



**PUBLIC TRANSIT- HUMAN SERVICES
TRANSPORTATION COORDINATION PLAN
FOR RIVERSIDE COUNTY – FINAL REPORT**

Submitted to:

Mr. Brian Champion, Transit Program Manager
Riverside County Transportation Commission
4080 Lemon Street, 3rd Floor
Riverside, CA. 92502-2208

Prepared by:



A-M-M-A
Claremont, CA.

In Association with

**JUDITH NORMAN -TRANSPORTATION CONSULTANT
AND
TRANSPORTATION POLICY AND PLANNING**

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TRANSPORTATION COORDINATION PLAN FOR RIVERSIDE COUNTY – FINAL REPORT

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EXECUTIVE SUMMARY

A LOCALLY DEVELOPED, COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLAN FOR RIVERSIDE COUNTY

A COORDINATED PLAN: WHY THIS PLAN?

This plan is prepared in response to the coordinated planning requirements of SAFETEA-LU (Safe, Accountable, Flexible, Efficient Transportation Act – A Legacy for Users, P.L. 190-059), set forth in three sections of the Act: Section 5316-*Job Access and Reverse Commute*, Section 5317-*New Freedom Program* and Section 5310-*Elderly Individuals and Individuals with Disabilities Program*.

The coordinated plan establishes the construct for a unified comprehensive strategy for transportation service delivery in Riverside County that is focused on unmet transportation needs of elderly individuals, persons with disabilities and individuals of low income. The coordinated plan must contain the following four (4) required elements, as identified in the implementing circulars FTA C. 9070.1F, FTA C. 9050.1 and FTA C. 9045.1:

1. An **assessment of available services** identifying current providers (public and private);
2. An **assessment of transportation needs** for individuals with disabilities, older adults, and people with low incomes — this assessment can be based on the experiences and perceptions of the planning partners or on data collection efforts and gaps in service;
3. **Strategies and/or activities and/or projects** to address the identified gaps between current services and needs, as well as opportunities to improve efficiencies in service delivery;
4. **Priorities for implementation** based on resources (from multiple program sources), time, and feasibility for implementing specific strategies and/or activities identified.

The Riverside County Transportation Commission is responsible for preparing this locally developed plan and for providing oversight to its implementation.

HOW WAS THIS PLAN DEVELOPED?

Various goals were articulated with the plan approach depicted on Exhibit 1 following. The plan must:

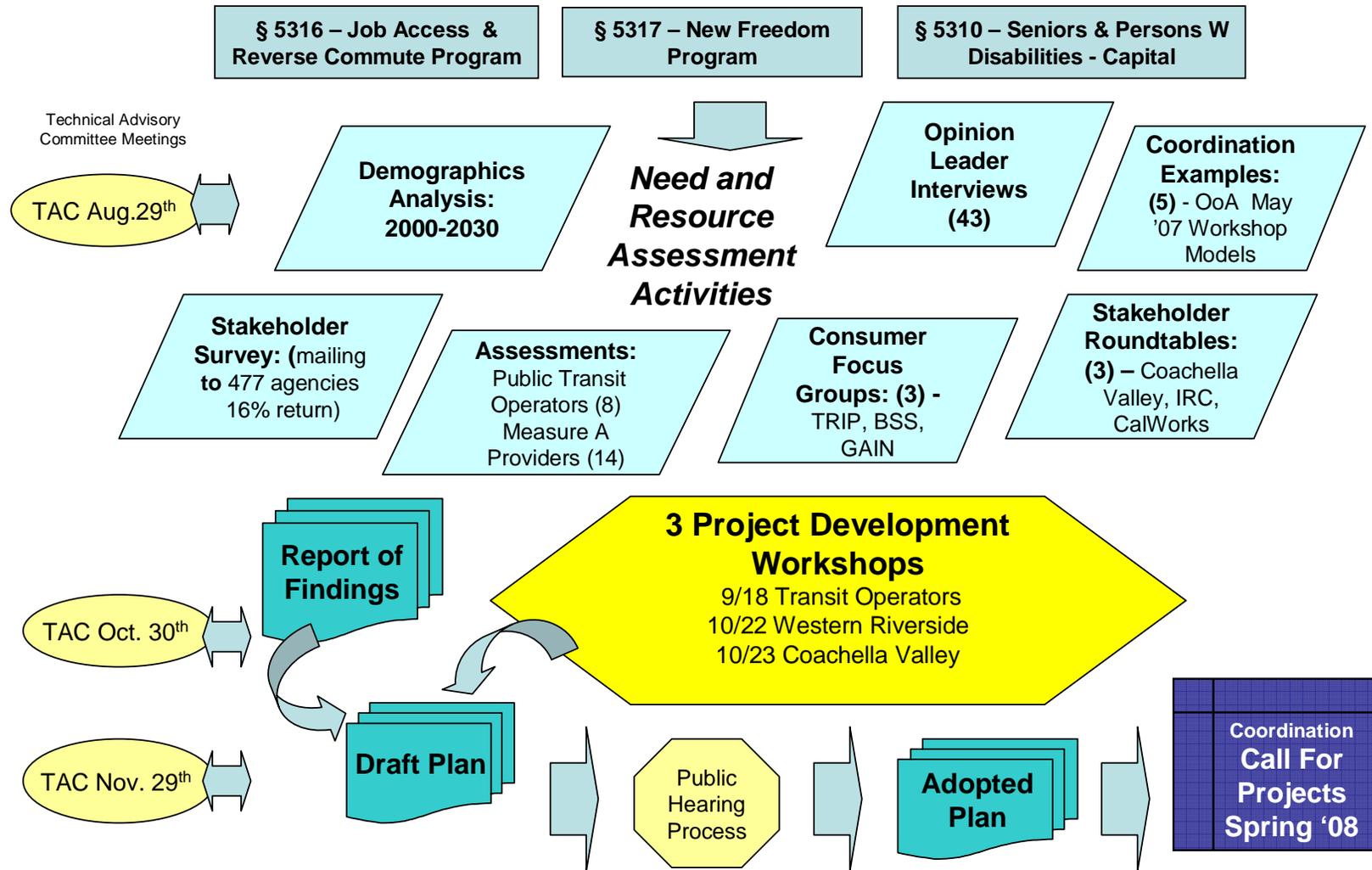
- Serve as a **comprehensive, unified plan** that promotes community mobility for seniors, persons with disabilities and persons of low income.
- **Establish priorities to incrementally improve** mobility for the target populations;
- Develop a process to identify **partners interested, willing and able** to promote community mobility for the target populations through a subsequent Call for Projects.

To achieve these, the planning process involved:

- **quantitative analyses**, including a demand estimation to estimate need and a stakeholder survey to 477 countywide stakeholders to identify resources, needs and potential partners. Responses from 75 agencies represented a 16 percent return.
- **qualitative activities** included public meetings and interviews with major agencies and organizations funding human services, with a representative group of direct service providers, and with representatives of the target group constituencies. In total almost 200 individuals directly contributed to this plan.
- **assessment of existing public transit services** including Metrolink, the 7 public transit operators and 14 Measure A providers, undertaken to identify coordination opportunities.

Exhibit 1, Public Transit-Human Services Transportation Coordination Plan for Riverside County, 2007 –

A Locally Developed Comprehensive, Unified Plan Tied to 3 Federal Programs



WHAT RIVERSIDE COUNTY RESIDENTS NEED TRANSPORTATION?

A census-based estimate of demand identifies Riverside County's coordinated plan target populations and projects potentially needed trips. Using the 2000 census to provide detail on the specific subgroups, a range of 164,000 to 307,000 persons was estimated as the countywide target population. These individuals are adults between ages 16 to 64 who are low income or disabled and seniors age 65 and older. Because there can be overlap among these groups, they are represented as a range, estimated at between 11 percent and 20 percent of Riverside County's 2000 population of 1.5 million residents.

These proportions were projected forward, using general population estimates developed by the California Dept. of Finance with other assumptions about changes in the senior population and the base adult population. The projections suggest that significantly increasing numbers of residents, from the 2000 census base, will be within the target populations:

By 2010, up to 439,000 persons, a 43 percent increase and 20 percent of the population;

By 2020, up to 581,000 persons, almost a 90 percent increase and 21 percent of the population; and

By 2030, up to 719,000 persons, a 134 percent increase and 21 percent of the population.

Within the County's three Federal apportionment areas, there are important differences in the distribution of these population groups. The target population ranges for each subregion are:

- For **Western Riverside, between 10 percent and 18 percent** of the subregion's 1.2 million persons in the 2000 census base population;
- For the **Coachella Valley, between 13 percent and 25 percent** of the subregion's 318,000 persons in the 2000 census;
- For the **Palo Verde Valley, between 5 percent and 13 percent** of the subregion's 26,000 persons in the 2000 census.

Average trips per day were estimated for these target groups, and the proportion of those trips that might present for public transit. These public transit trips represented potentially 7 to 10 million trips needed annually by these adults who are low income or disabled and senior, again using the 2000 census population base. From among these, those **trips requiring special assistance were hypothesized at 25 percent, or one in four trips**, between 1.7 million to 2.5 million annual trips for the 2000 census population. Projected to 2006, **this range is estimated at 2.2 to 3.2 million trips** requiring specialized assistance.

Trips needed contrast favorably with the almost 11 million documented **overall trips provided** by the public transit providers, plus another 2.7 million provided by Metrolink (FY 06). This exceeds the projected range of 7 to 10 million total needed trips. However specialized transit trips were well below the range. Public demand response trips provided were almost 550,000 trips annually, plus Measure A providers in Western Riverside added 62,000 trips to that in FY 06. Combined with survey-documented trips of almost 70,000 human service agency trips, **total specialized trips reported are 682,000 trips, significantly below the low-end estimate of 3.2 million trips needed** for the 2006. The plan examines the characteristics and nature trips that are presently unmet, not provided or not available.

WHAT EMERGED FROM THE AGENCY SURVEY OF NEEDS?

A survey of potential planning partners develops a picture of specialized transportation resources and issues for the Riverside County. The survey generated a sixteen percent survey response rate with 75 agencies and organizations responding, from throughout the county. These organizations

reflected the breadth and diversity of organizations concerned with the transportation of persons of limited means, of seniors and of individuals with disabilities. This emerging picture of the state of coordination appears grounded in a broad-base of perspectives represented by survey respondents. A good mix of public and non-profit, as well as for-profit social service agencies and commercial transportation providers responded with several faith-based and one tribal organization.

Fifty-eight agencies, **75 percent, have some type of transportation function**, including directly providing it, contracting for it or as a contractor, subsidizing bus passes and tokens, or arranging it on behalf of their consumers. Public agencies were most likely to subsidize bus passes and tokens, then followed by directly operating or contracting for services. Non-profit social service agencies were more likely to arrange by assisting with information and then by directly providing.

Vehicles reported were almost 1,300. Excluding vehicles operated by commercial providers and the one responding school district, of the balance, **413 vehicles were operated by public transit providers** and **193 human service vehicles** were reported. Human service agency vehicles were more likely to be smaller and only 27 percent were lift-equipped.

Trips reported by responding agencies annualized to over **11 million passenger trips provided, with 99 percent of these provided by 7 public transit operators**, and **just one percent or 97,000** annual trips provided by the 38 responding human service providers. Applying just the operations costs reported, the public transit cost of a one-way trip is \$8.30 while the human services agencies are providing trips for \$3.65 in reported costs.

Reported client trip needs that are poorly served differed somewhat between public transit operators and human services agencies but with overlap. Both public transit operators and human services agencies saw **medical trips as the highest priority**, by 86 percent and 77 percent respectively.

- Public operators' second ranked needs were: **kids to daycare and school** (86 percent), followed by a group of four tied trip-types: **training and education, work between 8 a.m. and 5 p.m., shopping and multiple errands, and recreational trips** (71% each).
- Human service agencies second tier trip needs – but reported with much less frequency – were **training and education** (38 percent), **work between 8 a.m. and 5 p.m.**, and **shopping and multiple errands** (34 percent each).

Barriers to coordination were frequently noted as related to **funding** for directly operated or contracted transportation, **difficulties in working with public transit** in relation to reliability, and its rules and requirements that can conflict with individualized client needs; **availability of public transit**, the **geography and long trip distances** of Riverside County; **MediCal reimbursement** rates for transportation and **insurance liability concerns**. Importantly, significant numbers of both the public operators and human service agencies indicated interest in coordination opportunities.

This 16 percent sample of agencies and organizations reported over \$93 million in funding for transit, paratransit and specialized transportation – of this \$91 million were reported by public transit and \$2.1 million in transportation funding by human services agencies. Differences in the funding base included as **public transit reports a stable, continuing funding stream** that they largely expected to increase. **Human services agencies report more diverse funding types, with significant reliance upon donations** and fees with far less expected likelihood of future increases.

WHAT NEEDS EMERGED FROM STAKEHOLDER INTERVIEWS?

An extensive outreach effort in Riverside County was conducted with more than 200 agency and consumer representatives to address the FTA plan development guidance and achieve the following:

- Lay the ground work for the stakeholders' survey and encourage response;

- Obtain views and perspectives of stakeholder agencies/ organization and clients/ consumers on coordination of transportation services;
- Inform and educate stakeholders about capacity building strategies to achieve coordination in the human and social services sectors of transportation;
- Build goodwill and cooperative relationships with key stakeholders and communities-at-large;
- Invite agencies to anticipate a continuing process by building a strengthened relationship between public transportation providers and human service providers and with RCTC.

Outreach efforts included 43 on-site agency interviews, three roundtables with groups of agencies, a series of three project development workshops and focused discussion with consumers of three representative groups. Identified needs drawn from this array of contacts across the county's three apportionment areas were considered on three dimensions: 1) consumers, 2) the geography of the county and 3) institutional and vehicle-related issues. An analysis of gaps in service identified key areas towards which to target projects and strategies:

- Addressing institutional communication gaps
- Meeting individualized consumer needs
- Expanding public transit
- Creating inter-jurisdictional transportation alternatives
- Increasing service capacity
- Improving service quantities
- Improving communication and information at all levels
- Addressing liability concerns and promoting insurance alternatives

Service duplication was not seen to be an issue given the diversity of needs identified, the range of responses these require and the considerable geographic expanses of Riverside County. Essentially, more transportation of a variety of targeted types and characteristics is needed.

Exhibit 2 following summarizes geographically-related needs identified within each of the three apportionment area of the county.

Meeting Coordination Requirements and Translating Needs into Projects
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Federal guidance suggests that coordination “friendly” policies must be developed by regional public transit agencies and organizations to ensure that projects seeking funding can be incorporated into the regional Program of Projects (POP), the tool by which Federal funding is assured. Implementation of the recommendations outlined in this report will assist RCTC and others in establishing a “culture of coordination” throughout the county to promote projects addressing the needs this plan identifies.

The myriad of individualized needs emerging through discussions with agency/organization staff representatives and with consumers begin to suggest project responses. Projects are considered in this plan in relation to:

- **types of consumer** whose needs present, as with senior transportation, or
- **types of trips needed**, as with non-emergency medical transportation, or
- **types of improvements** to transportation necessary to serve members of the target populations.

Exhibit 3 following suggests the potential projects heard from stakeholders and illustrates the connection between consumer needs and potential project responses.

EXHIBIT 2, Geographically-Related Priority Transportation Needs of the Target Populations

Riverside County Apportionment Area	Population Characteristics	Exiting Transportation - Resources	High Priority Identified Needs and Challenges	Potential Coordination Partners
PALO VERDE VALLEY - BLYTHE	26,000 persons A younger population, median age 33. - just 7% age 65+ - of adults 18-64— 6% are at poverty level 3.3% have go-outside-the-home disability issues. - 1,400 to 3,500 persons in target populations (2000 census)	- Palo Verde Transit 8 vehicles providing --- 900 trips weekly on fixed-route; 100 trips weekly on demand response - Public school district. - TRIP program supports 50 one-way trips weekly	- Long distance trips between Blythe and Indio for medical, and social service appointments; limited medical services in Blythe. - Greyhound service only twice daily and it no longer stops in Palm Springs. - Trips needed into Blythe from surrounding communities of Ripley, Mesa Verde, others. - Need for continuity of communication with public human services where turnover of agency staff limits institutional knowledge and understanding of public transit.	- Palo Verde Transit - First Five of Riverside - County Behavioral Health Dept. - GAIN program/ DPSS - Headstart program - County agencies - Greyhound
COACHELLA VALLEY	318,000 persons (2000) Median age 36 with high proportion of seniors. - 17% age 65+ - of adults under 65--- 8% at poverty level 10% have go-outside the-home disability issues 50,000 to 100,000 persons in target populations (2000 census)	SunLine with 84 vehicles and 58 operating daily provides: - 65,000 trips weekly on SunBus fixed-route - 1,600 trips weekly on SunDial's paratransit. -TRIP program supports 300 trips per week - Limited human service providers - Private taxi operators	- Insufficient information readily available about existing resources and desire for coordinated information about transportation resources - More transit alternatives needed including privately operated and taxi, special shuttles, van pool and rideshare options. - Increased Sun Line frequency and service area coverage although limited by resources and state efficiency requirements related to farebox recovery.	- SunLine - Roundtable of service providers led by Desert Samaritans - GAIN program / DPSS - taxi operators - Greyhound

EXHIBIT 2, Geographically-Related Needs, *continued*

Riverside County Apportionment Area	Population Characteristics	Exiting Transportation - Resources	High Priority Identified Needs and Challenges	Potential Coordination Partners
<p>COACHELLA VALLEY, continued</p>			<ul style="list-style-type: none"> - Improved SunDial service quality re reliability. - Special shuttles targeted to special needs groups or trips or geographic areas - More transit amenities of bus shelters with protection from the sun and wind. 	
<p>WESTERN RIVERSIDE COUNTY</p>	<p>1.2 million (2000 census)</p> <p>11.5 % seniors 65+ Adults under age 65 7% low income adults 4.% go-outside-the-home disability issues</p> <p>122,000 to 223,000 target population (2000 census)</p>	<ul style="list-style-type: none"> - Metrolink 52,000 trips/week - Riverside Transit Agency providing weekly -- <ul style="list-style-type: none"> 110,000 fixed route trips 4,000 demand response RTA taxi trips350 weekly Other public operators: <ul style="list-style-type: none"> - Riverside Special Transit 2,800 weekly trips - Corona Cruiser 1,400 wkly. - Pass Area -6,000 weekly - 14 Measure A providers serving 1,200 trips weekly - TRIP program 1,200 one-way trips weekly - Volunteer Center over 900 trip tickets/ vouchers weekly - Private Taxi Operators 	<p>PASS AREA</p> <ul style="list-style-type: none"> - Extended operating hours beyond 6 p.m. - Increased capacity of dial-a-ride service. - Expanded service to area's larger employers, e.g. casinos and Cabazon. <p>RIVERSIDE CITY AREA</p> <ul style="list-style-type: none"> - Door-through-door service - Improved scheduling for dialysis patients - Improved information capabilities about existing services - Need for information to reflect "quality" of service, particularly in relation to taxis <p>NORCO/CORONA AREA</p> <ul style="list-style-type: none"> - Bus pass reciprocity between RTA and Corona. - Service quality concerns for the Corona Cruiser. - Pockets of need in South Corona, Mira Loma and adjacent unincorporated areas with no bus service. 	<ul style="list-style-type: none"> - All public transit operators, including Metrolink. - All Measure A providers - County human services agencies, including depts. of Public Health, Behavioral Health, GAIN/ DPSS and others. -VA Medical Center - Riverside Regional Medical Center - First Five Riverside - Private taxi operators - Private dialysis companies, e.g. DaVita



			- Connections to Ontario. -	
EXHIBIT 2, Geographically-Related Needs, <i>continued</i>				
Riverside County Apportionment Area	Population Characteristics	Exiting Transportation - Resources	High Priority Identified Needs and Challenges	Potential Coordination Partners
WESTERN RIVERSIDE COUNTY, continued		<ul style="list-style-type: none"> - Metrolink 52,000 trips/week - Riverside Transit Agency providing weekly -- <ul style="list-style-type: none"> 110,000 fixed route trips 4,000 demand response RTA taxi trips 350 weekly Other public operators: - Riverside Special Transit 2,800 weekly trips - Corona Cruiser 1,400 weekly trips - Pass Area -6,000 weekly - 14 Measure A providers serving 1,200 trips weekly - TRIP program 1,200 one-way trips weekly - Volunteer Center over 900 trip tickets/ vouchers weekly - Private Taxi Operators 	<p><u>CENTRAL WESTERN RIVERSIDE</u></p> <ul style="list-style-type: none"> - Long travel times on existing fixed-route; connections difficult for target population; need improved travel times. - Service quality concerns: demand response reliability. - Pockets of Need: Homeland, Nuevo, Gallvalin Hills, south of Lake Matthews, northern Perris, Quail Valley, Ortega Hwy. - Improved connections fixed-route selected public facilities, such as DPSS/ GAIN office in Lake Elsinore. - Extended RTA fixed-route operating hours. - Improved timing of RTA connections in Lake Elsinore to south county. - Alternatives options for Grandparents Raising Grandchildren. <p><u>SOUTH WESTERN RIVERSIDE COUNTY</u></p> <ul style="list-style-type: none"> - Health/ medical trips into central Riverside and San Bernardino County locations. - Youth oriented trip options for latch-key youth 	<ul style="list-style-type: none"> - All public transit operators, including Metrolink. - All Measure A providers - County human services agencies, including depts. of Public Health, Behavioral Health, GAIN/ DPSS and others; headquarters staff and sub-area district/clinic staff. -VA Medical Center - Riverside Regional Medical Center - First Five Riverside - Private taxi operators - Private dialysis companies, e.g. DaVita.

			- Need to grow alternatives to RTA for special needs trips.	
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Exhibit 3, Riverside County
Translating Target Population Transportation Needs Into Projects

Target Population	Special Transportation Needs and Concerns	Transportation Modes	Potential Transit or Transportation Projects/ Solutions
Seniors, Able-Bodied	<ul style="list-style-type: none"> - Lack of knowledge about resources. - Concern about safety and security - Awareness that time when driving might be limited. 	<ul style="list-style-type: none"> - Fixed-route transit - Point deviation and deviated FR - Senior DAR - Special purpose shuttles: recreation, nutrition, shopping 	<ul style="list-style-type: none"> - Single point of information - Educational initiatives, including experience with bus riding before it is needed. - Buddy programs; assistance in "trying" transit - Transit fairs, transit seniors-ride-free days or common pass
Seniors, Frail and Persons Chronically Ill	<ul style="list-style-type: none"> - Assistance to and through the door. - Assistance with making trip arrangements - On-time performance and reliability critical to frail users. - Assistance in trip planning needed. - Need for shelters - Need for "hand-off" for terribly frail 	<ul style="list-style-type: none"> - ADA Paratransit - TRIP program - Emergency and non-emergency medical transportation - Escort/Companion Volunteer drivers - Special purpose shuttles 	<ul style="list-style-type: none"> - Escorted transportation options - Door-through-door assistance; outside-the-vehicle assistance. - Increased role for volunteers. - Technology that provides feedback both to consumer and to dispatch; procedures to identify frailest users when traveling. - Individualized trip planning and trip scheduling assistance. - Expanded mileage reimbursement program. - Driver sensitivity training. - Appropriately placed bus shelters.
Persons with Disabilities	<ul style="list-style-type: none"> - Service quality and reliability - Driver sensitivity and appropriate passenger handling procedure - Concerns about wheelchair capacity on vehicles/ pass-bys - Need for shelters - Sometimes door through door or issues of "hand-off" 	<ul style="list-style-type: none"> - Fixed-route transit - ADA Paratransit - TRIP program - Emergency and non-emergency medical transportation - Special purpose shuttles - Escort/Companion 	<ul style="list-style-type: none"> - Single point of information; Information as universal design solution. - Continuing attention to service performance; importance of time sensitive service applications. - Driver education and attention to procedures about stranded or pass-by passengers with disabilities. - Aggressive program of bus shelters. - Vehicles, capital replacement.
Persons of Low Income and Homeless Persons	<ul style="list-style-type: none"> - Easy access to trip planning information - Fare subsidies (bus tokens or passes) that can be provided in a medium that is not cash - Breaking down the culture of poverty that uses transportation as the difficulty for not moving about the community. - Difficulties of mothers with multiple children - Need to bring along shopping carts - Difficulties with transfers within and between systems; long trips. 	<ul style="list-style-type: none"> - Fixed-route transit - Point deviation and deviated FR - Special purpose shuttles (work, training, special education, Headstart, recreation) - Van pools, ridesharing, car sharing 	<ul style="list-style-type: none"> - Creative fare options available to human services agencies. - Increased quantity of bus tokens available. - Universal pass for services across county. - Bus passes available to those searching for jobs or in job training programs; cost-effective. - Special shuttles oriented to this population's predictable travel patterns. - Education about transit to case managers, workers with this population. - Feedback to transit planners on demand; continued work to improve transit service levels (coverage, frequency, span of hours) - Training of staff to train consumers - Vanpool assistance, ridesharing connections
Persons with Sensory Impairments	<ul style="list-style-type: none"> - Difficulty in accessing visual or auditory information. - Possible door-to-door for visually impaired - Driver sensitivity 	<ul style="list-style-type: none"> - Fixed route transit - ADA Paratransit - Demand response - TRIP program 	<ul style="list-style-type: none"> - Single point of information; information in accessible formats - Guides (personal assistance) through information - Driver training critical to respond to needs.
Persons with Behavioral Disabilities	<ul style="list-style-type: none"> - Medications make individuals sun-sensitive and waiting in the sun is not an option. - Medications cause thirstiness; long hour waits in the heat can lead to dehydration. - Mental illnesses can make it frightening to be in public spaces. - Impaired judgment and memory 	<ul style="list-style-type: none"> - Fixed route transit - ADA Paratransit - Special purpose shuttles - Escort/Companion 	<ul style="list-style-type: none"> - Possibly special shuttles oriented to this known predictable travel needs. - Driver training projects to provide skills at managing/ recognizing behaviors of clients. - Aggressive program of bus shelters - "Hand-off" can be critical for confused riders, passing them off to a responsible party. - Important that driver understand riders' conditions.

PRIORITIES FOR PROJECT SELECTION

Meeting the specialized transportation needs of three diverse and often overlapping segments of the population, seniors, persons with disabilities and low-income individuals is challenging. Actions and strategies developed will be incrementally effective in improving services, by providing a wider array of travel options to the target populations based upon their individual needs, and informing them about those options. This can be accomplished by gradually building the capacity of public transit and human service agencies/organizations to develop and implement coordinated projects, plans and programs. Both public transit and human service agencies/organizations must be active partners in this capacity building process.

The actions necessary to increase the capacity of public transit to offer improved access and availability to transportation options for the target populations will differ from those actions and strategies needed to build capacity for human services. Moreover, the need to build the capacity and reliability of human service transportation providers to complement public transportation services is critical, since the overall mission of these agencies/organizations is to serve individualized need, including operating services that public transportation cannot readily provide (e.g., non-emergency medical transport, door-through-door and escorted trips). For these reasons, project opportunities designed to strengthen the ability of human service agencies to continue to provide the hard-to-serve trip needs of seniors, persons with disabilities and low-income individuals should be encouraged.

Priorities relative to the development and funding of coordinated transportation projects identified through the locally developed comprehensive unified plan should:

1. Adequately address the unmet/underserved and individualizes transportation needs of the targeted populations;
2. Demonstrate coordination efforts between public transit and human services agencies;
3. Maintain consistency with current Federal and State funding regulations and requirements;
4. Be financially sustainable;
5. Include measurable goals and objectives to be largely developed by the applicants;
6. Build and/or increase overall system capacity and service quality; and
7. Leverage and maximize existing transportation funding and capital resources.

PLAN VISION, GOALS AND RECOMMENDATIONS

A vision is proposed for Riverside County's locally developed coordination plan:



IMPROVED MOBILITY FOR RIVERSIDE COUNTY SENIORS, PERSONS WITH DISABILITIES AND PERSONS OF LOW INCOME

To this end, the project team has developed four (4) goals, supported by eighteen (18) implementing objectives to accomplish coordination in the region. In addition, a total of sixty-two (62) implementing actions, strategies or projects are identified. The goals and objectives to guide project development are presented below and detailed in Chapter 8 of the full plan document.

These goals are responsive to the Federal guidance for the locally developed plan and establish the roadmap by which mobility needs of target populations throughout Riverside County can be addressed. The implementing strategies are the methods by which gaps in services and opportunities for improved efficiencies may be achieved, through coordinated strategies and initiatives. The four goals are described as follows:

Goal 1 - Coordination Infrastructure

Given the level and diversity of needs in the county, ensuring leadership to facilitate coordination is needed, as no one agency or organization has the resources to facilitate the necessary cultural, institutional and operational changes needed to accomplish coordination goals. Coordination in Riverside County cannot be accomplished without dedicated staff and financial resources. Projects funded under this goal should establish and/or further the development of the Regional Mobility Manager concept. The specific objectives proposed under this goal include:

- 1.1 Establish a Regional Mobility Manager capability to provide leadership on coordination of specialized transportation within Riverside County and adjacent counties.
- 1.2 Establish the Regional Mobility Manager's role in developing and "growing" projects responsive to regional coordination goals and objectives.
- 1.3 Promote sub-regional Mobility Managers in Western Riverside, Coachella Valley and Palo Verde Valley through the Call for Projects and through outreach by Regional Mobility Manager.
- 1.4 Promote human services agency-level mobility managers through the Call for Projects and outreach by Regional Mobility Manager.
- 1.5 Develop visibility around specialized transportation issues and needs, encouraging high level political and agency leadership.

Goal 2 – Building Capacity to Meet Individualized Mobility Needs

Acknowledging that more transportation capacity is needed to serve the growing population expectations of Riverside County, this goal addresses the idea of providing more trip options for the target populations. In addition, this goal inherently includes the concept of strengthening the ability of human agencies and organizations to provide those trips that public transit cannot, thereby increasing not only capacity but access to services. The notions of reliability, quality of service and service monitoring are reflected under this goal. The objectives proposed include:

- 2.1 Promote policies that increase the quantity of public transit and specialized transportation provided in each of the three apportionment areas.
- 2.2 Promote the quality of public transit, paratransit and specialized transportation through strategies to improve services with attention to meeting individualized needs.
- 2.3 Develop strategies for improving transportation solutions across county sub-regions and between counties.
- 2.4 Support transportation services provided by human services agencies.
- 2.5 Promote capital improvements to support safe, comfortable, efficient rides for target populations.
- 2.6 Measure the quantities of trips provided in Riverside County through new and existing procedures.

Goal 3 – Information Portals

The need exists to broaden the reach of information related to transit and specialized transportation services for clients/consumers, as well as stakeholder agencies and organizations. Riverside County has a wealth of transportation services. Points of access to transportation information must be expanded to allow everyone the opportunity to understand and to use the transportation network. The objectives proposed under this goal include:

- 3.1 Integrate and promote existing information strategies, including 211, 511, web-based tools and paper media to get public transit and specialized transportation information to consumers.
- 3.2 Develop information portal tools for wide distribution.
- 3.3 Promote information opportunities for human services agency line staff and direct service staff and expand training options for consumers.

- 3.4 Report on project successes and impacts at direct service levels, and at regional and subregional levels; pursue opportunities to promote project successes at State and Federal levels.

Goal 4 – Coordination Policy

As the issues presented through this planning process are not new, but longstanding, there needs to be continuing policy attention brought to some of the underlying issues and dilemma. These include reimbursement policies of non-emergency medical transportation, establishing a coordinated grant application process and reporting on what works and what doesn't work in relation to coordinated transportation responses.

- 4.1 Work to establish non-emergency medical transportation policies and more cost-effectively meet medically-related trip needs.
- 4.2 Establish a Universal Call for Projects sufficiently flexibly for applicants to construct and implement projects responsive to identified needs in a broad range of ways.
- 4.3 Establish processes by which implemented projects are evaluated with successes and failures reported.

SEQUENCING AND PRIORITIZATION OF RECOMMENDATIONS

Phase 1 of implementing these recommendations is to establish a leadership capability for coordination policies through a Regional Mobility Manager (RMM), including determining the best location for that function. An advisory body to guide both the RMM and the activities of this plan is recommended, with broad representation from among the agencies and constituencies best representative of the target populations. Subsequent sub-regional and agency-level mobility managers are also envisioned to start-up and promote coordinated service responses.

Phase 2 involves development of coordinated responses to promote capacity building, information portals and coordination policy. These may involve:

- Develop a mobility-focused transportation coordination agenda for the RMM.
- Conduct an annual inventory/ survey process to nurture the coordination environment.
- Establish a regional transportation website.
- Implement countywide travel training programs, building upon existing travel training resources.
- Develop a data collection process to assist human services agencies and organizations.
- Expand volunteer model opportunities within the county, addressing insurance issues for these and other specialized transportation services.
- Promote and build upon the existing centralized system, through the Volunteer Center, to facilitate bus pass/ token purchase for human services agencies.

A competitive selection process will be developed by RCTC for Section 5316 (JARC) and Section 5317 (New Freedom), consistent with state guidelines around the Section 5310 program and building upon past RCTC Measure A Call for Projects. Recommendations for a flexible application process are proposed with projects to be invited under one or more of the four general project categories: Coordination Infrastructure; Building Capacity; Information Portals; Coordination Policy.

The RCTC Board of Directors' approval and adoption of the coordinated plan is anticipated for February 2008.

PUBLIC TRANSIT- HUMAN SERVICES TRANSPORTATION COORDINATION PLAN FOR RIVERSIDE COUNTY – Final Report

January 2008

INTRODUCTION

This document presents the results a process to prepare a locally developed plan, entitled the **Public Transit - Human Services Transportation Coordination Plan for Riverside County**. This plan is required by the U.S. Department of Transportation, Federal Transit Administration in order to access funding available under:

- Section 5316 – *Job Access and Reverse Commute (JARC) program,*
- Section 5317 – *New Freedom program, and*
- Section 5310 – *Elderly Individuals and Individuals with Disabilities program.*

Funds are available through the JARC program for capital and for operation of services targeting unmet transportation needs of low-income individuals for work-related trips. Funds available through the New Freedom program are for capital or operation of services supporting mobility of persons with disabilities, particularly with regard to trip needs that go beyond that provided by Americans with Disabilities Act (ADA) complementary paratransit. The Section 5310 program is an existing program providing capital equipment to transportation services to seniors and/or persons with disabilities.

The development of the plan involved a range of activities, including:

- Stakeholder survey widely distributed to a mix of public transit and human services organizations across the county;
- Data collection effort compiling key information from the public transit operators and from Measure A-funded specialized transit programs in Western Riverside County;
- An estimate of trip demand for the target groups of seniors, persons with disabilities and individuals of low income;
- An extensive public outreach effort across the County;
- Provision of examples of coordinated service delivery to provide modest detail about coordinated service projects.

From this broad array of stakeholder outreach strategies and other data collection and analysis, this report provides an assessment of the needs, gaps and duplication of services for the three target populations – persons of low income, persons with disabilities and elderly individuals. This assessment leads to a series of recommendations that include a mobility vision on behalf of the target groups and four coordination goals with nineteen objectives and sixty-three (63) implementing strategies, project and activities.

Finally, the report proposes a framework for coordination, including development of a Regional Mobility Manager for Riverside County and establishing a universal Call for Projects. Discussion is included of sequencing of the plan's recommendations and prioritization strategies for project selection.

1.0 FEDERAL CONTEXT FOR THE LOCALLY DEVELOPED COORDINATION PLAN

1.1 INTRODUCTION

This plan is prepared in response to the coordinated planning requirements set forth in three sections of SAFETEA-LU [*Safe, Accountable, Flexible, Efficient Transportation Act – A Legacy for Users*, P.L. 190-059] Section 5316-*Job Access and Reverse Commute* program (JARC), Section 5317-*New Freedom Program* and Section 5310-*Elderly Individuals and Individuals with Disabilities Program*.

The Public Transit-Human Services Transportation Coordination Plan (plan), prepared on behalf of the Riverside County Transportation Commission (RCTC), will establish the construct for a unified comprehensive strategy for transportation service delivery focused on unmet transportation needs of Riverside County. This plan meets the requirement for coordinated planning efforts as described in SAFETEA-LU, and enables federal funding under the Section 5310, JARC, and New Freedom programs.

1.1 COORDINATION AT THE FEDERAL LEVEL

SAFETEA-LU With the passage of SAFETEA-LU in 2005, the U.S. Department of Transportation (DOT) and the Federal Transit Administration (FTA) conducted a series of “listening sessions” around the country to obtain input on how to implement facets of this complex transportation funding authorization. Guidance was sought from public transit operators, regional transportation planning agencies and metropolitan transportation organizations. Comments on the New Freedom program, JARC, and the 5310 capital program recommended consolidating the coordination planning requirements for these programs.

To that end, the proposed FTA circulars issued in March 2006 and the final circulars issued on May 1, 2007 all included a common Chapter V:

Section 5310 - FTA C. 9070.1F; *Elderly Individuals and Individuals with Disabilities Program Guidance*

Section 5316 – FTA C.9050.1: *The Job Access & Reverse Commute Program Guidance*

Section 5317- FTA C. 9045.1: *New Freedom Program Guidance*.

The circulars’ common Chapter V, “Coordinated Planning,” requires that any projects funded through these sections be “derived from a locally developed, coordinated public transit – human services transportation plan” which is “developed through a process that includes representatives of public, private, and non-profit transportation and human services providers and participation by members of the public.”¹ The findings reported here contribute to this locally developed, coordinated public transit-human services transportation plan to ensure that eligible projects developed for Riverside County constituents can be funded. Specifically, the plan’s goals should address the general purposes and requirements outlined in Table 1-1 on page 3.

¹ Page V-1 of each of the respective proposed circulars, Section 5310, Section 5316 and Section 5317 , issued by the Federal Transit Administration, U.S. Dept. of Transportation, May 1, 2007.

Table 1-1

**Summary of Goals of
SAFETEA-LU's Coordinated Locally-Developed Planning Process**

The Coordinated Locally-Developed Plan *shall identify transportation needs of individuals with disabilities, older adults and people with low incomes; provide strategies for meeting those local needs and prioritized transportation services for funding and implementation.*

[From the Overview in Chapter 5, Coordinated Planning of each of the Circulars related to Sections 5310, 5316 and 5317 released May 1, 2007.]

Program Goals that the Plan shall address:

Section 5310 – Elderly Individuals and Individuals with Disabilities Program:

Provision of discretionary capital assistance in cases where public transit was inadequate or inappropriate to serve the transportation needs of elderly persons and persons with disabilities [FTA Circular 9070.1F, p. I-3].

Section 5316 – Jobs Access and Reverse Commute Program: Improve access to transportation services to employment and employment-related activities for welfare recipients and eligible low-income individuals” [FTA Circular 9050.1, p. II-1]. In addition, the House of Representatives conference report indicated that the FTA should “continue its practices [with this program] of providing maximum flexibility to job access projects designed to meet the needs of individuals not effectively served by public transportation” [HRC Report 109-203, Section 3018].

Section 5317 – New Freedom Program: Provide additional tools to overcome existing barriers facing Americans with disabilities seeking integration into the work force and full participation in society” [FTA Circular 9045.1, p. II-2].

1.2 FEDERAL TRANSIT ADMINISTRATION (FTA) PROGRAM GUIDANCE

FTA guidelines require that the coordinated plan must contain the following four (4) required elements consistent with the available resources of each individual agency/organization:

1. An assessment of available services that identifies current providers (public, private and non-profit);
2. An assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes – an assessment which can be based on the experiences and perceptions of the planning partners or on data collection efforts and gaps in service;
3. Strategies and/or activities and/or projects to address the identified gaps between current services and needs as well as opportunities to improve efficiencies in service delivery; and
4. Priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing specific strategies and/or activities identified.

2.0 ASSESSMENT OF AVAILABLE SERVICES – PUBLIC TRANSIT AND MEASURE A PROVIDERS

2.1 INTRODUCTION

This chapter provides an assessment of the transit providers in Riverside County, both public operators and the specialized transportation providers funded with Measure A in Western Riverside County. It provides operating characteristics and performance indicators for these transit providers.

2.2 PUBLIC TRANSIT AND MEASURE A PROVIDER OPERATING DATA

One aspect of the demand for specialized transportation services is the demonstrated demand from the trips already provided by the county's public transit and Measure A providers funded in Western Riverside County. The standardized operating and financial data submitted to RCTC by these operators represents the basic source for this analysis, augmented by data obtained through telephone and email contacts.

Due to the number and size of tables presented in this section, all tables appear in numerical order beginning on page 9 and following the narrative text.

Basic operating and financial data is summarized in tables:

Table 2-1	Public Transit Operators: Fixed Route Services (page 9)
Table 2-2	Public Transit Operators: Paratransit Services (page 10)
Table 2-3	Measure A Operators (page 11)

Service operating characteristics are summarized in tables:

Table 2-4	Public Transit Operators Summary System Operating Characteristics (pages 12-13)
Table 2-5	Public Transit Operations System Maintenance Characteristics (pages 14-15)
Table 2-6	System Operating Characteristics - Measure A (pages 16-18)
Table 2-7	System Maintenance Characteristics - Measure A (pages 19-21)

2.3 OPERATING CHARACTERISTICS OF TRANSPORTATION PROVIDERS

Operating Characteristics: Public Transit Operators

Riverside County presently has a total of 8 operators of public transit including fixed route and paratransit services and Metrolink commuter rail. Listed in alphabetical order, these are:

- City of Banning
- City of Beaumont
- City of Corona
- Palo Verde Valley Transit Agency

- RCTC’s Metrolink Commuter Rail Program
- Riverside Special Transportation Services
- Riverside Transit Agency (RTA)
- SunLine Transit Agency

RCTC’s Metrolink Commuter Rail program provides only fixed route service. The City of Riverside’s Special Transportation Services program operates only demand-responsive transportation and serves as the umbrella for ADA complementary paratransit service for RTA’s fixed-route system within the City of Riverside. Each of the other operators provides both public fixed route and paratransit services.

Collectively, the county’s seven transit operations providing bus service provided 11.2 million passenger trips (fixed route-10.6 million, paratransit-0.6 million) at a cost of \$69 million (Tables 2-1 and 2-2) while RCTC’s Commuter Rail program provided 2.7 million trips at a cost of \$24.9 million (Table 2-1) in a fiscal year (FY) 2007-08.

Tables 2-4 and 2-5 provide a summary of the fixed route and paratransit transit services operated by the Riverside County public transit operators. Table 2-4 summarizes the services operated by each agency and basic service policies while Table 2-5 shows basic information on how these agencies maintain and service their vehicles.

Operating Characteristics: Measure A Transportation Programs

During FY 2006/07, Measure A provided funding in Western Riverside County to 14 organizations. The recipients are a diverse group, ranging from a large public medical center to a nonprofit organization primarily using volunteers to operate a mileage reimbursement program. The nature of these agencies and the transportation services they provide significantly impacts their level of interest in different types of assistance and coordination. The transportation services provided by these 14 organizations can be characterized as follows:

	<u>Number of Organizations</u>	<u>Organizations</u>
Providing travel training only	1	Blindness Support Services
Reimbursing volunteer drivers	2	TRIP – Partnership to Preserve Independent Living CASA – Court Appointed Special Advocates
Provides public transit tickets	1	Volunteer Center
Transportation for residential facility clients only	2	Operation Safehouse Whiteside Manor
Transportation for specific clientele	2	Inland AIDS Project Boys & Girls Clubs
Transportation to/from specific facility(ies) only	3	Beaumont Adult School Care Connexus

		Riverside Regional Medical Center
General Purpose Transportation	3	Care-A-Van Friends of Moreno Valley City of Norco

Tables 2-6 and 2-7 provide a summary of the transportation programs provided by the Measure A recipients. The data shown here clearly depicts a collection of tailored transportation services that meet very specific trip needs that generally cannot be met using public transit services. Most of the programs are directed at particular client groups such as school children, children in shelters or foster homes, adults participating in day care programs and residential care. In general, the transportation needs of these groups would not be met by trip-sharing or consolidated delivery programs.

The vehicle operating and maintenance summary shows that only 1 of the 9 programs that operate vehicles, Beaumont School District, performs vehicle maintenance in-house. Beaumont School District no longer operates vehicles, providing free bus passes on Pass Transit fixed Route service. Most of the programs use a variety of commercial garages and auto dealerships. Similarly, fueling and vehicle washing is done at a variety of locations, consistent with the wide geographical dispersion of these services across the county.

2.4 OPPORTUNITIES FOR COORDINATION: PUBLIC TRANSIT AND MEASURE A OPERATORS

The coordination of transportation services and support functions is generally described in terms of a continuum from simple support and training at one end to the consolidation of services and administration at the other. For Measure A providers, there appear to be few opportunities for the coordination of services due to the targeted nature of the services being provided and the manner in which those services are being operated and administered by their sponsoring organizations.

This finding is supported by a number of characteristics of Measure A providers:

- 4 of the 14 agencies do not directly provide transportation, but enable individuals to use public transit services through travel training or free bus passes or mileage reimbursement for volunteers for driving others in their private autos;
- 7 of the 10 organizations that directly operate transportation services do so for client groups that cannot be safely or conveniently mixed with other client groups or the general public – for example, adult day care clients, at-risk youth and AIDS positive individuals; and
- 7 of the 14 organizations serve only their registered clients or program participants within very narrow geographic areas the county.

Conversely, an analysis of the information shown in tables 2-1 through 2-7 highlight some practical opportunities for a coordination of activities that may result in modest cost savings, increased efficiency in vehicle operations, and improved vehicle reliability and safety. Opportunities for coordination of support functions between public operations and Measure A providers could include:

- ▶ Driver Training. Only one or two of these programs are large enough to have their own driver training programs and several operate vehicles of a size not to require anything above a Class C license.² Regardless of the size of the vehicle, however, any employee who is driving in the course of their employment could benefit from specific training in safe driving, transporting special needs clients, and wheelchair securement.
- ▶ Scheduling and Dispatch Assistance. Assistance ranging from the provision of more efficient scheduling techniques using computers or simple proven manual forms to record trip reservations and arrange vehicle tours to assessment and improvement of current procedures to improve vehicle use and collection of useful operating data.
- ▶ Vehicle Maintenance Services. As noted, a majority of providers use commercial vendors to service and repair their vehicles. At least a couple options exist for improving the quality and/or the cost of these maintenance services. First, maintenance services could be arranged through the public transit providers, the County or local city fleet service departments. These public agencies may be more familiar with the transit-type vehicles being used and be able to provide “loaner” vehicles in the event of lengthy repairs. Such collaborative maintenance activity may be able to reduce the cost of normal vehicle maintenance due to the public transit providers’ expertise and dedicated facilities. A second option is that the maintenance requirements of these organizations could be combined, either as a single group or regional groupings, to obtain a combined service package with a single vendor to obtain a better cost based on volume services.
- ▶ Coordinated Fueling. Similar to vehicle maintenance, fueling could be coordinated through the existing public transit systems, County or city facilities, or combined to obtain a lower commercial fleet discount. With the continuing high costs of vehicle fuel, coordinated fueling has the possibility of producing sizable cost savings, however, the fueling locations must be convenient to access. As RCTC requires the public operators to purchase CNG-fueled vehicles, it may not be practicable to coordinate fueling through the transit providers. However, county facilities or school districts are alternative systems with whom some type of joint fuel programs may be feasible.
- ▶ Coordinated Vehicle Washing. Washing of commercial and transit vehicles has been targeted by water agencies as a major area of Clean Water Act enforcement; thus the continued washing of vehicles in parking lots or other open locations risks citations. Considering that most public transit agencies have wash systems or enclosed wash areas with wastewater treatment systems, this is an area of coordination that should be pursued.
- ▶ Vehicle Inspections. Discussions with the Measure A providers found several that did not believe their vehicles were subject to CHP inspection given the small size of their vehicles.³

² Class C license is the general Department of Motor Vehicles’ license required for operating private automobiles. Class B licenses are typically required of coach operators, drivers operating 40 foot transit buses and other commercial vehicles where the gross vehicle weight is more than 10,000 pounds.

³ The *Biennial Inspection of Terminals* requirement, commonly referred to as the BIT program, was established by the California Commercial Motor Vehicle Safety Act of 1988, a program continuing since 1965. The intent of these inspections is to ensure that every truck terminal throughout the state is inspected by the California Highway Patrol on a regular basis, thereby creating a level field for all motor carriers statewide. Motor carriers subject to inspection, whether or not for hire, include the following vehicles: motor truck with three or more axles having a gross vehicle weight of more than 10,000 pounds; truck tractors; trailer or semi-trailers; trucks transporting hazardous materials; motor trucks with a gross vehicle weight rating of more than 10,000 pounds or more than 40 feet in length.

In the interest of general passenger safety, particularly considering the public funding involved in their operations, a program of annual inspections may be developed through the public transit providers as a double-check of daily operator inspections and periodic preventive maintenance. Such inspections could provide a mechanism for maintenance oversight and vehicle-related technical assistance to these small, specialized transportation providers, in lieu of a coordinated maintenance program.

Table 2-1
Riverside County Transportation Commission Coordination Plan
Financial and Operating Data for Public Transit Operators: Fixed Route Services

Operator	Fiscal Yr	Operating Cost	Fare Revenues	Total Passengers	Vehicle Rev Hours	Vehicle Rev Miles
City of Banning	03/04	\$745,008	\$91,447	212,634	10,574	152,711
	04/05	\$839,300	\$89,998	192,326	11,979	182,359
	05/06	\$932,894	\$115,165	183,265	12,647	197,722
	06/07	\$718,672	\$78,136	113,981	9,343	146,104
City of Beaumont	03/04	\$431,997	\$28,509	81,520	10,396	136,198
	04/05	\$590,000	\$34,929	87,870	11,536	166,667
	05/06	\$614,588	\$46,240	89,962	11,615	173,034
	06/07	\$522,992	\$41,024	85,652	11,321	75,611
City of Corona	03/04	\$681,357	\$99,484	142,062	16,177	197,050
	04/05	\$799,461	\$105,732	162,423	17,693	208,168
	05/06	\$862,412	\$131,509	146,983	18,214	206,974
	06/07	\$741,344	\$148,212	150,815	18,053	206,367
Palo Verde Valley Transit Agency	03/04	\$393,200	\$32,404	28,415	9,192	161,093
	04/05	\$562,988	\$41,282	37,275	9,284	173,688
	05/06	\$573,168	\$57,881	46,274	8,934	162,901
	06/07	\$375,068	\$37,267	39,719	8,836	167,390
Riverside Transit Agency [2]	03/04	\$30,722,972	\$5,364,352	7,362,203	471,324	7,325,942
	04/05	\$30,577,670	\$5,727,231	7,139,831	469,879	7,432,179
	05/06	\$34,788,082	\$6,618,662	6,634,600	472,437	7,267,698
	06/07	\$37,613,733	\$7,132,766	6,818,613	477,980	7,176,807
Sunline Transit Agency	03/04	\$13,683,279	\$2,547,630	3,455,798	149,540	2,189,697
	04/05	\$13,227,654	\$2,475,524	3,334,540	144,627	1,964,449
	05/06	\$15,272,214	\$2,630,307	3,474,361	134,628	1,817,704
	06/07	\$14,852,176	\$2,935,091	3,419,492	146,999	1,895,284
Fixed Route Bus Totals	03/04	\$46,657,813	\$8,163,826	11,282,632	667,203	10,162,691
	04/05	\$46,597,073	\$8,474,696	10,954,265	664,998	10,127,510
	05/06	\$53,043,358	\$9,599,764	10,575,445	658,475	9,826,033
	06/07	\$54,823,985	\$10,372,496	10,628,272	672,532	9,667,563
RCTC Commuter Rail [1]	03/04	\$0	\$0	0	0	0
	04/05	\$23,261,100	\$12,483,409	2,541,574	54,679	2,253,944
	05/06	\$28,276,500	\$14,049,615	2,700,117	61,642	2,558,231
	06/07	\$24,893,703	\$12,179,323	2,728,895	64,605	2,713,325

Notes

1. Commuter Rail data combines the three services: CR-91, CR-IEOC and CR-RIV.
2. Data shown for RTA Fixed Route Services combines RTA-BUS and RTA Bus(Contract) services.

Table 2-2
Riverside County Transportation Coordination Plan
Financial and Operating Data for Public Transit Operators: Paratransit Services

Operator	Fiscal Yr	Operating Cost	Fare Revenues	Total Passengers	Vehicle Rev Hours	Vehicle Rev Miles
City of Banning	03/04	\$86,343	\$6,483	10,130	2,347	43,290
	04/05	\$104,785	\$8,254	9,636	2,566	41,031
	05/06	\$111,423	\$11,367	9,463	2,327	45,758
	06/07	\$88,056	\$9,242	10,336	2,038	42,548
City of Beaumont [Note 1]	03/04	\$336,514	\$30,666	32,163	7,473	92,202
	04/05			30,342	7,065	92,241
	05/06	\$412,526	\$24,748	28,656	6,731	93,113
	06/07	\$280,135	\$17,498	20,419	4,716	66,698
City of Corona	03/04	\$631,830	\$85,599	68,138	14,730	224,455
	04/05	\$651,174	\$84,716	66,481	14,141	215,861
	05/06	\$653,927	\$105,807	58,892	13,172	190,205
	06/07	\$606,118	\$122,175	57,577	13,166	182,488
Palo Verde Valley Transit Agency	03/04	\$321,133	\$24,248	11,170	3,904	48,193
	04/05	\$168,026	\$17,169	5,897	2,368	30,706
	05/06	\$175,809	\$17,973	4,797	2,164	26,810
	06/07	\$112,277	\$13,736	4,842	2,207	32,328
City of Riverside Specialized Transportation	03/04	\$1,810,464	\$185,332	157,828	38,788	642,845
	04/05	\$2,071,936	\$204,976	152,752	36,503	598,951
	05/06	\$2,414,555	\$240,846	145,223	36,738	578,196
	06/07	\$2,180,190	\$250,224	133,064	31,544	438,544
Riverside Transit Agency [2]	03/04	\$6,264,023	\$593,422	226,661	127,176	2,333,851
	04/05	\$6,186,007	\$901,955	217,750	133,546	2,362,804
	05/06	\$6,310,946	\$527,220	217,858	130,431	2,355,490
	06/07	\$7,495,789	\$650,686	249,023	153,739	2,890,133
Sunline Transit Agency	03/04	\$2,837,974	\$221,067	105,967	48,111	845,391
	04/05	\$2,940,042	\$202,783	88,356	42,977	707,294
	05/06	\$3,215,660	\$217,853	83,956	41,424	556,957
	06/07	\$3,343,668	\$229,147	83,419	40,879	532,278
Totals	03/04	\$12,288,281	\$1,146,817	612,057	242,529	4,230,227
	04/05	\$12,121,970	\$1,419,853	571,214	239,166	4,048,888
	05/06	\$13,294,846	\$1,145,814	548,845	232,987	3,846,529
	06/07	\$14,106,233	\$1,292,708	558,680	248,289	4,185,017

Notes

1. Beaumont Dial-A-Ride Operating Cost and Revenue figures not listed for 04/05.
2. RTA data is combined for RTA DAR and RTA Taxi.

