

A PARATRANSIT SCHEDULING INTEGRATION STUDY IN KENT COUNTY MICHIGAN

Final Report



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Executive Summary

History of Project

Since 1982, the Emergency Needs Task Force (ENTF) Coordinating Committee has been meeting to review basic human needs throughout Kent County. These needs were categorized into food, shelter, utilities, and health and advocacy. In 2002, an ENTF transportation subcommittee was added to the structure.

The transportation subcommittee has recommended that certain coordination among transportation providers can increase efficiencies and reduce costs. The subcommittee reviewed an RLS study that investigated a centralized dispatch system, and in 2003 decided that the results of that study should be carried to the next step towards implementation. The goal is to keep existing providers and better understand their needs with an eventual goal of centralized shared scheduling by willing participants.

In September of 2004, AJM Consulting was retained to develop recommendations and an implementation plan for a Single Source Call Center for paratransit providers. The Rapid, Kent County Health Department and Hope Network cooperatively funded the project.

This document defines the approach to the development of the plan, findings and results, a recommended operational structure, and a recommended implementation plan. This Executive Summary provides a synopsis of these items.

Conduct of Study

During the course of the project, the AJM consulting team participated in several monthly ENTF meetings. During the initial meeting, AJM received input from ENTF members regarding their expectations of the study and their thoughts regarding a centralized call center. At each subsequent meeting, AJM presented a document for a phase of the study. Input was received from the committee and the document was subsequently updated to reflect that input.

In addition to these monthly meetings, the AJM team met individually with various members of the committee to glean additional information. These meetings were supplemented with phone and email communications as warranted.

In the first phase of the study, AJM conducted telephone interviews with fifteen agencies currently providing or anticipating the provision of coordinated paratransit operations. The objective of the interviews was to identify various organizational models and discern successes and challenges encountered. Major themes from this research were simplicity of organization and operation, a

commitment from participating agencies, and a simplistic billing structure based upon rates per trip or rates per hour.

The second phase of the study focused upon the definition of potential implementation issues related to a single access call center. These issues were defined utilizing the results of the agency survey, the experience of the AJM team, and discussions with major paratransit software vendors. The issues that were analyzed and documented were categorized into software, operational and policy.

The next phase of the study was the definition of potential scenarios for the single access call center. These were defined utilizing input discerned from members of the ENTF committee in concert with results and findings from previous phases of the study. Areas that were investigated, analyzed and documented included organizational structure, participating agencies, trip demand, vehicles, service scenarios, scheduling and dispatch methods, personnel requirements and funding options.

After presentation of the potential scenarios to the ENTF committee, the receipt of their input, and separate meetings with funders and providers, a recommended plan was developed. This plan was complemented with an implementation plan.

Salient Findings and Results

During the conduct of the study, the predominant finding was the apprehension by the providers that a single access call center could jeopardize the transportation funding to a provider. To mitigate that anxiety, the recommended plan has been defined to guarantee each provider funding through the first year of the proposed call center operation. This feature will allow each provider to assess the impact of the call center to their operation with minimum risk. It will also allow the funding agency to compile information so that it can equitably fund service in subsequent years.

A second finding through the project research and experience of the AJM team is that for the call center implementation to succeed over time, the initial implementation should be as simplistic as possible. Successful operations have started small and built upon successful experiences to gain acceptance and broaden their capabilities. The initial implementation of a complex system invariably invites failure.

These two findings were the primary factors in the definition of the recommended plan. The proposed concept is to implement the initial operational plan by January 1, 2006. After six months, the operation should be reviewed and adjustments should be made as necessary. In July through December of 2006 plans should be made for potential expansion of the operation in 2007, building upon the successes of 2006 operations.

Plan Synopsis - Phase One

Phase One consists of the period from September 2005 through the end of 2006. Phase Two consists of the period thereafter.

The Phase One recommended plan consists of a centralized call center housed at the Rapid offices and staffed by a qualified and approved Rapid employee for an estimated two hours per day. The fleet would consist of one vehicle (or its equivalent) from each of the Red Cross, the Rapid, and Hope Network. United Methodist, Senior Neighbors and ACSET would provide the equivalent of one vehicle in aggregate.

Initially, the program would accept clients qualified for Senior Millage funding, administered by the Area Agency on Aging. The Area Agency on Aging would establish qualifying criteria and convey that information to the call center. Clients would contact the call center for a trip reservation. The center's staff person would determine if that person were eligible for service. If so, the trip request would be entered into the automated trip reservation and scheduling system maintained by the Rapid staff person. The scheduling algorithm would be structured so that the trip would be booked on the vehicle providing the most efficient service. The automated system would generate monthly reports of completed trips by provider. Upon review of these reports, the scheduling algorithms can be modified so that trip reservations are equitably distributed among the providers.

Each evening the call center will transmit copies of the next day schedules to each of the providers. The providers will be responsible for dispatching and completing the trips. Each provider will coordinate with the call center as it is proposed to be the communication center for the customers.

In order to let the target audience become aware of the centralized call center, certain marketing activities will be necessary. We have recommended an initial budget for this marketing, which should be coordinated by the ENTF committee and the Health Community Access Program.

In order to assure accountability, an advisory board has been recommended to oversee and guide the call center operations. Consisting of six members of the ENTF subcommittee, the board's role is to oversee and coordinate activities among the Rapid call center operation, the providers, the funders and the other members of the ENTF subcommittee.

There are two types of funding necessary for the operation. The first is that for the call center itself (not including the actual provision of the trips). We have recommended that the funding for the first year of this operation be through an initiative grant funded by the United Way. A requirement for this grant and other funding opportunities is that the applicant be a non profit social agency. The

Kent County Health Department (KCHD) has been a strong advocate for the call center and also has agreed to be the local agency for the United Way grant application, as well as other funding prospects. For these reasons, we have recommended that funding be channeled through the KCHD. KCHD would then reimburse the Rapid and other vendors as rendered appropriate.

The other type of funding is that for the actual provision of trips. In Phase One the funding agency is the Area Agency on Aging (AAA). They would reimburse each provider agency on a per trip basis as they have been doing in the past. Reimbursement rates per trip would be developed for each agency through negotiations between the AAA and the agency.

Plan Synopsis - Phase Two

As discussed previously, the first year of the implementation should be closely monitored and adjustments implemented as warranted. Phase Two begins in January of 2007. Its precise composition is somewhat dependent upon the results and successes in Phase One. Planning for Phase Two should be on going in the year 2006, particularly in the second half of the year.

As the trip volumes increase, additional vehicles may be assigned to the call center fleet. This particular study included only providers who are members of the ENTF. The recommended providers may want to assign additional vehicles or non-ENTF providers may also want to provide vehicles. We recommend that these providers firstly become members of ENTF to ensure their dedication to the values and objectives of the committee.

Recommendations for Phase One included only Senior Millage funding to ensure simplicity and a successful implementation. Providing transportation for general medical trips for those not qualifying for the Senior Millage funding is quite important and is an objective of ENTF members. Currently, there is not an ENTF funding agency that focuses specifically upon these medical trips. As a part of Phase Two implementation, the ENTF should emphasize the recruitment of an agency that would fund these trips through the call center.

As this and/or additional funding agencies become a part of the call center operation, additional procedures will need to be implemented. As demand increases to the extent it exceeds the capacity of the assigned vehicles, trip priorities may become an issue. The advisory board should establish priorities with input from other parties. In many operations, medical trips receive the first priority. Another option is to increase the size of the fleet. Trips, however, should continue to be scheduled to the vehicle that provides the most efficient service.

