



CONTRA COSTA  
transportation  
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FINAL

# Contra Costa Accessible Transportation Strategic Plan



March 2021



## ACKNOWLEDGEMENTS

The Contra Costa Accessible Transportation Strategic Plan was funded by a Caltrans Sustainable Transportation Planning Grant.

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# 1 INTRODUCTION

## Study Background

This Accessible Transportation Strategic (ATS) Plan was born from the 2017 Contra Costa Countywide Transportation Plan (CTP). The CTP identified a need to address the challenges associated with: (1) different types of accessible transportation services for older adults and people with disabilities; (2) multiple transportation providers including cities, transit operators, social services agencies, and non-profit organizations; and (3) diverse, and sometimes overlapping, service areas.

The ATS Plan is also intended to address the unfulfilled recommendations of three previous studies which were similar in scope. While the 2016 and 2020 Transportation Expenditure Plans (TEP) failed in accessing sales tax measure funds, they did further set expectations for the Plan to ultimately "implement a customer-focused, user-friendly, seamless coordinated system".

Finally, the ATS Plan helps fulfill a requirement by the Metropolitan Transportation Commission (MTC) in its Resolution 4321, that County Transportation Agencies (CTA)/Congestion Management Agencies (CMA) must meet the following mobility management requirement:

"Each county must establish or enhance mobility management programs to help provide equitable and effective access to transportation." Mobility management in this context refers to a centralized point of contact that facilitates ease of use of a variety of transportation modes by people with disabilities, veterans, and older adults.

MTC uses the following to define mobility management activities:

The nine-county Bay Area Region's [Coordinated Public Transit-Human Services Transportation Plan](#) directs counties to develop mobility management programs with three key components:

- 1) Countywide travel training,
- 2) In-person ADA paratransit certification, and
- 3) Coordination of information and referrals (I&R) through the provision of a mobility manager.

Mobility management can be led by CMAs, transit operators or other agencies including non-governmental organizations.

The following considerations apply when implementing mobility management programs:



- Current performance of mobility management functions and relevance of activities to current coordination objectives;
- Scale of geography covered within the county;
- Extent to which the process involves multiple stakeholder agencies who are aiming to improve mobility and transportation coordination for transportation-disadvantaged populations;
- The county's existing and potential capacity for carrying out mobility management functions;
- Institutional relationships and support, both financial and in-kind, including evidence of coordination efforts with other public and private transportation and human services providers.

Successful implementation of the ATS Plan hinges on several factors:

- **Leadership.** Due to responsibilities in this area being diffused over numerous agencies and differing service areas, strong and persistent leadership at the elected official, staff, and agency levels are necessary for success. A study cited during the ATS planning process describes a critical barrier to success as, "*Politics, Politics, Politics*". Contra Costa will need strong leadership to combat the effects of this.
- **Funding.** Additional funding will be necessary to implement any of the recommendations. One-time funding through grants and other sources can typically be found for capital purchases and other discrete expenses. However, there is a significant need for ongoing funding to support operations. With the failures of 2016 and 2020 transportation sales tax efforts, the existing opportunities for additional revenue from Measure J is limited.
- **Collaboration.** Given the broad range of mobility needs and the strategies intended to satisfy those needs, stakeholders will need to ensure a high level of collaboration in their efforts to prioritize strategies for implementation.
- **Engagement.** Inclusive and equitable public engagement was a key focus of this study effort. This includes input from organizations, key stakeholders, and the broader Contra Costa community. The study process was assisted and overseen by a Technical Advisory Committee and a Policy Advisory Committee. In March 2020, due to the COVID-19 outbreak, the project team reconfigured the outreach plan to go "virtual" to allow people to participate safely.

## Study Context

Contra Costa County is a relatively large county in terms of population (1,160,000 in 2020 – third most populous in the Bay Area) and area (804 square miles). The County contains 17 cities, two towns, and a number of census-designated places and unincorporated areas, which include urban, suburban, and rural development patterns.

The Contra Costa Transportation Authority (CCTA) is a local transportation authority enabled under the California Public Utilities Code for the purpose of administering a transportation sales tax, Measure J (2004), which continues work begun under Measure C





(1988). CCTA also serves as the Contra Costa County Congestion Management Agency. CCTA prepares a Measure J Strategic Plan approximately every two years and coordinates with cities, the County, transit districts, other special districts, and/or Caltrans to implement transportation projects. For planning purposes, the County is divided into four distinct CCTA planning sub-regions (west, east, central, southwest) each with its own Regional Transportation Planning Committee. The four committees and areas are:

- **SWAT (Southwest Area Transportation Committee)** in southwest Contra Costa County – cities of Lafayette, Orinda, and San Ramon; the towns of Danville and Moraga; and the unincorporated area of Southwest Contra Costa County;
- **WCCTAC (West Contra Costa Transportation Advisory Committee)** in West Contra Costa County – cities of El Cerrito, Hercules, Pinole, Richmond, San Pablo; and the unincorporated areas of West Contra Costa County;
- **TRANSPAC (Transportation Partnership and Cooperation)** in central Contra Costa County – cities of Clayton, Concord, Martinez, Pleasant Hill, Walnut Creek and the unincorporated area of Central Contra Costa County;
- **TRANSPLAN in Eastern Contra Costa County** – in east Contra Costa County - cities of Antioch, Brentwood, Oakley and Pittsburg, and the unincorporated areas of East Contra Costa County.

In many jurisdictions, services are siloed between transit agencies, social service agencies, cities, and non-profit organizations. In terms of fixed-route transit, the county is served by AC Transit, BART, County Connection, Tri Delta Transit, and WestCAT. Programs offered by other organizations abound, including three adjacent city-operated paratransit programs in West County, the Lamorinda Spirit Van, Walnut Creek's Lyft Pilot Program. Seniors and people with disabilities face significant challenges navigating a disparate transportation system. In addition, the proportion of seniors in the population is growing significantly leading to an increase in demand for ADA paratransit services and a continuing magnification of related transportation challenges including the need for greater transportation resources. The growing challenges facing seniors, people with disabilities, and eligible veterans in accessing needed transportation have been integrated in the recommended strategies of this report.

CCTA and the County have demonstrated a strong commitment to meeting these challenges. Different partners within the County have completed previous paratransit-related studies in 1990, 2004, and 2013. Funding for transportation for seniors and disabilities is allocated in Measure J (and had either Measure X (2016) or Measure J (2020) passed, more funding would be available).

CCTA and the County applied for the Caltrans Sustainable Communities Transportation Planning grant and agreed it would be managed by the CCTA with assistance from the Contra Costa County Department of Conservation and Development. As part of the preparation for the project, CCTA and the County met with each transit agency to ensure they were supportive of the study, consulted with CCTA's Bus Transit Coordinating Committee, and had each transit agency review and comment on the Scope of Work before the study was initiated.



As noted, previous paratransit-related studies have been completed. Four that stand out are the 1990 Contra Costa County Paratransit Plan, the 2004 Contra Costa County Paratransit Improvement Study, the 2013 Contra Costa County Mobility Management Plan, and the 2018 West Contra Costa Transportation Advisory Committee (WCCTAC) Transportation Needs Assessment. While many of the strategies recommended in those plans are considered to be best practices in other locations, a significant proportion have not been implemented in the County. There are a variety of reasons for the failure to implement these previous studies, such as lack of political support, structural issues related to the existence of multiple agencies involved in service delivery, and the lack of funding. A primary factor in CCTA's design and development of this study was to uncover and address these previous barriers to ensure that recommendations from this study do not meet the same fate.

As part of this study process, the consultants and County staff identified the reasons for failure to implement earlier recommendations and sought to either recommend ways of avoiding similar problems or documenting the reasons why these should not be considered for future implementation. **It should be noted that the process incorporated into the present study is far more collaborative and engaging than was the case in previous studies. It is therefore anticipated that the recommended strategies will have greater community and agency support than previous efforts, and therefore have a greater likelihood of implementation.**

The study's three primary goals were to:

- Evaluate the existing services and provide corresponding recommendations for improvements;
- Identify alternative models for service delivery, present those alternatives to stakeholders, and select a final preferred model;
- Develop a detailed implementation plan for that model.

Any study related to transportation for seniors and people with disabilities is not complete without addressing issues of funding and demand. CCTA and the County recognize that current funding for these areas is limited and/or stagnant. Grants for planning (e.g. Caltrans) and mobility management pilots may be obtained (e.g. FTA 5310) but jurisdictions must still establish sustainable funding for ongoing operations. Significant portions of current funding, such as for ADA-mandated paratransit programs, are restricted on how and to whom they can provide service. Regulatory concerns also affect transportation to and from healthcare, and inter-jurisdictional travel. Although some organizations and jurisdictions have proposed legislative fixes to these issues, it is challenging to change State or Federal law.

Nationwide, ADA-mandated paratransit costs per trip continue to rise significantly. Programs viewed as "silver bullets" have proven failures in the long-term in administration and meeting their cost-cutting objectives. Numerous instances exist in which suppressed demand has been viewed as the most effective way of sustaining the financial future of transportation services to seniors and people with disabilities. While improvements and increases to service enhance the quality of life for these populations, they generally do not reduce overall costs.



In contrast to the approaches described above, County agencies view the ATS Plan as an opportunity to consider systemic changes to transportation service delivery to seniors and people with disabilities. The County’s objective in this study is to examine how things have always been done and implement a truly rider-focused and equitable program that will be sustainable in the long-term. **This approach would bring the users of accessible transportation into a more equitable position relative to other users of the transportation system, that benefit from regular improvements and expansions to services and infrastructure.**

## Study Oversight Structure

This Accessible Transportation Strategic (ATS) Plan effort was a partnership between CCTA and the County, funded by a Caltrans Sustainable Communities Transportation Planning Grant. CCTA issued a Request for Proposals and selected Nelson\Nygaard Consulting to complete the Plan. The process of developing the plan was originally intended to involve multiple oversight committees. The project team eventually defined and set up a Technical Advisory Committee and a Policy Advisory Committee.

### Technical Advisory Committee (TAC)

The role of the TAC was to provide subject matter expertise and public policy implications on service concepts under review by the study team (a “reality check”). The TAC first met in November 2019 and continued meeting approximately monthly throughout the Study.

Figure 1-1 TAC Appointments

Organization	Name
AC Transit/BART/East Bay Paratransit	Kim Ridgeway
County Connection	Rashida Kamara
Tri Delta Transit	Deanna Perry
WestCAT	Rob Thompson
SWAT/City of San Ramon	Becky Adams
SWAT/City of Lafayette	Mary Bruns
TRANSPAC/City of Walnut Creek	Kathryn Reisinger
TRANSPLAN/City of Pittsburg	Nat Phan
WCCTAC	Joanna Pallock
Contra Costa Health Plan	Mendaline (Monica) Singh (replaced by Suzanne Tsang)
Contra Costa County Health Services	Vi Ibarra
Contra Costa County Office of the Sheriff Emergency Operations	Zack Adinoff, Marcelle Indelicato
Veterans Affairs	Derrick Shelton



Organization	Name
Caltrans	Jacob Buffenbarger
Metropolitan Transportation Commission	Drennen Shelton
NGO/Advocate Choice in Aging	Lisa Hammon
NGO/Advocate / Mobility Matters	Elaine Welch
NGO/Advocate	Marjorie McWee

## Policy Advisory Committee (PAC)

The role of the PAC was to provide input on addressing policy barriers, communicate with stakeholders about the Study, liaise with elected or appointed Boards, and to review and prioritize recommended strategies. The PAC first met in August 2020 and was originally slated to meet twice more. It quickly became evident that given the online format and the complicated nature of the County's transportation challenges, the PAC should meet more frequently. The PAC has met approximately monthly since October 2020.

Figure 1-2 PAC Appointments

Appointment	Name
BART	Debora Allen
AC Transit	Mike Hursh
County Connection	Rick Ramacier
Tri Delta Transit	Jeanne Krieg
WestCAT	Charlie Anderson
Contra Costa Board of Supervisors, District 2	Candace Andersen
CCTA Board	Teresa Geringer
CCTA Board	Dave Hudson
Contra Costa Health Services	Josh Sullivan
NGO/Advocate / Choice in Aging	Debbie Toth
NGO/Advocate / CoCo County Ombudsman ED	Nicole Howell
NGO/Advocate / Disabilities Council	Ian Bremner

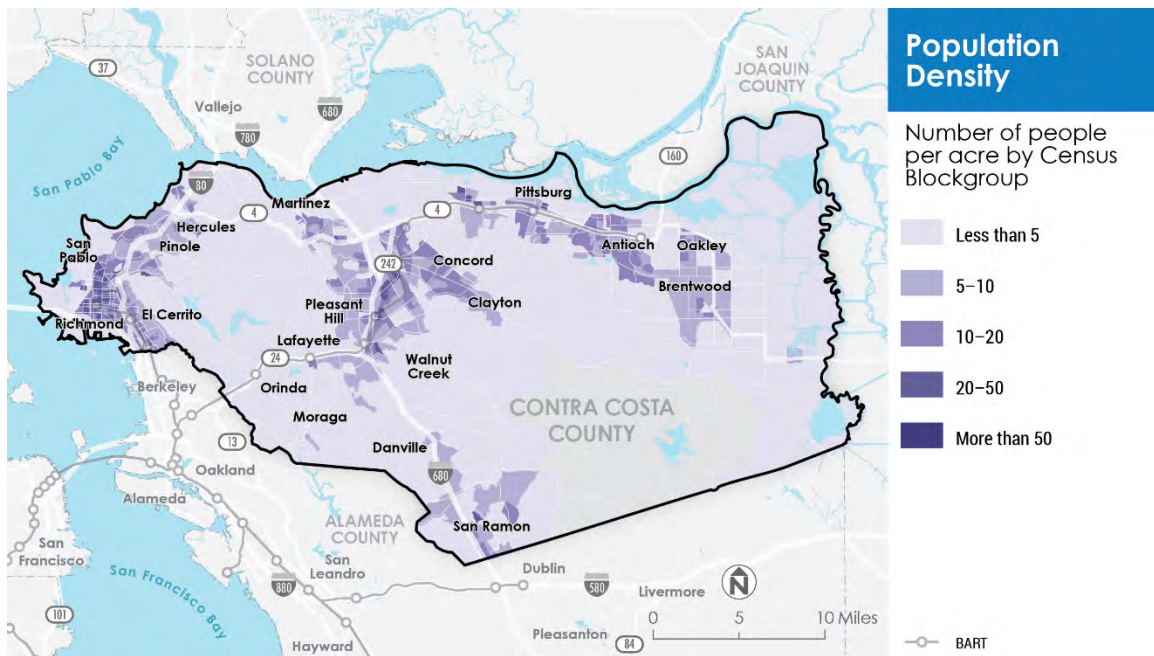


# 2 EXISTING CONDITIONS

## DEMOGRAPHICS

Contra Costa County is the third most populous county in the Bay Area, with a population of 1,160,000 in 2020. The County contains 17 cities, two towns, and a number of census-designated places and unincorporated areas. Cities range from those containing densely populated pockets like Richmond and Concord, to semi-rural and rural communities like Brentwood and Clayton.

Figure 2-1 Population Density



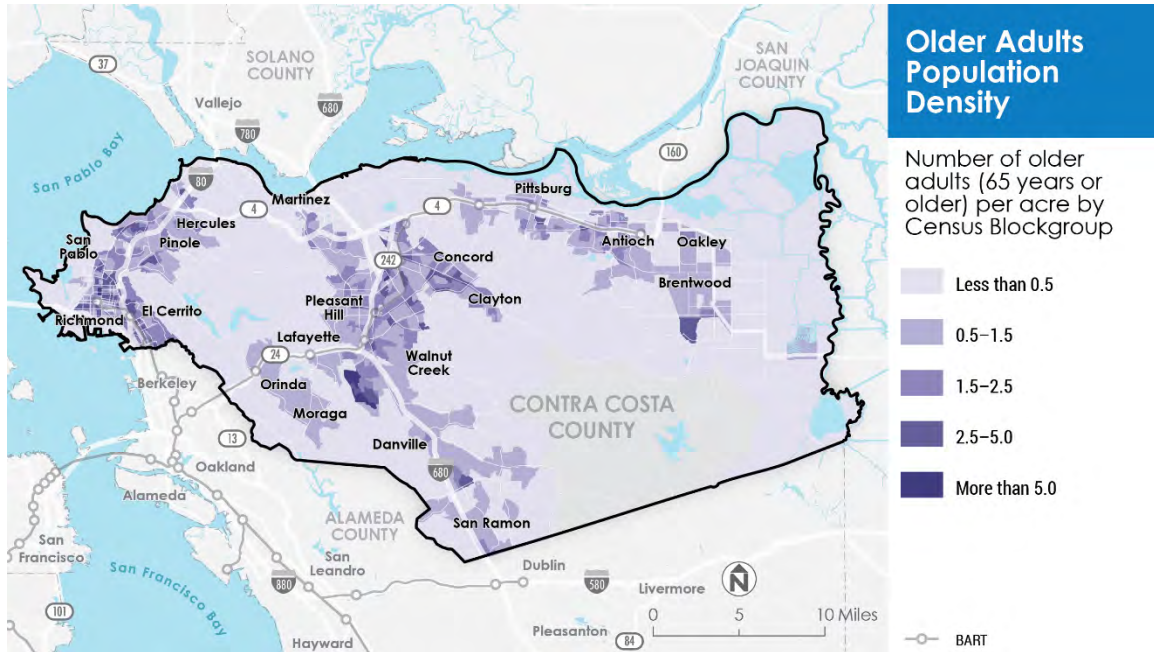
Most subgroups of the population (e.g., older adults) follow this same general pattern, at least in terms of geographic spread.

Fifteen percent of the population is over 65, and 7.5% is under age 65 with a disability.



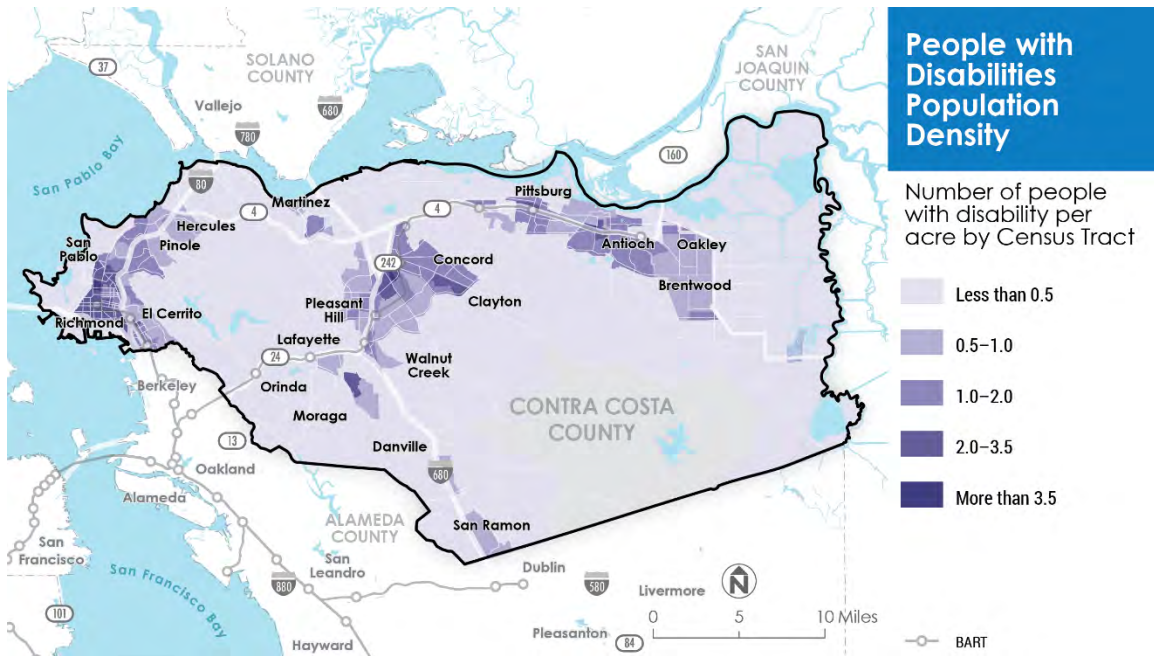


Figure 2-2 Population Density of Older Adults



The population density map of the County above shows three areas with a higher density of older adults: Rossmoor (between Moraga and Walnut Creek), Crow Canyon (north of San Ramon), and the area south of Brentwood.

Figure 2-3 Population Density of People with Disabilities



The density map for people with disabilities shows similar geographic spread to the general population, except one concentrated area in Rossmoor.



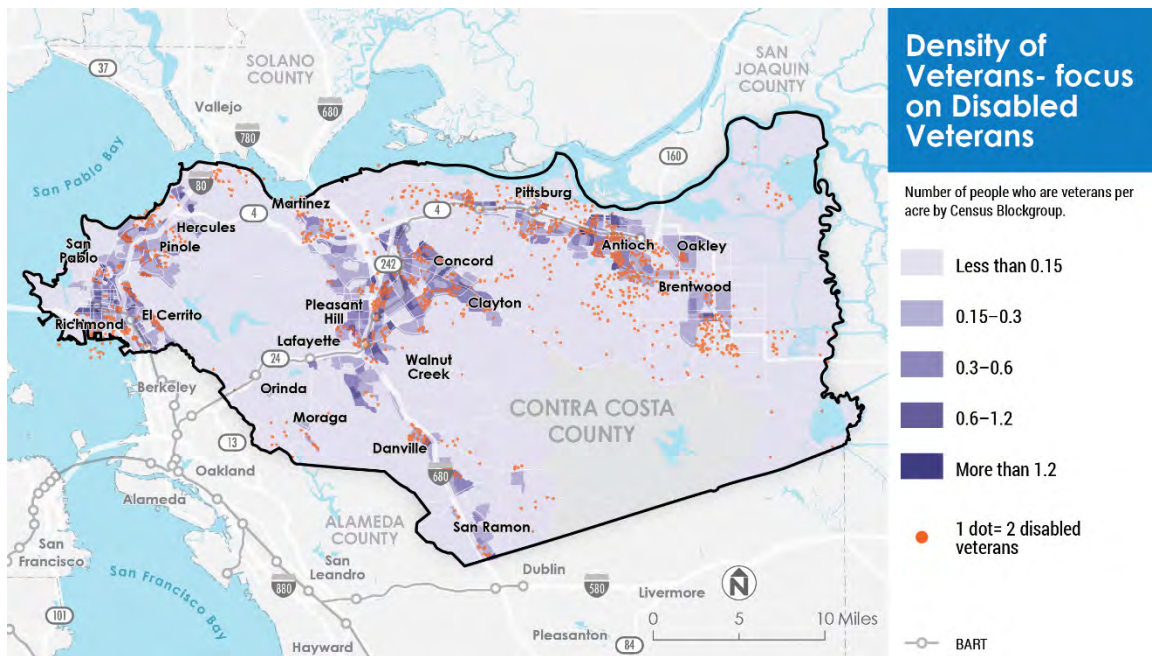
Figure 2-4 Distribution of Type of Disabilities in Contra Costa County

Type of Disability	Number of People	Percentage out of total population
Independent Living Difficulty	46,761	5.3%
Ambulatory Difficulty	55,816	5.1%
Cognitive Difficulty	48,084	4.4%
Hearing Difficulty	32,975	2.9%
Self-care Difficulty	24,614	2.3%
Vision Difficulty	18,996	1.7%

Note: Respondents could choose more than one category.

These patterns are consistent with findings in similar studies.

Figure 2-5 Population Density of Veterans with Disabled Veterans



This study is also examining veterans with transportation challenges due to disabling conditions. A population density map of veterans generally aligns with the general population. However, overlaying disabled veterans shows a concerning number of individuals in very rural or remote parts of the County, who likely have difficulty accessing services if they need assistance with transportation. Specific areas of concern include south of Moraga, the area near Port Chicago, and most of East County.



## EQUITY CONSIDERATIONS

Although this study is focused on older adults, people with disabilities, and veterans with mobility issues, it would be unwise to ignore the acutely intersectional nature of these issues with income and race/ethnicity.

Median household income in the County is \$88,000 but 9.1% of the population lives in poverty. People with low income are less likely to own or have access to a personal vehicle, they also have less resources to utilize new potentially convenient services such as Lyft/Uber. Persons with disabilities are also much more likely to be living in poverty.

Figure 2-6 Median Household Income with Low Income Population

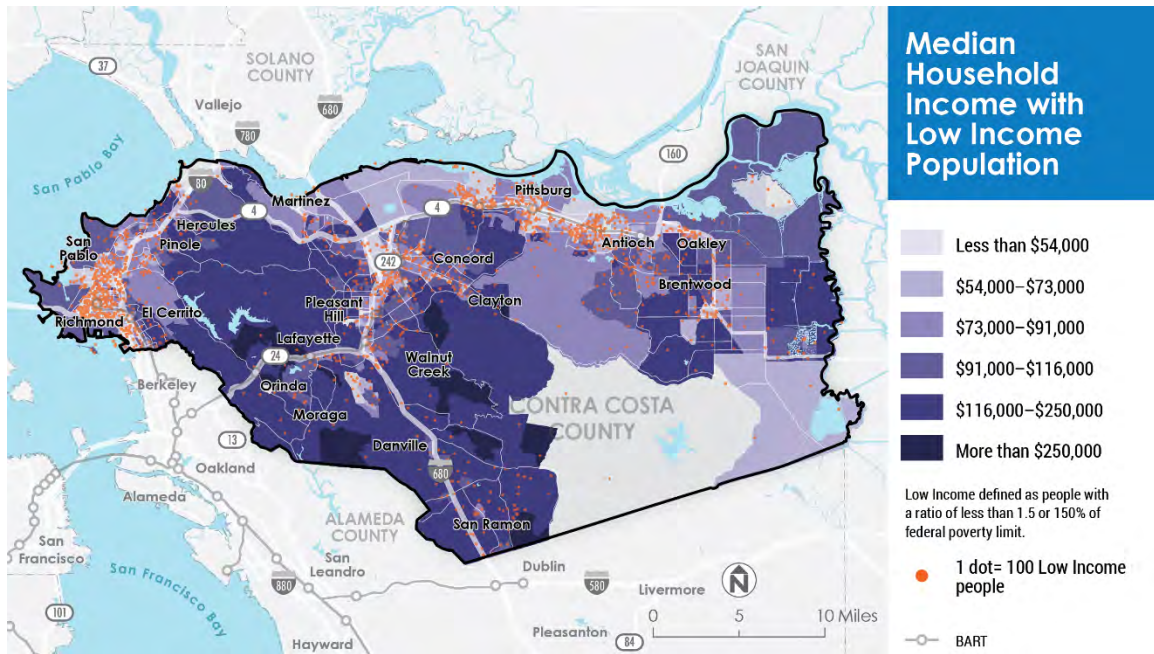


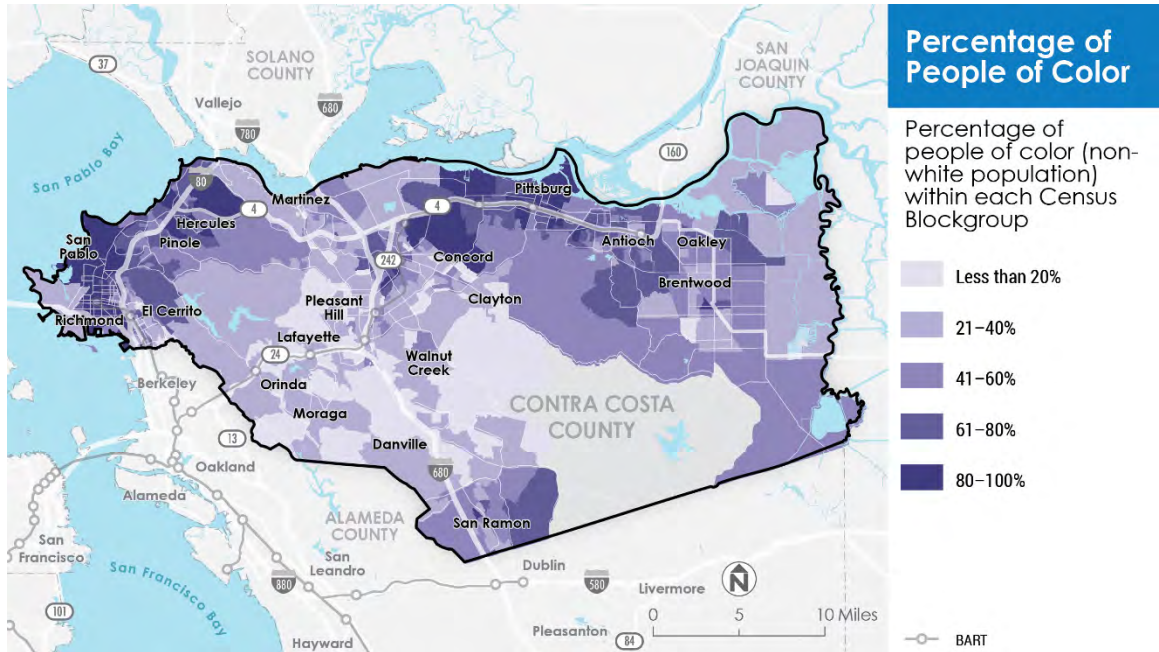
Figure 2-6 shows concentrations of people with low income in West County, Concord, and northern portions of the County near Pittsburg and Antioch.

Contra Costa County is diverse. According to the US Census Bureau, over 25% of the population is Hispanic or Latino, 9.5% African American, and 18% Asian or Pacific Islander.





Figure 2-7 Distribution of People of Color



This map shows high proportions of people of color in West County, Concord, and near Pittsburg, similar to the distribution of low income persons. People of color sometimes do not access public services at the same rate as white individuals and may need more culturally relevant engagement efforts.

Figure 2-8 Race and Ethnicity in Contra Costa County

Race	Population	Percentage out of total population
White	600,481	52.1%
Asian	205,366	17.8%
Some other race	162,355	14.1%
Black or African American	101,590	8.8%
Two or more races	73,246	6.3%
American Indian and Alaska Native	5,863	0.5%
Native Hawaiian and Other Pacific Islander	4,625	0.4%
Ethnicity	Population	Percentage out of total population
Hispanic or Latino	300,420	26.0%

Note: The selection of Hispanic or Latino is in addition to a selected Race.



Contra Costa Health Services reports that 32% of residents speak a language other than English at home. Fifty-two percent (52%) of those speak Spanish and 26% speak an Asian or Pacific Islander language. Like people of color, people with limited English proficiency may need more culturally relevant engagement and in the appropriate language.

Figure 2-9 Population Density of People with Limited English Proficiency



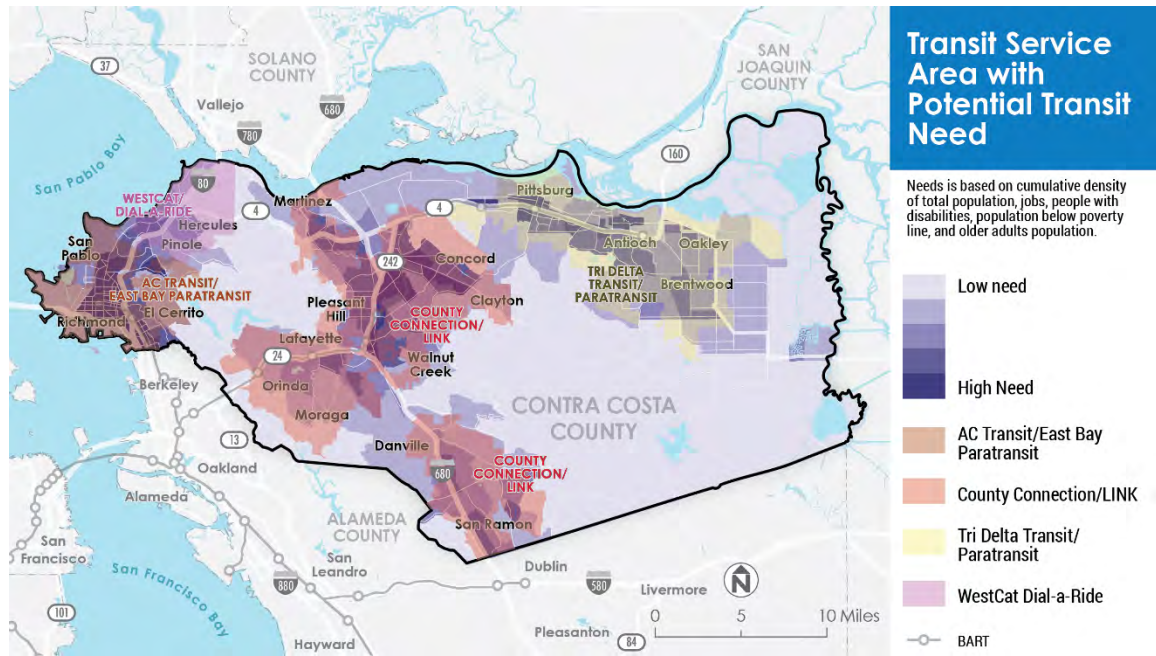
Figure 2-10 Languages spoken by Limited English-speaking Households in Contra Costa County

Households speaking	Limited English-speaking Households	Percentage out of all limited English-speaking Households
Spanish	9,758	46.3%
Asian and Pacific Island languages	7,822	37.1%
Other Indo-European languages	3,320	15.8%
Other languages	173	0.8%



Potential transit need can be estimated by looking at population density, the location of jobs, and where older adults, people with disabilities and lower income persons live. An overlay of these factors with existing transit service shows potential gaps. There appears to be a patchwork of gaps of medium to high need in West County and in Central County in the areas of Concord and Pleasant Hill. There is lower need but larger areas of gap in northern portions of the County, East County, and Southwest County.

Figure 2-11 Transit Service Area with Potential Transit Need





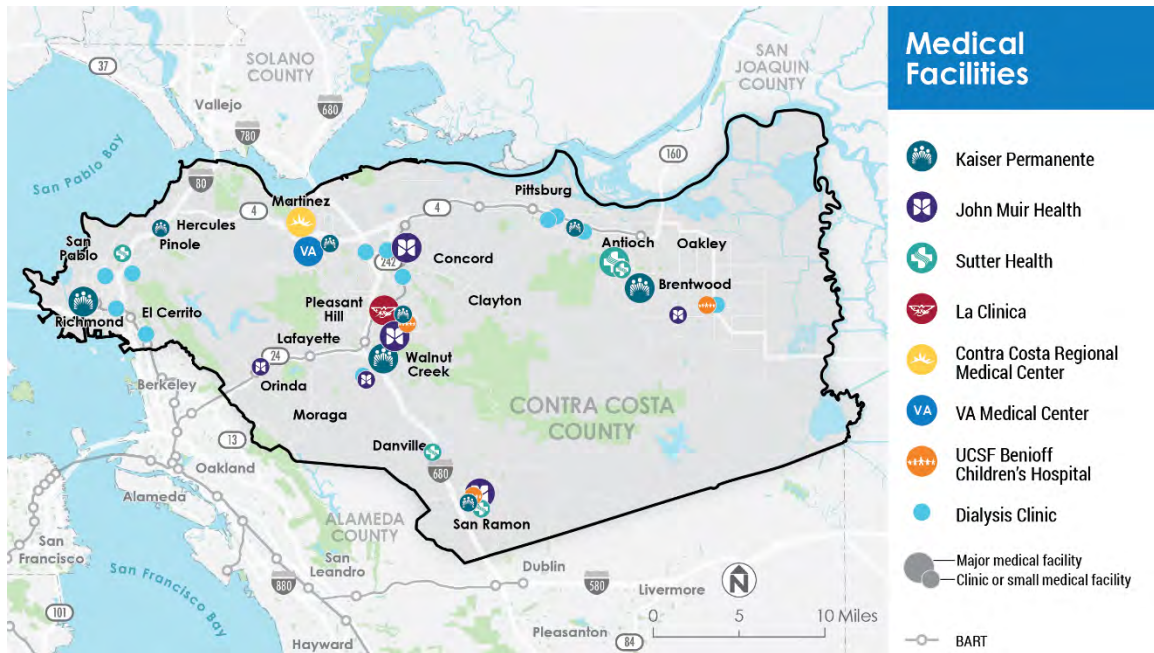


## ACCESS TO MEDICAL FACILITIES

Access to medical facilities is a critical issue in Contra Costa County. Previous studies, discussions with stakeholders, and all of the outreach activities emphasized the importance of getting to medical appointments.

A prior study in West County discussed the 2015 closure of Doctors Medical Center in Pinole, which was the emergency room used most in West County. At this time the only major medical facility in West County is a Kaiser Hospital in Richmond. This is a concern as West County is one of the most densely populated areas of the County. Most medical facilities appear to be clustered in the center of the County between Pleasant Hill and Walnut Creek. Two facilities that are needed by residents throughout the County are the Contra Costa County Medical Center and the VA Medical Center, both in Martinez.

Figure 2-12 Medical Facilities





## TRANSIT FUNDING SUMMARY

Transportation services are almost always funded with a combination of funding sources and most include some public funds, including programs available through the federal government and funding available from local and regional municipalities or regional authorities. In Contra Costa County, there are five major categories of funding for public and human service transportation:

1. U.S. Department of Transportation (U.S.DOT) funding administered through the **Federal Transit Administration (FTA)**. This includes (among others) programs targeted for Older Adults and People with Disabilities (Section 5310), Rural Transit Formula Funds (Section 5311) and the Urban Transit Formula Funds (Section 5307., and
2. Federal funding programs outside of the U.S. DOT that can be used for transportation. The largest and most relevant of the non-DOT funding programs are available from the **Department of Health and Human Services (DHHS)**. **DHHS includes the Centers for Medicaid Services, and the Administration on Aging**, both of which are involved in the funding of transportation services. The **Department of Veterans Affairs** also funds transportation services and programs.
3. **California Department of Transportation (Caltrans)** The **California Transportation Development Act** which includes revenues collected from a portion of the state diesel fuel tax, and sales tax. These funds are distributed to local and regional transportation authorities. These funds are available to support public transportation services, including services for older adults and people with disabilities. It should be noted that a number of State funding sources are geared towards reductions in greenhouse gas emissions, for which transportation for seniors and people with disabilities do not usually score well due to large vehicle miles travelled per passenger.
4. Local tax revenues that are dedicated to support transit services. **County Measure J** and regional funding measures and tolls.
5. Private grants and donations (typically not available to public agencies)

Funding options will be addressed in more detail in Chapter 6: Implementation.

### Federal Funding

There are several FTA programs used to fund public transportation services in Contra Costa County. For purposes of this report, three funding programs are among the most relevant:

#### Section 5310: Enhanced Mobility of Seniors & Individuals with Disabilities

This program (49 U.S.C. 5310) provides formula funding to states for the purpose of assisting private nonprofit groups in meeting the transportation needs of older adults and people with disabilities. Formula funds are apportioned to the Metropolitan Transportation Commission (MTC) for distribution to local government authorities, private



non-profit organizations, and/or operators of public transportation. MTC uses a competitive selection process to allocate funding.