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**Table 2-3
Riverside County Transportation Commission Coordination Plan
Measure A Operators**

Operator	Fiscal Yr	Operating Cost	Fare Revenues	Total Passengers	Vehicle Rev Hours	Vehicle Rev Miles
Beaumont Adult School [1]	05/06	\$50,277	\$0	4,994	524	12,922
	06/07	\$49,403	\$0	2,589	1,162	10,860
Blindness Support Services [2]	04/05	\$62,468		60		
	05/06			39		
	06/07					
Boys & Girls Clubs of Southwest County	06/07	\$113,373	\$0	26,599	4,035	14,068
Care-A-Van	03/04	\$204,738	\$8,825	7,498	5,736	71,657
	04/05	\$253,284	\$9,280	8,257	5,663	64,734
	05/06	\$281,370	\$12,207	9,295	6,351	69,649
	06/07	\$234,643	\$12,933	10,965	6,038	61,585
Care Connexus [3]	04/05	\$69,750	\$1,230	5,488	1,282	15,440
	05/06	\$230,291	\$4,042	13,755	3,879	45,320
	06/07	\$254,014	\$3,876	11,500	3,179	39,385
Friends of Moreno Valley	03/04	\$17,595	\$661	3,585	651	9,039
	04/05	\$67,148	\$2,620	3,594	1,749	29,608
	05/06	\$69,770	\$2,647	4,842	1,746	29,365
	06/07	\$76,226	\$1,889	2,691	1,756	22,260
Inland Aids Project	03/04	\$197,758	\$0	1,641	647	31,006
	04/05	\$175,352	\$0	1,574	599	29,917
	05/06	\$10,015	\$0	1,974	866	38,126
	06/07	\$127,872	\$0	2,089	1,122	51,672
Operation Safehouse [4]	06/07					
The TRIP Program [5]	03/04	\$224,190	\$0	15,920		349,893
	04/05	\$305,344	\$0	24,393		495,198
	05/06		\$0			
	06/07	\$214,300	\$0	80,400		1,152,000
Riverside County regional Medical Center	06/07	\$439,559	\$7,997	24,212	232,977	
Court Appointed Special Advocates	06/07					
City of Norco	04/05	\$34,224	\$18,109	2,736	379	8,353
	05/06	\$35,686	\$18,684	2,606	432	8,499
	06/07	\$144,971	\$19,883	2,789	1,593	9,706
The Volunteer Center	03/04	\$51,447	\$0	55,740		
	04/05	\$61,949	\$0	72,740		
	05/06			49,983		
	06/07					
Whiteside Manor [6]	06/07	\$28,624	\$0	4,026	5,645	43,044
Totals	03/04	\$695,728	\$9,486	84,384	7,034	461,595
	04/05	\$1,029,519	\$31,239	118,842	9,672	643,250
	05/06	\$677,409	\$37,580	87,488	13,798	203,881
	06/07	\$1,682,985	\$46,578	167,860	257,507	1,404,580

Notes

- [1] Beaumont Adult School received funding only beginning FY 05/06
- [2] Blindness Support is a travel training program and does not provide direct transportation.
- [3] Care Connexus transportation services began January 2005.
- [4] Operation Safehouse was only funded \$5,000 in 06/07 to cover vehicle maintenance and insurance; not used for transportation.
- [5] The TRIP program is a mileage reimbursement program.
- [6] Whiteside Manor: All case workers and direct client staff are required to be licensed to drive, so "Staffing" shows 2.0 FTE. The Boys and Girls Club of Southwest County, Operation Safehouse, Regional Medical Center, Court Appointed Advocates, and Whiteside Manor only began funding in FY 06/07



**Table 2-4
Riverside County Transportation Commission Coordination Plan
Public Transit Operators Summary of System Operating Characteristics**

Operator	City of Banning	City of Corona	Palo Verde Valley Transit Agency
Description of Transportation Service	1. PASS Transit operates 3 fixed routes 2. Dial-A-Ride Services	1. Corona Cruiser operating 2 fixed routes 2. Dial-a-Ride	1. Deviated fixed route transit service on prescribed timetables. 2. Curb-to-curb Dial-A-Ride service.
Operating Organization	Operated by City of Banning	Operated under contract by Transportation Concepts	Operated under contract by Transportation Concepts
Geographic Area Served	Services operate within the City of Banning and to Cabazon	Services operate within the City of Corona, area of 39.21 square miles	Boundaries: N: 2 nd Avenue, S: 28 th Avenue, E: Colorado River, W: Ironwood State Prison
Hours/Days of Service	FR: M-F: 6 am – 7 pm Sat: 8 am – 5 pm Sun: 9 am – 5 pm DAR: ADA : same as FR Non-ADA: M-F 8am-4:30pm	DAR: M-F: 6 am – 6 pm Sat: 8am – 5pm Fixed Route (approx): M-F: 5am – 9pm Sat: 8am – 7pm	M-F: 5:00 am – 8:30pm Sat: 8:00am – 5:30pm Sun: 8:25am – 5:30pm
Eligibility	Fixed Route: GP DAR: ADA certified Non-ADA = Seniors [60+] and disabled	Anyone is eligible to use these services	Fixed Route: GP City DAR: Srs + Disabled County DAR: GP+Srs+Disabled
Trip Restrictions	No trip restrictions for ADA paratransit Non-ADA DAR is limited to space available	Dial-A-Ride will go only ½ mile outside city limits	County General Public riders must use fixed routes for "in town" trips
Reservation Policies	Trips must be requested no less than 24 ahead; trips for appts can be made up to 21 days ahead; priority is given to ADA trips	Dial-A-Ride trips may be reserved at least 1 day and up to 14 days in advance	Fixed Route Deviation: From 1 day to 30 min by phone or 30 min before deviation if on bus DAR: From 7 days to 2 hours ahead of p/u time
Cancellation/ No-Show Policies	Trips are to canceled at least 1 hour ahead or fare is charged. [N/S are not a problem]	3 no shows on Dial-A-Ride results in suspension for 30 days.	Cancel up to 1 hr before p/u; No show if rider does not take trip; 3 No shows result in suspension for 30 days.

Table 2-4 Continued

Operator	Riverside Special Transportation Services	Riverside Transit Agency	Sunline Transit Agency
Description of Transportation Service	Advance reservation Curb-to-Curb Dial-A-Ride services	Fixed Route, Dial-A-Ride, Commuter-Link and rural fixed-route services	Fixed Route and Demand Responsive transit services
Operating Organization	City of Riverside	Fixed route service in urbanized areas operate by RTA; DAR, Commuter-Link and rural FR operated by contractors	Sunline Transit Agency
Geographic Area Served	City limits of the City of Riverside	Western Riverside County	Coachella Valley, including 9 cities and unincorporated county areas
Hours/Days of Service	M-F: 8:00am – 6:00pm S + S: 9:00 am – 4:30pm No service on Thanks-giving & Christmas Day	M-F: 3:00am – 10:00pm S + S: 5:30am – 10:00pm No service on Thanks-giving & Christmas Day	4:30 am – 12:00am 7 days/wk
Eligibility	Seniors 60+ Individuals with Disabilities [doctor's note or ADA certified]	Fixed Route: General Public DAR: ADA certified, RTA disabled ID card holders and Seniors 60+	Fixed Route: General Public Demand-Responsive: ADA paratransit eligible only
Trip Restrictions	Only restriction is travel within city limits	Fixed Route: none DAR: service is first come, first served with priority to ADA paratransit eligible.	Fixed Route: no trip restrictions DAR: ADA certified only
Reservation Policies	Trips may be reserved up to 7 days in advance; same day is space available; subscription trips provided	Trips may be reserved from one to seven days in advance	Trips may be reserved up to 14 days ahead and at least 24 hours ahead
Cancellation/ No-Show Policies	Service has point system for no- shows; can suspend trips for repeat offenders	RTA has point system for late cancellations and no-shows; repeat violations result in service suspension	Sunline reserves the right to suspend service for customers with repeated no-shows

**Table 2-5
Riverside County Transportation Commission Coordination Plan
Public Transit Operator System Maintenance Characteristics**

Operator	City of Banning	City of Corona	Palo Verde Valley Transit Agency
Maintenance Provider	City of Banning	Commercial Vendor: Corona Fleet Services	City of Blythe Central Garage
Maintenance/ Vehicle Storage Location Addresses	Maintenance & storage at City Yard, 176 E. Lincoln, Banning	Storage: 760 Corp Yard Way Corona, CA 92882	440 S. Main Street Blythe CA 92225
Facility Description: Security	Facility has gatekey entry	Facility is fenced and lighted	Facility is fenced and lighted
Shared with other operations?	Shared with other City fleets	Shared with other City fleets	Shared with other City fleets, inc. police and fire
Fueling arrangements	City Yard has CNG and gas fuel capabilities	Corp Yard has CNG and gas fuel capabilities	CFN Stations
On-site wash facility w/water capture	Wash rack		Wash rack w/o water capture
Capacity for added vehicles?		n/a	Possibly – City also planning new facility
Date Last CHP Terminal Inspection/Results	June 2007 Satisfactory		08/06/06 Satisfactory

Table 2-5 Continued

Operator	Riverside Special Transportation Services	Riverside Transit Agency	Sunline Transit Agency
Maintenance Provider	City of Riverside Fleet Services	RTA maintains primary fleet; Contractors maintain DAR, Commuter-link and rural fixed route fleets	Sunline
Maintenance/ Vehicle Storage Location Addresses	8095 Lincoln Avenue, Riverside	RTA has two operating bases; contractors operate from other facilities [1]	32-505 Harry Oliver Trail Thousand Palms, CA 92276
Facility Description: Security	Facility is fenced and lighted		Facility is fenced and lighted
Shared with other operations?	No, DAR fleet has separate parking area		Facility maintains all Sunline vehicles
Fueling arrangements	DAR has own CNG fueling station	All vehicles other than DAR are CNG and fueled at RTA facilities; commercial vendors used for other fueling	Fueling is done on-site
On-site wash facility w/water capture	Vendor does washing in on-site wash area	RTA and contractor fleets are washed in on-site wash areas at respective bases.	
Capacity for added vehicles?	Up to City Fleet Services	RTA would need to review	Agency not interested in this opportunity
Date last CHP Terminal Inspection/Results	June 2006 Excellent		

Notes:

[1] RTA operates from two bases in Riverside and Hemet; the three contractors operate from bases in Hemet, Perris and Temecula.

**Table 2-6
Riverside County Transportation Commission Coordination Plan
Summary of System Operating Characteristics – Measure A Operators**

Operator	Beaumont Adult School	Blindness Support Services	Boys & Girls Clubs of Southwest County	Care-A-Van	Care Connexus, Inc.
Description of Transportation Service	Transportation for students in teen mother program and ESL students with preschoolers in childcare	Travel Training Program to enable independent use of public fixed route transit services	Before- and after-school transportation between schools and Boys & Girls Clubs	Door-to-door transportation services	Curb-to-Curb transportation for clients to/from adult day care and adult day healthcare
Operating Organization	Beaumont School District	Training done by agency staff	Operated by agency staff	Operated by agency staff	Operated by agency staff
Geographic Area Served	San Geronio Pass area, including cities of Beaumont, Banning and Cherry Valley	Western Riverside County	Elementary and middle schools in vicinity of Albert Hill Ranch Clubhouse in Lake Elsinore and Pechanga Great Oak Club in Temecula	Hemet and San Jacinto	Two Facilities: 1. City of Riverside & surrounding areas 2. Sun City & surrounding areas
Hours/Days of Service	Mon thru Thur for BAS students Mon thru Fri for teen mother program	Class is held once a week. Average student participates in weekly class for several months	Weekdays	6:30 am to 6:00pm Monday thru Friday	Mon thru Friday for program hours of 8:30 am – 2:00pm
Eligibility	Adults attending BAS and teen mothers attending Milo P. Johnson High School	Blind and visually impaired individuals	Service is open to any club member, but priority is given to scholarship students	Seniors 55+ Individuals with disabilities Truly needy	Program clients who are disabled functionally or mentally-impaired
Trip Restrictions	Program only provides transportation to and from classes.	n/a	Except for fieldtrips, transportation is only provided between clubs and schools	No restrictions as to trip purpose so long as within service area	Provides transportation to and from facilities. Cannot serve persons who are safety risk.
Reservation Policies	Students arrange transportation thru school office.	n/a	Students are signed up for transportation for entire school year	Trip requests are accepted at least one day prior up to one week ahead. No same day trip bookings.	Services are set up as subscription trips at same times each day or same days each week.
Cancellation/ No-Show Policies	Students call to cancel service if sick/absent; 3 consecutive days absent w/o notice and service is cancelled.	n/a	Transportation is seen as privilege and parents generally call to cancel.	3 no-shows without calling to cancel and person will be denied a ride for 30 days.	Service can be terminated with 2 week notice for safety reasons.

Table 2-6 continued

Operator	Friends of Moreno Valley	Inland Aids Project	Operation Safehouse, Inc.	The TRIP Program	Riverside County Regional Medical Center [1]
Description of Transportation Service	Curb-to-curb demand responsive service	Demand response transportation services	Client transportation for (1) Emergency Runaway & Youth Shelter and (2) Transitional Living Program	1. Provide information on transportation alternatives and referral services; 2. Provides volunteer-assisted transportation	1. Established routes to 10 communities in Western R. County 2. Door-to-Door service in same area
Operating Organization	Operated under contract by Diversified Paratransit	Operated by agency staff	Operated by agency staff	The Partnership	RC Regional Medical Center
Geographic Area Served	Moreno Valley origins to destinations within 35 miles of MV	Riverside and San Bernardino Counties	Programs serve all of Riverside County	Services cover all of Riverside County	Western Riverside County
Hours/Days of Service	M-F service only. Hours are flexible but limited	M-F (approx): 6:00 am – 9:00 pm No Sat or Sun services currently	24x7 depending on trip need	24 hours a day, 7 days per week	<u>Routes:</u> M-F 7:00 am – 5:00 pm <u>Door-to-Door:</u> M-F 6:00am – 8:00 pm Sat 6:00 am – 5:00pm Both on-call 24/7
Eligibility	Seniors 60+ and adults 21+ with disabilities	Service is available to anyone in counties who tests AIDS positive	Transportation only provided to clients of agency's two residential programs	Seniors 60+, persons with disabilities and the truly needy who are unable to travel in any other way	Routes: Anyone requiring RCRMC services D-to-D: seniors [65+], disabled & truly needy
Trip Restrictions	No restrictions on trip purpose, however priority is to out-of-town medical trips	Trip purposes are limited to medical appts, support group meetings, counseling and legal appts	Shelter: recreation, counseling, few medical trips. TLC: job interviews, school, counseling, medical appts.	TRIP assistance is not given when trips are possible through public transit or normal family care giving	Non-emergent transport only; no minors w/o parent/guardian; no gurneys, limited ride alongs
Reservation Policies	At least 1 day ahead up to 7 days. First come, first served except priority to wheelchair medical	Requests must be made 48 hours in advance. Emergency same-day services on space-available basis.	Trips arranged by staff and case managers	Once the volunteer relationship is established, travel is arranged between the client and volunteer	Routes: Request 5 days in advance, first come, first served D-to-D: Once eligible, 24 hour advance
Cancellation/No-Show Policies	No policy, not a big problem	No-show clients are contacted by staff; service can be suspended for chronic no-shows.	Not applicable	Not applicable	Both: 24 hour advance notice of cancellation is requested

Notes: 1. Of the two services provided by the Regional Medical Center, only the Door-to-Door service is funded by Measure A.

Table 2-6 Continued

Operator	Court Appointed Special Advocates	The Volunteer Center	Whiteside Manor
Description of Transportation Service	Program provides mileage reimbursement for volunteers	Program provides public transit tickets to nonprofit agencies, churches and government agencies	Transportation for clients in residential care facility
Operating Organization	Volunteers are administered by agency staff	Administered by agency staff	Operated by agency staff
Geographic Area Served	Riverside County	Tickets are provided for RTA regular and ADA service and for Riverside Special Transportation	Service only provided to residents of facility at 5935 Janet Street, Riverside
Hours/Days of Service	7 days a week, hours as coordinated with volunteer	Per schedules of RTA and Riverside Special Transportation	24 hours a day, 7 days per week
Eligibility	Service is available to children [<18 yrs] placed in foster care by the courts	Generally seniors, disabled and truly needy as defined by participating agency	Transportation is available only to clients of residential facility
Trip Restrictions	Trips provided to court hearings, medical appts, counseling, school and some outings	Generally medical appts, job interviews, counseling, training and essential trips, per agency missions	Trips provided to medical appts, court hearings, counseling, group meetings and some outings
Reservation Policies	Transportation is arranged between the foster homes and the volunteers	n/a	Calendar is maintained of trip needs; efforts are made to group similar trips/destinations
Cancellation/No-Show Policies	n/a	n/a	n/a

**Table 2-7
Riverside County Transportation Commission Coordination Plan
System Maintenance Characteristics**

Operator	Beaumont Adult School	Blindness Support Services	Boys & Girls Clubs of Southwest County	Care-A-Van	Care Connexus, Inc.
Maintenance Provider	Beaumont School District	n/a program operates no vehicles	Commercial maintenance vendor	Commercial vendor: Grant Auto	Commercial vendor: Corona Fleet
Maintenance/ Vehicle Storage Location Addresses	School District Yard	--	Vehicles stored at club locations	4 vehicles stored at drivers' homes, 2 at safe agency location	Vehicles stored at facilities
Facility Description: Security	Yes	--	Lake Elsinore: parked at club, unsecured Pechanga: at Casino, secured	n/a	Fenced and gated
Shared with other operations?	Yes	--	n/a	n/a	No
Fueling arrangements	Fueled at School District Yard	--	Commercial fuel vendor	Fueled at County yard in Hemet	Fueling done at Poma Automated Fueling
On-site wash facility w/water capture	Washed at School District Yard	--	Washed at off-site car washes	Washed at off-site car wash	Washed at facilities in parking lots
Capacity for added vehicles?		--	n/a	n/a	n/a
Date Last CHP Terminal Inspection/Results		--		01/09/2007 Satisfactory	May 2007 Satisfactory

Table 2-7 Continued

Operator	Friends of Moreno Valley	Inland Aids Project	Operation Safehouse, Inc	The TRIP Program	Riverside County Regional Medical Center
Maintenance Provider	Diversified Paratransit	Commercial vendor: Sparkman Garage	Commercial vendors: auto dealerships	n/a program operates no vehicles	Riverside County Fleet Services
Maintenance/ Vehicle Storage Location Addresses	Parked-out in MV; maintained at DPI Pomona facility	Vehicles are stored at agency offices, 3756 Elizabeth St.	Vehicles are stored at residential facilities	--	Maintenance: 4293 Orange St. Riverside Storage: Hospital
Facility Description: Security	Residential area, not secured	Parking area is fenced and lighted	Parked in secured areas	--	Lot is patrolled, not secured
Shared with other operations?	No	No	May be parked with staff or residents' vehicles	--	Fleet Services maintains County light duty vehicles
Fueling arrangements	Fueled at commercial gas station	Fueling done at Poma Automated Fueling	Commercial gas stations except for natural gas at City	--	Vehicles are fueled at Fleet Services
On-site wash facility w/water capture	Washed in street or driveway	Generally washed on-site in parking area	Washed at off-site car washes	--	Yes
Capacity for added vehicles?	n/a	n/a	n/a	--	Possible. Fleet Services presently does some non-Co maintenance
Date Last CHP Terminal Inspection/Results	Current vehicle not yet inspected	May 2007 Satisfactory	Not inspected by CHP	--	Unknown

Table 2-7 Continued

Operator	Court Appointed Special Advocates	The Volunteer Center	Whiteside Manor
Maintenance Provider	n/a program operates no vehicles	n/a program operates no vehicles	Commercial vendor: Magnuson's
Maintenance/ Vehicle Storage Location Addresses	--	--	Maintenance: University Av, Riverside Storage: At facility
Facility Description: Security	--	--	Parking area is fenced and lighted
Shared with other operations?	--	--	n/a
Fueling arrangements	--	--	Commercial gas stations using gas cards
On-site wash facility w/water capture	--	--	Vehicles are washed on-site in parking area
Capacity for added vehicles?	--	--	n/a
Date Last CHP Terminal Inspection/Results	--	--	Not inspected by CHP

3.0 ASSESSMENT OF NEEDS: DEMAND ESTIMATION

3.1 INTRODUCTION

Planning for increased coordination among public and human services transportation providers in Riverside County is informed by understanding and measuring the specific populations that use general public dial-a-ride programs. These individuals are best characterized by the target populations of three SAFETEA-LU programs: Section 5310 (Capital Assistance for Seniors and Disabled Individuals), 5316 (Job Access and Reverse Commute), and 5317 (New Freedom). The populations served by these programs are seniors, persons with disabilities, and persons of low income including persons on welfare.

This chapter quantifies Riverside County residents within these population groups and considers these in relation to defined sub-areas of the county. And a rationale is presented for quantifying the specialized trips these individuals may need. Although children are among those using public transportation services, for purposes of developing this demand estimate, only adult population data is considered given the summarized census data characteristics available for persons age 16 and above.

3.2 TARGET POPULATIONS

The Federal Transit Administration has identified three target populations under the SAFETEA-LU programs, Sections 5316, 5317 and 5310. These are persons of low income, persons with disabilities and seniors.

Quantifying the Target Population

Table 3-1 identifies the numbers of these individuals in Riverside County from among the 1.5 million residents, drawn from the 2000 Census population figures. The California Department of Finance estimates the 2010 county population to be 2.2 million, a 45 percent increase over the 2000 census base used in this analysis. The county as a whole is considered as well as the three apportionment areas of Western Riverside County, the Coachella Valley and the Palo Verde Valley. Approximately three-quarters of the County's population live in Western Riverside (77 percent), twenty percent are residents of the Coachella Valley and less than two percent in the Palo Verde Valley (1.7 percent). Although there are more recent countywide data, the 2000 Census provides the baseline for looking at detailed statistics for all of the sub-areas and population groups.

Table 3-1 considers the adult population only, defined as persons age 16 and older except for identification of persons below the poverty line (ages 18 – 64). This table utilizes the 2000 Census figures as the population base for subsequent projections of these target groups. Population growth in Riverside County is substantial and the anticipated rates of growth are documented later in this chapter. By 2030, the county's projected population of 3.5 million will be 127 percent above its 2000 census population of 1.5 million persons.

Table 3-1

TARGET POPULATIONS for JARC, New Freedoms, and Section 5310 Programs

2000 Census Attribute, Summary File 3	Riverside County - People by Category [2000]	% of Total Riverside County Population	Western Riverside - People by Category [2000] [5]	% of Sub Area Population	Coachella Valley - People by Category [2000] [6]	% of Sub Area Population	Palo Verde - People by Category [2000] [7]	% of Sub Area Population
Total Population [1]	1,545,387	100.0%	1,201,307		318,125		25,955	
<i>Percentage of Total County</i>	100.0%		77.7%		20.6%		1.7%	
ADULTS 16-64 [2]	929,974	60.2%	746,397	62.1%	164,701	51.8%	18,876	72.7%
Low-income (ages 18-64) (Below poverty level as defined by the Census Bureau) [3]	112,564	7.3%	85,402	7.1%	25,530	8.0%	1,632	6.3%
Disability (non-institutionalized) Ages 16-64 [4] with a "go outside home" disability	72,519	4.7%	55,421	4.6%	16,245	5.1%	853	3.3%
SENIORS [2]	194,770	12.6%	137,706	11.5%	55,237	17.4%	1,827	7.0%
Seniors, ages 65-74, with % of all seniors	103,117	52.9%	72,640	52.8%	29,361	53.2%	1,116	61.1%
Seniors, ages 75-84, with % of all seniors	71,129	36.5%	51,637	37.5%	18,969	34.3%	523	28.6%
Seniors, ages 85+, with % of all seniors	20,524	10.5%	15,060	10.9%	5,276	9.6%	188	10.3%
Low Income Seniors (Below poverty level as defined by the Census Bureau) [3]	14,437	0.9%	10,165	0.8%	2,929	0.2%	1,343	5.2%
<i>Percentage of Seniors 65+ below poverty level</i>		7.4%		7.4%		5.3%		73.5%
Disability (non-institutionalized) Ages 65+ [4] with a "go outside home disability"	35,593	2.3%	27,197	2.3%	8,067	2.5%	329	1.3%
<i>Percentage of Seniors 65+ with a "go outside home" disability</i>		18.3%		19.8%		14.6%		18.0%
TOTAL TARGET POPULATION RANGES:								
Low End: Adults with disabilities (16-64) and only seniors 75+	164,172	10.6%	122,118	10.2%	40,490	12.7%	1,376	5.3%
Mid Range: Adults with disabilities (16-64) and all seniors 65+	267,289	17.3%	193,127	16.1%	71,482	22.5%	2,680	10.3%
High End: Low income adults (16-64) and all seniors 65+	307,334	19.9%	223,108	18.6%	80,767	25.4%	3,459	13.3%

[1] Census 2000 Summary File 3, Total Population.

[2] Extrapolated from Census 2000 Summary File 3, Sex by Age.

[3] Extrapolated from Census 2000 Summary File 3, Poverty Status in 1999 by age.

[4] Extrapolated from Census 2000 Summary File 3, Age by types of disability for the civilian non-institutionalized population 5 years & over with disabilities. Sub-Area data extrapolated from Census 2000 Geographic County Subdivisions.

[5] Western Riverside - Corona CCD, Elsinore Valley CCD, Hemet-San Jacinto CCD, Idyllwild CCD, Jurupa CCD, Lake Matthews CCD, Murrieta CCD, Norco CCD, Perris Valley CCD, Riverside CCD, San Geronio Pass CCD

[6] Coachella Valley - Cathedral City-Palm Desert CCD, Coachella Valley CCD, Desert Hot Springs CCD, Palm Springs CCD

[7] Palo Verde - Chuckwalla CCD, Palo Verde CCD

Poverty Levels For the 2000 Census, the Riverside County total population was established at over 1.5 million persons. Of this total, 7 percent, or 112,564 adults, were identified as at or below the poverty levels as defined by the U.S. Census. Definitions of poverty by the U.S. Census are made based on a set of money income thresholds that vary by family size and composition. When a family's income is less than the threshold for a family of that size and type, then that family and every individual in it is considered to be in poverty. These thresholds do not vary geographically.⁴

The Riverside County proportion of 7 percent of persons at poverty levels is below both the statewide mean and the national mean of 13 percent.⁵

Among the sub-areas, Western Riverside is right at the county mean with 7.1 percent low-income adults. The Coachella Valley is slightly higher than the county mean, with 8.0 percent low-income adults. And Palo Verde Valley is below the county mean with 6.3 percent of its residents identified as low income.

Disability Characteristics The second population group of interest is persons with disabilities. A disability is characterized by 2000 Census as persons with difficulty performing selective activities of daily living. While the 2000 Census has a number of variables related to disability status, this analysis uses the "go outside the home" disability, with individuals self-reporting that they have a disability that impacts mobility outside the home. The U.S. Census Bureau classification of this disability includes those who because of a physical, mental or emotional condition lasting 6 months or more, have difficulty going outside the home alone to shop or to medical appointments. For Riverside County:

- 4.7 percent of the total population, or 72,519 persons, were adults age 16 – 64 with disabilities.
- 2.3 percent of the total population were persons 65 and older with disabilities, a total of 35,593 senior residents with disabilities, comprising 18 percent of the senior population.

Among the sub-areas, generally comparable proportions were reported with the Coachella Valley showing only somewhat higher proportions of self-reported disability and the Palo Verde Valley with slightly lower proportions of adults with self-reported disability.

Persons with disabilities and persons of low income represent overlap to some extent. The Census Bureau documents that the presence of a disability is associated with lower levels of income. In national studies, the Census Bureau has reported that 13.3 percent of persons with no disability had incomes less than half the median income, 30.4 percent of those with any disability had low incomes, and 42.2 percent of those with a severe disability had low incomes.⁶

Senior Characteristics The senior population has a variety of characteristics of interest to this discussion. The individuals over age 65 in the 2000 census numbered just under 200,000 or 12.6 percent of the Riverside County total population. This is comparable to the state as a whole, with 12 percent of California's population age 65 and older in 2000. Low-income seniors, defined by income in relation to household size, are almost 1 percent of the total county

⁴ U.S. Bureau of the Census, *Income, Earnings and Poverty Data from the 2005 American Community Survey*. B.H Webster, A. Bishaw. Washington, DC, August 2006, p. 20.

⁵ *Income, Earnings and Poverty Data from the 2005 American Community Survey*, p. 22.

⁶ *Current Population Reports, Series P23-194, Population Profile of the United States, 1997*. p. 32.

population (0.9 percent) and represent 7.4 percent of the senior population, age 65 and older. Seniors with disabilities were also identified in the 2000 census, a self-reported category as noted above. Eighteen percent of seniors, or 35,593, characterized themselves as disabled.

In the sub-areas, the Coachella Valley is significantly above the County and State means with 17.4 percent of the population ages 65 and older. Western Riverside is very similar to the County as a whole, with 11.5% of its population 65 and older. The Palo Verde population is a younger group, with just 7 percent of the sub-area population ages 65 and older.

A third group of potentially vulnerable seniors are the older senior populations, those 75 and older and those 85 and older. Advanced age is associated with increased rates of disability.⁷ Over 71,000 seniors are between the ages of 75 and 84, representing 53 percent of the total county senior population, and another 20,500 are 85 and older, representing 10.5 percent of the county senior population. More than 11 percent of the senior population in California as a whole are 85 and older, a percentage only slightly larger than that for Riverside County seniors.

The physiology of aging identifies age 75 as the age point at which the natural effects of the aging processes are increasingly likely to impinge upon lifestyle, health status and general well-being. This is not to say that every 75 year-old is going to have difficulty getting around. However, it does indicate that statistically, there is increased incidence of disease and risk of falling that result in mobility impairments. The consequences of stroke and heart disease, as well as various chronic conditions or degenerative processes can also limit mobility.⁸

For persons age 85 and older, these rates of higher incidence of chronic disease and impairment increase more dramatically. Although not true of every individual 85 or older, this population is highly likely to have increased special needs and requirements when it comes to moving about their local community. This group is also the subset of the senior population that is expected to grow at the fastest rate with the aging of the baby boomers.

Target Population Ranges

As presented in Table 3-1, and supported by the discussion above, it is useful to look at ranges of persons in the defined and overlapping target population, a group ranging between 164,000 and 307,000 persons. As noted previously, ranges are used because some overlap exists among these demographic categories. For example an individual may be both disabled and of low income, or a senior may also be disabled. Three ranges of target populations are proposed for the County's total population, again using the 2000 census data as a base:

- **Low End:** Adults with disabilities (ages 16 -64) and only seniors 75+ = **164,172 persons**
- **Mid Range:** Adults with disabilities (ages 16-64) and all seniors 65+ = **267,289 persons**
- **High End:** Low income adults (ages 16-64) and all seniors 65+ = **307,334 persons**

For the three sub-areas of interest within the county, the comparable target population ranges are:

- for **Western Riverside County: 122,000 to 223,000 persons,**
- for **Coachella Valley: 40,500 to 81,000 persons,** and
- for the **Palo Verde area: 1,400 to 3,500 persons.**

⁷ U.S. Bureau of the Census, *Current Population Reports, Series P23-194, Population Profile of the United States, 1997*. Washington DC, 1998, p. 50-51.

⁸ Spirduso, W. *Physical Dimensions of Aging, Human Kinetics, 1995, p. 28.*

3.3 FUTURE POPULATION PROJECTIONS

Anticipating future population impacts, population projections for Riverside County are presented in Table 3-2 with estimates for the years 2010, 2020, and 2030. The California Department of Finance estimates that by 2010 the county's population will be 2.2 million, and 2.9 million by 2020. By 2030 the population is estimated to be 3.5 million persons, a staggering increase of 127 percent over the 2000 population.

Table 3-2

TARGET POPULATIONS for JARC, New Freedoms, 5310 Programs -- POPULATION PROJECTIONS				
		California Dept. of Finance Population Projections for Total Riverside County Population		
2000 Census		2010	2020	2030
Total Riverside County Population	1,545,387	2,239,053	2,904,848	3,507,498
	<i>% Change Over 2000 Population</i>	45%	88%	127%
Adults with disabilities and/or low income adults, ages 18 to 64	72,519 5% to 7% of total population 112,564	111,953 5% 156,734 7%	145,242 5% 203,339 7%	175,375 5% 245,525 7%
Seniors age 65 and older, including oldest seniors, 85+ (1% of total population), seniors with disabilities (2% of total population) and low-income seniors (1% total population).¹	194,770 12.6% of total population	282,121 12.6%	377,630 13%	473,512 13.5%
TOTAL TARGET POPULATION RANGES:				
Low End Range: Adults w/ disabilities and only seniors 75+	164,172 10.6%	n/a	n/a	n/a
Mid Range: Adults w/ disabilities and all seniors 65+	267,289 17.3%	394,073 18%	522,873 18%	648,887 19%
	<i>% Change Over 2000 Population</i>	47%	96%	143%
High End Range: Low income adults (16-64) + all seniors 65+	307,334 19.9%	438,854 20%	580,970 20%	719,037 21%
	<i>% Change Over 2000 Population</i>	43%	89%	134%

Notes:

¹ State of California Dept. of Finance Race/ Ethnic Population Projections with Age and Sex Detail, 2000 - 2005, Sacramento, CA., July 2007. Riverside County estimates show slightly lower numbers and of seniors population for 2010 (230,558 persons) and for 2020 (322,248 persons), with a slightly higher number of seniors for 2030 (487,707 persons).

Table 3-2 presents projections of the target populations, based upon California Department of Finance total county population estimates. These are combined with straight projections of the adult low-income population and the disability adult populations, in combination with a steadily increasing senior population. Adults with disabilities (ages 16-64) plus seniors ages 75 and older represent the low end of the ranges. Low-income adults (ages 16-64) plus all seniors represent the high end of the range and, combined, suggest target population ranges of:

- between **394,073 to 438,854 persons** by 2010,
- between **522,873 to 580,970 persons** by 2020,
- between **648,887 to 719,036 persons** by 2030.

The percentages of the target population increase modestly, at the mid range from 17 to 19 percent of the total population and up to 21 percent by 2030 for the range's high end. The sobering change however is in the raw numbers of individuals involved, reflecting the county's overall population growth. These rates of change, over the 2000 population, increase as follows with the high end of the range increasing at somewhat slower rates than the lower end:

- by 2010, **increasing range of 43 percent to 47 percent** from the 2000 population
- by 2020, **increasing range of 89 percent to 96 percent** from the 2000 population
- by 2030, **increasing range of 134 percent to 143 percent** from the 2000 population.

In terms of developing these target population projections, the low-income population is held at a steady rate, anticipating that change is unlikely for this group. The disability population may be an increasing proportion, as increases in the number of adults with disabilities are suggested by evidence in the public health literature. Predicted increases in disabilities among younger cohorts may be due to rising obesity rates.⁹ For purposes of this analysis, such possible growth is represented within the range of adults age 16 to 64 inclusive of those of limited means. There is some demographic evidence, at the national level, that the proportion of seniors in poverty is decreasing as the baby-boomers age. This suggests that while tomorrow's seniors will be increasing significantly in quantity, they may also be more able to offset the costs of the services they require.¹⁰

3.4 DEMAND ESTIMATION

Anticipating what level of trips these persons need and what proportion of these trips are unmet or undermet are other areas of inquiry. Table 3-3 presents an estimate of the potential trip demand for specialized transit trips hypothesized for these target populations, drawing upon trip making rates in various national research efforts.

Utilizing the population estimates presented in Tables 3-1 and 3-2, Table 3-3 uses average daily trip rates, defined as the number of one-way trips per day made by an individual, developed through national research to establish a total level of trips these groups may be making on a typical weekday. These trip rates are annualized to establish annual trips made. Assumptions are then applied as to the proportion of trips made on transit or specialized transportation.

In Table 3-3, the target population data discussed above return to the 2000 Census adult population estimates developed in Table 3-1. This revealed that for adults below age 65, proportions of 5 to 7 percent were persons of low-income, disabled, or may fall into both categories, somewhere between 72,500 and 112,500 persons. Seniors in various sub groups are considered, including those who are low income (7 percent of seniors), those with disabilities (18 percent of seniors) and those over age 75 where general health conditions are more prevalent (47 percent of seniors).

Table 3-3 proposes mean trip rates for these persons, estimates the number of total trips taken by these individuals annually, estimates the number of these trips potentially taken on public transit and, of these, the proportion that may require specialized transportation or additional assistance.

⁹ www.pubmed.gov, website of the National Library of Medicine and the National Institutes of Health, as cited in SACOG Region Senior and Mobility Study, 2007, p. 10.

¹⁰ U.S. Bureau of the Census, *Current Population Reports, Series P23-194, Population Profile of the United States, 1997*. Washington DC, 1998, p. 4.

**Table 3-3
Specialized Transit Trip Demand Estimation for
SAFETEA-LU Target Populations (2000 Census)**

Riverside County Target Population, Census 2000 Base	Column A	Column B	Column C	Column D	Column E
	Mean Trip Rates Per Day ¹	Estimated Annual Trips, All Trips (Trip Rate * Target Population * 255 days)	% Trip Made On Public Transit	Annual Trips Potentially on Public Transit (Annual Trips * Public Transit Rate)	Annual Trips Requiring Special Assistance @ 25% of Public Transit Trips
Adults (age 16 – 64)					
Disabled population at 4.7% of adult population, ages 16-64 [112,564 persons]	3.7 ¹¹	68,421,677	8.5% ¹³	5,815,843	1,453,961
Low income population at 7.3% of adult population ages 16-64 [72,519 persons]		106,204,134		9,027,351	2,256,838
Seniors (ages 65+)					
Seniors low-income at 7.4% of age 65+ [14,437 persons]	3.4 ¹¹	12,516,879	3% ¹⁵	375,506	93,877
Seniors with disabilities at 18.3% of age 65+ [35,593 persons]		30,859,131		3% ¹⁵	925,774
Seniors age 75+ when mobility issues become increasingly critical, at 47% of age 65+ [91,653 persons]	2.1 ¹²	49,080,182	2% ¹¹	981,604	245,401
Target Population Trip Ranges for Riverside County	Trip Making Estimate Ranges to	Low end trip range: Adults with disabilities (16-64) and seniors low income or disabled (up to 36% of seniors)	to	6,741,616	1,685,404
		Hi end trip range: Low income adults (16-64) and seniors 75+ (up to 47% of seniors)		10,008,955	2,502,239
Trips Per Capita, At High End of Ranges [2000 Census Population Base of 1,545,387]		100.5		6.5	1.6

Notes:

- [1] Bureau of Transportation Statistics, 2001 National Household Travel Survey - Trip rates for 65+, Not Employed; Medical Conditions Limiting Travel
- [2] National Cooperative Highway Research Program "Estimating Impacts of the Aging Population on Transit Ridership", p. 17 (2006)
- [3] Sacramento Area Council of Governments Household Travel Survey of 1999; In Senior & Disabled Mobility Study, p. 9 (2006)
- [4] Freedom to Travel, U.S. DOT Bureau of Transportation Statistics (2002)
- [5] Transportation Research Report, TCRP Report 82: Improving Public Transit Options for Older Persons (2002) and 2001 National Household Travel Survey (6%)

Mean trip rates (Column A in Table 3-3) are the *average number of one-way trips per day* made by an individual. Mean trip rates are drawn from several published sources.

- The longstanding source is the 2001 *National Household Travel Survey* (NHTS) which is routinely used as a basic data set by which to understand travel patterns of various subsets of the population. This disaggregated study is built up from a relatively small “n” but distributed around the country so that it is not geographically limited to a single region. Because extensive work has been done with this data set, and a similar 1999 study, it is the most common source for daily trip rate activity.
- U.S. DOT Bureau of Transportation Statistics publishes mean trip rates for persons age 65, for those not employed, and for those with medical conditions limiting travel.
- Also used is work published by the National Cooperative Highway Research Program (NCHRD) in a study entitled *Estimating Impacts of the Aging Population on Transit Ridership* (2006). Considerable research has been done by the highway industry to understand the effects of the aging process and its implications for road and highway design. This particular study disaggregated the travel patterns of seniors of different ages and mobility levels and their published mean trip rate for the oldest old, defined as age 85 and older is used here.
- Several sources were used in attributing mode share to these subgroups. The U.S. DOT Bureau of Transportation Statistics published a study *Freedom to Travel* (2002) that examined the trip making behavior of various groups. It included an analysis of

persons with disabilities and did identify them as high users of public transit, at rates of 25 percent and more of trips made, unlike the mode share for the general population of 4 percent or less.

- By contrast, the Sacramento Council of Governments conducted a 1999 disaggregated travel survey of seniors and the disabled populations and established a mode share of 8.5 percent use of transit by persons with disabilities,. This is a region that is transit-friendly to persons with disabilities and conducive to using transit. This lower rate of use is used here.
- Finally a Transit Cooperative Research Report (TCRP), Report 82: *Improving Public Transit Options for Older Persons*” (2002) identified a 3 percent public transit utilization rate by seniors in urbanized areas. This was half the mode share suggested by the 2001 *National Household Travel Survey* but this lower rate of use is used in Table 3-3 to help ensure a conservative, low-end estimate.

Table 3-3 uses these sources to establish the daily “mean” trip rate per person in each subgroup (Column A). This rate is multiplied by target population group number, times 255 days, to establish a mean weekday travel figure for the year (Column B). For the subgroups identified this represents a range of 99.3 million to 155.2 million trips a year, weekdays only trips by all modes, all methods by which these individuals might travel.

Then the various rates of public transit use, drawn from the literature and discussed above, are applied to establish the proportions of these trips potentially using public transit (Column C). Multiplying these public transit rates times the annual trips taken establishes the range of public transit trips, between 6.7 million and 10 million trips are needed by members of the target populations (Column D).

A further calculation is made to identify the proportion of these trips – hypothesized for this calculation as one in four trips (25 percent) -- where some kind of special intervention, additional information or assistance, or particular requirement may be needed (Column E). For the Riverside County as a whole, this is estimated at almost 1.7 million and up to 2.5 passenger trips, given the 2000 census population base. A per capita indicator for these numbers is calculated, suggesting that 1.6 trips per capita will reflect the high end of the range, at 2.5 million passenger trips. As the proportion of persons requiring these specialized trips grows, the relative need for increased numbers of these trips will grow also.

3.4 TRIPS CURRENTLY PROVIDED

To assess the impact of any demand estimation for the target populations within Riverside County, it is necessary to understand how this compares with the level of trips currently provided. Table 3-4 presents these trips, both public transit and specialized transit trips provided for FY 2005/06, the year for which the most complete data is available.

- RCTC’s commuter rail trips total 2.7 million, **19 percent of all the trips reported** in Table 3-4.
- Public fixed-route transit are just under 10.6 million trips, **76 percent of all trips reported** on Table 3-4. These trips were provided by Riverside Transit Agency, including RTA contract services, SunLine Transit, Banning and Beaumont services, City of Corona and Palo Verde Valley Transit.

**Table 3-4
FY 05-06 Public Transit and Other Specialized Transit Trips Provided**

FY 05-06 Public Transit and Other Specialized Transit Trips Provided		
California State Dept. of Finance 2006 Population for Riverside County [1] 2,005,477	Trips	% of All Trips
Rail [2]	2,700,117	19%
RCTC Commuter Rail - Riverside	1,101,646	
RCTC Commuter Rail - Inland Empire Orange County	1,066,541	
RCTC Commuter Rail - 91	531,930	
Public Bus, Fixed Route [2]	10,575,445	76%
RTA FR	5,718,234	
SunLine FR	3,474,361	
RTA Contract FR	916,366	
Banning FR	183,265	
Corona FR	146,983	
Beaumont FR	89,962	
Palo Verde Valley FR	46,274	
Public Demand Responsive [2]	548,845	4%
RTA DAR	199,322	
Riverside Special Transportation Services DAR	145,223	
Sunline DAR	83,956	
Corona DAR	58,892	
Beaumont DAR	28,656	
RTA Taxi	18,536	
Banning DAR	9,463	
Palo Verde Valley DAR	4,797	
Measure A Providers	61,859	0.4%
The TRIP Program / Partnership to Preserve Independent Living	24,393	
Care Connexus	13,755	
Care-A-Van	9,295	
Beaumont Adult School	4,994	
Friends of Moreno Valley	4,842	
City of Norco	2,606	
Inland AIDS Project	1,974	
The Volunteer Center [4]	[49983]	
Stakeholder Survey with Human Service Agency Trips Reported [3] (n=11 agencies)	70,824	0.5%
ALL TRIPS: Including Rail, Public Transit, Measure A , stakeholder survey human service agency trips	13,957,090	100%
<i>Trips per Capita for 2006 Total Population</i>	7.0	
ALL TRANSIT TRIPS: Public Transit, Measure A Specialized Transportation and stakeholder survey human services agency trips reported	11,186,149	80%
<i>Trips per Capita for 2006 Total Population</i>	5.6	
ALL DEMAND RESPONSE/ SPECIALIZED TRANSIT TRIPS: Public demand response, Measure A providers, stakeholder survey human services trips reported	681,528	5%
<i>Trips per Capita for 2006 Total Population</i>	0.3	
ONLY TRANSIT FUNDED DEMAND RESPONSE/SPECIALIZED TRANSIT TRIPS: Public demand response and Measure A providers	610,704	4%
<i>Trips per Capita for 2006 Total Population</i>	0.3	
STAKEHOLDER SURVEY: Human Service Agency Trips Reported [3] (Total n=11 agencies)	70,824	1%
<i>Trips per Capita for 2006 Total Population</i>	0.0	

Notes:

[1] State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2050. Sacramento, CA. July '07

[2] RCTC Transtrack SRTP Service Summary - FY 05/06 Audited

[3] 2007 Riverside County Public Transit-Human Services Coordination Plan by A-M-M-A * Survey trip total excludes public transit operators and Measure A providers that reported trips but are already counted above. Excludes the commercial providers who reported a total of 398,700 trips.

[4] Trips subsidized by The Volunteer Center are already reported in RTA trip data.

- Public demand response programs provided are almost 550,000 or **4 percent of total trips** reported. Providers include the Riverside City Special Transportation Service, as well as RTA taxi and dial-a-ride programs operated by or contracted on behalf of each of the fixed-route operators.
- The Western Riverside Measure A program has 7 programs providing trips, totaling almost 62,000 trips or **0.4 percent of total trips reported**. The providers of these trips include the TRIP mileage-reimbursement program, Care Connexus, Care-A-Van, Beaumont Adult School, Friends of Moreno Valley, the City of Norco, and Inland Aids. Additionally, almost 50,000 bus tokens and passes distributed by The Volunteer Center.

Not included in this count are trips provided by new FY 2007 participants in the Measure A program, including Riverside Regional Medical Center, the Boys and Girls Club of Southwest County Operation Safehouse, and CASA (Court Appointed Special Advocates).

- The stakeholder survey returned responses of trips provided that are not otherwise accounted for in the above numbers. Considering just human service agency trips, reported trips provided by 11 agencies annualized to almost 71,000 trips. The public transit agencies and commercial providers are excluded from this number so as not to double count. These trips are modest in number, one half of one percent of the total trips reported, and slightly more than the 62,000 trips provided by Measure A providers for this period. Clearly the human service agencies are providing significant numbers of trips, even with this modest sample of just 11 agencies reporting trip information.

Presented at the bottom of Table 3-4 are a series of totals for these various types of transportation services, considering: all trips, just transit trips, only demand response and specialized transit trips, only transit-funded specialized transit trips and only stakeholder trips. These reflect the varying levels of resources currently available within Riverside County as a whole.

Contrasting the Demand Estimate with Trips Provided

Trips by the different service provision modes were noted on Table 3-4, accounting for almost 14 million trips provided during FY 2006/07. The demand estimate presented previously in Table 3-3 suggests demand levels of 1.7 million to 2.5 million trips are needed by the target populations, using the 2000 Census population as a base from which to estimate this demand.

With Riverside County, as a whole, the provision of just under 14 million trips represents 7.0 trips per County resident per year, calculated with 2006 California Department of Finance population estimate for the County's total population. This 7.0 trips per capita measure is well above that 1.6 trips per capita estimate of need developed in Table 3-4 suggesting that certain levels of demand are in fact being met.

However, looking only at the demand response and specialized transit trips provided, that level of 681,528 trips or 0.3 trips per capita is well below a demand level of 1.6 trips per capita that was calculated against a population base that has been growing for 7 years. Relating **trip demand to trips provided** is complicated by the fact that members of the low-income population can use public fixed-route services. Any demand estimate is not looking solely at the demand responsive trip needs of a senior population or persons with disabilities as they have

been in the past when the JARC target population was not considered. Nonetheless, clearly there is a need to grow trips on two dimensions: 1. growing the volume of total trips, across all modes, given this county's anticipated population growth and 2. growing the type of trips provided which is suggested by the descriptions of need presented in subsequent sections of this document. While there is certainly need for increased quantity and types of trips to be made available for these target populations, the demand estimate is sufficiently close to the current range of trips provided to suggest that this task is achievable.

3.5 DEMAND ESTIMATION SUMMARY COMMENTS

This subsection presents a rationale by which to quantify the target populations, utilizing census variables and establishing a range of 143,700 persons up to 307,000 persons based upon the 2000 Census. These individuals represented between 9 percent and almost 20 percent of Riverside County's total 2000 population of 1.5 million residents. They are comprised of adults between the ages of 16 and 64 who are low income and/or are disabled and seniors ages 65 and older. Just over three-fourths of these persons live in Western Riverside County, one in five in the Coachella Valley and less than 2 percent (26,000 persons) live in the Palo Verde Valley.

There are some differences in the basic characteristics of the target populations among the three identified areas. Western Riverside residents are just at the statewide means of proportion of low income (7 percent) and proportion of seniors (12 percent). The Coachella Valley residents are significantly older, with 17 percent ages 65 and older, and have a higher proportion of adults with disabilities, reflecting that retirement-oriented region. The Palo Verde area is a younger population, just 7 percent are seniors and this area is below the mean proportions of adults ages 16 to 64 who are low income (6 percent) or disabled (3 percent).

The base target population proportions are projected forward, using general population estimates developed by the California Department of Finance and other assumptions about changes in the senior population and the base adult population. The projections suggest significantly increasing numbers of Riverside County residents will be within the target populations:

- By 2010, up to almost 440,000 persons
- By 2020, up to almost 581,970 persons
- By 2030, up to almost 720,000 persons.

At the high end of the ranges presented, the population grows from 19 percent to 21 percent over the thirty-year period. In terms of the rates of growth represented, these are substantial and reflect Riverside County's overall continuing growth, increasing by 47 percent between 2000 and 2010 and by as much as 143 percent by 2030, over the 2000 census-based estimates.

Trip demand is also considered in relation to the target population. Using a rationale for *mean trips per day* and estimating the proportion of those trips that might present for public transit, an estimate was developed for public transit demand. This represented a range of 6.7 million trips to over 10 million trips. This is a conservative trip demand estimate for weekday trips only, exclusive of holidays. Of these, it is hypothesized that one in four trips (25 percent) will require some level of specialized assistance, reflecting the trip demand appropriate to this plan. This is represented as a range of 1.7 million to 2.5 million annual trips for Riverside County's 2000

census population. This level of demand is further characterized as 1.6 trips per capita of trips either unmet or undermet need on behalf of the target populations.

Relating these demand indicators to trips provided is encouraging in that the current volume of all trips provided is well above these demand levels. The County's FY 2005/06 trips totaled almost 14 million across all service provision modes, including rail, public fixed route and demand responsive service, Measure A providers and a small survey response from human service agency trips provided. A breakdown of the 14 million trips, which can be represented as 7.0 trips per capita, shows the demand response trips totaled over 681,000 trips and account for just 0.3 trips per capita. The demand response level of currently available trips is well below the 1.6 trips per capita indicator of needed trips.

This planning process documents unmet transit needs of a variety of types and characteristics suggesting the demand estimate will reflect latent demand, **trips not currently served**. Further as the years forward from the 2000 census-based population grow, the demand for specialized transit trips will also grow with the County's dramatically increasing population. The goal suggested then is to provide high quality transit and specialized service that can meet growing demand and meet for some portion of the individualized trips needed by members of the target populations.

Subsequent sections of this document reveal need in a variety of ways, by trip type, by geographic area and time of day and by levels of service required, suggesting that there does exist latent demand that is not yet addressed by the trips currently provided. Additionally, riders potentially eligible for ADA services will increase as population grows and the baby boomer generation increasingly reaches senior status above 65 years of age where disabilities increase and additional specialized transportation trips will be needed.

4.0 ASSESSMENT OF NEEDS – STAKEHOLDER SURVEY FINDINGS

4.1 INTRODUCTION

This chapter presents the stakeholder survey which was conducted as one strategy by which to bring new players into the transportation-planning environment and to begin to quantify needs and resources that might suggest coordination opportunities. The discussion focuses primarily on survey responses from public transit and human service agencies.

4.2 STAKEHOLDER SURVEY APPROACH

The stakeholder survey was designed to bring quantitative descriptions to the assessment process, both about existing public transportation services and about human service resources and needs expressed by both groups. The mail-back survey processes and findings are described here.

Constructing a Mailing List Considerable effort was made to construct a master database that would reflect the breadth of human services and public transit organizations in Riverside County. Listings were compiled from a variety of sources, including RCTC's Measure A mailing lists and Riverside County participants at a 2005 non-emergency medical transportation conference.

Additionally from the California Motor Vehicle Department, the California Highway Patrol (CHP) terminal yard listings were obtained. This list reflects those transportation operators that the CHP inspects annually for safety and compliance with California code. There were 117 current records for the 2006 year in the CHP terminal yard inspection listing. Finally, some Internet searching was done to check lists of senior centers, adult day health care centers, and major social service agencies among others.

An initial database of over 500 records was constructed through these processes. Deletions of duplicate records and consolidation of other records where two contacts existed were necessary before a mailing could be conducted. The list was further reduced by bad address and returned mail, and revised by new address information for a final database count of 477 agencies

Designing the Survey The survey tool itself was modified to reflect Riverside County; it was derived from earlier versions used in three Southern California counties: San Diego, Ventura and Los Angeles Counties. The survey was designed around two primary objectives. First, it was intended to be easy-to-answer, short with no more than two-pages, and with as many check-box and closed-ended responses as possible. Secondly, it was applicable both to agencies which did not provide transportation and to those which did provide transportation. The rationale for this is that both groups have some understanding of unmet transportation needs, albeit from different perspectives.¹¹ One survey page asked questions about agency characteristics and transportation needs; the second page asked about the agency's transportation function.