Also, each funding agency should convey their eligibility requirements to the call center. As trip requests are received, the call center staff person should determine if the customer is eligible and, if so, for which funder.

Regarding reimbursement from the funding agencies to the providers, rates per trip should be negotiated and established that are suitable for both the funder and provider. These rates can vary by type of trip (i.e. length of trip, attendant required, etc.) The automated scheduling system has the capability to create a variety of summaries. These should be analyzed by the Advisory Board on a regular basis to assess the equity of trip distributions and reimbursement rates.

Implementation Plan Summary

Implementation Tasks

Task	Responsible	
	Agency	Month
Year		
Obtain Call Center Approval from ITP Board	ITP	September
Obtain Kent County Health Department Approval	KCHP	September
Establish KCHP/ITP Payment Agreement	KCHP/ITP	October
Establish Advisory Board	KCHP/ITP/Hope	October
Obtain Provider Approval	Adv. Board	October
Apply for United Way Initiative Grant	KCHP	October
Establish KCHP/ITP Provider Agreement	KCHP/ITP	October
Obtain AAA Approval for Funding Concept	AAA	October
Assign Single Access Call Center Staff Person	ITP	November
Promote Single Access Call Center Service	ENTF	December
Initialize New Phone Number	ITP	December
Train Single Access Call Center Staff Person	ITP	November
Initiate Automated Scheduling System	ITP	Sept-Dec
Initialize Client File	ITP	December
Define Vehicle Availability	ITP	December
Year		
Begin Phase One Operation		January
Monitor System Operations		Ongoing
Modify Operations as Warranted		Ongoing
Plan for Phase Two		Ongoing
Recruit Additional Funders		Ongoing

Summary of Recommendations

Highlights of project recommendations follow.

Operational Structure Recommendation:

- ❑ The Rapid be responsible for establishing and operating the Single Access Call Center, subject to approval by the Board.
- ❑ All funding for establishing and operating the call center be channeled through the Kent County Health Department; KCHD should be the agency applying for and receiving all grants for the operation of the call center. Funding for the provision of trips should be through the Area Agency on Aging.
- ❑ An Advisory Board should be established to guide and monitor the operation of the call center. This advisory board should not exceed six representatives, and must include, at a minimum, representatives from the Rapid, Hope Network and KCHD.

Phase One Funding and Vehicle Recommendations:

- ❑ Funding for the call center trips for the Phase One of the project should be from the Senior Millage project. Phase Two funding should incorporate United Way after discussions lead to an equitable funding mechanism.
- ❑ The Red Cross, the Rapid, and Hope Network should each provide the equivalent of one vehicle. United Methodist, Senior Neighbors, and ACSET should provide the equivalent of one vehicle in aggregate.

Item: Estimated Implementation costs for the call center are \$3,050. Ongoing operating costs are estimated to be \$930 per month in 2006 dollars.

Call Center Funding Recommendations:

- ❑ All Single Access Call Center funding should be channeled through the Kent County Health Department. The KCHD and the Rapid should enter into an agreement for reimbursement of costs.

- The KCHD should apply to United Way for an initiative grant for start-up funding for the Single Access Call Center. The application should include implementation costs and operational costs for fourteen months, one year of operation and two months of startup. These total costs are estimated to be \$16,070. United Way initiative grants encourage and support systemic change in communities they serve.

Provider Reimbursement Recommendations:

- For the initial year of Single Access Call Center operation, the Area Agency on Aging (AAA) should allocate monies to each provider for the provision of trip services in a manner similar to previous years. The Kent County Health Department should also receive allocations, to allow them to contract with the Rapid and other providers as necessary. Each provider would be guaranteed the allocated amounts. The call center, utilizing the software system, would be responsible for allocating the trips to each provider so as to match their quota as closely as possible.
- In subsequent years, the AAA should consider establishing rates by type of service (i.e. door-to-door, escort provided) and length of trip. Phase One will provide information about the client base, and trip characteristics and patterns. Senior Millage monies could then be pooled and distributed to each provider on a monthly basis as they complete the trips. In addition, the AAA should consider the call center costs in their allocation. These costs are currently estimated to be \$0.90 per trip.

Computer Requirements

The automated reservation and scheduling system acquired by the Rapid should have the capability of accommodating the Single Access Call Center (SACC). It is assumed that these capabilities will be included in the current Rapid funding grants. These capabilities are:

1. The system should have a separate partition for SACC reservation, scheduling, dispatching and record keeping functions.
2. The system should have a client registration screen that accommodates Area Agency on Aging requirements. The system should have the capability of including the funding source or sources for which the client qualifies. Although this capability is not required for Phase One of the project, it should be in place as additional funders come aboard.
3. The system should have the capability of accommodating service areas and maximum ride times by funding source.
4. The system should have the capability of generating a funding/provider payment matrix.
5. The system should accommodate remote access for funders and providers. Funders, under control of a password, should be able to access clients being funded. Providers, under control of a password, should be able to access vehicles and client trip information for those assigned to them.
6. The system should be able to define type of service for each vehicle. This should include length of trip, type of vehicle, door to door service, and escort. The scheduling system should be able to match client requirements with vehicle definitions.
7. The system should be able to accommodate AAA cost-share invoicing and summaries.

I. Introduction

A. Background

The Emergency Needs Task Force (ENTF) has been working for several years to increase service, efficiency and productivity for its customers through the implementation of coordinated paratransit services. A primary effort was the RLS study completed in 2002. Subsequent efforts have included additional agency surveys as well as ongoing work by the ENTF Coordinating Committee and Transportation Subcommittee. Challenges related to implementing a centralized system as identified in the RLS study include:

- Hesitancy by some agencies;
- Differing levels of agency service standards;
- Funding issues; and
- Incompatible agency computer software.

Recognizing these challenges the ENTF decided to retain AJM Consulting to conduct this Paratransit Scheduling Integration Study. The primary objectives of this study are to address the challenges, define a detailed workable implementation plan and to estimate costs and funding associated with the implementation. It should be noted that a system envisioned has centralized reservations, scheduling and certain dispatching functions; however, vehicle operations are to remain with their current agencies.

The challenges identified by RLS are not unique to Kent County but are typical in paratransit coordination efforts. One of the most important objectives for a successful coordination program is to have the participating agencies completely supportive of the program. This includes the agency responsible for the centralized functions as well as the other agencies. Often, it is better to have a small number of agencies participate in the initial implementation. This typically facilitates implementation and minimizes the risk for success. Once the initial benefits of centralization are apparent, additional agencies will want to become a part of the program to gain its benefits.

Another major concern for agencies and their clients within a centralized scheduling environment is the loss of contact between the individual agency and its clients. Typically, over time, agencies and clients have built a certain comfort level. Requiring clients to contact a different centralized number can be traumatic for some clients. It is often true that agency staff members are reluctant to give up the personal client contact that scheduling provides. To counteract this, a successful program should have the capability for clients to contact either the centralized number or the agency. In the latter case the agency can schedule the trip through the centralized operation. This sometimes requires a little more “back and forth” but in our opinion is an important function of a successful program.

Incompatible service standards and computer software are concerns but not insurmountable issues. Current automated scheduling systems can accommodate many incompatible standards. These need to be defined and incorporated within the parameters of the automated system. Incompatible software can be overcome through client server systems. Typically agencies and funding sources require different reports and record keeping. Current automated systems can accommodate these differences.

Funding is a critical element in implementing a centralized system. A successful system must be able to accommodate the requirements of current funding sources. Additional funding may be required during implementation of the centralization.

