecasted MetroAccess Ridership by Jurisdiction, FY2014 and FY2025
Baseline Scenario**

Jurisdiction	2014 Riders	CAGR	2025 Riders	Ridership Increase
District of Columbia	552,153	4.41%	887,610	335,457
Montgomery County	401,601	3.93%	613,877	212,276
Prince George's County	866,548	2.82%	1,176,906	310,358
Alexandria City	20,117	4.44%	32,436	12,319
Arlington County	18,859	4.85%	31,747	12,888
Falls Church City	2,089	6.01%	3,968	1,879
Fairfax City	5,066	4.18%	7,951	2,885
Fairfax County	257,449	3.59%	379,353	121,904
Jurisdictional Total	2,123,882	3.60%	3,133,848	1,009,966
Visitors/Missing	2,436	3.60%	3,594	1,158
Grand Total	2,126,318		3,137,442	1,011,124

Source: WMATA Access Services; GMU Center for Regional Analysis

Alternative Scenario 1: Shift to Other Providers

Alternative Scenario 1 makes three key assumptions:

- 1) the market share for specialized transportation gradually shifts away from MetroAccess and to other providers—the shift is assumed to occur at a rate of 0.5 percentage points per year, with the MetroAccess share declining to 29.3 percent by FY2025;
- 2) WMATA increases its commitment to demand mitigation strategies, resulting in a 3.0 percent reduction in overall specialized transportation ridership each year from FY2015 forward; and
- 3) Local jurisdictions increase their level of funding support for specialized transportation.

The outcome of these assumptions is that specialized transportation ridership in the WMATA service area would grow by 3.3 percent each year from FY2015 through FY2025 (Table 3). In this scenario, MetroAccess ridership would increase by 1.7 percent annually, compared with 4.1 percent for other providers. At this growth rate MetroAccess ridership in FY2025 would be **2.56 million** (Table 10).

Table 10: Forecasted Annual Ridership, FY2014 and FY2025
Alternative Scenario 1: Shift to Other Providers

Provider	2014 Baseline	2025 Forecast	Change	Annual Growth Rate
Metro Access Share:	34.8%	29.3%		
MetroAccess	2,126,318	2,561,859	435,541	1.7%
Other Providers*	3,990,000	6,192,241	2,202,241	4.1%
Base Total	6,116,318	9,024,800	2,908,482	3.6%
Demand Mgmt. Adjustment		-3.0%		
Adjusted Total		8,754,100	2,637,782	3.3%

*Includes Local HSAs and Medicaid transportation; 2014 estimates are from WMATA Access Services staff
 Source: WMATA Access Services; GMU Center for Regional Analysis

As with the Baseline Scenario, the District would have the largest ridership increase, but Prince George's would retain its status as the leading source of ridership, at just over 1.00 million.

Table 11: Forecasted MetroAccess Ridership by Jurisdiction, FY2014 and FY2025
Alternative Scenario 1: Shift to Other Providers

Jurisdiction	2014 Riders	CAGR	2025 Riders	Ridership Increase
District of Columbia	552,153	2.10%	693,836	141,683
Montgomery County	401,601	1.87%	492,488	90,887
Prince George's County	866,548	1.35%	1,003,747	137,199
Alexandria City	20,117	2.11%	25,316	5,199
Arlington County	18,859	2.31%	24,235	5,376
Falls Church City	2,089	2.85%	2,847	758
Fairfax City	5,066	1.99%	6,292	1,226
Fairfax County	257,449	1.71%	310,162	52,713
Jurisdictional Total	2,123,882	1.71%	2,558,924	435,042
Visitors/Missing	2,436	1.71%	2,935	499
Grand Total	2,126,318		2,561,859	435,541

Source: WMATA Access Services; GMU Center for Regional Analysis

Alternative Scenario 2: Shift to MetroAccess

Alternative Scenario 2 makes three key assumptions:

- 1) the market share for specialized transportation gradually shifts towards MetroAccess and away from other providers—the shift is assumed to occur at a rate of 0.5 percentage points per year, with the MetroAccess share reaching 40.3 percent by FY2025;
- 2) WMATA ceases its demand mitigation strategies, resulting in a 3.0 percent increase in overall specialized transportation ridership each year from FY2015 forward; and
- 3) Local jurisdictions decrease their level of funding support for specialized transportation.