¹¹ The final version of the survey included 23 questions, which in addition to contact information asked four agency characteristic questions, four questions on needs and coordination issues, and 15 questions about the transportation services provided. Among these there were three open-ended questions, with most questions providing check-box options for response.

Constructing the Database A relational database was built to serve the inventory, constructed in Microsoft Access from the original mailing list data set. The database consists of three primary tables and several supporting tables.

- Table **Agencies** - agency name and address, source(s) of agency record
- Table **Survey** - inventory data
- Table **Contacts** - contact information on the individuals participating in this locally developed planning process

Supporting tables include look-up tables for coded inventory questions and other tables, such as zip codes used with the sector table for assigning surveys to sub-areas within the county.

The “contacts” table has been maintained through the project, to identify individuals within agencies who have transportation concern. Finding the “right” people within agencies remains a priority to promoting coordination and therefore remains a critical part of this plan. These databases will be provided to RCTC at the end of the project for ongoing use and maintenance.

4.2 STAKEHOLDER SURVEY FINDINGS

The finalized survey, included as Appendix A, was mailed out to stakeholder agencies in early summer 2007. A cover letter from the Riverside County Transportation Commission explained the survey’s intent towards preparation of the locally-developed coordinated plan for all of Riverside County. A return envelope was included, to facilitate return mail of the survey although the survey could also be returned by fax or email.

As of this writing, 75 surveys were received, representing a 16 percent return rate on the current database of 477 agency records. Included as Appendix B are the summary data reports for the survey questions, presented and discussed in this subsection.

4.2.1 Characteristics of Responding Agencies

This section describes legal characteristics, caseload sizes and client populations served for the responding agencies. Figure 4-1 shows that the largest group of responding agencies were public agencies (29 agencies - 39 percent), followed closely by private, non-profit agencies (27 agencies - 36 percent). Private, for-profit agencies were third most frequent (16 agencies - 21 percent). Faith-based and tribal organizations were the least frequent with a combined total of just three agencies.

Agency locations by subarea of the County are presented in Figure 4-2 and an alphabetical listing by legal type is presented in Table 4-1 following Figures 4-1 and 4-2..

- The largest group of respondents, not surprisingly, is from the Riverside city area, including Moreno Valley (32 agencies - 43 percent).
- Coachella Valley was also well represented with about one-fifth of all respondents (15 agencies - 20 percent).
- Norco/Corona and the Central areas of Western Riverside County had comparable numbers of respondents (Norco/Corona: 7 agencies - 9 percent; (Central area: 9 agencies - 12 percent).
- The fewest responses were received from southern Western Riverside County and from the Palo Verde area with three agencies each (5 percent).
- Four agencies located outside Riverside County were among the respondents.

Figure 4-1

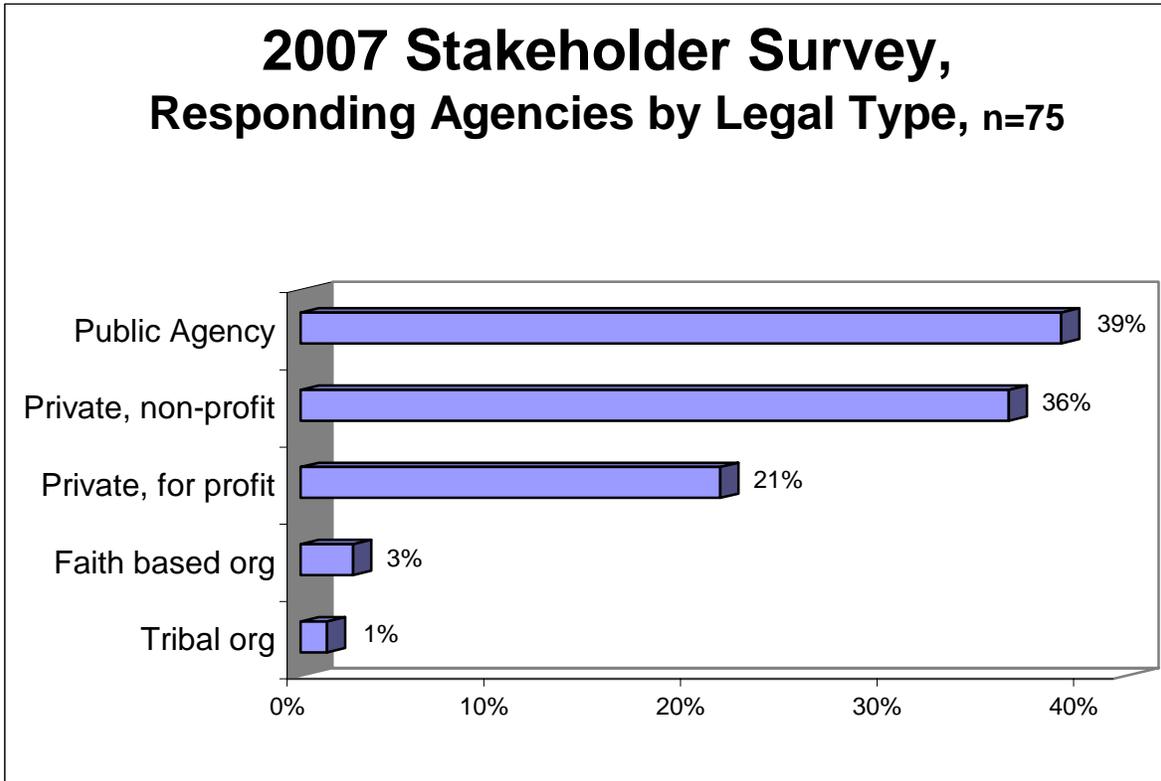
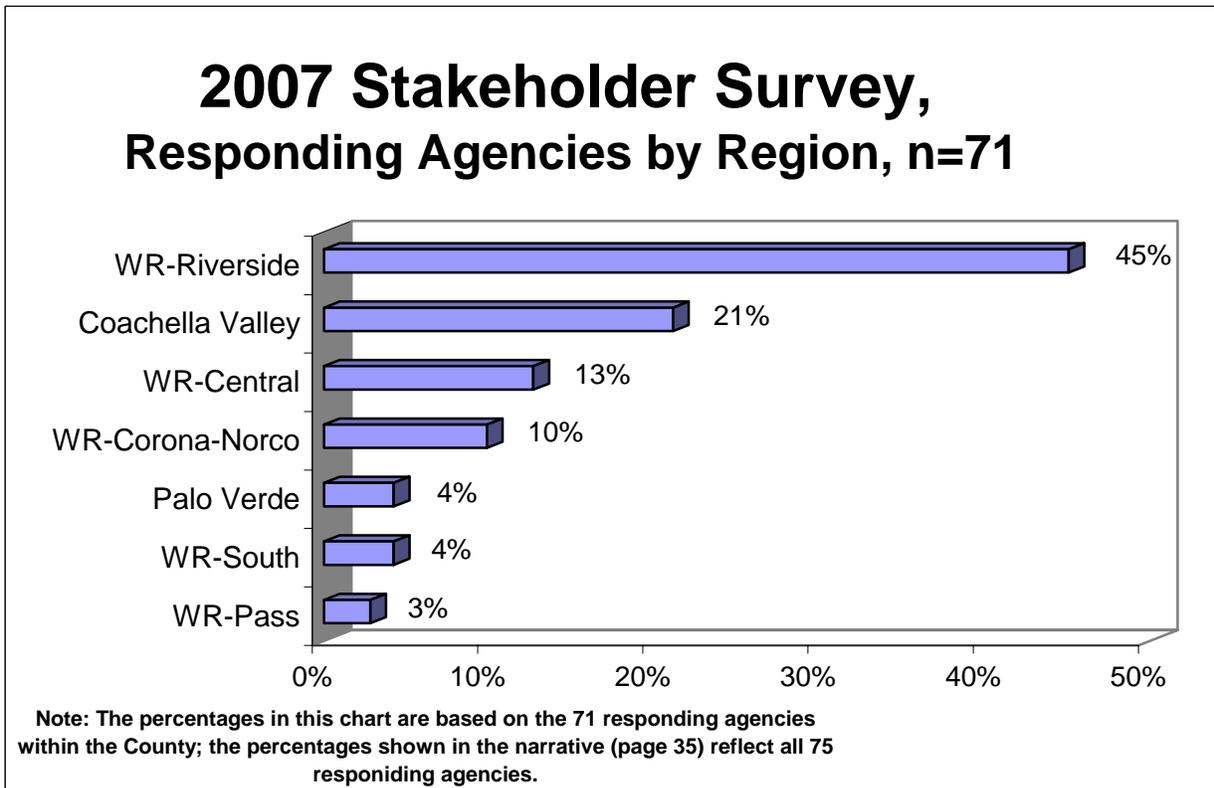


Figure 4-2



**Public Transit-Human Services Transportation Coordination Plan For Riverside County
Final Report**

Table 4-1, Stakeholder Survey Respondents by Legal and Service Types (as of 12/19/07)

Corona United Methodist Church	Church affiliated	Human Serv - Non-hlth
Catholic Charities	Church affiliated	Human Serv - Non-hlth
Celebrity Tours LLC	Private, for profit	Prov
Express Transportation Systems	Private, for profit	Prov
Mainstream Tours	Private, for profit	Prov
Coachella Valley Taxi Owners Association	Private, non-profit	Prov
DaVita - Corona Dialysis	Private, for profit	Human Serv - Health
DaVita Magnolia West Dialysis (2012)	Private, for profit	Human Serv - Health
DaVita Montclair Dialysis	Private, for profit	Human Serv - Health
DaVita Riverside Dialysis Center	Private, for profit	Human Serv - Health
Desert Hills Alzheimers Special Care Center	Private, for profit	Human Serv - Health
Inland Faculty Medical Group	Private, for profit	Human Serv - Health
Magnolia Rehabilitation & Nursing Center	Private, for profit	Human Serv - Health
PPMC - Primary Provider Management Company	Private, for profit	Human Serv - Health
Stroke Recovery Center	Private, for profit	Human Serv - Health
Axiom Counseling Team	Private, for profit	Human Serv - Non-hlth
Home Instead Senior Care	Private, for profit	Human Serv - Non-hlth
Inland Empire Adult Day Health Care	Private, for profit	Human Serv - Non-hlth
Seniors Helping Seniors	Private, for profit	Human Serv - Non-hlth
Eisenhower Five Star Club	Private, non-profit	Human Serv - Health
Inland AIDS Project	Private, non-profit	Human Serv - Health
MFI Recovery Center	Private, non-profit	Human Serv - Health
Basic Occupational Training Center	Private, non-profit	Human Serv - Non-hlth
Boys & Girls Club Of Desert Hot Springs	Private, non-profit	Human Serv - Non-hlth
Care A Van Transit - Prime of Life, Inc.	Private, non-profit	Human Serv - Non-hlth
Care Connexus, Inc. Adult Day Services	Private, non-profit	Human Serv - Non-hlth
Coachella Valley Resue Mission	Private, non-profit	Human Serv - Non-hlth
Community Access Center	Private, non-profit	Human Serv - Non-hlth
Community Assistance Program	Private, non-profit	Human Serv - Non-hlth
Corona - Norco Settlement House	Private, non-profit	Human Serv - Non-hlth
Daybreak Adult Daycare Services	Private, non-profit	Human Serv - Non-hlth
Desert Blind and Handicapped Association, Inc.	Private, non-profit	Human Serv - Non-hlth
Desert Samaritans For The Elderly	Private, non-profit	Human Serv - Non-hlth
Hospice of the Valleys	Private, non-profit	Human Serv - Non-hlth
Indio Senior Center	Private, non-profit	Human Serv - Non-hlth
Inland Regional Center	Private, non-profit	Human Serv - Non-hlth
Jewish Family Service of the Inland Communities	Private, non-profit	Human Serv - Non-hlth
Martha's Village and Kitchen	Private, non-profit	Human Serv - Non-hlth
Persons with Disabilities	Private, non-profit	Human Serv - Non-hlth
Senior Shuttle, Inc.	Private, non-profit	Human Serv - Non-hlth
Southern California Indian Center, Inc.	Private, non-profit	Human Serv - Non-hlth
Sun City Concern, Inc.	Private, non-profit	Human Serv - Non-hlth
The Carolyn E. Wylie Center for Children & Youth	Private, non-profit	Human Serv - Non-hlth
Wildomar Community Council	Private, non-profit	Human Serv - Non-hlth
Wildomar Senior Community	Private, non-profit	Human Serv - Non-hlth
City of Banning - Public Works	Public	General Public
City of Corona	Public	General Public
City of Riverside - Specialized Transit	Public	General Public
Palo Verde Valley Transit Agency	Public	General Public
Riverside Transit Agency	Public	General Public
Southern California Regional Rail Authority - Metrolink	Public	General Public
Sunline Transit Agency	Public	General Public
Sunline Transit Agency - Access Committee	Public	General Public
Riverside County Department of Mental Health	Public	Human Serv - Health
Riverside County Department of Mental Health - Adult Services	Public	Human Serv - Health
Riverside County Department of Mental Health -Blythe	Public	Human Serv - Health
Riverside County Department of Public Health	Public	Human Serv - Health
CalWorks GAIN Program	Public	Human Serv - Non-hlth
City of Moreno Valley	Public	Human Serv - Non-hlth
Corona Senior Center	Public	Human Serv - Non-hlth
Dept. of Veteran's Services	Public	Human Serv - Non-hlth
DPSS - Administration - County Wide Emplment Service	Public	Human Serv - Non-hlth
Eddie Dee Smith Senior Center	Public	Human Serv - Non-hlth
First 5 Riverside	Public	Human Serv - Non-hlth
Hemet GAIN	Public	Human Serv - Non-hlth
Lake Elsinore Family Care Center	Public	Human Serv - Non-hlth
Lake Elsinore Senior Center - CARE Program	Public	Human Serv - Non-hlth
Riverside County Community Action Program	Public	Human Serv - Non-hlth
Riverside County Office of Education - Children's Services Unit	Public	Human Serv - Non-hlth
Riverside County Office on Aging - RSVP	Public	Human Serv - Non-hlth
Riverside County Office on Aging - Transportation	Public	Human Serv - Non-hlth
Riverside County Substance Abuse	Public	Human Serv - Non-hlth
Supervisor John Tavaglione Second Dist. Riverside Co.	Public	Other
Palo Verde Unified School District	Public	General Public
Riverside/San Bernardino County Indian Health	Tribal services	Human Serv - Health

Agency Reported Caseloads Agencies and organizations estimated the number of persons on their caseloads, the average daily attendance, and those who required specialized transportation assistance and/ or were traveling in a wheelchair (Table 4-2).

**Table 4-2
2007 Stakeholder Survey, Reported Caseload and Daily Ridership**

Caseload Related Questions	n=75	Private, For Profit	Private, Non- Profit	Public Agency	Faith Based Org.	Tribal Org.
		16	27	29	2	1
Enrolled clients/ consumers	439,549	236,694	49,133	151,247	1,520	955
Daily attendance/ ridership	5,568	745	1,408	3,211	157	47
Percent of caseload attending/ riding daily	1%	0%	3%	2%	10%	5%
Clients requesting transportation assistance door to curb	2,976	680	981	1,277	2	36
% of enrolled caseload	1%	0%	2%	1%	0%	4%
Clients in wheelchair/ mobility devices	581	271	38	267	0	5
% of enrolled caseload	0%	0%	0%	0%	0%	1%

Caseload information drawn from respondents, suggests that 439,549 persons are clients of the agencies represented. If these were unduplicated individuals, this could be 29 percent of the county's approximately 1.5 million residents. It is highly likely, though, that these data reflect some level of duplication, as individuals who present to the social service system or may be using public transit may also be utilizing other public services represented among survey respondents. Of the individuals reported, respondents **reported average daily attendance of almost 5,600 persons** or 1 percent of the total caseloads reported. This average daily attendance number is less likely to be duplicative and is reflective of the volume of traffic these organizations generate.

Responding **private, for-profit agencies** are seeing the greatest number of these persons, at 236,694 of the total caseload reported. However, only a very small proportion are traveling daily, representing less than one percent of their reported caseload. **Public agencies** followed closely behind with 151,000 persons representing more than half of the total number of clients traveling daily, at 3,200 persons. For the **non-profit agencies**, reporting about 10 percent of the total caseload at 49,000 persons, a somewhat higher proportion are traveling daily, at 3 percent and just over 1,400 clients. This is consistent with the likelihood that non-profit agencies are seeing their clientele more frequently than is often required by typically larger public organizations.

Consumers **needing transportation assistance** were estimated at half of the total daily caseload reported. Responding for-profit organizations report that nine out of ten consumers they serve daily need transportation. The private, non-profit agencies and the single responding tribal organization indicate that three-quarters of individuals on their caseloads need transportation.

Persons in **mobility devices**, predominately wheelchairs, observed arriving daily at sites were 10 percent of the average daily attendance or 581 individuals traveling daily among this group. The highest incidence of mobility device use was reported by the private for-profit agencies, 271 individuals from among these.

Table 4-3 examines reported caseload information by area of the county and some interesting differences emerge. The Riverside city area has the largest number of those traveling daily (1,963 persons). Palo Verde has the second largest number (1,220), and the Coachella Valley has slightly fewer (1,015). The Norco/Corona area, with fewer daily riders, shows almost half of its reported consumers to be traveling daily.

**Table 4-3
2007 Stakeholder Survey, Reported Caseload and Daily Ridership by Area of County**

Caseload Related Questions	n=75	WR - Cor/Nor	WR - Riverside	WR - Central	WR - South	WR - Pass	Coachella Valley	Palo Verde	Out of County
		7	32	9	3	2	15	3	4
Enrolled clients/ consumers	439,549	1,043	349,301	22,638	436	1,596	4,225	60,300	10
Daily attendance/ ridership	5,568	511	1,963	565	200	89	1,015	1,220	5
Percent of caseload attending/ riding daily	1%	49%	1%	2%	46%	6%	24%	2%	50%
Clients requesting transportation assistance door to curb	2,976	213	2,062	251	200	43	180	25	2
% of enrolled caseload	1%	20%	1%	1%	46%	3%	4%	0%	20%
Clients in wheelchair/ mobility devices	581	45	476	26	0	9	10	10	5
% of enrolled caseload	0%	4%	0%	0%	0%	1%	0%	0%	50%

Total caseload information by the top reporting agencies is presented in Table 4-4, reflecting the range of consumer groups, public and private agencies represented among respondents.

**Table 4-4
2007 Stakeholder Survey, Responding Agencies With Largest Caseloads**

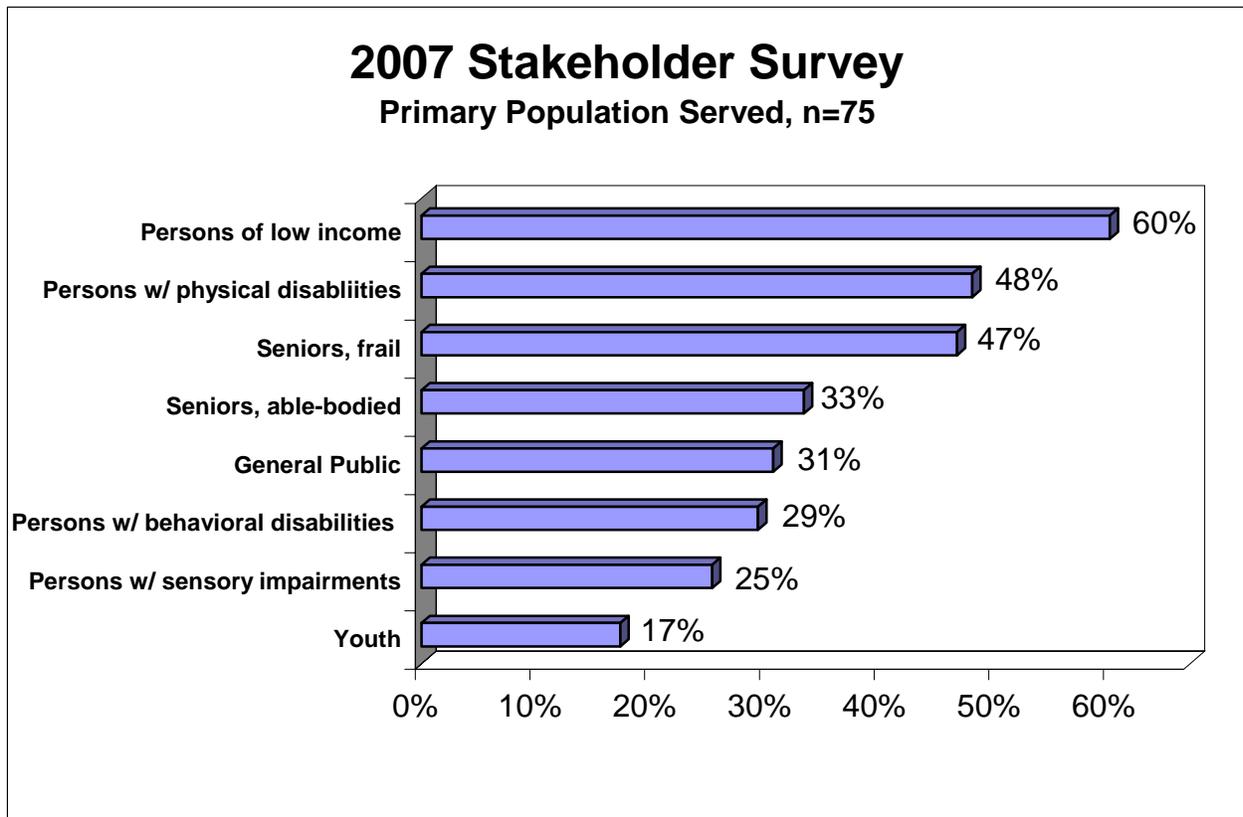
Agency	Caseload
PPMC - Primary Provider Management Company	215000
Palo Verde Valley Transit Agency	60000
Community Assistance Program	36000
Riverside County Department of Mental Health	32756
Lake Elsinore Family Care Center	20000
Inland Faculty Medical Group	20000
DPSS - Administration - County Wide Employment Service	12656
Dept. of Veteran's Services	7700
Riverside County Office of Education - Children's Services Unit	7404
Persons with Disabilities	7000
Indio Senior Center	2000

Primary Clients Served While there is some overlap among populations served by the responding agencies, there are also differences and Figure 4-3 and Table 4-5 shows agencies' primary populations. Agencies or organizations may serve more than one population group so groups can be overlapping. **Low-income persons** are served by six out of ten responding agencies, followed closely by **persons with physical disabilities** and **frail seniors**, served by 48 and 47 percent of responding agencies respectively. In addition, one-third of the agencies serve **able-bodied seniors**. A slightly smaller number of agencies, including many public transit agencies, serve the **general public**.

The next two largest groups of responding agencies are serving **persons with behavioral disabilities**, including mental illness and Alzheimer's (29%) and **persons with sensory impairments** (25 percent). **Youth** are served by just 13 agencies (17 percent).

Clearly responding agencies are serving the target populations of the SAFETEA-LU programs that are the focus of this plan.

Figure 4-3



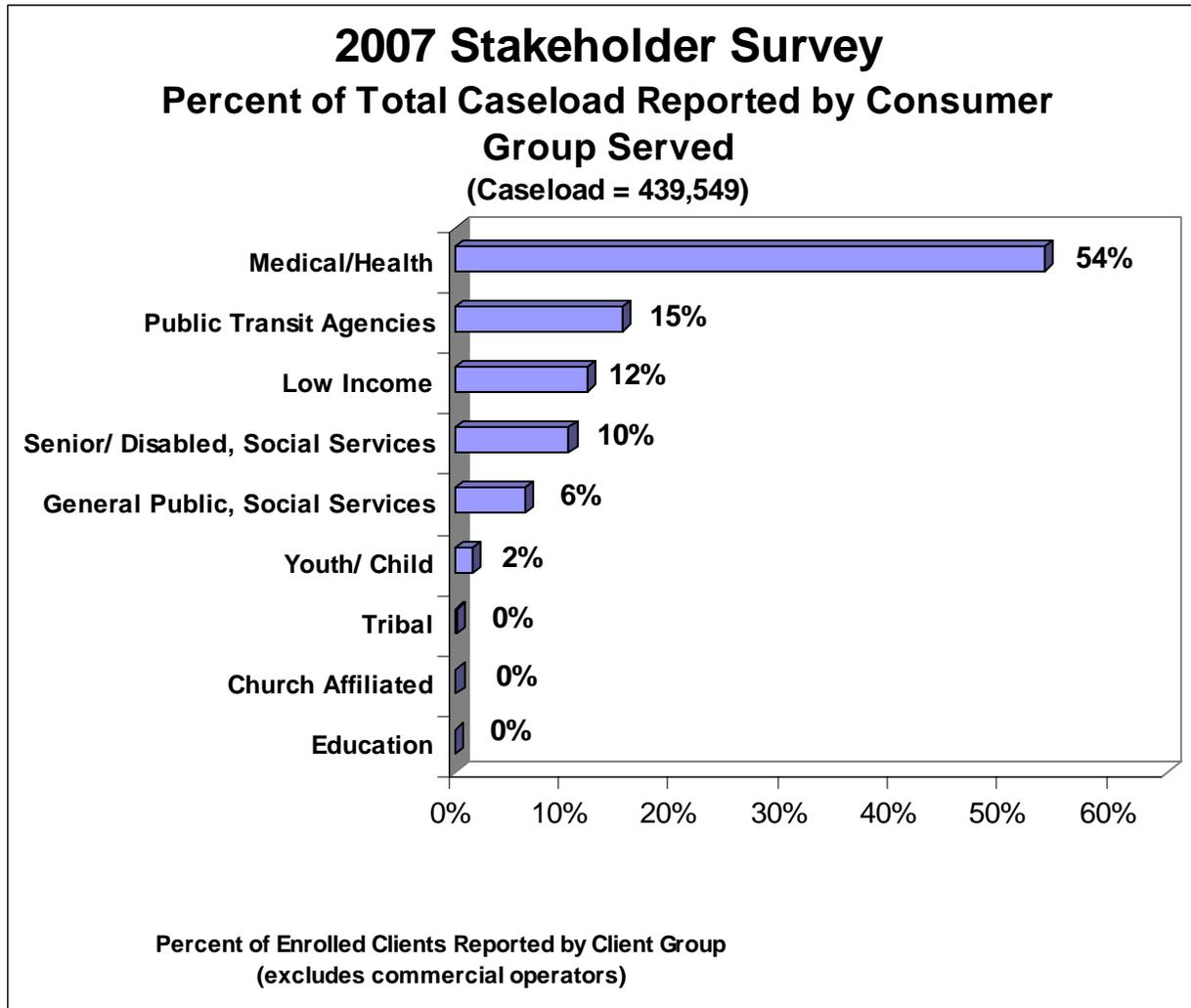
**Table 4-5, 2007 Stakeholder Survey,
Primary Client Groups Served By Agency Type of Responding Agencies**

Primary Client Groups Served		Private For Profit		Private, Non-Profit		Public Agency		Faith Based Org		Tribal Organization		
		n=75	16 %	27 %	29 %	2 %	1 %					
Seniors, able-bodied	25	33%	5	31%	8	30%	12	41%	1	50%	0	0%
Seniors, frail	35	47%	10	63%	14	52%	10	34%	0	0%	1	100%
Persons w/ physical disabilities	36	48%	10	63%	13	48%	12	41%	0	0%	1	100%
Persons w/ behavioral disabilities	22	29%	4	25%	10	37%	8	28%	0	0%	0	0%
Persons w/ sensory impairments	19	25%	5	31%	8	30%	6	21%	0	0%	0	0%
Persons of low income	45	60%	10	63%	19	70%	14	48%	0	0%	1	100%
Youth	13	17%	2	13%	4	15%	7	24%	0	0%	0	0%
General Public	23	31%	4	25%	4	15%	14	48%	1	50%	0	0%
Other	12	16%	2	13%	5	19%	5	17%	0	0%	0	0%

Among agency types, the **private for-profit agencies** were most likely serving frail seniors, persons with physical disabilities or persons of low income. Each group is served by more than 60 percent of the for-profit agencies (recognizing that many of these clients fall into all three categories). The **private non-profit respondents** report the largest numbers of agencies serving persons of low income. And approximately of the private non-profit agencies serve frail seniors or persons with physical disabilities. **Public agencies** are most likely to serve members of the general public and persons of low income (48 percent of responding agencies), and able-bodied seniors (41 percent). The responding **tribal organization** serves frail seniors, persons with physical disabilities, and persons of low income. The **faith-based organizations** serve the general public and able-bodied seniors.

Another way to understand the consumer base represented by these agencies is to contrast caseloads reported against the primary service agencies provide. Figure 4-4 shows that the predominate caseload was medical and health-related patients (54 percent). At some distance, public transit agencies reported 15 percent of the total consumer caseload, presumably ADA registrants and consumers on dial-a-ride registries. Low-income consumers were reported at 12 percent of the total, followed closely by consumers of senior and disabled services (10 percent) and of general public social services (6 percent). Youth-related services are provided for just 2 percent of the total caseload reported.

Figure 4-4



4.2.2 Transportation Needs and Issues Presented

Responding agencies were asked to characterize the needs of consumers they believe to be poorly served. Specifically, they were asked “please specify the transportation needs most often communicated to you by your client base.” Figure 4-5 shows the ranking of transportation needs reported by all responding agencies. Clearly top-ranked was **medical trip need**, with 56 agencies (75 percent) identifying this as a need communicated to them by consumers.

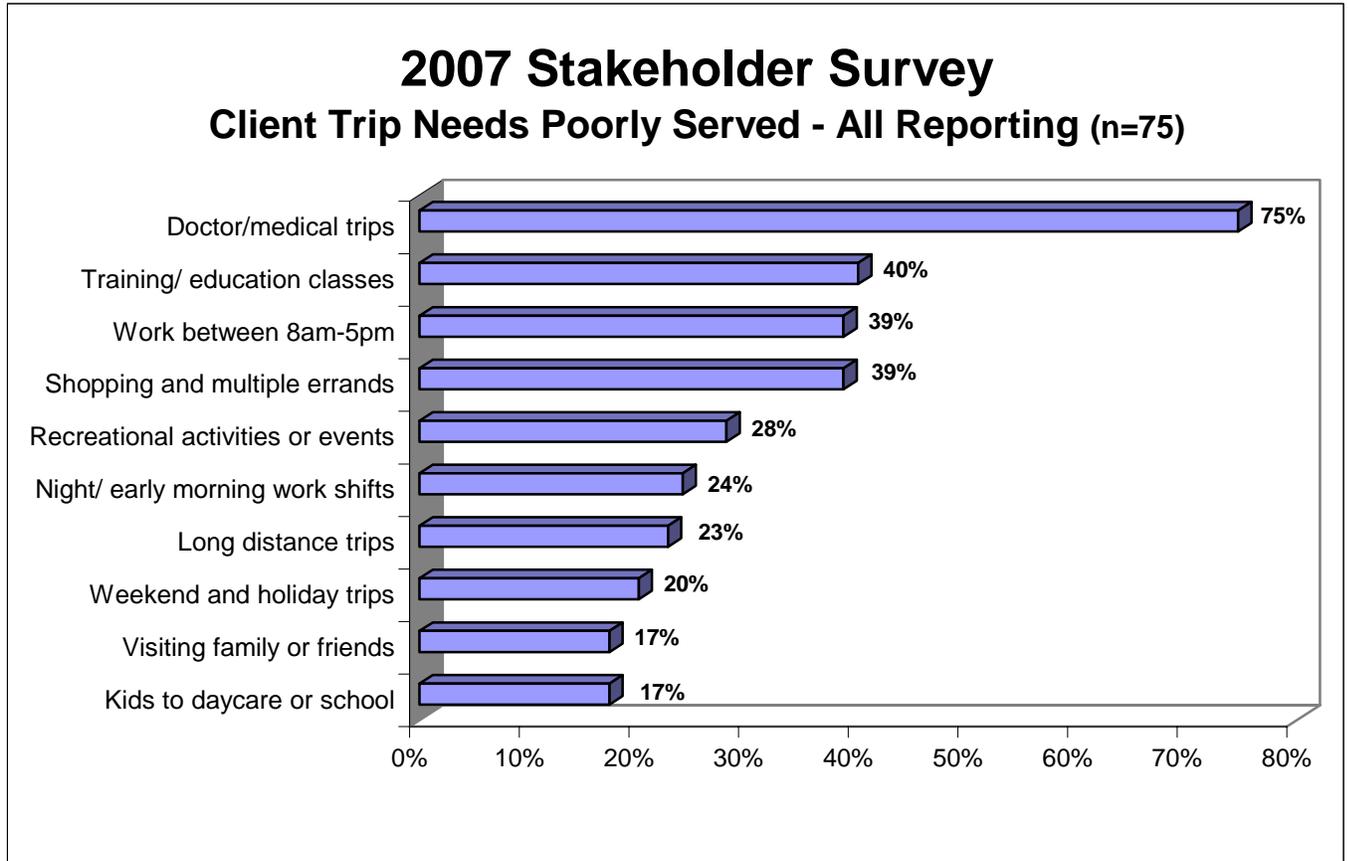
Second ranked as needs were:

- Training and education classes – 30 agencies (40 percent)
- Shopping and multiple errand trips – 29 agencies (39 percent)
- Work trips between 8 a.m. and 5 p.m. – 29 agencies (39 percent)

Third ranked as needed trip-types were:

- Recreational activities or events – 21 agencies (28 percent)
- Late night and early morning work trips – 18 agencies (24 percent)
- Long distance trips – 17 agencies (23 percent)

Figure 4-5



Other trip types that were identified as needs, but not as frequently as the top ranked groupings, included **trips to get kids to day care**, **visiting family and friends**, and **weekend and holiday trips**.

Figure 4-6 shows breakdowns of the trip needs for the responding public transit agencies and for human service agencies. Different perceptions of need emerge. There was agreement among the groups on two high-ranked needs: medical trips and trips for training and education.

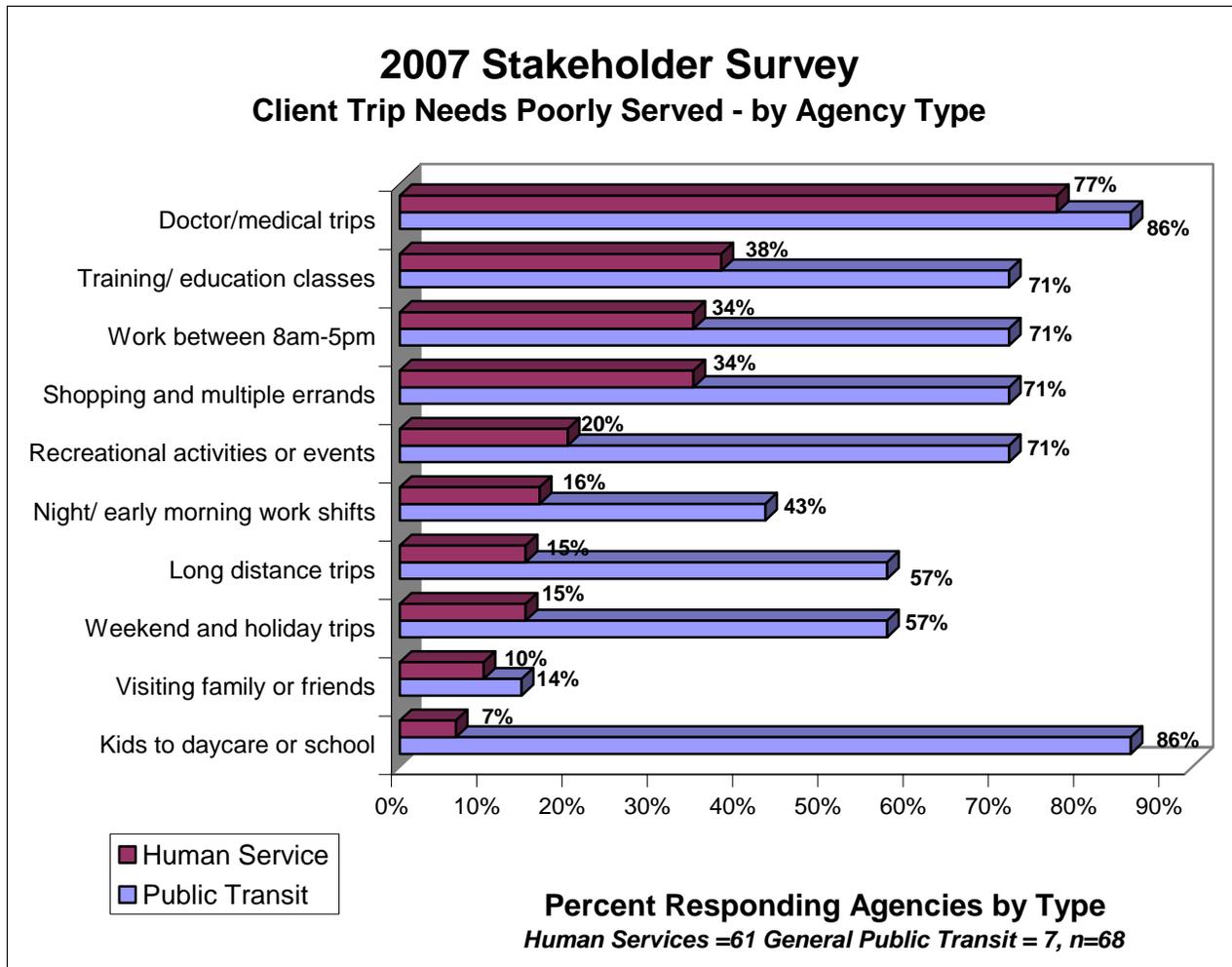
For the **public operators**, **top ranked needs** were:

- Medical trips (86 percent of the 7 public transit operators)
- Transporting kids to daycare or school (86 percent)
- Training and education classes (71 percent)
- Work between 8 a.m. and 5 p.m. (71 percent)
- Shopping and multiple errands (71 percent)
- Recreational activities (71 percent)

For **human services organizations, top ranked needs** were:

- Medical trips (77 percent, 47 agencies)
- Training and education (38 percent, 23 agencies)
- Shopping and multiple errands (34 percent, 21 agencies)
- Work between 8 am and 5 pm (34 percent, 21 agencies)

Figure 4-6



Other needs noted in the open-ended response to this question included the following.

Work related:

- Volunteering
- Services and job interviews

Socialization or services related:

- Getting to appointments at our office (Riverside County Office on Education)
- Seniors to daycare, day program or program sites

- ADL's, shopping for daily staples
- Gambling (Celebrity Tours, LLC)

Medically related:

- Dialysis trips (7 days a week)
- Dial-A Ride/Medi-van transportation with gurney and wheelchair.
- Frequent and repetitive medical therapies - dialysis, chemo, radiation

Other:

- Before and after [public transit] hours
- All of the above and more.

Barriers Responding agencies were asked about the barriers to accessing transportation or to coordinating transportation. Table 4-6 reports these responses, showing their breadth but also revealing some key themes. Among common themes are:

- **Funding challenges** for directly operating or contracting for transportation.
- **Difficulty in working with public transit**, its reliability, and its rules and requirements that are sometimes in conflict with the individualized needs of consumers.
- **Public transit's availability**, when it operates and when it does not can represent a mismatch with transit dependent consumers' needs.
- **Geography** of Riverside County and the long distances required by some trips and for some clients.
- **Medi-Cal reimbursement rules**, particularly for dialysis patients, is problematic.

Table 4-6, 2007 Stakeholder Survey - Response to Primary Barriers/Transit Access

Barriers to Accessing and/or Coordinating Transportation	Category
Proper timing for doctors and other appointments to residents who are dependent on public transportation	Agency issues
Legal issues to expand services. Zoning for us to expand to the Rancho Mirage and Palm Desert areas	Agency issues
Patients are low-income generally and most have Medi-Cal, which pays for transportation (non-emergency transport). However, those who do not have Medi-Cal due to being just barely over the limit must use Dial-A-Ride. This tends to be a problem for us.	Agency issues
Lack of Transportation	Availability
May not be aware of all human service agencies in the valleys	Availability
Late night - till 10:00 pm to Mira Loma, Glen Avon, Rubidoux, Corona; including connections	Availability
Do not cross county lines. Not time accurate, expensive, no one to help passengers on and off.	Availability
Not enough service available	Availability
Our patients must come three times per week to a set appointment time.	Availability
Observation - referrals to services not enough - hands on scheduling and assistance scheduling services is necessary	Availability
Great challenge with providing service to various consumers attending various programs to stay at the same time.	Consumers
Patients don't meet the required criteria of being wheelchair confined or in utilizing assistive devices, but as dialysis patients are disabled.	Consumers
The only barriers we experience is when we need to transport a heavy client	Consumers
recruitment of voluntary drivers	Drivers/ staffing
The need to send a caregiver with each client.	Drivers/ staffing
Recruiting volunteer drivers. Short notice from clients. Limited other services.	Drivers/staffing
Lack of funds	Funding
Grants and subsidies provided by SAFETEA-LU legislation.	Funding
Availability of funds to cover transportation costs	Funding
Very Costly	Funding
Limited resources, limited staff, limited number of vehicles	Funding
Funding and vehicles	Funding
Lack of flexibility of available funding sources.	Funding
Financial	Funding
Not enough funding to meet demand county wide	Funding
Clients with no income to purchase bus pass. Limited bus routes.	Funding
Required matching funds	Funding
Limited funding and excessive overhead costs	Funding
Medical status & financial situation	Funding
Vast geographic boundaries of County in relation to clinic sites	Geography
Minimally populated and large geographic area	Geography
Transportation from Coachella Valley to Metro Riverside	Geography
Limited door-to-door for frail seniors and difficulty in long distance trips to LAX.	Geography
Not enough money for transportation staff and vans. Distance is an issue Anza, Coachella Valley.	Geography
Geographic Locations. Cost effective transportation to local communities 10 and 22 miles away. Meeting FBR ratio	Geography

Cost at \$2.50 per ride (Dial-A-Ride) with reliability of service. Public route: bus stop access requires crossing uncontrolled busy street which is very dangerous.	Public transit
The locations of bus stops are inadequate. Only two busses run at the time and do not meet the needs of our clients.	Public transit
Timeliness of the service from Sun Dial	Public transit
We have multiple patients coming at similar times and staying for various periods (3 - 5 hours), which makes it difficult to obtain transportation (public) to meet needs all of the time.	Public transit
Willingness to call ahead so we can escort out for pickup or [into agency] when arrive as clients are unable to wait for "window period" outside or with required supervision as they have cognitive and/or physical disabilities	Public transit
Unreliability of current organization. Long bus rides, too long of "windows" for pick up times.	Public transit
Timeliness is occasionally an issue, but not severe or serious	Public transit
Different hours of operation than the City of Beaumont	Public transit
No buses stop at Wardman Park for pick up and drop off for the youth by Sunline.	Public transit
Getting participants to center and home again with 1 hour maximum transit time	Public transit

Unmet Transportation Needs Agencies were also asked about areas of the county where unmet transportation needs exist. Table 4-7, on the following page, reports these responses. Again certain themes emerge, some echoed in the barriers' responses but others new.

- **Consumers' individualized needs** make it difficult to use available public transit. These needs include assistance in booking trips, gurney transportation, and special help for dialysis patients and behavioral health consumers.
- Public transit **bus fares** can be prohibitive to those of lowest income.
- Public transit **service areas and service hours** are not adequate. More service is needed.
- Public transit services are needed **intra-county** between Riverside County communities and particularly between the Coachella Valley and Riverside cities.
- Public transit services are needed **inter-county** between Riverside and Los Angeles, San Bernardino, Imperial and Orange Counties.
- **Geography** of Riverside County and the long distances required for some trips is difficult for the consumers requiring these.
- **Medi-Cal reimbursement rules**, particularly for dialysis patients, is problematic.
- **Information assistance** is needed, both to help frail consumers navigate services and to assist those new to public transit in finding their way.
- **Expanded Metrolink services** will help these consumers, as well as commuters.

Respondents in a few particular geographic areas of the county identified additional services needed in those areas, including:

- Eastvale community not served by Norco or Riverside
- Military personnel traveling from Palm Springs to 29 Palms
- Interstate service between Blythe and Arizona cities

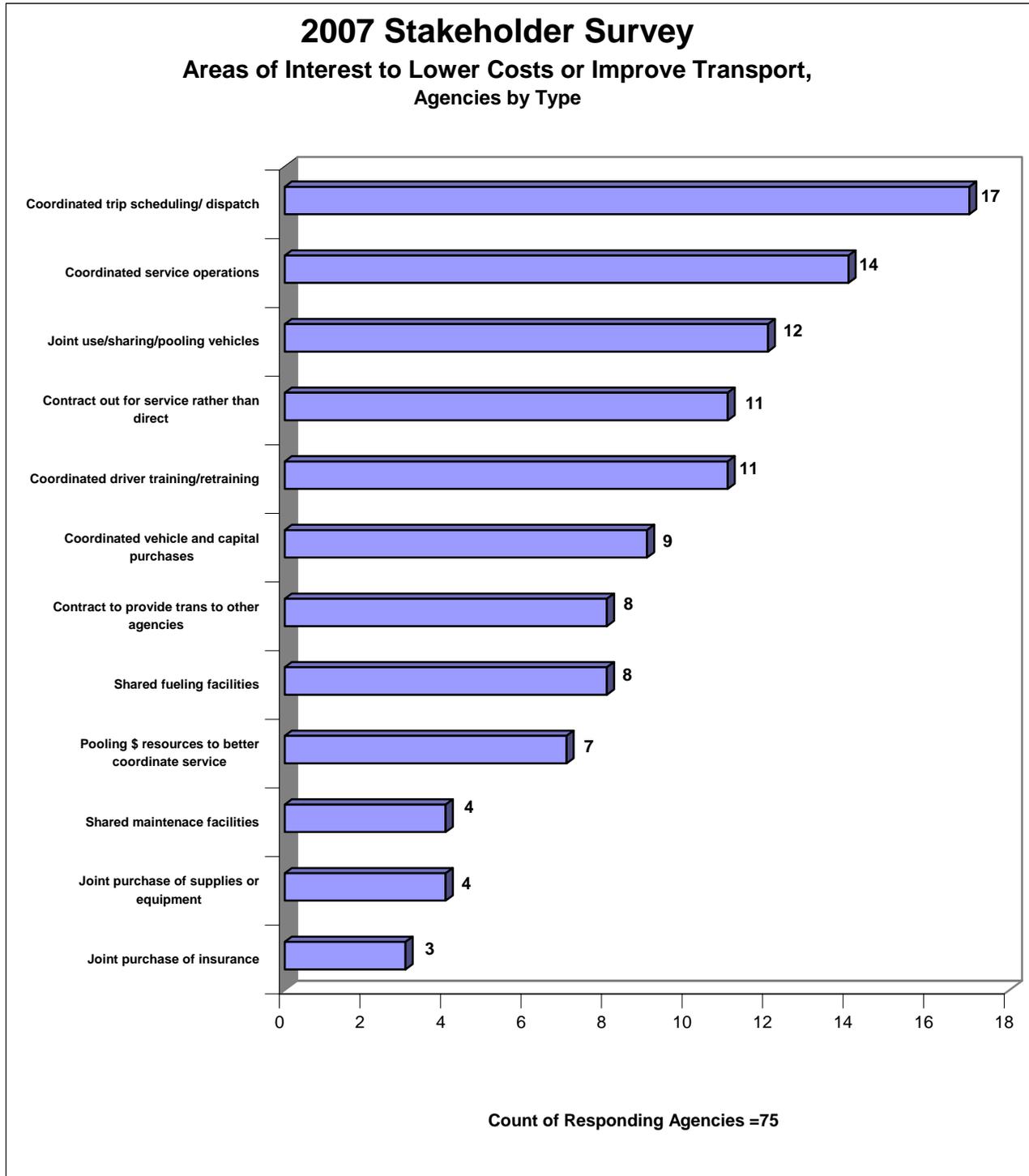
Table 4-7, 2007 Stakeholder Survey - Other Unmet Transit Needs in Riverside County

Other Unmet Needs in the County	Category
We have not had any comments or complaints regarding transportation.	Compliment
Perhaps more transportation in addition to what you have. All in all, I think you are doing a great job. Rarely do we have issues or concerns with your service.	Compliment
Unique needs associated with transporting consumers who may be symptomatic and youth who have behavioral disturbances	Consumers
Seniors - disabled unable to navigate the system. They need transportation case managers.	Consumers
Need of transportation for elderly especially wheelchair and gurney.	Consumers
Need for assisted transportation arrangements - ongoing phone care management service to ensure successful transportation outcomes.	Consumers
Inability to get to bus stops, routes are not convenient and not adequate to get clients to their particular destinations.	Consumers
Can't get easily to Doctors, cross city lines (medical), Dial-A-Ride service is very poor and unreliable. ADA certification process is very unfair and difficult; barrier block services; limited service areas.	Consumers
Handicap [access] - with wheelchair, regular low-cost for elderly to and from markets, hospitals and doctors appointments	Consumers/ Costs
Seniors living in multi-family neighborhoods who may themselves qualify for ADA transportation or need a dial-a-ride. Eastvale community not served by Norco or Riverside	Consumers/ Service area
Riverside County needs to duplicate many programs given to the public by the county and city of Los Angeles	Funding
Patients are low-income generally and most have Medi-Cal, which pays for transportation (non-emergency transport). However, those who do not have medi-cal due to being just barely over the limit must use Dial-A-Ride.	Funding
Meeting Title 17 requirements.	Funding
Dialysis - If client doesn't have insurance.	Funding/ Costs
Bus vouchers for homeless families	Funding/ Costs
Wildomar is a rural area. Seniors have hard time getting around, and persons of low-income can not get to work.	Geography
We have patients that need to go to LA County or Orange County for transplant evaluation and have no transportation services to take them due to distance	Geography
Transportation to remote locations	Geography
Transportation for military personnel going from Palm Springs to 29 Palms.	Geography
A better coordination of communication for customers needing services.	Information
Lack of coordinated efforts. Cost of fares. Lack of knowledge of providers. Too many numbers to call.	Information/ Costs
There is no reliable on-call transportation available.	Public transit
Public transportation is unavailable in many areas we serve. The hours of operations for public transportation do not accommodate early morning or late night shifts.	Public transit

Dialysis transportation can be difficult as our units are open from 5am to 7pm Mon-Sat. they must come to all their treatments.	Public transit / service hours
We are looking forward to the commencement of Metrolink services on the 215 corridor and possibly BRT along Alessandro.	Public transit/ rail
Need more inter connectivity between major cities in Riverside County. Need Metro-link to go to east county (Coachella Valley)	Public transit/ rail
Commuter rail service is needed between Riverside County and Los Angeles, Orange, and San Diego Counties.	Public transit/ rail
Our service gets a lot of calls for service in the Rancho Mirage and Palm Desert areas. Love to see it expand further [out] in the Valley. Wheelchair access for wheelchair bound clients.	Service area
No buses for children to get to school in unincorporated areas.	Service area
Intracounty Blythe to Coachella Valley; Intercounty Imperial to Riverside; Interstate Blythe to Arizona cities	Service area
Gap of areas	Service area
Easy commute from Riverside to other cities such as Banning.	Service area
Cross jurisdictional destination. Example: south county to VAMC - Loma Linda	Service area
No transportation from the El Cerrito area, "The Crossings" (Cajalco Road areas) and Dos Logos area to the center. Dial-A-Ride and Corona Cruiser have poor pickup - times and schedules are not satisfactory or conducive to transporting clients.	Service areas

Coordination Interest Survey respondents were asked about coordination interest with the question “Please indicate your areas of interest to coordinate transportation.” Respondents could check as many options among the twelve choices as might apply, or indicate no interest. Figure 4-7 shows the responses of agencies with any interest in coordination. Nine agencies (12 percent) indicated they were not interested in any sort of coordination activities at this time.

Figure 4-7



Two areas generated the greatest interest:

- **coordinated trip scheduling and dispatch** (17 agencies – 22 percent)
- **coordinated service operations** (14 agencies – 18 percent)

This may indicate a desire to purchase trips or in obtaining additional vehicle capacity through a coordinated system, without having to operate the vehicles by one's own agency. Agencies' intent or specific needs will have to be further explored to understand their requirements and expectations.

There are similar levels of interest in the next three areas, with 11 or 12 agencies reporting some interest in: **joint use or sharing of vehicles, contracting out for service, and joint driver training** (Figure 4-7). The next group of potential coordination categories, receiving interest by 7-9 agencies, includes: **coordinated vehicle and capital equipment purchases, contracting to provide transportation to other agencies, shared fueling facilities, and pooling funding resources to coordinate services**. Only a few agencies indicated in the areas of: shared maintenance facilities, joint purchase of equipment, and joint purchase of insurance.

To understand differences and similarities in coordination interest, Table 4-8 contrasts the responses of the public transit agencies and the human services agencies. Although the highest-ranked coordination responses are different for the two groups of agencies, there is significant overlap in the second-ranked categories. The top-ranked area of coordination interest for public transit providers involved coordinated service operations. Human service providers identified joint use of vehicles as their top priority for coordination. Both types of agencies identified a second-ranked interest in coordinated trip scheduling, an important overlapping coordination interest. In addition, there is probably some similarity of purpose in transit's interest in coordinated service operations and human services' interest in coordinated trip scheduling and dispatch. Although focusing on different approaches, transit may be interested in providing the coordinated service operations while the human services organizations may desire someone to undertake the coordinated trip scheduling and dispatch functions.