B. Initial AJM/ENTF Meeting

At the first meeting with the Emergency Needs Task Force on September 23, 2004, AJM Consulting asked the group what they hoped would be the result of coordinating transportation for Kent County. The list included:

- Access to care for people of color
- Overcoming income as a barrier
- One central place where individuals can get transportation assistance and information
- Ease and simplicity for transportation users
- Make it as easy as possible for clients to find the right answers regarding transportation options
- Tell the truth if you can't provide the service
- When going to places outside the city, knowing there will be assistance at the destination
- Fund providers to get people around
- Easy to promote to seniors
- An efficient system (lots of definitions of efficiency)
- Destination dictating cost
- Alleviating the current burden on Red Cross, currently operating at capacity
- Reducing the complications currently caused by contracts and obligations
- A central clearing house for calls
- Filling gaps on weekends and holidays for dialysis patients
- Better management of all transportation resources
- Capture the value to improve the service
- Increasing service options
- A system that keeps up with future demand growth
- Including HMO transportation in the system
- Greater financial support for the system
- Increasing customer service
- Keeping the funding streams flowing and managing them cost-effectively

- Accommodating individuals who are low-functioning and can't plan ahead effectively
- Expanded 211
- If we create it, how do we sustain it?
- Capturing information about who we can't service and finding ways to do so
- A system that will go county wide
- A system that has the same level of training for all drivers and customer contact personnel.

Coordinating transportation across specialized transportation providers and among differing agencies and client groups is an increasingly imperative message from the federal agencies involved with these client groups and in providing transportation. Currently at the federal level the Federal Interagency Coordinating Council on Access and Mobility is committed to reducing the regulatory barriers including restrictive and duplicative laws, regulations and programs related to human service transportation. Implementation of the actual service, however, happens at the local level with support from the individual states. Currently 5 states actively require coordinated transportation and most of these states tie funding to it.

At the local level coordination is the result of agencies' desires to simplify ease of transportation access for clients and make current provider systems more efficient. That, in essence, is what the group iterated at the September meeting. This report contains information to assist in making the decision to coordinate and gain the commitment of all participants to following through with the implementation. Regardless of providers selected and participating agencies it will take the commitment of all ENTF members to sustain the momentum and remove the obstacles from start-up to full implementation.

C. Approach

To facilitate the various aspects of finalizing the structures and policies of the Single Access transportation project, AJM has interviewed 15 organizations across the country to determine how they are delivering or approaching the delivery of coordinated services. In addition, AJM presents an evaluation of possible scenarios for the Kent County service and recommends an optimal option. Finally AJM presents the steps to implementing Single Access Call Center service for Kent County.

AJM's primary objective is to develop, in concert with ENTF a plan that can and will be implemented with the full support of all ENTF members. This plan has been developed by soliciting input and information from ENTF members, in concert with information and experiences from our organization interviews, as well as experiences and knowledge that the AJM team has assimilated over the years.

II. Research Organizational Models

At the Federal level and in many states emphasis is increasingly being placed on coordination of human services transportation for increased efficiency and improved service delivery. The Federal Transit Administration (FTA) definition of coordinated transportation¹ includes four goals:

Coordination of specialized transportation is a process through which representatives of different agencies and client groups work together to achieve any one or all of the following goals:

- *More cost-effective service delivery*
- *Increased capacity to serve unmet needs*
- *Improved quality of service*
- *Services which are more easily understood and accessed by riders.*

In 2003 the House Committee on Transportation and Infrastructure met in a joint meeting with the Committee on Education and the Workforce for a hearing on coordinating human service transportation.² At the hearing participants learned that there are sixty-two separate [federally managed] programs that can fund transportation services for individuals who are transportation disadvantaged. These programs are administered through 8 federal departments – 23 programs in the Department of Health and Human Services, 15 in the Department of Labor, 8 in the Department of Education, 6 in the Department of Transportation, and the remainder in the Departments of Veterans Affairs, Housing and Urban Development, Agriculture, and Interior. The 62 programs are authorized by 25 separate pieces of legislation.

House Committee members were told in that hearing that no one knows the full extent of federal spending for transportation-disadvantaged citizens because only 32 of the 62 programs track transportation spending in their accounting or information systems. Of the data available the estimated combined federal, state and local investment is \$ 3 billion to \$ 4 billion.³

Challenges to coordination go beyond the confusion of funding, however. Basic approaches to operations exist between providers of transportation. In the management of transportation programs human services programs focus on clients, while transportation programs focus on systems of vehicles and routes. Throughout the United States, agencies and organizations are developing models to make transportation coordination a reality. AJM Consulting interviewed a total of 15 agencies with some form of coordination for human services or medical transportation. A list of organizations interviewed is displayed in Appendix A. The list information includes number of trips, type of software and

¹ Planning Guidelines for Coordinated State and Local Specialized Transportation Services, Federal Transit Administration, www.fta.gov

² Available at www.house.gov/transportation/fullhearings/05-01-03 Memo, pp 1-2

³ Ibid. p 2

size of area served. Appendix A also provides the description of the results of the organization interviews.

The fifteen organizations examined for this report are diverse and illustrate the variety of approaches to coordinated transportation that are evolving across the country. Because one of the goals of the Federal Interagency Coordinating Council on Access and Mobility's United We Ride program is to develop and disseminate information regarding computerized consolidated reservation, scheduling, dispatch, payment, billing and reporting systems, and the Emergency Needs Task Force is focused on using a scheduling and dispatch system for Single Access, the organizations interviewed all used such a software system. Organizations were interviewed by telephone using a guided interview format. The organizational models among the interviewees included regional government entities, non-profit organizations, and transit authorities.

III. Single Access Call Center (SACC) Implementation Issues

Conceptually, there are two key facets to successful paratransit scheduling integration. These are the willingness and cooperation of the participating agencies, and the capabilities of the central software system.

There are several specific issues that must be addressed for the centralized system to be successful. These can be categorized into software issues, operational issues, and policy issues. The software issues were investigated through discussions with software vendors. The operational and policy issues were investigated through our phone calls to other coordinating entities in concert with our own knowledge and experience.

A. Paratransit Software Systems Overview

In a generic sense, current paratransit scheduling systems have several major components. The first of these is an automated client file containing each client's name, identification, home address, transportation requirements, frequent destinations and program eligibility. The second is the order-taking module. A call-taking reservationist uses this module as a client is requesting a trip. The module accesses the client file to determine eligibility, transportation requirements and frequent destinations. In conversation with the client, the order taker enters the trips beginning and ending addresses. A return trip is often scheduled during this same conversation.

The third and most complex module is the scheduling module. This module has several associated files that it utilizes in its processing. One of these is the vehicle file. This file defines the vehicle blocks of time that are available for trip reservations and also the vehicle capacities. For example Vehicle One may pull out at 900 am and pull in at 400 pm with lunch from 12 to 1. Vehicle One may accommodate one wheelchair passenger and four ambulatory passengers. A second file is the parameter file. This file contains all the various parameters and restrictions utilized by the scheduling engine. These include travel times, maximum ride times, boarding and alighting dwell times, pickup windows, etc.

For each trip request to be scheduled, the scheduling module interrogates the vehicle file to determine whether a slot is available given the various parameters and restrictions. If more than one slot is available, the module's function is to place the trip in the most efficient slot. This efficiency, of course, is a function of the scheduling algorithm and the scheduling parameters being used.

The end result of the scheduling function is a driver manifest for each vehicle. This manifest contains, chronologically, the scheduled pickup and dropoff times for each trip request, as well as the pickup and dropoff locations.

The fourth module is a reporting module. This module generates various reports regarding the client file, order taking and scheduling operations.