The outcome of these assumptions is that specialized transportation ridership in the WMATA service area would grow by 3.9 percent each year from FY2015 through FY2025 (Table 3). In this scenario,

MetroAccess ridership would increase by 5.3 percent annually, compared with 3.1 percent for other providers. At this growth rate MetroAccess ridership in FY2025 would be **3.74 million** (Table 12).

**Table 12: Forecasted Annual Ridership, FY2014-FY2025
Alternative Scenario 2: Shift to MetroAccess**

Provider	2014 Baseline	2025 Forecast	Change	Annual Growth Rate
Metro Access Share:	34.8%	40.3%		
MetroAccess	2,126,318	3,742,803	1,616,485	5.3%
Other Providers*	3,990,000	5,552,697	1,562,697	3.1%
Base Total	6,116,318	9,024,800	2,908,482	3.6%
Demand Mgmt. Adjustment		3.0%		
Adjusted Total		9,295,500	3,179,182	3.9%

*Includes Local HSAs and Medicaid transportation; 2014 estimates are from WMATA Access Services staff
Source: WMATA Access Services; GMU Center for Regional Analysis

Consistent with the other scenarios, the District would have the largest ridership increase. Ridership in two jurisdictions (Prince George's and the District) would surpass 1.0 million in this scenario.

**Table 13: Forecasted MetroAccess Ridership by Jurisdiction, FY2014 and FY2025
Alternative Scenario 2: Shift to MetroAccess**

Jurisdiction	2014 Riders	CAGR	2025 Riders	Ridership Increase
District of Columbia	552,153	6.45%	1,097,935	545,782
Montgomery County	401,601	5.75%	742,711	341,110
Prince George's County	866,548	4.12%	1,351,033	484,485
Alexandria City	20,117	6.49%	40,175	20,058
Arlington County	18,859	7.09%	40,069	21,210
Falls Church City	2,089	8.79%	5,276	3,187
Fairfax City	5,066	6.11%	9,732	4,666
Fairfax County	257,449	5.24%	451,584	194,135
Jurisdictional Total	2,123,882	5.27%	3,738,515	1,614,633
Visitors/Missing	2,436	5.27%	4,288	1,852
Grand Total	2,126,318		3,742,803	1,616,485

Source: WMATA Access Services; GMU Center for Regional Analysis

Ridership and Cost Changes

Table 14 displays the three alternative scenarios for specialized transportation ridership, along with basic estimates of annual operating costs. Cost estimates are based on the current cost structure, in which the operating cost for one ride on MetroAccess averages \$53.67 and the cost for one ride with local providers averages about \$25.

Table 14: Alternative Scenarios for Specialized Transportation Ridership and Annual Operating Costs, FY2025

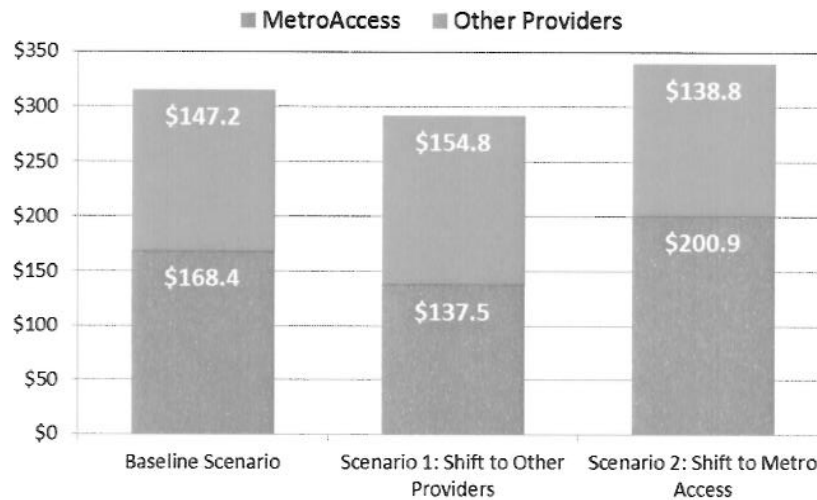
Provider	Avg. Cost per Ride*	Baseline		Scenario 1		Scenario 2	
		Ridership (000s)	Ann'l. Op. Cost (\$M)	Ridership (000s)	Ann'l. Op. Cost (\$M)	Ridership (000s)	Ann'l. Op. Cost (\$M)
MetroAccess	\$53.67	3,137.4	\$168.4	2,561.9	\$137.5	3,742.8	\$200.9
Other Providers	\$25.00	5,887.4	\$147.2	6,192.2	\$154.8	5,552.7	\$138.8
Total		9,024.8	\$315.6	8,754.1	\$292.3	9,295.5	\$339.7
<i>MetroAccess Share</i>		<i>34.8%</i>	<i>53.4%</i>	<i>29.3%</i>	<i>47.0%</i>	<i>40.3%</i>	<i>59.2%</i>

*Estimates are in current (FY2014) dollars.