The following Contra Costa organizations were selected for funding in the most recent Cycle:

- Choice in Aging
- City of Lafayette: Lamorinda Spirit Van
- Contra Costa Transportation Authority
- Tri Delta Transit
- Golden Rain Foundation Walnut Creek
- Mobility Matters
- The Respite Inn

### Other Federal Transit Funds

- Section 5311: Formula Grants for Rural Areas
- Section 5307: Urbanized Area Formula Grants

### Other Federal Transportation Funding

Several other federal programs fund transportation, the largest of which reside within the **Department of Health and Human Services (DHHS)**. DHHS programs support transportation for non-emergency medical transportation (NEMT) for Medicaid recipients, and transportation programs for older adults managed under the Administration on Aging.<sup>1</sup>

The **Department of Veterans Affairs**, for example, funds transportation services and programs for eligible veterans. These programs tend to fund services directly oriented around veteran customers / veteran-specific needs and are typically administered as block grants to local and regional agencies.<sup>2</sup>

### FHWA Capital Assistance

Capital assistance includes flexed FHWA funding from the Surface Transportation Program and **Congestion Mitigation Air Quality (CMAQ)** funds. CMAQ funds are directed to transportation projects and programs which contribute to the attainment or maintenance of National Ambient Air Quality Standards (NAAQS) in nonattainment or air quality maintenance areas for ozone, carbon monoxide, or particulate matter (PM) under provisions in the Clean Air Act. Due to the region's non-attainment of federal air quality standards, funds are allocated the Region's MPO, MTC, and distributed through a competitive grant process.

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<sup>1</sup> Administration for Community Living. Available at: <https://acl.gov/about-acl/administration-aging>

<sup>2</sup> U.S. Department of Veterans Affairs. Available at: <https://www.va.gov/healthbenefits/vtp/>



## Older Americans Act (OAA)

The Older Americans Act (OAA), originally enacted in 1965, supports a range of home and community-based services, such as meals-on-wheels and other nutrition programs, in-home services, transportation, legal services, elder abuse prevention and caregivers support. These programs help seniors stay as independent as possible in their homes and communities. In addition, OAA services help seniors avoid hospitalization and nursing home care and, as a result, save federal and state funds that otherwise would be spent on such care.<sup>3</sup> These funds are apportioned to the County. The Task Force should engage the appropriate County department and examine opportunities to collaborate.

## State Funding

Transit programs in California are funded by the **Transportation Development Act** which includes revenues collected from a portion of the state diesel fuel tax, and sales taxes. These funds are distributed to local and regional transportation authorities. These funds are available to support public transportation services, including services for older adults and people with disabilities.

The Transportation Development Act of 1971 is allocated through the county's designated regional transportation planning agency (RTPA). The Contra Costa Transportation Authority (CCTA) is the RTPA for Contra Costa County. The Act provides two major sources for funding of public transportation in California. The first, the county **Local Transportation Fund (LTF)**, was established in 1972, while the **State Transit Assistance (STA)** fund was implemented in 1980. The intent of the legislation is to provide a stable source of funding to meet the area's transit needs.

The Transportation Development Act, or TDA, has long been a cornerstone of state transit funding.

## Senate Bill 1 (2017)

Senate Bill 1 (SB 1), the Road Repair and Accountability Act of 2017, provides about \$250 million annually for the State Transit Assistance (STA) Program to help transit agencies fund their capital infrastructure and operational costs. Despite the large number of specific programs earmarked for funding in the legislation (active transportation, university research, parks and agricultural, freight movements, etc.) there were no programs specific to transportation for seniors and persons with disability identified in the bill.

## Senate Bill 1376 (2018)

Senate Bill (SB) 1376: TNC Access for All Act became law in September 2018. SB 1376 empowers the CPUC to establish a program to increase accessibility for persons with disabilities as part of its regulation of TNCs. As part of the implementation of SB 1376, on July 1, 2019, transportation network companies (TNCs) were required to collect a ten

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<sup>3</sup> National Committee to Preserve Social Security and Medicare. Available at:  
<https://www.ncpssm.org/documents/older-americans-policy-papers/older-americans-act/>



cent (\$.10) fee on each TNC trip in California. The funds generated from the fee support the expansion of on-demand transportation for non-folding wheelchair users who require a wheelchair accessible vehicle (WAV). The CPUC is currently conducting a rulemaking process and determining which agencies will be authorized fund administrators. Funds may be distributed on a countywide basis.

## Potential NEMT and NMT Funding for Transit Operators

The rules governing what “cost” is reimbursable under NEMT and NMT has created challenges for transit operators as passenger fares only cover a fraction of the cost of an ADA-mandated paratransit trip. For example, each paratransit trip can cost between \$50 and \$70, while the fare for that trip can be \$4.00 to \$7.00. Since Medi-Cal reimburses for the cost of the fare, and not the trip, transit operators are in effect subsidizing trips for Medi-Cal, at a lower cost than a private operator could charge for the same trip. The California Transit Association (CTA) is pursuing changes to how Medi-Cal reimburses eligible trips. If successful, these changes could create an additional source of revenue for transit providers.

## Older Californians Act

The California Department of Aging (CDA) oversees implementation of the Older Californians Act, which was passed by the state Legislature in order to comply with federal legislation mandating the availability of certain community services to senior citizens. CDA provides services for older adults, adults with disabilities, family caregivers and residents in long-term care facilities. The department is part of the Health and Human Services Agency. CDA coordinates and directs the use of federal funds through local service providers and Area Agencies on Aging to fulfill the requirements of federal and state legislation.<sup>4</sup> Similar to the OAA, these funds are apportioned to the County. The Task Force should engage the appropriate County department and examine opportunities to collaborate.

## Local Funding

In addition to federal, and state sources, some communities use general revenue funding to support transportation services. Communities like the City of Richmond use general revenue funds to support their Senior and Disabled Transportation programs. The largest source of public transportation funding in Contra Costa County is Measure J, which provided \$5,328,755 in FY 19/20 to fund transportation for seniors and people with disabilities.

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<sup>4</sup> CA Dept of Aging. Available at: [http://www.allgov.com/usa/ca/departments/health-and-human-services-agency/department\\_of\\_aging?agencyid=129#:~:text=Overview%3A,Californians%20are%20getting%20oId.&text=It%20oversees%20implementation%20of%20the,community%20services%20to%20senior%20citizens.](http://www.allgov.com/usa/ca/departments/health-and-human-services-agency/department_of_aging?agencyid=129#:~:text=Overview%3A,Californians%20are%20getting%20oId.&text=It%20oversees%20implementation%20of%20the,community%20services%20to%20senior%20citizens.)





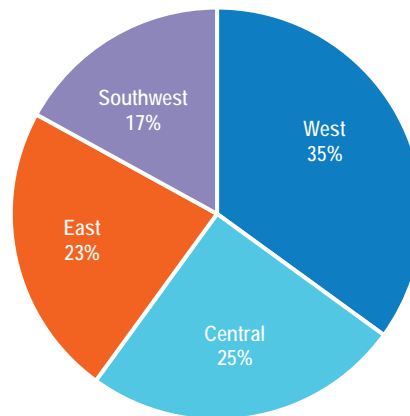
## Measure J

In November 2004, Contra Costa County voters approved Measure J with a 71% vote. The measure provided for the continuation of the county's half-cent transportation sales tax for 25 years beyond the original expiration date of 2009. As with Measure C (the original 1988 transportation sales tax measure), the tax revenues are used to fund a voter-approved Expenditure Plan of transportation programs and projects. Measure J provides approximately \$2.7 billion (escalated) countywide for local transportation projects and programs through the year 2034.

The Measure J Expenditure Plan allocated 3.5% of Measure J to Transportation for Seniors and People with Disabilities countywide through Program 15. The Expenditure plan allows for an annual increase of 0.10% from the 3.5% level to 5.9% by 2034.

35% of Program 15 is allocated to West County, 17% to Southwest County, 23% to East County and 25% to Central County. Additionally, the 20b Subregional Program allocates 0.65% to West County and 0.5% to Central County for additional Transportation for Seniors and People with Disabilities. Program 20b funds are approved by WCCTAC and TRANSPAC and is used for such non-ADA services as shuttles, sedan/taxi service, fare subsidies, and/or other supplemental services beyond the ADA service. However, ADA service does qualify, and Program 20b can be used to expand the same "base" program expenditures that Program 15 is used for.

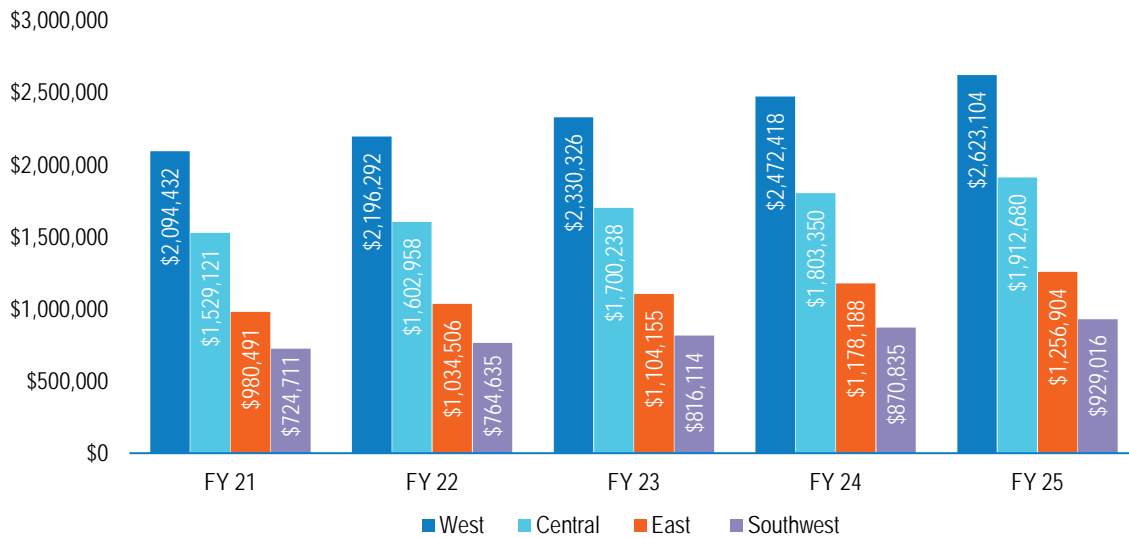
**Figure 2-13 Program 15 Funds Allocation by Sub-Region**



Program 15 funds are allocated by the Contra Costa Transportation Authority (CCTA) to the Measure J-approved transportation providers based on percentage allocations determined in the previous Measure C. Measure J Program 15 and 20b revenues are forecast to grow 26% in the next 5 years from \$5,328,755 to \$6,721,704. Program 15 funds are overwhelmingly used for operations. However, the Measure J Expenditure Plan does allow other related uses including "(a) managing the program, (b) retention of a mobility manager, (c) coordination with non-profit services, (d) establishment and/or maintenance of a comprehensive paratransit technology implementation plan, and (e) facilitation of countywide travel and integration with fixed route and BART specifically, as deemed feasible." Historically these funds have been used for operations due to demand and lack of institutional capacity to initiate these other eligible activities.



Figure 2-14 Funding Forecast Measure J Program 15 and 20b <sup>5</sup>



## Private/Foundation Sources

Service providers for vulnerable communities are sometimes able to access private funding through Foundations or similar organizations.

<sup>5</sup> 2019 Measure J STRATEGIC PLAN (2019) <https://www.ccta.net/wp-content/uploads/2019/10/2019-Measure-J-Strategic-Plan.pdf>



## TRANSPORTATION RESOURCES IN CONTRA COSTA COUNTY

Contra Costa County contains a wide range of transportation options for older adults and people with disabilities. To meet travel needs, Contra Costa residents and visitors might use fixed-route transit, ADA-mandated paratransit, city-based programs, community shuttle services, non-profit transportation services, private providers like taxis and Transportation Network Companies (TNCs) such as Uber and Lyft, and other options. Additional transportation options that are available to these groups as members of the general public include walking, biking (for limited portions of the population), and driving or being driven by family and friends. This chapter is focused on those options that specifically cater to older adults and people with disabilities; it provides a snapshot of resources available at the time of the report (it must be noted that resources change rapidly over time).

The types of transportation resources available to older adults and people with disabilities in Contra Costa County are defined in **Figure 2-15** below and are subsequently described in more detail.

**Figure 2-15 Definitions of Types of Transportation Resources in Contra Costa County**

Resource	Short Definition
<b>Fixed-Route Transit / ADA-mandated paratransit</b>	Buses, trains, and ferries operated by public transit agencies that run on regular, pre-determined, pre-scheduled routes, usually with no variation. The Regional Transit Connection (RTC) Clipper card is a photo identification card that verifies a rider's eligibility to receive an ADA reduced fare on fixed route transit. Transit agencies provide ADA-mandated paratransit services to complement fixed route transit, in compliance with the American with Disabilities Act (ADA).
<b>Community-Based Transportation Programs</b>	Community-based transportation services may be provided by public sector services (e.g. a city's senior center) or non-profit organizations. They are sometimes dedicated for a specific clientele (i.e. Medicaid eligible persons, older adults attending meal programs, etc.). Riders are often referred to these programs by an agency they are receiving services from, such as a senior center, County Human Service agency, or Regional Center.
<b>Subsidized Fare Programs/ Voucher Programs</b>	Programs typically administered through a social service agency, that enable qualified people to purchase fares/vouchers for transportation services at a reduced rate from providers such as taxis, public transit, or volunteer driver programs. Recipients are usually low-income.



Resource	Short Definition
<b>Volunteer Driver Programs</b>	Programs that provide one-way, round-trip, and multi-stop rides. Trips are often door-through-door, in contrast to other transportation options which stop at the curb or door. These programs are provided free of charge, on a donation basis, through membership dues, or at a minimal cost, and typically have an eligibility process and advance reservation requirements.
<b>Mobility Management Services</b>	Mobility management services cover a wide range of services, such as travel training, coordinating different services, trip planning, brokerage, and information and referral. In addition to information and referral and travel training detailed below, mobility management refers to the provision of individual transportation information and assistance, and service linkage related to information and referral.
<b>Information &amp; Referral</b>	Programs that provide transportation information and direct referral, connecting people to mobility resources that can help them. Agencies may be independent non-profit organizations, libraries, faith-based organizations, or government agencies.
<b>Travel Training</b>	Programs designed to teach people with disabilities, older adults, youth, veterans, and/or low-income populations to travel safely and independently on fixed-route public transportation in their community.
<b>Private Transportation</b>	Transportation provided by a private for-profit entity in the business of transporting people. These services are often demand-response and initiated and paid for by the rider. Examples are taxis, motor coach services, App-based ride-hailing services (Uber, Lyft, etc.), and vanpools.

## Fixed-Route Transit and ADA-Mandated Paratransit

Fixed-route transit is operated by public transit agencies who provide services that run on regular, pre-determined, pre-schedule routes, usually with no variation. Aside from driving and walking, fixed-route transit is the most widely available transportation option available in Contra Costa County.

Accessibility features on fixed-route transit include:

- Buses and trains equipped with wheelchair lifts or low floor ramps to allow easy access for people with wheelchairs, walkers, and other mobility aids.
- Priority seating for older adults, people with disabilities, pregnant women, and other populations who need it.



- Bus drivers trained to understand the needs of all populations who ride the bus, provide assistance in securing wheelchairs in designated spaces, and allow passengers sufficient time to be seated, and get on and off the vehicle.
- Announcement of stops at major intersections, stations, transfer points and, at the request of passengers, specific destinations.
- Stations with elevators to boarding platforms, for ease of access.
- Route and schedule information provided by transit agencies, including the best way to reach a desired destination. This information is available in accessible formats, if needed.

For people who, due to their disability, are unable to ride fixed-route buses and trains, some or all of the time, ADA-mandated paratransit is required. All fixed-route transit providers are legally required to provide complementary paratransit. Per the Federal Transportation Administration (FTA) regulations “each public entity operating a fixed route system shall provide paratransit or other special service to individuals with disabilities that is comparable to the level of service provided to individuals without disabilities who use the fixed route system.”<sup>6</sup> Some certified paratransit riders can ride fixed-route transit depending on the trip and/or their current ability.

ADA-mandated paratransit is meant to provide an equivalent level of service as fixed-route transit. This means paratransit services operate in the same area, on the same days and during the same hours as public transit operates. Paratransit service may be provided on small buses, vans, taxis, or in sedans. It is generally a shared-ride, door-to-door, or curb-to-curb service that must be reserved no later than close of business the day before the trip.

All Contra Costa public transit agencies contract with private transportation providers to provide ADA-mandated paratransit.

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<sup>6</sup> Department of Transportation Americans with Disabilities Act regulations at 49 CFR Section 37/121(a).



Figure 2-16 Providers of Fixed-Route Transit and ADA-Mandated Paratransit in Contra Costa County

Fixed-Route Transit Agency	Service Area	ADA-Mandated Paratransit Provider
<b>Regional Transit</b>		
<b>Amtrak San Joaquin</b>	Rail service between Oakland and Bakersfield	The ADA does not require that commuter rail and commuter bus services provide complementary paratransit service
<b>BART</b>	Rapid rail transit in Alameda, Contra Costa, San Francisco, San Mateo, and Santa Clara counties	East Bay Paratransit (in coordination with AC Transit); LINK Paratransit (in coordination with County Connection) and other applicable paratransit providers within ¾ mile of stations in other counties
<b>Capitol Corridor</b>	Rail service between Sacramento and San Jose	The ADA does not require that commuter rail and commuter bus services provide complementary paratransit service
<b>San Francisco Bay Ferry</b> (Water Emergency Transportation Authority)	Ferry service between Richmond/San Francisco	Complementary paratransit requirement not defined for ferries
<b>Local Transit</b>		
<b>AC Transit</b>	West Contra Costa County (Richmond and El Cerrito) and West, Central, and South Alameda County (Fremont to Albany)	East Bay Paratransit (in coordination with BART) within the transit service area
<b>WestCAT</b>	The area of west Contra Costa County not covered by AC Transit	WestCAT Dial-A-Ride Paratransit within the transit service area
<b>County Connection</b>	Central Contra Costa County from San Ramon to Martinez and Orinda to Concord/Clayton	County Connection LINK Paratransit operates in the same area as and is overseen by County Connection
<b>Tri Delta Transit</b>	East Contra Costa County	Tri Delta Transit Paratransit within the transit service area



Figure 2-17 Transit and Paratransit Service Areas

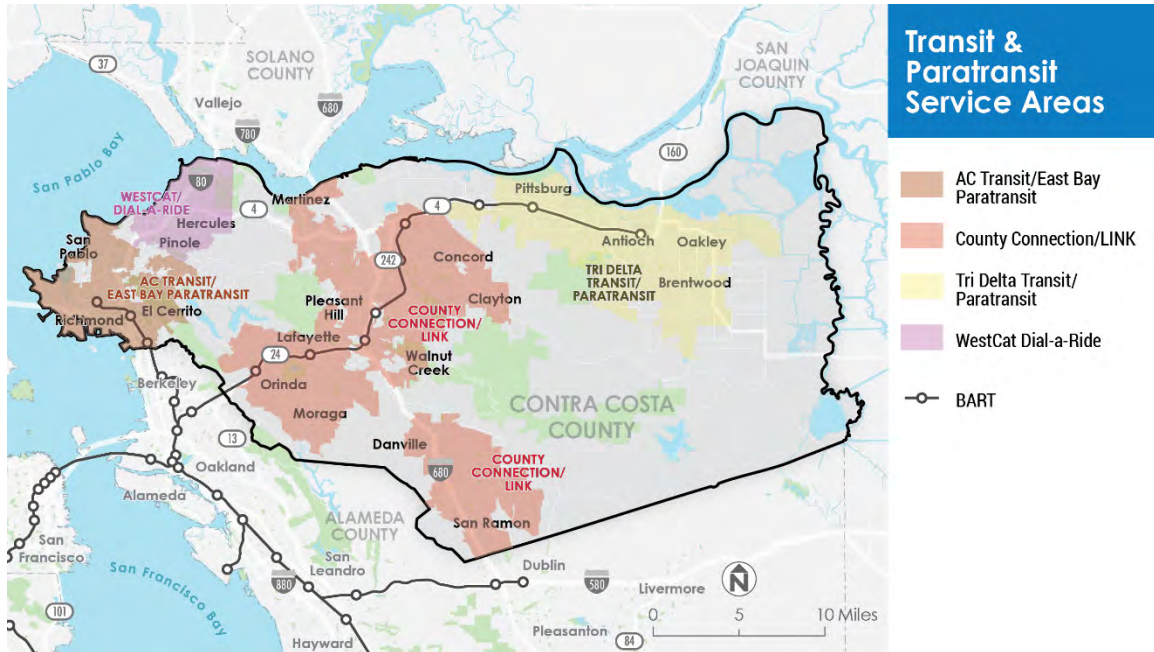


Figure 2-18 Summary of ADA-Mandated Paratransit Programs in Contra Costa County

Agency	Service Area	Hours of Operation	Fares <sup>7</sup>	Eligibility / Certification Process <sup>8</sup>
<b>County Connection LINK</b>	Within ¾ mile of any BART station or fixed-route bus service. Mon-Fri service is provided within 1 ½ mile of regular fixed-route bus service.	Operates during the same days and hours as County Connection and BART's regular fixed route services.	\$5 per trip; County Connection offers an Advance Fare Payment System with a minimum deposit of \$50	All people with disabilities throughout County Connection service area; must complete a written application and may receive a phone call for more information and/or be asked to attend an interview at County Connection offices

<sup>7</sup> Fare collection was suspended during COVID and is being reinstated in early 2021.

<sup>8</sup> Certification processes are not being conducted in person during COVID shelter-in-place.





Agency	Service Area	Hours of Operation	Fares <sup>7</sup>	Eligibility / Certification Process <sup>8</sup>
<b>East Bay Paratransit (EBP)</b>	Within ¾ mile of any BART station or AC Transit bus stop (excluding BART stations east of Orinda on the Pittsburg/Bay Point line)	Operates during the same days and hours as AC Transit and BART's regular fixed route services.	\$4.00 for trips between 0-12 miles; \$6 for trips between 12-20 miles; \$7 for trips over 20 miles	All people with disabilities throughout BART and AC Transit service areas; must complete a written application and arrange for an in-person assessment (IPA) at EBP offices or a satellite location
<b>Tri Delta Transit Paratransit</b>	Within ¾ mile of fixed-route bus service.	Operates during the same days and hours as Tri Delta Transit's regular fixed route services.	\$2.75 for trips in ADA service area; \$5.50 for trips starting/ending outside of ADA area, trips to Concord or Martinez, and transfers to LINK	All people with disabilities throughout Tri Delta Transit service area; must complete a written application and may receive a phone call for more information and/or be asked to attend an interview or functional evaluation; Seniors 65+ are eligible for the Senior Service which is limited to the local fixed route service area and is subject to availability, rides are not guaranteed.





Agency	Service Area	Hours of Operation	Fares <sup>7</sup>	Eligibility / Certification Process <sup>8</sup>
<b>WestCAT Dial-A-Ride</b>	Coverage for all eligible riders within service area; extended beyond service area (for special needs trips) for an additional fee. Service also provided into Martinez and Richmond. ADA service is provided to Hercules, Pinole and the unincorporated areas of Rodeo, Crockett and Port Costa. <sup>9</sup>	Monday-Friday, 6:00am to 8:00pm; Saturday, 9am to 7:00pm (early morning, late night, and Sunday service coordinated with East Bay Paratransit within ¾ mile of a fixed route bus route <sup>10</sup> ); extended service area available Monday-Friday, 9:00am to 3:00pm	\$1.25 single trip fare; \$10 for ten pre-purchase tickets; \$3 for cash fare outside of WestCAT service area; \$25 for ten pre-purchased tickets outside of service area	All seniors (age 65+) and people with disabilities throughout WestCAT service area; must complete a written application; applicant is notified by mail of eligibility status within 21 days

<sup>9</sup> In addition to ADA, seniors (age 65+) and people with disabilities throughout the WestCAT service area may use Dial-A-Ride between any two points within WestCAT's service boundaries and will not be required to transfer.

<sup>10</sup> Service is provided within the timeframe that WestCAT fixed route operates, and ADA paratransit service is provided past midnight M-F.



## City-Based Paratransit Services

Three cities in West County offer city-based paratransit services funded by CCTA. The funding for the city-based paratransit comes from the transportation sales tax measure, originally Measure C and now Measure J, requested by the West Contra Costa Transportation Advisory Committee (WCCTAC). The rest of the county does not have city-based services because the subregional transportation agencies opted to not dedicate funding to specific city operators. Some programs provide services to adjacent cities and unincorporated areas. Programs are meant to complement ADA-mandated paratransit and are often directed more towards seniors than people with disabilities.

Figure 2-19 Summary of City-Based Paratransit Programs

Service	City / Service Area	Description of Service	Hours of Operation	Fares	Eligibility / Certification Process
<b>Easy Ride Paratransit Service (ERPS)<sup>11</sup></b>	El Cerrito	Easy Ride (door-to-door), day trips and excursions, limited service beyond El Cerrito, nutrition rides, and on-demand service	Monday-Thursday, 9:00am to 4:30pm; Friday, 9:00am to 3:30pm <b>Note: during COVID hours are Mon and Tue 10:00am to 1:30pm</b>	\$2 single trip fare	Must be a resident of El Cerrito and 65+ years old or 18+ years old with a disability; Must complete a written application
<b>R-Transit<sup>12</sup></b>	Richmond, El Cerrito, San Pablo, North Richmond, El Sobrante, Kensington, and Pinole	Lyft partnership, demand response, group trips, senior nutrition program transportation service, and subscription trips	Monday-Friday, 8:30am to 5:00pm; Lyft partnership (RAPID) 24/7	\$4 single trip fare (pre-scheduled); \$5 single trip fare (same-day); Lyft/RAPID first \$3 then any cost over \$20 per trip	Must be a resident of Richmond, North Richmond, El Sobrante, or Kensington and 55+ years old or 18+ years old with a disability; Must complete an online/written application with proof of age/disability

<sup>11</sup> <http://www.el-cerrito.org/index.aspx?NID=285>

<sup>12</sup> <http://www.ci.richmond.ca.us/2880/R-Transit-Paratransit>



Service	City / Service Area	Description of Service	Hours of Operation	Fares	Eligibility / Certification Process
<b>San Pablo Senior &amp; Disabled Transportation</b>	San Pablo, parts of Richmond, Pinole and El Sobrante	Door-to-door, group trips, nutrition program (brown bag), EBP ticket subsidy, travel training program, and subscription trips	Monday-Friday, 9:00am to 4:15pm	\$2 single trip fare	Must be a resident of San Pablo and 50+ years old or 18+ years old with a disability; Must complete a written application

## Community-Based Transportation Programs

Community-based transportation services may be provided by public sector services (e.g. a city's senior center) or non-profit organizations. They are sometimes dedicated for a specific clientele (i.e. Medicaid eligible persons, older adults attending meal programs, etc.). Riders are often referred to these programs by an agency they are receiving services from, such as a senior center, County Human Service agency, or Regional Center.



Figure 2-20 Community-Based Transportation Programs

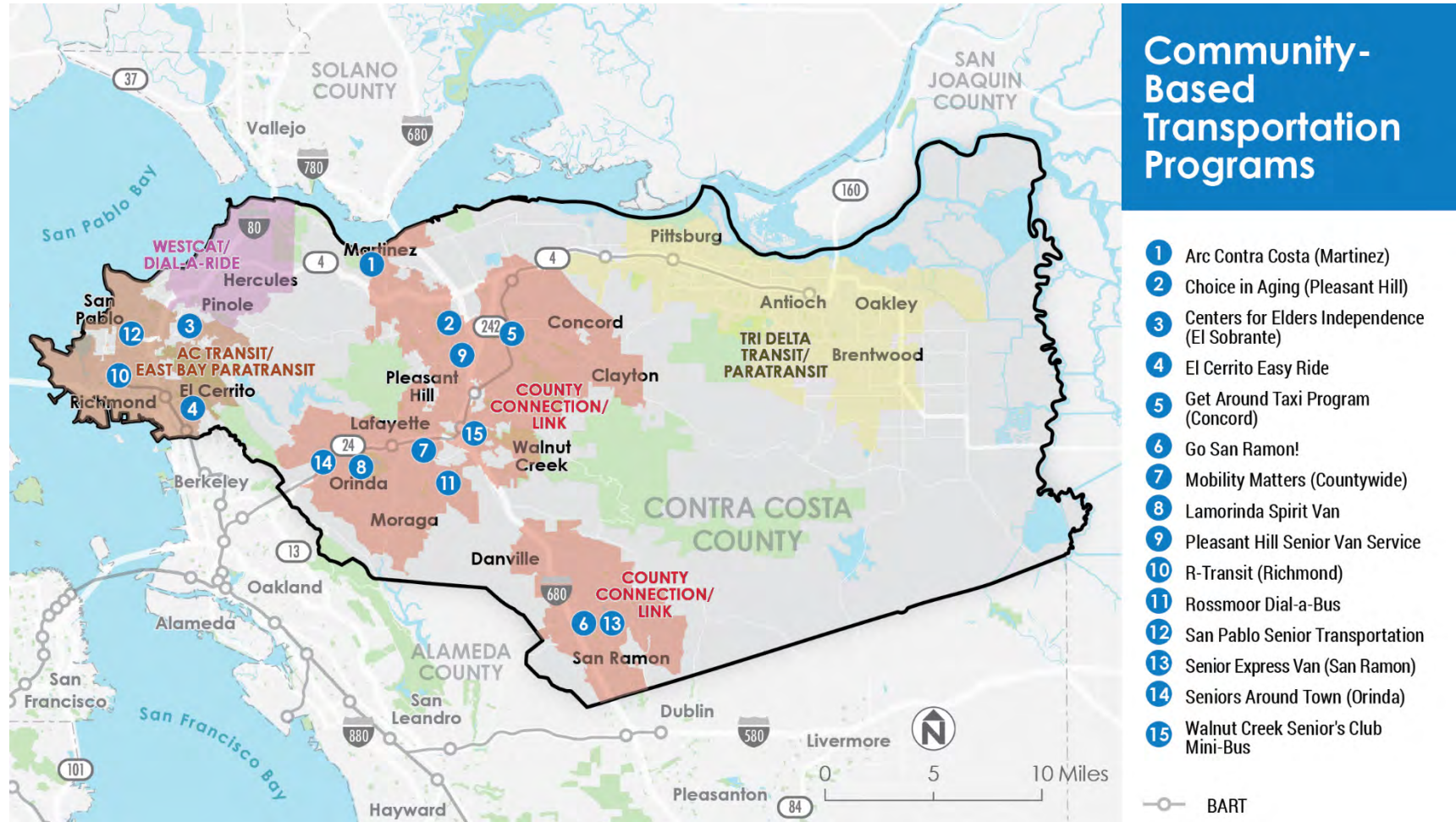


Figure 2-21 Summary of Community-Based Transportation Programs

Service	City / Service Area	Description of Service
<b>Arc Contra Costa (now Vistability)</b>	Martinez	Provides on-demand transportation service to adults and children with intellectual and developmental disabilities.
<b>Choice in Aging</b>	Pleasant Hill	Provides scheduled transportation to people with disabilities and special needs, in coordination with paratransit agencies.
<b>Center for Elders' Independence</b>	El Sobrante	Provides live-at-home services to people age 55 and older. This includes transportation to CEI center, clinics, outside medical appointments, and field trips. They also deliver medications to members' home.
<b>El Cerrito Easy Ride*</b>	El Cerrito	Easy Ride (door-to-door), day trips and excursions, limited service beyond El Cerrito, nutrition rides, and on-demand service.
<b>Get Around Taxi Program</b>	Concord	Program is available to Concord residents 65 years and older. Provides door to door service, allows seniors to get taxi service at a subsidized rate.
<b>Go San Ramon!</b>	San Ramon	A pilot program by County Connection that provides discounted (up to \$5) Uber and Lyft shared trips (due to COVID-19 pandemic, this is now all trips) within the designated San Ramon service area.
<b>Mobility Matters*</b>	Countywide	Provides two programs, one for seniors over 60 and one for disabled veterans of any age. Both programs require riders without access to other safe forms of transportation to need 1:1, door-through-door, escort. Rides are primarily for medically necessary services and dental care and shopping for basic necessities (e.g. groceries) Riders who do not qualify for the volunteer driver programs are matched with other transportation providers that meet their needs through the Mobility Matters Transportation Information & Referrals Helpline.



Service	City / Service Area	Description of Service
<b>Lamorinda Spirit Van*</b>	Lafayette, Moraga, Orinda	Provides rides to Lamorinda residents (age 60 and up) for errands, shopping, medical and personal appointments Monday through Friday, and to the C.C. Café at the Walnut Creek Senior Center for lunch Tuesday through Friday. Drivers are primarily volunteers.
<b>Pleasant Hill Senior Van Service*</b>	Pleasant Hill	Provides rides to destinations in Pleasant Hill Monday through Friday, and to Concord, Martinez, and Walnut Creek for medical and dental appointments Mondays, Tuesdays, and/or Thursdays. Pleasant Hill residents aged 55 and over can register. Rides are \$1.50 each way per passenger and must be scheduled one business day before the ride. Drivers are volunteers.
<b>R-Transit*</b>	Richmond	Lyft partnership, demand response, group trips, senior nutrition program transportation service, and subscription trips.
<b>Rossmoor Dial-a-Bus</b>	Rossmoor	Dial-A-Bus service areas include destinations in the Rossmoor Community, Rossmoor Shopping Center, medical centers, and scheduled trips to the downtown service area at specific times. Picks riders up at their curbside entry. Operates seven days per week, and rides must be requested at least one hour in advance.
<b>San Pablo Senior Transportation*</b>	San Pablo	Door-to-door, group trips, nutrition program (brown bag), EBP ticket subsidy, travel training program, and subscription trips.
<b>Senior Express Van</b>	San Ramon	Provides rides for San Ramon senior residents between the Alcosta Senior and Community Center and their homes. Rides must be scheduled one business day in advance (return rides time varies each day). Rides are \$3 each way, or \$2 for Encore members.





Service	City / Service Area	Description of Service
Seniors Around Town*	Orinda	Provides trips from volunteer drivers to riders that live in Orinda and are 65 or older or have a medical condition that limits driving.
Walnut Creek Senior's Club Mini-Bus	Walnut Creek	Provides rides to Walnut Creek Seniors Club Members that are 60 years of age or older for any purpose during service hours for \$1 each way. Service hours are 8:45am to 3:40pm, Monday through Friday. Rides must be scheduled between 9:00am and 10:00am the day before, or up to two days before for medical visits. Uses volunteer drivers and dispatchers to schedule rides

\*Note that these services are also described elsewhere in the report.

## Veterans Administration (VA) Transportation Programs

The VA programs, based in the VA Medical Center in Martinez, provide a range of services to Contra Costa veterans, as described below.

The VA travel pay reimbursement through the Beneficiary Travel program pays veterans back for mileage and other travel expenses to and from approved health care appointments. The VA also offers travel pay reimbursement for eligible caregivers.

The VA offers two types of travel pay reimbursement for eligible veterans:

### Reimbursement Type 1: General Health Care travel

This benefit covers regular transportation, like car, plane, train, bus, taxi, or light rail. veterans may be eligible for this reimbursement if they are traveling for care at a VA health facility or for VA-approved care at a facility in their community. They must also have one of the following:

- Have a VA disability rating of 30% or higher, or
- Be traveling for treatment of a service-connected condition, even if their VA disability rating is less than 30%, or
- Receive a VA pension, or
- Have an income that's below the maximum annual VA pension rate, or
- Be traveling for a scheduled VA claim exam (also called a compensation and pension, or C&P, exam), or
- Be traveling to get a service dog, or
- Can't afford to pay for their travel, as defined by VA guidelines



If the veteran is traveling to get treatment at special disability rehabilitation centers, such as clinics providing care for spinal cord injuries, vision loss or blindness, or prosthetics rehabilitation, they may also be eligible if they need in-patient care.

## Reimbursement Type 2: Special Mode Transportation

This benefit includes special types of transportation, like an ambulance, ambulette, or wheelchair van. The veteran may be eligible for this benefit if they meet a variety of requirements.

As indicated above, there are some limitations that impact veterans' mobility needs, as follows:

- Some veterans do not qualify for VA care if they received an "other than honorable discharge, or dishonorable discharge, or weren't injured or sick while on active duty". For those veterans, the agency uses an income threshold, which also varies based on zip code.
- A key need is non-authorized non-medical trips. The VA has been informed of neighbors financially exploiting veterans who have no other means of transportation other than paying their neighbors excessive amounts for a ride.
- There are many veterans in the county who are not actively enrolled in the VA system whose transportation needs may be met through other programs.
- Same day trip needs are a big challenge for veterans. Even though the VA's social workers do provide information for alternative services, they basically can't meet veteran's same day needs unless the trip is easily accessible via public transport.
- A hospital discharge program would be particularly beneficial to those who do not qualify for the VA's programs or those who are discharged during non-operational hours.
- Working veterans are lacking a GRH program.
- Since the VA's transportation services are provided during working hours, there are many after hour mobility needs that are not served.

## Contra Costa Health Services and Plan

Contra Costa Health Services (CCHS) is the largest department in the County government, employing more than 4,250 individuals. Only 6% of the CCHS budget is from the general fund. The remaining 94% is supported by federal and state funding programs, such as Medi-Cal and Medicare as well as program grants and fees.

The Contra Costa Health Plan (CCHP) provides health services to the general population and low-income communities in Contra Costa County. CCHP also provides non-emergency medical transportation (NEMT) to clients in order to access medical services. Services have been provided to Medi-Cal beneficiaries (95%) since 2015. These transportation benefits are not widely advertised due to concerns about costs. Provision of an NEMT trip needs to be prescribed by a doctor or provider. Transportation is not provided if the service is not covered by Medi-Cal. The CCHP call center includes four





full-time staff who respond to phone inquiries and conduct “audits” of the services provided. Some of the main mobility gaps experienced by members include ride times (trips used to be 90 minutes one-way and two hours for a round trip, but the organization is working on reducing this to 40 minutes one-way). Other limitations include service to dialysis is only provided for the return trip, which is a challenge for some members; members are often directed to paratransit rather than TNCs or taxis because of accessibility issues, and the different policies at different paratransit programs means that the call takers need to be familiar with each of the paratransit program policies.