**Table 4-8, Ranking of Areas of Interest In Coordinated Transportation by
Responding Public Transit and Human Services Agencies
Sorted by Public Transit Interest**

Potential areas of coordination interest	Public Transit n=7		Human Services n=61	
		Ranking		Ranking
Coordinated service operations (Transit #1)	5	1	6	3
Shared fueling facilities (Transit #2)	4	2	3	
Coordinated trip scheduling/ dispatch (Hum. Serv. #2; Transit #2)	4	2	9	2
Contract out for service rather than direct (Transit #2)	4	2	5	4
Coordinated driver training/retraining	3	3	6	3
Coordinated vehicle and capital purchases	3	3	4	
Joint purchase of supplies or equipment	2	4	2	
Pooling \$ resources to better coordinate service	2	4	5	4
Contract to provide trans to other agencies	1		3	
Joint use/sharing/pooling vehicles (Hum. Serv. #1)	0		10	1
Shared maintenance facilities	0		4	
Joint purchase of insurance	0		3	

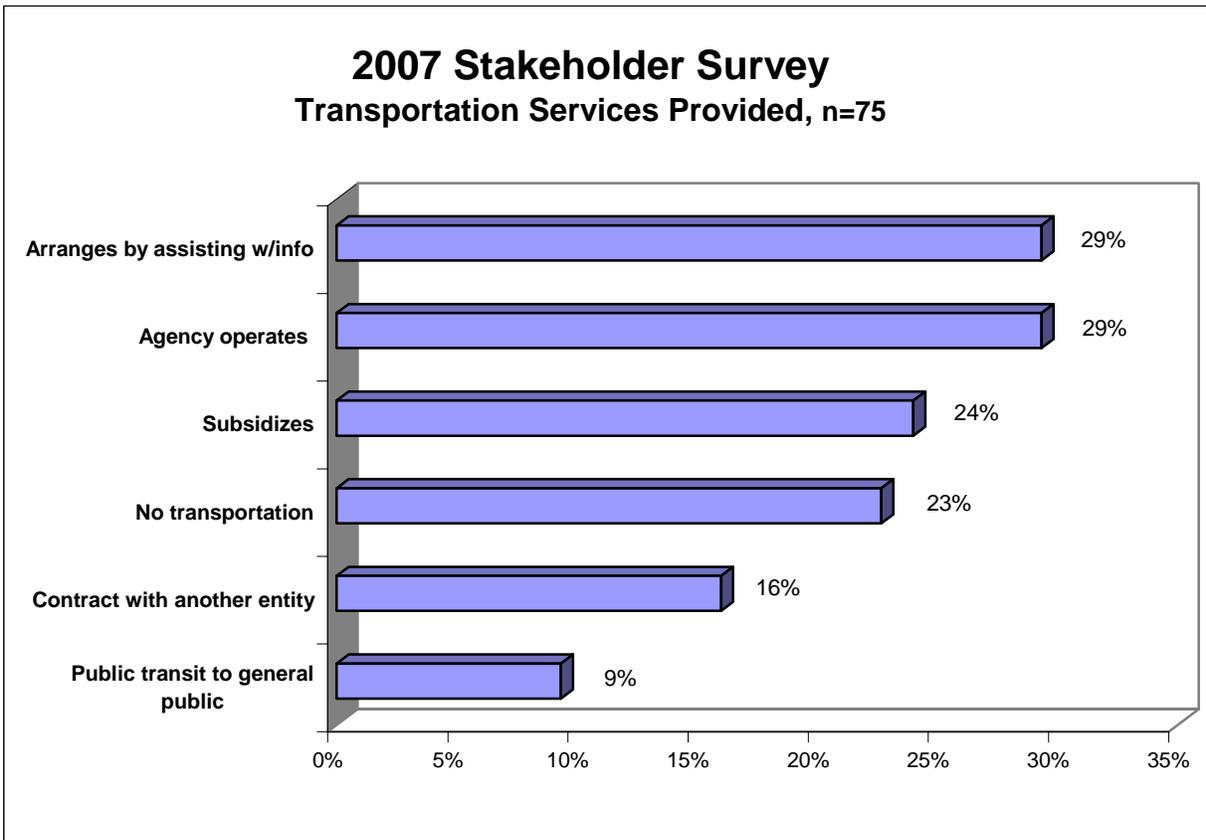
4.2.3 Transportation Services Provided

Agencies were asked to describe the transportation they provide and offered a number of ways in which to characterize that service. Responses included:

- **Arranging** for transportation by assisting with information while clients remain responsible for follow-up
- **Subsidizing** transportation through agency purchase of coupons, scrip, passes, fares or mileage reimbursement
- **Agency directly operates** transportation with full responsibility for the transportation by this agency
- **Arranging for volunteer drivers**
- **Public transit** provision to general public
- **Contracting with** another entity or agencies to provide transportation services
- **No transportation** operated, contracted or subsidized

Figure 4-8 presents the results for the data set as a whole, identifying separately those entities that provide public transportation services. Multiple responses to this question are possible, when an agency may purchase bus passes as well as directly provide or contract for transportation.¹² One-third of responding agencies **directly operate transportation** (22 agencies – 29 percent), in addition to the 7 agencies (9 percent) **providing public transit**.

Figure 4-8



¹² Ten agencies marked “other” to this question but their responses were coded into the above, as appropriate.

Agencies **arranging for transportation**, providing an informational assistance with the consumer responsible for follow-up numbered just under a third (22 agencies, 29 percent). One-fourth **subsidize transportation** with bus passes or tokens or taxi fare (18 agencies, 24 percent) with a smaller number **contracting with another entity** to provide services (12 agencies, 16 percent). Just under one-fourth provide no types of transportation services.

Considering transportation service methods reported geographically, in addition to public transit providers there is some directly operated service is reported in each of the subareas:

- **Coachella Valley** – 6 directly operated providers; 3 contracting with other entities; 2 volunteer driver programs
- **Riverside city area** – 5 directly operated providers; 5 contracting with other entities; 2 volunteer driver programs
- **Corona/ Norco area** – 3 directly operated providers; 1 contracting with other entities; 1 volunteer driver program
- **Pass communities** – 2 directly operated providers
- **Western Riverside central area** – 2 directly operated providers
- **Western Riverside south area** – 1 directly operated provider, 1 volunteer driver program

Examining transportation services provided by agencies' legal status shows some interesting differences (Table 4-9). **Private for-profit operators** were most likely to directly operate with full responsibility for operations (6 agencies- 38 percent), followed by assisting with information (4 agencies – 25 percent). **Private non-profit providers** were most likely to arrange by assisting with information (11 agencies – 41 percent), followed by directly operating (9 agencies – 33 percent). **Public agencies**, which includes both the public transit providers but also other public human services organizations, were most likely to subsidize bus passes, tokens and/or mileage (10 agencies – 34 percent), followed by assisting with information (7 agencies – 24 percent) and directly operating (6 agencies – 22 percent). The two **faith-based organizations** were subsidizing bus passes or tokens or arranging for volunteer drivers. The one **tribal organization** responding is directly operating with full responsibility for operations.

**Table 4-9, 2007 Stakeholder Survey,
Transportation Services Reported, Provided by Agency Type**

Transportation Services Provided	Total n= 75	Private, For Profit 16	Private, Non-Profit 27	Public Agency 29	Faith Based Org. 2	Tribal Organization 1
No transportation provided, contracted, arranged	17 23%	5 31%	6 22%	6 21%	0 0%	0 0%
Agency operates / full responsibility	22 29%	6 38%	9 33%	6 21%	0 0%	1 100%
Arranges by assisting w/information	22 29%	4 25%	11 41%	7 24%	0 0%	0 0%
Subsidizes passes, tokens, mileage	18 24%	2 13%	5 19%	10 34%	1 50%	0 0%
Contract for service with other entity	12 16%	3 19%	4 15%	5 17%	0 0%	0 0%
Arranges for volunteer drivers or car	6 8%	1 6%	3 11%	1 3%	1 50%	0 0%
Public transit provided to general public	7 9%	0 0%	0 0%	7 24%	0 0%	0 0%

Cooperative Agreements or Arrangements Agreements between agencies were identified by 21 survey respondents. Table 4-10, lists the agencies with whom coordinated arrangements were most frequently noted.

Table 4-10

Coordinated Arrangements	# of Agencies
RTA	4
SCAN	2
Inland Regional Center	2
Community Action Program	2
Access Services, Inc.	1
Arizona Transit Agencies	1
City of Beaumont	1
City of Riverside - Specialized Transportation	1
Desert Center School District	1
Desert Health Care	1
Friends of Moreno Valley	1
Greyhound	1
Metrolink	1
North County Transit District (NCTD - San Diego)	1
Orange County Transit Authority (OCTA)	1
Omnitrans	1
Primary Care Medical Transportation	1
Riverside County Regional Medical Center	1
TRIP Program	1

4.2.4 Transportation Providing Agencies

A total of 47 of the responding agencies are providing transportation services in some form, either directly operating, contracting for service, subsidizing bus passes or taxis, or arranging for volunteer drivers. Separately 18 agencies are assisting consumers with transit information.

Vehicles Available Vehicles reported by for-profit, non-profit and public agencies through this survey number 1,275. Excluding school district vehicles and commercial vehicles, which have the potential to be double-counted with agency vehicles, 606 public transit or human service agency vehicles were identified. These vehicles are categorized in Table 4-11.

**Table 4-11, 2007 Stakeholder Survey,
Vehicle Characteristics Reported by Survey Respondents**

Vehicle Characteristics	All Agencies	Total GP Trans + Human Services	General Public Transport	Human Services Agencies
Total Vehicles	n=75 1,275	n=45 606	n=7 413	n=38 193
Vehicles Used Daily	603	272	219	53
% of total vehicles	47%	45%	53%	27%
Passenger Capacity				
Up to 9 pax	822	185	30	155
10-14 pax	158	158	144	14
15-24 pax	46	41	14	27
25+ pax	218	198	198	0
Wheelchair/Lift Equipped	398	389	378	11
% of total category vehicles	31%	64%	92%	6%

Note: Vehicles reported by commercial operators and school districts are included in the total count (All Agencies) but not detailed in the breakdown by General Public providers and Human Services providers. This avoids double counting by agencies with whom they are contracting and excludes the school bus vehicles.

Public transit agencies report that more than half of their vehicles (53 percent) are used daily while just 27 percent of the human services vehicles are used daily. This suggests that human service entities are using their vehicles with less regularity, more often sitting unused. Based upon anecdotal comments coming through the outreach process, this can relate to difficulties in finding drivers among agency personnel, most of whom have responsibilities other than driving vehicles. By contrast, public transit vehicles are driven by dedicated staff who do not have these competing responsibilities.

Human services vehicles tend to be smaller, seating fewer passengers, are often sedans and fewer are reported as lift-equipped. Public transit vehicles are more likely to be larger and lift-equipped. Just 6 percent of reported human services vehicles are lift-equipped, contrasting sharply with the 92 percent of public transit vehicles reported as lift equipped.

Notably, when asked about vehicle replacement, public transit operators were able to indicate the replacement schedules for about 50 percent of their reported vehicles. By contrast, human services agencies indicated replacement needs for less than 19 percent of the 193 vehicles they reported.

Although the TRIP program is considered a human services agency, its vehicle counts were moved to a classification of “other” due to their reporting of having 400 volunteer vehicles, of which its administrator estimates that only 50 to 75 of these are used daily. These figures would greatly skew the accuracy of vehicle counts when contrasting with other agencies.

Vehicle Use The utilization of vehicles is of paramount interest to this inquiry as it suggests a baseline of services now provided and a means by which to measure increases in the quantities of services provided, over time. Reported data is presented below in Table 4-12.

**Table 4-12, 2007 Stakeholder Survey
Vehicle Utilization Reported by Survey Respondents**

Vehicle Utilization	Total GP Trans + Human Services	General Public Transport	Human Services Agencies
	N=45	N=7	N=38
Total Monthly One-Way Trips Reported	923,211	915,114	8,097
Annualized One-Way Trips X 12 months	11,078,532 100%	10,981,368 99%	97,164 1%
Total Monthly Service Miles Reported	1,274,887	1,224,826	50,061
Annualized Service Miles X 12 months	15,298,644 100%	14,697,912 96%	600,732 4%

Table 4-12 presents the volume of trips reported by this sample of agencies. Looking back to Chapter 3, where countywide audited public transit trips were documented at almost 14 million trips provided in FY 2005/06, this sample appears to be fairly representative with its total of almost 11 million trips. In Table 4-12, clearly the 7 public transit operators are providing the bulk of the reported trips, 99 percent of trips reported. The human services agencies, numbering 38 including both Measure A providers and other human service agency transportation programs, are providing just 1 percent additional trips.

This reported trip total in Table 4-12 does not include commercial operators whose reported trips totaled almost 400,000 trips, some of which may be contracted on behalf of selected public operators or specialized transit providers. For this reason, the commercial operators' trips were excluded. Also excluded are RCTC's Metrolink commuter rail program, 2.8 million trips documented in the Chapter 3 presentation of almost 14 million trips provided countywide during FY 2005/06.

Because human service agencies typically count consumers, rather than trips, there is some concern about the reliability of the numbers represented in Table 4-10, as reported by the human services organizations. Human service agency reporting of transportation tends to count a round-trip as one trip. One consumer travels out and back, equaling one trip. Public transit standardized reporting requires that a one-way trip is counted as one and a round trip is counted as two, potentially doubling the way in which human service agencies often report trips provided.

Experience in other counties has shown that the human service agencies are using different methodologies to report standard transit indicators. These numbers therefore, for the human services programs, simply provide a point of reference and general comparison but probably are not as reliable as those reported by the public transit agencies for which standardized reporting definitions exist

Hours and Days of Operation There are differences in the days of service and hours of operation between public transit agencies and human service transportation providers. Essentially, the vast majority of human service providers are operating on weekdays only during standard business hours. Responding public transit operators have somewhat expanded hours during weekdays. On the weekend days, with the exception of Corona, all of the operators provide some Sunday service but hours are more limited, less service available before 8 a.m. or after 6 p.m. Table 4-13 presents service hours and service day information for the two groups.

**Table 4-13, 2007 Stakeholder Inventory
Hours and Days of Operation Reported by Responding
Public Transit and Human Services Agencies**

Service Hours Table	n=	Total GP Trans + Human Services	% of GP+HS total	General Public Transport	% of GP total	Human Services Agencies	% of HS total
Weekdays		45		7		38	
General (8am-6pm)		24	53%	7	100%	17	45%
Early (before 8am)		10	22%	6	86%	4	11%
Late (6pm-10pm)		6	13%	4	57%	2	5%
24/7			0%		0%		0%
Saturday							
General (8am-6pm)		7	16%	7	100%	0	
Early (before 8am)		3	7%	3	43%	0	
Late (6pm-10pm)		3	7%	3	43%	0	
24/7			0%		0%		0%
Sunday							
General (8am-6pm)		6	13%	6	86%	0	
Early (before 8am)		3	7%	3	43%	0	
Late (6pm-10pm)		3	7%	3	43%	0	
24/7			0%		0%		0%

4.2.5 Funding Reported for Agencies Providing Transportation

A final area of inquiry is that of funding. What level of funding supports the programs reported and what are the sources of those funds is of considerable interest to considering and developing coordinated initiatives.

Reported Budgets Over \$93 million in transportation funding is reported by this survey sample, with 98 percent of that reported by the public transit operators (Table 4-12). The sample's reported dollars for public transit of \$91 million are about half of RCTC's documented FY 2007/08 funding total of \$165 million. This is in part because RCTC's Metrolink commuter rail funds are not included here, as well as two transit operators, Beaumont and Riverside Special Transportation that did not complete survey information. Similarly, it is expected that the \$2.4 million reported by the human services agencies is undercounting actual transportation budgets, given the common difficulties of disaggregating transportation costs in the allocations per client per capita that are common to many human service agencies.

Commercial transit providers reported only negligible dollars and as there is the potential for double counting where their funding comes from a contracted operation with a public transit or human services agency, these numbers are not included in Table 4-14.

**Table 4-14, 2007 Stakeholder Survey
Transportation Budgets Reported by Survey Respondents**

Transportation Budget	Total GP Trans + Human Services		General Public Transport		Human Services Agencies	
	n=45	% of total	n=7	% of total	n=38	% of total
Vehicle operations (drivers & supervisors, maintenance, fuel)	\$47,403,996	51%	\$46,062,418	51%	\$1,341,578	61%
Mileage reimbursement	\$262,738	0%	\$300	0%	\$262,438	12%
New vehicles and equipment	\$5,068,026	5%	\$4,885,026	5%	\$183,000	8%
Administrative expense	\$9,679,371	10%	\$9,582,655	11%	\$96,716	4%
Insurance	\$2,637,632	3%	\$2,521,604	3%	\$116,028	5%
Taxi vouchers	\$115,887	0%	\$0	0%	\$115,887	5%
Bus passes and bus tokens	\$80,922	0%	\$6,000	0%	\$74,922	3%
Other \1	\$27,986,277	30%	\$27,986,277	31%	\$0	0%
Total Reported Budgeted Dollars	\$93,234,849	100%	\$91,044,280	98%	\$2,190,569	2%

Note \1: Total budget for Sunline Transit

Direct vehicle operations account for fifty percent of the dollars expended, largely by the public transit operators. For the 38 human services agencies providing some level of budget information, a total of \$2.2 was reported or 2 percent of all transportation funding identified by these respondents. Direct operations accounted for 61 percent of human service transportation dollars, at \$1.3 million. Mileage reimbursement was the next largest category for human services at \$262,000. Capital equipment, while 8 percent of human services dollars reported, was a modest \$183,000. Other expenditures reported included insurance (\$116,000), taxi vouchers (\$115,000), bus passes and tokens (\$75,000) and administrative expense (\$97,000).

When asked whether anticipated future budgets were increasing or decreasing, overall, 24 percent of agencies anticipated their budget would increase and 16 percent expected it to stay the same. Just one agency anticipated some decrease. The public transit agencies were more likely to report a possible increase (85 percent said yes) while fewer human services agencies expected increases (24 percent of agencies). Another 28 percent of human service agencies anticipated their budget would not change next year while no responding public transit agencies had a similar perspective.

All of the public transit operators responding expected to be in the transportation business in five years time. Eighteen (47 percent) of the responding human service agencies answered similarly while four (10 percent) were unsure. None said they did not expect to be providing transportation in five years time.

Reported Funding Sources Funding sources utilized by responding agencies are reported below (Table 4-15). The funding picture that emerges for the responding agencies provides insight into the challenges and difficulties of promoting coordination. Public transit operators have predictable and stable funding sources. Human services organizations report greater dependency on donations and fees, with continuing funding reported by only small numbers.

**Table 4-15, 2007 Stakeholder Survey
Funding Sources Reported by Survey Respondents**

Reported Funding Sources	Total GP Trans + Human Services		General Public Transit		Human Services Agencies	
	n=					
		45	7		38	
COUNTY/ LOCAL FUNDING						
General Funds		12 27%	2 29%		10 26%	
Measure A		4 9%	0 0%		4 11%	
Other		5 11%	2 29%		3 8%	
STATE FUNDING						
Transportation Development Act		7 16%	6 86%		1 3%	
Education Department		1 2%	0		1 3%	
Department of Developmental Services		1 2%	0		1 3%	
Department of Aging		1 2%	0		1 3%	
Department of Rehabilitation		1 2%	0		2 5%	
Department of Health Services		2 4%	0		2 5%	
FEDERAL FUNDING						
FTA Section 5307/5309		4 9%	4 57%		0	
FTA Section 5310 vehicles/ capital		4 9%	2 29%		2 5%	
FTA Section 5311		2 4%	2 29%		0	
Community Development Block Grants		3 7%	0		3 8%	
Health and Human Services		5 11%	0		5 13%	
OTHER FUNDING						
Client/ parent/ rider fees and fares		5 11%	1 14%		4 11%	
Private donations/ fees		7 16%	0		7 18%	
United Way		2 4%	0		2 5%	
Farebox		6 13%	5 71%		1 3%	
Fundraising		6 13%	0		6 16%	

The public transit agencies are predominately reporting ongoing funding through state Transportation Development Act funding (86 percent) and through Federal Transit Operating

funds, Section 5307/ 5309 (57 percent), rural Section 5311 service (29 percent) and capital Section 5310 (29 percent). Some general fund receipts (29 percent) were reported and farebox revenues are noted by the public operators as a required, continuing source.

By contrast, the funding picture for responding human service organizations is more diverse. The largest single funding source reported is local general funds (10 agencies - 26 percent) followed by private donations and fees (7 agencies – 18 percent). Added to these are fundraising, client and parent fees and United Way, clearly important to social services agencies with a total of 9 agencies reporting one or more of these sources.

Human service agency funding through the Federal Health and Human Services programs was next (5 agencies - 13 percent), including the Ryan White Act and Older Americans Act funding. Other Federal funding to human services agencies includes Community Development Block Grants (3 agencies) and Section 5310 funding (2 agencies). State funding reported includes the Department of Developmental Services, Mental Health Services Act and the State Department of Education. Local funding includes Measure A which was reported here by 4 human services providers (11 percent).

4.3 STAKEHOLDER SURVEY SUMMARY COMMENTS

This survey has developed a picture of specialized transportation resources and issues in Riverside County. The survey generated a sixteen percent survey response rate with 75 agencies and organizations responding, coming from throughout the county. The subareas were reasonably represented. These organizations clearly reflect the breadth and diversity of organizations concerned with the transportation of persons of limited means, of seniors and of individuals with disabilities.

Agencies responding represented a caseload of over 439,000 persons, spread across the breadth of consumer groups. There was a good mix of public and non-profit, as well as for-profit social service agencies and commercial transportation providers. Single faith based and tribal organizations were heard from. For the county as a whole, agencies estimates suggest that less than one percent of these consumers are on-site, in agency programs daily, projected to be almost 5,600 persons. However, of these, half have some type of specialized transportation need or requirement. These proportions vary considerably among agencies, given the type of service and consumer base they serve.

Fifty-seven agencies (76 percent of respondents) have some type of transportation function, including directly providing it, contracting for it or as a contractor, subsidizing bus passes and tokens, or arranging for it on behalf of their consumers. Direct service provision by human services providers is fairly well distributed across the county, as follows:

- **Coachella Valley** – 6 directly operated providers; 3 contracting with other entities; 2 volunteer driver programs
- **Riverside city area** – 5 directly operated providers; 5 contracting with other entities; 2 volunteer driver programs
- **Corona/ Norco area** – 3 directly operated providers; 1 contracting with other entities; 1 volunteer driver program
- **Pass communities** – 2 directly operated providers
- **Western Riverside central area** – 2 directly operated providers

- **Western Riverside south area** – 1 directly operated provider, 1 volunteer driver program

Public operators were more likely to directly provide or contract for services while social service agencies were more likely have a mix of responses to their consumers' transportation needs. Vehicles reported were 1,275, with 413 operated by public transit providers and almost 200 reported by social service agencies, the balance by commercial operators. Upwards of 400 of the human services vehicles are privately owned by volunteers in the TRIP program and were excluded from the human services total. Owned or leased human service agency vehicles were more likely to be smaller and only 6 percent were reported as lift-equipped.

Trips provided are estimated at 11.1 million annually with 96 percent of these provided by the public transit operators, and 4 percent provided by the responding human services agencies.

Reported needs for client transportation differed somewhat, between public transit operators and human services agencies, but with some overlap. There was agreement on the top need though, of non-emergency medical trips as the highest priority, by 75 percent. Public transit agencies ranked as top needs: medical, training and education, work between 8 and 5 p.m., shopping with multiple errands, and recreational activities. Human services agencies ranked as top needs medical trips, training and education, and shopping with multiple errands.

Barriers to coordination were noted as:

- **Funding challenges** for directly operating or contracting for transportation.
- **Difficulty in working with public transit**, its reliability, and its rules and requirements are sometimes in conflict with individualized needs of consumers.
- **Public transit's availability**, when it operates and when it does not can represent a mismatch with transit dependent consumers' needs.
- **Geography** of Riverside County and the long distances required by some trips and for some clients.
- **Medi-Cal reimbursement rules**, particularly for dialysis patients, is problematic.

Areas of unmet transportation need, reported by respondents, overlap with barriers and include:

- **Consumers' individualized needs** make it difficult to use available public transit; needs including assistance in booking trips, gurney transportation, and special help for dialysis patients and behavioral health consumers.
- Public transit **bus fares** can be prohibitive to those of lowest income.
- Public transit **service areas and service hours** are not adequate. More service is needed.
- Public transit services are needed **intra-county** between Riverside County communities and particularly between the Coachella Valley and Riverside cities.
- Public transit services are needed **inter-county** between Riverside and Los Angeles, San Bernardino, Imperial and Orange Counties.
- **Geography** of Riverside County and the long distances required for some trips is difficult for the consumers requiring these.
- **Medi-Cal reimbursement rules**, particularly for dialysis patients, is problematic.

- **Information assistance** is needed, both to help frail consumers navigate services and to assist those new to public transit in finding their way.
- **Expanded Metrolink services** will help these consumers, as well as commuters.

Top ranked coordination interest differed between public transit and human services. Both types of providers, however, expressed an interest in coordination, with some similar and overlapping interests. The public operators were most interested in coordinated service operations, with interest also expressed in coordinated trip scheduling and dispatch, shared fueling facilities, and contracting out for transportation service. The human services agencies were most interested in joint use or sharing of vehicles while also expressing an interest in coordinated trip scheduling and dispatch. The shared interest in coordinated trip scheduling and dispatch provides an important point of mutual interest. The initial mutual interest in this category of coordination may lead to other coordinated services involving the two types of transportation providers.

This 16 percent sample of agencies and organizations reported over \$93 million in funding for fixed-route services, paratransit and specialized transportation programs. Differences in the funding base were significant, with public transit reporting a stable, continuing funding stream that they largely expected to increase. Human services agencies reported much more diverse funding types, with significant reliance upon donations and fees and far less likelihood of future increases.

5.0 ASSESSMENT OF NEEDS -- STAKEHOLDER OUTREACH PROCESS AND FINDINGS

The stakeholder involvement process links the locally developed plan development process with stakeholder agencies and organizations, termed by FTA as “appropriate planning partners.” This begins what must become a continuing process of relationship building, a process ultimately expected to address the mobility needs of the target populations.

5.1 INTRODUCTION

The Transportation Coordination Plan will ultimately articulate a unified comprehensive strategy for public transportation delivery that speaks specifically to the mobility needs of the three target populations: 1) seniors, 2) persons with disabilities, and 3) low income persons. The development of a locally-developed plan must include outreach to and involvement of agencies and organizations that operate or contract for transportation and/or provide other services to the target populations, as well as the actual consumers of these services.

The outreach activities associated with this report are currently in process and will be augmented over the next several months to include focused discussions with clients and consumers prior to finalizing the coordinated plan for Riverside County. This report reflects the status of the outreach activities to date. The findings and results of all outreach activities will be documented as elements of the draft and final plan reports.

5.2 STAKEHOLDER INVOLVEMENT OBJECTIVES AND METHODOLOGY

In addition to achieving consistency with FTA-funding related guidance and requirements, the project team designed a stakeholder outreach process to accomplish a number of other project-specific objectives and serve as the basis for outreach efforts:

1. **Obtaining and assessing the views and perspectives of stakeholder agencies and organizations, and of clients/consumers** on issues specific to needs of the target populations (seniors, persons with disabilities, and low income individuals) and available transportation resources in the county;
2. **Soliciting ideas and assisting agencies and organizations in consideration of coordinated transportation plans, projects and strategies** that could be recommended as elements of the plan;
3. **Informing and educating stakeholders about capacity building strategies** designed to empower and motivate the human and social service sectors of transportation towards coordination;
4. **Working with the county’s public transit operators to further understand the intrinsic value and benefit of coordinating their transportation efforts** amongst themselves, and with human and social service agencies and organizations;
5. **Continuing RCTC’s efforts to build goodwill and cooperative relationships** with key stakeholders and the community-at-large; and
6. **Validating and strengthening survey information** to offer a more individualized understanding of consumer needs, and potentially increasing the survey response rate.

Methodology

Recognizing the need to reach and obtain participation from as many stakeholders as possible the project team worked with the RCTC Project Manager to focus outreach activities and efforts in the following seven (7) geographic subregions of Riverside County:

- Western Riverside – Corona/Norco
- Western Riverside – Riverside
- Western Riverside – Central
- Western Riverside – South
- Western Riverside – Pass
- Coachella Valley
- Palo Verde

The target constituencies of the outreach effort include the following:

1. Management and staff representatives of agencies and organizations operating transportation and/or serving the day-to day need of clients and consumers;
2. Clients and consumers of specialized transportation services;
3. Staff representatives of regional, municipal and community-based public transit systems in Riverside County;
4. Citizens and vendor advisory group representatives; and
5. Local, regional, state and federal transit/transportation and human and social service agency/organization representatives.

The stakeholder involvement effort was conducted concurrent to the survey inventory. It involved forty-three (43) separate outreach opportunities, including on-site face-to-face interviews, meetings, workshops and presentations to public transit and human service agencies, telephone interviews and meetings with clients and consumers in Riverside County. Highlights of the outreach effort are presented below. A summary of the individual stakeholder activities is shown in Appendix F.

5.3 STAKEHOLDER INVOLVEMENT PROCESS AND FINDINGS

5.3.1 Stakeholder and Outreach Opportunities

Technical Advisory Group

The project team directed by RCTC established a Technical Advisory Committee (TAC) to ensure direct local agency and organization participation and community involvement in development of the comprehensive unified coordination plan for Riverside County. The TAC had a number of meetings during the plan development process and is comprised of public transit agencies and operators, human service agency staff and representatives, and other stakeholders.

Public Workshops and Committee Presentations

Members of the project team and RCTC staff focused some effort at the outset of the study on presenting and discussing the development of the Transportation Coordination Plan, and other relevant funding-related issues with other representatives of regional and local agencies/organizations.

The proceedings from these activities will be documented and incorporated into the results of the stakeholder involvement effort, and appended to the draft and final reports.

Stakeholder Roundtables

The project team met with three separate “peer” groups that collectively represented a myriad of health and human service agencies and organizations. With the cooperation of stakeholder agencies, roundtable sessions were scheduled and conducted with their various constituencies and/or staff representatives. The sessions were conducted as follows:

- **Good Samaritans Coachella Valley Transportation Roundtable, Palm Desert** – This regular meeting of an existing transportation group was coordinated by Michael Barnard of the Desert Samaritans. The project team was invited to attend this session to discuss coordinated project issues.
- **Inland Valley Regional Center, Vendor Roundtable, Riverside** – Arranged by Tiki Thompson and project team members as a special coordinated study outreach activity. The session included transportation vendors (operators) under contract to the agency.
- **CalWorks/GAIN, County of Riverside, Department of Public Social Services, GAIN Coordinator Roundtable, Banning** – The session was arranged Dave Terrell, and included himself and staff Coordinators and from each of the nine (9) GAIN offices.

Key issues from each session are summarized starting on the following page.

5.3.2 Key Issues From Stakeholder Roundtables

Good Samaritans Coachella Valley Transportation Roundtable

The key issues impacting services providers and consumers that were cited during the session are as follows:

- Duplication of service (multiple agencies serving the same geographic areas but often for different clientele with differing needs);
- Lack of coordination and information exchange among service providers;
- Lack of adequate funding and/or reimbursement, particularly for meeting specialized transportation needs;
- No coordinated single point that consumers can contact for up-to-date information on all transportation services and schedules available in the Coachella Valley;
- Difficulty in recruiting and retaining volunteers;
- The expense involved in maintaining a fleet of vehicles and paying for drivers; and
- The high cost of liability insurance.

The group recommended some potential solutions for overcoming issues and barriers to coordinated transportation, which included:

1. Creation of a central website that would provide information on transportation services throughout the county, and could transit schedules, routes, eligibility requirements and other useful information.
2. Continue efforts to explore ways to achieve better coordination among transportation providers.

Inland Regional Center, Vendor Roundtable

The discussion was facilitated by members of the project team and was directly focused upon the study assessment issues: transportation needs and vendor transportation resources, barriers to coordination and potential project ideas. Highlights of the discussion are summarized in Table 5-1 following.

**Table 5-1, Inland Regional Center Vendor Roundtable
Summary of Issues**

<i>Transportation Needs</i>
<ul style="list-style-type: none"> • Regional Center clients are disabled individuals (both physical and cognitive) of all ages; vendors have fixed clientele (repeat users)
<ul style="list-style-type: none"> • No automated scheduling and dispatching even among the larger operators
<ul style="list-style-type: none"> • Increased commitment to serve the target populations is needed
<ul style="list-style-type: none"> • Rural areas dirt roads and sidewalks; not feasible for buses to access
<ul style="list-style-type: none"> • Late and odd working hours of clients must be met
<ul style="list-style-type: none"> • Lack of space availability; need for coordination and/or additional vehicle and driver resources
<ul style="list-style-type: none"> • Need better planning
<ul style="list-style-type: none"> • Lack of communication and cooperation between operators; vendors pursue their own interest and do not always put customer needs first;
<ul style="list-style-type: none"> • Regional Center needs to provide better information for operators
<ul style="list-style-type: none"> • Need to maximize resources; use resources collectively.
<i>Vendor Resources</i>
<ul style="list-style-type: none"> • Majority of vendors operate fixed deviated route curb-to-curb services;
<ul style="list-style-type: none"> • Most of the transportation vendors provide up to 15 trips per day
<ul style="list-style-type: none"> • Largest provider operates 15 vehicles and carries 110 passengers per day
<i>Barriers to Coordination</i>
<ul style="list-style-type: none"> • Cost of fuel;
<ul style="list-style-type: none"> • Hiring and retaining driver personnel;
<ul style="list-style-type: none"> • Insurance costs;
<ul style="list-style-type: none"> • Vehicle maintenance;
<ul style="list-style-type: none"> • Time and scheduling between operators
<ul style="list-style-type: none"> • Behavioral issues of clients;
<ul style="list-style-type: none"> • Driver training and customer service issues in handling difficult trips;
<ul style="list-style-type: none"> • Customer service policies not compatible;
<i>Potential Projects</i>
<ul style="list-style-type: none"> • Develop comprehensive driver training programs
<ul style="list-style-type: none"> • Implement coordinated dispatch and scheduling
<ul style="list-style-type: none"> • Collection of passenger trip data for planning purposes

CalWorks/GAIN, County of Riverside, Department of Public Social Services, GAIN Coordinator Roundtable

The discussion was facilitated by members of the project team and was directly focused upon the study assessment issues: client transportation needs, barriers to coordination and potential project ideas. The viewpoints represent all geographic areas of Riverside County and include the following nine (9) geographic areas: Norco, Perris, Indio, Blythe, Riverside, Desert Hot Springs, Cathedral City, Banning, and Lake Elsinore.

Highlights of the discussion are summarized in Table 5-2 below.

**Table 5-2. CalWorks GAIN Roundtable
Summary of Issues**

<i>Transportation Needs</i>
<ul style="list-style-type: none"> • Bus pass reciprocity between all transit systems • Clients are unable to get to the GAIN office since they have no personal autos • Not enough service in unincorporated rural areas such as Green River. There are many rural areas where there is no transportation access. • Need better service to Mira Loma • Transportation to jobs is difficult and sometimes impossible • Need to identify clusters where service industry jobs are • Need service from Indio to Palm Springs • Bus service not available to Ripley, Mesa Verde, only within city limits • Cost of bus service is a key issue when clients need to pay weekly or every day • Frequency of service and amount of service available are pressing issues • No bus service on Dillon Road • Bus service non-existent in Thousand Palms • Palm Springs to La Quinta needs service • Need to expand service hours
<i>Resources</i>
<ul style="list-style-type: none"> • County uses their own vehicle fleet to do client pick-up and return trips • Clients sometimes network to get rides to GAIN sites
<i>Barriers to Coordination</i>
<ul style="list-style-type: none"> • Liability insurance
<i>Potential Projects</i>
<ul style="list-style-type: none"> • Shuttle service that operates between home and GAIN sites (20 to 30 minute trip length). • Identify clients and create vanpool/rideshare services for clients working at large employment sites. Employment focused van pool program. Potential for grouping of trips going to same geographic area to work. • Trip data collection project for DPSS for planning and project development purposes • Bus shelter project for all desert bus stops • Creation of “Night Owl” or “Mega Pass” which allows rider to access all transit services • Mobility management • Central call center for transportation information

5.3.3 Key Issues from Project Development Workshops

Approach

The consultant team conducted three project development workshops in three locations around the county (Riverside, Corona and Palm Desert) for purposes of developing coordinated responses to specific transportation needs. These project development workshops included a range of participants, with the first one being exclusively transportation providers, both public transit and Measure A providers. The second two workshops included a mix of human service agencies and public transit agencies. A total of 48 agency representatives participated.

The format was to consider a handful of transportation needs that had surfaced through the outreach process and to then select and discuss one or two of these in detail. The transportation topics selected for discussion in these project development workshops included:

1. Dialysis trip needs
2. Mobility manager function
3. Coordinated vehicle maintenance and management
4. Immediate needs transportation
5. Information and trip brokering

1. SUBJECT: DIALYSIS (RCTC 9/18 meeting)

Project Goals and Objectives:

- Need for dialysis patients to obtain transportation on a regular reliable timeframe.
- Second leg of dialysis trip needs to be flexible for pick up to return.
- Dialysis trip has same components of an immediate needs trip.
- Safety of dialysis trip is a concern
- Some patients may need door-to-door service, rather than curb-to-curb
- Communication between medical staff, social worker, dispatcher, and driver is key to a better trip
- Similar elements of any Non Emergency Medical Transport trip

Addressing Needs and Strategies:

- Transportation agency needs to know of appointment changes as soon as possible
- Loss of a social worker prohibits progress and slows operations.
- Training and retraining of individuals within the "trip circle" due to high turnover
- We should take back ownership of training and education since the providing agency has a vested interest in the efficiency of the system
- Consider mass transit approaches versus meeting individualized need
- Seek knowledge from experiences of other agencies already providing to avoid pitfalls.
- Break down the line between public transit and specialized transportation agencies. Follow reliability structure of public transit and merge with the flexibility of specialized transportation
- Public operators also need to coordinate amongst themselves
- Fuse technology in to transportation structure to help create a more seamless system
- Implement a protocol of procedures for specific situations

2. SUBJECT: MOBILITY MANAGER

Project Goal: Specialized transportation that accommodates all needs is almost impossible, therefore creating the need for a Mobility Manager to help integrate the needs and resources potentially involved.

- Think through the entity in which the Mobility Manager should be placed
- May or may not reside in an existing agency
- Avoid existing agency which would make the Mobility Manager take on the personality of the existing agency
- Mobility Manager should be sub-regional to better understand the environment in which it operates
- A non-profit agency may not have the resources to facilitate being the Mobility Manager
- Explore a more cooperative effort
- Consider creating a liaison or intermediary between agencies to help train and monitor participating agencies in their area of expertise
- Create a council for development, encompassing agencies and liaisons
- Consider the Rideshare model
- Mobility Manager could also work as a dispatch system to agencies closest to desired ride
- Consider having an on call provider
- A non-profit organization may be able to facilitate the Mobility Manager with help from funding sources. A public entity or government agency is too bureaucratic and will slow progress
- Do not make too many layers to the Mobility Manager. It will lead to a lack of understanding when too many people are involved
- Design a system where meeting points can help facilitate long distance trips

3. SUBJECT: IMMEDIATE NEEDS/ SAME DAY TRANSPORT (Corona, 10/22)

Program Characteristics and Issues

- Qualify for eligibility (income or disability)
- Card or voucher – card cuts down fraud – good for ninety days
- Allow up to seven miles for trips
- Intercity travel
- Identify expenses to figure out cost of trip
- Manage over usage
- Health and human services agency
- Oversee operations by a larger agency
- Cost of service – free vs. fare – is funding available?
- Educate the user on prioritizing trips to help cut down over usage

4. SUBJECT: COORDINATED VEHICLE MAINTENANCE (Corona, 10/22)

Project Goals: Develop a program to assist smaller social service agencies with routine preventative maintenance and service spares. Objectives include lowering costs, making services continuously available without downtime for vehicle maintenance and developing new transportation alternatives when vehicles must be out-of-service for routine maintenance.

Resources to Secure

- Additional vehicles
- Coordinated maintenance assistance
- Funding for maintenance, incidental costs
- Reserve and back-up vehicles
- Overflow option(s) for transporting clients when vehicles are down
- Class B drivers

Vehicles Needs and Issues

- Assist smaller agencies with a lack of vehicles (back ups)
- Help with the costs associated with transportation by smaller agencies
- Drivers need class B licenses
- 5310 money – can it come with PMI costs incorporated into purchase price?
- Cooperative pool of human service agencies – group together to relieve pressure on smaller agencies
- Overflow or spare vehicle (from pool)
- Liability insurance is an obstacle
- Push overflow of clients when vehicles are down to public transit
- Could city or county municipalities provide maintenance?

5. SUBJECT: INFORMATION AND TRIP BROKERING

Information Issues and Needs (Group #1 – Coachella Valley)

- Need to hire a consultant to show:
 1. Vehicles
 2. Destinations
 3. Demographics
- Funding pots are different
 1. Sharing of funds is prohibited in some cases
 2. Matching issues
- Continue conversations over time
 1. Find a resolution
 2. Oversight
- Productivity
 1. Reduce empty buses
- Countywide office with subarea breakdown
- Use of technology – languages
- Scope of service
- Eligibility (standardized vs. subregional)
- Travel throughout the county

Info and Trip Brokering Issues and Needs (Group #2 – Coachella Valley)

- Challenge of where to call – different policies – mandates
- Technology – 1 800 # or simple dispatch
- Website with GPS utilization – one stop shop
- Subregional mobility manager
- Information person to answer calls
- Create a technical advisory group
- Create a link to 211
- CTSA vs. non profit
- Monthly meetings of cooperating providers
- Needs to be a one stop shop – people should know who to call

- Funding Opportunities
 - CTSA activities
 - Grant applications
 - Dispatching fees
 - Brokering fees
 - Information referral grants and resources

5.3.4 Key Issues from On-Site Stakeholder Interview Process

An integral element of our approach is our recognition of the need to conduct outreach to both the larger human service “peer/funder” agencies and organizations and to individual public transit and human service agencies and organizations. This approach was designed to help us to gather and interpret both the regional perspectives of the “peer/funder” agencies and organizations, and the localized viewpoints of individual agencies and organizations, for the purpose of creating a thorough depiction of client and consumer needs and agency and organization transportation resources countywide.

To facilitate and expedite the interview process, the project team elected to interview agencies and organizations in the designated geographic subregions in order to obtain more information. The project team developed a short interview guide (Appendix G) to assist us in collection of information from agencies and organizations about the current needs of clients/consumers, and to provide us with insight into culture of these entities relative to the provision and/or need for transportation, and the issues related to coordination (i.e. barriers and coordinated project ideas and suggestions).

The project team collected information on the following issues:

1. The role of transportation relative to the overall responsibilities of the agency/organization;
2. Whether their organization or agency operated transportation and/or their level of awareness of other public or private transportation programs and options;
3. Direct or indirect experiences with individuals and/or families having difficulty making trips (work, school, medical) for lack of transportation, and perceived impacts to their organization;

4. Their perspectives on the barriers to coordinating relative to services they operate for the benefit of their clients/consumers;
5. Their understanding of needs that remain unmet and/or areas underserved; and
6. Their suggestions on potential project ideas and their priorities.

Using the interview guide team members completed a number of face-to-face interviews with public transit agencies and human and social service agencies. These face-to-face interviews are useful in furthering the assessment of transportation needs, barriers to coordination and soliciting ideas for potential coordination projects. The key findings by geographic area are documented below. In addition, a matrix of the information obtained from agencies and organizations during the interview process is shown in Appendix F.

Key Findings of On-Site Interviews Organized by Geographic Area

1. Western Riverside – Corona/Norco

Transportation Needs

Lack of availability of public transportation service in unincorporated areas. The City of Corona has limited service to highly traveled destinations in two unincorporated areas. Due to the limited resources, the city has selected areas that meet certain criteria. In contrast, there are seniors who live in other unincorporated areas where public transportation is not available. They need access to social activities that are generally located within the city's core area. An agency indicated that for these seniors, social activities are critical to their well-being. There is a challenge of balancing the constraints that public transportation agencies face in determining adequate ridership and the availability of funding needed for the city to justify service that conflicts with the needs of seniors who live in unincorporated areas.

Lack of thru service to Ontario industrial areas. There are both jobs and training opportunities developing in the industrial and distribution areas that surround and are adjacent to the Ontario Mills Mall. Lower income residents of the Corona/ Norco areas must travel into Riverside and connect there to get public transportation to Ontario. Much more direct, and faster service is desirable to support training and employment opportunities.

Better timed connections with Metrolink. For fixed-route users, the connections with Metrolink are very poor, often arriving just after the Metrolink trains leave or with buses not waiting until the Metrolink arrives before departing the stops near Corona.

Barriers to Coordination

Adequate funding for transportation projects that enable agencies to meet the needs of those who need specialized transportation. Funding sources are limited.

Potential Projects

Potential projects mentioned by the agencies in the Corona area included creating a single point of information and other educational outreach efforts. An agency expressed the value of making transportation information accessible and the need to conduct educational outreach programs to exchange information between riders and for the agencies to learn about their needs. Working with the visually impaired to understand the specialized transportation needs was helpful in improving services.

In addition, increasing service from unincorporated areas was cited as both a challenge and an opportunity. Funding is a key issue to overcome. Providing fixed-route service and vans/shuttles were possibilities to consider.

2. Western Riverside – Riverside

Transportation Needs

Health care services are extremely difficult to reach for many residents of remote/rural areas. Migrant workers living in Mecca and residents of Blythe need to get to Indio where medical services are available. Due to lack of access to public or private transportation, getting to Indio is very challenging.

Creating ways of educating and empowering clients to take proactive steps was critical to finding transportation options. With the limitations of public resources, clients need to be resourceful and seek out assistance with transportation from friends and neighbors.

Barriers to Coordination

One agency said that liability issues related to buses, the drivers, required equipment and managing the program was a barrier to coordination. However, another agency said that there were laws that protected “Good Samaritans” from liability issues related to transportation.

Potential Projects

Two agencies mentioned a single point of information to promote awareness of transportation options as potential projects.

3. Western Riverside – Central

Transportation Needs

Seniors/grandparents face additional responsibilities that have created transportation challenges. Grandparents in increasing numbers are assuming the responsibility of caring for their grandchildren. This is a phenomena that is occurring in Riverside County as seniors who have limited income need to transport grandchildren to school and medical appointments. Some agencies are helping to address this need but this is growing issue.

Dialysis patients face significant transportation challenges that make public transportation difficult to meet their needs. Because of the nature of dialysis treatment, patients require transportation that is reliable, flexible and inexpensive. The necessity of on-going treatment, the time commitment and costs of travel creates a strong need for specialized transportation services.

Applying for transportation funding poses challenges for non-profit agencies. A non-profit agency indicated that a match of 50 percent for transportation was difficult for it to provide. Also, the way that they need to report value of matching is difficult because of the way that they raise funds or resources to operate their services. Many non-profits must be resourceful and may receive discounted gas to run their vehicles, have their office space rental costs waived and items donated. The myriad of goods and services that they receive is sometimes challenging to quantify for transportation funding grants.

Challenges in reaching clients located in remote and rural areas. Some clients need to utilize dirt roads to access public transportation. For senior and/or persons with disabilities, this is a major impediment. In these cases, van service is the most efficient way to provide transportation, particularly in remote areas.

Barriers to Coordination

An agency said that including smaller non-profits in process so they could give input would enable them to provide the perspective of smaller agencies.

Potential Projects

Two agencies mentioned a single point of information for transportation options as needed services. This project could include personal one-on-one services to help guide clients through the different transportation options and how to access them.

4. Western Riverside – South

Funding for personal auto repair. Two agencies discussed the affordability of auto repair as a significant transportation challenge for their clients. Particularly for low-income individuals, if the repair work is needed, it is usually very difficult for them to pay. In remote areas where public transportation is unavailable or not easily accessible, travel by automobile is the only option.

An agency also emphasized the limitations of the \$43 per month gas subsidy which is based upon the bus pass.

Limitations of public transportation for dialysis patients. The hours for transit service are limited and does not allow for flexibility to adhere to a set schedule. They utilize van service that is flexible to meet the needs of patients. The alternative for some patients is to be transported by family members or friends. However, this alternative has limitations as well because they are not always available during the treatment schedule.

Barriers to Coordination

One agency mentioned liability issues as a potential barrier but would seek to address it by developing a memorandum of understanding and looking at related fiscal matters.

Potential Projects

Three agencies felt that access to transportation information was critical to helping clients become aware of transportation options. In addition, three agencies believed that public transportation had shortcomings including limited service; the travel time was too lengthy and not flexible enough to meet the needs of the majority of their clients.

Two agencies mentioned funding for auto repair while one discussed some of the potential drawbacks in the payment process. Both felt that enabling clients to maintain and drive vehicles was critical because of the flexibility that it offered, because viable public transit was not available.

5. Western Riverside – Pass

Transportation Needs

Two agencies cited the lack of adequate public transportation service in the Banning area. There are not enough staff and resources to meet the needs of the area. One agency estimated that 40 to 50 percent of the families walk to the Health Center to receive services. In some circumstances, this creates hardships.

Barriers to Coordination

One agency suggested that funding is a key impediment to coordinating with other agencies.

Potential Projects

One agency mentioned developing a single point of information that would provide 24 hour service and direct assistance could help clients to learn about their transportation options. Clients need guidance and advice

6. Coachella Valley

Transportation Needs

The key issue raised by agencies was the need for readily accessible transportation information through a single point of contact consisting of assistance, education and counseling. Three organizations discussed the importance of a single point of contact. Seniors, persons with disabilities and low-income individuals in many cases do not know who or where to contact for transportation services. One agency that provides caregiver services for their clients said that seniors usually ask them about transportation services. Agencies mentioned a central source of information such as one telephone number. Others mentioned the need for a “centralized website.” Such a website could help provide information on transportation resources.

Inadequate public transportation. Two agencies said there was inadequate service to reach worksites for jobs and in some cases interviews. This is partly because of the limitations of transit service and the nature of job hours and location.

Barriers to coordination

Four organizations raised the issue of liability when coordinating with other agencies or organizations. The key issue concerned sharing vehicles and liability as well as insurance coverage. Other agencies talked about the need to coordinate after grants/funding expired.

Potential Projects

Project ideas from 4 organizations focused on improving bus service and funding for buses. Three organizations said that transportation information and education projects would be very helpful for their clients. One organization discussed the need to possibly provide vanpool service for clients to get to jobs that would be focused on providing service for their particular needs.

5.3.5 Consumer Telephone Interviews

The project team conducted telephone interviews with participants of the Transportation Reimbursement and Information Project (TRIP), a supplemental transportation program that encourages volunteer ride-sharing with people who would otherwise be homebound and isolated and provides administrative assistance to other organizations and agencies that operate, or would like to establish, similar user friendly and convenient transportation services for seniors and disabled individuals. The program is administered and managed by the Independent Living Partnership, an organization that works to improve or preserve the independence and dignity of the elderly and persons with disabilities, their families and caregivers through the provision of services, education and access to empowering services and resources.

The Partnership provided the project team with the contact information for twelve TRIP project participants. The project team was able to complete only five (5) interviews as the remaining seven (7) individuals either declined to be interviewed or could not be contacted. The completed interviews were conducted with persons between the ages of 66 and 95 years of age and lived in various areas of the county. To encourage participation, the interview consisted of five questions (Appendix G). Participant responses to interviews are included as Appendix H.

Telephone Interview Highlights

The issues raised by those interviewed can be summarized as follows:

- Physical disabilities and limitations prevent regular use of fixed-route public transit modes, as walking to bus stops is not an option
- Use of family, private care providers and TRIP volunteers to make trips is cited as primary method of trip-making and limits when they can travel to the availability of their volunteer driver.
- When public transit is used there is tremendous wait time and inconvenience, and travel must be made early in the day to avoid too long a day.

- There are reliability concerns about taking public transit and being uncertain about accessing return trips.
- Improvements recommended include providing service that is more direct to destinations such as medical facilities and shopping.
- Improved transportation options can increase independence for these individuals.

5.3.6 Consumer Meetings

Scheduling of various consumer focus groups was attempted and ultimately two groups were convened: a group of visually impaired consumers and a group of individuals of low income. Group size was limited to 10 to 12 persons in order to ensure sufficient time for individual to share their viewpoints. As a thank you for participating, those attending were given a Safeway gift card with a value of \$30 redeemable at Safeway, Vons and Pavilions stores.

1. Blindness Support Services: The project team met with clients and staff of Blindness Support Service in Riverside. A total of twelve (12) participants attended the meeting. The project team focused the discussion on the issues of current travel behavior; trip needs, transportation challenges faced, as well as, solicited their suggestions and ideas to improve access to transportation services. Highlights of the discussion are detailed below.

Current Travel Behavior

- Participants indicated use of both fixed-route and demand-responsive modes of transportation. Some use RTA, SunLine, Omnitrans. Some use ADA services. And some use Greyhound for longer distances
- Most individuals work and use public transportation 3-5 times per week (weekdays)
- Families and friends provide transportation support on weekends

Trip Needs

- Need to make work, school, medical appointments, errands and recreational trips using public transportation during the week
- Pre-trip planning is a must; transit information must be available (both online and in print)

Transportation Challenges Faced

- Problems using fixed-route as there is apprehension about safety issues in crossing streets, getting to and boarding buses
- Transferring between services is an issue; lengthy wait times in transferring
- Demand responsive service reliability; despite early scheduling of rides, they are frequently late to arrive to destination. Scheduling of trips by transit operators is a major issue
- Driver training issues; they are oblivious to safety of sight-impaired persons

Suggestions and Ideas to Improve Access to Transportation Services

- More training is needed for drivers on issues such as geography, customer service and sensitivity issues. Driver knowledge needs improvement
- Need additional late night services, as those working late shifts have been stranded

- Need improved communication between buses when running late to ensure that transfers can be made
- Implement universal pass which can be accepted by all
- Need more opportunities for public input

2. Dept. of Public Social Services, CalWorks/GAIN Program Consumer Meeting

Senior staff of the Riverside County Dept. of Public Social services worked with the consultant team to develop a consumer focus group opportunity. Program staff at the Corona office promoted such a meeting and recruited a total of 12 individuals who agreed to participate. This meeting was held in December 2006 at the Corona Dept. of Public Social Services offices. The day of the meeting was lightly rainy; as a number of participants were coming by public transit, this may have dissuaded them and just four persons, all DPSS consumers, attended. This included one young woman under age 18, a young mother with a pre-school-aged child and two middle-aged women with grown children, Highlights of the discussion are detailed below.

Current Travel Behavior

- All participants were regular public transit users, including RTA, Omnitrans, Orange County bus lines and Metrolink. The youngest woman was driving the car owned by a large family group and had access to it only intermittently.
- One woman used Metrolink to travel into Orange County to work, although she was now looking for work locally.
- One woman uses the Corona Cruiser regularly.
- Family and friends do provide transportation support at times.

Suggestions to Improve Transit Services

- **Connections between RTA and Metrolink trains** arriving at the Corona station need improvement. The #3 buses go up and down Hamner, and used to go into the N. Main Street Metrolink station but don't now, making it difficult to get to the trains. Also, the timing is off. The trains routinely leave just before the bus arrives, made more difficult now by the walk from the newly located bus stop.
- **Trains into Orange County** need to run earlier as it is difficult to arrive by 8 a.m. and impossible to arrive by 6 or 7 a.m. This woman was a nursing technician and needed to be at hospital facilities for shifts starting well before 8 a.m.
- **More intercity service between Norco and Riverside** needed – the #15 leaves Riverside and requires one transfer to get to their home in Norco but leaves too early for getting out of work after 5 p.m.. Needs to be a somewhat later bus departure (Riverside to Arlington/ La Sierra; transferring to #3, Arlington to Norco).
- **More intercounty bus service between Norco/ Corona and Ontario.** There are work and training opportunities available in Ontario. Getting to these currently requires a long trip heading northeast into Riverside and then west to Ontario where traversing directly west from the Norco/Corona area would save much travel time. The DPSS staffer affirmed that there are numerous work and training opportunities in the general vicinity of Ontario Mills Mall and Ontario convention center.