Source: WMATA Access Services; GMU Center for Regional Analysis

The total specialized transportation operating costs for the alternative scenarios ranges from \$292.3 million to \$339.7 million. Due to the fact that the per ride operating cost for MetroAccess is more than double that for each ride provided by other services, the share of the total costs to MetroAccess ranges from 47-59 percent. In the baseline scenario, the annual operating cost to MetroAccess would be \$168.4 million. Scenario 1 would reduce this cost by \$30.9 million to \$137.5 million. Scenario 2 would increase the operating cost by \$32.5 million, to \$200.9 million. Figure 6 compares the annual operating costs for each scenario.

Figure 6: FY2025 Annual Operating Cost by Scenario



Source: WMATA Access Services; GMU Center for Regional Analysis

Table 15 displays forecasts of ridership and annual operating costs by jurisdiction for MetroAccess service for each of the three scenarios.

Table 15: FY2025 Annual MetroAccess Ridership and Operating Cost by Jurisdiction

Provider	Baseline		Scenario 1		Scenario 2	
	Ridership (000s)	Ann'l. Op. Cost (\$M)	Ridership (000s)	Ann'l. Op. Cost (\$M)	Ridership (000s)	Ann'l. Op. Cost (\$M)
District of Columbia	887.6	\$47.6	693.8	\$37.2	1,097.9	\$58.9
Montgomery County	613.9	\$32.9	492.5	\$26.4	742.7	\$39.9
Prince George's County	1,176.9	\$63.2	1,003.7	\$53.9	1,351.0	\$72.5
Alexandria City	32.4	\$1.7	25.3	\$1.4	40.2	\$2.2
Arlington County	31.7	\$1.7	24.2	\$1.3	40.1	\$2.2
Falls Church City	4.0	\$0.2	2.8	\$0.2	5.3	\$0.3
Fairfax City	8.0	\$0.4	6.3	\$0.3	9.7	\$0.5
Fairfax County	379.4	\$20.4	310.2	\$16.6	451.6	\$24.2
Visitors/Missing	3.6	\$0.2	2.9	\$0.2	4.3	\$0.2
Total	3,137.4	\$168.4	2,561.9	\$137.5	3,742.8	\$200.9

*Estimates are in current (FY2014) dollars.

Source: WMATA Access Services; GMU Center for Regional Analysis

The three jurisdictions that currently account for the majority of MetroAccess rides—Prince George’s, the District of Columbia, and Montgomery—will continue to be responsible for the majority of the operating costs of the system, regardless of the scenario. Prince George’s will generate between \$53.9 million and \$72.5 million in annual operating costs in FY2025, and the District will be responsible for between \$37.2 million and \$58.9 million in costs. Even in the worst case scenario (Alternative Scenario 2) Fairfax County would not generate more than \$24.2 million in FY2025 operating costs.

Section 3: Recommended Policies for Specialized Transportation

Most future demand growth for specialized transportation services in the WMATA service area is expected to derive from the rapid increase in the region's population of residents over the age of 65. This population is five times more likely than the younger adult population to have a disability, and thus represents a disproportionate share of the customer pool for specialized transportation services.

Over the past decade, the existing balance of specialized transportation services in the Washington, DC region has shifted away from local human service agencies (HSAs) and local governments toward MetroAccess. Since the cost to WMATA of providing a ride on MetroAccess is typically twice as high as the per-ride cost for HSAs, the overall cost for providing these services has risen dramatically.

Since 2010, WMATA has taken a series of proactive steps aimed at shifting as much demand as possible away from MetroAccess and to less expensive options such as fixed-route transit, local HSAs, and, via pilot programs, to local taxi services. Though these efforts were very successful at reducing demand between FY2011 and FY2013, ridership began to increase again in FY2014, and demand is expected to continue to increase at a rate of 3.6 percent annually through FY2025 absent any policy interventions. At this growth rate annual ridership on MetroAccess will increase by more than one million trips over the next decade, resulting in more than \$54 million in additional annual operating costs.