## **NEMT and Non-Medical Transportation (NMT)**

Contra Costa County also hosts a number of other Non-Emergency Medical Transportation (NEMT) services. Non-emergency medical transportation (NEMT) is an important benefit for Medicaid beneficiaries who need to get to and from medical services but have no means of transportation. The Code of Federal Regulations requires States to ensure that eligible, qualified Medicaid beneficiaries have access to NEMT to take them to and from providers. Many NEMT trips are taking people to and from dialysis clinics.

In 2016 the state of California added non-medical transportation (NMT) to the benefits covered under Medi-Cal services. Assembly Bill 2394 (AB 2394), allows for the cost of transportation to and from a medical or non-medical appointment that would otherwise be covered by Medi-Cal. Unlike NEMT, NMT does not need to be prescribed by a medical provider, but only approved by the insurance provider. This allows Medi-Cal to cover services by passenger car, taxicab, or any other form of public or private conveyance, and mileage reimbursement when conveyance is in a private vehicle arranged by the beneficiary and not through a transportation broker, bus passes, taxi vouchers, or train tickets. Similar to how Medi-Cal reimburses NEMT trips, only the cost of the fare is reimbursable.

## **Subsidized Fare Programs/Voucher Programs**

The demographic profile of Contra Costa County noted significant concentrations of poverty for older adults and people with disabilities. Cost can be a barrier to accessing transportation for these populations. Fixed-route transit providers offer reduced fares to older adults 65 and above and to people with disabilities. Senior Clipper Cards can be obtained via mail, online, and at participating transit agencies’ customer service offices. The RTC card is a photo identification card that verifies a rider’s eligibility to receive a reduced fare on fixed route transit. With the advent of Clipper, the RTC card now serves as an individual’s Clipper Card which automatically applies the discount fare. RTC Clipper cards must be obtained from a fixed route transit provider and require a physician’s verification of disability or proof of a DMV Disabled Parking Placard. The initial application must be made in person and there are two locations in Contra Costa County – County Connection Customer Service in Concord and Tri Delta Transit Customer Service in Antioch.

Other transit agencies serving Contra Costa County that process RTC Clipper cards are located in Alameda County. AC Transit Customer Service is located in Downtown



Oakland and BART Customer Service in Lake Merritt station. For some consumers, obtaining a ride to one of these specific locations to apply for a card represents a barrier. No Contra Costa County transit providers currently have means-based discount programs for the general population.

Subsidized fare and/or voucher programs also exist that are administered through social service agencies. Many transit agencies sell fare products at bulk discounts to social service agencies that serve low-income populations. These organizations determine eligibility and issue the fare products to their clients at their own discretion, free of charge, or at significant discounts. Some programs also include fares/vouchers for volunteer-based transportation programs and/or taxis. These programs are designed primarily to address immediate needs and depend on the discounts offered by transit agencies and available funds to purchase fare products.

Taxi subsidy programs allow eligible participants to use taxis at a reduced fare by reimbursing a percentage of the fare, or by providing a low-cost fare medium, e.g. scrip or vouchers, which can be used to cover a portion of the fare. As noted earlier, several Contra Costa County cities offer subsidized taxis for older adults and people with disabilities.

## Volunteer Driver Programs

Volunteer driver programs connect riders to a network of volunteers that provide one-way, round-trip, and multi-stop rides. Cost of participation in these programs can be provided free of charge, on a donation basis, through membership dues, or at a minimal cost, and typically have an eligibility process and advance reservation requirements. Programs are sponsored by non-profit organizations, transit agencies, or cities and counties. Some volunteer driver programs may also have an escort component where volunteers accompany riders with mobility devices on paratransit services, when they are unable to travel in a private vehicle. Some programs may use staff to provide initial rides or to fill gaps when volunteers are unavailable. It is unclear if any Contra Costa programs offer these last two options.

Volunteer driver programs are generally designed for older adults and can fill needs that are not met by other transportation services such as ADA-mandated paratransit. A key gap these programs usually address is offering door-through-door service. These services are therefore ideal for more frail individuals who cannot wait outside, may need a stabilizing arm, help with a jacket or carrying groceries, etc. These programs are also well-suited for certain medical trips, for example when someone needs to stop and pick up a new prescription before going home, or go to a facility in another county for specialized treatment. Volunteer driver programs usually have to closely monitor their capacity and face ongoing challenges with funding and finding quality volunteers.



Figure 2-22 Contra Costa County Volunteer Driver Programs

Program	Description <sup>13</sup>
John Muir Health: Caring Hands	Provides volunteer trips for medical appointments and shopping in central, southwest, and east Contra Costa County  <b>Note: At time of publication, program was discontinued and service transferred to Mobility Matters</b>
Lamorinda Spirit Van	Provides rides to older Lamorinda residents (age 60 and up) to errands, shopping, medical and personal appointments Monday through Friday, and to the C.C. Café at the Walnut Creek Senior Center for lunch Tuesday through Friday. Drivers are primarily volunteers.
Mobility Matters	Provides two programs, one for seniors over 60 and one for disabled veterans of any age. Both programs require riders without access to other safe forms of transportation to need 1:1, door-through-door, escort. Rides are primarily for medically necessary services and dental care and shopping for basic necessities (e.g. groceries) Riders who do not qualify for the volunteer driver programs are matched with other transportation providers that meet their needs through the Mobility Matters Transportation Information & Referrals Helpline.
Pleasant Hill Senior Van Service	Provides rides to destinations in Pleasant Hill Monday through Friday, and to Concord, Martinez, and Walnut Creek for medical and dental appointments Mondays, Tuesdays, and/or Thursdays. Pleasant Hill residents aged 55 and over can register. Rides are \$1.50 each way per passenger and must be scheduled one business day before the ride. Drivers are volunteers.
Seniors Around Orinda	Riders must live in Orinda and be 65 or older or have a medical condition that limits driving.

## Mobility Management

Mobility management services cover a wide, such as travel training, coordinated services, trip planning, brokerage, and information and referral. For the purposes of this resource list, mobility management services refer to the provision of individual transportation information and assistance, and service linkage. Mobility management services are closely related to information and referral, but go further by providing more individually tailored information and providing service linkage. Where available, mobility management is an ideal “entry point” for older adults, people with disabilities, and veterans to the range of transportation resources available.

<sup>13</sup> Services have been altered during COVID.



## Mobility Matters

In Contra Costa County mobility management is provided by Mobility Matters through a transportation information and referral helpline that utilizes a case management model based on individual transportation needs. Callers are assisted to determine their needs and resources that are available to them. Mobility Matters also publishes a transportation guide “Way To Go Contra Costa,” provides individualized emergency disaster plans, and coordinates with emergency services to assist and notify Mobility Matter’s clients in the event of a disaster.

## Private Transportation

Private transportation providers have always been an integral partner in the provision of transportation resources for older adults and people with disabilities. Private transportation providers are for-profit entities in the business of transporting people. As noted earlier, most fixed-route transit agencies contract with private transportation providers to provide ADA-mandated paratransit.

Other options are more likely to be requested directly by the rider. Taxis have filled gaps in transit and paratransit service for decades. In the last decade smart phone app-based ride-hailing companies, TNCs, like Uber and Lyft, have begun to fill some of the same gaps. However, smart-phone, software-driven transportation options are difficult to track because the data is privately controlled, and the services are volatile, with providers rapidly going into and leaving markets or falling out of business. Other examples of private transportation are school bus services (where available), motor coach services, shuttles, vanpools, and limousine and sedan services.

Although private transportation providers are subject to the ADA in terms of access, service, fares and training – the requirement to provide wheelchair accessible vehicles is still being debated. A number of Bay Area cities and counties including Alameda, Marin, San Francisco, and Santa Clara Counties have attempted to increase accessible taxi options with limited success. TNC/ride-hail companies have attempted to increase accessible services with limited success in different locations around the U.S. through options such as uberACCESS, uberWAV, and Lyft Access. In 2018 California passed the TNC Access for All Act (SB 1376)<sup>14</sup>, a surcharge on TNC rides, which is currently undergoing a rule-making process. The Act could result in services and/or funding to augment transportation options for older adults and people with disabilities.

Private transportation providers can be helpful in making first and last mile connections to transit. However, riders can face barriers when trying to use private providers directly for an entire travel trip, including affordability, accessibility for riders with mobility devices, and access to smartphones.

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<sup>14</sup> SB 1376 – <https://www.cpuc.ca.gov/tncaccess/>



## 3 OUTREACH

This chapter summarizes the study's public engagement strategy and findings in the following sections:

1. Outreach Plan
2. Virtual Outreach Toolkit
3. Survey
4. Strategies Survey
5. Web Outreach
6. Presentations
7. Focus Groups
8. Telephone Town Hall
9. Stakeholder Interviews

### OUTREACH PLAN

At the outset of this effort, Nelson\Nygaard developed a framework for public outreach and engagement that would solicit input from key individuals and organizations as well as a broad cross-section of Contra Costa County's communities and stakeholder groups, particularly seniors and persons with disabilities. The outreach plan included five key goals to support a successful Accessible Transportation Strategic Plan:

1. Educate community members about the Study and different transportation options in the County.
2. Engage with community members and learn about current transportation usage.
3. Identify strengths and challenges of existing services and unmet needs.
4. Gather and incorporate feedback on alternative models.
5. Create support within the community for new models and identify potential barriers to implementation.

### Oversight Committees & Partnerships

The Outreach Plan called for the establishment of two oversight committees - a Technical Advisory Committee (TAC) and a Policy Advisory Committee (PAC) - as well as input from riders and partnerships with Community-Based Organizations (CBOs). Oversight committee members are listed in Chapter 1.

**Technical Advisory Committee:** The TAC's purpose was to provide subject matter expertise about technical and financial implications of service concepts under study, and review recommendations. Its members included staff with direct operational, management, or policy development experience with accessible transportation.



**Policy Advisory Committee:** The PAC's purpose was to provide study oversight, gather information on the subject matter, provide direction on public policy implications, and serve as liaisons to transit districts, Regional Transportation Planning Committees, the CCTA Board, and the Board of Supervisors. Its members included executive staff, board members and their appointees, and subject matter experts.

**Rider Input:** The project team solicited input from riders through regular updates to the County Paratransit Coordination Council (PCC), surveys, and through targeted focus groups.

**Community-Based Organization Partnerships:** The project team partnered with CBOs that support senior populations, people with disabilities, and diverse ethnicities and incomes in each of the four planning areas of the County. Since the CBOs have already established good contacts and legitimacy with their stakeholders, the project team communicated through these groups and connected with community members directly through their trusted networks.

## Engagement Tools & Techniques

The Outreach Plan included a set of engagement tools and techniques that the project team originally planned pre-COVID to communicate information and solicit input from target populations in Contra Cost County. **Figure 3-1** presents the planned engagement tools and techniques, which were to be conducted within two overall phases:

- Phase 1 (January - February 2020): Receive input on transportation experiences, challenges, and unmet needs.
- Phase 2 (July-August 2020): Receive feedback on alternative service models and identify potential barriers to implementation.

However, due to the COVID-19 pandemic that began late February 2020 leading to Bay Areawide Public Health Department recommendations to shelter-in-place, the outreach tools and techniques were adjusted to facilitate remote engagement. **Figure 3-1** describes if/how each of the tools and techniques were updated in the wake of COVID-19.





Figure 3-1 Engagement Tools and Techniques

Engagement Tool/Technique	Updates due to COVID-19
Interviews with targeted stakeholders	Timeline was extended to capture different perspectives throughout COVID
Simple survey	Became primary outreach tool, over 1,000 completed online, paper, and on phone.
Public meetings (PCC)	Presented by CCTA staff on Zoom meetings
Presentations as part of other ongoing projects	Presented to Developmental Disabilities Council of Contra Costa County and Pleasant Hill Commission on Aging. Opportunities sought for online but not found.
Countywide Telephone Townhall	Conducted in November
Tabling as part of other ongoing projects	Not available
Focus groups	Timeline extended as groups became accustomed to online meetings. Five held via Zoom.
Up-to-date project website	Reflected changes to outreach due to COVID

## Virtual Outreach Toolkit

As the first shelter-in-place began in March 2020 and the scope of the pandemic became apparent, Nelson\Nygaard pivoted the outreach strategy to an online and virtual meeting model. Accordingly, the team developed a Toolkit for members of the TAC and PAC, and CBO partners. The Toolkit included the following items:

- A new flyer reflecting at-home participation
- Flyer text for emails
- Script for check-in calls
- Survey
- Sample Twitter text

Most materials were translated into Spanish and the surveys were also translated into Mandarin.

Figure 3-2 Revised Flyer



Contra Costa Accessible Transportation Strategic Plan

## Let's make transportation convenient for older adults and people with disabilities

If you're an older adult, have a disability, or are a veteran, transportation in Contra Costa County can be challenging. We want to identify ways to make it easier for you to get around the county—whether you're going to an appointment, getting groceries, visiting family, or anything else.

**You can participate from home!**

Due to the shelter-in-place we are asking individuals to complete the survey online or participate in a short phone interview. Participants will be entered in a drawing for a \$25 gift card!

Take the survey on-line at [www.surveymonkey.com/r/CCTA\\_Survey2](http://www.surveymonkey.com/r/CCTA_Survey2) or in Spanish at [www.surveymonkey.com/r/CCTA\\_SurveySPN](http://www.surveymonkey.com/r/CCTA_SurveySPN)

Call us at **857-305-8004**

Email us at [info@atspcontracosta.com](mailto:info@atspcontracosta.com)

Visit us at [atspcontracosta.com](http://atspcontracosta.com)



CONTRA COSTA  
transportation  
authority

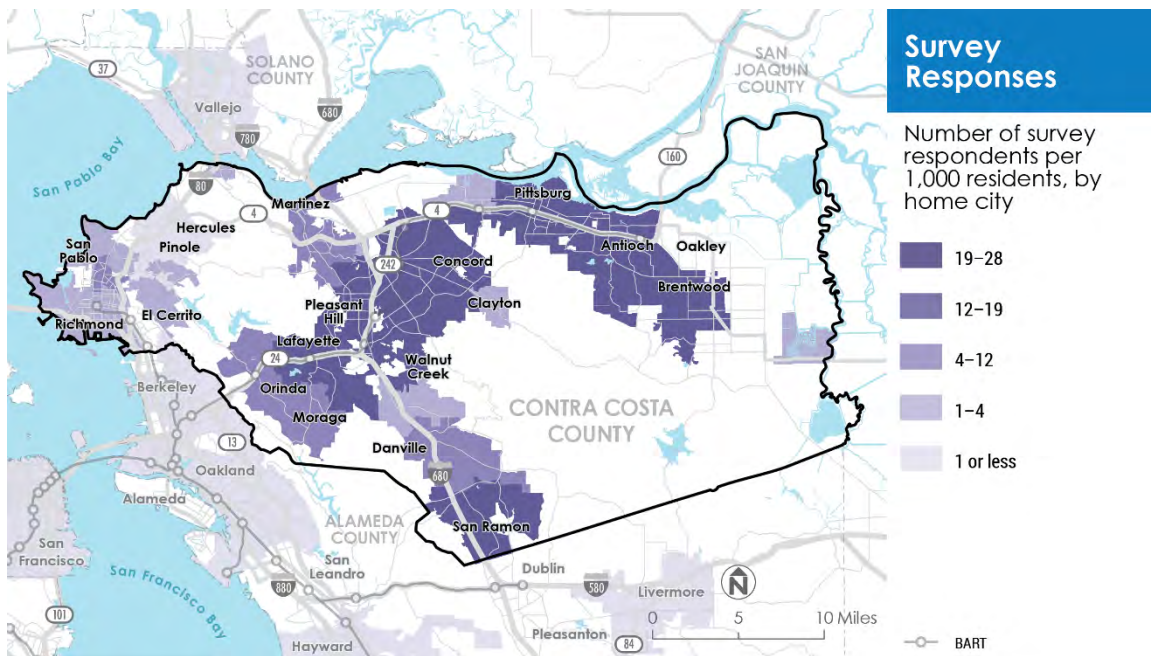
CONTRA COSTA  
COUNTY, CALIFORNIA



## SURVEY

The survey was one of the most important outreach tools used for this project. Nelson\Nygaard conducted a mix of paper surveys and an online survey hosted on SurveyMonkey. The survey was available in three languages: English, Spanish, and Mandarin (Appendix A). We received 996 responses in English, 7 in Spanish, and 60 in Mandarin. Using this combination, a total of 1,063 responses were collected. The map below shows the spatial distribution of survey respondents within the County.

Figure 3-3 Spatial Distribution of Survey Responses



Survey respondents were mapped throughout the project and areas with limited responses were addressed with additional outreach, for example an additional focus group in West County.

Due to the onset of COVID-19 pandemic, distribution of survey and engagement was challenging. A variety of means to reach the public were sought. Both the printable paper version and online SurveyMonkey survey was published on the project website in all three languages. It was also distributed to key stakeholder groups, such as local and regional news outlets, senior centers and programs, transit agencies for seniors and disabled, etc. within the region in order to reach out their readers or users. These agencies forwarded the survey to their user groups and, if applicable, posted it on their social media to market it further. Surveys and flyers were also distributed with meal delivery (e.g. Meals on Wheels) in some cases.





Figure 3-4 Public Engagement Collateral

The figure displays four pieces of public engagement collateral:

- Website Screenshot:** Shows the Contra Costa County website with news items such as "UPDATE on Board of Supervisors Meeting" and "Library Launching Front Door Service". A prominent banner reads "Let's make transportation convenient for older adults and people with disabilities".
- Facebook Post:** A post from "We are Lafayette, California Strong" promoting the survey and offering a \$25 gift card to participants.
- Instagram Post:** A sponsored post from "mtcbata" with the text "Seniors and people with disabilities in Contra Costa County" and a "Learn More" link.
- Tweet:** A tweet from @511ContraCosta stating: "RT @CCTA: We are gathering input from the community on ways to make transportation convenient for older adults and people with disabilities. Please visit [atspconraccosta.com/participate](https://t.co/1ChM8v78rV) as your input will help us better meet your transportation needs and be entered to win a \$25 gift card!"



There was also an additional option provided to call in and respond to the survey by phone. Nelson\Nygaard had a dedicated team member to respond to calls and answer questions, along with filling out the survey over the phone. There were also community partners, such as Choice in Aging and Mobility Matters, that provided this option to their constituents, sometimes during regular check-in wellness calls. This service led to 244 people calling in to respond to the survey who either did not have the technology or the ability to do so themselves. Approximately 46% of the people who filled out the survey completed it without assistance. The remainder had somebody filling out the survey on their behalf or they had called in to respond to questions.

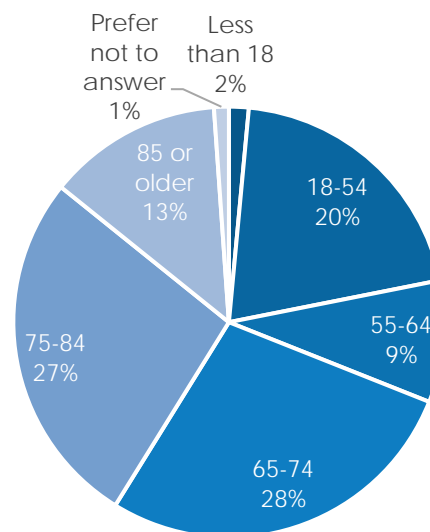
The survey consisted of a total of 22 questions, 8 of which were optional depending on the respondents' mode of transportation. Amongst the rest, three questions were based on their demographic information (age, place of residence, contact details), and one was on the riders' travel accommodations (cane, walker, etc.) In addition, the survey asked if respondents were willing to provide contact information in order to be included in further outreach and entered to win a gift card.

## Survey Results

### Age

Out of 809 respondents who answered the question regarding their age, 77% were older adults (55 years or older). Amongst the respondents, only 16% reported that they are certified as eligible for service based on disability with East Bay Paratransit, WestCAT Dial a Ride, County Connection LINK, Tri Delta Transit Paratransit, or under the Regional Transportation Connection (RTC Clipper) program. Forty-seven percent of this group were older adults, 49% between the age of 18 and 54 and 2% younger than 18.

Figure 3-5 Respondents' Age Distribution

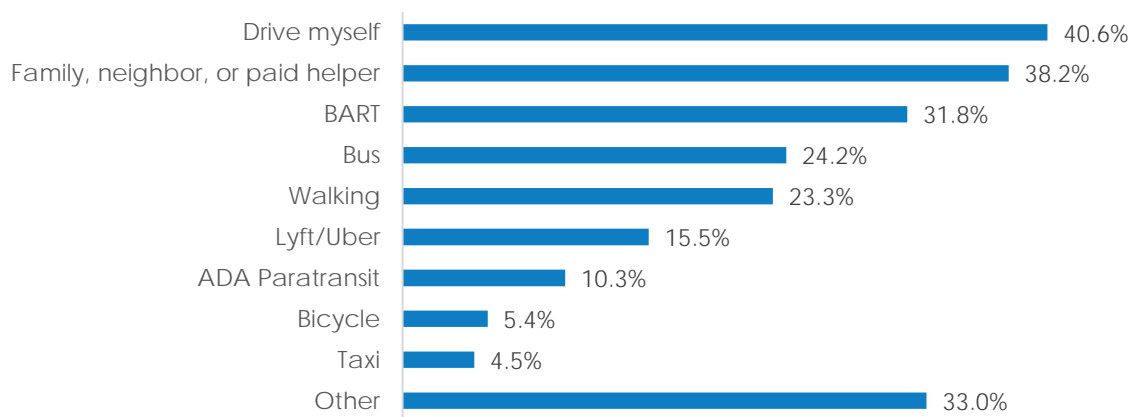




## Mode Share

Regarding transportation modes used, over 40% of the respondents said that they drive themselves, followed by 38% who are driven by family, neighbor, or a paid helper. These patterns are consistent with findings in similar studies. BART was chosen by 32% of the respondents, and bus was chosen by 24%. Amongst other modes of transportation, walking (23%) had the highest share, followed by Lyft/Uber (15.5%), ADA Paratransit (10%), bicycle (5%), and taxi (4.5%). Thirty-three percent (33%) of respondents also rely on other forms of getting around, including Mobility Matters volunteer driver program and Lamorinda Spirit Van. Respondents were given the option on several questions to select multiple answers.

**Figure 3-6 Mode Share Distribution**



Note: Respondents could choose as many modes as they used. Hence, the percentage is out of 1,063 for individual categories and not as a whole.

Amongst the 24.2% respondents who listed bus as their chosen mode of transportation, 42% were County Connection users, followed by users of AC Transit (22%), Tri Delta Transit (20%) and WestCAT (5%). Finally, 11% mentioned using another bus system than those already mentioned. See **Figure 3-7**.

The distribution for ADA paratransit was similar to the chosen bus systems above. Forty-four percent (44%) of paratransit riders use County Connection LINK and 22% use Tri Delta Transit Paratransit, closely followed by East Bay Paratransit (19%) making these the most popular bus services. Six percent (6%) of the respondents use WestCAT Dial-a-Ride for paratransit users. See **Figure 3-8**.





Figure 3-7 Bus Users' Distribution

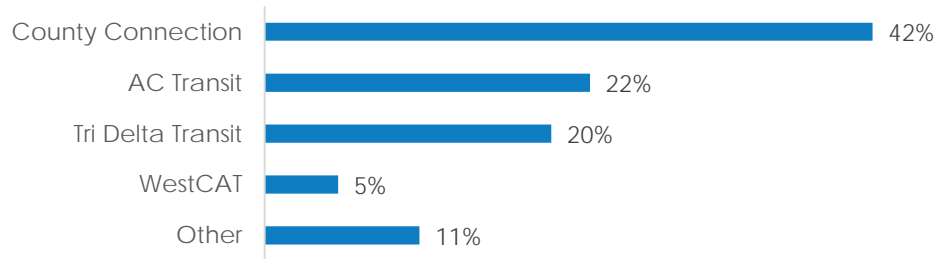
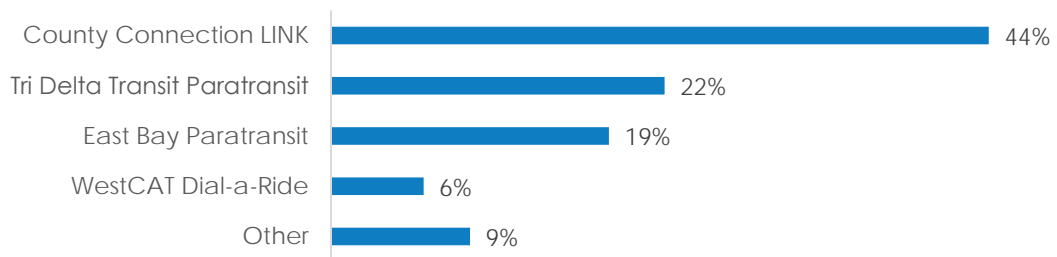


Figure 3-8 Paratransit Users' Distribution

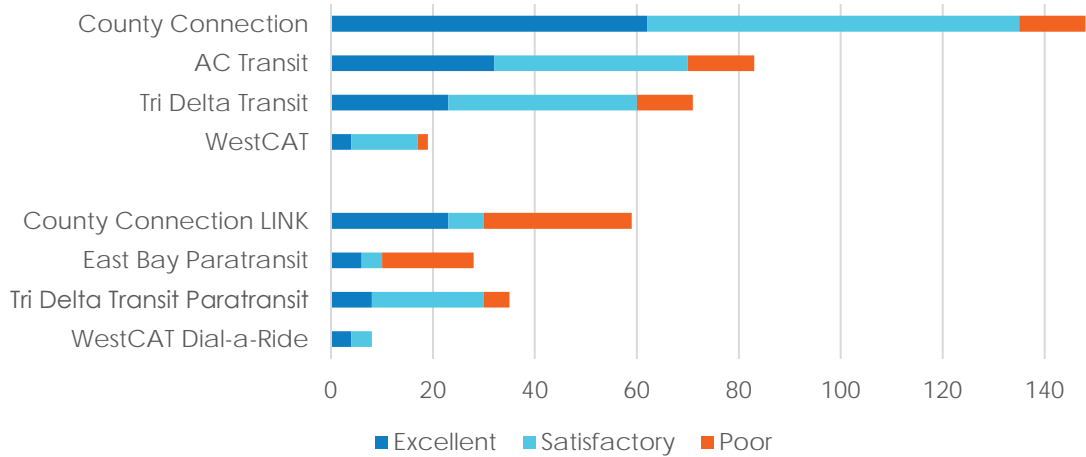




### Rider Satisfaction

Eighty-eight percent (88%) of bus users report having satisfactory or excellent bus riding experiences and interactions with drivers, while this rate was 60% amongst ADA paratransit users. Amongst the different bus services in the region, AC Transit had a dissatisfaction rate of 16%, followed by Tri Delta Transit with 15%, WestCAT with 11% and lastly, County Connection with 9%. As for the different ADA Paratransit services, the dissatisfaction rate was highest amongst East Bay Paratransit users (64%), followed by County Connection LINK (49%), and Tri Delta Transit Paratransit (14%).

Figure 3-9 Transit and Paratransit Satisfaction Rates



As for Lyft and Uber users, out of the 15.5% of respondents who usually use Lyft or Uber to get around, 92% report having satisfactory or excellent Lyft/Uber riding experiences and interactions with drivers. This satisfaction rate is much higher than bus and paratransit users.

Figure 3-10 Lyft/Uber Satisfaction Rates

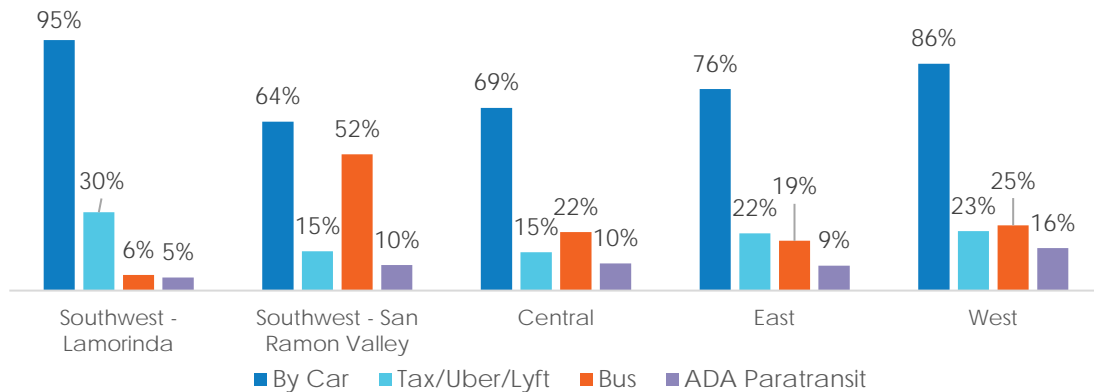




### Trip Distribution

Looking deeper into the distribution of different modes of transportation spatially for all County regions, the car is the primary mode of transportation, whether it is people driving themselves or someone giving them a ride. Dependency on Uber/Lyft/Taxi is the highest, after car, in Southwest – Lamorinda and East regions. Dependency on riding the bus is also high in the Southwest – Lamorinda region, followed by the West region and the Central region. Lastly, ADA Paratransit dependency is the lowest amongst all modes for all five regions, with the lowest in Southwest – Lamorinda area.

**Figure 3-11 Mode of Transportation by Regional Transportation Planning Committee Areas**

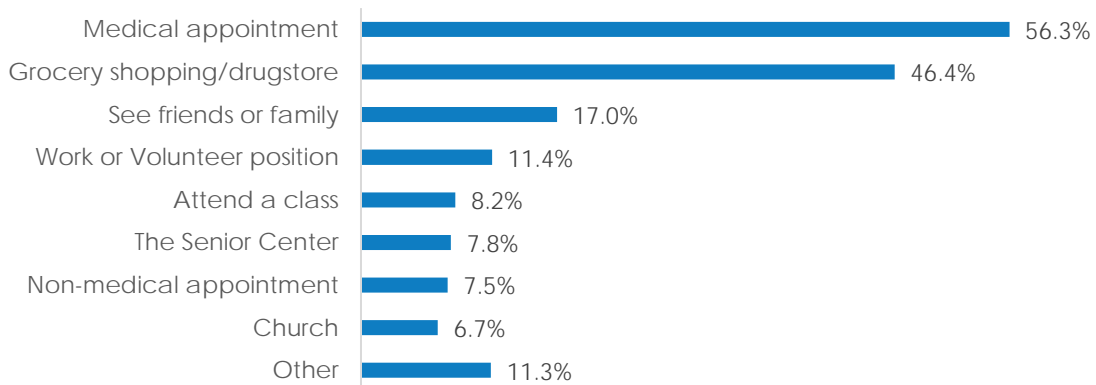


Note: Respondents could choose as many modes as they used. Hence, the percentage is out of total respondents for each region.

### Trip Purpose

Medical appointments and grocery stores/ drugstores are riders’ most common destinations as illustrated in the graph below.

**Figure 3-12 Where Are Respondents Going?**



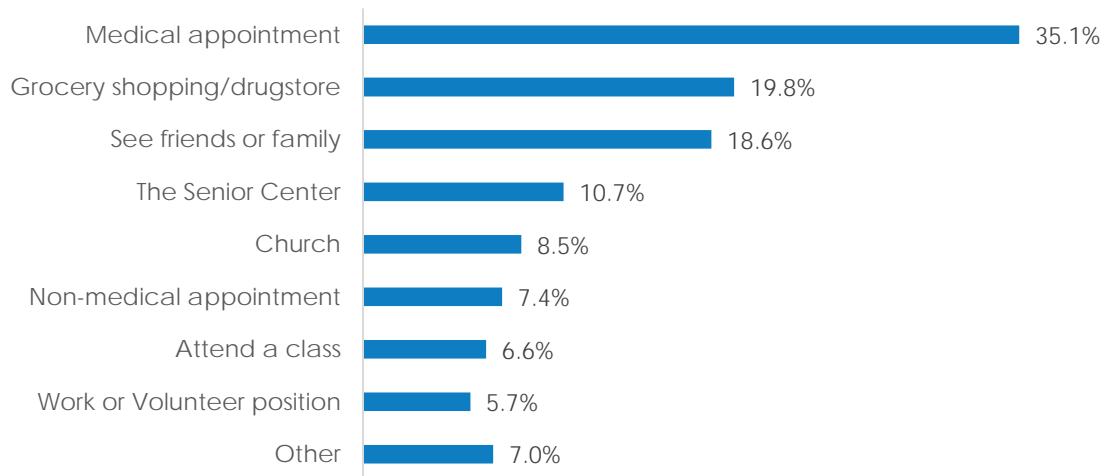
\*Respondents could choose up to three trips that they take most often. Hence, the percentage is out of total respondents (1,063) individually for each trip type.



## Transportation Challenges

Thirty-five percent (35%) of respondents also reported that medical appointments are the most difficult to get to, followed by the grocery or drugstore (20%) and visiting friends and family (19%). Thirty-eight percent (38%) of respondents also said that there are additional places they would like to go to but are unable to due to lack of convenient transportation. Most of these were recreational places such as parks, museums, tourist destinations. Improved connectivity to BART stations emerged as a pressing need.

**Figure 3-13 Which Trips are Most Difficult to Make?**

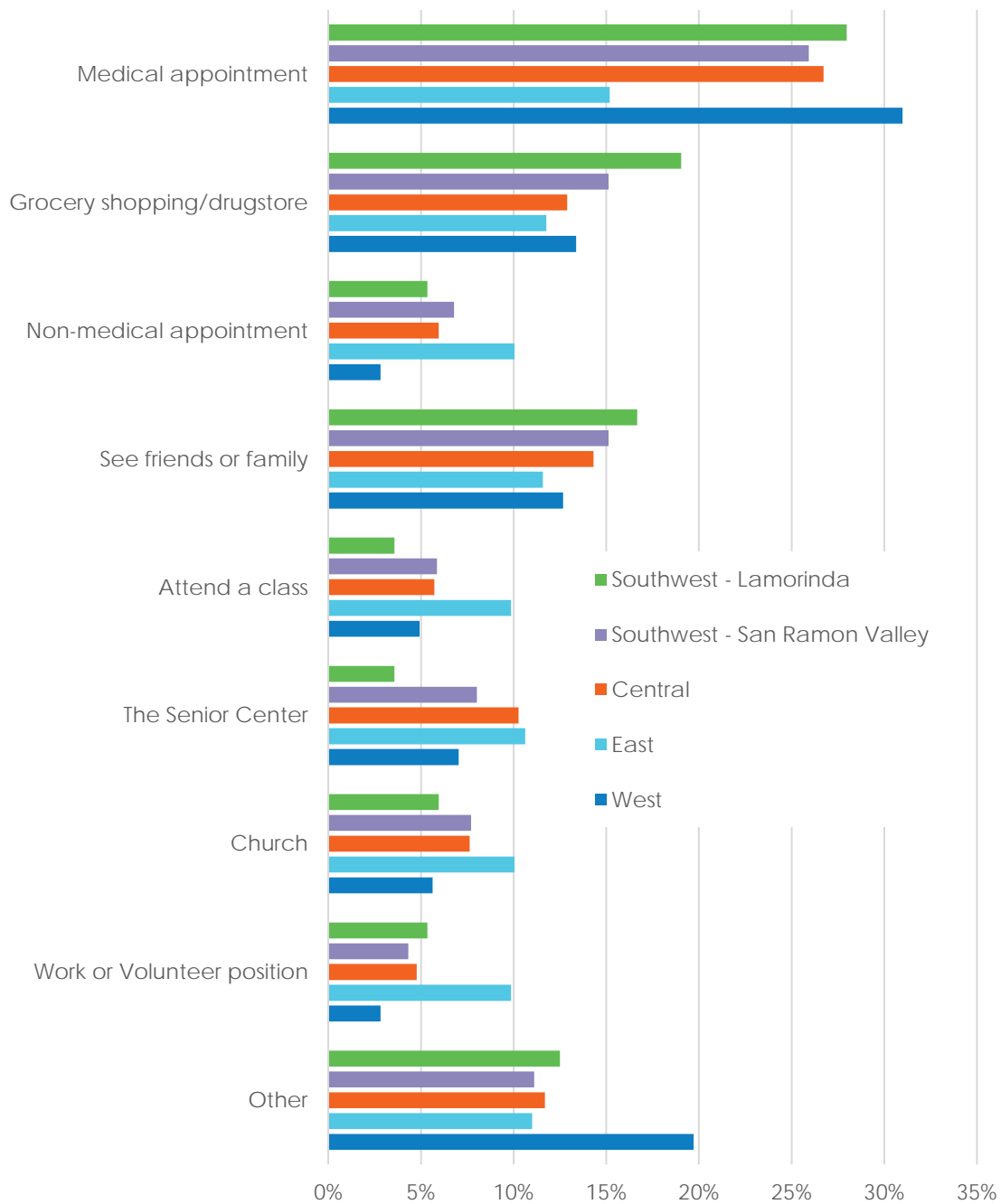


Note: Respondents could choose up to three trips that they take most often. Hence, the percentage is out of total respondents (1,063) individually for each trip type.

For all areas of the County, trips to medical appointments are the most difficult for respondents. For Southwest – Lamorinda’s respondents, taking trips to grocery shopping/drugstore and to see family and friends are most difficult after medical trips. Within East region, there are no significant differences in the difficulties reported reaching different destinations. Responses from residents of Southwest – San Ramon Valley and Central region follow the same trend as the overall chart for trip difficulty.



Figure 3-14 Most Difficult Trips for Respondents, by Area of County



Note: Respondents could choose up to three trips that they take most often. Hence, the percentage is out of total responses within each region for each trip type.

Many survey takers living in the West region also mentioned difficulties in taking "Other" trips which mainly included recreational trips.



While respondents face a variety of challenges with existing transportation services in Contra Costa County, many of them report feeling unsafe while traveling (29%). Safety sometimes refers to structural issues, such as falling over on moving buses, or concerns about potential crime. Unfortunately the survey did not differentiate, as safety is not usually such a high factor. It is possible that concerns about safety were heightened in a time of COVID-19 and civil unrest. Some specific comments referred to safer night service and more secure service to avoid thefts and injuries. Followed by safety, respondents listed that they cannot take transportation when they need (24%).

Figure 3-15 Respondent Transportation Challenges



Note: Respondents could choose up to three challenges that they faced most often. Hence, the percentage is out of total respondents (1,063) individually for each challenge.

