

## **Appendix B: Paratransit and Special Services Plan Recommendations Summary**

# Recommended Service Strategy & Implementation Action Plan

The recommended service strategy is divided according to overall policy and administration recommendations, and operational procedures. Short-Term recommendations pertain to the next two years of service, while the long-term recommendations refer to those that should occur in the 2007 – 2012 timeframe. The recommendations are summarized in the matrix below, which is followed by a discussion of each of the strategies. Projected capital and operating costs may be found in the Appendix.

## Summary of Recommended Service Strategies

<b>Short-Term Strategies</b>
<ul style="list-style-type: none"><li>• Expand Paratransit Staff</li><li>• Overhaul the Eligibility Screening Process</li><li>• Actively Negotiate Pick-up and Drop-off Times</li><li>• Establish an “open booking list”</li><li>• Implement a “will-call” trip request policy for return medical trips</li><li>• Begin the process of procuring a computer-assist scheduling software package</li><li>• Establish productivity improvement objectives</li><li>• Create a travel training program</li></ul>
<b>Long-Term Strategies</b>
<ul style="list-style-type: none"><li>• Consolidate paratransit administration under the rubric of Valley Regional Transit (VRT)</li><li>• Establish a Transfer Point in Meridian</li><li>• Implement Feeder Service</li><li>• Assess Impacts of Fixed-Route Expansion</li><li>• Explore Cost-sharing or operations sharing arrangements with other agencies</li><li>• Establish a paratransit taxi contract to complement the ADA paratransit program</li></ul>

# Short-Term Strategies

## Administrative Recommendations

**Expand Paratransit Staff:** At least one-half full time employee should be hired within the current fiscal year to provide support to the Coordinator. This individual should be trained to perform all the same functions as the Coordinator in the event that she is absent from the office. Based on the Coordinator's considerable experience in the office, she should maintain the function of scheduling and dispatching trips, while the new staff person should primarily be responsible for trip reservations and data entry. As demand increases, this position should become full-time.

## Operational Procedure Recommendations

**Overhaul the Eligibility Screening Process:** It is critical that the eligibility screening process be evaluated and revised as a demand management measure that is clearly sanctioned by the ADA. Since ValleyRide and TVT appear to be at the beginning of a potentially significant growth curve, it is imperative that the screening process that allows new individuals to enter the system be as accurate as possible. The new process should discourage those who are able to ride the bus for all of their trips from applying for ADA certification. If operationally feasible during the short-term (two-year) period, VRT should explore the possibility of combining the eligibility process for both Ada and Canyon Counties.

**Actively Negotiate Pick-up and Drop-off Times:** If demand increases to the point where the system is becoming capacity constrained, the 60-minute parameters for trip negotiation allowed by the ADA should be adopted. This approach will increase service productivity, but should be adopted cautiously due to the potential impact on rider convenience.

- Where space is not available at the requested time, the Coordinator could negotiate an alternate pick up or drop off time within 60 minutes of the requested pick up or drop off time – resulting in higher vehicle utilization and more productive use of the 20-minute pick up window. This may also allow more grouping of trips between Ada and Canyon Counties as service expands. As a first step, the Coordinator should begin negotiating trip times during the peak periods, paying careful attention to the desired drop-off times in order to avoid late arrivals at appointments.

**Establish an “open booking list” for trips that cannot be assigned through negotiation at the time the request is made.** This practice can increase cost efficiency, service productivity and farebox revenue recovery.

- This model requires overbooking the system in a manner similar to the airline industry. The volume of requests “overbooked” is based on the Coordinator's knowledge of trip cancellation trends (volume and general

times). Experienced dispatchers can establish ceilings for the number of trips that can be placed on an open booking list by time of day or day of week.

- The Coordinator will assign open booking list trips on the day of service as cancellations become apparent.
- Open booking list trips that cannot eventually be assigned to an established route could be assigned to a floater or a supplemental taxi contractor. Service has to be provided once a commitment has been made in advance to the customer.

**Implement a “will-call” trip request policy for return medical trips.** A will-call trip request policy is a common paratransit practice to reduce no-shows and the need to send a bus back when the customer is not ready following a medical appointment. A “will-call” trip request policy can improve service efficiency and productivity.

- Under this policy, customers pre-book their trip to a medical appointment and leave their return trip time open. They would call and request a pick-up when their appointment is complete or when they know they will be ready. A common will-call practice is to pick up the person within 60 minutes or less of their call.
- Coordinators know how many open return trips they have to accommodate and have a rough estimate of when the return trip requests will be made. Buses can be laid over at clinics and medical facilities during gaps in their schedules to be available for “will-calls”.
- A floater or supplemental taxi contractor can also be used to handle will-calls.

**Begin the process of procuring a computer-assist scheduling software package:** As demand continues to grow, VRT should begin exploring this option. Appendices B and C provide specifications for a range of scheduling packages. The hiring of a new employee would provide the Coordinator with time to participate in the research of software packages. An appropriate application should be in place by 2007 when service expansion is expected.

**Establish productivity improvement objectives:** Current weekday productivity is approximately 2.2 passengers/revenue hour. A 10% annual improvement in weekday productivity is a reasonable improvement benchmark, and feasible within the first year of this Six Year Plan, provided suggested procedural changes are implemented. Subsequent annual improvements of 5% should be included as a Plan goal.