While WMATA will not likely be able to fully overcome the strains that the region's specialized transportation delivery systems and aging population will place on MetroAccess, there are many actions that can be taken to mitigate the impacts of these changes. Taken collectively, these actions should be able to slow the rate of increase of ridership and save WMATA as much as \$32.5 million per year in FY2025.

The policies outlined below are all aimed at slowing ridership growth on MetroAccess and/or reducing its operating costs to WMATA. There are two general types of policies that can accomplish this goal:

1. Demand/Cost Management
2. Jurisdictional Based Services

Policies for Demand and Cost Management

These policies are all designed to continue WMATA's effort to limit usage of MetroAccess to trips for which no other viable transportation options are available. The objective is to ensure that all other trips are provided by more efficient services such as Metrobus, Metrorail, local bus and paratransit systems, or local HSAs. Each of these policies is an extension of WMATA's existing policies, which already represent national best practices in demand management.

Policy 1: Improve accessibility of transit stops

The primary impediment to using fixed route transit for many adults with disabilities is the difficulty in accessing transit stops or the lack of adequate shelter or seating at the stops. This is a particular problem along suburban arterial routes. In these corridors traffic moves rapidly, there are often no sidewalks, and many intersections lack adequate pedestrian crosswalks or signals. Due to these conditions, many residents who live in close proximity to bus or rail stations are not able to make safe use of these transit routes, and must therefore turn to paratransit to meet their travel needs. There are already efforts underway in all of the region's jurisdictions to improve pedestrian accessibility to transit.

However, these are being undertaken independently by each local government, and there is no larger regional initiative.

Investing millions of dollars in these projects now will save tens of millions of dollars in the future. As an illustration, the cost of a \$100,000 improvement to a bus stop can be offset by eliminating 2,000 trips from MetroAccess (at a cost of \$50 per trip). Over a 10-year period, this would equal 200 trips per year. Since the average MetroAccess rider takes about 64 trips per year, it would only take a shift of four riders from MetroAccess (256 rides per year) to fixed route transit in order to justify the investment. Implicit in this policy is the need to continually improve fixed route service so that it remains attractive to riders who may otherwise choose to use MetroAccess. There is a particular need to ensure that facilities for disabled populations, particularly elevators at Metrorail stations, remain in a state of good repair.

Policy 2: Expand travel training programs

Metro's travel training program provides and orientation to Metro's bus and rail services to individual customers and groups with physical and intellectual disabilities. Metro staff also engages community outreach activities to promote Metro's accessible services as well as the Reduced Fare Program for people with disabilities and senior citizens. Travel training sessions, generally eight hours in duration, are comprehensive, taking the customer from learning how to plan a trip to taking trips while escorted by a Metro instructor. Metro's community outreach program reaches an even broader audience, with over 17,000 people learning about Metro's accessible services and Reduced Fare Program at hundreds of meetings.

Customers with cognitive and intellectual disabilities require a more intensive travel training experience that typically takes a week, but can last up to several weeks. Still, some of these customers require retraining. Nevertheless, these individuals achieving a level of transportation independence can be a dramatic improvement in the customer's quality of life and represent an excellent return on Metro's investment when the customer achieves the ability to safely and effectively use accessible fixed route transit services for most of their trips instead of relying solely or mostly on MetroAccess services. Metro conducts this specialized training for up to 40 customers each year in addition to the hundreds of others who require only basic instruction.

There is a strong economic argument for adding more resources to the travel training program. The cost of a full-time travel trainer is assumed to be about \$80,000 per year (including salary, benefits, and overhead), or \$800,000 over a 10-year period (in constant dollars). If that trainer can induce 30 customers to shift half of their rides to fixed route transit, the annual ridership reduction on MetroAccess would be about 960 rides per year (30 riders, 32 ride reduction per person). At a cost of \$53.67 per ride, this would save WMATA about \$51,500 in Year 1 of implementation. Assuming that all trained riders continue to use fixed route transit into the future the cumulative 10-year cost savings generated by one travel trainer would be \$2.83 million (Table 16).¹³

¹³ Continued demand for travel training is assumed to originate from the increasing population of disabled adults in the region.