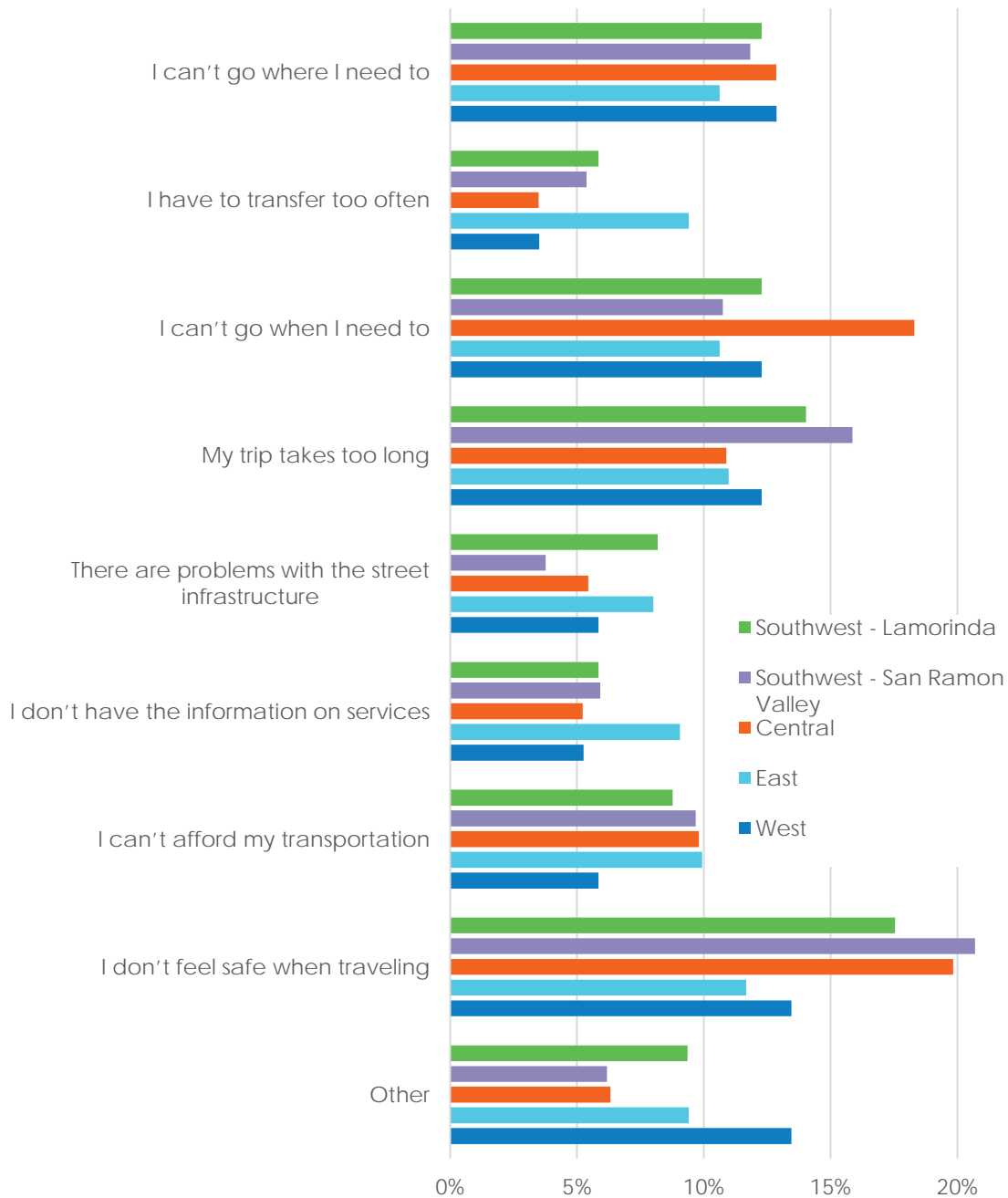






Respondents from the Southwest - San Ramon Valley region listed safety and trip length as their biggest concerns. After safety, service hours were the biggest challenge for respondents from the Central Region. For respondents in the West region, transportation service area, hours and trip duration emerged as major challenges after safety. Respondents in the East region did not show significant differences between their concerns.

Figure 3-16 Transportation Challenges, by Area of County

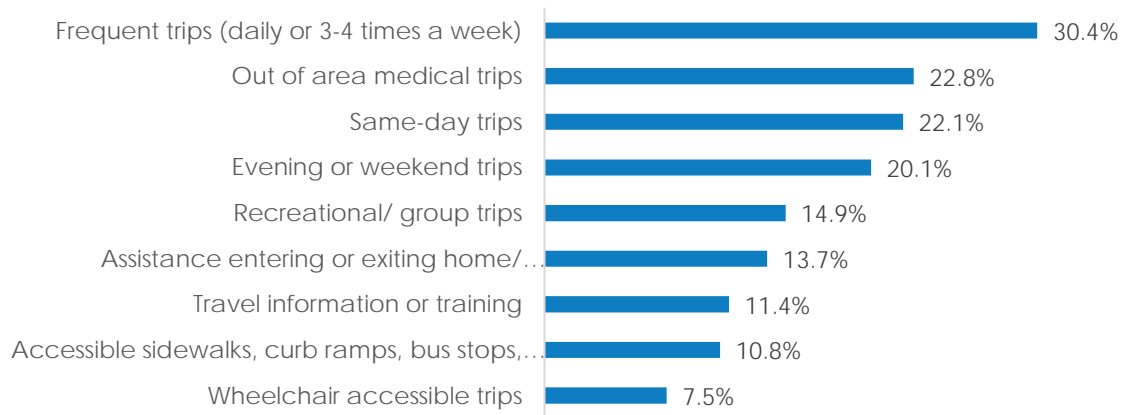


Note: Respondents could choose up to three challenges that they faced most often. Hence, the percentage is out of total responses within each region for each challenge.



Respondents want more frequent trips (30%), followed by same-day trips (22%), i.e. trips that can be booked on the same day that the trip needs to be taken, and trips at different times of the week, including evenings and weekends (20%). Out of area medical trips (23%) were another common transportation need listed by respondents. Some of the destinations mentioned for out of area medical trips were University of California San Francisco campus, Stanford University School of Medicine, Kaiser in Vallejo, Summit in Oakland, Kaiser in Pleasanton, and Eden Medical Centers in Castro Valley.

**Figure 3-17 Preferred Transportation Services**

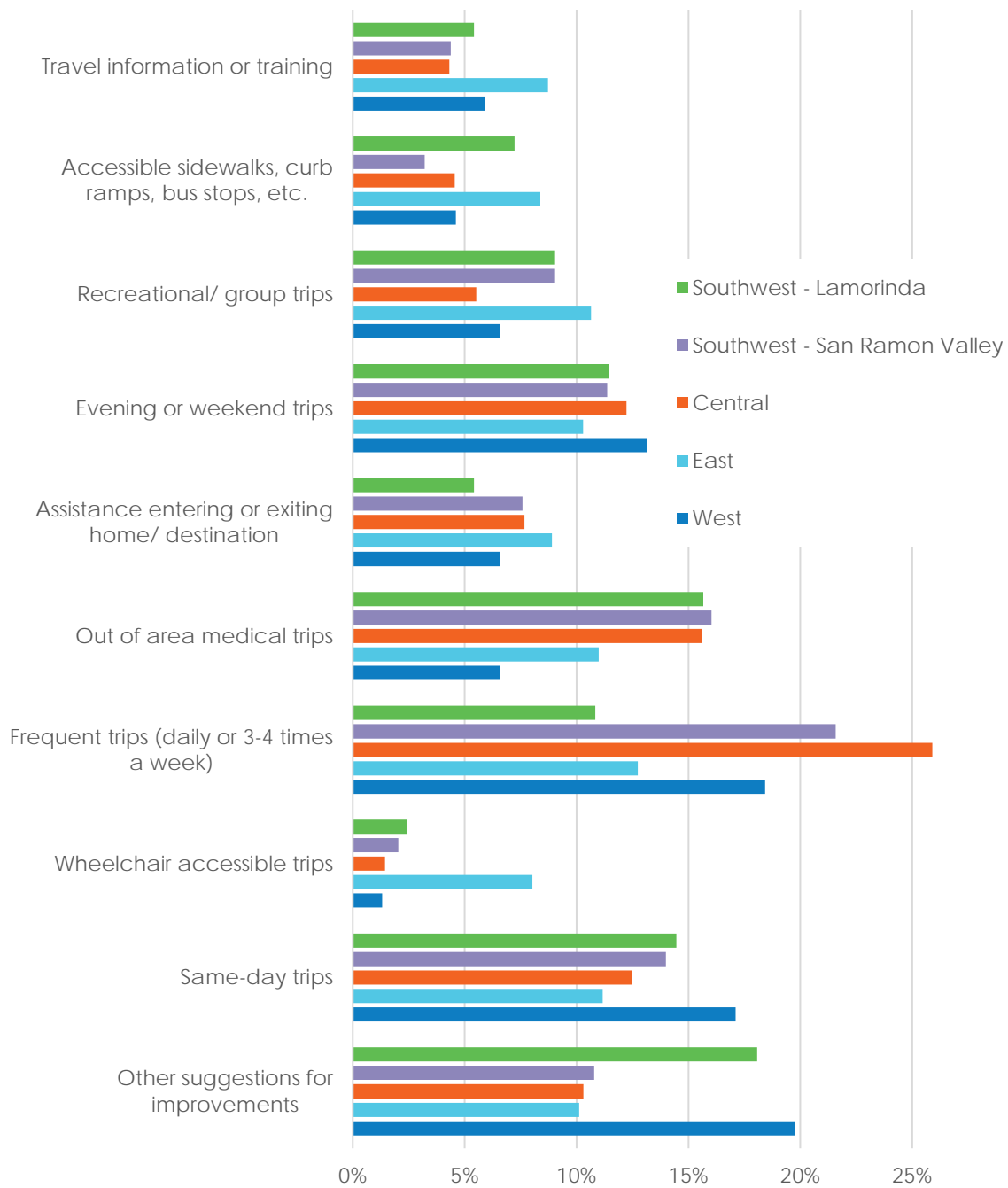


Note: Respondents could choose up to three needs that they require most often. Hence, the percentage is out of total respondents (1,063) individually for each need type.

Breaking down this need further by region, frequent trips were the top need that the respondents requested in three out of the five regions (except Southwest – Lamorinda and West Regions). Respondents in the Southwest – Lamorinda and West Regions listed other improvements such as additional bus services as their top need. For Southwest – Lamorinda, out of area medical trips and same day trips are also listed as respondents’ top needs. In the West region, frequent, same-day and evening/weekend trips are additional needs mentioned. The Southwest – San Ramon Valley and Central regions follow the trend of the overall needs chart. The East region follows the same trend as before, where all the needs had almost equal response rates.



Figure 3-18 Preferred Transportation Services, by Area of County



Note: Respondents could choose up to three needs that they require most often. Hence, the percentage is out of total responses within each region for each need.



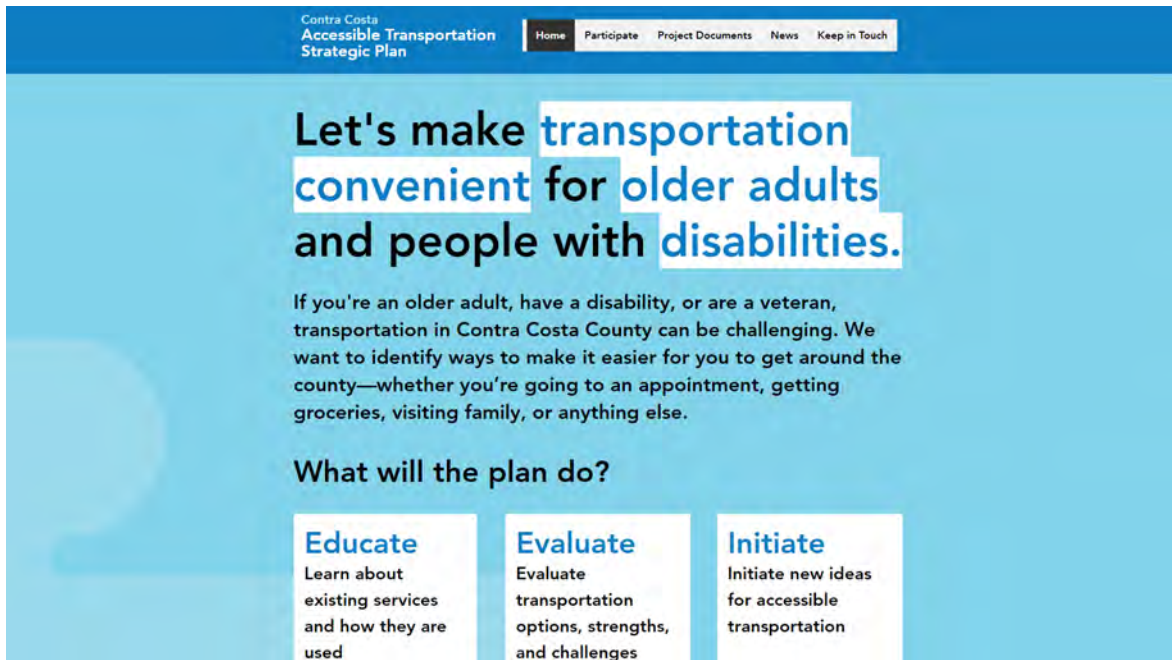
## Strategies Survey

While finalizing the Plan in 2021, the team created a new survey to ask stakeholders to help prioritize potential strategies for implementation. CCTA may choose to continue the survey to collect input on priorities as the Plan moves forward.

## WEB OUTREACH

Nelson\Nygaard developed a dedicated website for the project that provided brief context to the project and what it entails, ways one could participate in the project, up to date project documents, news updates regarding the project, and lastly, a webform to join the mailing list and/or to provide comments.

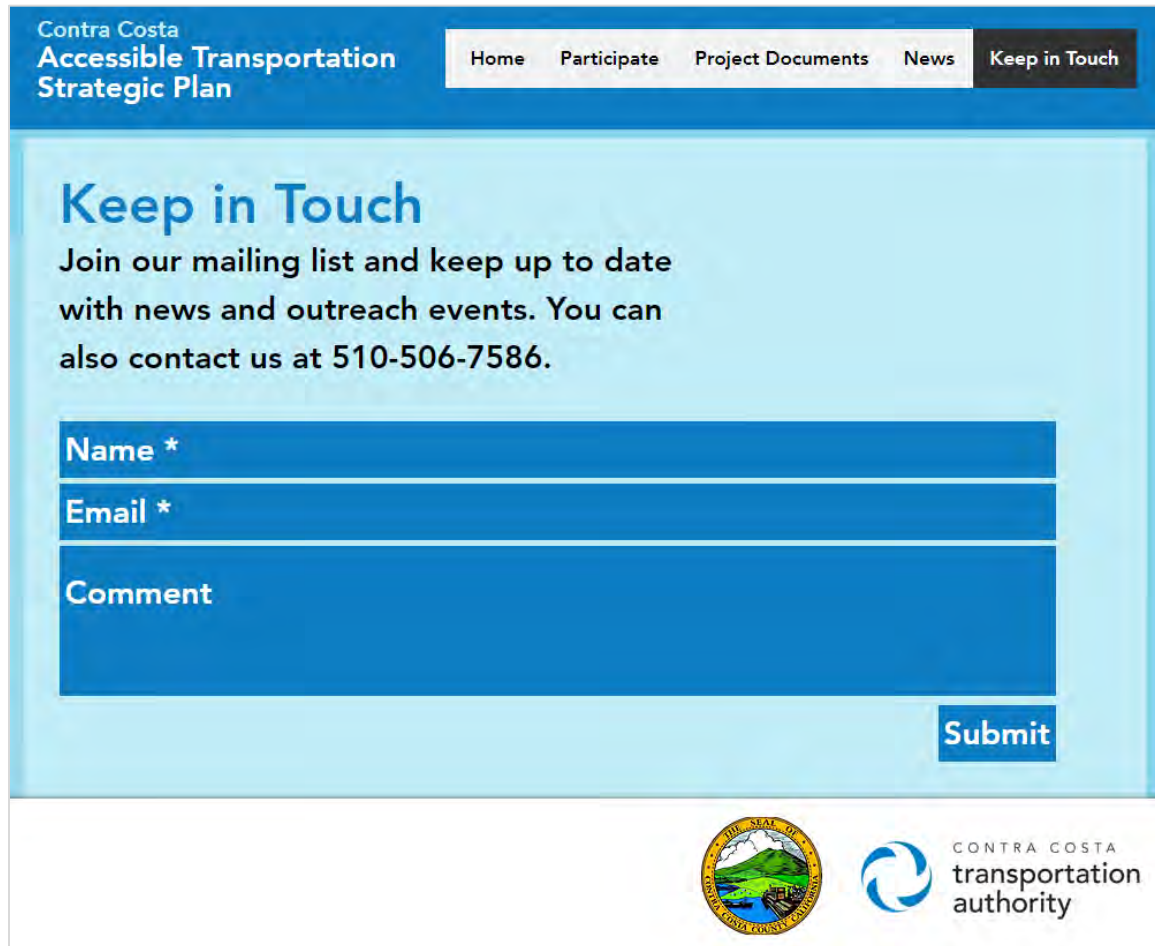
Figure 3-19 Project Website Homepage



The webform responses were all logged, addressed and maintained by Nelson\Nygaard staff (Appendix B). There were more than 60 responses via the webform. The majority of responses were people who wanted to join the mailing list and stay updated regarding the project progress. A contact and distribution list of approximately 200 people was compiled from these messages and survey responses.

The team also received and kept track of all the emails that were sent by residents of Contra Costa County with concerns about the project or feedback. Most of these direct emails were regarding service addition to particular areas.

Figure 3-20 Project Website Mailing List Sign-Up Form



The screenshot shows a web form titled "Keep in Touch" for the "Contra Costa Accessible Transportation Strategic Plan". The form is set against a light blue background. At the top, there is a dark blue navigation bar with the project title and a menu with links for "Home", "Participate", "Project Documents", "News", and "Keep in Touch". The main heading "Keep in Touch" is in a large, bold, blue font. Below it, a paragraph invites users to join the mailing list and provides a phone number: "Join our mailing list and keep up to date with news and outreach events. You can also contact us at 510-506-7586." The form consists of three input fields: "Name \*", "Email \*", and "Comment". A blue "Submit" button is located at the bottom right of the form area. At the bottom of the page, there are two logos: the Seal of the State of California and the Contra Costa transportation authority logo.

## PRESENTATIONS

Nelson\Nygaard presented to the Developmental Disabilities Council of Contra Costa County on February 18, 2020. CCTA and County staff presented to the Pleasant Hill Commission on Aging on March 12, 2020. When In-person meetings were prohibited in mid-March due to shelter-in-place restrictions, further opportunities were sought for presentations at existing online meetings, but were not found.

## FOCUS GROUPS

Nelson\Nygaard conducted five virtual focus groups with seniors and persons with disabilities. These focus groups were hosted in place of the in-person meetings that the project team initially expected to hold with CBOs (prior to the pandemic). The conversations enabled the project team to have in-depth conversations with certain populations that had not been reached sufficiently through other forms of public engagement. Specifically, the focus groups were designed to receive feedback from adults with disabilities, people with limited English proficiency, and residents in West



County. During the conversations, participants shared their experiences with transportation services in Contra Costa County both before and during the COVID-19 pandemic, including key challenges, opportunities, and priorities. **Figure 3-21** describes the target population of each group, how many people participated, and the date of the event.

**Figure 3-21 Summary of Focus Groups**

Host Group	Target Population	Number of Participants	Date
<b>Diablo Valley College</b>	Students with disabilities and access services staff	5	June 17, 2020
<b>San Ramon Senior Center</b>	Seniors and Mandarin-speaking residents	10	July 24, 2020
<b>El Cerrito Senior Center</b>	West County seniors	14	August 3, 2020
<b>Lighthouse for the Blind</b>	Visually impaired individuals	13	August 11, 2020
<b>San Pablo Senior Center</b>	West County seniors and Spanish-speaking residents	3	August 31, 2020

Focus group participants reported that they use a variety of transportation modes, including paratransit, transit, and Lyft/Uber ride-hail services, to make essential and non-essential trips in Contra Costa County. Many participants find that the paratransit and transit services across the County are fragmented and that there is a lack of awareness about non-driving options. As a result, many people rely on family, friends, or neighbors to drive them, which can be challenging because people are not always available or willing to drive. For these reasons, the focus group conversations sought to understand the barriers and challenges that people face when traveling within Contra Costa County. The following sections describe the feedback we heard from participants regarding three modes: paratransit, transit, and Lyft/Uber.

## Paratransit

Focus group participants expressed a handful of challenges related to paratransit. Most participants who use or have used paratransit in the past, emphasized that paratransit **lacks reliability** due to **long wait times and challenging timing issues**. For instance, one participant mentioned how she has had to leave important medical appointments early because the driver arrived ahead of schedule, and how she has missed important appointments because the driver arrived late. Also, scheduling a paratransit ride requires **advanced planning**, which is not always possible. Furthermore, participants find that paratransit is **expensive**; for this reason, many rely on transit services instead. People provided **mixed reviews regarding the helpfulness of drivers** – some help carry groceries, while others do not.





Perhaps one of the greatest challenges is a lack of **access to information** about paratransit services. This highlights a major equity concern, as people often do not know that they may be eligible for paratransit service. Many participants expressed a desire for improved access to information about non-driving options. One participant shared that she only recently learned that people with disabilities can apply for paratransit. Since this service is not advertised, she and others who need it are not aware of this service.

Many participants also noted that they feel limited by the types of **paratransit stop** types. They would like additional stops that would increase access to shopping centers, parks, and other places that support their personal well-being outside of medical appointments. During the pandemic, some paratransit agencies have offered services for shopping trips. Participants indicated that they like this option and would like to see it continue in the future.

## Transit

Many focus group participants do not qualify for paratransit services, did not know it was an option, or find that the barriers to access it (i.e. fares) are too high. Thus, many participants rely on transit services for essential and non-essential trips.

Focus group participants indicated several challenges that they encounter while riding transit and/or barriers to using the public transit system. For many, **BART feels unsafe and unclean**; these conditions often deter people from taking transit at night or at all. People find that there are poor walking conditions in and around station/stop areas and that other riders are inconsiderate. Furthermore, **announcements** on buses/BART are lacking, do not work consistently, and/or are not loud enough. Also, one participant noted that she often uses the bus for one direction of her trip, but not for her return trip because she has difficulty navigating the stops; this participant expressed that she would like training on how to use public transit.

Participant feedback indicates that bus satisfaction is very much dependent on how the **driver responds to the passenger** and the **amenities** on- and off-board the bus. Drivers vary in terms of how responsive they are to the passengers' needs. For example, one visually impaired participant noted that she has to communicate with the bus driver about her stop because she has trouble locating the cord on the bus; some drivers remember where she plans to get off, while others forget. In addition, elderly and disabled participants mentioned that the different floor levels within the bus can be difficult to navigate. They also noted that the lack of benches at bus stops and the poor first/last-mile connection between their home and a bus stop often discourages them from taking the bus.

During the pandemic, most participants who used BART and other transit services **are not currently using these services**. The shelter-in-place mandate and social distancing practices have discouraged much of what would have been "normal" travel. However, participants also described a few barriers related to the transit systems that have discouraged them from riding during this time:

- Bus systems are requiring **back door boarding**; this is challenging for disabled persons and seniors because the back entrance is high and most lack a ramp



- **Buses may skip stops due to limited capacity constraints** (to maintain social distancing on board); this creates significantly **longer wait times** for riders and bus tracking apps are **not accurate**
- Passengers are concerned that not all riders are practicing social distancing

## Lyft/Uber

Some participants reported that they occasionally use Lyft/Uber if they are unable or would prefer not to ride transit or paratransit. For instance, people who can no longer drive but do not qualify for paratransit because they do not need assistance door-to-door, may opt to use Lyft/Uber in areas where transit service is limited or feels unsafe. While these services can be convenient given their on-demand, door-to-door service, they also pose some challenges to their riders. Those who use these services indicated that it can be **difficult to communicate** with the drivers; for this reason, transit can be a better option. Furthermore, a handful of participants mentioned that **dog shaming** (referring to the reluctance of Uber/Lyft drivers to take blind passengers and their service animals) in Lyft/Uber is a common experience; thus, those who travel with a dog, many of which may be service animals (which are legally authorized), do not feel comfortable using these services because of driver reactions. Furthermore, Lyft/Uber is **expensive**, especially currently as pooling is not allowed during the pandemic. Most people who had been using these services, are not currently doing so during the pandemic.

## TELEPHONE TOWN HALL

Nelson\Nygaard hosted a live Telephone Town Hall on 27<sup>th</sup> October 2020. The Town Hall was available in three languages: English, Spanish, and Mandarin. At this event, Nelson\Nygaard dialed more than 23,000 numbers, out of which 1,149 participants accepted the call and joined in over the phone line all over Contra Costa County to understand more about this project and get some of their questions answered. The event was pre-registered by 225 people and other phone numbers were provided by project partners, staff and people who had previously shown interest in staying in the loop about the project. Before the Telephone Townhall all participants were called to connect to the Town Hall and callers could choose to be connected or hang up.

The event was held over an hour and was hosted by a facilitator who navigated the questions and conducted the flow of the conversation. The Town Hall had two featured speakers: **Candace Andersen** who represents the Board of Supervisors, and **Teresa Geringer**, who is a Lafayette Councilmember and member of the CCTA Board. The event was also attended by four key project staff from Nelson\Nygaard, Contra Costa County and CCTA. There were two additional support staff to troubleshoot in case something unexpected came up.

The Telephone Town Hall worked like a live radio show. Once connected, participants listened to the presentations by featured speakers and staff about the ATS Plan and next steps. To make the event interactive, participants were asked to complete simple poll questions and were also given opportunities to ask questions about the project and provide feedback on other mobility challenges in the county. Four multiple choice poll questions were asked as part of the interaction, where the participants could answer by



dialing their answer on the phone number pad. Not all participants answered the polls. The questions and their respective responses are shown below:

- a. What part of the County do you live in? (64 total responses)<sup>1</sup>
  - i. East – 25 participants (39%)
  - ii. West – 6 participants (9%)
  - iii. Central – 26 participants (41%)
  - iv. Southwest – 7 participants (11%)
- b. Are there places you would like to go, but are unable to get to due to lack of convenient transportation? (56 total responses)
  - i. Yes – 34 participants (61%)
  - ii. No – 22 participants (39%)
- c. What are the challenges you face with existing transportation services in Contra Costa County? (31 total responses)
  - i. I cannot travel at the time I want to – 7 participants (23%)
  - ii. I cannot travel where I want to – 8 participants (26%)
  - iii. My trip takes too long – 16 participants (52%)
- d. What transportation services do you need that you do not currently receive? (25 total responses)
  - i. Evening or weekend trips – 9 participants (36%)
  - ii. Frequent trips, such as daily or 3-4 times a week – 3 participants (12%)
  - iii. Out of area medical trips – 6 participants (24%)
  - iv. Same-day trips – 7 participants (28%)

Other than the survey questions, the speakers and staff answered 17 questions asked by the participants. Following are some of the highlights from the question and answer session:

In response to a number of callers' questions about ensuring that the **study not "sit on the shelf"**, Council Member Gerringer, Supervisor Andersen and Peter Engel indicated that elected officials at the county and city levels are committed to serving as champions of the study's recommendations, at the same time that they are aware of the existing fiscal constraints. As such, they welcomed participants' inputs to help prioritize the recommendations. Richard Weiner gave a similar response to a caller who was questioning how the study's recommendations can be given priority by elected officials who are able to find funding for other projects such as the fourth bore in the Caldecott Tunnel.

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<sup>1</sup> Analysis of data from the host indicates the following actual breakdown: East – 20 participants (31%), West – 5 participants (8%), Central – 25 participants (39%), Southwest – 14 participants (22%)



Naomi Armenta explained to a **caller who is unable to use the fixed route system** that she can apply for ADA paratransit certification or call CCTA to find out about additional options.

In response to a question about **out of county trips**, Richard affirmed that these are difficult trips to provide, but indicated that the study will look at innovative models that have been used in other locations in order to address this mobility need. Naomi responded to a similar question about out of town trips and indicated to the caller that as a wheelchair user she too is sensitive to accessibility concerns.

Naomi indicated to a caller who was concerned about the **conditions of sidewalks** and how they impact residents' ability to access bus stops that infrastructure improvements are probably beyond the reach of this study, but the team will be looking at service models that will transport riders to fixed route services such as BART or key bus stops.

In response to two questions about **fare unaffordability** for low-income people, John Cunningham indicated that the study will be considering fare discounts that go beyond the required levels for seniors and people with disabilities but reminded listeners that because of fiscal constraints it will be important that the study receive input on how to prioritize strategies. Peter I reiterated that affordability will be a key issue to be addressed in the study.

A resident of Camino Tassajara asked a question about how residents of that and other **rural locations** can be better served. Peter indicated that the study will be looking at TNCs and taxis as one possible way of serving these areas but will also explore other options. A similar response was given to a question about how rural locations can be better served in far east Contra Costa County.

In response to a question about the future of the **subsidized Lyft program in Walnut Creek**, Peter indicated that this is considered to be a very successful program and the study will look for ways of expanding this to other locations.

Richard confirmed in response to a caller's question that the study will be looking at a **Consolidated Transportation Agency (CTSA)** as a model for overall coordination of transportation in the county and will be looking at what worked and did not work at other CTSA's in the state.

Peter confirmed with a caller that **funding issues** will be addressed in the study.

In response to a caller who was concerned about the **future of paratransit services** in the county, Richard indicated that while the study will certainly not call for a reduction in paratransit services, there are events beyond the study that could impact overall services, such as the impact of COVID on transit ridership and sales tax revenues.

In response to a caller who was concerned about **missed fixed route connections**, Richard indicated that while he isn't familiar with the specific routes indicated by the caller, if he is eligible for paratransit there is a new one seat ride pilot program that could address this need, even while he appreciated the caller's commitment to try using fixed route service. Peter added the County is currently working on a pilot with Tri Delta Transit called Connection Protection which will enable train riders to call their connecting bus to



let them know that their train is running late and they should wait for the transfer. When this program is implemented it should address the caller's concern.

Finally, Naomi responded to a caller who was concerned about whether people with **intellectual disabilities** are being considered in the study that indeed they are, and that the study will consider a number of ways in which use of transportation is a challenge for people with various disabilities.

The participants were directed to the project website for more information and to fill out the webform, in case of more questions. Overall, it was a successful event that reached out to a lot of the key stakeholder and focus groups, especially those without access to or knowledge of online technology. The entire Town Hall was also transcribed and provided to participants who asked and to people who could not attend the event and wanted to hear the conversation. The transcript and the recording were also uploaded on the project website for members of the public to look at.

Use of the Telephone Town Hall was determined to be very effective at raising the visibility of the project and educating the public about the project's goals. The Town Hall initially connected with over a thousand members of the public, most of whom would have been challenged to attend an in-person meeting. However, as far as substantive input on the study contents, this may be considered a rather limited medium due to the actual volume of participants who stayed on the entire time, and the limited number of questions that could be addressed within the structure of the event.

## STAKEHOLDER INTERVIEWS

Nelson\Nygaard conducted a series of stakeholder interviews over the course of the year, starting in March of 2020 and then stopping to pause and reflect on the circumstances of the COVID-19 pandemic. The interview questions were reevaluated to reflect post-pandemic circumstances and were then completed between September to November 2020. The agencies contacted by Nelson\Nygaard included a range from public to nonprofit, which represented different stakeholder groups and interests. Interviewees were provided a "shopping list" of potential strategies from similar projects in advance to inspire ideas and gauge initial response to different concepts. The interviewed agencies are listed in the table below:



Figure 3-22 Summary of Stakeholder Interviews

Organization or Agency Name	Area of County
County Connection	Central, Southwest
East Bay Paratransit	West, Southwest
Tri Delta Transit	East
WestCAT	West
Martinez VA Clinic	Central
Choice in Aging	Central
Contra Costa ARC	Countywide
Contra Costa Health Plan / Health Services	Countywide
Independent Living Resource Center (ILR) - Concord / Independent Living Resources of Solano & Contra Costa Counties (ILRSCC)	Central
Office of Emergency Services	Countywide
Mobility Matters	Countywide

These stakeholder interviews focused on understanding how each of these organizations function and some of the key gaps and needs that they have identified. The interviews also captured the agencies' opinion on some of the umbrella strategies that had come up in previous TAC and PAC meetings. Below are some of the common themes that came up from the interviews.

## Creation of a Coordinating Agency such as a Consolidated Transportation Services Agency (CTSA)

One of the key questions addressed by stakeholders is whether there is a need for a coordinating agency to implement study recommendations, and whether this needs to be a CTSA. A CTSA is a mechanism defined under the California Social Services Transportation Act (AB120 - 1979). In the Bay Area, MTC authorizes the formation of CSAAs. The designation provides certain limited benefits regarding state funding. More detail on CSAAs are provided in Chapter 5.

On the question of whether there is a need to create a new entity that oversees the transportation services for human service agencies, interviewees generally agreed on the need for a coordinating agency but disagreed about whether this needs to be in the form of a CTSA.

Those in favor emphasized the gaps in existing services that they believed will continue as long as there is no centralized entity that provides comprehensive oversight of transportation service delivery. They also pointed out that CSAAs have been recommended in previous studies for good reason, as lack of coordination has been seen as a key weakness in the system of service delivery in the county. In the current service delivery structure, existing agencies would not be able to take on everything on the proposed "shopping list" of mobility strategies. Instead, a new entity whose primary





focus would be working to provide high quality paratransit and human services transportation will work most efficiently.

Conversely, those opposed to the creation of a CTSA were concerned that this new entity would lead to an overall loss of service, particularly those services that currently exceeded the minimum ADA requirements or that received TDA 4.0 funding. Stakeholders indicated that proponents mistakenly (according to the interviewees) believe there will be economies of scale, even though there will remain a need for multiple facilities throughout the county to minimize deadheading, and centralization would reduce the potential for spreading overhead costs over both fixed route and paratransit services. There was also a concern about the diversion of existing funding sources to cover CTSA administrative costs. Finally, opponents indicated that 13C labor considerations had not been fully taken into account when considering the benefits of a CTSA.

Even those who weren't necessarily supportive of a CTSA indicated that there are potential benefits from a centralized agency, such as joint procurements, unified ADA paratransit eligibility process, a unified call center and outreach messaging.

## Identified Gaps and Concerns

Over the course of the interviews, each stakeholder listed their top concerns and identified key gaps within the existing system. Many of the concerns identified in the interviews were similar to the responses to the online public survey, such as issues with **transferring** between paratransit vehicles and from paratransit to fixed route, which can lead to long and confusing trips for the rider; need for **service during evenings and weekends**; frequent trips to **social and recreational places** within the county; **safety and hygiene** within the vehicles; provision of East Bay Paratransit trips during **peak hours** when significant service is assigned to Regional Center trips; and **long ride times** on Health Plan trips.

Some of the other issues that were listed were the **loss of revenue** to human service programs due late arrivals by clients, wait-time on return trips, and overtime costs for the agencies; concerns with **loss of existing funding** due to change in programs; **lack of volunteers** for driver programs, especially in East County; the belief that many people in the county are technologically limited and do not have **access to the internet**.

## Recommendations

The interviewees were also asked to list their agencies' top five priority recommendations or programs that they think will address some of the issues listed above. Following are the ones that were most frequently mentioned.

- Same day rides
- Dedicated service for certain trip types (such as dialysis and Regional Center trips)
- Extensive volunteer driver program
- Wheelchair breakdown service



- Real-time information
- One call/one click call center
- Travel training
- Regional connected trips without transfers
- Fare subsidies
- Hospital discharge program
- Guaranteed Ride Home program for working veterans
- Training for Uber and Lyft drivers in how to serve people with disabilities

## Other Recommendations and Concerns for Specific Stakeholder Groups

Some of the agencies that were interviewed represented a specific group or service such as the Office of Emergency Services which focuses on planning, outreach, and training as it relates to Disaster Management and Emergency Preparedness. One concern they stated was the potential impact of language barriers in the event of an evacuation, particularly with people in the deaf community. They also recommended further coordination with agencies in adjoining counties in order to transfer people out of a disaster area if local services are overstretched.

Similarly, the Martinez VA Clinic expressed concerns about lack of access to non-authorized non-medical trips as a key need for veterans, along with same-day trips. Many veterans fall through the cracks of eligibility if they received a less than honorable discharge, and most services are geared towards medical services, rather than other trip purposes. Service provided through the VA is also limited to day-time hours, thus not meeting many of the veterans' mobility needs.

One stakeholder stated that the paratransit programs should not be expected to be all things for all people. For example, designated agencies should serve the needs of specific populations, such as those attending dialysis clinics or adult day health centers. A centralized agency could oversee contracts with these various entities, thus lightening the burden on the paratransit programs.

## Recommendations for Moving Forward with the Plan

Most of the interviewed organizations suggested that the Nelson\Nygaard team review ongoing or successful programs that could be replicated in the County. Overall, the stakeholder interviews provided insight into the workings of these organizations and also gave the team an understanding of potential implementation issues. The request from some of the stakeholders was to create a solid implementation plan to increase the likelihood that recommended strategies and programs would be implemented. One of the agencies indicated that they expected this Plan to be implementable rather than a visionary document.



## 4 IDENTIFICATION OF TRANSPORTATION NEEDS AND GAPS

The transportation needs identified in this chapter draw on several sources including demographics and analysis of current programs (Chapter 2), outreach conducted with consumers, their advocates, and agencies who serve them (Chapter 3), and other reports. Many of the needs and gaps identified in this chapter have been identified in prior studies (Appendix C).

### Issues and Needs Related to Fixed-Route Transit Service

Fixed-route transit services are often a lifeline to older adults, people with disabilities, people with low income, and also veterans. In the course of the study's outreach activities, stakeholders spoke of issues that had been exacerbated by COVID-19, such as crowding on buses, length of wait at stops, mismatched transfers, etc.



Identification of potential transit need based on demographic measures (population density, jobs, older adults, people with disabilities, and where lower income persons live) compared to existing transit service indicates the areas where there are potential gaps. There appears to be a patchwork of gaps of medium to high need in West County and in Central County in the areas of Concord and Pleasant Hill. There is a lower level of need but spanning larger geographic areas in the northern portion of the County such as near Port Chicago, East County around Antioch and Brentwood, and Southwest County east of San Ramon (refer to **Figure 2-8** in Chapter 2).

Additional needs included:

- Many respondents reported feeling unsafe while traveling; BART feels unsafe and unclean and announcements are not clear
- Bus drivers are not always responsive to passenger needs and a lack of bus amenities such as shelters pose challenges for seniors and people with disabilities
- Stakeholders find it challenging to get to the two locations where people can apply for Regional Transit Connection (RTC) cards (for reduced transit fares due to disability)



- Transit has been challenging to ride during the pandemic (thus most people are not using it) due to back door boarding, skipped stops due to capacity constraints, longer wait times, and concerns about social distancing

## Issues and Needs Related to ADA Mandated Paratransit Service

Similar to fixed-route transit, stakeholders discussed a range of concerns related to ADA-mandated paratransit. The ADA establishes minimum requirements for the provision of complementary paratransit service, which all Contra Costa operators meet. However, the travel needs of the senior and disabled community consistently exceed or are often outside of these requirements, financial resources, and operational capacity – creating challenges.