**Create a travel training program:** VRT should develop a travel training program that proactively recruits trainees in senior centers and in high schools that target students with disabilities. Resources are available in the community to provide this training – the Department of Vocational Rehabilitation has been cited as

one potential source of trainers. While the initial investment in training may appear significant, the payoff in terms of diversion of riders from paratransit to fixed-route is considerable.

## **Long-Term Strategies**

### **Administrative Recommendations**

**Consolidate paratransit administration under the rubric of VRT:** ADA paratransit should be provided as a regional system, consistent with the regional nature of the fixed-route system. VRT should continue responsibility for the overall administration of the programs, but may contract out specific functions of Canyon County service and evaluate the costs and benefits of contracting Access services in Ada County.

- VRT should continue to contract management, dispatching and vehicle operations functions as part of the broader contract covering fixed route services in Canyon County.
- VRT should also explore the costs and benefits of contracting out versus maintaining in-house paratransit operations in Ada County. This will be included in a broader organizational evaluation being conducted as part of the ROCIP.

### **Operational Recommendations**

**Establish a Transfer Point in Meridian:** Given the regional nature of the paratransit system, the proposed Meridian Transit Center should also serve as a transfer point for intercounty paratransit trips. Non-stop trips between Boise and urbanized areas in Canyon County would be very costly and result in significant deadheading of vehicles after passengers have been dropped off. While the requirement for transfers will be less convenient for riders than a direct trip, this approach remains consistent with the ADA regulations.

**Implement Feeder Service:** The revised ADA eligibility process should incorporate a mechanism for identifying persons who could transfer from paratransit to a fixed-route system, as an additional means of minimizing the impacts of very long paratransit trips.

**Address Impacts of Fixed-Route Expansion:** While some of the proposed expansion of fixed-route service is essential to meet latent demand, all new fixed-routes carry with them the obligation for paratransit service. The proposed fixed-route service on Highway 44 should be considered in light of the financial impacts of providing complementary paratransit in that corridor. Another potentially significant impact on paratransit service is the expansion of the service area to include St. Luke's in Meridian. This strong attractor may require a focused grouping of paratransit trips to the extent possible within the regulations.

**Explore Cost-sharing or operations sharing arrangements with other agencies:** If demand does increase as projected, VRT should initiate discussions with large users of the paratransit program to determine if there are opportunities for sharing the responsibility of providing service, either through cost-sharing or through the direct provision of service. A prime candidate would be the ARC Inc., which is the greatest beneficiary of Access service, and has prior experience with transportation service provision. However, other potential partners that were identified during this study were Community House, The Mission, City Lights, Community Partnerships, Living Independently Forever (LIFE), and the West YMCA. All options that could result in less demand on the paratransit program should be explored, as they are likely to result in significant cost savings.

Some ideas that have been successfully adopted in other locations include:

- Provide vehicles to social service agencies at no cost on condition that they serve at least a specified number of ADA-eligible trips during the course of a month. These could either be retired vehicles or new purchases. If the number of trips that would otherwise have been provided on ValleyRide's service would be significant, the agency could also consider providing a partial operating budget per vehicle.
- Provide services to social service agencies and cover costs that are already part of the regular operating system at VRT, such as maintenance, fuel, insurance and driver training. Many of these can be provided at lower cost through VRT due to economies of scale.
- VRT could provide bulk mailings of tokens/tickets for use on the fixed-route system to social service agencies to encourage their clients to use the bus. These can be provided at discounts to provide further incentive for bus usage.
- Negotiate with the dialysis clinics to provide a ten percent discount on fares on condition that the clinics agree to modify the schedule to coordinate with paratransit service needs.
- Explore the possibility of free fixed-route fares for all those who are ADA paratransit eligible. This should only be implemented once the agency is confident in the accuracy of the eligibility screening process in order to avoid fraudulent use of the fixed-route system.

**Establish a paratransit taxi contract to complement the ADA paratransit program:** A supplemental taxi service provider would provide service back up (support for breakdowns or late service) and provide additional capacity to handle any open booking list trips that cannot be accommodated on the regular runs, as well as provide additional capacity during off peak, low demand evening, early morning and weekends. This could save putting an additional hourly paid bus out for short demand spikes and eliminate the need for a floater.

- Since the majority of ADA paratransit passengers do not use a wheelchair, there would be no requirement for a wheelchair accessible taxi service.
- Only ambulatory trip requests would be assigned or reassigned to the supplemental taxi service, while passengers using a wheelchair would be assigned to the accessible van service.
- The supplemental taxi service should be operated under a contract between VRT and the taxi firm(s). If at a later date, Access is contracted out, a subcontract with Access' prime service contractor would not be recommended. VRT would have more control over contractual compliance and service quality through direct contracting.
- A flat rate/passenger trip fee structure is recommended rather than a contract based on metered charges. A flat rate structure is easier to audit and budget for. Separate flat rate charges could be established for single and multiple-passenger trips and trips within Boise and Caldwell/Nampa, and between the two counties. The flat rate structure could be established from actual test trips using a meter, or through estimated meter charges.
- VRT would assign ADA trips to the taxi firm based on:
  - A calculation of cost (cost less than using an ADA paratransit vehicle, for example, an inter-county trip tying up a vehicle);
  - A lack of vehicle availability (not being able to accommodate a trip from the open booking list - backup); or
  - As backup for an ADA paratransit vehicle falling behind schedule (maintaining on time performance), or taken out of service because of a breakdown, accident or onboard incident.

Guidelines would have to be established for the dispatcher's discretionary use of the taxis. Budget ceilings would have to be established to control use.