Table 16: 10-Year Cost Savings from Travel Training (\$000s)

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	10-Year Total
Total Customers Trained (30 per Year)	30	60	90	120	150	180	210	240	270	300	
Average Annual Trips per Customer	64	64	64	64	64	64	64	64	64	64	
Total Annual MetroAccess Trips	1,920	3,840	5,760	7,680	9,600	11,520	13,440	15,360	17,280	19,200	
MetroAccess Trips Saved	960	1,920	2,880	3,840	4,800	5,760	6,720	7,680	8,640	9,600	
Cumulative Annual Cost Savings	\$51.5	\$103.0	\$154.6	\$206.1	\$257.6	\$309.1	\$360.7	\$412.2	\$463.7	\$515.2	\$2,833.8
Total Staff Costs (\$80,000 per Year)	\$80.0	\$80.0	\$80.0	\$80.0	\$80.0	\$80.0	\$80.0	\$80.0	\$80.0	\$80.0	\$800.0

* Assumes cost per trip of \$53.67. Year 1 cost savings assume beginning travel training in preceding year.

Source: GMU Center for Regional Analysis

Over 1 million trips were taken by MetroAccess customers on Metrobus and Metrorail in 2014, and more than 16 million trips were taken by people with disabilities and seniors through Metro’s Reduced Fare Program.

Policy 3: Enforce trip-by-trip eligibility for all customers

The establishment of conditional eligibility was another important contributor to the reduction in MetroAccess ridership between FY2011 and FY2013. As discussed in the evaluation of market share section, the share of riders found to only be conditionally eligible for MetroAccess began at 33 percent in FY2011 but increased to 62 percent by FY2014, as reviewers became more comfortable with the process. The result of this trend was a 30 percent reduction in the average number of MetroAccess trips per year taken by each customer.

While there have been significant savings from the application of conditional standards, there is still more room to reduce usage of MetroAccess by working to ensure that it only provides rides that cannot be reasonably provided by any other service. This would require enacting trip-by-trip eligibility standards and a system by which a gatekeeper would decide whether or not to approve each rider request. This type of system would very much be compatible with a potential transportation brokerage system, as described under Policy #6 below.

Policy 4: Expand reduced fare programs

For many low-income customers with disabilities, access to reduced fares for fixed route transit is even more important than travel training as a means of shifting demand away from MetroAccess. This issue continues to grow in importance as bus and rail fares have increased. This policy also has the advantage of coming at little or no direct costs to WMATA, as it simply allows more customers to make use of bus and rail service that would already be running. For these reasons, WMATA should take steps to expand its reduced fare programs as part of its demand management efforts. This should include efforts to make reduced fare cards for seniors more convenient to obtain.

Policy 5: Ensure that MetroAccess maintains ADA baselines

Prior to 2010 all residents of the jurisdictions in the WMATA service area were eligible for MetroAccess. Perhaps the most significant policy shift enacted by WMATA in relation to MetroAccess was its decision in 2010 to limit the MetroAccess service area to the baseline standard set forth in the Americans with Disabilities Act (ADA). Per ADA, transit systems are only obligated to provide paratransit service for those living within 0.75 miles of fixed routes, and only during the operating hours of those fixed route lines. As part of its efforts to limit MetroAccess usage to trips that can absolutely not be provided by other means (see Policy #3), WMATA should also make it a continued priority to restrict eligibility for and delivery of services to the ADA baseline.

Another aspect of meeting the ADA baselines is the direct cost to customers. In the past, WMATA capped fares far below the maximum allowable level under ADA. This policy was adjusted in 2010, resulting in a variable fare system that is indexed to the fares of comparable fixed route service. The current fare structure has proven successful at curbing costs and should be maintained.

Policy 6: Monitor efficiency of MetroAccess system

WMATA is already a national leader in terms of improvements to the efficiency of its paratransit system. In order to ensure that the system remains at the forefront of efficiency, WMATA should continue to monitor national best practices for paratransit operation and ensure that it is making needed improvements to remain as efficient as possible.

Policies for Jurisdictional Based Services

These policies aspire to increase the capacity of local governments, HSAs, and private entities to provide specialized transportation to residents of their service areas. These providers have shown over time to be able to provide rides at a far lower cost than MetroAccess, but are often challenged by a variety of factors, including: lack of funding, unwillingness to provide services that are outside of core missions, limited expertise, lack of staffing, or inability to coordinate with other providers and/or jurisdictions to provide services across organizational or jurisdictions boundaries. As a regional agency, WMATA has the ability to help local providers overcome these obstacles and provide more rides at a lower cost.