- Four different providers with different certification processes, fare structures and media create confusion for customers
- Issues with transferring between different ADA paratransit services
- Paratransit lacks reliability (long wait times and challenging timing issues), requires advanced planning, is expensive, has mixed reviews regarding helpfulness of drivers, and has limited stop types (during the COVID mode of service provision)
- Tri Delta Transit and WestCAT offer supplemental services to residents aged 65+ but others do not
- Consumers report arriving late to day programs and are picked up late e.g. Regional Center trips for people with developmental disabilities



## Issues and Needs Related to Community Based Transportation Services

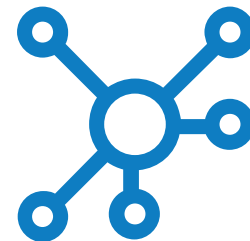
Community-based transportation services may be provided by public sector services (e.g. a city's senior center) or nonprofit organizations. Contra Costa County has a wide range of these types of programs including city-based programs (e.g. San Pablo Senior & Disabled Transportation) and programs offered by nonprofit organizations (e.g. Mobility Matters.) In most cases providing transportation is not the core mission of the agency but is provided to fill specific gaps for agency clients rather than the general population. Programs such as these are often challenged to meet gaps and needs not filled by ADA paratransit service. There are a range of programs throughout the County, but gaps remain persistent.



- Measure J funded city services that supplement ADA-mandated programs are only located in West County
- There are two traditional volunteer driver programs in the County, a third – John Muir Health: Caring Hands – recently closed
- The remaining volunteer driver programs need more volunteers and more reliable funding to increase capacity; reliance on volunteer driver programs to fill door-to-door transportation needs is problematic
- Monument Shuttle recently shut down due to lack of funding
- Consumers have difficulty making frequent trips
- Wheelchair accessible transportation options are limited in parts of the County; if available, users must schedule 2-3 days in advance

## Geographic and Temporal Inequities

A review of demographics and the location of services in the County makes geographic inequities evident. East County in particular faces a number of challenges.



- There is a concentration of seniors south of Brentwood, and disabled veterans throughout rural East County
- There are no community-based transportation services in East County, although Mobility Matters covers East County with their two countywide volunteer driver programs
- There are a number of disabled veterans in other remote areas such as south of Moraga and the area near Port Chicago
- A prior study in West County discussed the closure of Doctors Medical Center, the most frequently used emergency room in West County; most medical facilities appear to be clustered in the center of the County between Pleasant Hill and Walnut Creek
- Two facilities that are needed by residents throughout the County are both located in Martinez - the Regional Medical Center and the VA Medical Center



- Many stakeholders report a need for expanded service during evenings and weekends

## Lack of Affordability

- Low-income populations are particularly concentrated in West County, Concord, and the northern portion of the County near Pittsburg and Antioch
- Concern with affordability related to all transportation services
- Lack of means-based discount program for general population (which will potentially be addressed through MTC's Clipper START pilot program)
- Lyft/Uber is expensive and it can be difficult to communicate with drivers; dog shaming (referring to the reluctance of Uber/Lyft drivers to take blind passengers and their service animals) is also common



## Access to Essential Services

General access to essential services and quality of life needs arose repeatedly in community engagement efforts.

- Consumers expressed the need for same-day trips and wheelchair accessible trips
- Consumers found it difficult to travel to medical appointments; out of area medical trips were noted to be an issue
- Some consumers are too frail to use traditional services when discharged from a hospital during non-operational hours
- Long ride times on Health Plan trips
- Consumers found it challenging to access grocery stores and shopping
- Consumers had difficulty in making quality of life-essential trips to visit friends and family, the senior center, and church



## Access to Information

In West County, Concord, Pittsburg, and other areas of Contra Costa County with a high proportion of people of color, there is a concern that residents are less likely to be informed of the transportation options available to them.

Emerging transportation services require a higher level of technical sophistication than traditional services. This creates a barrier between targeted populations of seniors and disabled people and the transportation services they need. Lack of information was cited as a challenge to many residents.



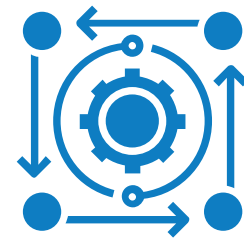




- Awareness about accessible programs/options is lacking among eligible populations; ADA paratransit services generally don't do marketing or other campaigns to increase ridership in direct contrast to conventional transit
- Veterans' transportation programs have specific limitations, availability and limits may not be well-known
- There is a lack of awareness of non-emergency medical transportation (NEMT) options provided to Medi-Cal beneficiaries

## Programmatic Needs and Organizational Structure

Stakeholders provided a significant amount of input regarding programmatic needs and organizational structure, partially in reaction to participation in prior studies.



- Accessible services for seniors and people with disabilities are siloed between transit agencies, social service agencies, cities, and non-profit organizations
- Limited coordination exists between existing providers, which limits ease of use for users and presents difficulty to providers, particularly related to lengthy trips that require transfers between different agencies (such as fare coordination, coordinating pick-up times etc.)
- Stakeholders expressed interest and concerns about the creation of a Consolidated Transportation Services Agency (CTSA) to improve coordination and address gaps in service
- There is a need for political support and/or a champion for the implementation of these types of recommendations
- Funding for these types of services is limited and/or stagnant; grants are available for planning and pilots, but still need funding for ongoing operations
- Significant portions of current funding, such as for ADA-mandated paratransit programs, are restricted on how and to whom they can provide service; regulatory concerns also affect transportation to and from healthcare
- Private vehicles (e.g. taxis, Lyft/Uber), which are often looked at to supplement service are not required to provide accessible vehicles, can be prohibitively expensive, or are limited in availability
- Need to plan for / accommodate future growth of seniors in the County





## 5 Recommended Strategies

This Strategic Plan recommends strategies to both facilitate Countywide transportation coordination efforts and address specific transportation gaps through mobility strategies that have been adopted in other counties in the Bay Area and throughout the country. While some strategies can be implemented in the short term through existing organizations and agencies, it is critical that additional funding be located and an organizational infrastructure be created in order to facilitate the implementation of other mobility strategies as well as advocate for increased funding, modify strategies to respond to changing conditions, and monitor overall performance of different strategies. This chapter first presents the steps that will need to be taken in order to facilitate this process, followed by an evaluation methodology for prioritization of a broad range of strategies. The strategies recommended in this chapter respond to a combination of extensive input from members of the public, advisory committees, agency staff, and are based on the consultant's experience with coordination efforts throughout the country.

### ESTABLISH A COORDINATED STRUCTURE

A coordinated structure will need to be in place to implement countywide and centralized mobility strategies, as described later in this chapter. Due to the complexity of implementing a coordinated service, as described previously<sup>1</sup>, establishment of this structure will be an iterative, two-phase process. In the short term a Task Force will need to be established that will be responsible for identifying which strategies require a dedicated entity to increase the likelihood of implementation of countywide study recommendations, and which strategies could be assigned to existing entities for implementation in the shorter term.



It should be noted that in the Telephone Town Hall and committee meetings a number of stakeholders questioned how the present study will succeed in implementation of recommended strategies where previous studies did not. Apart from the higher level of collaboration evident in the current effort, this distinction between 1) establishment of an overall coordination infrastructure and 2) usage of existing entities for more short-term improvements, is an attempt to address the lessons that have been learned from previous efforts. More details on this approach are provided below.

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<sup>1</sup> ATS Plan Policy Briefing Packet; [Page 8: Potential Barriers in the Implementation of Coordinated Transportation](#)



## Phase 1: Establish a Task Force

Nelson\Nygaard recommends that an Accessible Transportation Strategy (ATS) Implementation Task Force (TF) be established to take the study recommendations to the next level of implementation. Following are some of the elements of this task that will need to be implemented:



**Composition:** The TF should include representatives of a broad variety of individuals representing agencies or user groups that have a stake in the project outcomes. At the very least, this TF should include representatives of relevant human service agencies, transit agencies, elected officials, disability and older adult advocates representing a range of segments of these communities, veterans, funding bodies, and other representatives.

To expedite the development of the TF, it is recommended that it be composed of a modified version of the current PAC, depending on interest, availability, and representation of a diversity of interests.

**Mission:** The TF will have three primary tasks:

1. Develop funding strategies.
2. Identify ATS recommended strategies that can be delegated to existing agencies or non-profit organizations that do not require a Coordinated Entity for short term implementation.
3. Define and establish a dedicated countywide Coordinated Entity for implementation of countywide strategies.

Activities should include prioritizing of the strategies presented in this study, and development of an incremental approach to strategy implementation. This would ensure that select study recommendations can be implemented in the short-term rather than waiting for the creation or designation of a unified entity for implementation of large-scale, longer term strategies.

**Reporting Structure and Administrative Support:** One option will be assigning the responsibility of interim oversight of the TF to the Contra Costa Transportation Authority (CCTA) in order to ensure continuity beyond the present study. CCTA could designate staff resources to provide the support needed by the TF to fulfil its duties. This recommendation has not been considered formally by CCTA, but has been presented to the oversight committees to allow for the suggestion of alternative options. With the timing of approval of the ATSP (planned for February/March 2021), CCTA could adopt the process as part of its FY 2021-22 Work Plan.

The TF could be an advisory committee to the CCTA Board and report regularly on activities. It would need to be determined how and when the TF would report to the County Board of Supervisors, and/or transit agency Boards.

**Funding Sources:** Potential overhead costs for this task should be relatively limited beyond the required staffing support.



**Political Feasibility:** It is anticipated that establishment of this TF will encounter little political resistance as stakeholders are familiar with the incremental approach that can result in implementation of smaller scale but meaningful improvements.

CCTA may be limited in its ability to lead some of these strategies due to its legislative authority<sup>2</sup> and may need to either explore different governance alternatives or expand its authority through specific legislation.

**Time Frame:** Once the ATSP has been approved by the CCTA Board and County Board of Supervisors, the TF could begin operating within three to six months. If the PAC is used as the basis for the formulation of the TF, it will ease implementation of this recommendation. The TF would remain in place until it completed its mission and could be dissolved once a Coordinating Entity (CE) is in place.

## Phase 2: Establish a Dedicated Countywide Coordinated Entity

A CE should either be created or designated to implement countywide study recommendations. The TF will be responsible for determining where this entity should be housed – it could be in an existing non-profit or public agency, or the TF could determine that a new entity will need to be established.



**Mission:** The role of the CE would be to implement study recommendations. Examples of strategies to be implemented by the CE could include:

- Identify and pursue new funding sources
- Administer a uniform countywide ADA paratransit eligibility certification
- Expand mobility management function
- Procure joint paratransit scheduling software
- Present a unified voice regarding policy and funding at the local, state, and federal levels
- Oversee a one-seat ride for inter-jurisdictional trips both within and outside the county

Additional opportunities for countywide service could be considered in the future as appropriate.

**Political Feasibility:** Although previous studies have recommended a centralized entity for coordination of transportation efforts countywide, these have not been implemented to date. The 2013 Mobility Management Plan<sup>3</sup> stated that a barrier to progress in the County is, "...the lack of a structural platform..." and specifically recommended the

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<sup>2</sup> California Public Utilities Code Sections 180000 et seq., added Statutes 1987, Chapter 786,

<sup>3</sup> 2013 Contra Costa Mobility Management Plan "This Plan recommends the formation of an organization to take the lead in implementing a broad range of mobility management strategies. Specifically, a Consolidated Transportation Services Agency (CTSA) is recommended for Contra Costa County."  
<https://countyconnection.com/wp-content/uploads/2013/10/7.b.1.-Mobility-Plan.pdf>



establishment of a CTSA. It will be important for the TF to reflect on what was learned from that process and what should be done differently in considering the CTSA model and alternatives.

The TF will decide where the CE will be housed and this entity can apply to become a CTSA<sup>4</sup> if determined that this is the most effective vehicle for achieving the ATS mobility goals, or if other models should be considered. Following is a brief description of the CTSA model. Appendix D contains the legislative language referencing CTSA.

**Consolidated Transportation Service Agency (CTSA).** Designation as a CTSA is incorporated in the California Transportation Development Act (TDA) to promote service coordination. In the Bay Area, the Metropolitan Transportation Commission (MTC) can designate an agency as a CTSA. The designee can be an existing agency, new agency (such as a joint powers authority), or a non-profit organization. CTSA designation may give preferential access to certain funds, such as Federal Section 5310. A CTSA could be designated Countywide or by a smaller area (e.g. by planning area).

In determining the viability of a CTSA to deliver ADA paratransit trips, transit agency ADA paratransit obligations will need to be taken into account.

Successful implementation of this recommendation will require political commitment at the highest levels of elected representatives in the County serving on the CCTA Board, County Board of Supervisors, and transit agencies. The PAC already includes a number of elected officials who have indicated a willingness to champion the study's recommendations, thus providing a basis upon which the TF can build political support.

**Potential Overhead Costs:** Given the potential staffing required to set up the countywide CE, overhead costs are likely to be relatively high. This will need to be viewed in the context of potential cost savings that could be derived from the centralization of some of the transportation activities cited previously. However, the TF may also prioritize improved and/or increased service over cost savings. As an example, the 2013 Contra Costa County Mobility Management Plan estimated annual costs in the first two years of operation of a CTSA to be \$325,000. This does not include the costs of actual service provision.

**Effort Required to Create the Coordinated Entity:** Substantial effort will be required to set up this organization (or to designate an existing organization to take on this role). Some of the considerations include potentially lengthy negotiations between stakeholders, resolution of legal issues, governance decisions, incorporating and otherwise incubating a non-profit, setting up joint powers agreements. etc. It is anticipated that setting up a CE will take 12 to 36 months, depending on the direction provided by the TF and the cooperation of stakeholders.

**Potential for Implementing Large-scale/Long-term Strategies:** The CE could have significant potential for implementing some of the strategies proposed below depending on the strength of leadership and the ability to secure dedicated funding.

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<sup>4</sup> The California Association for Coordinated Transportation (CALACT) maintains information about Consolidated Transportation Services Agencies here: <https://www.calact.org/ctsaebook>





**Funding Sources:** The CE will need to seek funding through a variety of means, likely including funding dedicated through a sales tax measure. In Monterey County, Monterey-Salinas Transit placed a successful sales tax measure on the ballot to benefit similar populations to those of this ATSP. CCTA or the County could potentially fill the role of putting a tax measure forward. The recent history of transportation sales tax measures (requiring a *supermajority* vote) in Contra Costa County indicates that passage of such a tax could be a daunting task, and other revenue generating activities will be important to the creation of a CE.

A non-profit could have access to funding not available to public entities, such as grant funding and Community Development Block Grants, foundation funding, donations, other public funding options, etc.

One role of the TF and CE will be to explore comprehensive funding opportunities outside of “transportation” dollars. State and federal agencies provide funding through social service departments for transportation, outside of the traditional transportation silos.

## MOBILITY STRATEGIES

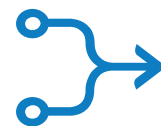
The strategies listed below should be viewed in terms of both the paradigm shift that has occurred due to the COVID pandemic, hopefully in the short-term, and longer-term strategies that will be needed to meet the study’s overall coordination objectives.

At the time of preparation of this report, many transportation modes have limited service provision for target populations to medical consultations, food shopping and other urgent needs, while expanding their services to incorporate increased meal deliveries. Whether these shifts will outlast the pandemic in some form remains to be seen, but it is anticipated that many traditional forms of transportation may undergo some shift in overall purpose and design as a result of current events.

The following implementation strategies are not prioritized, but rather are arranged in a similar order as they were presented to the PAC for evaluation.

### Increase Local and Regional Mobility

- **Improve connectivity between paratransit programs/eliminate transfer trips.** Paratransit travel between transit agency service areas typically requires a transfer. Challenges associated with inter-service area have been identified for many years by paratransit riders and advocates.



In order to address this need, the three Contra Costa-based transit agencies, and in association with LAVTA in eastern Alameda County, have initiated a one seat ride pilot program. This program is intended to address the complexities of traditional transfer programs, which can include coordination between the schedulers and dispatchers of both agencies and often require a wait for the second vehicle to



arrive. Transfers can be inefficient, expensive, and reduce safety. The current pilot program includes non-binding agreements among the transit agencies that address accounting, cost-allocation, and reporting procedures. This strategy proposes an expansion of the pilot program, with modifications that result from lessons learned during the initial phase. This strategy could result in a significant improvement in service available to Contra Costa paratransit customers and address concerns expressed at the Telephone Town Hall and the other outreach efforts. This approach to eliminating transfers is one move in the direction of providing a countywide service, but its effectiveness is not known.

- **Same-day trip programs (including wheelchair-accessible service).**

Same-day programs allow users to travel without needing to reserve a day in advance, as required on ADA paratransit. Most commonly, same-day service is provided using taxis and/or TNCs. Wheelchair-accessibility and access for people without smartphones (or concierge/phone-order service) are issues that need to be addressed with TNC same-day services. Examples of existing same-day services in Contra Costa County include Go San Ramon!, Walnut Creek Seniors Club Lyft program, and various wheelchair-accessible taxi services.



- **Expand existing and add new volunteer driver programs.**

Volunteer drivers can provide a degree of personalized service that paratransit programs cannot. Typically, volunteers driving their personal vehicles provide one-on-one service, taking individuals to and from medical appointments, often with assistance to and from doctors' offices ("escort" service). Wheelchair-accessible service requires adding some agency-owned vehicles to the mix, usually small vans that do not require a commercial driver's license. Programs can be traditional (staff matches the volunteer and rider and schedules the trip) or reimbursement-based (riders recruit their own drivers). The former model already exists in Contra Costa County through Mobility Matters and other city- or church-based volunteer driver programs, while the latter model was pioneered in Riverside County (known as the "TRIP" program) and has been replicated throughout the U.S.



- **Service beyond ADA service areas.**

Since ADA paratransit is required only where and when fixed-route transit operates, many rural areas in the County are not well served, and many areas lack service during evenings and weekends. These issues were cited repeatedly in various outreach forums, including previous studies and input from East County residents in the Telephone Town Hall. The most common means of filling this gap is using taxis, but other service types can also be used. Some options for providing service that exceeds the ADA minimums that currently exist in various parts of the country include premium fare paratransit, shuttles that serve first mile/last mile needs (e.g. to a BART station), zonal dial-a-ride that connects to BART or major fixed route transit stops, and point deviation service, which is a hybrid between fixed route service (to fixed points in a geographic area) and demand-response, since the vehicle does not follow a fixed route but can access a rider's location or an easily accessible nearby stop.





- **Early morning and late night service (e.g. to dialysis).** A variation on service beyond ADA service areas would be directed to specific trip types (like dialysis) that commonly require travel early in the morning or late into the evening. Programs that are designed for these services generally employ either taxis or TNCs. Services that exceed the ADA minimum requirements that serve specific, privately operated destinations, such as dialysis clinics, could be candidates for cost sharing arrangements with those entities, similar to the previously mentioned paratransit trips that exceed ADA minimums.



- **On-demand subsidies.** A popular means of providing same-day service, typically including service at times when paratransit does not operate, is to subsidize taxi and/or TNC usage. Mechanisms for subsidies can involve scrip, tickets, vouchers, debit cards, or accounts maintained by the subsidizing agency. Since taxis and TNCs typically do not operate wheelchair-accessible vehicles, some means of filling this gap needs to be included. In the case of TNCs, which usually require a smartphone, a concierge/phone-order option is also needed.



## Improve Coordination Among Providers and Community Stakeholders

- **Shopping trips with package assistance.** As an alternative to ADA paratransit, a shopping shuttle may be more convenient for riders and less expensive to operate. Shuttle trips usually connect senior apartment complexes with major shopping centers. A variety of living and shopping locations may be served on a rotating schedule, with each route operated on a weekly or more frequent basis. In addition, as a result of innovative new developments that have arisen in response to COVID restrictions, shopping programs targeting low-income populations have been initiated that do not require a computer for ordering food. Some of these programs have integrated food stamps into their payment methods.





- **Hospital discharge service.** Following hospital treatment, a person may be newly disabled, or temporarily disabled and require assistance beyond that which a taxi or TNC can provide. In addition, hospital rules may not allow a patient to be discharged to these services. Since the person is not certified as eligible for ADA paratransit and cannot become certified on short notice, high-priced medi-van service is often the only option. A lower-cost option operated in Alameda County for a number of years. This program, which could be replicated in Contra Costa County, offered resource information, assistance with applying for transportation services such as ADA paratransit, and provided wheelchair accessible trips upon discharge. A key component of this program would be educating discharge planners about transportation resources in the area and doing so on a recurrent basis due to staff turnover.






- Customized guaranteed ride home programs for people with disabilities.** A guaranteed ride home program usually is intended to encourage use of transit and carpooling/vanpooling by providing an alternative means to get home if the participant needs to work late or return home early due to an emergency. Usually, taxi or TNC rides are provided. A program geared to people with disabilities would provide wheelchair-accessible options and not be limited by trip purpose. In order to meet the needs of disabled riders, the program would need to incorporate design features such as a GoGoGrandparent account, establishment of a mechanism for charging agencies for the trip or providing the consumer with a voucher for emergency trip purposes. Call-taking, eligibility screening and payment procedures would be needed



- Means-based car-share including accessible option.** Improved access to car share services for low-income individuals with mobility issues could provide an important complement to other options by improving access to essential destinations such as medical facilities, grocery stores, and other services. Car sharing could be subsidized and could be modeled on or operated by Mobility Development (MioCar) or another similar vendor.




## Increase Awareness of Existing Services

- One-call / one-click (OC/OC); information & referral (I&R).** This type of program would result in a single phone number and website for the public to access all available transportation services offered to people with disabilities and seniors in their area, rather than a myriad of numbers for different programs and geographic areas. Programs with trained staff that help callers figure out the best service to meet their needs are sometimes called “travel navigator” programs. The name “one-call / one-click” suggests that callers are immediately connected to the service they need, while “information & referral” may simply provide information. One-call / one-click programs have some combination of personnel who take calls (“one-call”) and a searchable database on a website (“one-click”).


- Programs for disabled/senior veterans.** Aging veterans and those with disabilities may benefit from travel training conducted by other veterans (“peers”). Programs for veterans may also address specific issues related to travel for treatment at Veterans Administration hospitals, which can involve long distances across jurisdictional boundaries. These programs can also be customized to fill gaps in the existing veteran programs, such as to non-medical destinations or to veterans without an honorable discharge.


- Real-time transportation information (paratransit vehicle location, BART elevators, wheelchair spaces on buses).** ADA paratransit programs increasingly offer riders real-time information about vehicle location, usually with a smartphone app. Real-time information about fixed-route accessibility features such as availability of wheelchair spaces in an oncoming





vehicle would be an innovation that would encourage usage by people with disabilities.

- Travel training (including inter-operator trips).** Travel training is usually intended to help people learn to use fixed-route transit effectively. Group training sessions can be helpful for some people, but many riders need intensive one-on-one training, either by qualified trainers or sometimes by “peers”, i.e. other seniors, people with disabilities, or veterans. Travel between transit operator service areas can be particularly challenging and could be part of a travel training program. Travel training programs can also be customized to serve non-English speaking groups, as have been offered in the city of Fremont for many years. In previous studies, stakeholders expressed interest in learning to use Clipper Cards, and help with ride hailing and concierge services. These could be folded into the proposed expanded travel training programs.



- Mobility-as-a-Service (MaaS).** MaaS is a shift away from personally-owned modes of transportation and towards mobility provided as a service. This is enabled by combining transportation services from public and private transportation providers through a unified gateway (usually an app) that creates and manages the trip, which users can pay for with a single account. Users can pay per trip or a monthly fee for a limited distance. While MaaS has only recently entered the larger transportation dialog, the concept has been in operation for decades in the form of a paratransit brokerage absent the automation approach a smartphone app provides.



## Develop Partnerships for Supportive Infrastructure

- Administer a uniform countywide ADA paratransit eligibility certification program.** The different transit operators could develop a joint application process, including a uniform paper application, and an agreed methodology for certification (e.g. interview, functional assessment, etc.). Riders could be provided a single point of contact to apply for ADA paratransit anywhere in the County.



- Fare integration.** The different ADA paratransit operators could develop joint fare structure and payment mediums. East Bay Paratransit is currently investigating options in this area for contactless payment and to better prepare for the next phase of Clipper.





- Procure joint paratransit scheduling software.** Regionally there have been many recent discussions on scheduling software as providers try to get ready for the next phase of Clipper. Procuring joint software would allow the County providers to potentially obtain better software and support via economies of scale. This would support other listed strategies, such as the one-seat ride pilot program, and uniform paratransit eligibility certification.







- **Sidewalk improvements to enhance safety for older adults and wheelchair accessibility in high-priority locations.** Access to public transit is sometimes limited by lack of sidewalks, poor sidewalk condition, lack of curb cuts, and obstructions on sidewalks. Typically, cities rather than transit agencies are responsible for sidewalks. By targeting sidewalk improvements in locations near transit stops that serve key facilities and residential locations, accessibility for seniors and wheelchair users may be significantly improved. In addition, expanding existing bus shelter installation programs at transit agencies could serve the needs of those who wish to use fixed route but are prevented from doing so due to the lack of shelters. Consumers could be provided a phone (e.g. 311) or app option to report barriers.


- **Means-based fare subsidy.** Operators of transportation services for seniors and people with disabilities could provide reduced fares for low-income qualified riders. Most likely, such a program would be based on some other existing means-tested program like Medi-Cal, SSI, general assistance, etc. The paratransit program operated by SamTrans in San Mateo County has operated a low-income subsidized paratransit program for many years that reports very limited administrative burden. Affordability was a concern expressed by many stakeholders during the study's outreach phase.


- **Wheelchair breakdown service.** Wheelchair users who use public transportation can find themselves stranded away from home if their wheelchair malfunctions or is damaged. If this occurs, they require urgent help getting home and getting their chair repaired. This need may be addressed by an accessible same-day trip program or it could incorporate a repair element (e.g. *Easy Does It* has a pilot wheelchair breakdown program in Alameda County).


- **Accessible Bikeshare.** Oakland and San Francisco recently offered adaptive bike share programs. Trained staff from BORP, a leading provider of accessible recreation and adaptive sports for people with mobility-related disabilities, were on-hand to fit, train and assist riders on how to use the adaptive bikes. Adaptive equipment used in the program includes supportive pedals, seats and straps, and hand pedals for quad level riders. The program had five adaptive bikes available in Oakland and San Francisco: upright handcycle, recumbent handcycle, recumbent leg trike, recumbent trike tandem, and side-by-side tandem bicycle. This program could be implemented in one of the more urbanized level terrain parts of the county.







## PRIORITIZATION OF STRATEGIES

The strategies described above range from those that are extremely comprehensive and serve a lot of sections of the disability, older adult, low-income and veteran communities, to those which are very customized to smaller groups but serve a critical transportation need. In order to help prioritize the strategies for the final implementation plan, a set of evaluation criteria were developed and are described below.

### Transportation Strategy Evaluation Criteria

The following criteria were used with the PAC and TAC as a guide for evaluating strategies intended to address the transportation gaps identified in this project. The criteria are intended to be flexible, so that differences among different communities in Contra Costa County are taken into account. The order of presentation does not correspond to order of importance—no one category is considered more important than the others.



In addition to the measurable (either quantitative or qualitative) criteria presented below, some overarching considerations include:

- **Measure J (2020)** language (user-focused, seamless, streamlined, unified, affordable)
- **Status of legacy recommendations** (from previous studies in the County) relative to new recommendations
- **FTA concept** of “confidence the trip can even be completed” as a part of the trip planning process.
- **Current Measure J Eligible Expenditures** [(a) managing the program, (b) retention of a mobility manager, (c) coordination with non-profit services, (d) establishment and/or maintenance of a comprehensive paratransit technology implementation plan, and (e) facilitation of countywide travel and integration with fixed route and BART specifically, as deemed feasible.]
- **MTC Resolution 4321 requirements** (each county must establish or enhance mobility management programs to help provide equitable and effective access to transportation)

There are four groups of evaluation criteria: financial; implementation; transportation benefit; and community criteria.

### Financial Criteria

Cost: Is the overall cost within a range that can realistically be funded with available sources, taking into account sales tax funds, grants from the private or public sector or user fares/fees?



Cost per beneficiary: A broad range of a small to a large number of beneficiaries is compared to the cost of a program. Even though a program’s total cost is low, if it reaches very few people it might still have a high cost per beneficiary. This would not necessarily eliminate a project from consideration if it ranked highly on other



criteria including those listed under “Transportation Benefits Criteria” and “Community Criteria.” Similarly, even though a program’s total cost is high, if it reaches many people it might still have a low cost per beneficiary.

Funding availability and sustainability: To the degree possible, strategies and related projects should have stable sources of funding to cover match requirements. In the case of pilot, demonstration, or capital projects, there should be reasonable likelihood of continued funding for operations. It is recognized that continued funding can never be guaranteed, as it is subject to budget processes, as well as decisions and priorities of funders.

Leveraging resources: It is desirable for strategies and projects to help tap into other funding sources, especially new sources not previously available. Displacing existing funding is discouraged.

## Implementation Criteria

Implementation time-frame: Strategies that will produce results quickly are preferred, as long as they are also sustainable. Projects with long-term payoffs should have some form of measurable accomplishments in the short run.



Staging: Can the improvement be implemented in stages?

Coordination: Strategies that involve coordination, for example multiple organizations working together to address a need, would be prioritized.

## Transportation Benefits Criteria

Number of problems and trip types: Strategies that address multiple problems and serve multiple customer groups and trip purposes are preferred, with an emphasis on those that facilitate coordination in the county.



Number of beneficiaries: In general, improvements that benefit many people are preferred to those that benefit few. However, the needs of relatively small groups might be considered particularly critical based on criteria under the heading “Community.”

Unserved needs: Projects are preferred that address gaps left by other services rather than duplicating, overlapping with, or competing with other services. Note that the relative importance of various needs is a matter for local priorities as addressed under “Community.”

Measurable benefits: As much as possible, there should be ways to measure how a strategy is benefiting target groups (seniors, veterans, people with disabilities), whether in terms of numbers of people served, numbers of trips provided, improved measures of service quality, user-friendliness for end user and their aides etc.



## Community Criteria

Community support: Community support may take the form of formal endorsement by organizations and individuals, support by elected governing bodies, a potential project sponsor (“champion”) with staff or vehicles, and connections to adopted plans to carry out the strategy. Input from community outreach and stakeholder interviews conducted in Spring/Summer 2020 was taken into account in the scoring of these strategies.



Acceptability: While a strategy may look good “on paper”, there may be more subtle reasons – for example, cultural, practical, or financial – that would result in it not being successful if implemented. The strategy must be acceptable to the target population. That is, will the target population actually use this service being offered?

Acute needs: The importance of needs will normally be reflected in community support, but also in priority designation in locally-adopted plans or policies. Acute needs may include needs of small groups who have been left unserved by other programs due to expense or other difficulties.

Unserved groups: Identifiable groups that are not able to use existing services may include people who face language and cultural barriers.

## Prioritization by the Policy Advisory Committee and the Technical Advisory Committee

During meetings held in November 2020 the various strategies were presented to these two committees, in addition to the evaluation criteria described above. The results of input received from committee members are presented in the following matrix.



Strategies have been arranged in four groups: Increase Local and Regional Mobility; Improve Coordination among Providers and Community Stakeholders; Increase Awareness of Existing Services; and Develop Partnerships for Supportive Transportation Infrastructure. The strategies in the matrix have been arranged according to the level of priority within each of the four groups, and **key comments from committee members are presented in the right-hand column**. It should be noted that at this stage of the evaluation estimated costs were not included in the information available.



Figure 5-1 Strategy Prioritization

STRATEGY	COMMITTEE COMMENTS
<b>Increase Local and Regional Mobility</b>	
<p><b>Expand the current one-seat ride pilot program - improve connectivity between paratransit programs/eliminate transfer trips</b></p>	<p>Allows for travel within the county to be like drivers experience it-without imaginary boundaries. Allows people to fully live and work where they desire. Additionally, it has been a recurring recommendation over the past studies.</p> <p>Clear benefits to existing population (now using transfers). Unclear whether existing provider has resources to take on East Bay Paratransit (and Alameda County).</p> <p>Yes, 100%+ convinced we need to improve connectivity! What we ask our service recipients to go through to get from point A to point B is ludicrous.</p>
<p><b>Same-day trip programs (including wheelchair-accessible service)</b></p>	<p>Allows for a more natural way to get around. Drivers and public transportation users can make spur-of-the-moment trips. Same day trips are necessary to truly be an accessible way to get around.</p> <p>Tri Delta Transit offers same day paratransit trips through a partnership with United taxi and Lyft.</p> <p>A very desirable improvement for existing paratransit users. Will push up cost per user unless unproductive standby time can be controlled or TNC labor can be employed. TNC or third-party liability is a critical concern.</p> <p>We need for folks to be able to call and get rides upon demand. Life cannot always be led with advanced notice of needs, etc.</p>
<p><b>Volunteer driver programs</b></p>	<p>My concern is in implementation. Relying on volunteers is tricky. Would volunteer drivers be in the areas of the county where they would be most needed? I think some areas of county would have a harder time getting drivers, and that would likely be where they would be most needed.</p> <p>Vulnerable riders, or those in wheelchairs may not be well served.</p> <p>We absolutely need to get a better handle on who is doing what, when, where and how! I fear waste galore based on duplication of efforts and lots of unmet needs.</p>



STRATEGY	COMMITTEE COMMENTS
<b>Increase Local and Regional Mobility</b> <i>(Continued)</i>	
<b>Service beyond ADA service areas and regular service times</b>	<p>Tri Delta Transit offers service beyond ADA service areas in east county.</p> <p>Need may grow if fixed route services are cut and ADA obligations are reduced. Funding will be politically difficult in this case (as paratransit funding is already well short of what is needed even for required ADA service.) Some agencies already offer beyond ADA service.</p> <p>This could be a game changer for people with destinations outside ADA areas.</p> <p>Already in place in WestCAT area</p> <p>We absolutely need the ability to customize coverage and time.</p>
<b>Subsidize on-demand programs</b>	<p>Valuable if it would provide same day service, and at times when paratransit typically does not operate.</p> <p>Yes, keeping one's integrity intact and feeling of freedom is crucial to living a quality life.</p>
<b>Improve Coordination Among Providers and Community Stakeholders</b>	
<b>Shopping Trips with package assistance</b>	<p>This would serve many people, likely on their more frequent/regular trips. It is a model that is already happening with shuttles connecting senior apartments with shopping centers. Also allows for socialization, opportunity to be out in the community with peers.</p> <p>Tri Delta Transit will assist with up to 4 bags on paratransit trips (more during COVID).</p> <p>Demand and number of beneficiaries is unknown. Experience in other communities suggests low participation rates, though high benefit to those served.</p> <p>In emergency planning the critical areas are being able to access appointments, medications, food, and essential supplies. Some of the burden on the transportation service could be alleviated with neighbor helping neighbor.</p>
<b>Hospital discharge service</b>	<p>Seems this would be a relatively low cost project to implement.</p> <p>Completely dependent on how service is delivered.</p> <p>This is a healthcare issue. The health system is responsible for getting patients safely home.</p>
<b>Customized Guaranteed Ride Home program for people with disabilities</b>	<p>We need to build services around need, not expect people to build needs around a service delivery box.</p>



STRATEGY	COMMITTEE COMMENTS
<b>Improve Coordination Among Providers and Community Stakeholders</b> <i>(Continued)</i>	
<p><b>Means-based carshare including accessible option</b></p>	<p>I think the cost to implement would be high, and actual use would be low.</p> <p>The logistics of this program is really the question. Clearly there are benefits associated with occasional access to a vehicle, but the combination of disabled access (vehicle controls) and the means-based qualification process and the need for a third party relationship with an outside vendor makes this extremely complicated and unstable.</p> <p>Is this relevant for the population we are focusing on? Seniors, Disabled, etc. This option implies folks are driving themselves vs. relying on a system. Also, COVID/Virus safe?</p>
<b>Increase Awareness of Existing Services</b>	
<p><b>One call/One click (and/or Information and Referral Service)</b></p>	<p>Yes! People need a central place to get their information. Has been recommended repeatedly in past studies.</p> <p>The coordinated dissemination of information streamlines delivery of all transportation resources and improves the end user experience. Really no downside to this other than the process and cost of establishing and managing the service. Maybe the most effective use of available funding.</p> <p>Yes, no more multiple hoops to jump through to get simple transportation requests filled.</p>
<p><b>Programs for veterans (older adults and people with disabilities)</b></p>	<p>Peer training is good, but not as beneficial as some of the other strategies. And would not reach as many riders.</p> <p>Unclear relationship to VA and other veteran resources. Not sure that veteran mobility needs differ from those of others in the community. Possibly worth pursuing if the effort can attract funding or assistance from veteran-serving groups.</p> <p>Yes, we need more programs, better options, and coordination. I suspect the left does not coordinate all that well with the right. True regional planning ensures everyone is aware of who is doing what, when and where.</p>
<p><b>Real Time Information</b></p>	<p>Yes! People need access to real time information so they can determine how to proceed, advise others if they will be running late, etc.</p> <p>Potentially complicated and expensive to set up for multiple providers of paratransit services. Potentially simpler if limited to public agencies but would still require significant investment and development time to deploy app based real time information system.</p> <p>Yes, completely makes sense. Need redundancy options as there are varying degrees of tech savvy users.</p>





STRATEGY	COMMITTEE COMMENTS
<b>Increase Awareness of Existing Services</b> <i>(Continued)</i>	
<b>Travel Training</b>	I would challenge us to ensure a system requires minimal service recipient training need. Also need to remain cognizant that there are varied degree of users and this skill is perishable.
<b>Develop Partnerships For Supportive Transportation Infrastructure</b>	
<b>Fare integration</b>	<p>Fare integration and a unified fare structure is part of the one-seat pilot. Costs of fare integration would be the work to implement it, and ongoing impacts to agency revenues, and potentially to customers in areas with low fares. If more transportation providers are included (e.g. TNCs or other private entities) the process becomes much more complicated with the potential for public subsidies to be necessary to accomplish it.</p> <p>This will all allow for a more streamlined experience for riders. The fact that we have differing eligibility, fares structures, and scheduling software are evidence of how fractured the system is. I would put these three strategies as the first priority as they should be somewhat straightforward to implement and would help support some of the other strategies.</p>
<b>Administer a uniform countywide ADA paratransit eligibility certification program</b>	<p>This will all allow for a more streamlined experience for riders. The fact that we have differing eligibility, fares structures, and scheduling software are evidence of how fractured the system is. I would put these three strategies as the first priority as they should be somewhat straightforward to implement and would help support some of the other strategies.</p> <p>No objection to centralizing this function. Some cost implications. This function is being performed now by public agencies in the County with few problems so cost/benefit is unclear.</p> <p>Absolutely, this is a MUST have.</p>
<b>Joint procurement of scheduling software</b>	<p>Value depends on the objectives of the project. If one seat ride pilot succeeds, then cross jurisdictional scheduling is already in place. If other benefits from software are realized (e.g. coordinated billing and payment, real time information, user interface, etc.) this could be worth pursuing. In any event, it is a very complicated and expensive enterprise.</p> <p>This will all allow for a more streamlined experience for riders. The fact that we have differing eligibility, fares structures, and scheduling software are evidence of how fractured the system is. I would put these three strategies as the first priority as they should be somewhat straightforward to implement and would help support some of the other strategies.</p>



STRATEGY	COMMITTEE COMMENTS
<b>Develop Partnerships for Supportive Transportation Infrastructure</b> <i>(Continued)</i>	
<b>Safe Routes for Seniors/Safe Routes for All</b>	<p>Pedestrian right of way issues abound in older neighborhoods and bus stops are few and far between. Addressing this would increase use and access to fixed routes by wheelchair users or those with mobility issues</p> <p>This is another MUST have. To knowingly put anyone at risk is never a good business model.</p>
<b>Means-based fare subsidy</b>	<p>This is a good idea to base one's fee on his/her ability to pay / income level.</p>
<b>Wheelchair breakdown service</b>	<p>Tri Delta Transit offers emergency wheelchair transportation in east county</p>
<b>Accessible bikeshare program</b>	<p>I think utilization would be low.</p> <p>Given the vast number of other needs in the county, this seems like a project that may best be handled by an outside advocacy group or bikeshare entity. Could become very complicated to deploy a viable system without considerable work and expense, and without the participation of private entities.</p> <p>May not be realistic for many users.</p> <p>Is this COVID safe and if so then there must be some pretty stringent sanitation procedures to be followed. Not sure on the relevance of this option.</p>

## Presentation of Final Strategy Recommendations

The Project Management Team reviewed the recommended strategies and met with the consultant team to finalize prioritization of strategies. This was the penultimate step before the creation of an implementation matrix that includes all the recommended strategies, in addition to potential costs, funding sources, lead agencies, champions, and implementation steps. The implementation plan was presented to the PAC and TAC in February 2021.