B. Software Issues

The major paratransit software systems are generally the same in their functionality. Their clients often choose a specific software vendor based upon their perception of the vendor's customer service, ongoing service, the vendor's ability or willingness to include certain customizations, and cost. Most of the software systems were not initially designed specifically with social agency coordination issues or requirements in mind. Yet there are certain functions that are required for a successful system.

Client File

The client file must have the capability of including the funding source or sources for which the client qualifies. The major software vendors have this capability.

Parameters

Funding sources can have varying parameters related to the scheduling. Examples of these are service areas and maximum ride times. The software must have the capability of defining parameters for each funding source. The major software vendors have this capability.

Scheduling Trips

When a trip request is made, the software system must first interrogate the client file to ascertain the funding source or sources for which the client qualifies. If the client requests a specific provider, the software must be able to schedule the trip to that provider. If a slot for the requested provider is not available, then upon request, the system should be able to look for other providers.

In the event that a client qualifies for more than one funding source, the scheduling algorithm should be able to select the optimum funding source depending upon user set criteria. In terms of efficiency, a key aspect of the system is how the scheduling algorithm "anticipates" trip demand. Two possible techniques are utilizing historical information; and/or running batch schedules periodically throughout the day. Software vendors are currently researching the best approach and methodology to utilizing in addressing this complex problem.

Software systems do not currently have this functionality. Therefore, the reservationist will have to decide upon the funding source.

Record Keeping

The system must have the capability of generating a funding/provider payment matrix. This matrix basically lists the total trips for each provider by funding source. The major software vendors have this capability. However, specific reports and invoices will have to be developed using customized software.

C. Operational Issues

Any successful paratransit scheduling system must have capable personnel in addition to a software system that can satisfy user requirements. Personnel are required for several major functions including:

- ❑ Maintaining the client file;
- ❑ Order taking for advance reservation and "will-call" trips;
- ❑ Maintaining subscription trips;
- ❑ Manually scheduling trips;
- ❑ Coordinating with dispatchers; and
- ❑ Record Keeping.

For a centralized automatic scheduling system, decisions must be made as to whether these functions are best performed by various agencies directly accessing the system; or by having agencies contacting an individual at the centralized location and that person accessing the system; or a combination of both. Our proposed approach is to identify critical issues; determine how other coordinating entities are approaching each issue; and providing and using this information to provide recommendations.

We interviewed or obtained information from fifteen agencies in varying stages of coordinating transportation for human services. There are five software packages used among this group: RouteMatch, Trapeze, StrataGen, MIDAS, and CTS. One agency currently uses Microsoft Excel and is moving to RouteMatch.

Maintaining the Client File

As described earlier, this automated file contains pertinent information for each qualifying client. In operations with a single funder, the department that qualifies the clients typically maintains this file. For our situation, there are two basic alternatives. One is for each agency to directly access the client file and either add, delete, or change a client record. The second is for each agency to transmit the information to a central person and that person access the software. In either alternative, client confidentiality issues must be considered.

In our interviews with other agencies we found that the responsibility for entering initial client data was sometimes separate from maintaining the client file. Even where there are commingled funders, updating and maintaining files are most often done by manual entry but in some cases updates can be downloaded from

agency files. This is the case at Paducah Area Transit Authority in Paducah, Kentucky and at Tar River Transit in Rocky Mount, North Carolina. At Paducah Area Transit the eligibility lists for individuals eligible under state programs is downloaded from the state's computer every month. They are downloaded directly into the RouteMatch software. Should someone become eligible during the month and need transportation the staff can access the state system at any time.

Tar River Transit made its CTS software compatible with the North Carolina Department of Human Services requirements. Each agency updates its files on a regular basis and downloads the updates directly into the CTS system.

Smaller systems that we interviewed were able to maintain client files at either a central scheduling location, or central scheduling and dispatch location. Larger systems generally were decentralized in transportation delivery and therefore relied on agencies to maintain their own client files. Worcester, MA does all of the scheduling in a central location, then distributes shift sheets to transportation providers, detailing the daily routes for that shift. However, the Worcester call center does not schedule human services trips. The agencies schedule the trips and the Transit Authority provides the transportation only.

Order Taking for Advance Reservation Trips

Typically, in non-centralized operations, a client or client representative will call the provider to schedule a trip request. These are typically done 24 hours to 7 days before the actual trip. In our proposed centralized call center, some clients are accustomed to dealing with their agency and may not be comfortable calling an order taker at the call center. To be successful, the proposed organizational structure must be able to allow individuals or agencies to call the order taker with trip requests.

In most of the systems we interviewed individuals, family members, or representatives of sponsoring agencies may make the reservation. Most of the systems reported that the agencies are quite pleased with having transportation provided rather than being a provider and adjust according to client's wishes. No matter what the size of the system there are usually a few key employees who take reservations. They are known to users of the system, and, in turn, know most of the passengers or their representatives over the phone.

In some cases a centralized call center takes the responsibility for distinguishing among varying agency policies of the transportation provider, and puts it in the hands of the centralized schedulers. In Wake County, NC all trips must be reserved at the transportation service center, where they assess client needs and authorize mode and vendor. In St. Cloud, MN the scheduling coordinator takes subscription trips and batches them with the remaining schedules. Subscriptions are a small portion (less than 20%) of their daily trips.

Order-Taking for "Will-Call" Trips

Accommodating "will-call" trips is a challenge for most operations. Typically, paratransit operations are designed for advance reservation and subscription trips, not necessarily for demand trips. Funders and providers often have varying policies regarding accommodating "will-call" trips. A necessary backup solution is to have a taxicab company "in the ready" if the paratransit service cannot serve a funded "will-call" trip.

"Will-call" trips are handled differently by each agency. If the software system includes Automatic Vehicle Location and Mobile Data Computers (AVL/MDC) that use Global Positioning Software (GPS), "will-calls" essentially come under the control of the system. When a passenger is ready to be picked up, the software finds the nearest van and sends the message to the driver on the data terminal in the van. This works very well for some systems. St. Cloud, MN Metro Bus Dial-a-Ride operates medical trips strictly on a "will-call" basis. Riders do not book a return trip time, but call the center when their appointment is finished. The dispatcher is able to send the closest vehicle. For all other systems, there is a key employee who knows the schedule and location of vans from the daily manifest and contacts the driver by radio or cell phone. Allendale County, SC is not yet equipped with radios. They handle only local area "will-call" on a limited basis until they have a communication system with operators.

Maintaining Subscription trips

Higher numbers of subscription trips typically increase productivity in terms of trips per hour. ADA service restricts subscription trips to 50 percent of the total trips. Human resource agencies typically do not have any restrictions. Estimates for the agencies are that about 75 percent of the trips are subscription. Subscription trips, although perpetual, require a certain amount of maintenance due to client vacations and trip cancellations. Also, automated scheduling systems are somewhat cumbersome in scheduling subscription trips, usually requiring some degree of manual intervention.

Typically, in non-centralized environments, a person (or persons) is responsible for taking subscription trip requests, defining their priority, scheduling the trips and performing the maintenance functions. For our situation, similar to the client file, there are two basic alternatives. One is for each agency to directly access the automated system and schedule the subscription trips. The second is for each agency to transmit the information to a central person and that person access the software. In either alternative, funder subscription restrictions must be considered.