- **Improved vehicle shocks.** The ride on the buses can be very painful for those with any kind of arthritis or joint problems. This is particularly the case with #3 route, smaller buses. Can feel like Mr. Toad's Wild Ride.
- **No room for strollers;** buses are often too full and it is very difficult for mothers with young children to navigate the buses with a stroller.
- **Behavior of other passengers is of concern to a young mother,** does not feel safe and the driver makes no attempt to control passenger behavior. Frightening for a mother traveling with a three year-old.
- **The Corona Cruiser needs to add services** along Foothill for three to four miles where there is considerable new development; currently goes to Arterio and then reversing heads southwest.
- **Driver passed by a stop** when this rider was on the RTA bus and the driver didn't hear or recognize the request to stop. Rider had to walk a considerable distance back to original stop.
- **Drivers (RTA) can be grouchy;** more driver training needed.
- **Day pass for the Corona Cruiser** is needed.
- **Universal pass between the Corona Cruiser and RTA** is needed. Corona Cruiser are inconsistent in accepting RTA passes; some do and some will not.

Information Availability

- **Transtar** has been a tool that has been helpful to DPSS caseworkers in assisting consumers to find available public transit. It was not found to be working (or the internet connection was having difficulty) at the time of this focus group discussion. DPSS workers can use assistance in learning the transit services and in being kept current about changes to public transit artery services.
- **DPSS workers do assist with transportation information,** particularly when clients are new to the area or newly without private transportation resources.

5.4 STAKEHOLDER OUTREACH SUMMARY COMMENTS

This chapter presented summary findings from an extensive public outreach effort across the county. These included a total of 43 agency interviews, three types of consumer discussions, three roundtable discussions with agency representatives and three project development workshops to consider projects that could conceivably be implemented. In addition, there were three technical advisory committee meetings through the course of the project. These various discussions and conversations involved close to 75 agencies and 200 persons, reflecting a comprehensive summary of the transportation concerns, needs, barriers to meeting these needs and potential transportation projects of the three target population groups.

Needs and barriers can be summarized in terms of;

- 1) **individualized consumer requirements** of rider assistance, trip types and purposes, making trip arrangements and travel times and distance;
- 2) **institutional concerns** related to drivers, vehicles, maintenance and insurance;
- 3) in relation to the **county's vast distances** and geography.

An analysis of the issues and concerns raised through these discussions, and in conjunction with other study findings, is presented in Chapter 7 following. Chapter 8 presents the plan recommendations that are derived from analysis of these findings.

6.0 SELECTED COORDINATION EXAMPLES FOR RIVERSIDE COUNTY

6.1 INTRODUCTION

This chapter presents examples of transportation coordination activities. The first two agencies, the **York County Community Action Corporation in Maine**, and **St. Johns County Council on Aging in Florida**, participated in a conference hosted by the Riverside County Office on Aging on May 17, 2007, "Roadmap for Coordinated Transportation Innovations." Interviews with agency leaders provide a framework of coordinated service delivery within these two counties. Two further examples, **Northern Shenandoah Valley Regional Commission in Virginia**, and **King County Metro of Washington state**, were extracted from the United We Ride website as examples of best practices that can be of potential value to Riverside County. A matrix of key characteristics of these four programs also presents "lessons learned" by these coordinated services.

The chapter concludes with a description of consolidated transportation service agencies (CTSAs), a coordinated service structure established in California in 1979 through the Social Services Transportation Improvement Act. **Paratransit Inc. in Sacramento**, reported on as one example of a CTSA, also participated in the May 2007 conference on coordinated transportation in Riverside County.

6.2 FOUR WORKING EXAMPLES OF COORDINATION IN SERVICE DELIVERY

Continuing to Improve Service – York County Community Action Corporation, Maine

A state statute in 1979 in the state of Maine allowed York County Community Action Corporation (YCCAC) to become a regional transportation agency. YCCAC receives both Federal Transit Administration (FTA) and human services funds to provide services for seniors, persons with disabilities, and low-income households. The transportation program covers an area of 1,000 square miles through fixed-route and demand response services and a volunteer driver program. However, there is always room for improvement as noted by Connie Garber, Director of Transportation. The need for transportation service is always growing with the increasing numbers of seniors, and maximizing service delivery with the amount of funds the agency receives will always be a challenge.

Coordinating with community-based and faith-based organizations is one way that YCCAC is trying to maximize its service delivery. For example, YCCAC works directly with community senior centers that provide transportation for their seniors, getting seniors to and from these centers. Driver programs are available to these agencies for a nominal fee with materials that instruct drivers on how to properly load and unload passengers and other safety issues associated with transporting individuals.

Another interesting program offered through YCCAC is the volunteer driver program. The program organizes members of the community to drive individuals to non-emergency medical appointments in the volunteer's private vehicle. Volunteers are reimbursed for mileage and tolls. Currently there are 115 volunteer drivers in the program.

One of the key lessons learned that Ms. Garber shared is that on-going communication among all stakeholders is valuable. As a consequence, YCCAC understands what the needs are which allows them to be creative in service delivery.

YCCAC is unique in that both transit and human services funds all go through the agency. It allows for open communication between these agencies and streamlines programs by eliminating the approval of different governing bodies or boards or commissions. Instead, programs can be decided at staff level, presented to one board, and implemented quickly.

Attention to Service Delivery – St. Johns County Council on Aging, Florida

The story of public transportation service in St. Johns County is based on a “customer comes first attitude” towards service delivery. Cathy Brown, Executive Director of St. Johns County Council of Aging points out that the question which is always asked is: “what will it take to do...”. By identifying customer benefits, the agency is free to develop solutions that improve overall mobility.

The Sunshine Bus Company provides transit service within St. Johns County. Six routes travel throughout the County with connections to the Jacksonville Transportation Authority at the Avenues Mall. A bus will pick up and drop off passengers where it is safe for a driver to stop.

However, the provision of adequate service is always a challenge. Providing service to underserved markets, especially in rural areas, is becoming more of a possibility with the service delivery culture of partner agencies in this area. For example, east-west service through Florida is now lacking with the discontinuation of Greyhound service. Those wishing to travel from St Johns County to Putnam and Alachua Counties (located west of St. Johns) through public transit do not have many options, usually leaving them stranded. In order to provide this service, St. Johns, in partnership with Putnam County, has gone after FTA Sec. 5311 funds to begin operation of east-west corridor service beginning in 2008.

Service delivery is not possible without strong leadership and an understanding that the mobility benefits outweigh the costs. The Sunshine Bus Company’s executive director reports that leaders that understand this can help generate this understanding within the community, fostering an atmosphere of helping one another.

Successful service delivery is principally defined in terms of how customers are treated. As Ms. Brown points out, if you are nice to the riders, time will not matter. Of course, she noted all attempts are made to be on time and an efficient service provided, but the needs of customers is a dominant theme in all aspects of service design and service delivery.

Serving Regional Trip Needs through Technology Application – Northern Shenandoah Valley Regional Commission, Virginia

Northern Shenandoah Valley Regional Commission was faced with the challenge of improving mobility between communities within its nine-county, 1,700 square mile region with a population of about 205,000 persons. The problems of inter-county trip needs prompted a technology response that became known as the “public mobility program.” The need for regional trips prompted this application, since many needed trips were across county lines and difficult to serve by programs or services operating within individual jurisdictions.

The components of the “public mobility program” involve computer assisted scheduling, and further planned technology elements of a “contactless” fare card and AVL (automated vehicle locators) for social service agency vehicles. Coordination dialogue among a variety of organizations, primarily the public operators and social service agencies, began during the mid-1990’s. These conversations led to a grant of \$100,000 for technology support in the development of software, funded with rural ITS [Intelligent Transportation Systems] funding. That in turn led to creation of an RFP for the writing the software that was won by RouteMatch.

The goal of the software development was to utilize “empty” seats on social service vehicles where there was agreement as to the compatibility of riders. The program’s vision was for “real time” ridesharing, through software that enabled the booking of trips across participating systems.

A key player was the City of Winchester, which became the lead agency responsible for housing and implementation of the program. Other participating systems were the main regional human services programs including the Area Agency on Aging and the Northwestern Community Services, the regional agency serving persons with developmental disabilities.

Lessons learned included identifying the considerable difficulty of getting agencies to “offer up” their transportation dollars to a central coordinated program. Agencies’ willingness to contribute their dollars into a central funding pot was very limited as they expressed concern about losing their dollars and not meeting their clients’ transportation responsibilities. The approach that was successful was to utilize common resources, namely transit grant funding and maximize the resources of the participating agencies in meeting regional trip goals. That is evidenced by some modest trip booking on agency vehicles traveling between regional destinations.

Other lessons included:

- the need to understand at a fairly detailed level the nature and characteristics of regional trip-making patterns,
- The realization that “community” precedes cooperation as the networking around a neutral table proved to be fundamental to getting to implementation.
- The importance of establishing a lead agency and a “home” for the project.

Community Partnerships – King County Metro, Washington

King County, Washington includes 2,100 square miles on the southeastern sides of the Puget Sound with a population of 1.7 million. The area has considerable and extensive specialized transportation needs, in addition to extensive services met by its Metro public transportation systems. Metro desired to develop and extend partnerships that could expand transportation options for seniors and persons with disabilities. Specifically, Metro desired to: 1. fill service gaps; 2. provide for cost-effective services; and 3. provide more service options.

In 2002 Metro instituted three programs towards these goals: **Advantage**, **Advantage Plus**, and the **Special Use Van Pools**. These programs utilize vehicles retired by Access, the ADA complementary paratransit program; the Access vehicles are removed from the fleet after a two-year useful life. The program components involve these vehicles, vehicle maintenance, driver training and emergency roadside assistance. Agencies must provide a minimum of 50 passenger trips per month to Access-eligible passengers. Agencies are required to provide the trip scheduling, the drivers and liability insurance.

The program has been funded modestly, with available FY 2005 information indicating that about 127,000 trips were provided for a Metro trip cost of \$5.11. This is in sharp contrast to the Metro Access trip cost of almost \$30 per one-way trip. Funding is at a level of \$6.5 million and new funding will add an additional \$1 million per year for new vehicles. This became particularly important as the Metro Access program went from a two-year to a three-year useful life program, which reduced the available useful life in vehicles being made available to agencies.

Key players included Metro's Executive Director, who was an early champion, and the King County Accessible Services Committee, which helped to define and promote the program. It is administered by the Metro's Accessible Services Department. Currently 21 agencies are participating with 40 vans, serving populations that are primarily seniors or persons with developmental disabilities.

Lessons learned include the fact that the development of partnerships has been effective and growing with various positive benefits for both the human services and the public transit. Some agencies chose to end their relationship with the program when they could not maintain the 50 Access eligible trips per month and no longer wished to participate. Other agencies were enabled to stay in the program, and in the transportation business, because of Metro's provision of vehicle maintenance, driver training and road calls. As a further element of and outgrowth of this program, a regional accessible transit guide was developed.

6.3 CTSA AS ONE STRUCTURE FOR SELECTED COORDINATION ACTIVITIES

In California, improvement of specialized transportation and mobility choices for consumers has long been encouraged through coordination and consolidation of human services and public specialized transportation services. Formalized in 1979 through the passage of AB120, the Social Service Transportation Improvement Act, county transportation commissions were required to develop action plans for the coordination and consolidation of social service transportation and to designate a Consolidated Transportation Service Agency (CTSA) to implement these action plans.

The benefits that are possible through coordination and, ultimately, consolidation of social service transportation are enumerated in California Government Code Sections 15951 and 15952:

- Cost savings through combined purchasing of equipment;
- Increased safety and lower insurance costs through more effective driver training;
- More efficient use of vehicles through centralized dispatching;
- Increased vehicle reliability and maintenance cost savings through centralized maintenance;
- Cost savings, elimination of duplicative administrative processes and increased services from centralized administration; and
- More effective and cost efficient use of scarce resource dollars through identification and consolidation of existing sources of funding.

Experience in the more than 25 years since the passage of AB 120 has shown that the coordination and/or consolidation of social service transportation involves a lot of organizational and operation detail, can take significant time, work and resources to implement, and may not be readily embraced by some local agencies. Regardless of these caveats, improvement of local transportation through coordination and consolidation has the potential of bringing about real improvements in the **quality of transportation provided** to consumers who need these services, through **increased efficiency and safety** in operations, and **increased cost-effectiveness** in these services through the provision of more rides for the same cost.

The key to developing coordinated or consolidated specialized transportation lies in the realization that different transportation provider agencies have different levels of interest in and need for the benefits of coordination or consolidation. To be successful, a plan for transportation coordination and consolidation must allow agencies to participate at different levels.

CTSA Characteristics of Potential Interest to Riverside County

A recent review of six CTSA in California, conducted by Placer County, identified the following characteristics.

- Consolidated Transportation Services Agencies (CTSA) vary widely in how they view their roles relative to what types and categories of services they provide and how these services are provided.
- Not all of the CTSA reviewed operate service. However, those agencies that do operate service do so through direct provision of contracted services on behalf of other agencies and organizations or through contract arrangements with other transportation providers.

- One example was of a provisional CTSA which develops and distributes information on specialized transportation resources in the county and maintains a comprehensive database of public transit and human and social service agencies in the county that operate transportation and/or serve clients needing transportation.
- CTSA's are funded from a variety of local, State and Federal funding sources, including donations and gifts. Most, but not all, operate with some level of human services funding.
- One CTSA offers expanded services to all segments of the public serving a diversity of trip need, including serving the trip needs of ADA riders and the trip needs of commuters. However, recognizing that some transportation revenue sources can be targeted to specific categories of riders (e.g. funding for programs for seniors and the disabled) this expanded role can create challenges in the allocation of funding resources to the appropriate services, particularly in multi-jurisdictional transportation environments.
- CTSA role evolves over time based upon the needs of the individuals needing transportation.
- Transit Districts can serve as the CTSA or a separate entity can be designated by the public agency(ies) within the county.
- Mobility training for users of services (both paratransit and fixed-route) is a valuable program offered by a majority of CTSA's reviewed.

Paratransit Inc. as an Example of a CTSA

In order to consider how coordination and consolidation is experienced in other settings, Paratransit Inc. of Sacramento, California is used as an example that has a number of successful programs. Paratransit Inc. provides demand response service throughout Sacramento County and surrounding jurisdictions. Paratransit Inc. partnered with Sacramento Regional Transit (RT) to provide complementary ADA paratransit service for the fixed-route network. In addition to providing paratransit service, Paratransit Inc. provides educational opportunities to help passengers utilize the fixed route system.

Paratransit Inc. works with almost 40 other agencies. This includes coordinating with other agencies in providing maintenance of agencies' vehicles. Revenue generated from this system helps Paratransit Inc. provide additional service on the road. This form of coordination activity provides a mutual benefit for both partners. Smaller agencies that would not have the funds to maintain their own vehicles can outsource to Paratransit Inc. In return, Paratransit Inc. uses earnings from maintenance to provide more service on the street.

TABLE 6-1, COORDINATION EXPERIENCES FOR RIVERSIDE COUNTY

Agency/ Project Name	Organization	Issue / Coordination Objective	Description and Status	Lead and Key Players	Lessons Learned
<p>St. Johns County Council on Aging</p> <p>SERVICE DELIVERY</p>	<p>Non-profit, organization dedicated to serving the elders in the community. Operated by a Coordination Board with 18-22 members. Board approves policies, handles grievances.</p> <p>44 vehicles, 7 for fixed route and rest are paratransit</p>	<p>Discontinuation of east-west service by Greyhound specifically for people traveling to/from Putnam (a rural county to the west) and Alachua counties.</p> <p>Choice Ride Program: this program is available for persons traveling to/from Jacksonville, which is located 30 miles from St. John's County.</p>	<ul style="list-style-type: none"> • Partner with Putnam County to receive 5311 funds for service between these counties, which will provide east-west service. Service expected to begin January 2008. • Choice Ride Program provides seamless transportation between two counties, which is popular for workforce riders. 	<ul style="list-style-type: none"> ➤ St. John's Council on Aging ➤ Putnam County ➤ Greyhound 	<p>1. Board made a conscious effort to do what is best for the community instead of worrying about cost.</p> <p>2. Coordination is good for morale.</p>
<p>York County Community Action Corporation</p> <p>CONTINUING TO IMPROVE SERVICE</p>	<p>1,000 Square mile service area.</p> <p>Provides a mix of transportation service including fixed route, demand response, and a volunteer driver program.</p>	<p>Increased demand for service and a need to maximize service delivery.</p>	<p>Volunteer Driver Program – community service where volunteers drive riders to non-emergency medical appointments.</p>	<ul style="list-style-type: none"> ➤ Community-based organizations. 	<p>Ongoing communication of needs to staff between and among community agencies is critical to developing coordinated responses that meet consumer needs.</p>

Agency/ Project Name	Geographic Area Served	Issue / Coordination Objective	Description and Status	Lead and Key Players	Lessons Learned
<p>Northern Shenandoah Valley Regional Commission</p> <p>PROVIDING REGIONAL TRIPS THROUGH THE PUBLIC MOBILITY PROGRAM – TECHNOLOGY APPLICATION</p>	<p>Nine county region, in two states [Virginia and Maryland], 1724 square miles, population 205,000</p> <p>Considered suburban and rural</p>	<p>Create more mobility options in and between communities</p>	<ul style="list-style-type: none"> • Computer assisted scheduling • Planned contactless fare card • Planned AVL in social service agency vehicles <ul style="list-style-type: none"> • Coordination discussions begun in the mid-1990's • Obtained \$100,000 ITS funding for development of software -- rural ITS implementation • Developed RFP and let contract to RouteMatch for software development. • Program recently established in Winchester City Transportation Dept. as the new-lead agency. <p>Ridesharing concept, in real time, to use empty seats on social service vehicles with “compatible clients”</p>	<ul style="list-style-type: none"> ➤ Regional planning agency ➤ Main regional human services agencies, including the Area Agency on Aging and Northwestern Community Services (agency serving persons with developmental disabilities) ➤ City of Winchester Transit Dept. 	<ol style="list-style-type: none"> 1. Difficult for agencies to “offer up” their transportation dollars as transit \$s are built into their programs. Contributing dollars to a central pot and they “lose” their dollars. Greater success in extending what they can do to meet regional goals. 2. Important to look at regional trip-making needs and patterns. 3. Community precedes cooperation – networking around a neutral table fundamental to getting to implementation. 4. Need for a “home” is critical. Results are slow to achieve but progress real.

Agency/ Project Name	Geographic Area Served	Issue / Coordination Objective	Description and Status	Lead and Key Players	Lessons Learned
<p>King County Metro</p> <p>Accessible Services Dept.</p> <p>COMMUNITY PARTNERSHIPS</p>	<p>All of King County Washington, length of eastern side of the Puget Sound, 2100 square miles</p>	<p>Metro's desire to develop partnerships to expand transportation options for seniors and persons with disabilities</p> <ol style="list-style-type: none"> 1. Fill service gaps 2. Provide cost-effective services 3. Provide more service options 	<p>Three programs initiated in 2002: Advantage, Advantage Plus, Special Use Van Pools.</p> <p>Metro provides retired lift-equipped Access vehicles (2 years useful life), vehicle maintenance, driver training and emergency roadside assistance to agencies providing AT LEAST 50 passenger trips month to Access passengers.</p> <p>Agencies promise trip scheduling, drivers and liability insurance</p> <p>For several years, program maxed out with available funding. Provided 127,000 trips in FY 05 at about \$5.11 per trip vs. \$30 pre trip on Access.</p> <p>Program funding has been about \$6.5 million a year.</p> <p>June 2005 State Paratransit Grant of 1% of new funding source – adding \$1 million for new vehicles (Access went to 3 years useful life; little left for agencies). Able to add 5 new agencies in 2006 and 5 in 2007.</p>	<ul style="list-style-type: none"> ➤ King County Metro Executive Director ➤ King County Accessible Services Advisory Committee ➤ Accessible Services Department ➤ FY 06 – 21 agencies and 40 vans, largely seniors and developmental disabilities services agencies. 	<ol style="list-style-type: none"> 1. Partnerships with agencies have been positive, effective and growing. 2. When Advantage partnerships ended, it was mutual; agencies couldn't maintain 50 Access eligible trips per month and no longer wished to be transport providers. 3. Participants are largely serving seniors and persons with developmental disabilities. 4. Some agencies enabled to stay <u>IN</u> the transport business because of maintenance, driver training and road calls. 5. Developing a regional accessible transit guide for entire Puget Sound region.

Agency/ Project Name	Geographic Area Served	Issue / Coordination Objective	Description and Status	Lead and Key Players	Lessons Learned
<p>Paratransit Inc. CTSA example</p>	<p>Sacramento, Carmichael, Elk Grove (also served by eVan), Fair Oaks, Folsom (to/from Light Rail Stations only), Rancho Cordova, Citrus Heights, Rio Linda, Elverta, Orangevale, North Highlands.</p>	<p>Provides demand-response services to individuals and agencies serving people with disabilities and seniors within the County. In 1992, partnered with Sacramento Regional Transit (RT) to also operate complementary ADA paratransit services.</p>	<ul style="list-style-type: none"> • A private non-profit corporation started in 1978 and designated as a CTSA on July 1, 1988 by the County of Sacramento, Sacramento Regional Transit District (RT), and Sacramento Area Council of Governments (SACOG). • Coordination activities include providing maintenance services for 40 other agencies in the region. Earnings used to provide more rides. 	<ul style="list-style-type: none"> ➤ Sacramento County ➤ Sacramento Regional Transit District ➤ Sacramento Area Council of Governments 	<p>Coordinating with other agencies can help improve service by providing mutual benefits for both partners; in this case maintenance earnings allow for expansion of service.</p>

7.0 OVERVIEW OF NEEDS, GAPS AND DUPLICATION OF SERVICE

7.1 INTRODUCTION

This chapter discusses the preceding chapters' findings, considering identified resources and needs on three dimensions:

- in relation to the target populations of persons of low income, persons with disabilities and seniors;
- in relation to the geography of Riverside County and specifically the three apportionment areas to which SAFETEA-LU funding flows; and
- In relation to institutional, vehicle-related issues.

The discussion then identifies gaps, as a consequence of this needs assessment, to lay the groundwork for recommendations to be subsequently presented.

7.2 FEDERAL TRANSIT ADMINISTRATION (FTA) PROGRAM GUIDANCE

Under FTA guidelines, the coordinated plan must contain the following four (4) required elements consistent with the available resources of each individual agency/organization:

1. An assessment of available services that identifies current providers (public, private and non-profit);
2. An assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes, an assessment which can be based on the experiences and perceptions of the planning partners or on data collection efforts and gaps in service;
3. Strategies and/or activities and/or projects to address the identified gaps between current services and needs as well as opportunities to improve efficiencies in service delivery;
4. Priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing specific strategies and/or activities identified.

Meeting these required elements began with the extensive effort involved in the development of a master database listing of agencies used to invite key stakeholders or "planning partners" into the process. Stakeholders included both representatives of public transit organizations and of human service agencies throughout the Riverside County. As previously noted, extensive methods were undertaken to ensure broad levels of participation including administration of the countywide stakeholder survey, stakeholder agency/organization meetings and interviews, roundtable and workshop sessions and discussion with consumers. In addition, meetings with various RCTC committees and the plan's Technical Advisory Committee provided opportunity to review and comment upon plan development issues.

The assessment of transit resources provided in Chapter 2, the trip demand estimation presented in Chapter 3, the stakeholder survey reported in Chapter 4, and findings drawn from outreach efforts reported in Chapter 5 are pulled together here for a broad assessment of the Riverside County needs and resources, consistent with required FTA elements.

7.3 SUMMARY OF NEEDS BY TARGET GROUPS

Understanding the unique and individualized needs reported for the target populations, as expressed through the survey and outreach processes, ensures that projects, actions and strategies developed in response will address these needs over time.

Recognizing that there is overlap in the characteristics of target populations (e.g. seniors who are low income and/or are disabled; persons with disabilities who are low income), the following section profiles the needs by consumer segment and recognized sub-segments as presented through the plan development process.

7.3.1 Needs Summarized For Low Income Constituencies

Low Income Persons -- Families

Family groups who are enrolled in the public social service programs interviewed through this planning effort identified trip purposes that relate to education and training, work, child care and medical purposes. Family groups in need of transportation may be attending programs as court referrals where there has been an allegation of child abuse or child neglect. There may be a probation referral, where the family is in danger of losing their children to out-of-home placement. Others are coming for services, particularly medical services, because their own resources are so very limited.

Some families may be immigrant populations and non-English speaking, or speak English with limited proficiency, and find accessing services a complicated process. Children of low income families may be attending Headstart, programs of First Five, and for subsidized child care. Often these are family units with more than one pre-school child, usually single mothers with multiple children. These are among the low-income clientele of responding human service agencies.

While there are a variety of trip purposes necessary for these families, medical trip purposes are reported frequently as the area of greatest need, often because these are longer distance trips and therefore more difficult for low income families. **Unmet medical trip needs** were reported by a number of sources, in both surveys and outreach interviews.

This population is generally physically healthy, able to walk and move about the community, but may not own a car. Or the single working car in the family is used by the household wage earner and not available during the day for medical appointments. Some low income families have **cars but not in working order**, they are not insured or family members do not have a valid driver's license. Agency personnel believe that some solutions may lie in getting access to these vehicles and driver capabilities through car sharing, van pooling and ride sharing.

Use of fixed-route service is possible, but **information must be readily accessible, usually to the case worker**, and services must not be so inconvenient as to discourage use. Agency personnel do speak to the problem that transportation is sometimes used as the "excuse" for not participating in other programs. Where staff can remove transportation barriers, it makes it harder for consumers not to participate in programs.

Agency staff spoke of the **difficulties mothers with young children have in using fixed-route transit** to get from home to day-care to work. The day-care trips are particularly difficult where the mother must go in for a few minutes to sign in the child (or pick-up the child) but transit services, of course, cannot wait.

Pricing of transportation services is a significant issue for these lowest income families. The ability to pay for a trip, and for the trips of attending children over age five, was an issue frequently reported. This segment of the population is by definition low on financial resources, and therefore struggles with the expenditure of these scarce resources for transportation versus food and other basics. **Bus passes** are therefore of critical importance to these families and often the way in which agencies provide transportation support to families.

In both rural areas and urban areas, **bus stop amenities** are important for families using available public transit. Staff spoke of the needs of young children for protection from the sun and wind, while families with young children are aided by benches while waiting for buses.

Low Income Persons – Individuals

Low income individuals include young people coming out of the foster care system, “aging out” and often participating in other state and county social services, such as the Transitional Assistance Programs of the Behavioral Health Department. These young people, between the ages of 18 and 23, are typically enrolled in community college courses and may be receiving supplemental security income, somewhat over \$1,000 a month to cover all their living expenses.

Such young people can be quite knowledgeable about public transit, with some ADA certified because of substantial learning and other cognitive disabilities. At least two mobility issues were reported: 1. **the pricing of transportation**, even fixed route fares, is very difficult given their modest income; 2. **using public transit to attend community college** courses is difficult where evening classes end at or just after the time fixed route services cease operation.

Low-income youth in after-school programs such as the Desert Hot Springs Boys and Girls Club participate in off-site programs that may be once a week and slightly more frequent during school holiday periods. Such agencies face difficulties in assisting the young people in getting to the sites, largely because they don’t own vehicles that can transport groups of kids, perceive there to be significant liability issues if they do own vehicles, and generally have **limited resources for handling episodic, infrequent youth trip needs**.

Low Income Persons – Homeless Consumers

Individuals who are homeless or on the verge of homelessness have **few to no resources; a single bus fare or token** is usually beyond them. These consumers have very limited access to information and **learning a bus route or particular routing** to get to a desired destination is a complicated task, simply because so many life issues impinge upon them. Similarly, even where the individual might qualify for ADA paratransit, they have limited or no access to a telephone to schedule a trip pick-up. There can be children accompanying a homeless individual, usually a female, all of whom need bus fares. In some instances, as with children participating in after-school programs and shelter-oriented activities, very young children may be traveling alone.

For these persons many activities of daily living are difficult and complicated. Caseworkers hope to **make the transportation element easier**, through information and fare availability, so that access to jobs and a better quality of life become more readily possible. However agency personnel also note that reported transportation problems are sometimes used as a reason for “not trying.” Where these legitimate difficulties can be eased or smoothed, it encourages the individual to grapple with the “culture of poverty” and work to better their circumstances.

For consumers using **homeless shelters, these typically require sign-in between 5 and 6 p.m.** and those using public transit services to get to interviews or training face particular challenges. They must carefully plan their time to ensure they are back to the shelters in time to make the sign-in window. This can be difficult where transit routes are hourly and more and when travel distances, such as to medical services, are long.

7.3.2 Needs Summarized for Persons with Disabilities

Persons with Disabilities – Adult Working Ages

Focus group conversations indicate that individuals with disabilities use the full gamut of public transit services available, including in one group of 12 persons alone, experience with Greyhound, RTA, SunLine, Omnitrans and ADA demand response services.

Issues needing attention by these comparatively able-bodied, disabled persons included:

- the **operating hours** and the need for earliest morning and late swing shift transportation in all areas of the county, and
- increasing the **availability of fixed route transit**, or some alternative transportation, in areas where it is not operating, such as unincorporated county areas and rural communities, including areas with dirt roads.
- continued **training of drivers** on how to work sensitively with persons with disabilities, including those with visual impairments or hearing impairments, as well as those using mobility devices;
- continued improvement of the **reliability of demand response services** where individuals are frequently late, despite all consumer efforts to allow sufficient lead time for appointments and work trips to ensure being on time at their destinations.
- **information services that support pre-trip planning** and help individuals understand available transportation and its requirements of the individual.
- **universal pass** capability that can work across the various public transit services in Riverside County.

Persons with Disabilities – Physically Disabled Using Mobility Devices

Since the implementation of the Americans with Disabilities Act (ADA) in 1990 considerable attention has been paid to the physical environment relative to persons in wheelchairs and using mobility devices. **Accessibility of the physical environment** is one outstanding issue

consistently raised by consumers. A second identified by both riders with disabilities and their social service agency representatives is **on-time performance** and the difficulties of knowing just when the vehicle will arrive.

One problem is that of **impediments to the path of travel**. Implementation of the ADA has been successful in contributing to creation of “islands” of accessibility, resulting in a greater number of accessible bus stops and transfer points. Consumers, however, still have difficulty accessing these places because of difficulties in navigating and moving about in the physical environment. Consumers indicate they sometimes cannot access fixed-route services because of path-of-travel difficulties.

On-time performance is a continuing challenge for demand response services and this surfaced as an issue in both Western Riverside and in the Coachella Valley. Persons with physical disabilities who are not using scheduled fixed-route services struggle with the structural challenges of demand responsive service which make it hard to ensure the vehicle's arrival times. These riders, and their advocates, identify the long travel times that paratransit trips require, making it necessary to block out significant segments of the day for transportation. Reliable on-time paratransit performance makes getting to work on-time very difficult for those who are employed.

Persons with Disabilities – Persons on Dialysis

Individuals on dialysis have a range of needs that impact transportation and these were identified in **almost every area of Riverside County** and in every forum – interviews, surveys and project development workshops. Transportation difficulties reported were various. They included needs of the individual rider, Medi-Cal reimbursement problems and service performance issues with existing transportation delivery systems.

Agency personnel indicate that individuals on dialysis may be reasonably able-bodied when arriving at dialysis appointments but they are weak upon leaving and may need varying degrees of assistance. **On-time arrival is very important for dialysis patients** where the individual has a time slot in a given “chair” that will soon be used by the next patient on the roster and can't be reserved for later use if the rider is delayed by transportation difficulties. By the same token, some very frail consumers are using dialysis and are in very poor health conditions. They are **not easily able to tolerate the shared-ride experience**, either coming to or going home from their dialysis appointment.

Individuals' **departure times require flexibility** in leaving the dialysis center. The return trip home may have to be rescheduled if an individual has a medically difficult session (e.g. bleeding out, etc.) and has to stay longer at the dialysis center. In some instances, particularly for medical facilities around the Riverside County Regional Medical Center, individuals may actually have to be transported between facilities when their conditions warrant and as one provider indicated, the transportation services are the last to know about changes that will have transportation implications.

An Indian Health Service agency, assisting numerous individuals with dialysis treatments, spoke of the need for **seven-day-a-week dialysis transportation**, with weekend dialysis appointments increasingly common as demand grows but facilities have difficulty keeping up. Similarly, some dialysis services run **twenty-four hours a day**, necessitating late night pick ups and drop offs for some consumers, long after the operating hours of most public transit services.

Persons with Disabilities – Consumers with Behavioral Health Needs

Consumers in this category fall into several subsets, including those with mental health problems, those who are developmentally disabled, those with cognitive disabilities, and those who may have Alzheimer's or brain injuries that translate into behavioral difficulties. Those clients associated with various mental health services may be physically more able-bodied and mobile than some other groups. They can frequently have same-day trip needs for medical appointments when their mental health situation changes rapidly. Trip purposes for these individuals can reflect the full gamut of life-sustaining, as well as life-enhancing purposes.

Fixed-route services are feasible for individuals who are physically able, but may be difficult and frightening for some persons on those days when their mental illness is active. Some behavioral health staff spoke of buddy programs that help to minimize the **anxiety of traveling independently**.

Medications commonly taken make it difficult for these individuals to be exposed to the sunlight for extended periods. Agency staff spoke of the need for **bus shelters and benches**, protection from wind and sun. The absence of these creates unhealthy situations when there are longer wait times for vehicle pick-ups and drop-offs.

Consumers with developmental disabilities, Alzheimer's or those with severe brain injuries likely **require some level of supervision or assistance**, both in transit, and at the end destination. In these instances, the **"hand-off"** is very important as it ensures that an individual with impaired judgment or poor memory is not wandering off in the space between the vehicle and the front door of their destination, but instead "handed off" to a responsible, receiving adult.

Individuals participating in **adult day health care programs, often persons with Alzheimer's**, have special needs. Interviewed staff characterized these as: **shorter ride times, escorts to and from the vehicle, and training of drivers** not to drop off the rider at locations other than their homes. One difficulty of Alzheimer's and dementia conditions is that the individual can appear to be normal and in full possession of their faculties. Drivers need to be clear that these riders can only be taken to and from their home addresses, despite what the rider may otherwise indicate. Short ride times, of one hour or less, are important as some of these individuals become quite agitated. Also, escort to and from the door ensures that such riders do not wander away.

Some consumers with developmental disabilities or those with Alzheimer's can become agitated, or even combative, in transit where they become fearful or anxious, particularly where there is a departure from their daily routine. In addition, there is increased incidence of seizures among members of these groups. Staff indicates that drivers assigned to services for these populations should be adequately trained and prepared to handle these types of real situations.

7.3.3 Needs Summarized For Senior Groups

Seniors - Able-Bodied Seniors

Much has been written about the transportation needs of seniors and the importance of encouraging them to consider the use of public transit before they actually need it. Seniors in

Riverside County, like the non-senior adult population, are more likely to drive their own vehicle or travel as passengers in private automobiles. Encouraging seniors to consider alternative transportation is challenging, particularly as it represents a loss of personal independence and self-reliance that is difficult for individuals to contemplate.

But seniors who do explore alternative mobility options demonstrate the importance of continuing to promote public transit. Both able-bodied seniors and their advocates expressed concern through this planning effort about **how seniors find transportation information** when they need it. This is critical inasmuch as seniors' health conditions can change quickly. Seniors' need for assistance in accessing transportation can also quickly become a higher priority. Knowledgeable seniors comment that even where there is only a gradual decrease in physical capabilities, the need for ready information about transportation is important. Agency personnel desired a continual "flow" of information about transportation potentially available to seniors so that in that moment when the individual is ready to listen and learn and consider transportation alternatives, that information is readily available.

Seniors – Frail Elderly and Oldest Old

Consumers who are medically frail or among the oldest-old of 80 years old and more may be supported at home, sometimes in a debilitated health status that makes moving outside the home complicated. They may be attending day care programs or adult day health care programs outside of the home but are otherwise quite limited in their mobility around the community due to multiple health issues. Trips taken are reported as primarily for life-sustaining purposes of medical needs, pharmacy needs or nutrition.

Seniors **in rural as well as urban areas of Riverside County perceive only limited transportation choices** to be available, despite the availability of transportation and even specialized transportation in their local communities. Some of this has to do with seniors' limited knowledge about resources, some with the activities involved in making the arrangements for transportation. Assistance with transportation begins with making the actual trip arrangements, which may include scheduling the appointment and the transportation pick-up. These consumers generally need **door-through-door transportation support**, which therefore must include help with trip scheduling as well as assistance at the destination end, such as help with grocery shopping or navigating a complex medical complex. **Same day trip needs** are indicated when health conditions change rapidly.

When these consumers do travel about the community, they speak of their considerable **anxiety about the transportation experience** due to their overall poor health condition. This reflects their limited capacity to tolerate transportation-related difficulties, such as long waits, distances to walk between the drop-off and the destination, or no-show vehicles. The poor health conditions of the frailest seniors was reflected in the fact that fully one-quarter of seniors' identified by the TRIP program as candidates for telephone interviews were too physically limited to participate in the telephone interview process.

Seniors who rely upon family members for transportation spoke during interviews about the complexities of that – often **seniors do not want to ask busy, younger relatives** to assist them with transportation needs. Sometimes the family member or friend is available only at times that don't fit well with the requirements of the senior, either in terms of appointment times or the senior's energy levels. For example, the senior who is able to do things in the morning may find difficult trips late in the day when a working-age relative can provide transportation.

**Table 7-1, Riverside County
Target Population Transportation Needs, Resources and Possible Responses**

Target Population	Special Transportation Needs and Concerns	Transportation Modes	Potential Transit or Transportation Projects/ Solutions
Seniors, Able-Bodied	<ul style="list-style-type: none"> - Lack of knowledge about resources. - Concern about safety and security - Awareness that time when driving might be limited. 	<ul style="list-style-type: none"> - Fixed-route transit - Point deviation and deviated FR - Senior DAR - Special purpose shuttles: recreation, nutrition, shopping 	<ul style="list-style-type: none"> - Single point of information - Educational initiatives, including experience with bus riding before it is needed. - Buddy programs; assistance in "trying" transit - Transit fairs, transit seniors-ride-free days or common pass
Seniors, Frail and Persons Chronically Ill	<ul style="list-style-type: none"> - Assistance to and through the door. - Assistance with making trip arrangements - On-time performance and reliability critical to frail users. - Assistance in trip planning needed. - Need for shelters - Need for "hand-off" for terribly frail 	<ul style="list-style-type: none"> - ADA Paratransit - TRIP program - Emergency and non-emergency medical transportation - Escort/Comp'nion Volunteer drivers - Special purpose shuttles 	<ul style="list-style-type: none"> - Escorted transportation options - Door-through-door assistance; outside-the-vehicle assistance. - Increased role for volunteers. - Technology that provides feedback both to consumer and to dispatch; procedures to identify frailest users when traveling. - Individualized trip planning and trip scheduling assistance. - Expanded mileage reimbursement program. - Driver sensitivity training. - Appropriately placed bus shelters.
Persons with Disabilities	<ul style="list-style-type: none"> - Service quality and reliability - Driver sensitivity and appropriate passenger handling procedure - Concerns about wheelchair capacity on vehicles/ pass-bys - Need for shelters - Sometimes door through door or issues of "hand-off" 	<ul style="list-style-type: none"> - Fixed-route transit - ADA Paratransit - TRIP program - Emergency and non-emergency medical transportation - Special purpose shuttles - Escort/Companion 	<ul style="list-style-type: none"> - Single point of information; Information as universal design solution. - Continuing attention to service performance; importance of time sensitive service applications. - Driver education and attention to procedures about stranded or pass-by passengers with disabilities. - Aggressive program of bus shelters. - Vehicles, capital replacement.
Persons of Low Income and Homeless Persons	<ul style="list-style-type: none"> - Easy access to trip planning information - Fare subsidies (bus tokens or passes) that can be provided in a medium that is not cash - Breaking down the culture of poverty that uses transportation as the difficulty for not moving about the community. - Difficulties of mothers with multiple children - Need to bring along shopping carts - Difficulties with transfers within and between systems; long trips. 	<ul style="list-style-type: none"> - Fixed-route transit - Point deviation and deviated FR - Special purpose shuttles (work, training, special education, Headstart, recreation) - Van pools, ridesharing, car sharing 	<ul style="list-style-type: none"> - Creative fare options available to human services agencies. - Increased quantity of bus tokens available. - Universal pass for services across county. - Bus passes available to those searching for jobs or in job training programs; cost-effective. - Special shuttles oriented to this population's predictable travel patterns. - Education about transit to case managers, workers with this population. - Feedback to transit planners on demand; continued work to improve transit service levels (coverage, frequency, span of hours) - Training of staff to train consumers - Vanpool assistance, ridesharing connections
Persons with Sensory Impairments	<ul style="list-style-type: none"> - Difficulty in accessing visual or auditory information. - Possible door-to-door for visually impaired - Driver sensitivity 	<ul style="list-style-type: none"> - Fixed route transit - ADA Paratransit - Demand response - TRIP program 	<ul style="list-style-type: none"> - Single point of information; information in accessible formats - Guides (personal assistance) through information - Driver training critical to respond to needs.
Persons with Behavioral Disabilities	<ul style="list-style-type: none"> - Medications make individuals sun-sensitive and waiting in the sun is not an option. - Medications cause thirstiness; long hour waits in the heat can lead to dehydration. - Mental illnesses can make it frightening to be in public spaces. - Impaired judgment and memory 	<ul style="list-style-type: none"> - Fixed route transit - ADA Paratransit - Special purpose shuttles - Escort/Companion 	<ul style="list-style-type: none"> - Possibly special shuttles oriented to this known predictable travel needs. - Driver training projects to provide skills at managing/ recognizing behaviors of clients. - Aggressive program of bus shelters - "Hand-off" can be critical for confused riders, passing them off to a responsible party. - Important that driver understand riders' conditions.

7.4 SUMMARY OF NEEDS BY RIVERSIDE COUNTY AREAS AND SUB-AREAS

7.4.1 Palo Verde Valley Apportionment Area

The Palo Verde Valley runs along the Colorado River from Imperial County to San Bernardino County and inland to the Joshua Tree National Park. It consists of one population center, Blythe, surrounded by a large unincorporated area and isolated communities. Its demographics show a young population, with an average age younger than the countywide median age of 33 years and fewer elderly persons, just 7 percent, compared with the countywide proportion of almost 13 percent.

In an area with almost 26,000 persons in 2000, between 6% and 13% of the population (1,300-3,500 persons) are part of the target groups. Only 1,800 persons are estimated to be age 65 and older, representing 7% of the area's population. Trip needs are likely to be oriented to younger populations, with senior trips needs somewhat more limited in quantities.

Palo Verde Transit's fixed-route services are providing almost 900 trips a week and the dial-a-ride makes just under 100 trips a week with its 8-vehicle fleet. The school district operates vehicles for student transportation. Various human services agencies provide some transportation support, largely through bus pass purchase and sometimes caseworker transportation. The TRIP mileage reimbursement program is available to registered Palo Verde Valley residents and 3 percent of the trips provided through this program in 2007 were in the Blythe area, over 2,600 one-way trips, an average of 50 trips per week.

Long Distance Trips

Agency and consumer reports generally indicate that transit services within Blythe are adequate and that unmet trip needs of the target groups relate to the long-distance trips into services in Indio and in Riverside. Some trips are needed to the Loma Linda University Medical Center and to the Veterans Hospital in San Bernardino County. Reportedly, local transit funding is not readily available to support trips across the desert to locations that are 90 to 150 miles and farther distant. The public transit operator has attempted various strategies to provide limited transportation services, particularly to Indio where there is some demand, but local elected officials have found it difficult to support the use of local dollars in this way.

Some human services agencies are funding very limited transportation between Blythe and Indio, often in the form of mileage reimbursement to staff who will go out and bring individuals in to appointments, such as expectant young mothers and Headstart-age children in need of special services. Indio is a significant destination for many such appointments, particularly as there is almost no dental care in Blythe, limited pre-natal care and limited psychiatric, medication-oriented services available.

Several agencies – including First Five of Riverside, the County Behavioral Health Department, and the GAIN program – indicated an interest in finding ways to work together to meet these long-distance trip needs. County workers do have access to vehicles and could transport more than one individual. But concern was also expressed about the difficulties and even safety issues of mixing of consumers, such as Headstart children and psychiatric patients whose medications are not effectively controlling their illness.

Some coordination around these long-distance trips is already in place – for example, the public operator has a relationship with the local Greyhound bus station and assists consumers in buying discounted Greyhound bus passes. But Greyhound trips run only twice each day between Blythe and Indio, in the early morning and after 7 p.m. Greyhound no longer stops in Palm Springs, and trips by Greyhound into Riverside can be hours in duration for a 75 mile trip.

Trips Into Blythe from Surrounding Areas

Several agencies discussed needs of individuals living outside of Blythe, including Ripley at 7 miles, Mesa Verde at 8 miles, and others 20 miles or more from Blythe who need to come in for services, groceries and socialization. When these individuals cannot drive themselves, they become extremely isolated but usually cannot afford to move into housing in more populated areas where services would be more readily available.

Increased Coordination And Communication Among Agencies

A related concern was the need expressed by the Blythe public operator for better communication between the transportation provider and responsible social service agencies around consumer needs. Particularly in relation to demand response services, the public transit operator needs better coordination around the dropping off of vulnerable riders at their destinations, being clear that there is someone there to receive them. Similarly, several human services agencies based in Riverside and providing services to consumers in Blythe, indicated that it is not clear with whom the social service agency personnel should be communicating.

7.4.2 Coachella Valley Apportionment Area

The Coachella Valley communities, stretching from Palm Springs to Indio and beyond to Mecca, have very mixed demographics. Clearly some communities are well-to-do but are home to often isolated, elderly persons who have very limited social support systems beyond what their dollars will purchase. The region's average age is 36 and its 17 percent senior population is more than four points above the statewide average of 13 percent and five points above Riverside County as a whole with 12 percent seniors (2000 census).

The percent of lower income populations is modest, 8 percent compared with a 7 percent total for the County; however, in selected Coachella Valley communities lower-income persons are a significant proportion of the total population. In rural areas where housing costs are lower, the per capita income is well below county and state averages.

Between 40,000 and 81,000 persons are projected to be among the target populations that are the focus of this plan, between 13 percent and 25 percent of the region's more than 300,000 persons.

SunLine is providing almost 67,000 fixed-route trips per week while SunDial provides 1,600 demand response trips weekly. These services have a combined available fleet of 84 vehicles while utilizing 58 of those vehicles on an average day. TRIP mileage reimbursement activities supported 14,600 one-way trips during FY 07 to Coachella Valley residents, almost 300 trips per week

Insufficient Information Available

The Coachella Valley Transportation Roundtable, convened by the Good Samaritans' organization, has identified information services as the number one need. This 20-member group understands information to be a complicated set of issues involving having updated printed and web-based information in the right hands. The right hands may include caseworkers, family, and church members who are involved with seniors, lower income individuals or persons with disabilities. There was concern that while public transit is a significant and important part of a total information package, there were other private – both for profit and non-profit – resources available about which people need to know.

Need for More Transit Alternatives

The request for more information is likely also code language for development of more resources, a way of stating that individuals want access to alternatives to the public transit resources currently available. This is in part because there is need for more individualized services than SunLine and SunDial can provide. The stakeholder survey identified three commercial operators in the Coachella Valley, and a handful of human services agencies providing transportation, including Boys & Girls Club of Indio, Indio Senior Center, Coachella Valley Rescue Mission, Calworks/ GAIN, and Desert Blind and Handicapped Association. These are representative and not a comprehensive list. It is clear, though, that the types of trip needs discussed by the Roundtable are greater than the resources currently in place to serve these needs. So the request for more information can also be understood to mean needing more providers available to serve the target populations' transportation needs.

Within the urbanized areas of the Coachella Valley, there may be opportunity for taxi operators to help fill certain gaps, as with the Safe Ride Home and Nite Owl services that exist in other areas to meet after-hours trip needs. Where no commercial or non-profit entities exist, as in the very isolated, rural areas, GAIN and DPSS workers indicated interest in creating ridesharing and van pooling options to help bring consumers into interviews and then continuing into employment when they obtain jobs.

Low-income families rely upon public transportation to get their children to school. Expanded fixed-route service needs were identified in relation to three schools: Palm Desert Community College, an elementary school on Country Club Drive and a middle school in Desert Hot Springs. While public transit cannot replace traditional school bus transport, continued attention to school bell times (or class dismissal times) will serve these constituents.

Expanding the range of alternatives for those of lowest income and in very rural, low density areas is a significant transportation challenge.

Increased SunLine Frequency, Service Area Coverage and Operating Hours

Individuals spoke to need for increased SunLine services, to improve the frequency of buses in areas where service runs only at 60- or even 90-minute intervals. And requests to improve the coverage include extending services beyond where SunLine currently travels, with more service to outlying areas. Sometimes this came as a request for a stop near an agency, as with Desert Hot Springs' Boys and Girls Club. Other requests were for regular service between Desert Hot Springs and Indio, increased service to Mecca, and life line levels of

service to Salton City, Thermal and Indio Hills. Additional services were indicated for areas beyond Thousand Palms, Windy Point off Highway 111, to Sky Valley and Idyllwild.

In some instances, service may be available between two points within the Coachella Valley but requires transfers that elongate already long trips. If the first route runs late, the rider can miss the transfer and have another wait of anywhere from 45 to 90 minutes.

The economy of the Coachella Valley was characterized by some interviewees as a service economy that had transportation needs around the clock. Particularly for the service workers at the lowest end of the employment spectrum, this can require trips very early in the morning, possibly before the SunLine's first runs at 4:30 a.m. or connecting from routes that start later. SunLine's evening service runs as late as midnight on selected routes but stops earlier on others, again making transfers difficult. It was noted that even Walmart jobs (currently on Monterey Ave. in Palm Desert and Ramon Road in Palm Springs) have shifts that end past 10 p.m. The same is true for SunDial, whose days and hours must complement the fixed route, expanded service hours could help some achieve employment in third shift positions that are not otherwise available to them.

Improved SunDial Service Quality

As has been noted, improving the reliability of demand response transportation is identified as a need by the frail senior who has limited energy and capacity to wait for a vehicle, the dialysis patient who needs a prompt and direct trip home at the end of a treatment session and the employed individual with disabilities who relies upon SunDial to get to work but needs a timely, reliable service to meet their employer's expectations. Continuing efforts to improve dial-a-ride service reliability will be a significant help to the target populations.

Special Shuttles and Special Needs

Related to creating more alternatives, there were individual anecdotes that suggest episodic but intense special needs, as with the migrant family with children who walked from Indio to Mecca over two days and other individuals who made a similar walk to get to a child in the Indio hospital. Identifying and addressing such transportation needs around health care for migrant populations and agricultural workers represents special challenges.

Transit Amenities

While need for shelter from the elements has been documented elsewhere, Coachella Valley plan participants spoke about its critical importance in the high heat of the desert, including the need for cool decking on benches exposed to the sun.

7.4.3 Western Riverside Apportionment Area and Subareas

Western Riverside is home to almost eight out of ten Riverside County residents. It is overall a slightly younger population than the state as a whole, with an 11.5 percent senior population compared with the 13 percent statewide average. It has a lower proportion of low income residents than neighboring Los Angeles County – 7 percent versus 9 percent – but these individuals are widely dispersed, densely in some areas and less so in others.

Given the large number of residents overall, those within the target population of this Plan are also significant in numbers, estimated at between 122,000 and 223,000 (2000 census) and growing with the region's significant documented growth.

Riverside Transit Agency is providing local and regional service to the communities of Western Riverside, delivering almost 110,000 fixed-route trips weekly and almost 4,000 demand responsive one-way trips weekly. Western Riverside County residents utilize the TRIP program in the greatest proportion, almost 80 percent of all trips provided, amount to almost 63,000 in FY 2007 or over 1,200 trips per week. Various Measure A-supported providers also provide trips and these are identified in the discussion below of five Western Riverside subareas.

Additionally, The Volunteer Center has a substantial bus pass and trip ticket distribution program to agencies and organizations serving members of the target groups – the 50,000 trips distributed through The Volunteer Center represent a significant supplemental program as many of these tickets are provided free to member agencies' constituencies.

Western Riverside – Banning/Beaumont Pass Subarea

Public transit in the pass area has undergone considerable change in recent years, with the creation of the **Pass Area Transit** which enables both Banning and Beaumont to continue operating their own services but doing so with improved local connections and coordination. In FY 2006, Banning provided about 3,500 weekly trips and Beaumont about 1,700 weekly fixed-route trips. Demand response trips totaled over 500 weekly for Beaumont and almost 200 weekly for Banning.

A long-standing Measure A provider, the Beaumont Adult School, is providing just under 100 one-way trips weekly to teen mothers and ESL students with preschoolers in child care, representing an important transportation-related collaboration with a school district. Additionally, because the County Department of Public Social Services has a major facility in Banning, its personnel have been participants in the dialog about improvements to pass area transit services, as members of a long-standing advisory group focused on identifying and addressing local transit needs.

Local needs are met to some degree by the Pass Area Transit, but limited by the service **operating hours of 7 a.m. to 6 p.m.** Those in the retail industry and working in Cabazon just east of Banning cannot use public transit to get home. Many of Cabazon's 100 retail outlets are open until 9 or 10 p.m. with employee responsibilities beyond that. Additionally, the new Morongo Casino is a 24-hour operation with a large employment base. These individuals, some of whom are at entry level service positions, are potential transit users.

Local dial-a-ride services serve ADA trips and non-ADA on a space available basis for seniors (age 60) and persons with disabilities who are not ADA certified. **Dial-a-ride demand has reportedly been increasing** and there may be need to increase capacity, as well as to obtain additional fare box support from agencies and organizations whose consumers are making significant subscription trips.

Western Riverside – Greater Riverside Subarea

The greater Riverside area is served by Riverside Transit Agency (RTA), operating services between 3 a.m. and 10 p.m. on weekdays and between 5:30 a.m. and 10 p.m. on Saturdays

and Sundays. RTA is providing significant service to the greater Riverside area with a total of 28 fixed-routes operating.

Specialized transportation resources are also significant within Riverside. Riverside Special Transportation Services provides advance reservation, curb-to-curb services to persons 60 and older and to persons with disabilities, providing about 2,800 one-way trips per week. RTA's ADA service also operates within greater Riverside but is supplemental to the Riverside Special Transportation Services within the Riverside city limits.

Additionally several Measure A providers serve specialized trips that may originate or end within the greater Riverside area. These providers include: Inland AIDS, Friends of Moreno Valley, Care Connexus, Whiteside Manor, Riverside County Medical Center and Operation Safehouse. Collectively, these services provided around 260 trips weekly in FY 2006, not including Riverside County Medical Center and Operation Safehouse both of which began operations during the current fiscal year.