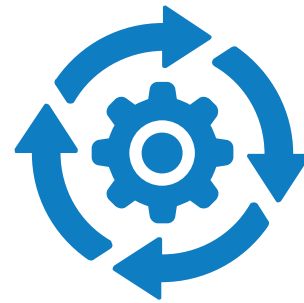




## 6 IMPLEMENTATION PLAN

### OVERVIEW

In this chapter, each strategy recommended in this plan is numbered and further qualified in terms of their respective roles and responsibilities of stakeholders, key performance indicators, potential sources of funding, likelihood of implementation during short-term to long-term horizons, relative cost estimates of implementation, and the relative complexity of staffing, training, and technology improvements.



The recommended strategies are classified as either “Tier I” or “Tier II.”

- Tier I strategies are those which provide a high transportation benefit, have good community support (as indicated by the community engagement process of this study), leverage existing agency programs or resources, and can be implemented in stages or have a lower total cost, making them more likely to be successfully implemented.
- Tier II strategies may rank high in one or more categories, but may serve relatively few people, be prohibitively expensive under current fiscal conditions, or may be more challenging to implement.

For purposes of this discussion, the implementation terms are defined as follows:

- **Immediate term** – Strategies that can begin immediately upon approval of the ATSP or can be implemented within one year.
- **Short term** – Strategies that can be implemented within six (6) months to two (2) years of ATSP approval.
- **Long term** – Strategies whose implementation will likely occur two (2) years or more from ATSP approval, or will require an on-going implementation commitment beyond five (5) years.

The recommended agencies responsible for implementing each strategy are also identified, as follows:

- **Public Sector** (e.g. Contra Costa Transportation Authority, County Administrator’s Office, County Department of Conservation and Development, County Health Services)



- **Non-Profit** (e.g. Mobility Matters, Choice in Aging)
- **Transit Agency** (e.g. County Connection, Tri Delta Transit, WestCAT)

Together, these elements constitute the study's Implementation Plan, shown in a simple breakdown in Figure 6-1. Following Figure 6-1 is a detailed description of organizational structures that are considered critical to implementation of the study's recommendations.

Following the descriptions of these overarching strategies is a comprehensive strategy implementation matrix in Figure 6-2. Each of the strategies listed in Tier 1 is then described in detail with regard to champions, funding, cost etc. This is followed by an implementation timeline in Figure 6-3. The chapter ends with a detailed explanation of applicable funding.

**Figure 6-1 Strategy Implementation Plan**

Objective	Phasing Description	Implementation Term	Implementation Agency(s)
Establish A Coordinated Structure	Phase 1: Establish a Task Force	Immediate	▪ Public Sector
	Phase 2: Establish a Dedicated Countywide Coordinated Entity	Short	▪ Public Sector

Strategy #	Strategy Description	Tier	Implementation Term	Implementation Agency(s)
<b>Objective: Increase Local and Regional Mobility</b>				
1	Improve connectivity between paratransit programs/eliminate transfer trips	I	Short	▪ Transit Agency
2	Same-day trip programs (including wheelchair-accessible service)	I	Long	▪ Non-Profit ▪ Public Sector ▪ Transit Agency
3	Expand existing and add new Volunteer Driver programs	I	Short	▪ Public Sector ▪ Non-Profit
4	Service beyond ADA service areas	I	Long	▪ Non-Profit ▪ Transit Agency
5	Early morning and late-night service	II	Long	▪ Non-Profit ▪ Transit Agency
6	On-demand subsidies	II	Long	▪ Public Sector ▪ Transit Agency
<b>Improve Coordination Among Providers and Community Stakeholders</b>				
7	Shopping trips with package assistance	II	Short	▪ Non-Profit ▪ Public Sector
8	Hospital discharge service	II	Short	▪ Non-Profit ▪ Transit Agency



Strategy #	Strategy Description	Tier	Implementation Term	Implementation Agency(s)
9	Customized guaranteed ride home programs for people with disabilities	II	Short	<ul style="list-style-type: none"> <li>▪ Public Sector</li> <li>▪ Transit Agency</li> </ul>
10	Means-based car-share including accessible option	II	Long	<ul style="list-style-type: none"> <li>▪ Non-Profit</li> <li>▪ Public Sector</li> </ul>
<b>Objective: Increase Awareness of Existing Services</b>				
11	One-call / one-click; information & referral (I&R)	I	Short	<ul style="list-style-type: none"> <li>▪ Non-Profit</li> <li>▪ Public Sector</li> </ul>
12	Programs for disabled/senior veterans	I	Short	<ul style="list-style-type: none"> <li>▪ Public Sector</li> </ul>
13	Real-time transportation information (paratransit vehicle location, BART elevators, wheelchair spaces on buses)	II	Long	<ul style="list-style-type: none"> <li>▪ Transit Agency</li> </ul>
14	Travel training (including inter-operator trips)	I	Short	<ul style="list-style-type: none"> <li>▪ Non-Profit</li> <li>▪ Public Sector</li> <li>▪ Transit Agency</li> </ul>
15	Mobility-as-a-Service (MaaS)	II	Long	<ul style="list-style-type: none"> <li>▪ Non-Profit</li> <li>▪ Transit Agency</li> </ul>
<b>Objective: Develop Partnerships for Supportive Infrastructure</b>				
16	Administer a uniform countywide ADA paratransit eligibility certification program	I	Long	<ul style="list-style-type: none"> <li>▪ Transit Agency</li> <li>▪ Public Sector</li> </ul>
17	Fare integration	I	Long	<ul style="list-style-type: none"> <li>▪ Transit Agency</li> </ul>
18	Procure joint paratransit scheduling software	I	Long	<ul style="list-style-type: none"> <li>▪ Transit Agency</li> </ul>
19	Sidewalk improvements to enhance safety for older adults and wheelchair accessibility in high-priority locations	I	Long	<ul style="list-style-type: none"> <li>▪ Public Sector</li> </ul>
20	Means-based fare subsidy	I	Short	<ul style="list-style-type: none"> <li>▪ Non-Profit</li> <li>▪ Public Sector</li> <li>▪ Transit Agency</li> </ul>
21	Wheelchair breakdown service	II	Short	<ul style="list-style-type: none"> <li>▪ Non-Profit</li> <li>▪ Public Sector</li> <li>▪ Transit Agency</li> </ul>
22	Accessible bikeshare program	II	Short	<ul style="list-style-type: none"> <li>▪ Non-Profit</li> <li>▪ Public Sector</li> </ul>



## ESTABLISHING A COORDINATED STRUCTURE

### Phase 1 Establish a Task Force

The Project Team recommends that an Accessible Transportation Strategy (ATS) Implementation Task Force (TF) be established to take the study recommendations to the next level of implementation. Following are some of the elements of this task that will need to be implemented.



#### Lead or Champion

Appointed Policy Advisory Committee (PAC) members from the Accessible Transportation Strategic Plan process will need to champion this effort.

#### Potential Sponsoring Agencies

Potential sponsoring agencies are CCTA, County Administrator's Office (CAO), or a similar entity. The TF could be an advisory committee to the CCTA Board and report regularly on activities. It would need to be determined how and when the TF would report to the County Board of Supervisors, and/or transit agency Boards.

#### Political Feasibility

It is anticipated that establishment of this TF will encounter little political resistance as stakeholders are familiar with the incremental approach that can result in implementation of smaller scale but meaningful improvements.

#### Potential Funding Sources

Costs for this effort will be primarily staffing and administration and will likely need to be provided "in-kind" by CCTA or a similar entity.

#### Program Parameters

**Composition:** The TF should include representatives of a broad variety of individuals representing agencies or user groups that have a stake in the project outcomes. The TF should include representatives of relevant human service agencies, transit agencies, elected officials, disability and older adult advocates representing a range of segments of these communities, veterans, funding bodies, and other representatives. Utilizing the appointed seats on the current PAC, the following is a list of potential TF seats:

- Contra Costa Board of Supervisors
- CCTA Board
- AC Transit
- BART
- County Connection
- Tri Delta Transit





- WestCAT
- Regional Transportation Planning Committees
- Contra Costa Health Services
- Contra Costa County Office of the Sheriff Emergency Operations
- Veterans Affairs
- Contra Costa County Ombudsman
- NGO/Advocate representing seniors/older adults
- NGO/Advocate representing people with disabilities
- NGO/Advocate representing low-income communities

TF members should be at the level of executive staff or board member. TF appointees may be supported by technical staff (former TAC members) with direct operational, management, or policy development experience with accessible transportation type issues.

**Mission:** The TF will have three primary tasks:

1. Develop funding strategies.
2. Identify ATS recommended strategies that can be delegated to existing agencies or non-profit organizations that do not require a Coordinated Entity for short term implementation.
3. Define and establish a dedicated countywide Coordinated Entity for implementation of countywide strategies.

Activities should include further prioritizing of the strategies presented in this study, and development of an incremental approach to strategy implementation. This would identify study recommendations that can be implemented in the short-term rather than waiting for the creation or designation of a unified entity for implementation of large-scale, longer term strategies.

**Funding Parameters:** Through development of the ATSP, stakeholders emphasized that current programs and providers do not have funding to implement new programs, and barely have funding to maintain current essential programs. An agreement developed prior to the ATSP that was not adopted due to time constraints, stated:

***The PARTIES agree that they will endeavor to prepare an ATS Plan that (1) does not recommend adding responsibilities to a PARTY without identifying additional revenue sources for that PARTY, and (2) does not recommend reducing a PARTY'S revenues without providing recommendations for achieving a corresponding decrease in the PARTY'S obligations funded by those revenues. The PARTIES further agree that they will endeavor to prepare an ATS Plan that, if implemented in the future, would not be expected to cause degradation or disruption of transit services offered to the Subject Population.***

Similar assurances should be considered during implementation to ensure continued support for the Plan.



The TF will need to be diligent in identifying resources and support that can be utilized to implement the ATSP (e.g. research, grant writing, offering meeting space and support, etc.) and identify funding sources quickly in order to move forward without violating these assurances.

### Staffing

Staffing will need to be provided by CCTA, a similar entity, and/or by or with the assistance of TF members.

### Technology

This effort is unlikely to require significant technology resources.

### Timeline

Once the ATSP has been approved by the CCTA Board and County Board of Supervisors, the TF could begin operating within three to six months. The TF would remain in place until it completed its mission and could be dissolved once a Coordinating Entity (CE) is in place.

### Cost to Implement

Cost is to be determined but will likely be primarily staffing and administration and need to be provided "in-kind".

## Phase 2 Establish a Dedicated Countywide Coordinated Entity

The TF will define and establish a dedicated countywide Coordinated Entity (CE) for implementation of countywide strategies. The TF will be responsible for determining where this entity should be housed – it could be in an existing non-profit or public agency, or the TF could determine that a new entity will need to be established.



At the completion of the ATSP process there appeared to be a plurality amongst the PAC in favor of ultimately designating a non-profit organization as the CE (existing or new was not determined). Where there is hesitation among some parties, it will be important to continue to maintain the assurances cited in the TF section.

### Lead or Champion

The previously described Task Force (TF) will champion the CE.

### Potential Sponsoring Agencies

Agencies with appointed seats on the TF are all potential sponsoring agencies.



## Political Feasibility

It will be important for the TF to reflect on what was learned from earlier planning attempts and what should be done differently in considering the CTSA model and alternatives.

The TF will decide where the CE will be housed and this entity can apply to become a CTSA<sup>1</sup> if determined that this is the most effective vehicle for achieving the ATS mobility goals, or if other models should be considered. Following is a brief description of the CTSA model. Appendix D contains the legislative language referencing CTSA.

**Consolidated Transportation Service Agency (CTSA).** Designation as a CTSA is incorporated in the California Transportation Development Act (TDA) to promote service coordination. In the Bay Area, the Metropolitan Transportation Commission (MTC) can designate an agency as a CTSA. The designee can be an existing agency, new agency (such as a joint powers authority), or a non-profit organization. CTSA designation may give preferential access to certain funds, such as Federal Section 5310. A CTSA could be designated Countywide or by a smaller area (e.g. by planning area).

Successful implementation of this goal will require political commitment at the highest levels of elected representatives in the County serving on the CCTA Board, County Board of Supervisors, and transit agencies. The PAC already includes a number of elected officials who have indicated a willingness to champion the study's recommendations, thus providing a basis upon which the TF can build political support.

## Potential Funding Sources

The CE will need to seek funding through a variety of means, likely including funding dedicated through a sales tax measure. In Monterey County, Monterey-Salinas Transit placed a successful sales tax measure on the ballot to benefit similar populations to those of this ATSP. CCTA or the County could potentially fill the role of putting a tax measure forward. The recent history of transportation sales tax measures (requiring a *supermajority* vote) in Contra Costa County indicates that passage of such a tax could be challenging, and identifying other revenue generating activities will be important to the creation of the CE.

A non-profit could have access to funding not available to public entities, such as grant funding and Community Development Block Grants, foundation funding, donations, other public funding options, etc.

One consideration for the TF and CE will be to explore comprehensive funding opportunities outside of "transportation" dollars. State and federal agencies provide funding through social service departments for transportation, outside of the traditional transportation silos. One of the challenges with accessing non "transportation" funds is that it is harder to link the service improvements and cost-savings. For instance, an on-demand transportation program could reduce emergency room visits by helping people

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<sup>1</sup> The California Association for Coordinated Transportation (CALACT) maintains information about Consolidated Transportation Services Agencies here: <https://www.calact.org/ctsaebook>



get to urgent care. However, in addition to quality of life improvements, any cost-savings will likely accrue to the County Health system as opposed to the transportation program.

### **Program Parameters**

The CE could have significant potential for implementing some of the strategies proposed below depending on the strength of leadership and the ability to secure dedicated funding.

### **Timeline**

Substantial effort will be required to set up or to designate this organization, including potentially lengthy negotiations between stakeholders, resolution of legal issues, governance decisions, incorporating and otherwise incubating a non-profit, setting up joint powers agreements. etc. It is anticipated that setting up a CE will take 12 to 36 months, depending on the direction provided by the TF and the cooperation of stakeholders.

The CE should also establish a plan to prepare regular updates to the County's Accessible Transportation Strategic Plan.

### **Cost to Implement**

Given the potential staffing required to set up the countywide CE, overhead costs are likely to be relatively high. This will need to be viewed in the context of potential cost savings that could be derived from the centralization of some of the transportation activities cited previously. However, the TF may also prioritize improved and/or increased service over cost savings. As an example, the 2013 Contra Costa County Mobility Management Plan estimated annual costs in the first two years of operation of a CTSA to be \$325,000. This does not include the costs of actual service provision.

## STRATEGY IMPLEMENTATION MATRIX

Figure 6-2 Detailed Implementation Plan Strategy Matrix

#	Strategy Description	Tier	Lead or Champion	Roles & Responsibilities	Key Performance Indicators	Level of Effort	Technology Needs	Potential Funding Sources	Timeline	Cost to Implement (start-up)
1	Improve connectivity between paratransit programs/eliminate transfer trips	I	County Connection	<ul style="list-style-type: none"> <li>Identify steps needed to expand existing pilot program. Work with other transit agencies in the county and adjoining counties to develop protocols for program expansion</li> </ul>	<ul style="list-style-type: none"> <li>Number of inter-jurisdictional trips provided without transfers</li> <li>Cost per inter-jurisdictional trip with and without transfers</li> <li>Customer satisfaction with inter-jurisdictional trips</li> </ul>	Medium	Medium	New, 5307, 5311, TDA, STA, SB1, LTF, Measure J and other local	Short Term	\$100,000 to \$1 million
2	Same-day trip programs (including wheelchair-accessible service)	I	Transit agency or non-profit organization designated by the TF	<ul style="list-style-type: none"> <li>Identify the most appropriate forms of same day services and likely providers</li> <li>Develop marketing programs and protocols for same day programs</li> <li>Enter into contractual arrangements for service provision</li> </ul>	<ul style="list-style-type: none"> <li>Ridership</li> <li>Cost-per-passenger-trip</li> <li>Boardings per service hour</li> <li>Customer satisfaction</li> <li>Average wait times</li> </ul>	Medium	Low	New, 5310, DHHS, Dept Veterans Affairs, SB 1376, LTF, Measure J and other local, Private/ Foundation	Long Term	\$500,000 to \$1 million
3	Expand existing and add new Volunteer Driver programs (such as TRIP mileage reimbursement program)	I	CE or one of County agency participants	<ul style="list-style-type: none"> <li>Expansion – work with Mobility Matters and other volunteer driver programs to scale up their services.</li> <li>New programs – CE identify funding to hire a TRIP program coordinator, who will recruit additional volunteer drivers for clients unable to recruit their own driver(s).</li> <li>TRIP program coordinator establishes reimbursement mechanism for volunteer drivers.</li> <li>Public agencies staff promote volunteer driver program as part of staff training and client marketing campaigns</li> </ul>	<ul style="list-style-type: none"> <li>Volunteer driver enrollment</li> <li>Client participation</li> <li>Total mileage reimbursement</li> <li>Cost-per-trip</li> <li>Frequent trip origins and destinations</li> </ul>	Medium	Low	New, 5310, DHHS, Dept Veterans Affairs, LTF, Measure J and other local, Private/ Foundation	Short Term	\$100,000 to \$500,000

#	Strategy Description	Tier	Lead or Champion	Roles & Responsibilities	Key Performance Indicators	Level of Effort	Technology Needs	Potential Funding Sources	Timeline	Cost to Implement (start-up)
4	Service beyond ADA service areas	I	<ul style="list-style-type: none"> <li>Transit agencies</li> <li>Non-profit providers</li> </ul>	<ul style="list-style-type: none"> <li>Identify areas of greatest need that are viable for added service</li> <li>Develop service model most appropriate for those areas</li> <li>Identify potential providers</li> </ul>	<ul style="list-style-type: none"> <li>Trips provided</li> <li>Trip requests denied</li> <li>Cost per trip</li> </ul>	Medium	Low	New, 5307, 5311, 5310, TDA, STA, SB1, LTF, Measure J and other local	Long Term	\$100,000 to \$500,000
5	Early morning and late-night service	II	<ul style="list-style-type: none"> <li>Transit agencies</li> <li>Non-profit providers</li> </ul>	<ul style="list-style-type: none"> <li>Similar to service beyond ADA service areas</li> </ul>	<ul style="list-style-type: none"> <li>Trips provided</li> <li>Trip requests denied</li> <li>Cost per trip</li> </ul>	Medium	Low	New, 5307, 5311, 5310, TDA, STA, SB1, LTF, Measure J and other local	Long Term	\$100,000 to over \$1 million
6	On-demand subsidies	II	<ul style="list-style-type: none"> <li>Department of Social Services</li> <li>CCTA</li> <li>Contra Costa Health Plan</li> </ul>	<ul style="list-style-type: none"> <li>Determine subsidy levels, calculate costs, identify funding, develop protocols for implementation</li> </ul>	<ul style="list-style-type: none"> <li>Program costs</li> <li>Qualitative feedback from program participants</li> </ul>	Medium	Low	New, DHHS, LTF, Measure J and other local, Private/ Foundation	Long Term	\$100,000 to over \$1 million
7	Shopping trips with package assistance	II	<ul style="list-style-type: none"> <li>Non-Profit Provider</li> <li>Public Agency</li> </ul>	<ul style="list-style-type: none"> <li>Identify agencies that can provide this service</li> <li>Develop implementation plan that includes eligibility, protocols, service parameters, costs to customer and to operator, funding sources</li> </ul>	<ul style="list-style-type: none"> <li>Trips provided</li> <li>Trip requests denied</li> <li>Cost per trip</li> </ul>	Medium	Low	New, 5310, LTF, Measure J and other local, Private/ Foundation	Short Term	\$250,000 to over \$1 million
8	Hospital discharge service- program that assists with paratransit application and ride (a specialized travel training program for hospital discharges)	II	<ul style="list-style-type: none"> <li>County Medical Center</li> <li>Contra Costa Health Plan</li> </ul>	<ul style="list-style-type: none"> <li>County Medical Center trains discharge planners on application requirements for interim ADA paratransit eligibility; provides travel training to clients; and coordinates same-day transportation</li> </ul>	<ul style="list-style-type: none"> <li>Number of enrolled participants</li> <li>Change in ADA paratransit operating costs</li> </ul>	Medium	Low	New, 5307, 5311, DHHS, Dept Veterans Affairs, TDA, STA, SB1, LTF, Measure J and other local, Private/ Foundation	Short Term	\$100,000 to \$250,000



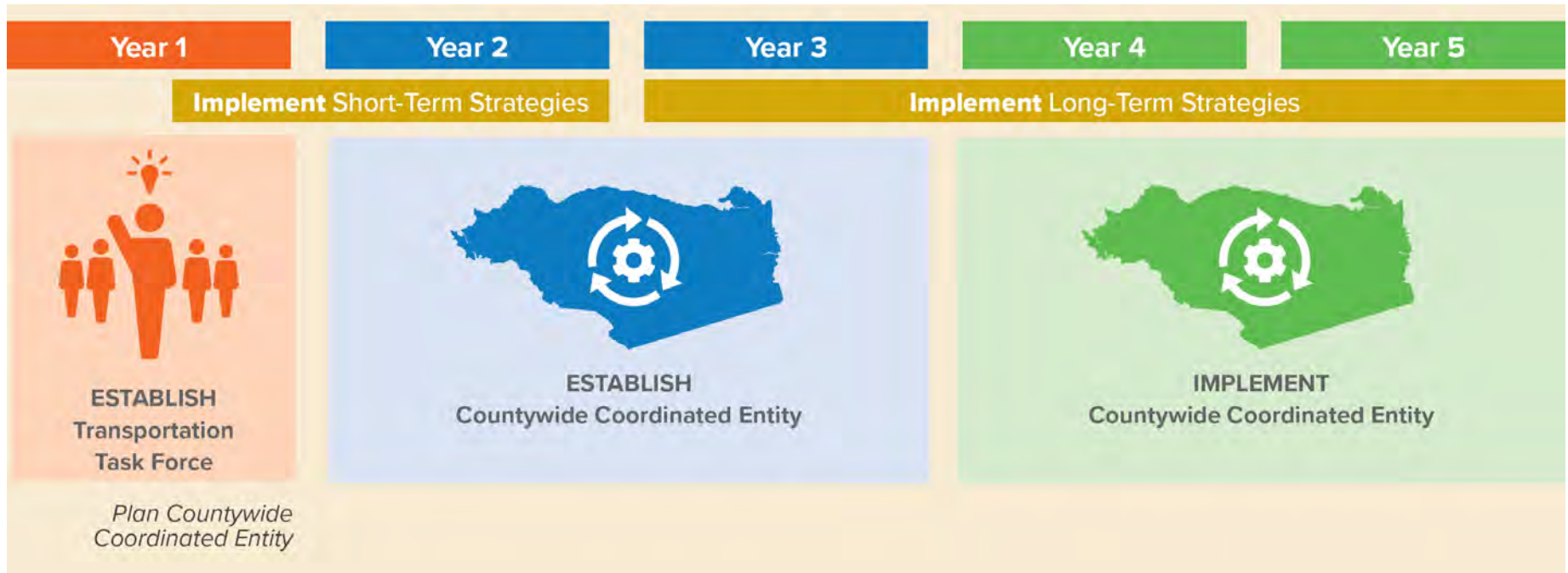
#	Strategy Description	Tier	Lead or Champion	Roles & Responsibilities	Key Performance Indicators	Level of Effort	Technology Needs	Potential Funding Sources	Timeline	Cost to Implement (start-up)
9	Customized guaranteed ride home programs for people with disabilities	II	<ul style="list-style-type: none"> <li>Department of Social Services</li> <li>CCTA</li> </ul>	<ul style="list-style-type: none"> <li>Research best model for County</li> <li>Identify funding</li> <li>Develop protocols, eligibility requirements etc.</li> </ul>	<ul style="list-style-type: none"> <li>Program cost</li> <li>Cost per individual assisted</li> </ul>	Low	Low	New, 5310, DHHS, SB 1376, LTF, Measure J and other local, Private/ Foundation	Short Term	\$100,000 to \$250,000
10	Means-based car-share including accessible option	II	<ul style="list-style-type: none"> <li>CCTA</li> <li>Non-Profit organization</li> <li>Social Services</li> </ul>	<ul style="list-style-type: none"> <li>County procurement office to issue RFQ for car share operator</li> <li>Transit agencies (including BART) to identify and allocate suitable car share spaces at facilities</li> <li>If low emission fleet selected, relevant County department to coordinate EV charging station installation at key sites.</li> <li>Social Services to coordinate low-income membership discount program</li> </ul>	<ul style="list-style-type: none"> <li>Trips per vehicle per day (utilization)</li> <li>Percent of fleet in service</li> <li>Vehicles per square mile</li> <li>Vehicles within ¼ mile of key destinations</li> <li>Frequent origins and destinations</li> <li>Participant demographics</li> </ul>	Medium	Medium	New, DHHS, LTF, Measure J and other local, Private/ Foundation	Long Term	\$250,000 to over \$1 million
11	One-call / one-click; information & referral (I&R)	I	<ul style="list-style-type: none"> <li>Non-Profit organization</li> <li>CE or one of County agency participants</li> </ul>	<ul style="list-style-type: none"> <li>Select preferred model</li> <li>Identify funding</li> <li>Hire and train staff</li> <li>Identify all relevant resources in the county</li> <li>Develop protocols as part of implementation plan</li> </ul>	<ul style="list-style-type: none"> <li>Number of callers</li> <li>Number of people receiving information versus those received enhanced assistance</li> <li>Customer satisfaction survey results</li> <li>Program costs</li> </ul>	Medium	High	New, 5310, DHHS, LTF, CMAQ/TFCA, Measure J and other local, Private/ Foundation	Short Term	\$100,000 to \$500,000
12	Programs for disabled/ senior veterans	I	Veterans Administration	<ul style="list-style-type: none"> <li>Develop programs that fill the gaps in current mobility options</li> <li>Identify funding</li> <li>Develop Implementation Plan</li> </ul>	<ul style="list-style-type: none"> <li>Number of veterans served</li> <li>Number of trips provided through supplemental services</li> <li>Program costs and cost per individual connected to service</li> </ul>	Medium	Low	New, 5310, Dept Veterans Affairs, LTF, Measure J and other local, Private/ Foundation	Short Term	\$250,000 to over \$1 million

#	Strategy Description	Tier	Lead or Champion	Roles & Responsibilities	Key Performance Indicators	Level of Effort	Technology Needs	Potential Funding Sources	Timeline	Cost to Implement (start-up)
13	Real-time transportation information (paratransit vehicle location, BART elevators, wheelchair spaces on buses)	II	Transit agencies	<ul style="list-style-type: none"> <li>Establish mechanism for sharing information between agencies</li> <li>Identify needed technology</li> <li>Identify funding</li> <li>Implement programs at different agencies</li> <li>Evaluate effectiveness of programs including customer satisfaction surveys</li> </ul>	<ul style="list-style-type: none"> <li>Time taken to install new equipment throughout vehicle fleets</li> <li>Customer satisfaction surveys</li> </ul>	Medium	High	New, 5307, 5311, TDA, STA, SB1, LTF, CMAQ/TFCA, Measure J and other local, Private/ Foundation	Long Term	Over \$1 million
14	Travel training (including inter-operator trips)	I	<ul style="list-style-type: none"> <li>Non-Profit organizations</li> <li>Transit agencies</li> <li>County agencies</li> </ul>	<ul style="list-style-type: none"> <li>Identify steps to expand existing programs</li> <li>Identify funding</li> </ul>	<ul style="list-style-type: none"> <li>Number of trainees</li> <li>Cost per training</li> <li>Changes in trainees' riding habits</li> </ul>	Low	Low	New, 5307, 5311, 5310, Dept Veterans Affairs, TDA, STA, SB1, LTF, CMAQ/TFCA, Measure J and other local, Private/ Foundation	Short Term	\$100,000 to \$250,000
15	Mobility-as-a-Service (MaaS)	II	<ul style="list-style-type: none"> <li>CCTA</li> <li>Non-Profit organization</li> </ul>	<ul style="list-style-type: none"> <li>Identify most appropriate enhancements of existing mobility options</li> <li>Identify and purchase needed technology</li> <li>Develop training program to enable residents to access services through MaaS</li> </ul>	<ul style="list-style-type: none"> <li>Number of people using platform</li> <li>Number of trips arranged through platform</li> <li>Customer satisfaction surveys</li> </ul>	High	High	New, 5310, LTF, CMAQ/TFCA, Measure J and other local, Private/ Foundation	Long Term	\$250,000 to over \$1 million
16	Administer a uniform countywide ADA paratransit eligibility certification program	I	<ul style="list-style-type: none"> <li>Transit Agency</li> <li>County Agency</li> </ul>	<ul style="list-style-type: none"> <li>Determine most appropriate agency to administer program</li> <li>Identify eligibility model to be adopted</li> <li>Develop eligibility protocols and reach consensus among providers</li> <li>Identify location and make upgrades if necessary</li> <li>Determine if program will be operated by agency of through a contract</li> <li>Implement and evaluate effectiveness</li> </ul>	<ul style="list-style-type: none"> <li>Cost per assessment</li> <li>Increases in conditional eligibility determinations</li> <li>Operability of conditional eligibility determinations (i.e. can trip conditions be applied?)</li> <li>Inter-rating/evaluator testing consistency (do different evaluators reach similar eligibility determinations for a specific application?)</li> </ul>	High	Medium	New, 5307, 5311, TDA, STA, SB1, LTF, Measure J and other local	Long Term	\$100,000 to \$300,000

#	Strategy Description	Tier	Lead or Champion	Roles & Responsibilities	Key Performance Indicators	Level of Effort	Technology Needs	Potential Funding Sources	Timeline	Cost to Implement (start-up)
17	Fare integration	I	Transit agencies	<ul style="list-style-type: none"> <li>Collaborate on establishing universal fare protocols intended to enhance customer experience</li> <li>Determine costs to agencies and ways of funding those deficits</li> <li>Select agency to oversee implementation of fare integration program</li> </ul>	<ul style="list-style-type: none"> <li>Time to implement on all County transit agency fleets</li> <li>Program cost</li> </ul>	High	High	New, 5307, 5311, TDA, STA, SB1, LTF, CMAQ/TFCA, Measure J and other local	Long Term	\$500,000 to \$1 million
18	Procure joint paratransit scheduling software	I	Transit agencies	<ul style="list-style-type: none"> <li>Identify commonalities and differences between each agency's use of Trapeze</li> <li>Build consensus on type of procurement beneficial to all participating agencies</li> <li>Document timeline for purchase</li> <li>Enter into negotiations with the software provider</li> </ul>	<ul style="list-style-type: none"> <li>Cost comparison between status quo and new system</li> <li>Increase in cross-jurisdictional trips</li> </ul>	Medium	High	New, 5307, 5311, TDA, STA, SB1, LTF, CMAQ/TFCA, Measure J and other local	Long Term	\$100,000 to \$250,000 (although unclear if this would be net cost over existing)
19	Sidewalk improvements to enhance safety for older adults and wheelchair accessibility in high-priority locations	I	<ul style="list-style-type: none"> <li>Public Works Departments</li> <li>CCTA</li> </ul>	<ul style="list-style-type: none"> <li>Set up mechanism for receiving complaints about path of travel barriers</li> <li>Assign responsibility to staff to conduct environmental assessments of barriers on frequent paths of travel</li> <li>Establish protocols for assessing accessibility of POT, determining remedies, timeline for repair, and responsibility for making improvements</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of identified street segments targeted for improvement that are repaired each year</li> </ul>	Low	Low	New, LTF, CMAQ/TFCA, Measure J and other local	Long Term	\$250,000 to over \$1 million
20	Means-based fare subsidy	I	<ul style="list-style-type: none"> <li>Social Services Agency</li> <li>Transit agencies</li> </ul>	<ul style="list-style-type: none"> <li>Explore support of MTC's regional efforts on low-income fare subsidies by establishing local eligibility criteria and recommending program enrollment locations</li> </ul>	<ul style="list-style-type: none"> <li>Transit agency ridership</li> <li>Program enrollment</li> </ul>	Medium	Low	New, LTF, CMAQ/TFCA, Measure J and other local, Private/ Foundation	Short Term	\$50,000 to \$250,000
21	Wheelchair breakdown service	II	<ul style="list-style-type: none"> <li>Non-Profit Organization</li> <li>Transit Agency</li> </ul>	<ul style="list-style-type: none"> <li>Establish contract with service provider</li> <li>Promote service through 211 and other Information and Referral resources</li> </ul>	<ul style="list-style-type: none"> <li>Number of assistance events per month</li> <li>Cost per assistance, including transportation provider and staff time</li> <li>Customer satisfaction ratings</li> </ul>	Low	Low	New, 5310, DHHS, SB 1376, LTF, Measure J and other local, Private/ Foundation	Short Term	\$100,000 to \$250,000

#	Strategy Description	Tier	Lead or Champion	Roles & Responsibilities	Key Performance Indicators	Level of Effort	Technology Needs	Potential Funding Sources	Timeline	Cost to Implement (start-up)
22	Accessible bikeshare program	II	County Administrator's Office or CCTA to assign a champion or lead	<ul style="list-style-type: none"> <li>Public Works to coordinate Bay Wheels expansion to high-need communities</li> <li>If oriented towards low-income communities, Social Services to ensure prepaid debit card option is available as part of Bay Wheels' Bike Share for All program (e.g. at public libraries, senior centers)</li> <li>Non-profit organization may provide helmet giveaways.</li> <li>Consider providing direct assistance to clients for bike purchases in areas far outside of Bay Wheels service zone.</li> </ul>	<ul style="list-style-type: none"> <li>Trips per device per day (utilization)</li> <li>Percent of fleet in service</li> <li>Devices per square mile</li> <li>Frequent origins and destinations</li> <li>Rider demographics</li> </ul>	High	High	New, LTF, CMAQ/TFCA, Measure J and other local, Private/ Foundation	Short Term	\$250,000 to over \$1 million

Figure 6-3 Implementation Plan Timeline



## TIER 1 STRATEGIES DISCUSSION

In recognition of the greater importance placed on Tier 1 strategies than Tier 2, we discuss each of these strategies in more detail below. Note that the missing numbers reflect the absence of detailed Tier 2 strategy descriptions.

# Strategies to Increase Local and Regional Mobility

## Strategy 1: Improve Connectivity Between Paratransit Programs/Eliminate Transfer Trips

Where trips span multiple transit provider service areas, the passenger is typically required to transfer between vehicles at each boundary. Challenges associated with inter-service area have been identified for decades by paratransit riders and advocates.

Lead or Champion		Potential Sponsoring Agencies	Potential Funding Sources		
<p>The current approach in the County to solve this issue is through a pilot program and agreement amongst transit operators. County Connection has initiated the current one-seat-ride pilot program. WestCAT, Tri Delta Transit, and LAVTA (in eastern Alameda County) are also participating.</p>		<p>Transit Agencies</p>	<p>Transit agencies are currently using STA and TDA funds for the pilot program. Future options include Measure J or other CCTA funds. This would also be a good fit for future regional funds dedicated to regional trips, such as any funds arising from a new Regional Measure or the Blue Ribbon Task Force.</p>		
Program Parameters					
<p>Currently riders who are interested in a one seat regional trip contact County Connection to request the trip, or County Connection identifies trips that would be good for the pilot. There is a particular focus on trips that are three legs or more at this time. County Connection is working with the County and MTC to determine measures to evaluate the success of the program. The different transit agency partners are working together to determine the appropriate cost sharing.</p> <p>Future steps are to identify steps needed to expand the existing pilot program and work with other transit agencies in the county and adjoining counties to develop protocols for program expansion.</p>					
Staffing	Technology	Training Requirements	Timeline	Cost to Implement	
<p>The pilot is being staffed by current transit agency personnel.</p>	<p>Transit agencies are using their existing technology at this time. Improved technology related to dispatching and scheduling trips may improve this program in the future.</p>	<p>Training requirements are still to be determined.</p>	<p>It is unclear how long the current pilot will last. There is a possibility that the current program could be combined into a new regional program in the future.</p>	<p>Currently the cost per hour to the contractor is about \$60.00. Total and future costs depend on staff time, demand, and if the programs decide to cap the availability of the trips.</p>	



## Strategy 2: Same-Day Trip Programs (Including Wheelchair-Accessible Service)

Some cities already offer subsidized taxi/TNC programs to older adults, and many organizations will attempt to meet an urgent need if possible.