Wake County, NC found software scheduling advantageous in its ability to store reservations for extended periods, giving more flexibility in improving customer service. Across the agencies interviewed, maintaining subscription trips is handled in the majority of cases by the reservationists. In some of the agencies, the delivery of transportation is contracted out to one or more transportation

providers. In smaller agencies, such as Tri-Delta Transit in Antioch, CA, there is one contractor who handles all reservations, including subscription information. Broward County, FL has three for-profit contractors and one not-for-profit, the Area Agency on Aging. In Paducah, KY they have two Transit Authorities and one for-profit contractor delivering the service, which is scheduled from a central location through real-time dispatching using AVL and MDC technology.

Manually Scheduling Trips

In most automated scheduling operations there are trips that must be scheduled manually using tools provided by the software system. These trips typically include "will-calls", and other special situations where the automated algorithm cannot find a slot but the trip must be made. Again there are two alternatives - one having the call center pre-schedule the trip. This is usually done by accessing the software and relaxing one or more of the scheduling parameters so the trip can be forced into a slot. The second alternative is for the call center to provide each provider with a list of unscheduled trips each day and have the dispatcher "fit in" the trips.

Again, technologies make a difference. In centralized dispatch locations with AVL/MDC systems, the information is entered regarding a "will-call" or other unscheduled pick-up and the software finds a vehicle in the vicinity with space available. In agencies without this technology, most have dispatchers make the entries or make the calls to direct the vehicle to the unscheduled pick-up. This is true in centralized and decentralized call centers.

Coordinating with Dispatchers

Conceptually, the proposed system will be designed where the centralized center will develop manifests that will be transmitted or delivered to the providers. The providers will then be responsible for implementing each day's service by dispatching the trips. Certain situations, (e.g., late cancellations or vehicles running late) will require coordination between the call center and the provider dispatchers.

At issue is designating the entity to call when a client wants to either make a late cancellation or inquire about their trip. There are several alternatives to be considered. The alternatives include having the call center handle all these calls or having individual providers handle them. Under the first scenario, the client, or the client's agency, would call the call center; the call center would contact the appropriate provider dispatcher to discern the information desired; and would relay that information to the client or agency.

In the second scenario, the client or agency would directly call the provider and the provider would communicate the information to the client or agency. Of course, the agency or client would need to know or remember which provider was assigned their trip. In the case of a late cancellation, one carrier could be

assigned the first trip and a second carrier the return trip. In this event the first provider would need to contact the second provider.

Broward County FL is an example of a decentralized system where the contractors have the software. Clients are assigned by service areas. In Paducah, KY, the software takes on much of the dispatching role using AVL/MDC. Its real-time dispatching communicates directly with the MDC unit in the vehicle. The software will designate the most economical closest vehicle. The dispatcher then gives the system the signal to send the dispatch message to the MDC. In addition to this communication, the system is able to track on-time mileage, how fast the vehicle is traveling at a given time, and all pick-up and drop-off times. The Tri-Delta Transit system calls clients when the vehicle is a short distance from the pick-up location to tell them the van or bus will be there shortly.

In Worcester, MA the scheduling is done centrally and shift sheets are sent to each of a number of providers. For vendors who work with other types of trips, the sheets are sent listing ride requests. Vendors work these requests into their existing schedules.

Record Keeping

A primary element of the record keeping involves trip verification. This includes entering various information from the completed driver manifest. This information includes trip completion, cancellation or no show for payment purposes. It also includes actual pickup times and dropoff times for each trip to monitor operator performance and ongoing calibration of the scheduling algorithm.

Each provider could enter this information; or the completed manifests could be transmitted to a person at the centralized entity and that person would enter the information into the automated system.

Most of the systems we spoke with use system generated driver manifests for trip verification. Those systems with AVL/MDC have verification provided within the system as described in the section above. In larger systems without GPS technologies the verification is done on a random basis, although all no-shows and cancellations are verified. In Broward County's decentralized system this is done by providers; in Tar River Transit's centralized system this is done at the central location and a report is delivered at the end of the month to each funder.

Related to record-keeping is billing. Tri-Delta Transit in Antioch, CA purchased a separate software program to handle their billing. It is not integrated with the Trapeze scheduling and dispatch software, and therefore summary reports for billing are manually entered into the billing software each month.

D. Policy Issues

There are a number of policy issues that need to be coordinated for a successful integrated scheduling system. These policies may differ by funding source. In many cases the software system should be able to accommodate these differing policies.

Handling Differing Agency Policies

Differing agency policies are one of the largest challenges to a fully coordinated system. These policies can include:

- ❑ Maximum Trip Ride Time;
- ❑ Trip Denials;
- ❑ No Show/Cancellation policies;
- ❑ Span of Service; and
- ❑ On Time Pickup Window.

Americans With Disabilities Act (ADA) guidelines are quite specific regarding the policies mentioned above. These must be coordinated with states' human services policies that may differ, as well as Councils on Aging, Medicaid and Mental Health agency policies. There are basically two ways that systems handle the differing policies that generally exist among funders. Some coordinating agencies establish a basic set of policies that cover all participants. At Lower Savannah Regional Transit Management Association they have a "Partner's Group" similar to the ENTF, composed of representatives of all transportation service providers serving the public in the region. This group has determined all of the policy issues for transportation service provision for their area. They created model policies and drafted sample documents for participating agencies that help to unify the policies throughout the system.

In many of the agencies they rely on staff to know the differing policies for agencies, and handle them separately. In most of these locations it is clear that the staff is chiefly composed of long-term employees who are very familiar with the varying agencies' policies. Tar River Transit in Rocky Mount, NC, St. Cloud, MN Metro Bus Dial-a-Ride, and Broward County, FL operate this way, for example. In Wake County, NC the transportation service center takes the information (either by phone or in a list) from the agencies and make the assessment regarding assignment to vehicles as well as applicable policies regarding the client services.

Where coordination is centralized, the coordinating agency often sets the policies for all transportation service. This is the case in Antioch, CA, Jackson, MI and Paducah, KY. In Allendale, SC the policies closely mirror those of the sponsoring RTA, but take into account the policies of the agencies involved in transporting clients.

Policies Regarding Payment of Providers

There were essentially two ways that coordinating agencies handle payment. Where agencies contract out the transportation provision, for half of the agencies, transportation providers are paid a uniform flat rate per trip or hour. In Broward County, FL that creates a milieu where the contractors focus on good service to make money. The non-profit Area Agency on Aging is now contracted with them to provide services at 60% of the rate, and is paid to take their own clients. In Allendale, SC all trips are paid at a flat rate per mile. In St. Cloud, MN all rides are provided by the agency. Invoices to all participating rider agencies are billed at the end of the month, based on the number of rides that month.

Non-agency Sponsored Trips

A related issue is the use of coordinated transportation for general public trips or for client trips not covered by a funder. In Jackson, MI a pilot program originally funded by the Michigan Department of Education, called PET, guarantees a trip for qualifying clients at \$ 1.50 fare even if the system is full. They found that other clients wanted to use this service also. In Allendale, the system actually serves the general public by scheduling them on agency vehicles. The fare is \$1.50 for every 10 miles traveled. The system fills the seats for the agencies, which are paid a flat rate for everyone they carry.

Client Preferences

Some issues with coordinating transportation revolve around client preferences, for drivers, for companions, and for times. This includes the possibility of confusion for some clients if they are picked up by one operator on the outbound trip and picked up by another inbound. The coordinated system in Lower Savannah, SC will soon have patches for operators that identify that they are with the LSRTMA and the vehicles will have a logo sticker. This will alleviate some of the confusion. Nevertheless, many clients want some say in who takes them. In Broward County they have Riders' Choice. At intake clients are assigned to the provider for their geographic region. Once a month riders can switch to a different provider among the four contracting companies. Implementing this provision reduced complaint calls from 2200 per month to 50. Of 8000 riders, no more than 40 to 50 switch at the designated time. This also permits the coordinating entity to respond to a rider who calls to say she/he has been late to work four days in a row. They will switch to another provider immediately. In Paducah, KY they also have client choice where they may request their provider, although the coordinating center can override the choice if it is not economical. In both cases the coordinating agencies find that the client satisfaction far outweighs the logistics of offering choice.