Needs expressed during the plan development process were notable by what was NOT conveyed. There were few complaints about the existing fixed-route service. Demand response complaints focused almost exclusively on service reliability issues. Within the City of Riverside, despite extensive outreach dialog, needs emerging were those that typically go beyond traditional public transit services, even ADA complementary paratransit services, and echoed needs identified elsewhere. These included:

- need for **door-through-door transportation** for seniors and the most frail
- problems of trip **scheduling around dialysis patients**
- need for **improved information services** that enable and assist individuals with trip planning and help caseworkers identify resources
- need for **information services** that advise consumers on the "quality" of services, that is to say that can assure riders that services meet certain basic minimum standards related to vehicles and drivers.

Western Riverside – Norco/ Corona Subarea

In addition to some regional RTA services, the cities of Norco and Corona each have transportation services providing fairly defined services. The City of Corona has a traditional public transit program, providing just fewer than 3,000 fixed-route trips weekly on its Corona Cruiser and about 1,100 demand response trips. The City of Norco has a Measure A funded program that is much smaller in scale, providing about 50 trips per week. Services are provided within city boundaries and, in the case of the demand response services, with various eligibility requirements.

Issues that surface through the Plan development processes relate largely to service area conflicts with the existing service. Specifically,

- **Bus passes that work across RTA and Corona** transit services; although there is a policy of reciprocity, Corona drivers do not consistently accept RTA bus passes.
- **Service quality concerns** regarding the service reliability of demand response services as well as Corona Cruiser.

- Pockets of **need in South Corona**, beyond the incorporated city limits where development continues to expand.
- Pockets of service need near **Green River trailer park, near the Orange County line**, in the **Eastvale community**, and some generated from **Horse Thief Canyon**.
- Need for **expansion of fixed route** Corona Cruiser within Corona, south of Olive Street and west of Main Street.
- Need for **service to Mira Loma** from Norco / Corona.

Western Riverside – Central Subarea

The central area of Western Riverside county has seen expansion of RTA services, particularly since establishing a second base of operations in Hemet. Measure A providers of some significance operate from this area, including the long-standing Care-A-Van in Hemet and Care Connexus in Sun City. Together these two programs are serving about 300 trips a week.

Trip needs identified include:

- The **long travel times** needed to get to Riverside Regional Medical Center by RTA fixed route services, and a need for alternatives.
- **Service quality concerns** regarding the service reliability of demand response services as well as Corona Cruiser.
- Pockets of need include **Homeland** with trip needs identified by staff from the Departments of Behavioral Health, Public Health, and Public Social Services/GAIN.
- Pockets of need in the Perris area including **Nuevo, Galvalin Hills, south of Lake Matthews and northern Perris**.
- **Quail Valley** has a large number of low income young families and very limited transportation.
- No transportation available along **Ortega Highway** where there are some low income families.
- There is a **GAIN office in Lake Elsinore** that is not easy for consumers in the surrounding communities to get to; improved transit connections would assist with interviewing and training.
- **Extended fixed-route operating hours** are needed; much fixed route service ends by 8 p.m. while service and retail jobs require employees to travel after that.
- **RTA connections** originating in Lake Elsinore from south areas of the county (Temecula and Murrieta) are not well timed and the buses to Riverside Regional Medical Center routinely leave before other buses arrive.

Several central Western Riverside communities are characterized by relatively higher proportions of seniors, including Lake Elsinore and Hemet. One unexpected consequence of this is a **Grandparents Raising Grandchildren** phenomenon for which a fairly large sized program has been established in the Hemet area. These seniors have particularly complex transportation issues: they may be facing some limitations in their own ability to drive, even as they have the increased transportation requirements that come along with young children.

Western Riverside – South Subarea

The south western Riverside County areas of Murrieta and Temecula are characterized by increasing growth and often family members with long commutes to distant employment in San Diego County or in Downtown Riverside, Orange or Los Angeles Counties. The transportation implications of these areas are often focused on youth, on the lowest income individuals, including migrant workers and the problems of distance to regional medical facilities in central Riverside and in San Bernardino Counties.

Medical facility trips may be in several directions, with San Diego veteran’s hospital and facilities and other private facilities almost as close, or closer, in the direction of San Diego as they are to downtown Riverside.

Areas such as Anza have no current services, although in the past there was a modest volunteer-based transportation program. Wildomar Senior Community Center operates some service, as does the Measure A provider Boys and Girls Club of SouthWest County. Both groups are obviously focused on specific clientele. There are limited options for transportation providers, with few alternatives to RTA, making this a challenging area for those in the target populations with unmet transportation needs.

7.5 SUMMARY OF INSTITUTIONAL, VEHICLE-RELATED AND INSURANCE NEEDS

Institutional issues were presented during the plan development process and were not otherwise addressed in the preceding discussion of consumer needs. Most of these issues surfaced for the small providers, non-profit and private organizations, whose primary mission is not transportation which is seen only as a support service to a different core business. Various support capabilities considered in Chapter 2, Transit Needs Assessment, as well as some other related items emerging through the outreach process are enumerated here. Insurance liability issues, identified by numerous interviewees, are also considered.

7.5.1 Various Institutional Support Needs

Provision of training resources for small providers -- All of the Measure A providers are small and not easily able to have their own driver training programs. Several operate vehicles of a size that does not require anything above a Class C license. Regardless of the driver licensing requirements, all drivers can benefit from regular, on-going driver training in areas such as safe driving, transporting special needs clients and wheelchair securement. One agency commented that program staffers are also drivers when necessary and these individuals don’t always provide the maintenance director with clear and sufficient information about vehicle conditions. Periodic driver training meetings can help to sensitize staff to the breadth of issues involved in safe vehicle operations.

Provision of training resources for public transit operators – Numerous interviewees spoke of capabilities for providing training resources to the public operators, for example on behalf of Alzheimer’s patients, behavioral health consumers, or persons who are blind or have limited vision. These agency personnel have a wealth of knowledge and skill toolboxes that could be helpful to drivers in creating a safe and comfortable ride experience for their riders.

Provision of training for maintenance personnel – While most of the small programs contract out for maintenance, several provide it in-house. Several options exist for improving the quality and/or costs of these services. At a minimum, including agency maintenance personnel in selective training experiences with local public transit operator maintenance could lead to collaborative solutions for selective maintenance functions.

Driver Recruitment -- Several small agencies spoke of the difficulties of recruiting drivers, in part because of the split-shift nature of the need. This may not be readily addressed by public transit operators but it is conceivable that collaboration between agencies could lead to filling existing personnel gaps, whether through shared-driver arrangements or possibly shared vehicles.

Role of taxi operators -- Commercial, for-profit taxi operators have participated in the plan development process and have indicated interest and willingness to be part of projects geared towards these needs. An appropriate role for taxis, as another overlay in the array of service options, does exist and they should be considered as a resource in the development of alternatives.

7.5.2 Vehicle and Vehicle-Related Needs

Coordinated vehicle maintenance/ vehicle loaner programs -- County and local city fleet service departments, as well as the public transit operators, have extensive vehicle maintenance capabilities. Such public agencies might be more familiar with the transit-type vehicles being used and able to provide “loaner” vehicles in the event of lengthy repairs. These and other collaborative maintenance ventures could reduce the costs of services. Alternatively, there may be ways to combine the maintenance requirements of various small organizations, potentially reducing their costs by obtaining a combined service package at a better cost based upon volume of service.

Coordinated fueling and other supplies -- As fuel prices continue to climb, all efforts to reduce fuel costs and identify coordinated opportunities through existing county or city fleets should be explored. While the public operators are all on compressed natural gas, other public entities in the county are not and collaborative relationships may be feasible. Similarly, purchase of lubricants and potentially other supplies could be facilitated, and lower costs achieved, through consolidated purchasing.

Scheduling and dispatch assistance -- While some small providers are serving niche markets and captive groups through their own day program or residential facility, others are providing a more traditional demand response environment where individuals call into dispatch to make trip reservations. Assistance could be provided, ranging from provision of more efficient scheduling techniques using computers and commercial software, to assessment and improvement of current procedures to improve vehicle use and collection of useful operating data.

Coordinated vehicle washing -- This as a potential coordinated service point is prompted by four agencies included in the transit assessment review who indicated that their vehicles are currently washed in their parking lots. The washing of commercial and transit vehicles has been targeted by water agencies as a major area of Clean Water Act enforcement, suggesting that developing alternatives to such vehicle washing practices could avoid citations.

7.5.3 Liability and Insurance Needs

Liability and/or insurance requirements were identified as significant “barriers to coordination” by numerous agencies and organizations throughout Riverside County. Public transit and human service agency recognition of the issues of potential risk and liability associated with operating coordinated transportation services is logical, and is an issue that must inevitably be addressed if coordination of services between agencies is to occur.

Stakeholder responses during interviews and meetings reflected an overall understanding that the liability and risk associated with operating services in coordination with other agencies/organization must be considered at the outset. Specific details about the individual agency/organization liability and/or risk did not surface during the outreach process. This can be attributed to stakeholder’s limited knowledge of the specifics of their insurance policy. This level of fact-finding would be the subject of a risk assessment relative to the nature of any coordinated services to be operated.

However, as a result of the development of coordination plans and programs, insurance and liability-related issues have surfaced in other settings related to operating coordinated transportation services between agencies. These issues generally involve vehicles, drivers and clients/customers, and include, but are not limited to:

- Pooling and/or sharing of vehicles by multiple agencies
- Mixing of “clientele”
- Drivers employed by one agency/organization driving vehicles of another
- Use of volunteer drivers
- Gaps in existing insurance coverage between agencies/organizations (i.e. need for excess coverage)
- Variance in driver training and certifications
- Agency/organization control issues

Although these issues appear difficult to resolve, agencies and organizations in California have worked to develop and offer insurance solutions for those agencies and organizations operating transportation services under unique circumstances.

For example, one method by which risk loss is financed is known as ***captive insurance***. This is a form of group insurance owned by its members. Captives are generally a sound choice for agencies and organizations with a good loss record and risk management and an ability to finance some of its own exposure. Savings from a captive are realized through financial control and mitigating risk by having a professional team of insurance and management service providers. Savings in a range of 10%-20% are reported through improving the cost of financing risk and operating safely. The State-legislated public transit or non-profit agency insurance pools include ***California Non Profits United Vehicle Pool*** (NPU) and ***California Transit Insurance Pool*** (CalTIP).

In addition, the Community Transportation Association of America (CTAA) in association with Pacific Shore Insurance Services, Inc. has developed the ***Community Transportation Mutual Insurance Company*** (CTMIC). The CTMIC operates as a captive insurance company and is available to all CTAA members, including public agencies, cities, private non-profit operators, private-for-profit operators and tribal organizations operating in all types of service areas.

The CTMIC was created in response to expressed concerns of its members over insurance costs, insurance availability and the need for increased understanding of community transportation and its exceptional needs, including meeting the individual, highly specialized trip needs of seniors and disabled individuals.

7.6 GAPS AND DUPLICATION IN SERVICES PROVIDED

This section identifies gaps in transportation services in Riverside County which provide a starting point for strategies to reduce the gaps and improve the mobility of the target populations. The gaps include institutional, temporal, and geographic gaps indicated by the preceding needs assessment. The issue of service duplication is addressed in relation to the diversity of needs and county's geographic expanse.

7.6.1 Addressing Institutional Communication Gaps

Coordination of the transportation services operated by public transit and human service agencies are impacted by the challenges of working between two very distinct service systems. For public transit, operating service is its core business, around which significant infrastructure has been built. For the human services agencies, transportation is a support service, and is often viewed as a distraction from the agencies' primary purpose.

Although both serve the public, cultural differences in orientation exist. Human service organizations are closer to the client, have a better understanding of individual needs and requirements, and focus their day-to-day efforts on addressing and resolving issues on behalf of the individual, as characterized in Chapter 4's Stakeholder Outreach findings. Public transit is more attentive to "mass" needs only in relation to providing service, with considerably less awareness of the individual but instead an understanding of how to meet needs of large groups.

Different Regulatory Requirements

Public transit providers spoke in the Technical Advisory Committee meetings about their difficulties in communicating with human services personnel about the fare box and productivity requirements that public transit must meet. State statutes, as well as Federal requirements, establish rules that limit the public operators' ability to provide low-productivity services, charter-type services or the long-distance rural services that won't bring in sufficient rider fares to meet minimum standards.

Human services organizations grapple with different, but equally binding, restrictions that may include the need to tie expenditures to individual consumers, the need to show progress towards an individualized program plan, and other client-focused requirements.

Communication between these systems, given the potential labyrinth of rules on either side of this particular divide, argues for continued communication and mutual education.

Differing Languages Between Public Transit and Human Services

Since the day-to-day business objectives of these two service industries differ, it is logical to find that they speak different "languages," interpreting, processing and responding differently.

For example, public transit operators talk in terms of one-way passenger trips, and apply performance measures of cost per hour and passengers per hour. Human service agencies speak of client days, per diem rates and often understand trips as vehicle trips rather than one-way passenger boardings.

One example of this is the recent change in reporting by the TRIP program to accommodate the National Transit Database definition of a trip. Switching to the standard definition of a one-way trip as "each time that a person enters a vehicle for travel" made a significant difference in TRIP reporting, as indicated by the increased trip numbers between FY 06 and FY 07. The FY 06 total was 24,393 trips, while the FY 07 trip total was 79,989 trips. This increase was the result of counting trip chaining, the multiple trips that an individual may make on their single "outing" with a TRIP-reimbursed volunteer driver.

Coordination Among Personnel

It was noteworthy that several interviewees in human services did not know with whom to talk within public transit organizations. By the same token, the Blythe transit operator who has numerous working relationships with human services personnel spoke of the lack of institutional memory. He found it challenging that with turnover among human services workers, he finds himself starting all over again to educate new individuals about transit issues.

Such starting points for communication, reflecting how foreign each "industry" is to the other, must be gradually addressed in order for these two systems to work effectively on coordination projects. While at a minimum, there may be value in establishing a "translator" to work with across the two systems, regular and routine meetings between key individuals in both groups are indicated.

7.6.2 Meeting Individualized Consumer Needs

One of the main purposes of this Plan is to recommend ways that public transit and human service agencies can work together to develop plans and projects that will address unmet needs of low income individuals, persons with disabilities, and seniors. The enumeration and detailing of these needs indicates that providing service to some difficult-to-serve sub-segments of the target population (e.g. frail, chronically ill and disabled individuals) requires high levels of individualized service.

This Plan identifies, through the outreach presented in Chapter 5 and in the needs assessment of this chapter, specific types of individualized need experienced by the target populations. Public transit and human service agencies and organizations must find ways in which to meet needs that consumers described and that agency/organization personnel enumerate on their behalf. Actions and strategies developed as elements of this plan must be designed to improve the ability of providers of specialized transportation to serve such highly individualized trip needs with greater efficiency. Such needs include information, communication, shortened ride times and increased service timeliness, as well as segregated services for particularly vulnerable populations such as Head start children, dialysis patients, the most frail elderly and so forth.

7.6.3 Expanding Public Transit

Clearly increasing the quantity of existing public transit services is indicated in each of the subareas of the County, some of which may be addressed in the long range planning and visioning processes undertaken by the County's public transit operators. General areas of expansion include:

- increasing the frequency of buses on core routes,
- expanding the hours of the operating day to earlier in the morning and later at night
- improving transfer timing and frequency to make longer or cross-jurisdictional trips more convenient, with more direct connections between high travel areas.

It was notable in the extensive outreach undertaken there were very limited complaints received about the existing public transit infrastructure. The focus was rather on how to improve what was in place or how to extend it farther. Members of these target groups do rely upon existing public transit and any improvements to these networks will serve their needs.

That said, specific needs were indicated in the Coachella Valley for later evening service from the Community College campuses and possibly start-times earlier than the 4:30 a.m. starts that will better support this region's service industry economy. Pockets of rural needs were identified beyond SunLine's current service footprint, some of which may become feasible with time for life-line services.

Riverside Transit Agency's span of service is considerable but late night services do not now exist past 10:30 p.m. and there may be indication for a Nite Owl type service for the period from midnight until 3:30 a.m. when core routes commence. Pockets of unserved areas exist, notably beyond the Norco and Corona city limits and in the Homeland area. There is some need for direct service between Norco/ Corona and Ontario employment centers. Some previously unserved areas, such as Jurupa, do not seem to represent the need they have in the past.

The Pass Area Transit in Banning and Beaumont needs earlier morning and later evening service. Later service hours on the weekends to support the retail and casino employment opportunities to the east are also needed.

Blythe services appear to be serving the immediate community reasonably well but need for trips beyond the city limits continue.

7.6.4 Creating Inter-jurisdictional Transportation Alternatives

Riverside County's considerable expanse results in a necessary clustering of selective regional facilities such as medical facilities, and means that many individuals have to make cross-jurisdictional trips. The problem then becomes who is going to pay for a trip that begins in one community, on one side of the county, and ends in another. This is a challenge that confronts Blythe and Coachella Valley communities. This was to some extent resolved in Western Riverside with the creation of a regional operator, Riverside Transit Agency, but remains an issue for residents of Banning and Beaumont who need to travel in both east and westerly directions and have more limited choices for making those trips.

Mechanisms for addressing these long trips, for which there is not a clearly identified funder, are needed. Many persons within the target populations require such transportation assistance, largely to medical facilities, but also to court and human services agency appointments, and in some cases for employment. Creative solutions could include:

- exploring the potential for ridesharing and vanpooling for working-aged populations,
- establishing special shuttles, with human service agencies as funding participants, such as a Blythe to Indio shuttle;
- continuing and promoting the TRIP program's ability to provide mileage-subsidy for more frail, dependent populations who can find a driver.

7.6.5 Increasing Service Capacity

Chapter 2's Transit Assessment and Chapter 3's demand estimation identified the rail, public transit and specialized transit trips currently being provided in the region. The 13.9 million total trips, including rail, represent 7 trips per person, based upon the 2000 census. Anticipating that the population growth over the next 30 years may increase over 120 percent, growth in trips provided will be necessary just to maintain current levels of service.

Human service transportation programs also exist. In the last year, the TRIP program's countywide reach added 80,000 very specialized one-way trips. The other Measure A service providers, operating just in Western Riverside County, added almost 40,000 more. These small, non-profit providers are potentially an important strategy, albeit small in scale, for meeting certain individualized needs of these populations.

However, the assessment also shows that some of the needs of the target population are not now being met, such as door-through-door, long-distance shuttles, and service to and from more isolated areas. So while needs exceed the services now in place, there must also be some restructuring of the existing network of transportation services to handle identified and increasing needs. The potential to coordinate and leverage transportation resources with human services organizations who share responsibility for these populations is a logical next step.

7.6.6 Improving Service Quality

Service reliability and predictable on-time performance are critical to groups of persons among the target populations. Usually these are demand response riders, using either SunLine or RTA's ADA complementary paratransit services, or on other community dial-a-rides such as those in Corona, Banning and Beaumont. Paratransit programs are notorious for their difficulty in providing predictable, on-time service but it is not impossible to assure riders of certain windows of on-time performance. For dialysis patients, frail individuals and those in the workforce on-time pick-up is critical. The availability of technology provides new opportunity to improve these services, even in a shared-ride environment. When services are running late, communication with riders can alleviate much concern and anxiety as to just when rides will arrive. Automatic call-backs can advise riders that their ride is within a mile or so. And automated routing and scheduling, when software parameters are finely honed, can help to

improve scheduling effectiveness. Attention to the quality of service, and efforts to improve that quality, must be a key part of improving the mobility of the target groups.

7.6.7 Improving Communication and Information at All Levels

There were numerous information, mis-information and communication issues arising through the needs assessment process that speak to gaps in understanding and the need for projects to improve that . These issues are multi-layered, with several dimensions identified here.

With Prospective Riders

There was a comment about the need for a steady flow of information about public transit so that when the transportation need presents itself, information or access to information is readily available. Many comments were made about one-number solutions or integration of 211/ 511 information capabilities, keeping the most up-to-date transit information available at these sources or having the potential to refer directly through these sources.

With Agency Personnel

The need for ready access to information arose with many caseworkers, including those in the DPSS/GAIN programs, those working with frail seniors, and those working with teens in the behavioral health or systems. Some of these caseworkers readily find information, understanding that they must master it in order to help their consumers; these individuals become rich internal resources, the agency “transportation guru” who understands what the local transportation service does and doesn’t do. For those staff who can’t readily find their way around transit guides and timetables, it is difficult for them to assist consumers, to know when to counter consumer mis-information, or to advocate on behalf of their consumers for expanded transit services.

On Behalf of Frail, Chronically Ill or Dependent Individuals

Some individuals need the highest levels of assistance in making their transportation connections, what the Office on Aging termed “transportation case management.” These persons needing basic assistance in organizing their trip pick-up and drop off include those with acute or chronic illness, dialysis patients, those on chemotherapy treatment, and persons who are confused or frail.

Between Drivers and Riders, Dispatch and Riders

Improved communication applies during the ride as well as in the process of obtaining a ride. This suggests continuing and differently focused driver training to sensitize both public fixed-route and paratransit drivers to recognize and facilitate transportation for persons with special needs. In addition, technological tools may improve the capability of the system to improve communication between the rider, the vehicle and dispatch in a real-time situation. This will serve to minimize long waits given the uncertainty about a vehicle’s arrival time. Dispatchers and call takers may require additional training to assist high-needs consumers more effectively and to be sensitized to their requirements.

7.6.8 Addressing Service Duplication

Service duplication issues were not documented. The size of Riverside County and the diversity of transportation needs, particularly as identified through Chapter 2's assessment of Measure A providers, shows no particular levels of duplication. In fact, existing services are meeting a breadth of needs across a vast geographic expanse although unmet needs do exist.

7.6.9 Addressing Liability Concerns and Promoting Solutions

This discussion of needs has considered the commonly repeated barrier of liability issues. Responses to similarly-expressed needs were developed both here in California and at the national level. Two statewide pools and the national pool established through the Community Transportation Association of America have evolved in response to the concerns of smaller, often non-profit and sometimes volunteer-based transportation programs. Further information about these options and their availability promoted, as coordinated service options are developed that are responsive to Riverside County needs.

7.7 NEED, GAP AND SERVICE DUPLICATION ASSESSMENT SUMMARY COMMENTS

This chapter has examined identified needs on three dimensions: 1) in relation to consumers sub-groups within the target populations, 2) in relation to the geography of the county and 3) in relation to institutional, vehicle-related issues. An analysis of gaps in service identified key areas to which to target projects and strategies:

- Addressing institutional communication gaps
- Meeting individualized consumer needs
- Expanding public transit
- Creating inter-jurisdictional transportation alternatives
- Increasing service capacity
- Improving service quality
- Improving communication and information at all levels
- Addressing liability concerns and promoting insurance alternatives

Service duplication was not seen to be an issue given the diversity of needs, the range of responses this requires and the considerable geographic expanses of Riverside County.

8.0 COORDINATION PLAN RECOMMENDATIONS

8.1 INTRODUCTION

This concluding chapter presents the direction suggested by the planning process, by the stakeholders and participants, and by analysis of its findings. A vision is presented along with and four goals. The goals provide a basis for organizing the recommended responses to the needs and gaps identified through the planning effort. A sequencing of responses is suggested through a framework for coordination. And the chapter suggests the next steps in implementing the plan.

8.2 LEADING TOWARDS RECOMMENDATIONS

Meeting the specialized transportation needs of the three diverse and often overlapping segments of the target population -- seniors, persons with disabilities and low-income individuals -- will continue to be challenging into the future. Actions and strategies developed should be effective in incrementally improving services, by providing as many travel options as possible to the target populations based upon their individual needs and informing them about those options. This can be accomplished by gradually building the capacity of public transit and human service agencies/organizations to develop and implement coordinated projects, plans and programs. Both public transit and human service agencies/organizations must be active partners in this capacity building process.

The actions necessary to increase the capacity of public transit to offer improved access to transportation for the target populations will differ from those actions and strategies needed to build capacity for human and social services. For example, in Riverside County, public transit operators have already built considerable infrastructure, and are taking the initiative to increase service capacity by implementing technological solutions to improve service delivery and efficiency for most population segments. Public transit infrastructure includes bus maintenance and parking/storage facilities, bus stop, layover and transfer locations, automated fare collection and revenue counting equipment, scheduling/dispatching, vehicle location systems.

Recognizing the wealth of public transit resources in use to operate mass transportation in Riverside County, it is critical to build the capacity and reliability of human service transportation providers to complement public transportation services. The overall mission of these agencies/organizations is to serve individualized need, including operating services that public transportation cannot (e.g., non-emergency medical, door-through-door, etc.). For this reason, project opportunities designed to strengthen the ability of human service agencies and organizations to continue to provide the hard-to-serve trip needs of seniors, persons with disabilities and low-income individuals should be encouraged.

8.3 FRAMEWORK FOR COORDINATION

The project team approach to development of recommendations is designed to provide RCTC and stakeholder agencies and organizations in Riverside County with additional guidance to continue their efforts to expand and strengthen this framework for coordination. We believe that

there are a myriad of opportunities for transit to work with human service agencies/organizations to plan for and to ultimately deploy newly developed coordinated projects and programs to address the changing transportation needs in the county.

In this and previous chapters we have developed a rationale for prioritizing projects selected for funding, and have identified potential solutions to address the needs of the target populations. Current FTA guidance suggests that specific project recommendations relative to a Program of Projects (POP) do not need to be included in coordinated plans at this juncture. Rather plans should provide the framework for decision-making around the subsequent POP process.

In addition, we believe that viable coordination projects can only be developed by those with significant understanding of the details of the transportation environment. Therefore, **our recommendations are focused on building the coordinated framework and strengthening ties between public transit and human service agencies and organizations.** The wholly inclusive stakeholder involvement process that was undertaken as an element of the coordination plan resulted in an array of actions, strategies and project recommendations that represent the next logical steps toward coordination and achievement of the proposed vision and goals.

8.3.1 Regional Mobility Manager – Federal Context

The mobility manager, as articulated in the federal circulars delineating the requirements of JARC, New Freedom and Section 5310 programs, is viewed as central to the concept of coordination. As such, implementation of mobility management initiatives are eligible capital expenditures, funded at the larger Federal share of 80 percent.

Specifically, the circular language states:

“Mobility management techniques may enhance transportation access for populations beyond those served by one agency or organization within a community....Mobility management is intended to build coordination among existing public transportation providers and other transportation service providers with the result of expanding the availability of service. Mobility management activities may include:

- (a) The promotion, enhancement, and facilitation of access to transportation services, including the integration and coordination of services for individuals with disabilities, older adults and low-income individuals;*
- (b) Support for short-term management activities to plan and implement coordinated services;*
- (c) The support of State and local coordination policy bodies and councils;*
- (d) The operation of transportation brokerages to coordinated providers, funding agencies and customers;*
- (e) The provision of coordination services, including employer-oriented Transportation Management Organizations’ and Human Service Organizations’ customer-oriented travel navigator systems and neighborhood travel coordination activities such as coordinating individualized travel training and trip planning activities for customers;*

- (f) *The development and operation of one-stop transportation traveler call centers to coordinate transportation information on all travel modes and to manage eligibility requirements and arrangements for customers among supporting programs; and*
- (g) *Operational planning for the acquisition of intelligent transportation technologies to help plan and operate coordinated systems...*¹³

The Mobility Manager concepts as described in the circular, are not new to California as this guidance includes many of the elements of the original AB 120 and SB 826 Social Service Transportation Improvement Act. *The difference is that the mobility manager roles and responsibilities now encourage coordination between public transit and human and social services transportation.*

8.3.2 Other Coordination Issues -- Coordination Within Systems

Coordination also means working together “within systems.” This perspective on coordination is also important, especially for public transit providers whose sole business is to operate transportation that is seamless and transparent to the rider. Although public transit operators in Riverside County continue to build upon their ability to provide customers with a high level of transit service, operating revenues remain scarce. The coordination plan offers new opportunities to leverage existing funding for operators willing to coordinate with other providers to create transparency between systems.

For example, establishing core service operating hours across a region would benefit the low income transit dependent rider who must use multiple operators to travel long distances from home to work and back again, and who must be certain that a return trip can be made. Other examples of potential areas of coordination on demand-responsive systems could include standardization of age eligibility requirements between systems and coordinated scheduling and dispatching.

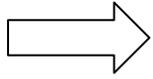
8.3.3 Coordinated Approach to Funding Opportunities – Universal Funding Application

To promote the coordinated opportunities that this plan identifies, plan recommendations will also address combining into a single grant process the various potential funding opportunities that RCTC administers. These will vary somewhat by apportionment area: specifically, for Western Riverside County, a universal funding package can include funding available under Measure A while for the Coachella Valley and Palo Verde Valley, this source is not available. Additionally, the Section 5310 program is administered at the state level, by Caltrans, and that process stands as a statewide, competitive procurement.

¹³ FTA Circular 9045.1 New Freedom Program Guidance and Application Instructions, May 1, 2007, p. III-10 to III-11.

8.4 PLAN VISION AND GOALS

The following overall vision is proposed for Riverside County's locally developed coordination action plan:



IMPROVED COMMUNITY MOBILITY FOR RIVERSIDE COUNTY SENIORS, PERSONS WITH DISABILITIES AND PERSONS OF LOW INCOME

1. Establish leadership and infrastructure to promote coordination within and between public transit agencies and the human services organizations.
2. Build capacity to meet demand for specialized transportation needs of a growing population.
3. Promote information portals to enable many points of access to transportation information responsive to varying client/consumer needs.
4. Promote coordination policy at regional, state and federal levels.

8.5 PLAN RECOMMENDATIONS

The project team approach to development of recommendations is designed to guide public transit and human service agencies/organizations in ***the creation of a coordinated framework to plan, program and allocate funding and ultimately deploy new transportation initiatives that will address the transportation needs in Riverside County.***

To this end, the project team has developed four (4) goals, supported by nineteen (19) implementing objectives to accomplish coordination in the county. In addition, a total of fifty-nine (59) implementing actions, strategies and projects are recommended. The goals, objectives implementing actions, strategies and recommended projects are presented below and outlined in Table 8-1.

These goals are responsive to the Federal guidance by ensuring that the locally developed plan provides the direction through which needs of the county's target populations can be met. The implementing strategies are the methods by which gaps in services and opportunities for improved efficiencies may be addressed through coordinated strategies and initiatives. The four goals are described as follows:

Goal 1 – Coordination Leadership and Infrastructure

Given the level and diversity of needs in the county, a regional approach to facilitating coordination is needed, as ***no one agency or organization has the resources to effectuate the necessary cultural, institutional and operational changes needed*** to accomplish coordination goals. Coordination in Riverside County cannot be accomplished without dedicated staff and financial resources. Projects funded under this goal should establish and/or further the development of the Regional Mobility Management concept. The objectives proposed under this goal include:

- 1.1 Establish a Regional Mobility Manager capability to provide coordination leadership within Riverside and adjacent counties.
- 1.2 Establish the Regional Mobility Manager's role in developing, "growing" and strengthening projects responsive to coordination goals and objectives.
- 1.3 Promote sub-regional mobility managers in Western Riverside, Coachella Valley and Palo Verde Valley through the Call for Projects and through outreach by the Regional Mobility Manager.
- 1.4 Promote human services agency-level mobility managers through the Call for Projects and through outreach by Regional Mobility Manager.
- 1.5 Develop visibility around specialized transportation issues and needs, encouraging high level political and agency leadership.

Goal 2 – Capacity Building

Acknowledging that ***more transportation capacity is needed*** to meet the growing population expectations within Riverside County, this goal addresses the idea of providing more trip options for the target populations. In addition, this goal inherently includes the concept of strengthening the ability of human service agencies and organizations to provide trips that public transit cannot, thereby increasing not only capacity but access to services. The notions of reliability, quality of service and service monitoring are reflected under this goal. The objectives proposed include:

- 2.1 Promote the quantity of public transit, paratransit and specialized transportation provided in each of the three apportionment areas.
- 2.2 Promote the quality of public transit, paratransit and specialized transportation through strategies to improve services with attention to meeting individualized needs.
- 2.3 Develop strategies for improving transportation solutions between county sub-areas and between counties.
- 2.4 Support transportation services provided by human services agencies.
- 2.5 Promote capital improvements to support safe, comfortable, efficient rides for the target populations.
- 2.6 Measure the quantities of trips provided in Riverside County, through new and existing procedures.

Goal 3 – Information Portals

The ***need to broaden the reach of information*** related to transit and specialized transportation services for clients/consumers, as well as stakeholder agencies and organizations is critical. Riverside County has a wealth of transportation service resources. ***Points of access to transportation information must be expanded*** to allow everyone the opportunity to understand and use the transportation network. The objectives proposed under this goal include:

- 3.1 Integrate and promote existing information strategies, including 211/511, web-based tools and paper media to get public transit and specialized transportation information to consumers.
- 3.2 Develop information portal tools for wide distribution of information.

- 3.3 Promote information opportunities for human services staff and direct service workers and expand training options for consumers.
- 3.4 Report on project successes and impacts at direct service levels, subregional level and at county wide levels; pursue opportunities to promote project successes at State and Federal levels.

Goal 4 – Coordination Policy

As the issues presented through this planning process are not new, but longstanding, there needs to be **continuing policy attention brought to some of the underlying issues** and dilemma. These include reimbursement of non-emergency medical transportation, establishing a consolidated grant application process and reporting on what works and what doesn't work in relation to coordinated transportation responses.

- 4.1 Work to establish non-emergency medical transportation policies and more cost-effectively meet medically-related trip needs.
- 4.2 Establish a Universal Call for Projects process sufficiently flexible for applicants to construct and implement projects responsive to identified needs in a broad range of ways.
- 4.3 Establish processes by which implemented projects are evaluated with successes and failures reported.

Table 8-1

VISION: IMPROVED MOBILITY FOR RIVERSIDE COUNTY SENIORS, PERSONS WITH DISABILITIES AND PERSONS OF LOW INCOME	
GOAL 1.0: COORDINATION LEADERSHIP	
1.1 Establish a Regional Mobility Manager capability to provide leadership on coordination around specialized transportation needs in Riverside County.	<p>1.1.1 Identify lead agency for the Regional Mobility Manager.</p> <p>1.1.2 Define roles and responsibilities of the Regional Mobility Manager.</p> <p>1.1.3 Establish a strategic oversight committee, inviting highest level membership that includes but is not limited to: the public transit operators, County Departments of Public Social Services, Aging, Public Health, Behavioral Health, State Dept. of Rehabilitation, Inland Regional Center and selected County and municipal leadership. Establish a quarterly meeting schedule to oversee implementation, monitoring and promoting coordination activity.</p> <p>1.1.4 Program mechanisms to promote coordination, including subarea coordination working groups, annual resource inventory updating, regularly scheduled workshops with expanded training opportunities, and projects to be implemented by partner agencies.</p> <p>1.1.5 Continue expanding participating stakeholders/ planning partners and establish ongoing mechanisms for communication via email, surface mail and other strategies, utilizing these as one method of updating the inventory.</p> <p>1.1.6 Promote visibility for the Regional Mobility Manager role through e-newsletters and other tools, promoting understanding of this as a portal of access into coordinated specialized transportation solutions for the target populations across Riverside County.</p>
1.2 Establish the Regional Mobility Manager’s role in developing, “growing” and strengthening projects responsive to coordination goals and objectives.	<p>1.2.1 Work at the agency and project levels to promote and identify potential coordination projects, working with participants and grant applicants to design effective projects.</p> <p>1.2.2 Establish a technical assistance capability for the Regional Mobility Manager to consistently provide technical support to human service agency transportation programs related to service efficiency, effectiveness and safety.</p>

GOAL 1.0: COORDINATION LEADERSHIP (CONT'D.)	
1.3 Promote <u>sub-regional mobility managers</u> in Western Riverside, Coachella Valley and Palo Verde Valley through the Call for Projects and through outreach by Regional Mobility Manager.	1.3.1 Identify, promote and develop sub-regional mobility managers for geographic areas, within and between service systems to promote coordination.
	1.3.2 Establish formalized relationships between the Regional Mobility Manager and sub-regional mobility managers to ensure collaboration.
	1.3.3 Identify specific action areas and activities by which the Regional Mobility Manager and the sub-regional mobility manager(s) will work together to promote the Coordination Plan vision and goals.
1.4 Promote human services <u>agency-level mobility managers</u> through the Call for Projects and through outreach by Regional Mobility Manager.	1.4.1 Identify, promote and develop agency-level mobility managers within service systems to promote coordination.
	1.4.2 Develop and promote joint training opportunities bringing together human service and public transit personnel, including drivers, maintenance, information specialists and including all levels of mobility managers.
1.5 Develop visibility around specialized transportation issues and needs, encouraging high level political and agency leadership.	1.5.1 Conduct an annual summit of highest leadership levels among stakeholder partners to promote coordination successes, collaborative activities and to address outstanding policy issues in specialized transportation.
	1.5.2 Develop the inventory database into an agency-level “partnership” tool, encouraging participation at all levels, using web-based and paper tools.

GOAL 2.0: CAPACITY BUILDING	
2.1 Promote the <u>QUANTITY</u> of public transit, paratransit and specialized transportation provided in each of the three apportionment areas,	2.1.1 Review <i>pass policies and pass distribution</i> to get more trips to low income persons and Public Social Services' consumers; include in the review such affected stakeholder partners as The Volunteer Center, the public operators and the Dept. of Public Social Services.
	2.1.2 Promote public transit policies to <i>expand availability of transportation options</i> into late night, earlier in the mornings, on Saturdays and on Sundays, through pilot Immediate Needs/Same Day transportation programs.
	2.1.3 <i>Strengthen the service provision capabilities</i> of small operators, through the Call for Projects by promoting technology solutions, including brokered specialized transportation, creation of tools that enable agencies to pool resources or utilize centralized functions, and increase quantity of trips available through increased efficiency.
	2.1.4 Identify and encourage <i>private sector responses</i> to address specialized transportation needs, including taxi, jitney and commercial operator options.
2.2 Promote the <u>QUALITY</u> of public transit, paratransit and specialized transportation through strategies to improve services with attention to meeting individualized needs.	2.2.1 Promote <i>transit fare reciprocity</i> discussions between and among Riverside County's public transit operators and identify strategies to improve the seamlessness of the ride between transit providers.
	2.2.2 Promote <i>successful technology applications</i> to improve on-time performance for both public paratransit providers and human services transportation providers, also addressing customer communication, trip scheduling and same-day reservation capabilities of paratransit.
	2.2.3 Establish <i>driver training programs, tools, modules or resources</i> that emphasize effectively meeting individualized needs of the target populations.
	2.2.4 Promote <i>coordination with rail and aviation</i> modes of transport, with attention to specialized transportation needs and issues.
	2.2.5 Promote <i>coordinated systems solutions</i> to special needs groups: e.g. Dialysis patients, grandparents raising grandchildren, incarcerated homeless.
	2.2.6 Promote specialized transportation applications to address <i>door-to-door, door-through-door</i> and <i>escorted transportation</i> needs.

GOAL 2.0: CAPACITY BUILDING (CONT'D.)	
2.3 Develop strategies for improving transportation solutions between county subareas and between counties.	<p>2.3.1 Promote pilot solutions to address the following corridors/ areas:</p> <ul style="list-style-type: none"> - Blythe to Indio and return - Blythe to Riverside and return - outside of Palo Verde Transit's existing service area - to rural areas in the southeastern Coachella Valley, including Mecca, Salton City, Thermal and Indian Hills; to the northeast including Windy Point and Sky Valley, and to Idyllwild. - between Banning and Beaumont, east to Cabazon, Morongo Casino and Palm Springs; west to Riverside Regional Medical Center. - in Western Riverside county unserved pockets that may include Homeland, beyond the Corona and Norco city limits, areas adjacent to Quail Valley, Perris and Lake Elsinore, and Anza and the Ortega Highway. - between various parts of Riverside County and regional medical facilities in San Bernardino County.
	<p>2.3.2 Collect data to document needs and identify potential strategies to address mobility needs of hidden populations, including agricultural workers.</p>
	<p>2.3.3. Promote use of volunteers through Call for Projects opportunities that extend innovative solutions to specialized transportation connectivity needs.</p>
2.4 Support transportation services provided by human services agencies.	<p>2.4.1 Strengthen the service provision capabilities of small operators, through the Call for Projects by promoting coordination around support functions such as centralized maintenance, joint vehicle procurement, parts or supplies procurement or purchase of insurance, collaborative vehicle washing and joint fueling.</p>
	<p>2.4.2 Promote maintenance-related projects including vehicle maintenance programs for human services agencies and small operators.</p>
	<p>2.4.3 Identify and distribute liability insurance options for human service organizations, including general liability for vehicle operations and for volunteer-based programs.</p>

GOAL 2.0: CAPACITY BUILDING (CONT'D.)	
2.4 Support transportation services provided by human services agencies, cont'd.	2.4.4 For transit support functions (e.g. maintenance, rider information, travel training) develop, encourage and promote cooperative relationships between public transit providers and human services organizations through workshop settings, special projects, and other strategies.
	2.4.5 Establish basic reporting tools , including driver logs, dispatch logs and standardized definitions of terms that can be easily adopted by human services agencies to report on transportation provided and monitor trends.
	2.4.6 Encourage the use of basic reporting tools by human services agencies through all possible means, including the Call for Projects and liaison with other human services funding sources (e.g. Inland Counties Regional Center, Dept. of Public Social Services, Headstart, Dept. of Behavioral Health , Public Health and others).
2.5 Promote capital improvements to support safe, comfortable, efficient rides for the target populations.	2.5.1 Promote the broadest range of capital projects to improve the users' riding experience, including support for bus shelters, benches, lighting at stops, information technology at stops and on vehicles, and safe boarding strategies.
	2.5.2 Promote capital expense for vehicles, vehicle maintenance , vehicle loaner and vehicle back-up projects that ensure safe and accessible services to the target populations.
2.6 Measure the quantities of trips provided in Riverside County, through new and existing procedures.	2.6.1. Promote full participation in the annual inventory process and develop other means of achieving more comprehensive and more accurate counts of publicly-supported specialized transportation programs.
	2.6.2 Require completed inventory forms by all applicants to the Call for Projects in order to include them in the specialized transportation database.
	2.6.3 Require successful Call for Projects' applicants to report on actual trips/services provided against service goals they may have established.
	2.6.4 Establish other mechanisms to improve the accuracy of counting trips provided by human services organizations to the target populations.

GOAL 3.0 INFORMATION PORTALS	
3.1 Integrate and promote existing information strategies, including 211/ 511, web-based tools and paper products to get transit and specialized transportation information to consumers.	3.1.1 <i>Integrate the multiplicity of transportation information resources available</i> , with attention to 211/ 511 opportunities in relation to the information needs of the target populations and their caseworkers, working through existing, regionally-oriented information systems.
	3.1.2 <i>Test information applications</i> through regional, systems-level and agency level pilot projects to promote existing transit for the target populations.
3.2 Develop information portal tools for wide distribution of information.	3.2.1. <i>Create information tools</i> oriented to direct human service agency staff, aiding them in accessing specialized transportation services on behalf of their consumers.
	3.2.2 <i>Improve methods of information distribution</i> by working through existing RCTC and transit operators' consumer advisory groups as well as human services agency advisory bodies.
	3.2.3 Ensure that the Regional Mobility Manager's <i>information tools are maintained and kept current</i> with service changes, establishing standardized mechanisms by which public operators and Measure A providers advise the Mobility Manager(s) of anticipated service changes.
	3.2.4 Invite through the Calls for Projects strategies that establish, promote, enhance and <i>extend transit and specialized transit information portals</i> .
3.3 Promote information opportunities for human services staff and direct service workers and expand travel training options for consumers.	3.3.1 Develop and promote <i>transit introduction modules and materials</i> , to provide periodic training to agency level staff on transportation options across Riverside County, and addressing connections to neighboring counties.
	3.3.2 Hold <i>periodic transit workshops</i> , distributed geographically across the county, to keep human services personnel current with available transportation resources and information tools.
	3.3.3 Invite through the Call for Projects <i>expanded travel training and mobility training projects</i> geared to any consumer subgroup among the target populations to promote transit and build consumers' skills in transit use.

GOAL 3.0 INFORMATION PORTALS (CONT'D.)	
3.4 Report on project successes and impacts at direct service levels, at sub-regional level and at county wide levels; pursue opportunities to promote project successes at state and federal levels	3.4.1 Document performance on a range of measures to include cost-effectiveness, responsiveness to consumer needs, consumer satisfaction levels and responsiveness to agency requirements.
	3.4.2 Identify successes , as well as poor performance, and report on specialized transportation projects and solutions that are effective.
	3.4.3 Monitor and report on implementation over the “project life” of individual projects, providing technical assistance as appropriate.
Goal 4.0 Coordination Policy	
4.1 Work to establish non-emergency medical transportation policies and more cost-effectively meet medically-related trip needs.	4.1.1 Participate in activities promoting NEMT policy changes to California’s MediCal reimbursement to support need-based and not simply functionality-based tests, including inviting in public transit providers as MediCal providers.
4.2 Establish a Universal Call for Projects process sufficiently flexible for applicants to construct and implement projects responsive to identified needs in a broad range of ways.	4.2.1 Ensure that the Call for Project design has sufficiently flexibility to incorporate all available funding sources and to encourage projects innovatively responding to needs in the broadest possible ways.
	4.2.2 Require that project applicants identify specific coordination strategies between or within public transit and human services systems to promote the Plan’s goals and objectives.
	4.2.3 Promote technical assistance , building upon the Section 5310 approach of providing significant technical assistance to prospective applicants, during and after the Call announcement to improve the quality of the project proposals and to ensure Federal compliance.
4.3 Establish processes by which implemented projects are evaluated with successes and failures reported.	4.3.1 Ensure that measurable goals are established for all projects, potentially inviting applicants to set forth the measurable goals against which they wish their projects to be assessed.
	4.3.2 Collect ongoing data on coordination projects implemented, assessing projects against goals which agencies themselves may establish.
	4.3.2 Identify and report on success, as well as poor performance for projects, e.g. cost-effectiveness and responsiveness to consumer needs.

8.6 SEQUENCING AND PRIORITIZATION OF RECOMMENDATIONS

Public transit and human service agency/organization transportation resources in Riverside County, documented as an element of this plan, are extensive and substantially funded. Nevertheless, this plan proposes the enhancement and improvement of the existing network of services through coordination -- specifically for seniors, persons with disabilities and low income individuals. A "vision" for coordination has been developed to facilitate improved mobility for these target populations.

To accomplish this vision, several dozen implementing actions and strategies have been detailed in Table 8-1, with the expectation that there will be incremental implementation and refinement of actions and strategies over the next few years. The strategies outlined in the table should be viewed as guidance for public transit and human service agencies; actual projects developed by these agencies and organizations will be based upon their specific needs, resources and ability and willingness to work to establish coordination relationships and projects with others. Phases of implementation activity are recommended, as follows.

Phase I – Coordination Leadership and Infrastructure (Goal 1)

Riverside County Regional Mobility Manager (RMM)

The establishment and implementation of the Regional Mobility Manager (RMM) function and gradual implementation of sub-regional mobility managers/activities in at least three subregions in the county are the fundamental recommendations of the coordinated plan. Given the size of Riverside County and the rate of projected growth in the targeted populations over the next few years, the regional mobility manager is envisioned to play a major role in furthering coordination efforts and has been proposed as an important element of RCTC Visioning process.

It will be important that this entity remains flexible and innovative in its approaches to coordination, as its role will vary depending nature of the strategy, plan or activity to be accomplished. This role will include but is not limited to, serving in a number of capacities as partner, broker and/or coordinator of projects, plans and programs. The RMM with its multiplicity of roles can serve as the translator and liaison between the two systems toward the goal of mobility improvement for the target populations.

The RMM supported by subregional mobility managers will form the central cooperative mechanism for implementation of regional and locally developed coordinated plans and programs. It is recommended that the RMM, including the governance or technical advisory body discussed in the detail following section, be created within one to two years following completion of the coordination plan.

The mobility manager construct for Riverside County will to a large degree assume the persona of the responsible lead agency or independent entity. Organizationally mobility management can be accomplished in any number of ways which include, but may not be limited to:

- 1.) Integration of a new functional unit, section or division within an existing agency/organization; or
- 2.) Creation of a new and separate organization/entity established specifically for mobility management purposes.

The project team anticipates that decisions concerning the exact structural, governance and legal framework of the RMM will be made by RCTC in consultation with the county's public transit operators and human service agencies and organizations.

The RMM should serve to further the goals outlined in the coordination plan, implement or seek implementation of projects that have regional implications (e.g., countywide marketing and information, training and education programs, etc.) and expand efforts to encourage relationships between public transit and human service agencies throughout the county. RMM responsibilities should also include provision of technical, educational and information assistance to agencies and organizations involved in subregional mobility management activities at the local level to ensure consistency of coordinated plans, projects and programs.

The RMM should initially serve as the clearinghouse for development of information and technical transportation resources that can increase the knowledge base of both public transit and human service agencies and organizations about transportation services operating and available within the county as a whole, through creation of county-wide information resources and reference materials (i.e. county-wide transportation services website, regional transportation services reference materials, etc.).

As coordination efforts begin to evolve and as the needs of the target populations increase, the role of the RMM can conceivably be expanded to broker transportation services and/or to directly provide specialized trips for hard-to-serve segments of the target populations that are not currently being served.

Overview of the RMM Advisory Group

In order to ensure that the RMM will remain committed to the development and implementation of a proactive transportation coordination agenda, it is recommended that the advisory body of public transit and human service agencies and organizations be only those that are willing and interested in working together over the long term to accomplish coordination objectives aimed at addressing specialized transportation needs in Riverside County. Therefore, those agencies and organizations electing to participate in the RMM advisory group would conceivably:

- Be representatives of organizations, agencies and entities with an interest and commitment to address issues relative to the target populations' transportation needs;
- Be willing to contribute matching financial resources for plans, projects or programs that are beneficial to their clients and/or constituents;
- Have the consent and support of executive management within their own organization/agency to regularly and actively participate within the group;
- Be positioned to represent their agency/organizations' viewpoints, and have access to responsible decision-makers within their organization/agency; and
- Have some knowledge of specialized transportation issues and needs of the target populations represented by their organization/agency.

An initial outreach effort may need to be conducted to solicit and solidify stakeholder organization/agency interest in participation on an advisory body/committee. There was a dialogue initiated during plan development with the larger public transit and human service agencies and organizations in the county. These included: public transit operators such as Riverside Transit Agency and SunLine Transit Agency, the Department of Public Social Services (DPSS), Inland Valley Regional Center, Department of Behavioral Health, First Five Riverside, Department of Public Health, Department of Mental Health, etc. This dialogue was designed to ascertain their stake and potential interest in transportation issues and their willingness to work toward a coordinated “mix” of solutions with other agencies/organizations. In addition, it is also important to encourage the participation of smaller agencies and organizations within the RMM framework.

The RMM advisory body is initially envisioned as a cooperative strategic working group that operates on a volunteer basis, and is collectively convened to provide guidance to the RMM on transportation coordination issues, plans, programs and projects. However, depending upon how the RMM is initially structured, governance and legal responsibility of the RMM may or may not be delegated to this group. The advisory body as deemed appropriate may gradually progress toward a greater degree of legal oversight and responsibility in future years.

It is recommended that the RMM working with the advisory body develop an “action-oriented” agenda that will guide their work activities for the first year. The agenda could focus initially on the coordinated plan goals, objectives and strategies outlined above. Meetings of the advisory body should be regularly scheduled to continue progress toward achievement of established goals and objectives, and to ensure that the group remains focused, organized and functional. The size of this advisory group will depend upon the interest and level of commitment demonstrated by stakeholder organizations and agencies.

Continuing the “After Plan” Stakeholder Dialogue

Although working with others is definitely not a new concept, the ability to build cooperative relationships between agencies and organizations that ultimately leads to viable coordinated transportation projects can be daunting. Due in large part to institutional differences between the public transit and human service sectors, resistance to the concepts of coordination can limit the willingness of stakeholders to begin the “dialogue” that must take place for projects to be developed.

As an element of the stakeholder involvement process, the project team facilitated three project development workshops designed to begin the conversations around coordinated transportation project ideas and assist in the development of project priorities. The workshops also were designed to “jump-start” the networking between the two systems.

These sessions were successful in that they allowed public transit and human service agency/organization stakeholders to work together to identify issues inherent in developing the selected project scenarios, and helped them to understand the level of commitment necessary between partners to develop coordinated projects.

Although the workshops were a good start to begin the coordination dialogue in the county, efforts must be continued to facilitate on-going constructive conversation between the two

systems. As stated previously, the responsibilities of the RMM will include a functional element of technical assistance designed to clear the path to coordination on many levels within the county.

Subregional Mobility Manager Concept

It has been demonstrated that although regional responses to planning can be effective in establishing the infrastructure needed to effectuate coordinated actions, knowledge of the transportation needs at the subregional level can serve to support the regional goals and more adequately address individualized needs.

The continued growth of the target populations in Riverside County and their diverse needs warrants a comprehensive approach that employs a “bottoms-up” coordinated strategic framework. Even during the development of the coordination plan, stakeholder agencies and organizations in various geographic areas of the county expressed interest in assuming active roles in improving mobility options, and some agencies and organizations have already initiated efforts to evaluate coordination opportunities. These early efforts are encouraging and should be commended.

Conceivably, a subregional mobility manager could be a public transit agency or organization, a human service agency or organization or a representative non-profit or not-for-profit partnership of both agency/organization types within the same subregion or local area. To be effective in serving the needs of local populations, subregional mobility management activities should be undertaken in at least three geographic areas of Riverside County (i.e. Western Riverside, Coachella Valley, and Palo Verde Valley).

There will likely be a gradual developmental process to build the “will” of these public transit and human service agencies and organizations to develop and maintain viable coordinated partnerships. At a minimum, the RMM should work to promote coordinated planning and project development activities, consistent with the plan in the geographic areas mentioned above. Although the RMM will work to encourage coordination activities throughout the county, the willingness of public transit and human service stakeholder agencies and organizations within each sub-area to develop and seek funding for coordinated plans and projects within their respective geographic areas, will ultimately dictate where subregional mobility managers will reside.

As previously mentioned, these subregional agencies and organizations are envisioned to work cooperatively with and support the RMM in the development of plans and projects within their subregion or geographic area, as well as, participate as active members of the RMM advisory body to assist in formulation of coordinated countywide strategies.

Phase I/II – Capacity Building/Information Portals Strategies (Goals 2, 3 and 4)

Concurrent with and following the full “build out” of transportation coordination activities in Riverside County, including the implementation of the RMM and subregional counterparts, opportunities to develop coordinated projects that can begin to address the needs of the target populations should be pursued. The project team believes that there are a few “basic” strategies and project concepts that can be developed early, that will work to support and promote the framework of a coordinated transportation environment, and that can be funded in the near-term (i.e. 1-5 years).