Lead or Champion		Potential Sponsoring Agencies	Potential Funding Sources		
Transit agency or non-profit organization designated by the TF.		Non-Profit, Public Sector, and/or Transit Agency – will need to be determined by TF or CE.	Federal 5310 (for pilot, may not be guaranteed for long-term), DHHS, Dept Veterans Affairs, SB 1376, Local funds such as Measure J, other CCTA/ County, and Private/Foundation Sources.		
Program Parameters					
It will be necessary to identify appropriate transportation providers for this program, whether taxis or TNCs, TNC WAV programs, community providers, or ADA providers if able to provide premium service with additional funding. It will be challenging but important to determine a mix of providers that can cover the entire County and also meet the different populations' needs, and then to coordinate service on the consumer side for usability.					
Staffing	Technology	Training Requirements	Timeline	Cost to Implement	
Staffing will be required to put the program in place, establish new providers, and manage the coordination and referral to the program.	Technology needs are to be determined, but improved technology would likely lead to a better program.	Training requirements are still to be determined, but could include scheduling staff and drivers.	Although this program meets a very important need, the reality is finding and coordinating providers for the entire County, and then setting up a program to coordinate the service is a long term effort. It is possible that if providers are identified, service can continue or increase without starting with County-wide coordination.	\$500,000 to \$1 million.	

## Strategy 3: Expand Existing and Add New Volunteer Driver Programs

Contra Costa County has a County wide volunteer driver program, Mobility Matters. However, there is a desire to increase the organization’s capacity for service, or add other services to increase capacity in general.

Lead or Champion	Potential Sponsoring Agencies	Potential Funding Sources		
CE or one of County agency participants.	Mobility Matters, other Non-Profit, Public Sector agencies.	5310, DHHS, Dept Veterans Affairs, Local funds such as Measure J, other CCTA/ County Sources, Private/Foundation.		
Program Parameters				
Explore expansion by working with Mobility Matters and other volunteer driver programs to scale up their services. For new programs the TF or CE could identify funding to hire a TRIP program coordinator, who would recruit additional volunteer drivers for clients unable to recruit their own driver(s) and establish a reimbursement program.				
Staffing	Technology	Training Requirements	Timeline	Cost to Implement
Current programs would need to identify staffing needs for expansion. It is to be determined whether a TRIP program coordinator would also have other mobility management duties. Similar to the same-day program, ideally riders should be able to contact one phone number, website, app etc. to request the trip, or at least receive the appropriate referral.	Technology needs for volunteer driver programs vary widely and would need to be determined. However, the TRIP program has developed a relatively cheap software program that is available to all TRIP programs.	Training requirements are still to be determined, but could include scheduling staff and drivers.	Exploration of expansion opportunities can begin as soon as the TF is ready. Implementation of new programs would likely need one to two years.	\$100,000 to \$500,000



## Strategy 4: Service Beyond ADA Service Areas

Transit providers are required to provide ADA paratransit service within three quarter miles of a bus line or a train stop. Some transit agencies in the County already exceed that boundary, but because the County is so spread out there is a need for greater service coverage.

Lead or Champion	Potential Sponsoring Agencies	Potential Funding Sources		
<p>Transit agencies and non-profit providers are the current providers of services like this.</p>	<p>Sponsoring agencies will likely be determined by transportation providers. As this is a long term project, the CE may be the sponsoring agency.</p>	<p>Federal 5310 (for pilot, may not be guaranteed for long-term), Long Term 5307 and other transit funding may be used to support, Local funds such as Measure J, other CCTA/ County Sources.</p>		
Program Parameters				
<p>Parameters will depend on the areas of greatest need that are identified for added service and how that need will be met. Some areas may best be served by premium fare paratransit, shuttles that serve first mile/last mile needs (e.g. to a BART station), zonal dial-a-ride that connects to BART or major fixed route transit stops, and point deviation service, which is a hybrid between fixed route service (to fixed points in a geographic area) and demand-response, since the vehicle does not follow a fixed route but can access a rider's location or an easily accessible nearby stop.</p>				
Staffing	Technology	Training Requirements	Timeline	Cost to Implement
<p>Staffing will be required to identify the gaps, establish new providers, and manage the coordination of the program.</p>	<p>Technology needs are to be determined, but improved technology would likely lead to a better program.</p>	<p>Training requirements are still to be determined, but could include scheduling staff and drivers.</p>	<p>Although this program serves a very important need, the reality is finding and coordinating providers for the entire County, and then setting up a program to coordinate the service is a long term effort. It is possible that if providers are identified, service can continue or increase without starting with County-wide coordination.</p>	<p>\$100,000 to \$500,000</p>

## Strategies to Increase Awareness of Existing Services

### Strategy 11: One-Call/One-Click; Information & Referral (I&R)

Programs with trained staff that help callers figure out the best service to meet their needs are sometimes called “travel navigator” programs. The name “one-call / one-click” suggests that callers are immediately connected to the service they need, while “information & referral” may simply provide information. One-call / one-click (OC/OC) programs have some combination of personnel who take calls (“one-call”) and a searchable database on a website (“one-click”).

Lead or Champion	Potential Sponsoring Agencies	Potential Funding Sources		
<p>A non-profit organization such as Mobility Matters or Choice in Aging could champion an OC/OC. Mobility Matters is already operating a similar phone resource. In the long-term, the project would likely be championed by the CE.</p>	<p>In addition to champions listed above, sponsoring agencies would be the TF/CE.</p>	<p>Federal 5310 (for pilot, may not be guaranteed for long-term), DHHS, LTF, CMAQ/TFCA, Local funds such as Measure J, other CCTA/ County Sources, Private/Foundation.</p>		
Program Parameters				
<p>This program would result in a single phone number and website for the public to access all available transportation services offered to people with disabilities and seniors in their area, rather than a myriad of numbers for different programs and geographic areas.</p>				
Staffing	Technology	Training Requirements	Timeline	Cost to Implement
<p>Staffing will be required to identify the resources, build the website, respond to calls/online queries, and manage the coordination of the program.</p>	<p>Technology needs will be high as a customized database and portal will likely have to be built. Although there are a number of similar programs nationwide, there is not currently appropriate “off-the-shelf” options. As a positive, work done by Mobility Matters and other partners on Way to Go Contra Costa provides a strong basis to begin with, and riders can continue/begin to be served even with low technology in place.</p>	<p>Training requirements are about mid-level difficulty, but can use current resources such as existing non-profits, and resources published by the National Center for Mobility Management and the National Aging and Disability Transportation Center.</p>	<p>Current service can continue and be expanded with greater County-wide coordination to follow.</p>	<p>\$100,000 to \$500,000</p>

## Strategy 12: Programs for Disabled/Senior Veterans

The ATS Plan has identified numerous gaps in the mobility programs available to veterans, based on restrictive trip purposes, eligibility, and program parameters. This strategy is intended to be a multi-pronged approach to addressing these gaps, including such as veteran oriented programs such as peer travel training.

Lead or Champion		Potential Sponsoring Agencies	Potential Funding Sources		
Veterans Administration		Veterans Administration	Federal sources could include 5310, Veterans Affairs transportation funding streams, local sources could include Measure J, other CCTA funds, County, Private/ Foundation Sources.		
Program Parameters					
Programs could be provided to veterans not currently served (e.g. who were not honorably discharged), expand existing services beyond the current limited workday hours, and serve non-medical appointment trips.					
Staffing	Technology	Training Requirements	Timeline	Cost to Implement	
Expansion of services would result in limited staff increases, depending on the extent of the expansion.	Not likely to require significant expansion of existing technology.	Social workers and call taking staff at current veterans programs would need to be trained on any transportation resources that are added to the existing options.	Depending on the level of expansion, this strategy could be short to long-term.	Depending on the level of expansion, this strategy could cost \$250,000 to over \$1 million to implement.	

## Strategy 14: Travel Training (Including Inter-Operator Trips)

Travel training is usually intended to help people learn to use fixed-route transit effectively. Group training sessions can be helpful for some people, but many riders need intensive one-on-one training, either by qualified trainers or sometimes by “peers”, i.e. other seniors, people with disabilities, or veterans as the case may be. Travel between transit operator service areas can be particularly challenging and could be part of a travel training program. Travel training programs can also be customized to serve non-English speaking groups, or include learning to use Clipper Cards, and how to call ride hailing and concierge services.

Lead or Champion	Potential Sponsoring Agencies	Potential Funding Sources		
<p>Traditional champions for travel training include transit agencies and non-profit organizations, however CCTA recently received 5310 funding for travel training. WCCTAC has been leading travel training in West County.</p>	<p>Sponsoring agencies could be many of the organizations affiliated with the TF.</p>	<p>Federal 5310, transit funding, Dept of Veterans Affairs, Local such as Measure J, other CCTA/ County, and Private/ Foundation Sources.</p>		
Program Parameters				
<p>Any existing successful programs should be expanded to other geographic areas to begin with. Ideally the TF/CE could work with stakeholders to identify specialized needs such as veterans or tech-based training.</p>				
Staffing	Technology	Training Requirements	Timeline	Cost to Implement
<p>Current programs would need to identify staffing needs for expansion.</p>	<p>This program has relatively low technology needs.</p>	<p>Training requirements are about mid-level difficulty, but can use current resources such as existing providers, and resources published by the National Center for Mobility Management and the National Aging and Disability Transportation Center.</p>	<p>Current service can continue and be expanded with greater County-wide coordination to follow.</p>	<p>\$100,000 to \$250,000</p>



## Strategies to Develop Partnerships for Supportive Infrastructure

### Strategy 16: Administer A Uniform Countywide ADA Paratransit Eligibility Certification Program

In order to ensure that applicants throughout the county have equal access to ADA paratransit programs, a centralized paratransit eligibility certification program would provide equity, greater accuracy, and also hopefully reduce the costs of multiple eligibility programs throughout the county.

Lead or Champion		Potential Sponsoring Agencies	Potential Funding Sources	
County Connection, as the largest ADA paratransit program in the county.		CCTA or another County agency	Local sources could include transit funding, Measure J, other CCTA funds, other County Sources	
Program Parameters				
A centralized eligibility certification center can include a facility that allows for in-person functional assessments, or could be located close to dense fixed route transit infrastructure, such as bus stops, street crossings, sidewalks with various levels of improvement etc.				
Staffing	Technology	Training Requirements	Timeline	Cost to Implement
An analysis of the current time commitments of staff responsible for eligibility certification at each of the three Contra Costa transit agencies would be required in order to determine if there will be net changes in the level of staffing required by a centralized facility.	Limited new technology may be required, or existing Trapeze certification modules may be sufficient.	Staff would need to be trained in how to conduct functional assessments in order to enhance the accuracy of eligibility determinations.	Implementation of an in-person centralized facility could take between six to eighteen months, depending on existing facility capacity.	Costs will largely be driven by the kind of facility that is used for in-person assessments and additional staffing needs—potentially in the \$100,000 to \$300,000 range.



## Strategy 17: Fare Integration

In order to ensure fare equity and reduce confusion for customers who use more than one ADA paratransit program in the county, the ADA paratransit operators could develop a joint fare structure and payment mediums. A key challenge will be reaching consensus on fare levels that are consistent across the county. Contra Costa may be able to benefit from the experiences of East Bay Paratransit which is currently investigating options in this area for contactless payment and to better prepare for the next phase of Clipper.

Lead or Champion		Potential Sponsoring Agencies	Potential Funding Sources		
Transit agencies		MTC, Transit agencies	Federal 5307, State Transportation Assistance funds, and Local Transit Funds, CMAQ/TFCA, Measure J, Other CCTA/ County		
Program Parameters					
This strategy has both a fare policy setting component that takes into account trip distances and a technology element which could include adaptability to MTC's Clipper 2.1 program.					
Staffing	Technology	Training Requirements	Timeline	Cost to Implement	
Limited increase in staffing required.	County may be able to rely on similar technology to the contactless fare technology currently being tested by East Bay Paratransit, and ensure that it is compatible with Clipper 2.1.	Limited training will be required for transit agency staff to become familiar with the new fares and new technology, if applicable.	One to three years to implement.	The technology could be high, in the range of \$500,000 to \$1,000,000.	



## Strategy 18: Procure Joint Paratransit Scheduling Software

Regionally there have been many recent discussions on scheduling software as providers try to get ready for the next phase of Clipper. Procuring joint software would allow the County providers to potentially obtain better software and support via economies of scale. This would support other listed strategies, such as the one-seat ride pilot program, and uniform paratransit eligibility certification.

Lead or Champion		Potential Sponsoring Agencies	Potential Funding Sources	
Transit agencies		Transit agencies	Federal 5307, 5311, STA and TDA funds, CMAQ/TFCA, Measure J, local revenues	
Program Parameters				
The joint procurement could involve either two or more agencies, including agencies in adjoining jurisdictions.				
Staffing	Technology	Training Requirements	Timeline	Cost to Implement
To be determined whether the difference between the staffing required under this scenario is greater than the amount of staff time currently devoted by staff members involved in procurement.	Likely to involve high level technology requirements.	Will require staff familiarity with the range and specifications of various software technologies.	One to three years.	\$100,000 to \$250,000, although this may not represent a net increase over current staffing commitments.



## Strategy 19: Sidewalk Improvements to Enhance Safety for Older Adults and Wheelchair Accessibility in High-Priority Locations

This strategy is intended to address the lack of sidewalks, poor sidewalk condition, lack of curb cuts, and obstructions on sidewalks. Besides improving access for all pedestrians, this strategy will also enhance the ability of older adults and wheelchair users to access fixed route transit services.

Lead or Champion	Potential Sponsoring Agencies	Potential Funding Sources		
CCTA or individual Public Works departments at various cities in the county.	CCTA or individual Public Works departments at various cities in the county.	CMAQ/TFCA, Active Transportation funds, County and City funds assigned to streets and roads.		
Program Parameters				
Potential reach of this program varies broadly, but will most likely result in incremental improvements to the infrastructure in urbanized areas of the county.				
Staffing	Technology	Training Requirements	Timeline	Cost to Implement
No additional staffing is anticipated other than the potential for some cities to train existing staff to conduct environmental assessments in order to identify barriers to be addressed. These assessments are also sometimes conducted by transit agency staff who transmit the information to Public Works Department staff in order to include access improvements as part of their overall annual work plans.	Limited technology required.	Limited training required, apart from conduct of environmental assessments and including ADA access as part of routine inspections of pedestrian infrastructure.	Short to long range, depending on level of improvements implemented.	Depends entirely on level of improvements implemented, so should be considered \$250,000 to over \$1 million.

## Strategy 20: Means-Based Fare Subsidy

Fare affordability was frequently cited as a barrier for low-income people with disabilities and older adults during the study’s outreach efforts. A key strategy for addressing this need would be to establish a program that relies on existing means-tested programs such as Medi-Cal, SSI, general assistance etc. MTC is taking a comprehensive look at regional fare subsidies, primarily on fixed route services. However, there are paratransit programs such as Redi-Wheels in San Mateo County that have long-standing low-income subsidized programs that can serve as a model for Contra Costa County.

Lead or Champion		Potential Sponsoring Agencies	Potential Funding Sources		
Social Services Agencies and transit agencies		MTC or the transit agencies, social service agencies.	LTF, CMAQ/TFCA, Measure J and other local, Private/ Foundation		
Program Parameters					
Subsidies can range from any discount to free fares for low-income riders.					
Staffing	Technology	Training Requirements	Timeline	Cost to Implement	
Limited staffing required, based on reports from other programs.	Very limited technology required to administer the means-based fare subsidy program.	Limited training required to familiarize staff with administering the pre-existing means-based screening programs mentioned above.	It is estimated that this program could be implemented in the six to 12 month period. Although the administration of the program would not be time-consuming, it is anticipated that reaching consensus among the stakeholder transit agencies may take time.	Costs range from \$50,000 to \$250,000, depending on the level of subsidy and the number of participating transit agencies.	



## TRANSIT FUNDING SUMMARY AND OPTIONS

Transportation services are almost always funded with a combination of funding sources and most include some public funds, including programs available through the federal government and funding available from local and regional municipalities or regional authorities. In Contra Costa County, there are five major categories of current funding for public and human service transportation:



1. U.S. Department of Transportation (U.S. DOT) funding administered through the **Federal Transit Administration (FTA)**. This includes (among others) the Urban Transit Formula Funds (Section 5307), Rural Transit Formula Funds (Section 5311) and programs targeted for Older Adults and People with Disabilities (Section 5310), USDOT through the Federal Highway Administration (FHWA), can Flex Surface Transportation Program (STP) and Congestion Mitigation and Air Quality (CMAQ) funds to support transit projects and other capital needs.
2. Federal funding programs outside of the U.S. DOT that can be used for transportation. The largest and most relevant of the non-DOT funding programs are available from the **Department of Health and Human Services (DHHS)**. **DHHS includes the Centers for Medicaid Services, and the Administration on Aging**, both of which are involved the funding of transportation services. The **Department of Veterans Affairs** also funds transportation services and programs.
3. **California Department of Transportation (Caltrans)** The California **Transportation Development Act** which includes revenues collected from a portion of the state Diesel fuel tax, and sales tax. These funds are distributed to local and regional transportation authorities. These funds are available to support public transportation services, including services for older adults and people with disabilities.
4. **California Public Utilities Commission (CPUC)** Senate Bill (SB) 1376: TNC Access for All Act (SB 1376) also known as the **TNC: Accessibility for Persons with Disabilities Program**
5. Local tax revenues that are dedicated to support transit services. **County Measure J** and other regional funding such as regional funding measures and tolls.
6. **Private/Corporate Sources** are often used to support Specialized transportation options and can be a source for Innovative and transformative transportation programs.

Transportation funding is complex, and transit services in Contra Costa County like many, have to meet needs with multiple funding sources. Transit operators, which provide the majority of trips for older adults and people with disabilities in Contra Costa County, are underfunded and lack the resources to meet all the needs of the community. In addition to inadequate funding, the funding that transit agencies receive is restricted in how that funding can be used. For example, the use of Measure J funding is dictated by the Measure's Expenditure Plan and cannot easily be repurposed for other uses. Careful consideration must be made to the impact funding has on the potential implementation of some strategies. Repurposing existing funding is likely untenable.



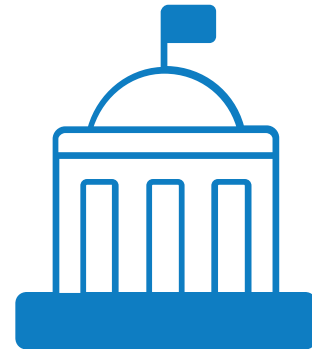
## New Funding

The CE will need to seek funding through a variety of means, likely including funding dedicated through a sales tax measure. In Monterey County, Monterey-Salinas Transit placed a successful sales tax measure on the ballot to benefit similar populations to those of this ATSP. CCTA or the County could potentially fill the role of putting a tax measure forward.

A non-profit could have access to funding not available to public entities, such as grant funding and Community Development Block Grants, foundation funding, donations, other public funding options, etc.

## Federal Funding

Federal transit funding programs are authorized through the Fixing America's Surface Transportation (FAST) Act which went into effect December 4, 2015, authorizing programs through September 30, 2021. Most federal transit programs are funded from the Mass Transit Account of the Highway Trust Fund, based on transit's share of the federal motor vehicle fuel taxes. The funds are administered by the Federal Transit Administration (FTA). Although The administrative burden of Federal grants is high, federal formula funds are reliable and form the basis of the capital and operations budget of most transit agencies.



There are several FTA programs used to fund public transportation services in Contra Costa County. For the purpose of this Report, these four funding programs are among the most relevant:

### Section 5310: Enhanced Mobility of Seniors & Individuals with Disabilities

This program (49 U.S.C. 5310) provides formula funding to states for the purpose of assisting private nonprofit groups in meeting the transportation needs of older adults and people with disabilities when the transportation service provided is unavailable, insufficient, or inappropriate to meeting these needs. Funds are apportioned based on each state's share of the population for these two groups. Formula funds are apportioned to the Metropolitan Transportation Commission (MTC) for distribution to local government authorities, private non-profit organizations, and/or operators of public transportation. MTC uses a competitive selections process to allocate funding.

The program aims to improve mobility for seniors and individuals with disabilities by removing barriers to transportation service and expanding transportation mobility options. This program supports transportation services planned, designed, and carried out to meet the special transportation needs of seniors and individuals with disabilities. Eligible projects include both "traditional" capital investment and "nontraditional" investment beyond the Americans with Disabilities Act (ADA) complementary paratransit services.

The FTA Section 5310 (Transportation for Elderly Persons & Persons with Disabilities) funding program is of relevance to the ATS Study in part because this plan could be considered in awarding of these funds.





## Section 5311: Formula Grants for Rural Areas

The Formula Grants for Rural Areas program provides capital, planning, and operating assistance to states to support public transportation in rural areas with populations of less than 50,000, where many residents often rely on public transit to reach their destinations. The program also provides funding for state and national training and technical assistance through the Rural Transportation Assistance Program. In Contra Costa County, County Connection receives approximately \$50,000 in Rural Transit funding for service in Rural Contra Costa County.

## Section 5307: Urbanized Area Formula Grants

This program distributes funds to regions based on an urbanized area formula.

In Contra Costa County, all three transit operators are 5307 recipients. Eligible activities include: planning for 5307 funds, engineering, design and evaluation of transit projects and other technical transportation-related studies; capital investments in bus and bus-related activities such as replacement, overhaul and rebuilding of buses, crime prevention and security equipment and construction of maintenance and passenger facilities; and capital investments in new and existing fixed guideway systems including rolling stock, overhaul and rebuilding of vehicles, track, signals, communications, and computer hardware and software. In addition, associated transit improvements and certain expenses associated with mobility management programs are eligible under the program. All preventive maintenance and some Americans with Disabilities Act complementary paratransit service costs are considered capital costs.

## Other Federal Transportation Funding

Several other federal programs fund transportation, the largest of which reside within the Department of Health and Human Services (DHHS). DHHS programs support transportation for non-emergency medical transportation (NEMT) for Medicaid recipients, and transportation programs for older adults managed under the Administration on Aging.<sup>2</sup>

The Department of Veterans Affairs, for example, funds transportation services and programs for eligible veterans. These programs tend to fund services directly oriented around veteran customers / veteran-specific needs and are typically administered as block grants to local and regional agencies.<sup>3</sup> Other non-DOT federal funding for transportation funding may be available through programs associated behavioral health and developmental disability programming, job training programs and education. Non-DOT transportation funding streams may be used to match FTA grants and are especially important for nonprofit agencies ineligible for other public funding.

## FHWA Capital Assistance

Capital assistance includes flexed FHWA funding from the Surface Transportation Program and Congestion Mitigation Air Quality (CMAQ) funds. CMAQ funds are directed to transportation projects and programs which contribute to the attainment or maintenance of National Ambient Air Quality Standards (NAAQS) in nonattainment or air quality maintenance areas for ozone, carbon monoxide, or particulate matter (PM) under provisions in the Clean Air Act. Due to the

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<sup>2</sup> Administration for Community Living. Available at: <https://acl.gov/about-acl/administration-aging>

<sup>3</sup> U.S. Department of Veterans Affairs. Available at: <https://www.va.gov/healthbenefits/vtp/>



region's non-attainment of federal air quality standards, funds are allocated the Region's MPO, MTC, and distributed through a competitive grant process.

CMAQ funds can be used for:

- Transportation Control Measures (TCMs)
- Extreme Low-Temperature Cold Start Programs
- Alternative Fuels and Vehicles
- Congestion Reduction & Traffic Flow Improvements
- Transit Improvements
- Bicycle and Pedestrian Facilities and Programs
- The Surface Transportation Program (STP) fund, among others, are a source of flexible funding for both highway and transit projects. Caltrans is the administrator of STP funds and currently limits STP Flexible funding to support Rural Transit (5311) operators.

STP Flex Funds can be used for:

- Capital transit projects (vehicles, facilities, etc.) whether publicly or privately owned

## Older Americans Act (OAA)

The Older Americans Act (OAA), originally enacted in 1965, supports a range of home and community-based services, such as meals-on-wheels and other nutrition programs, in-home services, transportation, legal services, elder abuse prevention and caregivers support. These programs help seniors stay as independent as possible in their homes and communities. In addition, OAA services help seniors avoid hospitalization and nursing home care and, as a result, save federal and state funds that otherwise would be spent on such care.<sup>4</sup> These funds are apportioned to the County. The Task Force should engage the appropriate County department and examine opportunities to collaborate.

## State Funding

Transit programs in California are funded by the Transportation Development Act which includes revenues collected from a portion of the state diesel fuel tax, and sales taxes. These funds are distributed to local and regional transportation authorities. These funds are available to support public transportation services, including services for older adults and people with disabilities.

The Transportation Development Act of 1971 is allocated through the county's designated regional transportation planning agency (RTPA). The Contra Costa Transportation Authority (CCTA) is the RTPA for Contra Costa County. The Act provides two major sources for funding of public transportation in California. The first, the county Local Transportation Fund (LTF), was established in 1972, while the State Transit Assistance (STA) fund was implemented in 1980. The intent of the legislation is to provide a stable source of funding to meet the area's transit needs.



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<sup>4</sup> National Committee to Preserve Social Security and Medicare. Available at: <https://www.ncpssm.org/documents/older-americans-policy-papers/older-americans-act/>



The Transportation Development Act, or TDA, has long been a cornerstone of state transit funding.

### Local Transportation Fund (LTF)

The LTF is derived from a ¼ cent of the general sales tax collected statewide. The State Board of Equalization, based on sales tax collected in each county, returns the general sales tax revenues to each county's LTF. Each county then apportions the LTF funds within the county based on population.

This state law allowed each county to establish a quarter-cent sales tax to finance a wide variety of transportation projects, including:

- o Transit operations
- o Bus and rail projects
- o Special transit services for disabled riders
- o Pedestrian and bicycle facilities
- o Transportation planning

### State Transit Assistance (STA)

The State Transit Assistance (STA) program was created in 1979. The program provides a second source of Transportation Development Act (TDA) funding for transportation planning, public transportation, and community transit purposes. STA funds are derived from the statewide sales diesel fuel, which is deposited in the Public Transportation Account in the State Transportation Fund. The state legislature approves the amount of these funds allocated to the State Transit Assistance program as part of the annual state budget process.

The State splits the STA program into two components:

- **Population-based funds:** The Metropolitan Transportation Commission (MTC) receives STA based on the region's share of the population. The use of these funds is governed by MTC Resolution 4321 which established a STA County Block Grant Program whereby the nine Bay Area Congestion Management Agencies determine how to invest the funds in public transit services/projects.
- **Revenue-based funds:** The State allocates funds to transit operators based on their revenue as defined by state law.

### Senate Bill 1 (2017)

Senate Bill 1, the Road Repair and Accountability Act of 2017, (SB 1) provides about \$250 million annually for the State Transit Assistance (STA) Program to help transit agencies fund their capital infrastructure and operational costs. This money is distributed via current funding formulas based on agency revenue and population. Additionally, SB 1 provides more than \$105 million annually for the State of Good Repair Program (SGR) that funds transit capital projects or services to maintain or repair existing transit fleets and facilities; new vehicles or facilities that improve existing transit services; or transit services that complement local efforts to repair and improve local transportation infrastructure. This money is made available to eligible transit operators based on the STA formula.

## Senate Bill 1376 (2018)

Senate Bill (SB) 1376: TNC Access for All Act became law in September 2018. SB 1376 empowers the CPUC to establish a program to increase accessibility for persons with disabilities as part of its regulation of TNCs. As part of the implementation of SB 1376, on July 1, 2019, transportation network companies (TNCs) were required to collect a ten cent (\$0.10) fee on each TNC trip in California. The funds generated from the fee support the expansion of on-demand transportation for non-folding wheelchair users who require a wheelchair accessible vehicle (WAV). The CPUC is currently conducting a rulemaking process and determining which agencies will be authorized fund administrators. Funds may be distributed on a countywide basis.

## Potential NEMT and NMT Funding for Transit Operators

The rules governing what “cost” is reimbursable under NEMT and NMT has created challenges for transit operators as passenger fares only cover a fraction of the cost of an ADA-mandated paratransit trip. For example, each paratransit trip can cost between \$50 and \$70, while the fare for that trip can be \$4.00 to \$7.00. Since Medi-Cal reimburses for the cost of the fare, and not the trip, transit operators are in effect subsidizing trips for Medi-Cal, at a lower cost than a private operator could charge for the same trip. The California Transit Association (CTA) is pursuing changes to how Medi-Cal reimburses eligible trips. The Association will seek legislation to require Medi-Cal managed care plans (MCP) to reimburse public transit agencies for Medi-Cal eligible trips with or without prior MCP approval for the trip, and to also allow public transit agencies who provide these trips access to the Department of Health Care Services database to identify customers who are enrolled in Medi-Cal and under which MCP the customer is enrolled. If successful, these changes could create an additional source of revenue for transit providers.

## Older Californians Act

The California Department of Aging (CDA) oversees implementation of the Older Californians Act, which was passed by the state Legislature in order to comply with federal legislation mandating the availability of certain community services to senior citizens. CDA provides services for older adults, adults with disabilities, family caregivers and residents in long-term care facilities. The department is part of the Health and Human Services Agency. CDA coordinates and directs the use of federal funds through local service providers and Area Agencies on Aging to fulfill the requirements of federal and state legislation.<sup>5</sup> Similar to the OAA, these funds are apportioned to the County. The Task Force should engage the appropriate County department and examine opportunities to collaborate.

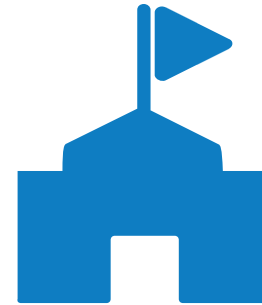
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<sup>5</sup> CA Dept of Aging. Available at: [http://www.allgov.com/usa/ca/departments/health-and-human-services-agency/department\\_of\\_aging?agencyid=129#:~:text=Overview%3A,Californians%20are%20getting%20old.&text=It%20oversees%20implementation%20of%20the,community%20services%20to%20senior%20citizens.](http://www.allgov.com/usa/ca/departments/health-and-human-services-agency/department_of_aging?agencyid=129#:~:text=Overview%3A,Californians%20are%20getting%20old.&text=It%20oversees%20implementation%20of%20the,community%20services%20to%20senior%20citizens.)



## Local Funding

In addition to federal and state sources, some communities use general revenue funding to support transportation services. Communities like the City of Richmond use general revenue funds to support senior transportation funds to support their Senior and Disabled Transportation programs. The largest source of public transportation funding in Contra Costa County is Measure J, which provided \$5,328,755 in FY 19/20 to fund transportation for seniors and people with disabilities.



## Measure J

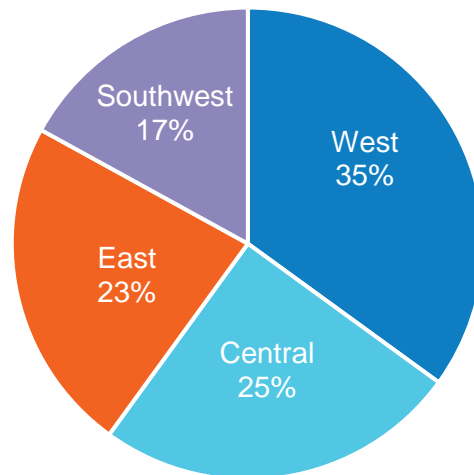
In November 2004, Contra Costa County voters approved Measure J with a 71% vote. The measure provided for the continuation of the county's half-cent transportation sales tax for 25 more years beyond the original expiration date of 2009. As with Measure C (the original 1988 transportation sales tax measure), the tax revenues are used to fund a voter-approved Expenditure Plan of transportation programs and projects. Measure J provides approximately \$2.7 billion (escalated) countywide for local transportation projects and programs through the year 2034.

The Measure J Expenditure Plan allocated 3.5% of Measure J to Transportation for Seniors and People with Disabilities countywide through Program 15. The Expenditure plan allows for an annual increase of 0.10% from the 3.5% to 5.9% by 2034.

35% of Program 15 is allocated to West County, 17% to Southwest County, 23% to East County, and 25% to Central County. Additionally, the 20b Subregional Program allocates 0.65% to West County and 0.5% to Central County for additional Transportation for Seniors and People with Disabilities. Program 20b funds are approved by WCCTAC and TRANSPAC and be used for such non-ADA services as shuttles, sedan/taxi service, fare subsidies, and/or other supplemental services beyond the ADA service. However, ADA service does qualify, and Program 20b can be used to expand the same "base" program expenditures that Program 15 is used for.

Program 15 funds are allocated by the Contra Costa Transportation Authority (CCTA) to the Measure J approved transportation providers based on percentage allocations determined in the previous Measure C. Measure J Program 15 and 20b revenues are forecast to grow 26% in the next 5 years from \$5,328,755 to \$6,721,704. Program 15 funds are overwhelmingly used for operations. However, the Measure J Expenditure Plan does allow other related uses including "(a) managing the program, (b) retention of a mobility manager, (c) coordination with non-profit services, (d) establishment and/or maintenance of a comprehensive paratransit technology implementation plan, and (e) facilitation of countywide travel and integration with fixed route and BART specifically, as deemed feasible." Historically these funds have been used for

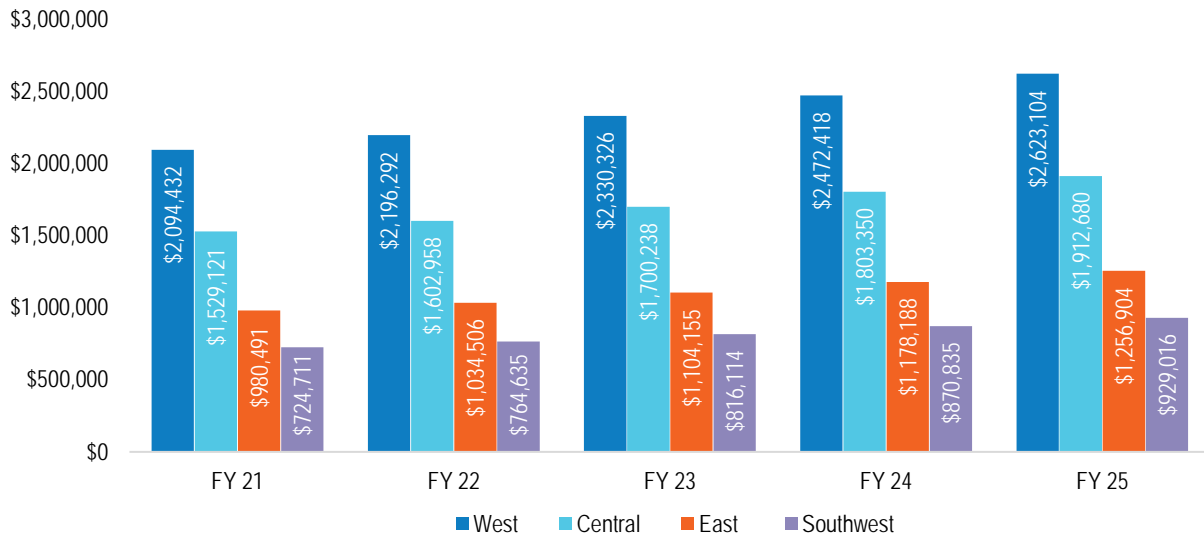
**Figure 6-4 Program 15 Funds Allocation by Sub-Region**





operations due to demand and lack of institutional capacity to initiate these other eligible activities.

**Figure 6-5 Funding Forecast Measure J Program 15 and 20b <sup>6</sup>**



## Private/Foundation Sources

Service providers for vulnerable communities are sometimes able to access private funding through Foundations or similar organizations. Foundations supporting programs in Contra Costa County include:

- Chan Zuckerberg Initiative
- Catholic Charities East Bay
- Silicon Valley Community Foundation
- Wayne and Gladys Valley Foundation
- Richmond Community Foundation

Although there may be numerous grants available, grant writing and reporting requirements can be resource intensive and require significant staff time to pursue and manage. In addition to the administration costs, private grants can lack the flexibility of other grant programs.

<sup>6</sup> 2019 Measure J STRATEGIC PLAN (2019) <https://www.ccta.net/wp-content/uploads/2019/10/2019-Measure-J-Strategic-Plan.pdf>





# APPENDIX A

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## Survey Instruments





# Appendix A Survey Instruments

As part of the outreach process, Nelson\Nygaard conducted a mix of paper surveys and an online survey hosted on SurveyMonkey. The survey was available in three languages: English, Spanish, and Mandarin. This Appendix shows the paper survey instrument that was distributed as part of this project. Attached are the three survey instruments corresponding to each language.



# Appendix A1

## Survey Instrument in English

# SURVEY CONTRA COSTA ACCESSIBLE TRANSPORTATION STRATEGIC PLAN

The Contra Costa Transportation Authority (CCTA), in coordination with Contra Costa County, is conducting a study to find out how to improve transportation services for seniors, people with disabilities, and eligible veterans who live or travel in Contra Costa County.

Please take a few minutes to fill out this survey and return it to the person who gave it to you, or you can also take the survey on-line at: [https://www.surveymonkey.com/r/CCTA\\_Survey2](https://www.surveymonkey.com/r/CCTA_Survey2).

**If you have any questions or need assistance filling out this survey, please contact 857-305-8004 or [info@atspcontracosta.com](mailto:info@atspcontracosta.com).**

1. **Which modes of transportation do you usually use?**  
(Check *all that apply*; answer any related follow-up questions for BUS, ADA PARATRANSIT and LYFT/UBER)
- BART
  - Bus → Answer follow-up Q 2-4
  - Bicycle
  - Walk/Roll
  - ADA Paratransit (East Bay Paratransit, WestCAT Dial-a-Ride, County Connection LINK, Tri Delta Paratransit) → Answer follow-up Q 5-7
  - Drive myself
  - Lyft/Uber → Answer follow-up Q 8-9
  - Taxi
  - Family, neighbor, or paid helper drives me
  - Other (example: R-Transit, Rossmoor Dial-a-Bus, Lamorinda Spirit Van, etc): \_\_\_\_\_

## Q 2-4. BUS RIDER QUESTIONS

Skip questions 2-4 if you don't ride the bus.

2. **If you use the BUS, what service(s) do you use?**
- AC Transit
  - Tri Delta
  - WestCAT
  - Other (please specify): \_\_\_\_\_
  - County Connection
3. **Please tell us about your BUS-riding experience and interactions with drivers:**
- Excellent
  - Satisfactory
  - Poor
  - Additional comments: \_\_\_\_\_
4. **Please share any other comments about your BUS-riding experience, such as ease of use, maintenance issues, or vehicle cleanliness:**
- \_\_\_\_\_

## Q 5-7. ADA PARATRANSIT RIDER QUESTIONS

Skip questions 5-7 if you don't ride paratransit.