IV. Define Potential Scenarios

In this section we define potential scenarios that will best satisfy the objectives of the ENTF. Previous study and analysis identified several potential organizational models for investigation. These are:

- ❑ The Rapid (ITP) scheduling all trips;
- ❑ Hope Network scheduling all trips;
- ❑ Third party contractor scheduling all trips; and
- ❑ The Rapid scheduling ADA trips and Hope Network scheduling all others.

Given that a significant portion of the Hope Network trips is CMH, and that this service is going out to bid in 2005, it is prudent to define another scenario. This would be a single entity, either The Rapid (ITP), Hope Network or a third party contractor, scheduling all trips except ADA and CMH.

In defining these scenarios, there is a significant variance in the potential organizational structure. Many of the other aspects, including physical and personnel requirements, are more dependent upon how many agencies participate in the integrated scheduling.

A. Organizational Structure

The five scenarios listed above fit into three basic organizational structures for transportation coordination:

- ❑ Lead agency;
- ❑ Brokerage; and
- ❑ Regional Transportation Authority.

The organizational models are discussed in detail beginning on page 26. There are some organizational elements that are common to all of them. The final choices of a scheduling design and provider system require some shifts in thinking and planning.

Thinking and planning for mobility management

For the provider organizations to begin to coordinate the scheduling and dispatch of trips will require a shift in perception on behalf of all participating organizations, regardless of structure. Currently each participating provider focuses on the clients served under its aegis. This sets up separate transportation systems that often overlap and also leave out individuals that require transportation for their daily needs. The shift in perception from a closed transportation system that serves only the specific client population to an open system that serves everyone in the community requires the coordination that the ENTF desires. The cooperation among transportation service providers and organizations whose

clients need transportation will produce a shift from a straight transportation delivery system to thinking in terms of mobility management.

Mobility management focuses on matching transportation needs with available resources, regardless of which entity owns the resource. This helps everyone get to and from his or her destination *and* provides efficient use of the community's entire resource of transportation vehicles. Mobility management to a client will resemble a travel resource that finds the most efficient and effective way to get them to their intended destination. Mobility management to a provider will mean more efficient use of vehicles and personnel with higher seat occupancy rates. For the community it will mean increased quality of service to its citizens.

Single Access Call Center Advisory Board

The coordination of transportation services across organizational boundaries requires representation from participating agencies in advising on optimal policies that provide quality service to all participants and monitor performance to ensure that funders' requirements are met. For organizations that currently provide services directly to their clients, the service and the population served are regarded as unique. Giving up direct influence over the delivery of service is difficult. Each organization should review the organizational guidelines for the new service to ensure that it meets their requirements. Details of the design will include compromises where necessary, but each entity needing the service should participate in the design. Once the system is operating, regardless of the choice of coordinating entity, a smaller group should remain to participate as an ongoing representative body that meets regularly to review service parameters, hear system-related complaints and advise the operations and administrative personnel on policy-related issues.

The importance of this advisory group cannot be overstated. A trial scheduling coordination project in 2000 where the ITP coordinated scheduling for the Hope Network ended in part because the two entities could not agree on definitions of quality and efficiency. In a coordinated system it is imperative that every participating provider agree to levels of service provision. The advisory group functions as a clearinghouse to ensure agreement among all participants and to make changes, should the need arise during operations.

Consolidating record keeping

One of the chief advantages to coordinated transportation is the reduction in duplication of records. Regardless of the selection of coordination entity, the records and reporting functions should reside in the coordination entity's system. Each agency would be responsible in the design phase to determine the method for establishing the record (pre- or post-eligibility) and for ensuring that all information needed for a client is included in the record design.

Training and system uniformity

When a system coordinates scheduling and dispatch, efficient utilization of resources may mean that a client is picked up by one transportation provider and returned by another. The experience of travel should appear the same to the client. Coordinating transportation will create new experiences for all personnel that work with clients, including schedulers, dispatchers and drivers. Uniformity in the appearance of the system will assist in providing quality service. More important, thorough personnel training will ensure that all clients are treated with respect and assisted properly.

Lead Agency Model

Under the lead agency model one of the current providers would assume the central role of coordination. This model would fit the scenario in which Hope Network schedules all trips.

With the assistance of the Technical Advisory Committee, Hope Network would be responsible for designing the services and would negotiate contracts with other providers (ITP/The Rapid, Red Cross, Senior Neighbors, United Methodist Community House, and ACSET). They would oversee, and, where appropriate provide, training, vehicle selection, dispatching assistance, as well as carrying passengers on Hope Network vehicles. They would register clients, make reservations, schedule and dispatch vehicles. Hope Network would also have the responsibility of monitoring the system, and would do so with the assistance of the Technical Advisory Committee.

Hope Network would also be the designated recipient of funds for providing the transportation, other than federal funds and some state funds that channel through the Transit Authority, the Interurban Transportation Partnership (the Rapid). Other than direct operating grants or subsidies, for which ITP is the designated recipient for public funding, it would negotiate service contracts separately with agencies whose clients are being served. An example is the current contract with Community Mental Health (CMH).

Most often, when there is a transit system in place with a regional transit agency structure a lead agency model is not utilized. In some areas, however, the regional transit agency contracts with a lead agency to provide all ADA and human service transportation for the area. The transit agency retains the oversight of the contract since it is the designated recipient of federal funds.

The fourth scenario is a variation on the lead agency model. In the event that ITP (The Rapid) elected not to participate with its ADA services (e.g. declined to contract these services to the Hope Network), Hope Network would contract with all other agencies. Grand Rapids' ADA paratransit services would operate independently of the coordinated system.

Brokerage

The scenario in which an independent contractor would schedule all trips is a form of brokerage model. In a broker model the contracting company generally does not own vehicles, nor operate them directly, although some contractors do both. A contractor relies on a number of providers, including the current provider entities, and extending to taxis and other private transportation providers. In this model the trips or blocks of trips are assigned to each provider based on availability.

The contractor-broker is responsible for eligibility registration information; reservations; negotiating contracts with all providers, non-profit and for profit; agency billing and record keeping, reimbursing operating companies, and providing the quality assurance for the system with the assistance of the Technical Advisory Committee.

The contractor-broker would set up and administer the scheduling while operations, including dispatching, vehicle deployment and maintenance, would be the responsibility of the participating provider organizations.

Regional Transportation Authority

The scenario in which Interurban Transportation Partnership/The Rapid would be responsible for scheduling and coordination of the provision of trips is the Regional Transportation Authority model. Transportation coordination originated among rural communities that generally had no public transit system operating. A regional transportation authority is established through legislation to take responsibility for a region's total public transportation needs. ITP functions as an RTA, established under Michigan Act 169.

The Regional Transportation Authority model has the elements of both the lead agency model and the contractor model. It can operate all of the coordination functions or it can contract with a lead agency or a contractor to operate the system while it retains oversight and grants administration.

In this scenario, the Rapid would schedule all trips within the coordination system. It would be responsible for registration, reservations, and scheduling, training, record keeping and billing. The various providers within the system that wish to maintain dispatching would continue to do so. Other providers could be dispatched from the coordination center.

ITP is the designated federal and state recipient for public transportation funds and would retain that regardless of the coordinating scheduling entity choice.