Policy 7: Establish regional or sub-regional one-stop shops for specialized transportation

The model of having a third-party vendor operate a one-stop shop is already in place for some customers in the District of Columbia and Virginia. These programs have produced substantial cost savings for the jurisdictions where they operate.

The success of these one-stop shop (brokerage) programs suggests opportunities to apply it to customers in other jurisdictions. Such an initiative would have the added benefit of effectively expanding the capacity to screen for trip-by-trip eligibility (Policy #3). WMATA should take the lead in exploring ways to expand or replicate these programs to the entire region.

Policy 8: Pursue partnerships to secure vehicles for local providers

The most common reason why local HSAs and other providers have reduced their transportation services in recent years is the cost and liability required to maintain a fleet of vehicles for specialized transportation. Many of these agencies have experienced budget reductions in recent years and, given the choice between cutting back on their core missions or transportation, transportation usually bears the brunt of budget cuts. If these agencies had access to additional resources they would be more likely to expand their own transportation programs.

There are many models from around the U.S. of transit agencies entering into partnerships to help local HSAs secure and maintain vehicles to transport their clients. WMATA is in a position to strike such agreements, and has a particular opportunity to make use of its older paratransit vehicles for this purpose. As a public transit agency with a federally funded capital program, WMATA is restricted to using paratransit vehicles for only 150,000 miles. However, if properly maintained, these vehicles can be safely used for as much as 300,000 miles, or more. Local providers that put 30,000-50,000 miles per year on these vehicles could therefore get 3-5 additional years of use from them. WMATA should thus

explore partnerships with HSAs in the region and partner to refurbish and transfer its decommissioned paratransit vehicles to these entities.

Policy 9: Encourage consolidation among individual providers

Another way of expanding the capacity of individual providers is to have them pool their resources to provide transportation to all of their clients, particularly when there is overlap among their populations. This model has long been used in Northern Virginia, where all of the HSAs in Fairfax County and the cities of Fairfax and Falls Church have the Fastran program. Fastran is a partnership among the HSAs in these three jurisdictions, and provides rides for people to access services from all of these agencies. Fastran has proven to be cost effective, with an average per-trip cost of \$21. Fastran has been a very effective model, and WMATA should study it carefully to see if it can possibly be replicated in other jurisdictions.

Policy 10: Provide support for expansion of jurisdictional based services

Research demonstrates that, without exception, jurisdictional based providers of specialized transportation in the Washington area have been consistently able to provide service at substantially lower costs per ride than MetroAccess over the past 15 years. Local service providers such as STAR in Arlington County and Fastran in Fairfax County have proven successful at shifting demand from MetroAccess and saving money, while often being able to offer qualified riders more individualized transportation services. It is not only in WMATA's best interest to shift specialized transportation to local systems, it is also beneficial to local governments, as they will not have to pay as much to WMATA each year. Though shifting specialized transportation to localities will require WMATA to relinquish control of the system, this is a sensible trade-off for the potentially large cost savings that could be realized.

WMATA has also recently begun to pursue pilot programs that aim to deliver specialized transportation service in a more efficient manner. Most recently WMATA has been involved with two Coordinated Alternative to Paratransit Services (CAPS) pilot programs that are experimenting with other ways to provide paratransit service. A CAPS pilot program with a van contractor was recently completed in Maryland. In the District of Columbia a pilot program with DCTaxi was enacted to provide transportation for dialysis patients and subsequently expanded to provide service for other medical trips. Since these programs prove to be cost effective, the jurisdictions should consider making them permanent and expanding them. WMATA should also continue to pursue new pilot programs that can reduce costs for specialized transportation; this could include partnerships with both private providers and locally based HSAs.

Policy 11: Coordinate with state and local governments to ensure consistency with regional policies

Many local governments in WMATA's service area have in place some of the policies recommended by this paper. For example, the District of Columbia and Virginia have one-stop shops for customers (Policy 7); Arlington, Fairfax, and Alexandria already have coordinated human services transportation systems (Policy 9); and the District and Maryland have both explored pilot programs with third-party providers (Policy 10). While these local initiatives represent positive steps, there is still more work to do in order to achieve consistency and continuity throughout the region. There is also work to be done to overcome the differences in state-level policies in Maryland, Virginia, and the District of Columbia.

With this in mind, WMATA should proactively work with the three state-level governments and its member communities to ensure that all specialized transportation policies are consistent with both WMATA's and with one another. WMATA staff will be able to provide technical assistance for this purpose.