Therefore, the project team recommends that the RMM and/or other public transit and human services agencies/organizations explore the feasibility of instituting and/or implementing one or more of these strategies/project concepts at the regional and/or subregional level, as applicable. These strategies and project concepts include:

- **Develop a results-oriented mobility-focused transportation coordination agenda for the RMM** consistent with the coordination plan that will guide the organizations' work activities for the first year. The agenda should, at a minimum, incorporate the following elements:
 - Planning and trip data collection strategies to ensure that plans, projects and programs implemented are successful in "bridging the gap" between target populations' needs and transportation resources;
 - Stakeholder and client/consumer transportation information and education
 - Investigation and gradual procurement of existing transportation technologies necessary to effectively implement service-related coordination strategies; and
 - Leveraging financial support for coordinated mobility management activities.
- **Conduct an annual inventory/survey process to continue to grow the coordinated transportation framework.** This activity will serve to ensure that the data and information on transportation services, resources and needs is regularly updated. This in turn will provide a relatively sound basis for coordinated planning activities. The database can also be modified to serve as the nucleus for development of a regional website.
- **Establish a regional transportation website** that will serve the central portal for the dissemination of information on transportation services within the county.
- **Implementation of a Travel Training program for agencies/organizations staff and their clients.** Create and/or expand upon a county-wide or subregional Travel Training program. There are existing travel training programs at the local level which could be expanded and/or used as a model for this type of program.

This strategy will encourage greater utilization of services for those in the target populations who can and would use public transportation. Human service agencies/organizations' staff desiring to arrange transportation or refer their clients to transit, as well as new and prospective clients and customers needing to travel to their various destinations, would be candidates for training, participating in group training sessions.

- **Develop a data collection process designed to assist human service agencies and organizations** operating transportation and their contractors to establish trip counting procedures to ensure accuracy and consistency in accounting for senior, persons with disabilities and low-income trips provided throughout the county. At a minimum human service agencies should be collecting data in the following categories:
 - One-way passenger boardings
 - Passenger pick-up and drop-off points by zip code

- Passenger pick-up and drop-off points by street address
- Passenger trip purpose
- Time of day

The design of data collection methodologies should reflect an understanding of the issues relative to collecting and reporting certain categories of client information relative to the Health Insurance Portability and Accountability Act (HIPAA) and the Lanterman Developmental Disabilities Act (i.e. street address, etc.).

Implementation of this type of project will provide information on the level of services operated in the county, and will help to identify patterns of travel. This will also encourage participation of human service agencies as partners with public transit in the planning and development of coordinated services. Effective transportation data collection can also be used as justification for RCTC in their efforts to increase financial support and resources from Federal and State agencies for transportation programs.

- **Assess the potential to implement coordinated service delivery models in the future that employ the use of volunteer labor** in a structured, close geographic setting within Riverside County. The use of volunteer drivers was reported by a small number of human service stakeholder agencies/organizations, and should be further explored for potential application in other areas of the county. This strategy effectively minimizes labor costs, thereby reducing overall service operating costs.
- **Promote and build upon the existing centralized system to facilitate bus pass purchase programs for human service agencies.**

8.7 PRIORITIES FOR PROJECT SELECTION

The single most important consideration in the process to prioritize and select coordinated projects and programs for funding will lie in the project's potential to satisfactorily address and/or resolve identified transportation need(s) of the target populations.

Priorities relative to the development and funding of coordinated transportation projects identified through the locally developed comprehensive unified plan should:

- Adequately address the unmet/underserved and individualized transportation needs of the targeted populations;
- Demonstrate coordination efforts between public transit and human service agencies and organizations;
- Maintain consistency with current Federal and State funding regulations and requirements;
- Be financially sustainable;
- Include measurable goals and objectives;

- Build and/or increase overall system capacity and service quality; and
- Leverage and maximize existing transportation funding and capital resources.

8.8 COORDINATION PLANNING - OVERVIEW OF NEXT STEPS

Federal guidance requires that the designated recipient of FTA Sections 5316 (Job Access and Reverse Commute) and 5317 (New Freedom) “is responsible for conducting a competitive selection process” to allocate funds from these sources. Therefore, immediately following the adoption of the final Public Transit-Human Services Transportation Coordination Plan for Riverside County, it is recommended that **RCTC undertake a number of follow-on activities necessary to develop a competitive application selection process** to solicit, receive, evaluate and funding applications for coordinated transportation projects county-wide for the upcoming 2008 funding cycle.

Projects selected for funding must be derived from the project recommendations and guidance contained in the adopted locally developed, coordinated transportation plan. Projects approved for funding by RCTC will comprise a Program of Projects (POP) and will be incorporated into the Transportation Improvement Program (TIP) and the State Transportation Improvement Program (STIP).

It is anticipated that the JARC and New Freedom application process, although separate, will be coordinated with the Metropolitan and Statewide planning processes in Riverside County, and will be consistent with the Transit Visioning for Riverside County. As mentioned previously, since this will be the first funding cycle following the completion of the coordination plan, RCTC must first develop a comprehensive funding application package and subsequently undertake the process to solicit applications from eligible stakeholders in Riverside County.

Development of JARC and New Freedom Funding Applications

RCTC should develop a funding application that is understandable and “user friendly.” The application should recognize the similarities of the two funding sources relative to coordination, and acknowledge the distinct elements of each funding source that are directed to a specific target population.

The application should consist of two parts. Part one will have the applicant provide information about the project and the agency submitting the application. General information should be requested from applicants, such as:

- Type and amount of funding requested
- Applicant and/or co-applicant information (contact names, phone numbers, etc.)
- An overview of the applicant agency/organization relative to the target population
- A complete description of the project
- Location of the project (as applicable)
- Total amount of match and funding requested

This general section of the application should be accompanied by part two, a funding-specific section requiring applicants to provide supplemental and descriptive narrative to describe and rationalize the proposed project or strategy, appropriate to the funding source for which they are applying.

Conceivably, the funding-specific section of the application would encompass the four goals developed as elements of this plan. These goals could effectively represent general project funding categories. For example, applications would be solicited under one of the four general project categories, as follows:

- Coordination Leadership and Infrastructure
- Building Capacity
- Information Portals
- Coordination Policy

The plan objectives and the strategies specified under each of the four goals (general funding categories) and presented in Table 8-1 will be used to instruct applicants about the types of projects that are eligible for funding under each category.

The development of a funding application tied directly to the plan reflects a straightforward, logical approach toward ensuring that projects and programs submitted for funding will be wholly consistent with plan goals, objectives and strategies.

Establishing Service Efficiency and Productivity Measures

Coordination projects and/or programs can be categorized as either service operating projects or as other non-operating projects/strategies (e.g. vehicle and facility sharing, joint vehicle maintenance, coordinated customer information and/or marketing projects, etc.). Given the infancy of transportation coordination efforts in Riverside County, there remains some level of uncertainty about the how project efficiency, productivity and effectiveness should be measured.

Since efficiency, productivity and effectiveness measures relative to specialized coordinated transportation operating projects are yet to be understood, care should be taken, at least initially, to avoid development of measures that are too stringent. Overly stringent measures may have the effect of limiting the participation of human service agencies in the coordination process.

Therefore, it is recommended that any efficiency, productivity and effectiveness measures that may be included in the JARC and/or New Freedom first year funding application, be structured to allow reasonable time for achievement (e.g. reasonable increases in ridership at specified intervals throughout the duration of the project).

Moreover, RCTC could conceivably require agencies and organizations to propose the means by which their projects should be evaluated for success through identification of measurable objectives that they anticipate achieving and against which they would be assessed.

In the next few years, as coordinated transportation projects are funded and implemented, the appropriate responses to the issues of efficiency, productivity and effectiveness will be thoroughly explored and ultimately addressed in an equitable and appropriate fashion.

Technical Application Assistance for Riverside County Stakeholders

The process to provide technical application assistance and information to stakeholders prior to the submittal of applications should be designed to educate and inform. This process can also be used as an opportunity to help applicants conceptualize eligible project ideas through discussion and feedback. This approach will encourage greater participation in the application process, and will likely result in the receipt of viable, fundable applications.

Therefore, the project team recommends that outreach and technical application assistance to applicants applying for JARC and New Freedom funding become an integral part of the pre-application process. RCTC should conduct application workshops and/or working sessions for stakeholders in advance of the application due date, for the purposes of educating and informing these agencies and organizations about the JARC and New Freedom funding requirements and processes.

8.9 PLAN APPROVAL AND ADOPTION PROCESS

The process for RCTC approval and adoption of this plan include the following activities:

- Presentation of the draft plan concepts to the Coordination Plan Technical Advisory Committee (TAC)
- Presentation of the draft plan concepts to the Riverside County Transportation Commission Executive Committee
- Presentation of the final plan to RCTC Board of Directors.
- Conduct of a universal Call for Projects

Appendices

Appendix A – Stakeholder Survey Cover Letter

Appendix B – Stakeholder Survey

Appendix C – Project Fact Sheet for Riverside County

Appendix D -- Stakeholder Survey Database Reports

D-1 Stakeholder Survey Responding Agencies (n=71)

D-2 Stakeholder Survey by Legal Type (n=71)

D-3 Stakeholder Survey by Region (n=71)

D-4 General Public Transportation Agencies and Human Services Agencies (n=66)

D-5 Transportation Providers, Service by General Public Agencies and Human Services Agencies (n=43)

Appendix E -- Interim Summary Matrix of Stakeholder Involvement Interviews/Workshops (10/15/07)

Appendix F -- Summary of Outreach Opportunities

Appendix G -- Consumer Telephone Survey

Appendix H -- TRIP Program Interview Summaries

Appendix I -- Stakeholder Interview Guide



Riverside County Transportation Commission

Appendix - A

May 15, 2007

There are exciting opportunities on the horizon to improve mobility for those with special needs in Riverside County created through new Federal legislation known as the *Safe, Affordable, Flexible and Efficient Transportation Equity Act – A Legacy for Users* ((SAFETEA-LU). This legislation provides guidance and funding resources to public transportation and health and human service agencies and organizations over the next seven years, under the auspices of the New Freedom initiative. This initiative promotes transportation coordination efforts designed to improve the mobility of consumers whose transportation needs are not easily met.

The Riverside County Transportation Commission (RCTC) is developing a *Public Transit – Human Services Transportation Coordination Plan for Riverside County* designed to address unmet specialized transportation needs throughout the county. Seniors, persons with disabilities and persons of low income are the focus of this plan. A stakeholder outreach process has been developed to ensure involvement of the myriad of public transit and human and social service agencies and organizations within the county, and includes administration of a survey to assess transportation needs and resources, as well as, meetings and working sessions with agency/organization representatives and consumers throughout the county to discuss and document their views and perspectives on coordination issues.

Towards this end, we respectfully request that you take time to respond to the survey on behalf of your agency/organization. Please complete and return the survey to us by Friday, June 15, 2007. The completed survey can be returned by regular mail in the enclosed envelope or faxed to:

A-M-M-A
306 Lee Avenue
Claremont, California 91711
Fax: (909) 621-9387

The survey should be completed by ***agencies providing transportation*** and ***agencies serving clients needing transportation***. Your input is valued and critical to the success of the project. Please respond promptly so that your agency/organization can participate in new **Federal Funding opportunities** through SAFETEA-LU (both new and existing programs) on behalf of your client/consumer base.

Should you have questions related to the survey or the project, please contact Heather Menninger at (909) 621-3101, or Judith Norman at (310) 608-2005. Thank you for your cooperation.

Sincerely,

Eric Haley
Executive Director



Riverside County Transportation Commission

**PUBLIC TRANSIT - HUMAN SERVICES TRANSPORTATION COORDINATION PLAN
FOR RIVERSIDE COUNTY - Summer 2007**

Contact Name: _____	Agency Name: _____
Title: _____	Site Address: _____
Telephone: _____	Mailing Address: _____
Fax: _____	City: _____
E-Mail: _____	Zip code: _____

1. Please provide a brief description of your agency/organization or program. (You may also attach a brochure or flyer at your discretion.)

2. YOUR AGENCY TYPE (check one only):

- | | |
|--|--|
| <input type="checkbox"/> Private, for profit | <input type="checkbox"/> Tribal organization |
| <input type="checkbox"/> Private, non-profit | <input type="checkbox"/> Public Agency |
| <input type="checkbox"/> Church affiliated | |

3. NUMBER OF ACTIVE CLIENTS ON YOUR AGENCY'S ROSTER LIVING WITHIN RIVERSIDE COUNTY

_____ # Total clients / consumers enrolled or on caseload lists

_____ # Average daily attendance

_____ # Est. on site daily who require transportation assistance

_____ # Est. on site daily in wheelchairs

_____ Not applicable (check mark only)

4. PLEASE IDENTIFY THE PRIMARY CLIENT POPULATION YOUR AGENCY SERVES: (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Seniors, able-bodied | <input type="checkbox"/> Persons with physical disabilities |
| <input type="checkbox"/> Seniors, frail | <input type="checkbox"/> Person with behavioral disabilities |
| <input type="checkbox"/> Persons of low income | <input type="checkbox"/> Persons with sensory impairments |
| <input type="checkbox"/> Youth | <input type="checkbox"/> General Public |
| <input type="checkbox"/> Other _____ | |

5. PLEASE SPECIFY THE TRANSPORTATION NEEDS THAT ARE MOST OFTEN COMMUNICATED TO YOU BY YOUR CLIENT BASE: (check all that apply)

- Getting to work between 8am – 5pm
- Late night or early morning work shifts
- Weekend and holiday trips
- Recreational activities or events
- Visiting family or friends
- Kids to day care or school
- Going to the doctor / medical trips
- Shopping and multiple errand trips
- Attending training, education classes or program sites
- Long distance trips for purposes of _____
- Other _____

6. WHICH BEST DESCRIBES ANY TRANSPORTATION SERVICES PROVIDED BY YOUR AGENCY:

- NO TRANSPORTATION operated, contracted, or arranged
- PUBLIC TRANSIT provided to the general public
- OPERATE transportation with full responsibility for the transportation by this agency
- CONTRACT for transportation, services provided by another entity under contract to this agency
- SUBSIDIZE transportation through agency purchase of passes, fares or mileage reimbursement
- ARRANGE FOR public or private transportation by assisting with information but clients responsible for follow-up
- ARRANGE FOR volunteer drivers or private car
- Other (please specify) _____

7. WHAT PRIMARY BARRIERS TO ACCESSING and/or COORDINATING TRANSPORTATION EXIST FOR YOUR AGENCY or ORGANIZATION?

8. WHAT OTHER NEEDS or UNMET TRANSPORTATION NEEDS EXIST IN RIVERSIDE COUNTY?

If you answered NO TRANSPORTATION to #6, stop here and return survey. Otherwise please complete questions #9 thru # 23, returning as indicated. Thank you!

PLEASE RETURN THE SURVEY IN THE ENCLOSED, ADDRESSED ENVELOPE TO: A-M-M-A, 306 Lee Avenue, Claremont, CA 91711
FAX: (909) 621-9387 or EMAIL: amm306@earthlink.net

9. PLEASE INDICATE YOUR AREAS OF INTEREST TO COORDINATE TRANSPORTATION (check all that apply):

- Joint use, pooling, or sharing of vehicles among organizations
- Coordinated service operations
- Coordinated vehicle and capital purchases
- Shared fueling facilities
- Shared maintenance facilities
- Joint purchase of supplies or equipment
- Joint purchase of insurance
- Coordinated trip scheduling and/or dispatching
- Coordinated driver training and retraining programs
- Contracting out for service rather than direct operations
- Contracting to provide transportation to other agencies
- Pooling of financial resources to better coordinate service
- Not interested in coordination activities at this time
- Other _____

10. HOW MANY VEHICLES DO YOU HAVE FOR CLIENT/CUSTOMER TRANSPORTATION?

11. HOW MANY VEHICLES ARE USED TO PROVIDE TRANSPORTATION ON AN AVERAGE DAY?

12. NUMBER AND CAPACITY OF VEHICLES:

- A. _____ # of vehicles serving 9 or fewer passengers
- B. _____ # of vehicles for 10 - 14 passengers
- C. _____ # of vehicles for 15 - 24 passengers
- D. _____ # of vehicles for 25 passengers or more
- E. _____ Total # of vehicles lift-equipped

13. HOW MANY OF YOUR VEHICLES NEED TO BE REPLACED?

____ Now ____ Within a year ____ Within the next two years

14. PASSENGER LOAD AND VEHICLE UTILIZATION

Please tell us about the volume of service you provide:

- A. _____ Average # of one-way passenger trips per MONTH
Counting each round-trip as (2) one-way passenger trips; count one trip each time a passenger boards the vehicle.
- B. _____ Average # of vehicle miles per MONTH
Average monthly number of miles traveled by your total fleet to transport riders.

15. TRANSPORTATION SERVICE AREA:

- Please describe service area, listing cities, if appropriate

- Throughout Riverside County

16. DAYS AND HOURS OF OPERATION:

	Operating Hours	First Pick-up	Last Pick-up
Weekdays			
Saturdays			
Sundays			

17. DO YOU LIMIT THE TYPES OF TRIPS YOU PROVIDE TO PEOPLE? No Yes, please explain _____

18. DRIVERS AND MANAGEMENT FOR TRANSPORT:

_____ # Full Time Drivers _____ # Volunteer Drivers
_____ # Part Time Drivers _____ # Supervisors/Mgrs.

19. COOPERATIVE AGREEMENTS/ARRANGEMENTS?

Do you have any formal or informal cooperative service agreements/arrangements for transportation?

- No Yes, cooperative agreements/arrangements with:

20. TRANSPORTATION BUDGET: (Current fiscal year)

\$ _____ For vehicle operations (drivers, maint., fuel)
\$ _____ For vehicle replacement capital funds
\$ _____ For bus passes, tickets or tokens
\$ _____ For taxi vouchers / other specialized transp. services
\$ _____ Administration (advertising, marketing)
\$ _____ Insurance
\$ _____ Mileage reimbursement
\$ _____ Other (please specify) _____

21. FUNDING SOURCES FOR TRANSPORTATION BUDGET

(Indicate source and identify other as appropriate)

- | | |
|---|--|
| County/Local Funding | Federal Funding |
| <input type="checkbox"/> General Funds | <input type="checkbox"/> FTA section 5307 |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> FTA section 5310 (vehicles) |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> FTA section 5311 |
| State Funding | <input type="checkbox"/> Comm. Dev. Block Grants |
| <input type="checkbox"/> Transp. Development Act | <input type="checkbox"/> Health and Human Services |
| <input type="checkbox"/> Education Department | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Dept. Developmental Services | Other Funding |
| <input type="checkbox"/> Dept. of Aging | <input type="checkbox"/> Client Fees |
| <input type="checkbox"/> Dept. of Rehabilitation | <input type="checkbox"/> Private Donations / Grants |
| <input type="checkbox"/> Dept. of Health Services | <input type="checkbox"/> United Way |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Fare box |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Fundraising |
| | <input type="checkbox"/> Other _____ |

22. COMPARED TO LAST YEAR, DID YOUR AGENCY TRANSPORTATION BUDGET?

- Increase Decrease Stay the same

23. WILL YOUR AGENCY CONTINUE ITS CLIENT TRANSPORTATION OVER THE NEXT 5 YEARS?

- Yes No Unsure



Riverside County Transportation Commission

2007 PUBLIC-TRANSIT HUMAN SERVICES TRANSPORTATION COORDINATION PLAN FOR RIVERSIDE COUNTY

Riverside County's Response to the Coordinated Transportation Planning Requirements of SAFETEA-LU
[Safe, Accountable, Flexible, Efficient Transportation Act, A Legacy for Users (SAFETEA-LU) Public Law 109-059]

The Riverside County Transportation Commission (RCTC) has responsibility for preparing the "locally developed plan" which will prioritize and plan for use of funds in Riverside County under:

- **New Freedom Program (Section 5317)**
- **Job Access & Reverse Commute (Section 5316)**
- **Seniors and Persons with Disabilities capital program (Section 5310)**

This plan develops a "unified comprehensive strategy for public transportation service delivery" through a coordinated planning process to address unmet needs of target populations. [SAFETEA-LU]

TARGET POPULATIONS OF COORDINATION PLAN:

- Persons with disabilities
- Elderly individuals
- Individuals of low-income

TECHNICAL ADVISORY GROUP:

Representatives of agencies and organizations in Riverside County with responsibility for different members of the target populations will meet at key points during the project to review its progress and findings between May and October 2007. Persons interested in participating may contact Tanya Love at RCTC (951) 787-7141.

Appendix C

COORDINATION PLAN GOALS:

1. To create a locally developed coordination plan that identifies service gaps and duplication of services.
2. To involve stakeholders in a coordinated planning process.
3. With input from stakeholders, to develop competitive project selection from the coordinated plan
4. To establish criteria for sub-recipient solvency.
5. To ensure that projects comply with regional and state planning documents (TIP and STIP).
6. To coordinate project evaluation methods and create a budget for long-term grants management.

COORDINATION PLAN COMPONENTS:

- OUTREACH MEETINGS AND SURVEY

Various local outreach activities will seek to identify parties in Riverside County who are "**interested, willing and able**" to support coordination of specialized transportation.

- EXISTING ENVIRONMENT ASSESSMENT

Identifying demographics and transit resources that provide a context for coordination opportunities.

- APPLICABLE COORDINATION MODELS

Identifying national models that bring knowledge to Riverside County about coordination successes.

- FOCUS GROUPS AND PUBLIC WORKSHOPS

Extending outreach efforts to consumers and agency representatives.

- NEEDS ASSESSMENT Barriers, duplication and gaps in service for the target populations are analyzed to suggest coordination responses

- DRAFT AND FINAL PLAN

TIMEFRAMES:

Outreach Efforts Summer - Fall 2007
Draft and Final Plan - Fall/Winter 2007

Riverside County Transportation Commission Responding Agencies

Appendix D-1

Organization	Name	ADDRESS		PHONE
1 Axiom Counseling Team	Steve Wells	6887 Magnolia Ave.	Riverside	92506 (951) 369-5260HS
2 Basic Occupational Training Center	Mitzi Yodites	1323 Jet Way	Perris	92571 (951) 657-8028HS
3 Boys & Girls Club Of Desert Hot Springs	ADAMJeanette Jaime	66150 8TH ST	Desert Hot Springs	92240 (760) 329-1312HS
4 CalWorks GAIN Program	Elizabeth Hawkins	44-199 Monroe Street, Ste. D	Indio	92201 (760) 863-2928HS
5 Care A Van Transit - Prime of Life, Inc.	Mary Jo Ramirez	P.O. Box 1301	San Jacinto	92583 (951) 765-9671HS
6 Care Connexus, Inc. Adult Day Services	Jeanne Klingenberger	4130 Adams St., Ste. B	Riverside	92504 (951) 509-2500HS
7 Catholic Charities	Belinda Marquez	P.O. Box 119	Moreno Valley	92555 (951) 784-5020HS
8 Celebrity Tours LLC	WILLIAM DAVIS	4751 E PALM CANYON DR, STE D	Palm Springs	92264 (760) 770-2700CTO
9 City of Banning - Public Works	Owen Cardes	P.O. Box 998	Banning	92220 (951) 922-3130GP
10 City of Corona	Maria Aranguiz	400 S. Vicentia Ave.	Corona	92882 (951) 279-3763GP
11 City of Moreno Valley	John Kerenyi	P.O. Box 88005	Moreno Valley	92552 (951) 413-3140HS
12 City of Riverside - Special Transportation	Vanessa Jezik	3900 Main St.	Riverside	92522 (951) 351-6182GP
13 Coachella Valley Resue Mission	Sue Meyers	P.O. Box 10660	Indio	92202 (760) 347-3512HS
14 Coachella Valley Taxi Owners Association	Sergio Santo	P.O. Box 5451	Palm Springs	92263 (760) 778-5156CTO
15 Community Access Center	Paul Van Doren	6848 Magnolia Ave., Ste. 150	Riverside	92506 (951) 274-0358HS
16 Community Assistance Program	Jerry Casillas	24594 Sunnymead Blvd., Ste. W	Moreno Valley	92553 (951) 485-7792HS
17 Corona - Norco Settlement House	Sally Carlson	507 South Vicentia Ave	Corona	92882 (909) 737-3504HS
18 Corona Senior Center	Leona Sparks	921 S. Bell Ave	Corona	92882 (951) 736-2363HS
19 Corona United Methodist Church	Diane Ereino	114 E 10TH ST	Corona	92879 (951) 737-5225HS
20 DaVita - Corona Dialysis	Eveleen DiMaggio, MSW	1820 Fullerton Ave., Ste. 180	Corona	92881 (951) 736-6660HS
21 DaVita Magnolia West Dialysis (2012)	R Addo	11161 Magnolia Ave.	Riverside	92505 (951) 351-8090HS
22 DaVita Montclair Dialysis	Kris Podley	5050 Palo Verde, Ste. 100	Montclair	91763 (909) 625-0339HS
23 DaVita Riverside Dialysis Center	Adriana Torres	4361 Latham St., Ste. 100	Riverside	92501 (951) 682-2700HS
24 Daybreak Adult Daycare Services	Kay Perryman	1075 North State St.	Hemet	92543 (951)791-3556HS
25 Dept. of Veteran's Services	Bill Densmore	1153A Spruce Street	Riverside	92507 (951) 955-3010HS
26 Desert Blind and Handicapped Association, Inc.	Lanny Tucker	800 Vella Road, Ste. B	Palm Springs	92263 (760) 323-4414HS
27 Desert Hills Alzheimers Special Care Center	Trudy Hendricks	25818 Columbia St.	Hemet	92544 (951) 652-1837HS
28 Desert Samaritans For The Elderly	Michael Barnard	P.O. Box 10967	Palm Desert	92255 (760) 837-9066HS
29 DPSS - Administration - County Wide Employment Service	David Terrell	4060 County Circle Drive	Riverside	92503 (951) 358-5950HS
30 Eddie Dee Smith Senior Center	Lynne Craig	5188 Mission Blvd.	Riverside	92509 (951) 275-9975HS
31 Eisenhower Five Star Club	Stacey Smith	42-201 Beacon Hill, Ste. A	Palm Desert	92211 (760) 836-0232HS
32 Express Transportation Systems	Mesfin Shawel	P.O. Box 409	Covina	91723 (951) 222-2291CTO
33 First 5 Riverside	Michelle Burroughs	2002 Iowa Ave., Ste 100	Riverside	92507 (951) 248-0014HS

Organization	Name	ADDRESS	PHONE
34 Hemet GAIN	Lisa Williams	Hemet	92543 HS
35 Home Instead Senior Care	Sheryl Zitck	28364 Vicent Morgana Dr, Ste. C	92590 (951) 587-2121HS
36 Hospice of the Valleys	Celeste Preble	28127 Bradley Road	Sun City 92586 (951) 672-1666HS
37 Independent Living Partnership for Seniors and Persons with Disabilities	Richard Smith	6296 Rivercrest Drive, Ste. K	Riverside 92507 (951) 867-38000th
38 Indio Senior Center	Michael Moreland	45222 Towne St.	Indio 92201 (760) 391-4170HS
39 Inland AIDS Project	D. Joy Gould	3756 Elizabeth St.	Riverside 92506 (951) 346-1910HS
40 Inland Empire Adult Day Health Care	Barbara Portec	135 N. McKinley Ave	Corona 92879 (951) 808-9600HS
41 Inland Faculty Medical Group	Martha Knowlton	952 South Mt. Vernon Ave, Ste. B	Colton 92324 (909) 433-9111HS
42 Inland Regional Center	Tiki Thompson	P.O. Box 6127	San Bernardino 92408 (909) 890-3473HS
43 Jewish Family Service of the Inland Community	Debbie Long	4133 10th Street	Riverside 92501 (951) 784-1212HS
44 Lake Elsinore Family Care Center	Lillie Murvine	2499 E. Lakeshore Drive	Lake Elsinore 92530 (951) 471-4201HS
45 Lake Elsinore Senior Center - CARE Program	Arline Gulbransen	420 Lakeshore Dr.	Lake Elsinore 92530 (951) 674-2526HS
46 Magnolia Rehabilitation & Nursing Center	Savila Eftekhari	8133 Magnolia Ave.	Riverside 92504 (951) 688-4321HS
47 Mainstream Tours	Lorraine Von Deauxplette	26246 Kalmia Ave	Moreno Valley 92555 (951) 924-9744CTO
48 Martha's Village and Kitchen	Claudia Castorena	83791 Date Ave.	Indio 92201 (760) 347-4741HS
49 MFI Recovery Center	Lisa Molina	P.O. Box 4187	Riverside 92504 (951) 683-6596HS
50 Palo Verde Unified School District	Patricia Bolton	295 N 1ST ST	Blythe 92225 (760) 922-13220th
51 Palo Verde Valley Transit Agency	K. George Colangeli	125 W. Murphy Street	Blythe 92225 (760) 922-1140GP
52 PPMC - Primary Provider Management Company	Diana Curry	3880 Lemon St, Ste. 300	Riverside 92501 (951) 778-6107HS
53 Riverside County Community Action Program	Art Garcia	2038 Iowa Ave., Suite B-102	Riverside 92507 (951) 955-4900HS
54 Riverside County Department of Mental Health	Bill Brenneman	4095 County Circle Drive	Riverside 92503 (951) 358-4563HS
55 Riverside County Department of Mental Health Adult Services	Darwin Nedlinger	1827 Atlanta Ave., Ste. D-1	Riverside 92507 (951) 955-2105HS
56 Riverside County Department of Mental Health Blythe	John Hermanson	61297 Hobsonway	Blythe 92225 (760) 921-5019HS
57 Riverside County Department of Public Health	Sarah Mack	4065 County Circle	Riverside 92503 (951) 358-6181HS
58 Riverside County Office of Education - Children's Services Unit	Bill Johnson	P.O. Box 868	Riverside 92502 (951) 826-4881HS
59 Riverside County Office on Aging - RSVP	Fran Ferguson	73750 Catalina Way	Palm Desert 92260 (760) 341-3401HS
60 Riverside County Office on Aging - Transportation	Tom Walsh	6296 River Cest Dr., Ste. K	Riverside 92507 (951) 867-3800HS
61 Riverside County Substance Abuse	Richard Martinez	1777 Atlanta Ave., Ste. G	Riverside 92507 (951) 778-3500HS
62 Riverside Transit Agency	Mark Stanley	1825 Third Street, P.O. Box 59968	Riverside 92507 (951) 565-5130GP
63 Riverside/San Bernardino County Indian Health	Patty Garcia	11555 1/2 Potrero Road	Banning 92220 (951) 676-6810HS
64 Senior Shuttle, Inc.	Michael Finch	78208 Allegro Dr.	Palm Desert 92211 (760) 837-2012HS
65 Seniors Helping Seniors	Janet Meservy	P.O. Box 707	Mira Loma 91752 (951) 681-5720HS
66 Southern California Indian Center, Inc.	Iris Snachez	1151 N. Spruce St.	Riverside 92507 (951) 955-8029HS
67 Southern California Regional Rail Authority - Metrolink	Joanna Cadelle	700 S. Flower St., 26th Floor	Los Angeles 90017 (213) 452-0209GP

Organization	Name	ADDRESS		PHONE
68 Stroke Recovery Center	Beverly Greer	2800 E. Alejo Dr.	Palm Springs	92262 (760) 323-7676HS
69 Sun City Concern, Inc.	Jennifer Raisch	29995 Evans Road	Sun City	92586 (951) 679-2374HS
70 Sunline Transit Agency	Eunice Lovi	32 505 HARRY OLIVER TRAIL	Thousand Palms	92276 (760) 343-3456GP
71 Sunline Transit Agency - Access Committee	Margorite Freeman	32-505 Harry Oliver Trail	Thousand Palms	92276 (760) 798-1386HS
72 Supervisor John Tavaglione Second Dist. Riverside Co.	Donna Johnston	P.O. Box 1646	Riverside	92502 (951) 955-10240th
73 The Carolyn E. Wylie Center for Children & Youth	Cathy Crowther	4164 Brockton Ave.	Riverside	92501 (951) 683-5193HS
74 Wildomar Community Council	Sharon Heil	P.O. Box 1476	Wildomar	92585 (951) 245-2948HS
75 Wildomar Senior Community	WILLIAM THRALLS	P.O. Box 740	Wildomar	92585 (951) 678-1555HS

Riverside County Transportation Commission
Stakeholder Survey by Legal Type
N= 75 surveys returned

Appendix D-2

	All	Private, for profit	Private, non-profit	Public	Church affiliated	Tribal services
	75 100%	16 21%	27 36%	29 39%	2 3%	1 1%
3. # of active clients living in Riverside County						
Avg enrolled clients/consumers	5,861	14,793	1,820	5,215		955
Total enrolled clients/consumers	439,549	236,694	49,133	151,247		955
Avg daily attendance	74	47	52	111		47
Total daily attendance	5,568	745	1,408	3,211		47
Avg daily needing tx assist	40	43	36	44		36
Total daily needing tx assist	2,976	680	981	1,277		36
Avg daily in wheelchairs	8	17	1	9		5
Total daily in wheelchairs	581	271	38	267		5
not applicable (n)	10	2	3	5		0
4. Primary client population agency serves						
Seniors, able-bodied	25	5	8	12		0
Seniors, frail	35	10	14	10		1
Persons of low income	45	10	19	14		1
Youth	13	2	4	7		0
Persons with physical disabilities	36	10	13	12		1
Persons with behavioral disabilities	22	4	10	8		0
Persons with sensory impairments	19	5	8	6		0
General public	23	4	4	14		0
Other	12	2	5	5		0
5. Transportation needs most reported						
Getting to work between 8am - 5pm	29	3	11	14		0
Late night or early morning work shifts	18	4	7	7		0
Weekend and holiday trips	15	4	4	7		0
Recreational activities or events	21	5	7	9		0
Visiting family or friends	13	2	5	6		0
Kids to daycare or school	13	1	5	7		0
Going to the doctor/medical trips	56	14	21	19		1
Shopping and multiple errands	29	3	15	11		0
Training, ed classes or prog sites	30	2	11	17		0
Long distance trips	17	6	3	8		0
Other	16	6	5	4		1
6. Transportation service provided by ag						
No transportation	17	5	6	6		0
Public transit provide to general public	7	0	0	7		0
Operate transportation	22	6	9	6		1
Contract; serv prov by another entity	12	3	4	5		0
Subsidize transportation	18	2	5	10		0
Arrange for trans by assisting w/info	22	4	11	7		0
Arrange for vol drivers or private car	6	1	3	1		0
Other	12	2	5	3		1

Riverside County Transportation Commission
Stakeholder Survey by Legal Type, page 2
N= 75 surveys returned

	All	Private, for profit	Private, non-profit	Public	Church affiliated	Tribal services
	75 100%	16 21%	27 36%	29 39%	2 3%	1 1%
9. Potential coordination areas						
Joint use/pooling/sharing vehicles	12	1	8	3		0
Coordinated service operations	14	0	5	9		0
Coordinated veh and cap purchases	9	0	4	5		0
Shared fueling facilities	8	0	3	5		0
Shared maintenance facilities	4	0	4	0		0
Joint purchase of supplies or equipment	4	0	2	2		0
Joint purchase of insurance	3	0	3	0		0
Coordinated trip scheduling/dispatch	17	4	7	6		0
Coordinated driver training/retraining	11	1	5	5		0
Contract out for service (no dir op)	11	2	4	5		0
Contract to prov trans to oth ags	8	2	3	3		0
Pooling \$ to better coord service	7	1	1	4		1
Not interested at this time	11	2	5	4		0
Other	10	2	2	6		0
10. Tot # veh for client transportation	1,275	73	619	576		7
11. Tot # veh for operating trans daily	603	64	289	243		7
12. # and passenger capacity of veh						
up to 9 passengers	822	61	611	143		7
10-14 passengers	158	1	6	151		0
15-24 passengers	46	2	3	41		0
25+ passengers	218	2	0	216		0
wheelchair lift-equipped	398	6	10	382		0
Total number of vehicles classified:	1,244	66	620	551		7
13. # vehicles need to be replaced (+ avg)						
Now	239	11	105	123		0
Within one year	79	8	7	64		0
Within the next two years	69	14	14	41		0
14. Passenger load and veh utilization (+ avg)						
Avg monthly one-way trips	12,842	844	1,111	31,559		4,440
Total monthly one-way trips	963,136	13,510	29,986	915,200		4,440
Avg monthly vehicle miles	24,780	30,690	5,184	42,290		1,100
Total monthly vehicle miles	1,858,509	491,041	139,971	1,226,397		1,100
15. Transportation service area						
Throughout Riverside County	10	2	2	5		1
17. Do you limit trips provided?						
Yes	21	3	12	5		1

Riverside County Transportation Commission
Stakeholder Survey by Legal Type, page 3
N= 75 surveys returned

	All	Private, for profit	Private, non-profit	Public	Church affiliated	Tribal services
	75 100%	16 21%	27 36%	29 39%	2 3%	1 1%
18. Drivers and management for trans						
Avg full-time drivers	8	3	6	14		7
Total full-time drivers	610	54	151	398		7
Avg part-time drivers	2	1	2	3		0
Total part-time drivers	150	8	64	78		0
Avg volunteer drivers	10	0	29	0		0
Total volunteer drivers	777	2	774	1		0
Avg supervisors/managers	1	1	1	1		0
Total supervisors/managers	53	8	24	21		0
19. Coop agreements/arrangements						
Yes	23	5	7	11		0
20. Transportation budget						
Avg for vehicle op	\$656,787	\$20,750	\$45,688	\$1,644,601		\$0
Total	\$49,258,996	\$332,000	\$1,233,578	\$47,693,418		\$0
Avg for vehicle replcmnt cap funds	\$69,440	\$625	\$1,852	\$177,518		\$0
Total	\$5,208,026	\$10,000	\$50,000	\$5,148,026		\$0
Avg for bus passes, tickets/tokens	\$1,079	\$2,375	\$190	\$1,303		\$0
Total	\$80,922	\$38,000	\$5,141	\$37,781		\$0
Avg for taxi vchers/oth specldz trans	\$1,545	\$2,000	\$572	\$2,360		\$0
Total for taxi taxi vchrs/oth sp trans	\$115,887	\$32,000	\$15,457	\$68,430		\$0
Avg for admin (advrtsng/marketing)	\$130,432	\$6,250	\$3,693	\$330,436		\$0
Total for administration	\$9,782,371	\$100,000	\$99,716	\$9,582,655		\$0
Avg for insurance	\$38,532	\$15,875	\$3,864	\$87,297		\$0
Total for insurance	\$2,889,932	\$254,000	\$104,328	\$2,531,604		\$0
Avg for mileage reimbursement	\$7,050	\$0	\$10,296	\$8,646		\$0
Total for mileage reimbursement	\$528,738	\$0	\$278,000	\$250,738		\$0
Avg for other	\$373,150	\$0	\$0	\$965,044		\$0
Total for other	\$27,986,277	\$0	\$0	\$27,986,277		\$0

Riverside County Transportation Commission
Stakeholder Survey by Legal Type, page 4
N= 75 surveys returned

	All	Private, for profit	Private, non-profit	Public	Church affiliated	Tribal services
	75 100%	16 21%	27 36%	29 39%	2 3%	1 1%
21. Funding sources for trans budget						
COUNTY/LOCAL FUNDING						
General funds	13	0	6	7		0
Other	11	0	7	4		0
STATE FUNDING						
Transportation Development Act	7	0	0	7		0
Education Department	2	0	0	2		0
Department of Dev. Services	2	1	1	0		0
Department of Aging	1	0	0	1		0
Department of Rehabilitation	2	0	2	0		0
Department of Health Services	3	0	1	2		0
Other	1	0	1	0		0
FEDERAL FUNDING						
FTA section 5307	4	0	0	4		0
FTA section 5310 (vehicles)	4	0	2	2		0
FTA section 5311	2	0	0	2		0
Community Dev. Block Grants	3	0	3	0		0
Health and Human Services	6	1	2	2		1
Other	0	0	0	0		0
OTHER FUNDING						
Client fees	7	2	3	2		0
Private donations/grants	8	1	7	0		0
United Way	2	0	2	0		0
Fare box	6	0	1	5		0
Fundraising	7	0	7	0		0
Other	2	0	1	1		0
22. Compared to last yr, trans budget						
Increased	18	3	8	7		0
Decreased	1	0	0	1		0
Stayed the same	12	1	7	3		1
23. Plans to cont trans over next 5 yrs						
Yes	32	5	14	12		1
No	0	0	0	0		0
Unsure	5	1	1	3		0

Riverside County Transportation Commission

Stakeholder Survey by Region

N= 75 surveys returned

Appendix D-3

	All	WR - Corona Norco	WR - Riverside	WR - Central	WR - South	WR - Pass	Coachella Valley	Palo Verde
	75 100%	7 9%	32 43%	9 12%	3 4%	2 3%	15 20%	3 4%
3. Active clients living in Riverside Co								
Avg enrolled clients/consumers	5,861	149	10,916	2,515	145	798	282	20,100
Total enrolled clients/consumers	439,549	1,043	349,301	22,638	436	1,596	4,225	60,300
Avg daily attendance	74	73	61	63	67	45	68	407
Total daily attendance	5,568	511	1,963	565	200	89	1,015	1,220
Avg daily needing tx assist	40	30	64	28	67	22	12	8
Total daily needing tx assist	2,976	213	2,062	251	200	43	180	25
Avg daily in wheelchairs	8	6	15	3	0	5	1	3
Total daily in wheelchairs	581	45	476	26	0	9	10	10
not applicable (n)	10	1	4	1	0	0	3	0
4. Primary client population served								
Seniors, able-bodied	25	3	10	4	1	1	5	1
Seniors, frail	35	4	13	6	2	2	6	1
Persons of low income	45	5	23	5	1	1	8	1
Youth	13	0	7	2	0	0	2	2
Persons with physical disabilities	36	4	15	6	1	2	5	1
Persons with behavioral disabilities	22	1	11	3	0	1	4	1
Persons with sensory impairments	19	1	11	3	0	0	2	1
General public	23	2	10	2	0	1	6	1
Other	12	1	5	3	0	0	3	0
5. Transportation needs most reported								
Getting to work between 8am - 5pm	29	1	13	3	1	0	7	1
Late night or early morning work	18	0	8	1	2	0	5	0
Weekend and holiday trips	15	1	5	1	2	1	2	1
Recreational activities or events	21	1	7	3	1	1	4	2
Visiting family or friends	13	1	4	1	1	1	2	1
Kids to daycare or school	13	0	7	2	0	0	2	1
Going to the doctor/medical trips	56	4	24	8	3	2	10	2
Shopping and multiple errands	29	1	9	5	3	1	8	1
Training, ed classes, program sites	30	2	16	5	0	0	4	1
Long distance trips	17	2	9	0	0	1	2	3
Other	16	2	5	2	1	1	4	0

Riverside County Transportation Commission
 Stakeholder Survey by Region, page 2
 N= 75 surveys returned

	All	WR - Corona Norco	WR - Riverside	WR - Central	WR - South	WR - Pass	Coachella Valley	Palo Verde
	75 100%	7 9%	32 43%	9 12%	3 4%	2 3%	15 20%	3 4%
6. Transp service provided by agency								
No transportation	17	0	10	3	1	0	2	0
Public transit provided to gen public	7	1	2	0	0	1	1	1
Operate transportation	22	3	5	2	1	2	6	2
Contract; serv prov by another entity	12	1	5	0	0	0	3	1
Subsidize transportation	18	1	9	1	0	0	4	2
Arrange for trans by assisting w/info	22	2	10	6	0	0	4	0
Arrange for vol drivers or private car	6	1	2	0	1	0	2	0
Other	12	1	6	1	2	1	1	0
9. Potential coordination areas								
Joint use/pooling/sharing vehicles	12	0	5	2	0	0	5	0
Coordinated service operations	14	1	5	1	0	1	5	1
Coordinated veh and cap purchases	9	1	4	0	0	0	3	1
Shared fueling facilities	8	1	2	0	0	1	2	2
Shared maintenance facilities	4	0	1	0	1	0	2	0
Joint purchase of supplies/equip	4	1	0	1	0	0	1	1
Joint purchase of insurance	3	0	1	1	0	0	1	0
Coord trip scheduling/dispatch	17	0	5	2	0	1	6	1
Coord driver training/retraining	11	0	3	1	0	1	4	2
Contract out for service (no dir op)	11	2	3	0	0	1	3	1
Contract to prov trans to oth ags	8	0	2	1	0	0	3	2
Pooling \$ to better coord service	7	0	4	0	0	1	1	1
Not interested at this time	11	0	4	2	0	0	3	0
Other	10	2	4	0	1	1	2	0

Riverside County Transportation Commission
Stakeholder Survey by Region, page 3
N= 75 surveys returned

	All	WR - Corona Norco	WR - Riverside	WR - Central	WR - South	WR - Pass	Coachella Valley	Palo Verde
	75 100%	7 9%	32 43%	9 12%	3 4%	2 3%	15 20%	3 4%
10. Tot # vehicles for client trans	1,275	21	845	10	1	15	294	29
11. Tot # vehicles for op trans daily	603	7	241	10	1	12	259	21
12. #/Passenger capacity of vehicles								
up to 9 passengers	822	6	540	4	0	7	210	1
10-14 passengers	158	1	147	1	0	3	4	2
15-24 passengers	46	9	27	1	1	0	1	7
25+ passengers	218	5	136	0	0	5	53	19
wheelchair lift-equipped	398	14	280	4	0	8	75	11
Total number of vehicles classified:	1,244	21	850	6	1	15	268	29
13.#Vehicles needing to be replaced?								
Now	239	0	71	3	0	1	151	3
Within one year	79	0	32	1	1	0	33	4
Within the next two years	69	2	30	0	0	1	19	5
14. Passenger and vehicle use								
Avg monthly one-way trips	12,842	1,810	19,112	96	4	2,220	21,172	1,333
Total monthly one-way trips	963,136	12,668	611,578	865	11	4,440	317,574	4,000
Avg monthly vehicle miles	24,780	3,553	35,683	535	667	2,200	11,965	7,027
Total monthly vehicle miles	1,858,509	24,872	1,141,870	4,811	2,000	4,400	179,475	21,081
15. Transportation service area								
Throughout Riverside County	10	1	4	0	0	1	2	0
17. Do you limit trips provided?								
Yes	21	1	8	0	2	1	6	1
18. Drivers and management for trans								
Avg full-time drivers	8	4	8	0	0	6	16	7
Total full-time drivers	610	25	266	4	1	12	239	20
Avg part-time drivers	2	0	2	0	0	3	5	3
Total part-time drivers	150	2	49	0	0	5	77	9
Avg volunteer drivers	10	0	24	0	0	0	1	0
Total volunteer drivers	777	0	753	0	0	0	24	0
Avg supervisors/managers	1	0	1	0	0	1	1	1
Total supervisors/managers	53	1	18	2	0	1	21	4
19. Coop agreements/arrangements								
Yes	23	2	10	2	0	1	3	2

Riverside County Transportation Commission
 Stakeholder Survey by Region, page 4
 N= 75 surveys returned

	All	WR - Corona Norco	WR - Riverside	WR - Central	WR - South	WR - Pass	Coachella Valley	Palo Verde
	75 100%	7 9%	32 43%	9 12%	3 4%	2 3%	15 20%	3 4%
20. Transportation budget								
Avg for vehicle op	\$656,787	\$1,714	\$1,438,049	\$26,155	\$13,333	\$480,412	\$42,815	\$443,667
Total	\$49,258,996	\$12,000	\$46,017,552	\$235,396	\$40,000	\$960,823	\$642,225	\$1,331,000
Avg for vehicle replcmnt cap funds	\$69,440	\$0	\$151,699	\$5,556	\$0	\$81,831	\$0	\$43,333
Total	\$5,208,026	\$0	\$4,854,365	\$50,000	\$0	\$163,661	\$0	\$130,000
Avg for bus passes, tickets/tokens	\$1,079	\$5,429	\$1,144	\$0	\$0	\$3,000	\$0	\$100
Total	\$80,922	\$38,000	\$36,622	\$0	\$0	\$6,000	\$0	\$300
Avg for taxi vchers/oth specld trans	\$1,545	\$4,571	\$2,309	\$0	\$0	\$0	\$667	\$0
Total for taxi taxi vchrs/oth sp trans	\$115,887	\$32,000	\$73,887	\$0	\$0	\$0	\$10,000	\$0
Avg for admin (advrtsng/marketing)	\$130,432	\$0	\$295,695	\$5,864	\$0	\$68,434	\$8,700	\$0
Total for administration	\$9,782,371	\$0	\$9,462,225	\$52,779	\$0	\$136,867	\$130,500	\$0
Avg for insurance	\$38,532	\$1,143	\$78,201	\$4,731	\$0	\$25,887	\$3,010	\$0
Total for insurance	\$2,889,932	\$8,000	\$2,502,439	\$42,575	\$0	\$51,773	\$45,145	\$0
Avg for mileage reimbursement	\$7,050	\$0	\$16,139	\$0	\$0	\$150	\$800	\$0
Total for mileage reimbursement	\$528,738	\$0	\$516,438	\$0	\$0	\$300	\$12,000	\$0
Avg for other	\$373,150	\$0	\$0	\$0	\$0	\$0	\$1,865,752	\$0
Total for other	\$27,986,277	\$0	\$0	\$0	\$0	\$0	\$27,986,277	\$0
22. Compared to last year, trans budget								
Increased	18	2	6	1	1	1	5	1
Decreased	1	0	0	0	0	0	0	1
Stayed the same	12	0	5	0	0	1	4	1
23. Continue trans over next 5 years								
Yes	32	2	12	1	1	1	11	2
No	0	0	0	0	0	0	0	0
Unsure	5	0	2	1	0	1	0	0

Riverside County Transportation Commission
 Stakeholder Survey by Region, page 5
 N= 75 surveys returned

	All	WR - Corona Norco	WR - Riverside	WR - Central	WR - South	WR - Pass	Coachella Valley	Palo Verde
	75 100%	7 9%	32 43%	9 12%	3 4%	2 3%	15 20%	3 4%
21. Funding sources for transportation budget								
COUNTY/LOCAL FUNDING								
General funds	13	1	3	1	0	0	5	3
Other	11	1	5	1	0	1	3	0
STATE FUNDING								
Transportation Development Act	7	1	2	0	0	1	2	1
Education Department	2	0	0	0	0	0	1	1
Department of Dev. Services	2	0	1	0	0	0	0	0
Department of Aging	1	0	1	0	0	0	0	0
Department of Rehabilitation	2	0	2	0	0	0	0	0
Department of Health Services	3	0	2	0	0	0	1	0
Other	1	0	1	0	0	0	0	0
FEDERAL FUNDING								
FTA section 5307	4	1	2	0	0	0	1	0
FTA section 5310 (vehicles)	4	0	2	1	0	0	1	0
FTA section 5311	2	0	1	0	0	0	1	0
Community Dev. Block Grants	3	0	1	1	1	0	0	0
Health and Human Services	6	0	5	0	0	1	0	0
Other	0	0	0	0	0	0	0	0
OTHER FUNDING								
Client fees	7	1	3	0	0	0	2	1
Private donations/grants	8	1	2	1	0	0	4	0
United Way	2	0	1	0	0	0	1	0
Fare Box	6	1	1	1	0	1	1	0
Fundraising	7	0	2	1	0	0	4	0
Other	2	0	0	0	0	0	1	0

Riverside County Transportation Commission
General Public Transportation Agencies and Human Services Agencies
Appendix D-4 **N= 68 surveys returned**

	All		General Public		Human Services	
	68	100%	7	10%	61	90%
3. # of active clients living in Riverside County						
Avg enrolled clients/consumers	6,361		9,563		5,993	
Total enrolled clients/consumers	432,524		66,941		365,583	
Avg daily attendance	64		105		59	
Total daily attendance	4,344		732		3,612	
Avg daily needing tx assist	38		90		32	
Total daily needing tx assist	2,561		627		1,934	
Avg daily in wheelchairs	9		36		5	
Total daily in wheelchairs	581		254		327	
not applicable (n)	8		1		7	
4. Primary client population agency serves						
Seniors, able-bodied	25	37%	5	71%	20	33%
Seniors, frail	34	50%	4	57%	30	49%
Persons of low income	43	63%	3	43%	40	66%
Youth	12	18%	2	29%	10	16%
Persons with physical disabilities	34	50%	5	71%	29	48%
Persons with behavioral disabilities	20	29%	3	43%	17	28%
Persons with sensory impairments	17	25%	3	43%	14	23%
General public	20	29%	5	71%	15	25%
5. Transportation needs most reported						
Getting to work between 8am - 5pm	26	38%	5	71%	21	34%
Late night or early morning work shifts	15	22%	3	43%	12	20%
Weekend and holiday trips	10	15%	6	86%	4	7%
Recreational activities or events	15	22%	5	71%	10	16%
Visiting family or friends	10	15%	4	57%	6	10%
Kids to daycare or school	10	15%	1	14%	9	15%
Going to the doctor/medical trips	53	78%	6	86%	47	77%
Shopping and multiple errands	26	38%	5	71%	21	34%
Training, ed classes or prog sites	28	41%	5	71%	23	38%
Long distance trips	13	19%	4	57%	9	15%
Other	13	19%	0	0%	13	21%
6. Transportation service provided by agency						
No transportation	17	25%	0	0%	17	28%
Public transit provide to general public	7	10%	7	100%	0	0%
Operate transportation	18	26%	3	43%	15	25%
Contract; service provided by another entity	9	13%	3	43%	6	10%
Subsidize transportation	18	26%	1	14%	17	28%
Arrange for trans by assisting w/info	20	29%	0	0%	20	33%
Arrange for vol drivers or private car	5	7%	0	0%	5	8%
Other	11	16%	0	0%	11	18%

Riverside County Transportation Commission
Transportation Providers, Service by General Public Agencies and Human Services Agencies, p2
N= 68 surveys returned