B. Participating Agencies

We can place ENTF agencies into four categories as follows:

Providers	Representatives
The Rapid (ITP)	Jim Fetzer Mary Ann Young
Hope Network Red Cross	Dan Gowdy Debbie Jones Tony Slaughter
Senior Neighbors	Bob Barnes Tom Oosterman
United Methodist Community House ACSET	Sharon Killebrew Sherrie Gillespie

Participating Funders	Representatives
Area Agency on Aging Kent County FIA United Way	Morgan Lambert Kathy Lachniet David Schroeder

Other Participating	Representatives
Disability Advocates Kent County Health Dept	David Bulkowski Teresa Branson Sue Sefton
Touchstone	Renee Lewis Lolita Hunt Mary Heil
Faith in Motion Association for the Blind	Kenneth Hoskins Charis Austin

Non Participating

Angel Wings Transportation
Booth Family Services
Goodwill
Molina HMO
Priority Health HMO
Project Access
MTM Transportation

C. Trip Demand

There are currently six transportation providers. An estimate of demand can be developed utilizing the current ridership of these providers. Actual demand, however, exceeds these estimates due to current vehicle capacity restrictions in concert with other trip-making restrictions. The estimated monthly trips for each provider are displayed below.

<i>Provider</i>	<i>Sponsor/Funder</i>	<i>Trips / month</i>
The Rapid	ADA	13,000
	Pass	2,900
	Township	700
	Other	400
Hope Network	CMH	15,000
	MTM	1,800
	AAA	600
	North Kent	600
	Other	2,000
Red Cross	Various	1,600
Senior Neighbors	Various	1,200
ACSET	Various	1,900
United Methodist	Various	600

Total estimated monthly ridership is 42,300. This can be stratified as follows:

ADA	13,000
CMH	15,000
AAA	3,000
Other	11,300.

D. Vehicles

The participating providers and vehicles available are as follows.

United Methodist

1	12-seat lift-equipped bus
1	22-seat van
5	7-seat vans

Senior Neighbors

3	15 passenger vehicles
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ACSET

1	12 person van
1	9 person mini van

Red Cross

8 Sedans
3 Vans with lifts

Hope Network

54 Vehicles

The Rapid (ITP)

64 Vehicles.

E. Service Scenarios

Under the integrated service, there will be four basic entities. These are the client, the funding agency, the provider, and the centralized call center. The funding agency is the entity that pays for the trip. The provider is the agency that serves the trip and receives payment from the funding agency.

The centralized call center will be responsible for accepting trip requests, scheduling the trip requests, and giving the provider the scheduled information for each trip (typically in a driver's manifest). The call center will also be responsible for developing a billing matrix, defining the number of trips sponsored by each agency and the provider completing the trip. The centralized call center will be run either by The Rapid, Hope Network, or a private contractor.

It should be recognized that the integrated service would not necessarily include all trips. One scenario has already been defined as excluding ADA trips from the call center. The CMH trips are operated under a separate contract. Due to this and the uniqueness of their requirements, it could be that this organization should be excluded from the call center.

From the provider perspective, United Methodist and Senior Neighbors operate a significant number of group trips. It would be inefficient to schedule these through a call center. Discussions with representatives of both agencies have indicated that they would entertain the idea of providing vehicle spans of service to the call center. For example, United Methodist could make their 22-passenger bus available to the call center 3 days a week. The other two days, they would be providing group service to their clients.

Given the various services provided by the other three providers, this concept could be extended to them also. For example, Hope Network could provide service to accommodate their various contracts, and also provide a certain number of vehicles to the call center.

Potential scenarios can be defined as follows:

	Daily Trips	Veh Reqd
Call Center schedules all trips	1,875	130
Call Center schedules all trips less ADA	1,260	87
Call Center schedules all trips less ADA & CMH	550	38
Call Center schedules AAA trips	50	4

The last scenario estimates potential AAA trips, after subtracting group trips and Hope Network trips that are all subscription.

F. Scheduling and Dispatch Methods

Several software issues were identified and discussed in the Section III of this document. The three major vendor (StrataGEN, Trapeze, and RouteMatch) software systems currently have the capability of accommodating the requirements for the ENTF scheduling integration.

Currently, Hope Network is utilizing a version of Trapeze to handle their reservation and scheduling requirements. Certain upgrades to that system would be necessary to fully handle the current requirements of the ENTF.

The current software system utilized by the Rapid cannot handle ENTF requirements. The Rapid, however, is currently in the procurement process for a new computer system. Specifications for functionality unique to the ENTF requirements could be included in that process.

In the event that a private contractor were retained to operate the call center, several alternatives could be implemented. ENTF could require that the contractor provide the software. This would introduce a considerable expense in the contractor contract. Also, the contractor could utilize either the upgraded Hope Network software, or the Rapid software currently under procurement. In either of these cases licensing agreements would need to be established with the software vendor.

G. Personnel Requirements

The call center will need personnel to handle the following functions:

- Advance Reservations
- Standing Order Reservations
- Customer Assistance
- Transit Monitor to interface with provider dispatchers
- Scheduler/GIS Management.

The number of personnel for each scenario can be computed utilizing a certain number of industry standards in concert with information specific to Grand Rapids. These include:

- ❑ 10 percent of advance reservations are cancelled
- ❑ An advance reservationist can handle 15 two-way trip reservations per hour
- ❑ 75 percent of CMH trips are standing order
- ❑ 50 percent of other trips are standing order
- ❑ Trip verification/entry clerks can process 15 manifests per hour
- ❑ 25 percent of an advance reservationist's time is needed for customer assistance
- ❑ One trip monitor is needed for each 80 vehicles.

Utilizing these parameters, following is an estimate of person hours by function for each scenario.

	All Trips	All Less ADA	All Less ADA&CMH	AAA Trips
Daily Trips	1875	1260	550	50
Vehicles	130	87	38	4
Est. Subscription Trips	1114	807	275	25
Advance Res	761	453	275	25
Daily Trip Requests	419	249	151	14
Advance Res Hrs	27.9	16.6	10.1	0.9
Cust Assist Hrs	7.0	4.2	2.5	0.2
Stand Order Res Hrs	4.0	2.4	1.4	0.1
Client Registration Hrs	4.0	2.4	1.4	0.1
Trip Sheet Entry Hrs	8.7	5.8	2.5	0.2
Trip Monitor Hrs	1.6	1.1	0.5	0.1
Scheduling/GIS	7.0	4.2	2.5	0.2
Total Personnel Hours	60.1	36.5	21.0	1.9
FTE Employees	7.5	4.6	2.6	0.2

H. Funding Options

Background

The Emergency Needs Task Force determined in a special meeting that the pilot Single Access program should consider three agencies to fund the transportation service. These are the Area Agency on Aging, the Department of Human Services (formerly FIA) and the United Way. Each of these agencies presently provides funding for transportation, albeit utilizing differing mechanisms.

Senior Millage

The Area Agency on Aging currently provides over \$340,000 of Senior Millage funds for transportation to five transportation providers. The Agency reimburses each provider on a per trip basis. The following Information provided by the Agency shows the annual funding by provider:

Provider	Trips	Rate	Total
ACSET	17,729	\$4.50	\$ 79,780
Red Cross	5,001	\$5.21	\$ 26,055
Hope Network ⁴	6,654	\$20.69	\$137,671
Senior Neighbors ⁴	4,243	\$16.06	\$ 68,136
United Methodist	3,100	\$ 9.69	\$ 30,039.