5. **If you use ADA PARATRANSIT, what service(s) do you use?**
- East Bay Paratransit
  - WestCAT Dial-a-Ride
  - County Connection LINK
  - Tri Delta Paratransit
  - Other (please specify): \_\_\_\_\_

6. **Please tell us about your ADA PARATRANSIT-riding experience and interactions with drivers:**

- Excellent
- Satisfactory
- Poor
- Additional comments: \_\_\_\_\_

7. **Please share any other comments about your ADA PARATRANSIT-riding experience, such as ease of use, maintenance issues, or vehicle cleanliness:**
- \_\_\_\_\_

## Q 8-9. LYFT/UBER RIDER QUESTIONS

Skip questions 8-9 if you don't ride Lyft/Uber.

8. **If you use LYFT/UBER, please tell us about your riding experience and interactions with drivers:**

- Excellent
- Satisfactory
- Poor
- Additional comments: \_\_\_\_\_

9. **Please share any other comments about your LYFT/UBER-riding experience, such as ease of use, maintenance issues, or vehicle cleanliness:**
- \_\_\_\_\_

## Q 10-16 GENERAL RIDER QUESTIONS

10. **Where are you usually going? (Please select up to three)**

I go to...

- Medical appointment
- Grocery shopping/drugstore
- Non-medical appointment
- See friends or family
- Attend a class
- The Senior Center
- Church
- Work or Volunteer position
- Other (please specify): \_\_\_\_\_

11. Which of the following destinations are most difficult for you to get to? (Please select up to three)  
Scan of English survey page 1  
I go to...

- Medical appointment
- Grocery shopping/drugstore
- Non-medical appointment
- See friends or family
- Attend a class
- The Senior Center
- Church
- Work or Volunteer position
- Other (please specify): \_\_\_\_\_

12. Are there places you would like to go, but are unable to get to due to lack of convenient transportation?

- Yes → Where would you like to go? \_\_\_\_\_
- No

13. Where do you receive the majority of your medical care?

\_\_\_\_\_

14. What are the challenges you face with existing transportation services in Contra Costa County? (Please select up to three)

- I can't go where I need to
- I have to transfer too often
- I can't go when I need to (evenings, weekends, same day)
- My trip takes too long
- There are problems with the sidewalks, crosswalks, etc.
- I don't have the information I need to use different transportation services
- I can't afford my transportation
- I don't feel safe when traveling
- No challenges
- Other (please specify): \_\_\_\_\_

15. What transportation services do you need that you do not currently receive? (Please select up to three)

- Same-day trips
- Wheelchair accessible trips
- Frequent trips (daily or 3-4 times a week)
- Out of area medical trips
- Assistance entering or exiting home/destination
- Evening or weekend trips
- Recreational/group trips
- Accessible sidewalks, curb ramps, bus stops, etc.
- Travel information or training
- Other suggestions for improvements (please specify): \_\_\_\_\_

16. Please share any other information about transportation challenges or ideas that weren't included above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Q 17-22 RIDER INFORMATION

17. Are you completing this survey for someone else?

- No
- Yes → Please explain: \_\_\_\_\_

18. What city do you live in? \_\_\_\_\_

19. Do you travel with any of the following? (Check all that apply)

- Folding wheelchair
- Service animal
- Power wheelchair
- Care provider/ attendant
- Oxygen tank
- Other (please specify): \_\_\_\_\_
- Cane/Walker/ Rollator

20. What is your age?

- Younger than 18
- 75-84
- 18-54
- 85 and older
- 55-64
- I prefer not to answer
- 65-74

21. Are you certified as eligible for service based on disability with East Bay Paratransit, WestCAT Dial-a-Ride, County Connection LINK, Tri Delta Paratransit, or under the Regional Transportation Connection (RTC Clipper) program?

- Yes
- No

22. If you're interested in receiving more information about the study, please provide your contact information:

Name: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

## Thank you!

To get the latest information about the study, please visit our website at [www.atpscontracosta.com](http://www.atpscontracosta.com)



CONTRA COSTA  
transportation  
authority



CONTRA COSTA  
COUNTY, CALIFORNIA





# Appendix A2

## Survey Instrument in Spanish

# ENCUESTA PLAN ESTRATÉGICO DE TRANSPORTO ACCESIBLE DE CONTRA COSTA

La Autoridad de Transporte de Contra Costa (CCTA por su silga en inglés), en coordinación con el Condado de Contra Costa, está realizando un estudio con el fin de averiguar cómo mejorar los servicios de transporte para adultos mayores, personas con discapacidad y veteranos elegibles que vivan o viajen al Condado de Contra Costa. Por favor tome unos minutos para completar esta encuesta y devuélvasela a la persona que se la haya entregado, o puede tomar la encuesta en línea en: [https://www.surveymonkey.com/r/CCTA\\_SurveySPN](https://www.surveymonkey.com/r/CCTA_SurveySPN).

**Si tiene alguna pregunta o necesita asistencia para llenar esta encuesta, por favor llame al 857-305-8004 o escríbanos a [info@atspcontracosta.com](mailto:info@atspcontracosta.com)**

1. **¿Qué medio de transporte usa normalmente?**  
(Seleccione todas las opciones que aplique; responda cualquier pregunta para AUTOBÚS, ADA PARATRÁNSITO y LYFT/UBER)
- BART
  - Autobús → *Responda preguntas 2-4*
  - Bicicleta
  - Camino/Ruedo
  - ADA Paratrásito (East Bay Paratransit, WestCAT Dial-a-Ride, County Connection LINK, Tri Delta Paratransit) → *Responda preguntas 5-7*
  - Yo conduzco
  - Lyft/Uber → *Responda preguntas 8-9*
  - Taxi
  - Familia, vecino, o ayudante pagado conduce
  - Otro (por ejemplo: R-Transit, Rossmoor Dial-a-Bus, Lamorinda Spirit Van, etc.): \_\_\_\_\_

## Q 2-4. PREGUNTAS PARA USUARIOS DEL AUTOBÚS

Si no utiliza el autobús saltése las preguntas 2-4.

2. **Si utiliza el AUTOBÚS, ¿Qué servicio(s) utiliza?**
- AC Transit
  - WestCAT
  - Tri Delta
  - Otro (por favor especifique): \_\_\_\_\_
  - County Connection

3. **Por favor díganos cómo ha sido su experiencia utilizando el AUTOBÚS y su interacción con los conductores:**

- Excelente
- Satisfactoria
- Mala
- Comentarios adicionales: \_\_\_\_\_

4. **Por favor díganos cómo ha sido su experiencia utilizando el AUTOBÚS y su interacción con los conductores:**
- \_\_\_\_\_

## Q 5-7. PREGUNTAS PARA USUARIOS DEL ADA PARATRÁNSITO

Si no utiliza ADA Paratrásito saltése las preguntas 5-7.

5. **SI UTILIZA ADA PARATRÁNSITO, ¿QUÉ SERVICIO(S) UTILIZA?**
- East Bay Paratransit
  - WestCAT Dial-a-Ride
  - County Connection LINK
  - Tri Delta Paratransit
  - Otro (por favor especifique): \_\_\_\_\_

6. **Por favor díganos cómo ha sido su experiencia utilizando ADA PARATRÁNSITO y su interacción con los conductores:**

- Excelente
- Satisfactoria
- Mala
- Comentarios adicionales: \_\_\_\_\_

7. **Por favor comparta cualquier comentario sobre su experiencia al usar ADA PARATRÁNSITO, tal como la facilidad para utilizarlo, problemas de mantenimiento o limpieza del vehículo:**
- \_\_\_\_\_

## Q 8-9. PREGUNTAS PARA USUARIOS DE LYFT/UBER

Si no utiliza Lyft/Uber saltése las preguntas 8-9.

8. **Si utiliza LYFT/UBER, por favor díganos cómo ha sido su experiencia y su interacción con los conductores:**

- Excelente
- Satisfactoria
- Mala
- Comentarios adicionales: \_\_\_\_\_

9. **Por favor comparta cualquier comentario sobre su experiencia al usar LYFT/UBER, tal como la facilidad para utilizarlo, problemas de mantenimiento o limpieza del vehículo:**
- \_\_\_\_\_

## Q 10-16 PREGUNTAS PARA USUARIOS EN GENERAL

10. **¿A dónde va normalmente?** (Por favor seleccione tres como máximo)

Voy a...

- Cita médica
- Supermercado/farmacia
- Citas no médicas
- Ver amigos o familia
- Una clase
- El centro para adultos mayores
- La iglesia
- Trabajo o voluntariado
- Otro (por favor especifique): \_\_\_\_\_

11. ¿A cuál de los siguientes destinos le es más difícil llegar? (Por favor seleccione tres como máximo)

Se me dificulta llegar a...

- Cita médica
- Supermercado/farmacia
- Citas no médicas
- Ver amigos o familia
- Una clase
- El centro para adultos mayores
- La iglesia
- Trabajo o voluntariado
- Otro (por favor especifique): \_\_\_\_\_

12. ¿Hay lugares a los que le gustaría ir, pero no puede porque no tiene opciones de transporte convenientes?

- Sí → ¿A dónde le gustaría ir? \_\_\_\_\_
- No

13. ¿En dónde recibe la mayor parte de su atención médica??

\_\_\_\_\_

14. ¿Cuáles son los retos que usted encuentra con los servicios de transporte existentes en el Condado de Contra Costa? (Por favor seleccione tres como máximo)

- No puedo ir a donde necesito
- Necesito hacer transferencias con frecuencia
- No puedo ir cuando lo necesito (tardes, fines de semana, el mismo día)
- Mi viaje toma demasiado tiempo
- Hay problemas con las banquetas, los cruces peatonales, etc.
- No tengo la información que necesito para usar distintos servicios de transporte
- No puedo pagar por mi transporte
- No me siento segura o seguro cuando viajo
- No encuentro problemas
- Otro (por favor especifique): \_\_\_\_\_

15. ¿Qué servicio(s) de transporte necesita que no reciba actualmente? (Por favor seleccione tres como máximo)

- Viajes del mismo día
- Viajes accesibles para sillas de ruedas
- Viajes frecuentes (diario o 3-4 veces a la semana)
- Viajes médicos fuera del área
- Asistencia para entrar o salir del hogar/destino
- Viajes en las tardes o fines de semana
- Viajes recreativos o en grupo
- Banquetas accesibles, rampas, paradas de autobús, etc.
- Información o entrenamiento
- Otras sugerencias para mejorar (por favor especifique): \_\_\_\_\_

16. Por favor comparta cualquier información sobre algún problema de transporte o ideas que no se hayan incluido anteriormente:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Q 17-22 INFORMACIÓN DEL PASAJERO

17. ¿Está completando esta encuesta a nombre de alguien más??

- No
- Sí → Por favor explique: \_\_\_\_\_

18. ¿En qué ciudad vive? \_\_\_\_\_

19. ¿Viaja con alguno de los siguientes? (Por favor seleccione todas las que aplique)

- Silla de ruedas plegable
- Silla de ruedas eléctrica
- Tanque de oxígeno
- Bastón/Caminadora/Andador
- Animal de servicio
- Proveedor de cuidado/asistente
- Otro (por favor especifique): \_\_\_\_\_

20. ¿Qué edad tiene?

- Menos de 18
- 18-54
- 55-64
- 65-74
- 75-84
- 85 o más
- Prefiero no responder

21. ¿Está certificada como persona elegible basada en su estatus de discapacidad por la East Bay Paratransit, WestCAT Dial-a-Ride, County Connection LINK, Tri Delta Paratransit, o con la Conexión Regional de Tránsito (RTC Clipper)?

- Sí
- No

22. Si está interesada o interesado en recibir más información sobre este estudio, por favor llene los siguientes campos con su información de contacto:

Nombre: \_\_\_\_\_

Email/ Correo electrónico: \_\_\_\_\_

Teléfono: \_\_\_\_\_

## ¡Gracias!

Para obtener la información más reciente de este estudio, por favor visite nuestra página web:  
[www.atpspcontracosta.com](http://www.atpspcontracosta.com)



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# Appendix A3

## Survey Instrument in Mandarin



# 調查

## 康特拉科斯塔交通戰略計劃

康特拉科斯塔交通局 (CCTA) 聯合康特拉科斯塔縣進行本項調查，希望能夠了解在康特拉科斯塔縣生活或旅行的老年人、殘疾人和合格退伍軍人的情況，改善公共交通服務的質量。

請花幾分鐘填寫此調查表將退還給提供給您的人，或者您也可以在線訪問該調查表：  
[https://www.surveymonkey.com/r/CCTA\\_SurveyMDRN](https://www.surveymonkey.com/r/CCTA_SurveyMDRN)

如果您有任何疑問或需要協助填寫此調查表，請聯繫857-305-8004或[info@atspcontracosta.com](mailto:info@atspcontracosta.com)

1. 通常使用什麼交通方式出行? (可以多選，並回答與公交車、輔助公交車 (ADA) 和LYFT / UBER相關的題目)

- BART  
 公交車 → 請回答題目2-4  
 自行車  
 步行  
 輔助公交車 (East Bay Paratransit, WestCAT Dial-a-Ride, County Connection LINK, Tri Delta Paratransit) → 請回答題目5-7  
 私家車  
 Lyft/Uber → 請回答題目8-9  
 出租車  
 家屬幫忙開車  
 其他: (比如: R-Transit, Rossmoor Dial-a-Bus, Lamorinda Spirit Van, 等) \_\_\_\_\_

### 題 2-4. 公共乘客題目

2. 乘坐公交車，多使用那個服務線? (可以多選)

- AC Transit  Tri Delta  
 WestCAT  其他 (請指定) \_\_\_\_\_  
 County Connection

3. 請對乘公交車的體驗以及駕駛員的服務做如下評估

- 非常滿意  其他評論 \_\_\_\_\_  
 基本滿意 \_\_\_\_\_  
 不滿意 \_\_\_\_\_

4. 請分享有關乘坐公交車的體驗和建議，例如易用性，車輛維護或清潔度等

\_\_\_\_\_  
\_\_\_\_\_

### 題 5-7. 輔助公交車 (ADA) 乘客題目

5. 乘坐輔助公交車(ADA)，多使用那個服務線?

- East Bay Paratransit  Tri Delta Paratransit  
 WestCAT Dial-a-Ride  其他 (請指定) \_\_\_\_\_  
 County Connection LINK \_\_\_\_\_

6. 請對乘輔助公交車(ADA)的體驗以及駕駛員的服務做如下評估

- 非常滿意  其他評論 \_\_\_\_\_  
 基本滿意 \_\_\_\_\_  
 不滿意 \_\_\_\_\_

7. 請分享有關輔助車輛的經驗和建議，例如易用性，車輛維護或清潔度等

\_\_\_\_\_

### 題 8-9. LYFT/UBER 乘客題目

8. 請對乘客LYFT / UBER的體驗以及駕駛員的服務做如下評估

- 非常滿意  其他評論 \_\_\_\_\_  
 基本滿意 \_\_\_\_\_  
 不滿意 \_\_\_\_\_

9. 請分享有關乘坐LYFT / UBER的體驗和建議，例如易用性，車輛維護或清潔度等

\_\_\_\_\_

### 題10-16 一般乘客題目

10. 通常使用公共交通是為了去哪裡? (最多選擇三個)

- 醫療諮詢  
 雜貨店/藥店  
 非醫療約定  
 見朋友或家人  
 上課  
 老年人中心  
 宗教場所  
 工作或志願職位  
 其他 (請指定) \_\_\_\_\_



11. 以下選項中，最不方便到達的是哪裡？（最多選擇三個）

- 醫療諮詢
- 雜貨店/藥店
- 非醫療約定
- 見朋友或家人
- 上課
- 老年人中心
- 宗教場所
- 工作或志願職位
- 其他（請指定）\_\_\_\_\_

12. 有沒有地方是你想去，但因為交通不便而無法前往？

- 有 → 我想去：\_\_\_\_\_
- 沒有

13. 您將在哪裡接受大部分醫療服務？

\_\_\_\_\_  
\_\_\_\_\_

14. 現有的康特拉科斯縣公共交通給您帶來哪些問題？  
（最多選擇三個）

- 沒有足夠的交通方式通往我想去的目的地
- 必須經常換乘公交车
- 能在需要時候方便乘坐（夜間，週末，當天預約）
- 旅途時間太長
- 人行道和人行橫道有問題
- 沒有足夠的信息，讓我選擇乘坐不同的交通服務線
- 負擔不起交通費
- 不安全
- 沒有問題
- 其他（請指定）\_\_\_\_\_

15. 現有的公共交通服務中，哪些服務是你需要卻沒有提供的？  
（最多選擇三個）

- 預約当天行程
- 輪椅無障礙行程
- 定期重復行程（每天或每週3-4次）
- 區域外醫療行程
- 協助進入或離開家/目的地
- 晚上或周末行程
- 娛樂/團體行程
- 無障礙人行道，路緣坡道，公交站等
- 行程信息或培訓
- 其他改進建議（請具體說明）\_\_\_\_\_

16. 請分享上述以外的任何關於公共交通服務給您帶來的問題或您的建議

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 題 17-22 乘客信息

17. 您是否為其他人完成調查題目？

- 否
- 是 →（請說明）\_\_\_\_\_

18. 您居住在哪個城市？

\_\_\_\_\_

19. 您在旅途中是否需要攜帶以下設備（可以多選）

- 折疊輪椅
- 電動輪椅
- 氧氣罐
- 拐杖/助步器/輪轉
- 服務性動物
- 護理人員/服務員
- 其他（請指定）\_\_\_\_\_

20. 您的年齡是？

- 18 歲以下
- 18-54
- 55-64
- 65-74
- 75-84
- 85 歲以上
- 不想回答

21. 您是否已通過 East Bay Paratransit, WestCAT Dial-a-Ride, County Connection LINK, Tri Delta Paratransit, 或在 Regional Transportation Connection (RTC Clipper) 項目的殘障人士資格認證服務？

- 是
- 否

22. 如果您有興趣接收有關該調查的更多信息，請提供您的聯繫信息（參加者還將有機會參加抽獎中，獲得價值25美元的禮品卡！）

姓名 \_\_\_\_\_

電子郵件地址 \_\_\_\_\_

電話號碼 \_\_\_\_\_

# 謝謝!

要獲取有關該調查的最新信息，請訪問我們的網站

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# APPENDIX B

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Comments from Public Input





# Appendix B Comments from Public Input

The table below shows public comment and input received by the team throughout the course of the project via email and webform.

Public Input
As a disabled veteran, I would like to see a direct bus from the Walnut Creek BART station to the VA Martinez Clinic. It is otherwise difficult to get to the clinic on public transit from the Southern part of Contra Costa.
It is on my 'wish list' to have someone to partner with her for travel. I want to use public transit, but it feels unsafe to do so on my own. So, it isn't travel training I am looking for, but to have someone travel with me for safety concerns.
I had my 83-year-old mom who lives in Pinole take the survey for feedback. She drives so doesn't use transit but would like to. Her comments: Why can't we take a bus to Walnut Creek? We (her friends) are more comfortable in small groups on small buses. Dial a ride seems more personalized- get a sense someone is keeping an eye on you. Her friends are upset at the time and hassle of having to transfer to multiple operators for medical appointments. Pinole is a bit of a transit desert because services seniors need aren't in Pinole or San Pablo or downtown Martinez, so WestCAT service isn't sufficient. Pinole residents seek Kaiser services in Richmond, Walnut Creek, and beyond. All are not easily accessible by fixed route or dial a ride. I was surprised how informed she was, and her friends, who are transit dependent. Pinole Garden club is carpooling members to Hercules PNR to board Lynx bus to Sales Force, but they have lots of confusion about the parking eligibility at Hercules PNR. Here are seniors who know that Lynx exists and are willing to carpool to PNR (doing what we want them to do) but getting info about parking is difficult.
Tri Delta Dial-A-Ride (paratransit) service paratransit does not run late enough, Paratransit hours should match Tri Delta's fixed route service hours. Draft recommendations: 1. Prepare a Tri Delta Bus Transit Service Reliability and Improvement Strategies report to identify problematic routes and improvement strategies. Implement a dedicated paratransit shuttle to senior centers in Pittsburg and Antioch. 2. Tri Delta should build on its existing Email/Text Alerts system with a Tri Delta Mobile App. Include features such as nearby or alternative route options and departure times, map-based bus tracking, trip planning and system-wide schedules. 3. Hire additional Dial-A-Ride dedicated drivers or implement a program like Richmond's R-Transit Lyft partnership, in which Lyft technology is used to provide on demand paratransit transportation.
Access from the CBTP study area to medical centers in Martinez, including the VA Hospital, is inadequate and difficult for seniors.
Tri Delta Dial-A-Ride (paratransit) riders at both the Pittsburg and Antioch Senior Centers feel paratransit is not adequately responsive. Paratransit does not communicate with its



passengers when it is going to be late, leaving riders waiting outside for more than 30 minutes at any given time.

After a brain injury- I couldn't drive so I started biking at age 65- please improve biking safety, including having all stop light recognize bikes and ensure safe places to park. E-bikes are great for seniors and the disabled. My husband- age 80 with cancer and heart failure still rides.

I am 83, live alone in an apartment at The Oaks, in Oakley. I have no car. I find it hard to get transportation to anywhere but most miss having transportation to anything in the evening, there are no 7 PM dinners or community functions for me. If I go shopping or to a doctor I have to get home early before Dial A Ride stops running for the day.

Something needs to be done about transit situation.

Will there be buses on Fairview to the new Los Madonas campus?

I'd like to raise the issue of Paratransit distance limits, or the ability to find other services that are affordable to get outside of those limits, especially to our wonderful parks and recreation areas. I have a visual impairment and rely on friends and family to get out to Briones, where I can enjoy the outdoors and pursue my athletic goals as an athlete (I train in para-dressage) - I am worried about the future and affordable transportation to my hobbies as bus routes are cut and changed. Rideshare services are prohibitively expensive. Besides that, I need paratransit to accept Clipper cards so that I can use my employer transit benefit when I need to use it for work.

Would like to know how you plan cross counties trips because sometimes it takes all day to complete?

The paratransit application for the different providers is different with each one, with different requirements, as well. I have received complaints from families we serve about how confusing it is and how long the intake process takes. They did not feel I would support a single point of registration, with consistent criteria throughout our County as being more efficient and user friendly. supported in the process and at least a few families have given up on the process!

Once someone is approved in one system, they have to get approval for another system, if crossing transportation boundaries. In addition, wait times when transferring is excessive and sometimes troubling. I would support coordination when going from one area to another and scheduling efficiencies when transferring. It seems that a single point of contact for scheduling and dispatching would increase efficiencies, such as improving on-time performance and making it easier to cross transportation boundaries. Our clientele already have disabilities and hardships in everyday life--I believe it is our duty to assure that communication and transportation be as seamless and efficient as possible!

The county needs a robust affordable public transit system severing all the communities of the county. State and federal funding of such a system is woefully low and what funds that are provided are sucked up by BART, AC Transit and other large transit systems leaving communities such as San Ramon without much in the way of transit options.



There was a bus (#39?) that stopped both at Alcosta Blvd/ Fircrest Blvd and Fircrest/Craydon Circle. It continued into Dublin to Village Parkway, Amador Blvd and Dublin Blvd. I am in a senior community "Sunny Glen" and there are no buses within a couple of miles from here.

Where can we go to get free transportation for seniors?

I am writing for my disabled husband. He is completely dependent on others for his care and has paralysis of most of his body. A constant worry is how to evacuate in an emergency. We have a few neighbors that will help but no place to go once we leave the house and no plan if neighbors aren't available. What services are available for evacuating someone who is so severely disabled?

Senior transportation is a serious matter!





# APPENDIX C

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## Needs Identified from Prior Reports





# Appendix C Needs Identified from Prior Reports

## SAFETREC

To better understand the mobility needs of older adults in the region, a survey of 510 residents age 55 and older in Contra Costa County was conducted by UC Berkeley's SafeTREC. Following are the key needs that were recorded through the survey:

- The majority of older adults in Contra Costa are car dependent. They mostly travel by motor vehicle, either driving or as a passenger. While the survey sample was generally healthy, half of all participants had not considered that driving might not always be a transportation option. Many participants had a valid driver's license, but this declined with increasing age.
- Participants living in households with no drivers reported half as many trips for activities compared with those living in households with drivers. Not having a driver's license was also associated with both missing an important daily living activity and making fewer trips. In addition, those who reported being in fair or poor health were more likely to have recently missed an activity important for daily living, had less social interaction, and made fewer trips overall in the previous week.
- When asked about ways to improve public transit, respondents suggested closer stops and additional bus lines, extended routes and times, improvements to safety, reduced fares, and better communication and information about public transit services.
- Older adults are concerned about mobility loss. Over 61% of respondents have thought about their future mobility. A majority felt strongly that a loss of mobility is very isolating and depressing.
- Some other needs and concerns that were mentioned during the survey were: Improved roads and sidewalks; Improved accessibility to public transit (closer stops, added bus lines); Improved safety on public transit; General lack of public transit; Better paratransit or personalized transport options; Better parking at BART; Traffic congestion reduction; BART cleaner, safer and extended routes and times; Cost of public transit; Traffic law enforcement; Public transit information dissemination; Improved road signage, signaling and lighting.

## WCCTAC NEEDS ASSESSMENT STUDY

- The greatest transportation coverage gap is getting to and from medical appointments. A significant minority of residents need to access medical facilities in Alameda County, which requires a lengthy trip. City-based paratransit programs do not transport riders outside of the County.
- Residents are interested in more evening, weekend, and same-day trip services.



- Many residents are disabled but are not certified as such by any of the local paratransit agencies or the Regional Transportation Connection (RTC) program, which is required for a discounted Clipper Card, suggesting that these individuals would likely benefit from a more robust outreach program. It is unclear if these residents are eligible for Senior Clipper Cards, which are easier to obtain.
- City paratransit programs do not all use the same eligibility application or have the same requirements, making it difficult for West County residents to determine if they are eligible or how to apply.
- There is a general concern with the lack of coordination between paratransit agencies, which leads to burdensome transfers, disparate fares and payment options, and service and coverage gaps throughout West County.
- West County paratransit service providers have had difficulty coordinating with Richmond's R-Transit service or determining what services are available.
- Richmond's R-Transit service does not consistently serve the unincorporated areas around the City of Richmond, despite those communities being in its coverage area.
- The closure of Doctors Medical Center has created transportation concerns for many residents.
- There is an interest in incorporating ride-hailing services (Lyft, Uber, etc.) into future West County mobility plans.
- There is a strong interest in receiving travel training that focuses on the use of Clipper Card, ride-hailing services (Lyft, Uber, etc.), concierge services, the use of smartphones in making transportation choices, and general lessons on how to ride transit.

## COMMUNITY BASED TRANSPORTATION PLANS (CBTPS)

### Downtown Martinez CBTP

- Need for improved pedestrian facilities, particularly for wheelchair users or those are visually impaired
- Cost and time are an issue for people who travel by transit and paratransit
- Lack of transportation options (absence of bus service during non-commute hours)
- Add paratransit services. The department of HHHS wants to see an expanded paratransit program in Downtown Martinez (note: "paratransit" could be referring to on-demand non-ADA service). As is, it is difficult for clients to make connections to and from bus terminals or travel for required trips to social services appointments or visit other regional shelters and warming centers.
  - "Increasing paratransit services is desperately needed, more connections to and from bus terminals." – HHHS
- Lack of supportive programs, e.g. free transfers only available when using Clipper (those without a Clipper card are burdened with additional travel payment)
- Senior Citizens Club of Martinez - Last year the club surveyed members to find out what barriers prevent them from using the Center, or from using it more often.



- Apparently, transportation was not identified as a barrier. There are several potential explanations for this finding
- One is the perception that Downtown Martinez is relatively compact with a relatively significant amount of residential development in the Downtown area, as compared to other Downtown areas in Contra Costa.
  - A “fair number” of club members live in Downtown Martinez and walk to programs at the Center.
  - Senior Center users occasionally come to the center via Transportation Network Companies (TNCs), such as Lyft or Uber, but never via a cab.
  - Support for on-demand paratransit
    - “If paratransit came on-demand, that would be big.”
  - Desire for paratransit to adopt digital formats and smartphones to book services as a way to increase ridership and ease the process.
    - “Increasing paratransit services is desperately needed, more connections to and from bus terminals.”
  - Older adults and veterans report having a hard time finding public transit information for routes and schedules, particularly when this information is only available on digital and online formats.
    - “[Smartphone training would be useful] especially for people with disabilities.”

## Monument Corridor CBTP

- Need for improved bicycle and pedestrian facilities
- Lack of transportation options (BART is far, TNCs are expensive)
- Existing transit service is limited, locally and regionally
- Lack of real-time information and wayfinding features
  - “An additional area of concern is the lack of awareness among seniors of the free fixed route service that is available during off-peak hours.” -Commission on Aging
- Suggest transportation information be provided in languages in addition to English
- Older adults and veterans report having a hard time finding public transit information for routes and schedules, particularly when this information is only available on digital and online formats.
- Paratransit eligibility application process can be bureaucratic and feel overwhelming; there is a need for workshops and opportunities to understand how to apply for this service and who it is intended for
- Paratransit is less flexible than other services, as it requires users to book trips in advance

## Pittsburg Bay Point CBTP

- Senior centers in Pittsburg and Antioch would like to extend evening programs but are restricted by Tri-Delta schedules. As a result, lunch and other daytime programs



- are at capacity. Program staff would like to see more frequent and extended fixed-route service into the evening.
- Those served by the Pittsburg Senior Center are nearly fully reliant on Tri-Delta buses; unreliability and waits impact seniors especially hard.
  - Paratransit service hours do not match fixed route service hours. As such paratransit does not run late enough.
  - Access from the study area to medical centers in Martinez is inadequate and difficult for seniors.
  - Residents (e.g., elderly and disabled riders) feel paratransit is not adequately responsive. Paratransit does not communicate with its passengers when it is going to be late, leaving riders waiting outside for more than 30 minutes at any given time.

## Richmond CBTP

- Kaiser Permanente is difficult to access via transit for someone with mobility challenges. The same applies to Richmond Care Center near Hilltop Mall.
- The following bus stops do not have shelters or seating but are used by elderly members of the community as well as other travelers with ambulatory impairments preventing them from standing for long periods of time:
  - MacDonald Avenue and 21<sup>st</sup> Street
  - MacDonald Avenue and 23<sup>rd</sup> Street
  - Macdonald Avenue and 25<sup>th</sup> Street (this stop is in front of a senior center)
  - San Pablo Avenue and 23<sup>rd</sup> Street
  - Cutting Boulevard and Key Boulevard (a WestCat stop only)
- Sab Pablo Avenue and Potrero Avenue (has a shelter but no seating, riders often sit on the lawn behind this stop when waiting for the bus)
- Many people who visit GRIP and other needs-based events go to these events weekly. These services are timed and transit service linking them can be spotty and expensive.
- Current bus service for those visiting the Hilltop Social Security office is inadequate. The bus stops below the office, forcing many of the elderly and disabled to walk up a steep hill.
- Two seniors have heard about recent upgrades to Richmond paratransit services, “using Uber or something.” They agreed that current paratransit is inefficient and does not serve the entire study area or all services and facilities.



# APPENDIX D

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## CTSA Legislative References





# Appendix D CTSA Legislative References

This appendix highlights key legislation reference material for the proposed formation of a CTSA. There are three documents as part of this Appendix.

**D1: PUBLIC UTILITIES CODE SECTION 99275**

**D2: PUBLIC UTILITIES CODE SECTION 99233.7**

**D3: RESOLUTION NO. 4097 ON CTSA ADOPTION**



# Appendix D1

## Public Utilities Code Section 99275





**State of California**

**PUBLIC UTILITIES CODE**

**Section 99275**

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99275. (a) Claims may be filed with the transportation planning agency by claimants for community transit services, including such services for those, such as the disabled, who cannot use conventional transit services.

(b) For purposes of this article, "community transit services" means transportation services which link intracommunity origins and destinations.

(Added by Stats. 1976, Ch. 1348.)





**Appendix D2**  
**Public Utilities Code Section 99233.7**





**State of California**

**PUBLIC UTILITIES CODE**

**Section 99233.7**

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99233.7. Up to 5 percent of the remaining money in the fund shall be made available to cities, counties, and operators for claims filed pursuant to Article 4. 5 (commencing with Section 99275) in those areas where claims may not be filed for those purposes specified in Article 8 (commencing with Section 99400), and may be made available to consolidated transportation service agencies, unless the transportation planning agency, or a county transportation commission created pursuant to Division 12 (commencing with Section 130000), having jurisdiction finds, after considering the claims pursuant to subdivision (c) of Section 99275.5, that the allocations of money could be used to better advantage for the purposes stated in Article 4 (commencing with Section 99260) in the development of a balanced transportation system.

The money may be allocated without respect to Section 99231 and shall not be included in determining the apportionment to a city or county for purposes of Sections 99233.8 and 99233.9.

(Amended by Stats. 1982, Ch. 241, Sec. 1. Effective June 9, 1982.)



## Appendix D3

# Resolution No. 4097 on CTSA Adoption





Date: May 22, 2013  
W.I.: 1311  
Referred By: PAC  
Revised: 09/24/14-C

ABSTRACT

Resolution No. 4097, Revised

This resolution adopts Consolidated Transportation Service Agency (CTSA) Designations for the San Francisco Bay Area.

The following attachments are provided with this resolution:

Attachment A — Consolidated Transportation Service Agency (CTSA) Designation Process for the San Francisco Bay Area

Attachment B — Designations of Consolidated Transportation Service Agencies (CTSAs) within the San Francisco Bay Area

This resolution was revised on September 24, 2014, to add the Solano Transportation Authority as a CTSA, subject to conditions listed on Attachment B.

Further discussion of this action is included in the Programming and Allocations Summary sheet dated May 8, 2013 and September 10, 2014.

Date: May 22, 2013  
W.I.: 1311  
Referred By: PAC

Re: Consolidated Transportation Service Agency (CTSA) Designation for the San Francisco Bay Area

METROPOLITAN TRANSPORTATION COMMISSION  
RESOLUTION NO. 4097

WHEREAS, the Metropolitan Transportation Commission (MTC) is the regional transportation planning agency for the San Francisco Bay Area pursuant to Government Code 66500 *et seq.*; and

WHEREAS, the California Legislature enacted the Social Service Transportation Improvement Act (Chapter 1120, Statutes of 1979) (hereafter referred to as AB 120) with the intent to improve transportation service required by social service recipients; and

WHEREAS, AB 120 requires that each transportation planning agency shall prepare, adopt and submit to the Secretary of the Business, Transportation and Housing Agency an Action Plan for coordination of social service transportation services in their respective geographic area (Government Code Section 15975); and

WHEREAS, the Action Plan must include the designation of one or more Consolidated Transportation Service Agency(ies) within the geographic area of jurisdiction of the transportation planning agency (Government Code Section 15975(a)); and

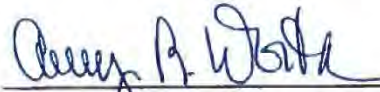
WHEREAS, the Metropolitan Transportation Commission adopted the MTC Regional Action Plan for the coordination of Social Service Transportation (MTC Resolution 1076, Revised); and

WHEREAS, the Coordinated Public Transit—Human Services Transportation Plan Update (MTC Resolution No. 4085) includes the steps for designating Consolidated Transportation Service Agencies within the San Francisco Bay Area; now, therefore, be it

RESOLVED, that MTC designates the agency(ies) listed on Exhibit B, which is incorporated herein as though set forth at length, as Consolidated Transportation Service Agency(ies); and be it further

RESOLVED, that the Executive Director may forward this resolution to the California Department of Transportation (Caltrans), and such agencies as may be appropriate.

METROPOLITAN TRANSPORTATION COMMISSION



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Amy Rein Worth, Chair

The above resolution was entered into by the Metropolitan Transportation Commission at a regular meeting of the Commission held in Oakland, California on May 22, 2013.

Date: May 22, 2013  
W.I.: 1311  
Referred By: PAC

Attachment A  
Resolution No. 4097  
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**Consolidated Transportation Service Agency (CTSA) Designation Process  
for the San Francisco Bay Area**

MTC's process and conditions for designating CTSA are set forth in the Coordinated Public Transit—Human Services Transportation Plan Update for the San Francisco Bay Area, MTC Resolution 4085. The process is as follows:

1. Applicant makes request.
2. MTC notifies the County Board of Supervisors, the Paratransit Coordinating Councils (PCCs), and transit operators of its intent to designate a CTSA in the County.
3. MTC staff evaluates candidates for consistency with mobility management activities as outlined in the Coordinated Public Transit-Human Services Transportation Plan.
4. MTC's Programming and Allocations Committee reviews and recommends CTSA designation.
5. Commission adopts CTSA designation.
6. MTC notifies CTSA, transit operators, State of California and PCC of CTSA designation.

Under this process, MTC's evaluation of CTSA candidates take into account various factors, including but not limited to:

- Past CTSA designations and performance; relevance of activities to current coordination objectives.
- Scale of geography covered by designation request.
- Extent to which the applicant was identified as the result of a county or subregionally based process involving multiple stakeholders aimed at improving mobility and transportation coordination for transportation-disadvantaged populations.
- The applicant's existing and potential capacity for carrying out mobility management functions described in this chapter as well as other requirements of CTSA as defined by statute.
- Institutional relationships and support, both financial and in-kind, including evidence of coordination efforts with other public and private transportation and human services providers.

Date: May 22, 2013  
W.I.: 1311  
Referred By: PAC  
Revised: 09/24/14-C

Attachment B  
Resolution No. 4097  
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**Designations of Consolidated Transportation Service Agencies (CTSAs)  
within the San Francisco Bay Area**

<b>Date of Designation</b>	<b>Period of Designation</b>	<b>Name of Agency</b>	<b>Geographic Area</b>
5/22/2013	7/1/2013 – 6/30/2017	Outreach & Escort, Inc. <sup>1</sup>	Santa Clara County
9/24/2014	10/1/2014 – 9/30/2017	Solano Transportation Authority <sup>2</sup>	Solano County

<sup>1</sup> This designation was approved for a four-year period ending June 30, 2017. This designation limits claimant eligibility under California Public Utilities Code Section 99275 and California Code of Regulations (CCR) 6681 and 6731.1 to allow Outreach & Escort, Inc. to only claim STA funds programmed as part of MTC's Lifeline program. Access to Transportation Development Act (TDA) funds and other STA funds is not permitted. Other benefits available to CTSAs are granted through this designation.

<sup>2</sup> This designation was approved for a three-year period ending September 30, 2017. This designation limits claimant eligibility under California Public Utilities Code Section 99275 and California Code of Regulations (CCR) 6681 and 6731.1 to allow Solano Transportation Authority to only claim STA funds or TDA programmed as part of MTC's Lifeline program or as previously eligible per California Public Utilities Code 99233.12 for countywide transit planning and coordination purposes. Other benefits available to CTSAs are granted through this designation.