	All		General Public		Human Services	
	68	100%	7	10%	61	90%
9. Potential coordination areas						
Joint use/pooling/sharing vehicles	10	15%	0	0%	10	16%
Coordinated service operations	11	16%	5	71%	6	10%
Coordinated veh and cap purchases	7	10%	3	43%	4	7%
Shared fueling facilities	7	10%	4	57%	3	5%
Shared maintenance facilities	4	6%	0	0%	4	7%
Joint purchase of supplies or equipment	4	6%	2	29%	2	3%
Joint purchase of insurance	3	4%	0	0%	3	5%
Coordinated trip scheduling/dispatch	13	19%	4	57%	9	15%
Coordinated driver training/retraining	9	13%	3	43%	6	10%
Contract out for service (no dir op)	9	13%	4	57%	5	8%
Contract to prov trans to oth agencies	4	6%	1	14%	3	5%
Pooling \$ to better coord service	7	10%	2	29%	5	8%
Not interested at this time	11	16%	1	14%	10	16%
Other	10	15%	2	29%	8	13%
10. Tot # veh for client transportation (+ avg)						
	606	9	413	59	193	3
11. Tot # veh for operating trans daily (+ avg)						
	272	4	219	31	53	1
12. # and passenger capacity of veh (+ avg)						
up to 9 passengers	185	3	30	4	155	3
10-14 passengers	158	2	144	21	14	0
15-24 passengers	41	1	14	2	27	0
25+ passengers	198	3	198	28	0	0
wheelchair lift-equipped	389	6	378	54	11	0
Total number of vehicles classified:	582	9	386	55	196	6
13. # vehicles need to be replaced (+ avg)						
Now	127	2	115	16	12	0
Within one year	69	1	60	9	9	0
Within the next two years	54	1	38	5	16	0
14. Passenger load and veh utilization (+ avg)						
Avg monthly one-way trips	13,577		130,731		133	
Total monthly one-way trips	923,211		915,114		8,097	
Avg monthly vehicle miles	18,748		174,975		821	
Total monthly vehicle miles	1,274,887		1,224,826		50,061	
15. Transportation service area						
Throughout Riverside County	8	12%	1	14%	7	11%
17. Do you limit trips provided?						
Yes	18	26%	1	14%	17	28%

Riverside County Transportation Commission
Transportation Providers, Service by General Public Agencies and Human Services Agencies, p3
N= 68 surveys returned

	All 68 100%	General Public 7 10%	Human Services 61 90%
18. Drivers and management for transport			
Avg full-time drivers	6	54	1
Total full-time drivers	416	381	35
Avg part-time drivers	1	5	1
Total part-time drivers	84	35	25
Avg volunteer drivers	0	0	0
Total volunteer drivers	25	0	25
Avg supervisors/managers	0	3	0
Total supervisors/managers	29	20	9
19. Cooperative agreements/arrangements			
Yes	18 26%	6 86%	12 20%
20. Transportation budget			
Avg for vehicle op (drivers, mnt, fuel)	\$697,118	\$6,580,345	\$21,993
Total for vehicle op (drivers, mnt, fuel)	\$47,403,996	\$46,062,418	\$1,341,578
Avg for vehicle replacement capital funds	\$74,530	\$697,861	\$3,000
Total for vehicle replacement capital funds	\$5,068,026	\$4,885,026	\$183,000
Avg for bus passes, tickets, tokens	\$1,190	\$857	\$1,228
Total for bus passes, tickets, tokens	\$80,922	\$6,000	\$74,922
Avg for taxi vouchers/other spec trans	\$1,704	\$0	\$1,900
Total for taxi vouchers/other spec trans	\$115,887	\$0	\$115,887
Avg for administration (advertising, mkt)	\$142,344	\$1,368,951	\$1,586
Total for administration (advertising, mkt)	\$9,679,371	\$9,582,655	\$96,716
Avg for insurance	\$38,789	\$360,229	\$1,902
Total for insurance	\$2,637,632	\$2,521,604	\$116,028
Avg for mileage reimbursement	\$3,864	\$43	\$4,302
Total for mileage reimbursement	\$262,738	\$300	\$262,438
Avg for other	\$411,563	\$3,998,040	\$0
Total for other	\$27,986,277	\$27,986,277	\$0

Riverside County Transportation Commission
Transportation Providers, Service by General Public Agencies and Human Services Agencies, p4
N= 68 surveys returned

	All		General Public		Human Services	
	68	100%	7	10%	61	90%
21. Funding sources for transportation budget						
COUNTY/LOCAL FUNDING						
General funds	12	18%	2	29%	10	16%
Other	9	13%	3	43%	6	10%
STATE FUNDING						
Transportation Development Act	7	10%	6	86%	1	2%
Education Department	1	1%	0	0%	1	2%
Department of Dev. Services	1	1%	0	0%	1	2%
Department of Aging	1	1%	0	0%	1	2%
Department of Rehabilitation	1	1%	0	0%	1	2%
Department of Health Services	2	3%	0	0%	2	3%
Other	1	1%	0	0%	1	2%
FEDERAL FUNDING						
FTA section 5307	4	6%	4	57%	0	0%
FTA section 5310 (vehicles)	4	6%	2	29%	2	3%
FTA section 5311	2	3%	2	29%	0	0%
Community Dev. Block Grants	3	4%	0	0%	3	5%
Health and Human Services	6	9%	0	0%	6	10%
Other	0	0%	0	0%	0	0%
OTHER FUNDING						
Client fees	6	9%	1	14%	5	8%
Private donations/grants	7	10%	0	0%	7	11%
United Way	2	3%	0	0%	2	3%
Fare box	6	9%	5	71%	1	2%
Fundraising	6	9%	0	0%	6	10%
Other	2	3%	1	14%	1	2%
22. Compared to last year, agency trans budget						
Increased	15	22%	6	86%	9	15%
Decreased	0	0%	0	0%	0	0%
Stayed the same	11	22%	0	0%	11	18%
23. Agency plans to cont trans over next 5 yrs						
Yes	26	38%	6	86%	20	33%
No	0	0%	0	0%	0	0%
Unsure	5	7%	1	14%	4	7%

Riverside County Transportation Commission
Transportation Providers, Service by General Public Agencies and Human Services Agencies
Appendix N= 45 surveys returnedD-5

	All		General Public		Human Services	
	45	100%	7	16%	38	84%
3. # of active clients living in Riverside County						
Avg enrolled clients/consumers	3,215		9,563		2,046	
Total enrolled clients/consumers	144,692		66,941		77,751	
Avg daily attendance	80		105		75	
Total daily attendance	3,597		732		2,865	
Avg daily needing tx assist	42		90		33	
Total daily needing tx assist	1,876		627		1,249	
Avg daily in wheelchairs	7		36		2	
Total daily in wheelchairs	336		254		82	
not applicable (n)	5		1		4	
4. Primary client population agency serves						
Seniors, able-bodied	17	38%	5	71%	12	32%
Seniors, frail	23	51%	4	57%	19	50%
Persons of low income	28	62%	3	43%	25	66%
Youth	9	20%	2	29%	7	18%
Persons with physical disabilities	22	49%	5	71%	17	45%
Persons with behavioral disabilities	16	36%	3	43%	13	34%
Persons with sensory impairments	12	27%	3	43%	9	24%
General public	12	27%	5	71%	7	18%
5. Transportation needs most reported						
Getting to work between 8am - 5pm	18	40%	5	71%	13	34%
Late night or early morning work shifts	12	27%	3	43%	9	24%
Weekend and holiday trips	8	18%	6	86%	2	5%
Recreational activities or events	13	29%	5	71%	8	21%
Visiting family or friends	7	16%	4	57%	3	8%
Kids to daycare or school	9	20%	1	14%	8	21%
Going to the doctor/medical trips	35	78%	6	86%	29	76%
Shopping and multiple errands	19	42%	5	71%	14	37%
Training, ed classes or program sites	19	42%	5	71%	14	37%
Long distance trips	9	20%	4	57%	5	13%
Other	6	13%	0	0%	6	16%
6. Transportation service provided by agency						
No transportation	0	0%	0	0%	0	0%
Public transit provide to general public	7	16%	7	100%	0	0%
Operate transportation	18	40%	3	43%	15	39%
Contract; serv prov by another entity	9	20%	3	43%	6	16%
Subsidize transportation	18	40%	1	14%	17	45%
Arrange for trans by assisting w/info	14	31%	0	0%	14	37%
Arrange for vol drivers or private car	5	11%	0	0%	5	13%
Other	10	22%	0	0%	10	26%

Riverside County Transportation Commission
Transportation Providers, Service by General Public Agencies and Human Services Agencies, p2
N= 45 surveys returned

	All		General Public		Human Services	
	45	100%	7	16%	38	84%
9. Potential coordination areas						
Joint use/pooling/sharing vehicles	10	22%	0	0%	10	26%
Coordinated service operations	11	24%	5	71%	6	16%
Coordinated veh and cap purchases	7	16%	3	43%	4	11%
Shared fueling facilities	7	16%	4	57%	3	8%
Shared maintenance facilities	3	7%	0	0%	3	8%
Joint purchase of supplies or equipment	4	9%	2	29%	2	5%
Joint purchase of insurance	3	7%	0	0%	3	8%
Coordinated trip scheduling/dispatch	12	27%	4	57%	8	21%
Coordinated driver training/retraining	9	20%	3	43%	6	16%
Contract out for service (no dir op)	9	20%	4	57%	5	13%
Contract to prov trans to oth ags	4	9%	1	14%	3	8%
Pooling \$ to better coord service	7	16%	2	29%	5	13%
Not interested at this time	6	13%	1	14%	5	13%
Other	9	20%	2	29%	7	18%
10. Tot # veh for client transportation (+ avg)	606	13	413	59	193	5
11. Tot # veh for operating trans daily (+ avg)	272	6	219	31	53	1
12. # and passenger capacity of veh (+ avg)						
up to 9 passengers	185	4	30	4	155	4
10-14 passengers	158	4	144	21	14	0
15-24 passengers	41	1	14	2	27	1
25+ passengers	198	4	198	28	0	0
wheelchair lift-equipped	389	9	378	54	11	0
Total number of vehicles classified:	582	13	386	55	196	10
13. # vehicles need to be replaced (+ avg)						
Now	127	3	115	16	12	0
Within one year	69	2	60	9	9	0
Within the next two years	54	1	38	5	16	0
14. Passenger load and veh utilization (+ avg)						
Avg monthly one-way trips	20,516		130,731		213	
Total monthly one-way trips	923,211		915,114		8,097	
Avg monthly vehicle miles	28,331		174,975		1,317	
Total monthly vehicle miles	1,274,887		1,224,826		50,061	
15. Transportation service area						
Throughout Riverside County	8	18%	1	14%	7	18%
17. Do you limit trips provided?						
Yes	18	40%	1	14%	17	45%

Riverside County Transportation Commission
Transportation Providers, Service by General Public Agencies and Human Services Agencies, p3
N= 45 surveys returned

	All	General Public	Human Services
	45 100%	7 16%	38 84%
18. Drivers and management for transport			
Avg full-time drivers	9	54	1
Total full-time drivers	416	381	35
Avg part-time drivers	2	5	1
Total part-time drivers	84	35	25
Avg volunteer drivers	1	0	1
Total volunteer drivers	25	0	25
Avg supervisors/managers	1	3	0
Total supervisors/managers	29	20	9
19. Cooperative agreements/arrangements			
Yes	16 36%	6 86%	10 26%
20. Transportation budget			
Avg for vehicle op (drivers, mnt, fuel)	\$1,053,422	\$6,580,345	\$35,305
Total for vehicle op (drivers, mnt, fuel)	\$47,403,996	\$46,062,418	\$1,341,578
Avg for vehicle replacement capital funds	\$112,623	\$697,861	\$4,816
Total for vehicle replacement capital funds	\$5,068,026	\$4,885,026	\$183,000
Avg for bus passes, tickets, tokens	\$1,798	\$857	\$1,972
Total for bus passes, tickets, tokens	\$80,922	\$6,000	\$74,922
Avg for taxi vouchers/other spec trans	\$2,575	\$0	\$3,050
Total for taxi vouchers/other spec trans	\$115,887	\$0	\$115,887
Avg for administration (advertising, mkt)	\$215,097	\$1,368,951	\$2,545
Total for administration (advertising, mkt)	\$9,679,371	\$9,582,655	\$96,716
Avg for insurance	\$58,614	\$360,229	\$3,053
Total for insurance	\$2,637,632	\$2,521,604	\$116,028
Avg for mileage reimbursement	\$5,839	\$43	\$6,906
Total for mileage reimbursement	\$262,738	\$300	\$262,438
Avg for other	\$621,917	\$3,998,040	\$0
Total for other	\$27,986,277	\$27,986,277	\$0

Riverside County Transportation Commission
Transportation Providers, Service by General Public Agencies and Human Services Agencies, p4
N= 45 surveys returned

	All	General Public	Human Services
	45 100%	7 16%	38 84%
21. Funding sources for transportation budget			
COUNTY/LOCAL FUNDING			
General funds	12 27%	2 29%	10 26%
Other	9 20%	3 43%	6 16%
STATE FUNDING			
Transportation Development Act	7 16%	6 86%	1 3%
Education Department	1 2%	0 0%	1 3%
Department of Dev. Services	1 2%	0 0%	1 3%
Department of Aging	1 2%	0 0%	1 3%
Department of Rehabilitation	1 2%	0 0%	1 3%
Department of Health Services	2 4%	0 0%	2 5%
Other	1 2%	0 0%	1 3%
FEDERAL FUNDING			
FTA section 5307	4 9%	4 57%	0 0%
FTA section 5310 (vehicles)	4 9%	2 29%	2 5%
FTA section 5311	2 4%	2 29%	0 0%
Community Dev. Block Grants	3 7%	0 0%	3 8%
Health and Human Services	5 11%	0 0%	5 13%
Other	0 0%	0 0%	0 0%
OTHER FUNDING			
Client fees	5 11%	1 14%	4 11%
Private donations/grants	7 16%	0 0%	7 18%
United Way	2 4%	0 0%	2 5%
Fare box	6 13%	5 71%	1 3%
Fundraising	6 13%	0 0%	6 16%
Other	2 4%	1 14%	1 3%
22. Compared to last year, agency trans budget			
Increased	15 33%	6 86%	9 24%
Decreased	0 0%	0 0%	0 0%
Stayed the same	11 33%	0 0%	11 29%
23. Agency plans to cont trans over next 5 yrs			
Yes	26 58%	6 86%	20 53%
No	0 0%	0 0%	0 0%
Unsure	5 11%	1 14%	4 11%

Appendix E

RCTC PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION COORDINATION PLAN SUMMARY MATRIX OF STAKEHOLDER INVOLVEMENT INTERVIEWS/WORKSHOPS			
AGENCY	TRANSPORTATION NEEDS	BARRIERS TO COORDINATION	POTENTIAL PROJECTS
Foundation for the Retarded of the Desert	<ul style="list-style-type: none"> • Dependent on operating and providing bus fleet to meet the transportation needs of clients. • Challenge is maintaining buses. Need to be replaced approximately every three years. • Need a dedicated funding source. • Software to help coordinate route planning. • Transporting clients to facility for training or other sites. Provide “curb to curb” service. • Need reliable transportation because reimbursement of expenses is based upon attendance. 	Liability issues related to insurance.	Driver training programs to keep drivers up to date on rules and requirements.
Homestead Senior Care (Provides caregivers for in-home care services)	<ul style="list-style-type: none"> • Seniors contact agency for caregivers to provide basic trips such as non-emergency medical appointments, grocery shopping and other errands. • More resources to provide a list of transportation providers for their clients. Need a referral system that provides background information on transportation providers. 	Concerns about liability issues related to insurance	Develop a referral service for transportation services. Create a centralized website with agencies and transportation resources.
City of Banning, provides dispatched transit service	<ul style="list-style-type: none"> • Increase funding for drivers. Need more staff to operate the buses. Currently, drivers run “combo” routes. One route was eliminated. This affects service for work and school trips. • Insufficient service for dial-a-ride service. Not available to meet demand. • A bus stop was moved and this impacted seniors, persons with disabilities. The stop helped provide access to shopping in the area including Walmart. 	Coordination with multiple agencies is the key.	Providing service from Banning to service to Cabazon and then to Palm Desert. There is interest in providing increased service.

**RCTC PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION COORDINATION PLAN
SUMMARY MATRIX OF STAKEHOLDER INVOLVEMENT INTERVIEWS/WORKSHOPS**

AGENCY	TRANSPORTATION NEEDS	BARRIERS TO COORDINATION	POTENTIAL PROJECTS
<p>First 5 Riverside, (Funding agency for 60 agencies that service children zero to five years old population.)</p>	<ul style="list-style-type: none"> • Increase in fixed route service in desert areas because service is inadequate. Conduct a needs assessment routes, frequency in service and see where the gaps are. Blythe to Indio and Mecca Indio. • Agencies want to purchase vehicles to provide transportation for their clients. • Transportation services needed for medical appointments. • Blythe does not have a local dentist that can provide periodontal care and the closest doctor is located in Indio. Many parents do not have a car and the public transportation does not offer a direct service to Indio. • Expectant mothers in Blythe need direct service to Indio. Nurses have gone to Blythe to transport expectant mothers to Indio. • Service is needed to transport children to school. Parents unable to coordinate work schedules. One parent volunteered to drive children to school and had each family contribute \$2.00 for gas. • Migrant farm workers are affected by the lack of access to transportation. Ambulances will not go out to Mecca. For emergencies, workers go to Indio. When they are discharged they are unable to call (do not have phones) for someone to pick them up. Consequently, they have to walk back to Mecca. In one situation, a parent with small children took two days to walk back. 	<ul style="list-style-type: none"> • Liability issues related to vehicles. These include drivers, required equipment for buses. Established policies but it is difficult to monitor. • Head Start faces challenges with ensuring required safety measures such as car seats and seat belts. As a result, they encourage parents find ways to transport their children. • Challenge to match needs of clients zero to five years old with the needs of other agencies with different age groups. 	<p>Networking to promote education and awareness of transportation options.</p>
<p>Coachella Valley Rescue Mission. (Provide Homeless Shelter and emergency meals.)</p>	<ul style="list-style-type: none"> • Providing transportation for clients to travel to non-emergency medical as well as hospital visits and job interviews. • For persons with behavioral disabilities, riding transit can be "scary". Need ways of communication with drivers. • Parents with young children need transportation where there are gaps in the service. A mother with two children had to get them to a school located on Country Club Dr. The bus stopped one mile away and they had to walk the extra distance. • There is no bus service for clients to get to monthly meetings with parole officer. So, CVRM provides transportation. 	<p>Liability issues related to shared vehicles. Determining who is responsible for insurance and maintenance.</p>	<ul style="list-style-type: none"> • Offer a daily bus pass so that clients can travel for various trips including job interviews and training and to see family members that is discounted or free. • Buddy programs; assistance in helping to be introduced to transit. (For example, a similar program has helped persons with autism ride the bus.) • Increase the availability of bus tokens and consider a universal pass for transportation services.

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	<ul style="list-style-type: none"> • Continuing to provide transportation for clients with visits at DPSS to see their children. There is a 15 minute grace period or the visitation will be cancelled. • Need drivers for various staffing trips such as getting health cards (to meet requirements for kitchen workers) at the County. With staff and volunteer turnover, this requires frequent travel time. • Clients need service to evening classes at Junior College. Classes finish at 9:30 pm and drivers are sent out to pick-up students to return to the Shelter. • Expand bus routes in the Central Valley and for new developments. • The Valley is a Hospitality-based economy and service from Desert Hot Springs is 1 ½ hour one way route. Need to develop a larger municipal transit system. 		<ul style="list-style-type: none"> • Single point of information for transportation options. • Shuttles dedicated to clients' particular travel needs. • Educational programs for case workers to increase awareness of transportation options and the particular needs of clientele. • Projects that fund vehicles for agencies to transport clients.
Partnership to Preserve Independent Living	<ul style="list-style-type: none"> • Clients are persons with varying disabilities including physical limitations, visually impaired, diabetes, dialysis patients. In many cases, buses are unable to transport these clients because the schedule is difficult to match and may need "door-through-door" service. Physical stamina is limited and on a daily basis may not be able to anticipate whether they can use public transportation. • Need to empower clients to take proactive approach to getting assistance with transportation from neighbors and/or friends. • Creating awareness of transportation resources and need to use promotional marketing means to encourage use of alternative modes of transportation. • "Hands-on" counseling to assist people with the appropriate information about transportation options. • Need to integrate social services with transportation needs. • Designate a Human Service agency to be the CTSA because of their experience with the specialized transportation needs of their clientele. • According to the APTA, at some point in time 50 percent of those over 65 years old will be unable drive somewhere. 	Funding streams for transportation need to be part of coordinated system so that there are transportation resources allocated in a mutually beneficial approach.	<ul style="list-style-type: none"> • Develop a public service campaign to facilitate awareness of mobility issues related to seniors, persons with disabilities and low income and encourage people to help each other. • A proposed TransCare program would provide transportation services that offer coordination, access and referral. Callers utilize the 211 and trained specialists provide transportation information, an outreach program that includes presentations to community groups, marketing materials is conducted and survey to identify specialized needs. This proposed program may incorporate 211 telephone service and the internet and involves agencies to update data. For example, patients are discharged from hospitals; a document is printed based on their transportation needs with information on transportation resources.

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AGENCY	TRANSPORTATION NEEDS	BARRIERS TO COORDINATION	POTENTIAL PROJECTS
Partnership to Preserve Independent Living, continued			A counseling service based upon the Ride Connection which is based in Portland. Clients are given personal attention regarding transportation resources and options. Service is tailored to clients' specialized needs and information/education on those options is provided. There is coordination between public transportation providers and Human Service agencies.
Good Samaritan's Coachella Valley Transportation Round Table - Human Services Agencies from the Coachella Valley and Transportation Agencies		<p>Some of the potential barriers discussed included:</p> <ul style="list-style-type: none"> • Where to call for information and the inability to make calls • Costs • Limited Schedules of service • Limited knowledge of appropriate services • Specialized needs of clients • Coordination between providers • Outdated information <p>Some potential solutions to barriers discussed included:</p> <ul style="list-style-type: none"> • Need an agency to take a leadership role • Seeking funding to do a survey on the most efficient approach to using resources • Coordinating services to improve utilization resources. 	

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AGENCY	TRANSPORTATION NEEDS	BARRIERS TO COORDINATION	POTENTIAL PROJECTS
Boys and Girls Club of Desert Hot Springs	<ul style="list-style-type: none"> • Access to afternoon recreational activities for children. • Transporting children to special trips and events and high school students to "Building Horizon" program which is part of the Regional Opportunity Program. Students help to build homes on empty lots. During the summer, these trips are once a week and when school is in session, twice a month. • In Desert Hot Springs, need bus service from middle school to the Club. The current route stops three blocks away and students have to walk to the Club. Estimate that 50 to 100 are missing out on opportunities to participate in recreational activities due to a lack of transportation to the site. 	Develop a strategic approach to make it easier for children to reach the site without having to walk. Conduct a needs analysis to better coordinate service to identify gaps in service and routes that are unmet.	Locating a stop near or at the Boys and Girls Club would improve access.
Cal Works/GAIN - Indio	<ul style="list-style-type: none"> • Employment services for clients that are able-bodied and approved for cash aid, welfare and/or food stamps. Clients must be able to work. The agency provides a supportive service that facilitates client progress. • Agency provides clients with Sunline bus passes or tickets, gas cards or authorize a check to address transportation needs. • Sunline does not serve all areas and transportation options for clients falls short. The agency tries to mitigate with issue by using county vehicles to provide trips • There is a need to travel as far away as Desert Center (45 miles) Salton City (close to Desert Center), Indio Hills and Sky Valley where there is no bus services • Lack of transportation to rural areas • Clients need to travel to employment sites to apply for jobs and have interviews, training sites for workshops and classes (both on-and -off site) also take clients for clothing purchases---clients needs run the gamut. • Banning Pass area challenging to serve (Beaumont, Banning, Cabezon) • Banning Pass Area is served by 3 providers (RTA, Banning and Beaumont, but they have limited evening service which is needed by clients to get to and from employment. • Majority of clients are mothers – women with children. 	<ul style="list-style-type: none"> • Because of internal policy/ administrative issue relating to creating separate series of transit tickets for various aid codes (e.g. cash aid, food stamps, etc) This process doubles the work and makes distribution complex. Clients may be entitled to gas card, but it may not be given. Fraud is low but process needs simplification because it is too cumbersome. • Credibility of one of the public transit providers is an issue. Cal Works/GAIN is reluctant o work with the transit provider due to past improprieties. 	

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AGENCY	TRANSPORTATION NEEDS	BARRIERS TO COORDINATION	POTENTIAL PROJECTS
Coachella Valley Taxi Owners Association (C.V.T.O.A.)	<ul style="list-style-type: none"> • Company represents 300 cabs. Also a member of Taxi Limo Paratransit Association (TLPA). Has grown in last 4 ½ years. Company represents 186 of 271 taxis in the Valley—17 of 22 cab companies. • Taxi companies were providing specialized DAR trips for customers in 1996-97. Public transit operator now providing all the DAR trips that the taxi industry used to provide. • Interested in working with agencies to provide specialized transit trips • Taxi industry willing to negotiate discounts and believe that the company can benefit by providing these rides. ADA compliant. 	<ul style="list-style-type: none"> • Has experienced numerous challenges in their efforts to establish cooperative working relationship with the public transit provider. • No lift equipped vehicles yet, just wheelchair ramps. Company is preparing to purchase new generation taxis that are lift equipped as new business is secured. • New taxis are being manufactured outside of the U.S. –must explore Buy America Requirements relative to new funding sources. • Public operator implementing new taxi ordinances in the Coachella Valley which could severely impact the taxi industry in the Valley. 	<ul style="list-style-type: none"> • Expansion of Safe Ride Home Program
Department of Mental Health - Blythe	<ul style="list-style-type: none"> • Agency provides counseling and assistance to substance abuse and mental health cases—there is considerable overlap. Qualified ambulatory clients are provided with bus passes. • 90-95% Medi-Cal recipients. Other clients are indigent. • Local fixed-route and DAR services are limited. • Ideally local bus passes are provided since large percentage of the people are from local area. However, transportation may be needed for up to 20 miles away. Depending upon need. 10-trip pass may be provided. • The agency also contracts with Greyhound to offer vouchers for long-distance trips. • A need for medical care in the Coachella Valley is and issue for clients. Very difficult to get to the Coachella Valley—both access and financing these trips are a challenge. 	<ul style="list-style-type: none"> • There are some clients who will not avail themselves of available transportation services; not always about transportation. Clients must have responsibility to be flexible. • No real barriers to coordinating efforts. The agency already has partnerships with other agencies (CPS, DPSS, Probation, etc.) The only issues would be conceptualization and motivation. 	<ul style="list-style-type: none"> • Shuttle to Coachella Valley destinations. This would satisfy 80% of locals need. Service could have the potential to travel beyond to major medical facilities (Riverside Regional Medical Center and Loma Linda).

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SUMMARY MATRIX OF STAKEHOLDER INVOLVEMENT INTERVIEWS/WORKSHOPS**

AGENCY	TRANSPORTATION NEEDS	BARRIERS TO COORDINATION	POTENTIAL PROJECTS
<p>Palo Verde Valley Transit Agency</p> <p><u>Service Area:</u> City of Blythe, unincorporated Riverside County – Mesa Verde, Ripley, Colorado River areas, Ehrenberg.</p> <p><u># of vehicles:</u> 9 (6 FR/3DAR)</p> <p><u>Span of service:</u> 5 am – 8:30 p.m.</p> <p>Contracts with human service agencies for special services: GAIN/Calworks, Mental Health, ERU School, Palo Verde College (EPOS and Drug Court), School District.</p>	<p>Greater commitment needed from social service agencies as personnel changes agency memory is lost.</p>	<ul style="list-style-type: none"> • Hard to coordinate with current ARB regulations for alternative fueled vehicles. Sustainability—hard to dedicate rides. • Special fares or free riders can only be given occasionally. If demand from social service agencies increases, system could be inundated. • Previous attempts at establishing accounts with agencies have shown that accountability and abuse can be issues. • Biggest problem is coordination and communication related to case management of clients. Lack of coordination creates security issues for drivers and for individuals being dropped off at destinations. • Improper handling of mental health clients having mental issues—this happens 90% of the time. Transit staff calls Adult Protective Services. Need more coordination on this. • Public and political issues and pressure will not allow PVT to offer intercity trips. This has been tried three times and locals do not want their services used to provide trips to other jurisdictions. 	<p>Implement a specialized transit identification. Special stickers could be used to identify clients by type. Full pass process which could be housed in Palo Verde Transit.</p> <p>Expansion of existing travel training program</p> <p>Explore potential use of Greyhound to provide intercity trips to needed destinations</p>

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SUMMARY MATRIX OF STAKEHOLDER INVOLVEMENT INTERVIEWS/WORKSHOPS**

AGENCY	TRANSPORTATION NEEDS	BARRIERS TO COORDINATION	POTENTIAL PROJECTS
<p>Palo Verde Valley Transit Agency, continued</p>		<ul style="list-style-type: none"> Examine regulations relative to interstate coordination of specialized transportation services. This is an important issue specific to PVT and Imperial County (California) relative to travel to Arizona destinations. 	
<p>Stroke Recovery Center</p>	<ul style="list-style-type: none"> Lack of resources to adequately fund transportation programs. Accessible transportation for persons with disabilities including those needing wheel chairs. Length of time to travel creates a challenge for clients. A trip through the Coachella Valley on Sun Dial can take up to three to four hours. One client gets picked-up at 7:00 am and may not arrive at the Center till 9:00 am or 10:00 am. When they leave the Center at 1:00 pm, it may take two or three hours to return home. According to the Department on Aging, women may face nine years without being able to drive and men six years. 	<ul style="list-style-type: none"> Liability issues, do not have resources to develop needed insurance. Coordinating with other agencies can help to pool resources; however, transportation services with many stops can be exhausting for clients. In addition, clients with spinal cord injuries are affected by bumpy rides. An issue is how do you prioritize trips for clients with different needs and from various agencies. Buses have many stops and not enough flexibility to meet the needs of clients. 	<ul style="list-style-type: none"> Suggested a the potential to implement a transportation project modeled after St. Johns County on Aging Transportation Program and The Sunshine Bus Company. Fixed routes are provided for serving ambulatory general public riders in the urban area. In addition, demand responsive trips for older adults, persons with disabilities and residents of rural areas are provided. There are developer "set-asides" to help fund transportation. There is a customer first culture with a "hospitality focus". To address the low population density in rural areas, Sunshine bus uses "deviated fixed routes" which includes cellular phone communication. Another program that could be modeled in Riverside is the York County Community Action Corp (YCCAC) Transportation Program. This multi-modal program includes buses, vans, mini-vans and volunteer driven automobiles. It uses its own software to schedule trips and clusters trips. The program coordinates with hospitals on funding and reimbursement. They promote a customer first approach.

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AGENCY	TRANSPORTATION NEEDS	BARRIERS TO COORDINATION	POTENTIAL PROJECTS
<p>California Family Life Center (CFLC) and Care-A-Van, provide services for seniors, persons with disabilities and low income individuals.</p>	<ul style="list-style-type: none"> • Transportation is needed for clients that are fragile and it is a lifeline. • Increase service for seniors, low income individuals and persons with disabilities. Trips include dialysis treatment and lab appointments, grocery shopping (Wal-Mart), hospitals (Loma Linda and Veterans) and beauty shop appointments. Provide personal assistance such as the driver helping with grocery bags. A large percentage are women who are now either unable to drive or previously never drove. • Travel to dialysis appointments presents certain challenges for patients. There are two Centers in town but transit service is blocks away. Transportation must be reliable in order to be on time for appointments. Therefore, two vans provide transportation service for clients. However, some appointments can run over the time allotted and with a limited number of vans, they may leave to go pick-up another patient. Transportation schedules are coordinated with nurses at the Centers. There are medical transports service but these are more expensive. • Providing “curb to door service” is critical because of the extreme heat in the area. • Provide transportation for center clients that attend training programs. • When applying for transportation grants, a major challenge is finding “matching dollars”. In some cases, the match is 50 percent which is too high for non-profits. 10 percent to 20 percent would make it easier to provide the match to 	<ul style="list-style-type: none"> • Including “smaller organized systems” to provide input into the transportation funding process. The objective is allowing input on challenges related to smaller agencies and organizations. 	<ul style="list-style-type: none"> • Establish a specialized transit identification to identify clients and customers that require special assistance and/or handling to make trips. The full pass process could be housed in Palo Verde Transit. • Subsidize Greyhound to expand their current services to provide inter-city, county and/or state trips. Need guidance from the state concerning funding for inter-county and state coordination efforts. • Single point of information for clients to contact regarding transportation resources. This could include a telephone number and counseling services to help guide the caller. • Providing more escort services particularly for persons with disabilities who utilize a wheelchair for visits to the Doctor. • Transportation service which could include vans to help those under the Kin Care program (services that assist those who are raising children) and the Grandparents Raising Grandchildren program. • Transportation services for job training programs. • Provide service listed on “Transportation Needs” matrix. (already provide many on the list)

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<p>California Family Life Center (CFLC) and Care-A-Van, continued</p>	<p>meet grant requirements.</p> <ul style="list-style-type: none"> • A related challenge regarding matching dollars for grants, is the manner in which non-profits finance their operations. They use a variety of means to raise funds. These include donations, “bartering” and receiving discounts on items such as leases for office space or gasoline. These items can be difficult to value for purposes of the grant requirements. The market price may be different from the actual costs of goods. • Providing transportation service for clients with Alzheimer or cancer to get to senior centers for programs. This enables family or friends who are care givers to receive a much needed “break.” • The costs of operating transportation. • Declining funding sources such as CDBG programs are reducing resources for non-profits to provide services. Transportation can be a “hard sell” because other agencies (that are not transportation-related) may not understand the needs. • Need more bus service for Homeland area which has areas where there are dirt roads and seniors are unable to walk to the bus stop. Dial-a-ride service is limited when potential riders are “bumped” from pick-up service. • Medical transportation services require a fee. Need organizations to provide free or charge a nominal fee for service. (Care-A-Van’s fee is \$2.00 but this is not mandatory to receive service) <ul style="list-style-type: none"> • Drivers serve as “gatekeepers” to spot cases where contacting Adult Protective Services is important. • A “phenomena” is occurring in Riverside County. Increasing numbers of grandparents within Riverside County are having the responsibility of caring for their grandchildren. Due to a number of reasons, parents are unable to care for their children. Some grandparents are in their 80’s and face transportation issues including having to transport their grandchildren to school and other activities. 		

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<p>County of Riverside, Department of Mental Health</p>	<ul style="list-style-type: none"> • For case workers, transportation is an important issue to access services. • Provide transportation to the food bank, food stamps, doctors, post office. • Because transportation is so critical for the clients, there is one full time staff member and one part time member devoted to assisting them with transportation • The primary objective of the transportation staff is to get the clients to County office to visit the doctors and access medications that help stabilize their conditions. • For clients located in rural areas such as Anza, Homeland, Idyllwild, transportation is a challenge. Van access is the most efficient way to transport these clients. • Vans are limited so need to fill vans to capacity and need to coordinate schedule with the doctors. Time increments may include for example, 11:30 am and then 12:00 pm. Clients are at times unable to wait too long because they suffer from anxiety and may become agitated. • Complaints about how long it takes to travel on public transportation to Riverside County Medical Center; it can take all day. • Providing special projects to get client to court but is rare. • Many clients cannot get on the bus because of their illnesses or lack of financial resources • Encouraging clients to visit the "Peer Drop-In-Center" in Perris for vocational training and interaction with peers. It is about 35 minutes by car and hours by bus. Clients will not go to the Center by bus because of the travel time. As result, they can become isolated and do not participate in programs. • Clients who need to seek Homeless Shelter for overnight stays face a transportation-related challenge in finding sleeping accommodations and trying to get to medical appointments. For example, everyday, they need to sign in by 5:00 pm to 6:00 pm and be out by the next day at 7:00 am. If they have a 3:00 pm appointment and have no access to a car or van service, it is very difficult to get back to Shelter in time to sign-in. 	<ul style="list-style-type: none"> • Unsure how to coordinate with other Riverside County agencies. Would like to coordinate more closely with other agencies and organizations. 	<ul style="list-style-type: none"> • Create a dedicated shuttle route for clients that would include agencies and organizations that would provide needed services. The route could include Riverside County Medical Center (includes Medically Indigent Program), Department of Public Social Services, Food Bank, and Shelter. These are special shuttles oriented to these client's "predictable travel patterns." • Appropriate Project Ideas from AMMA Transportation Needs Matrix: (Single point of information, Educational initiatives, Buddy programs, Transit Fares, Promotion of Gold Pass, Door-through-Door assistance, Volunteer programs, Individualized trip planning, mileage reimbursement programs, appropriately placed bus shelters, driver education, creative fare options, more bus tokens, bus passes for job training trips, Transit education for case workers, understanding riders conditions). •

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SUMMARY MATRIX OF STAKEHOLDER INVOLVEMENT INTERVIEWS/WORKSHOPS**

AGENCY	TRANSPORTATION NEEDS	BARRIERS TO COORDINATION	POTENTIAL PROJECTS
<p>Riverside/San Bernardino Indian Health, Inc.</p>	<ul style="list-style-type: none"> • Transportation to the doctor and other non-emergency medical appointments. • Private transportation companies are expensive and can cost up to \$100 per trip. • Transportation for other clients, for example those needing to go a long distance is difficult. Some clients travel to Los Angeles County including trips to UCLA for chemotherapy. These are all day trips. • Weekend trips to the doctor are difficult to find service. • Some private companies will drop-off a patient and will leave them there to do other trips and not come back for two hours. For the elderly, this can be tiring and challenging. • Some low income individuals or families need help in learning how to use the transit system. It takes skill to know what to say when calling for information or to cross the street. These are survival skills not taught in schools. • Auto maintenance and repair is a major issue. People cannot afford \$600 to pay for repairs. • A draw-back with some mileage reimbursement programs is that some people do not want to wait to receive reimbursement for gas. Gas cards may be more effective. 	<p>Transit is not a viable option because of the hours that dialysis is offered and the frequency of service is not adequate. Most transit schedules and transportation companies have limited hours that follow the work day schedule. However, patients sometimes have to start dialysis treatments at 5:00 am or go later in the day ending at 9:00 pm. For a 6:00 am appointment, they have to get up at 5:00 am, dress and eat to get to the Dialysis Center. Family members have to go to work and it is difficult for them to take them to the Center.</p> <p>It is difficult for patients to maintain a regular schedule because of the after effects from treatment. Because fluid is removed during treatment, patients are often weak and sleepy. To provide treatment, and "access blood", a central line is put into a vein or a "shunt" into the arm. After treatment is completed, the patient may bleed and pressure is placed on the arm or vein to stop the bleeding. Therefore, travelling immediately is not possible. They may need to stay 15 to 20 minutes longer. The patient's transportation must be flexible to meet their needs. In addition, the numbers</p>	<ul style="list-style-type: none"> • Put out health and transportation information through a County campaign. • Provide "door-to-door" assistance. • Develop more bus shelters and benches so that riders, particularly older ones can sit down. • Driver education on the needs of ill patients. • Shuttles for Dialysis patients. Focus on two Centers in Temecula. • Single point of information for patients to find varying transportation options. • Gas cards for friends and neighbors to use their vehicle to provide transportation. May be based upon distance travelled. • Subsidies to help clients pay for auto repairs.

**RCTC PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION COORDINATION PLAN
SUMMARY MATRIX OF STAKEHOLDER INVOLVEMENT INTERVIEWS/WORKSHOPS**

AGENCY	TRANSPORTATION NEEDS	BARRIERS TO COORDINATION	POTENTIAL PROJECTS
City of Corona, continued	<ul style="list-style-type: none"> • Dial-A-Ride service is open to everyone within the City boundaries. It is not restricted only to senior citizens and persons with disabilities. <p>The visually impaired have special needs:</p> <ul style="list-style-type: none"> • In the past, drivers were not educated as to the specific needs of the visually impaired. • If a person who is visually impaired is dropped off at location where they cannot read the sign, then they are lost. Drivers were provided training to help them understand that they needed to provide direction. • Public Transportation brochures needed to be printed in larger font to make it easier to read. The City then printed schedule times in larger font. • Certain colors are more readily viewed by the visually impaired. They used black and white to make it easier to read. • Challenges in identifying bus stops. The City uses ADA guidelines. Suggestions from working with the visually impaired include: changing the heights on poles, using orange colors to be more visible during the evening. Funding these changes is a challenge. • Important to understand that each visually impaired person has their own individual needs. • Education is important in getting people to understand different transportation options. Through education, some Dial-A-Ride riders became aware of fixed-route service. In some cases, they realized that fixed route service better served their needs and the cost was lower. • Education at senior centers was helpful in teaching seniors how to read a brochure and understand bus routes. • Subsidized fares for low-income individuals would be helpful but may not be feasible due to budget limitations. • Some seniors live in the suburb areas but want to participate in recreational activities. 		

**RCTC PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION COORDINATION PLAN
SUMMARY MATRIX OF STAKEHOLDER INVOLVEMENT INTERVIEWS/WORKSHOPS**

AGENCY	TRANSPORTATION NEEDS	BARRIERS TO COORDINATION	POTENTIAL PROJECTS
<p>Peppermint Ridge, a residential facility for persons with developmental disabilities with outlying programs, including 11 homes</p> <p>Fleet of 28 vehicles with more than 20 in daily operation.</p> <p>Riverside County Office on Aging</p>	<ul style="list-style-type: none"> • Trips purpose are typically for recreational activities, to doctor and medical appointments, to day programs and work-related. • Training of drivers, who are usually staff, is important and needed. Agency driver training programs exist and are routinely updated but could be enriched by collaboration with public transit agencies. • Vehicle maintenance is a continuing issue although currently is well managed; vehicles are on a regular schedule of maintenance with new maintenance software recently obtained. Also, new van lift and tire changer equipment obtained (Section 5310 grant). • Driver recruitment and availability of Class B license is a continuing challenge. Turnover is high making it difficult to retain good staff/ drivers. <ul style="list-style-type: none"> • Produced a booklet of transportation needs and barriers for older adults in Riverside County. • No centralized resources to assist consumers in finding transit or getting information about it. • There are seniors who could use fixed route but special considerations around introducing them and getting them to utilize fixed route. • About 500 frail seniors and younger individuals with disabilities are under case management care and have considerable difficulties navigating available transportation services; are in need of door-to-door and door-through-door assistance. These individuals are often overwhelmed by losses – physical and otherwise – and cannot organize their own transportation services. • Need for “trip coaching” to assist these frail individuals in making their own arrangements. • Some in wheelchairs cannot do a car transfer making it difficult for volunteers or even care providers to assist. • Some bed-bound individuals who need door-through-door assistance. • Need gurney transportation resources – do not really have such services that individuals (family members or care providers) can call in Riverside County. 	<ul style="list-style-type: none"> • Must ensure that client needs are met first, in any sort of coordinated service model – concerns about how to ensure own client trip needs will be met in any sort of collaborative trip-providing model. <ul style="list-style-type: none"> • Interjurisdictional – where trips have to cross city boundaries or go between regions, e.g. Coachella Valley into Riverside; Blythe into Riverside. • Assistance levels not readily provided by the system for those who are most frail. • Income an issue for some seniors which limits their mobility. • Accessible pathways and physical barriers to accessibility continue to be issues in some public spaces – need continued attention to “path of travel” issues. 	<ul style="list-style-type: none"> • Collaborative opportunities around driver training and vehicle maintenance could help the agency. • Joint purchasing of fuel <ul style="list-style-type: none"> • Projects that assist most frail in making their transportation arrangements. • Mobility manager/ case managers/ transportation case managers for individuals to connect with available transportation. • Door-through-door and high levels of assisted transportation. • Free transportation for seniors on main line services • Driver training assistance could be offered to the public operators to assist them in being more sensitive to their frail elderly riders.

**Riverside County Transportation Commission
Public Transit – Human Services Transportation Coordination Plan
Summary of Public Outreach Efforts**

Public Workshops

- “Roadmap for Coordinated Transportation Innovations” – Morongo Casino Resort, May 17, 2007

Committee Presentations

- Social Services Transportation Advisory Committee Meeting, August 21, 2007
- Riverside County Transit Operators Meeting, August 22, 2007
- Technical Advisory Committee Meetings, September, October 30, 2007, November 29, 2007

Stakeholder Roundtables

- Good Samaritans’ Coachella Valley Transportation Round Table – Palm Desert, July 19, 2007 @8:30 AM
- Inland Valley Regional Center, Vendor Roundtable, Monday, September 24, 2007
- CalWorks/GAIN, County of Riverside, Department of Public Social Services, GAIN Coordinator Roundtable, Banning, Thursday, October 4, 2007, @10:00 AM

Project Development Meetings

- City of Corona – City Hall, Public Works Department, Large Conference Room, Monday, October 22, 2007 9:30 AM
- Coachella Valley Association of Governments (CVAG), Room 115, Tuesday, October 23, 2007 9:30 AM

Consumer Telephone Interviews and Meetings

- Telephone Interviews with TRIP program participants
- Blindness Support Services, Consumer Meeting, Friday, October 12, 2007, 10:00 AM

On-Site Interviews – By Region

Western Riverside – Corona/Norco

- Peppermint Ridge, Tracy Mauser, Friday, September 21, 2007
- Corona Senior Center, Leona Sparks, Corona, Monday, September 10, 2007 @ 11:00 AM
- City of Corona, Public Works Department, Marie Sole Aranquiz, Corona, Monday, September 10, 2007 @1:00 PM

Western Riverside – Riverside

- St Patrick's Church, Betty, Moreno Valley, Thursday, August 16 @ 10:00 AM
- Inland Valley Regional Center, Tiki Thompson, San Bernardino, Friday, August 24 @ 10:00 AM
- First 5 Riverside, Michelle Burroughs, Riverside, August 7, 2007 @ 9:00 AM
- Partnership to Preserve Independent Living, Richard Smith, Riverside, August 7, 2007 @ 11:00 am.
- Riverside Transit Agency (RTA), Riverside, Monday, October 1, 2007 @ 2:00 PM

Western Riverside – Central

- Department of Public Health, Sarah Mack, Riverside, Friday, August 24 @ 3:00 PM
- Express Transportation Systems, Mesfin Shawel, Riverside, Friday, August 24 @ 12:00 PM
- Inland Valley AIDS Project, D. Joy Gould, Riverside, Wednesday, August 29 @ 9:30 AM
- California Family Life Center and (Care A Van), Mary Jo Ramirez, Hemet, Friday, August 31, 2007 @ 10:00 AM
- County of Riverside, Department of Mental Health, Cynthia Read, Hemet, Friday, August 31 @ 1:00 PM

Western Riverside – South

- Department of Public Social Services, David Terrell, Riverside, Monday, September 10 @ 9:30
- Department of Behavioral Health, Jeff Pryor, Riverside, Friday, August 24 @ 1:30 PM
- Riverside/San Bernardino County Indian Health, Patty Garcia, Temecula, Thursday, September 27, 2007 @ 9:00 AM (Telephone Interview)
- Home Instead Senior Care, Sheryl Zitek, Temecula, Tuesday, September 25, 2007 @ 9:00 AM

Western Riverside – Pass

- Banning Senior Center, Heidi Meraz, Banning, Thursday, July 26, 2007 @ 1:00 PM
- Banning Family Health Center, Gina Ortega, Wednesday, September 26, 2007 (Telephone Interview)

Coachella Valley

- Boys and Girls Club of Desert Hot Springs, Adam Sanchez, Thursday July 19, 2007 @ 11:30 AM
- Foundation for the Retarded of the Desert, Richard Balocco, Palm Desert, Thursday July 26, 2007 @ 9:00 AM
- Stroke Recovery Center, Beverly Greer, Palm Springs, Monday August 6, 2007 @ 11:00 AM

- Home Instead Senior Care, Renee Martinez, Palm Desert, Thursday, July 26, 2007 @ 11:00 AM
- Coachella Valley Rescue Mission, Sue Meyers, Coachella Valley, Wednesday, August 8, 2007 @ 11:30 AM (Telephone Interview)
- Cal Works/GAIN Program, Elizabeth Hawkins, Indio, Tuesday, July 31, 2007 @ 11:15 AM
- Coachella Taxicab Owners Association, Sergio Santos, Palm Springs, Tuesday, July 31, 2007 @ 1:00 PM

Palo Verde

- Department of Mental Health, John Hermanson, Blythe, Wednesday, August 1, 2007 @ 11:00 AM
- Palo Verde Transit , K. George Colangeli, Wednesday August 1 @ 1:00 PM



Riverside County Transportation Commission

**Public Transit-Human Services Transportation Coordination Plan
Consumer Telephone Survey**

1. What type of trips do you currently make both in and outside of your community? (e.g., routine medical appointments, training or education, shopping, church, etc.)

2. What type of trip do you make most often? (e.g. medical, training, shopping, etc.)

3. What mode(s) of transportation (medical van, public Dial-a-Ride service, family private auto, etc.) do you use to make these trips?

4. What experiences have you had both good and bad, while making these trips?

5. What ideas do you have to improve transportation to better meet your current trip needs?

**Riverside County Transportation Commission
Public Transit – Human Services Transportation Coordination Plan
TRIP Program Interview Summaries**

1. Enedina Caballero: September 27, 2007 at 12:30

Enedina Caballero is a 76-year-old woman, who currently resides in Blythe. Enedina Caballero stated that she did not use public transportation because she just had knee surgery and therefore is unable to walk around a lot. She usually gets rides from her daughter, but has to work around her daughter's busy schedule. This is an inconvenience to her at times because she has to wait to make her errands and it not able to get out of the house as much as she would like. When Mrs. Caballero was asked if there was anyway that transportation could be improved to better meet her needs, she stated that having a form of transportation that could pick her up from the house and maybe help her get around in the store and at doctor's appointments would be much more convenient for her.

2. Angie Gibson: September 27, 2007 at 12:50

Angie Gibson is a 66-year old woman, who is lives in Blythe. Mrs. Gibson stated that she mostly receives rides from private care service providers and from family and friends. She said the problem with this method is that the care service providers only come to her house on certain days and the amount of hours that she has with them is limited. And her family and friends have jobs, so sometimes they are not able to take her on her daily errands. When Mrs. Gibson was asked about other forms of public transportation such as the bus and dial-a-ride, her response was that the dial-a-ride in her community requires her to fill out too much paperwork before using their services, which is a big inconvenience to her. She said that she is not able to walk very far by herself; therefore, walking to a bus stop is out of the question for her. She recommends that public transportation services be easier to access and could possibly help her to get around.

3. Patricia Donahue: September 27, 2007 at 1:05

Do not use public transportation declined to participate in interview process.

4. Susie Madison (Indio): September 27, 2007 @ 1:10

The telephone contact number provided for Susie Madison was no longer in service.

5. Margaret Mann: September 27, 2007 @1:12

Margaret Mann is an 84-year-old woman from Palm Desert, who is currently living alone. She suffers from osteoporosis and arthritis. She stated that most of her errands consist of going to the dentist, the hairdresser, grocery shopping, and the doctor's office. She said she also liked to get out and go shopping but her transportation limitations do not allow her to do this as much as she would like to. Most of the errands that she runs are usually in the morning. She stated that she goes to the grocery store at least once a week. Mrs. Mann is currently using Sunline as a means of transportation. When asked how she felt about using the Sunline service overall, Mrs. Mann expressed mixed feelings. She stated that the last time she called them, she waited for the driver for 2 hours, but they never came, so she missed her doctor's appointment. She also said that when she uses them to go to her doctor's appointments, she is usually dropped off at

7:30am and is not picked up until 5:30pm, because Sunline has other people to pick up. Not only is the tremendous wait time an inconvenience for her but she said that it is really scary to be somewhere all alone and not know for sure if your ride is going to come and pick you up or not. When Mrs. Mann does not use the Sunline service, she gets her daughter to take her places. But she said she feels bad asking her daughter for rides because she knows that she is busy with her own family and work, and feels like she is just an extra burden for her. Mrs. Mann stated that some of the improvements that could be made in her county are to provide paid rides to and from the doctor's office, similar to the ones that she received when she lives in San Diego. She said that these rides should also be provided to and from the grocery store, although she cannot shop by herself. She felt that gains in the transportation system would help her to gain some of her independence back.

6. Simon Burton (Temecula): September 27, 2007

No response via telephone.

7. Louise Lewis: September 27, 2007 @ 2:15

Louise Lewis is an 86-year-old woman, living in Riverside. Mrs. Lewis stated that she was not able to use any form of public transportation because she was recently diagnosed with congestive heart failure, and was not given that long to live. She stated that her nurses and caretakers come to her.

8. Barbara Marshall: September 27, 2007 @ 2:20

Declined to participate in interview process.

9. Curtis Miller (Anza): September 27, 2007 @ 2:25 (no answer)

10. Elise Schoonmaker: September 27, 2007 @ 2:30

Elisa Schoonmaker is a 95-year-old woman currently residing in Sun City. She stated that she uses Dial-a-ride to make her errands such as: dentist appointments and the market. She said that she uses dial-a-ride to go to the grocery store once a week and twice a week just to get out of the house. Most of her errands are ran in the morning because she stated that dial-a-ride take a long time to pick her back up once they have dropped her off, and she doesn't like to be out late, therefore she is forced to make all her errands early in the morning. She said the long wait times are hard for her because she is very old. Mrs. Schoonmaker didn't state any specific ideas to improve the current transportation system, but did state that any improvement at this point would be good.

11. Betty Sprouse (Murrieta): September 27, 2007 @ 3:00 (no answer)

Declined participation in interview process.

12. Geneva Tice (Palm Springs): October 1, 2007 @12:15

Geneva Tice is a 79-year-old woman residing in Palm Springs. She currently lives alone. She uses transportation to make daily errands that consist of her routine doctor appointments and grocery store visits. These errands are mostly made in the morning. Mrs. Tice stated that she uses transportation service such as TRIP and a transportation program provided through her local church. The TRIP program reimburses the volunteer driver according to the mileage. It is up to the person receiving the ride to keep a log of the miles driven, they must then submit that

to TRIP, who then reimburses the driver. Mrs. Tice said that she liked this program because people are much more willing to give her rides when they know that they will be getting paid to do so. When the Trip driver is unavailable to her, she then uses the transportation program through her church, which she has to pay for. She must purchase a book of tickets (each book contains 14 tickets) for ten dollars. Each ride is worth one ticket regardless of the distance traveled.

Mrs. Tice seemed to be very pleased with her current forms of transportation and had no suggestions on how to improve it, besides the idea that the Trip program used more largely utilized.

Appendix I

Riverside County Transportation Commission Public Transit – Human Services Transportation Coordination Plan for Riverside County

Stakeholder Interview Guide

1. What is the role of transportation relative to the overall responsibilities of the agency/organization?
2. Whether the organization (or agency) operates transportation, and/or is aware of other public or private transportation programs and options;
3. What are the direct or indirect experiences with individuals and/or families in making trips (work, school, medical, other)? Is there a lack of transportation for them? What might be perceived impacts to the organization (Specifying individual or situational experiences with clients/consumers)?
4. What are the organization's opinions about possible barriers to the coordination of transportation services for clients and/or consumers?
5. What types of transportation needs are unmet and/or which areas are underserved for your target population(s)?
6. Any recommendations on how to improve access to transportation services (and/or increase the availability of transportation services) in the community?
7. Any interest in participating in potential coordination projects? What are some of the potential project ideas and agency priorities or viewpoints? (exploratory discussion).
8. Other ideas or issues from the participants?