ACSET, Senior Neighbors, and United Methodist provide a significant number of group trips. For efficiency each respective agency should continue to schedule and transport these group trips. Red Cross utilizes the funding solely for providing one-on-one medical trips. Hope Network uses the funding exclusively to provide subscription trips to local Adult Day Centers. At the start of the pilot project, for efficiency, Hope Network should continue scheduling and transporting these trips.

ACSET, Senior Neighbors, and United Methodist provided estimates of the percentages of the total trips that are one-on-one medical. These are 20 percent, 25 percent and 10 percent respectively. The estimated funding for one on one medical trips by agency, then is as follows:

Provider	Percent 1-1 Medical	1-1 Medical Funding
ACSET	20%	\$ 15,956
Red Cross	100%	\$ 26,055
Hope Network	100%	\$137,671
Senior Neighbors	100%	\$ 68,136
United Methodist	10%	<u>\$ 3,004</u>
Total		\$ 250,822

Thus, for an estimated 19,753 annual medical one-on-one trips, the average funding per trip is \$12.70.

Kent County Department of Human Services (DHS) (formerly Family Independence Agency, FIA)

Kent County DHS currently provides reimbursement to the Red Cross for the transport of eligible Medicaid clients. The current funding rate is \$1.25 per trip. Other reimbursement on a mileage basis is available; however, the Red Cross

⁴ The rate for Hope Network and Senior Neighbors includes the cost of an escort for certain trips

has determined that, for their purposes, the associated paperwork is too laborious to justify the additional funding. The total funding in 2004 was \$4850.

United Way

The United way provides lump sum amounts to several of the providers for purposes of providing transportation. These annual amounts currently are as follows:

Red Cross	\$176,403
Hope Network	\$ 13,495
Senior Neighbors	\$ 41,987.

Funding Scenarios

There are several funding scenarios that could be utilized to transfer monies from the funding agencies to the providers for the Single Access service. These are described in the following sections. Each has advantages and disadvantages. Kent County DHS funding is not considered in these scenarios based on the assumption that agencies other than Red Cross would not accept the DHS reimbursement amount. After discussions with the funding and provider agencies, a recommendation was subsequently made.

Pooling of Funds - Single Rate

In this scenario, the Senior Millage and United Way monies would be allocated as a total pool. A single rate per trip would be established. Each Single Access trip would be reimbursed at the established rate. Each provider agency would submit a monthly invoice to the funding agency. The scheduling software would maintain a monthly cap of trips to prevent overspending the allocated monies. If that cap were reached in a given month, the providers would deny subsequent Single Access trips for the remainder of the month.

Pooling of Funds - Multiple Rates

This scenario is similar to the previous except that there would be a separate rate established for each provider. Invoices would be submitted each month by each provider indicating the number of individuals transported and the rate for each.

Agency Driven

In this scenario, Senior Millage and United Way funds would be allocated to each agency, similar to the current system. Each agency would be responsible for establishing eligible client lists for which they would reimburse transportation on a per trip basis. Each provider agency would invoice the other agencies on a monthly basis for services provided.

Additional Sources of Funds

Limiting funding of the Single Access Call Center coordination efforts to human services agencies creates a closed system for cost sharing. Once the system is operational Single Access may wish to expand the system by creating opportunities for the public to take advantage of the system through scheduling rides, and to open these possibilities to employers. Although some services must remain dedicated to serving specified clients, many of the vans will be able to mix populations and easily integrate commuters and shoppers who can plan ahead.

Moving toward Fully-Allocated Cost Sharing

It is difficult to coordinate transportation among human service agencies unless agencies are willing to share or pool funds. Keeping accounts separate due to differing regulations and procedures among funding agencies adds to the cost of administering a coordinated service. Agencies must be flexible in terms of detail required for eligibility and funding reporting to prevent added cost burdens.

In an earlier chapter we detailed the difficulty at the Federal level of knowing the entire amount of Federal program funding for transportation-disadvantaged citizens. There are no reliable cost and operations figures for Health and Human Services transportation services, making it difficult to estimate the full cost of providing this service to clients. These costs must include labor, fuel, insurance, vehicle maintenance and depreciation. Fully-allocated cost information provides the basis for adequate compensation to transportation providers and for assessing any performance improvements and increased efficiencies.

Cost sharing can be negotiated or calculated using a uniform cost accounting for transportation expenses. When all costs are known, agencies can clarify the sources of costs to tie into funds available; this enables agencies to develop interagency agreements for coordination. This can be operationalized as a pot of available funds transferred to the transit agency for disbursement or as a per trip reimbursement amount.

Encouragement at the Federal level is beginning to take root at the state level. Five states currently provide economic incentives to local coordination efforts⁵. Florida, Maryland, New Jersey, North Carolina and Ohio provide funds for planning and operating coordinated transportation. In addition, Florida and North Carolina require coordination in order to receive funding. The FTA Job Access and Reverse Commute Program (JARC) that The Rapid (ITP) has recently implemented, also reward agencies with coordination programs in place. Indiana provides additional funding to the most cost-effective operations. States are more influential than the Federal government in providing economic incentives for coordination. Federal grants for coordination are small and geared toward initial planning activities. The Federal government does not provide funds directly for

⁵ TCRP Report 91: Economic Benefits of Coordinating Human Service Transportation, National Academy of Sciences

the operation of transit programs; however, some incentive provisions were part of the reauthorization of the DOT's surface transportation reauthorization that will be available to the Rapid.

In addition Kent County Department of Human Services and The Rapid (ITP) are encouraged to explore the model programs for Medicaid available through the Medical Transportation Work Group, a cooperative program between DOT and HHS that includes Medicaid bus-passes that have been piloted in six states.⁶ In addition the Department of Labor will begin more active encouragement of work-related transportation coordination efforts with the reauthorization of the Workforce Investment Act.

The Rapid (ITP) and the Advisory Board will also want to be actively following promotion of coordination through **United We Ride** activities. United We Ride is a five-part transportation coordination initiative developed by the Departments of Transportation, Health and Human Services, Labor and Education.

⁶ U.S. General Accounting Office, GAO-04-420R, Transportation-Disadvantaged populations. P 6

V. Develop Recommended Scenario

The recommended scenario has two parts: first, identifying the entity to manage and operate the Single Access Call Center; second identifying those agencies that will participate in the initial phase of the Single Access Call Center. The Emergency Needs Task Force on Transportation (ENTF) convened a special meeting to discuss Single Access Call Center organization issues on December 7, 2004. At that meeting the group recommended that the Rapid operate the Single Access Call Center and agreed upon the agencies that would participate in the start-up phase of the operation.

A. Selecting the Single Access Call Center Operation Organization

The discussion regarding recommending an organization to operate the Single Access Call Center was extensive and thorough. AJM Consulting suggested that using a third-party contractor is not an optimal choice for the ENTF project, and that option was removed from consideration. The choice was between Hope Network and ITP/The Rapid. Representatives from Hope Network and The Rapid each discussed their corporate capability to operate the proposed center and both indicated that, pending Board approval, they would welcome the opportunity to house and run the center. The group discussed the pros and cons of each organization, developing the following criteria as they talked to determine the best fit between two very viable options.

- ❑ **Long term growth**
- ❑ **Stability of the organization**
- ❑ **Information Technology (IT) capability**
- ❑ **Funding to invest and support IT**
- ❑ **Accountability**
- ❑ **Customer service**
- ❑ **Control**
- ❑ **Trust**

The committee generally agreed that ITP/The Rapid met the first five criteria based on its plan to acquire a scheduling software package that includes Automated Vehicle Location (AVL) and Mobile Data Computer (MDC) technologies.

The committee felt Hope Network best met the last three criteria. This was based upon Hope Network having better sensitivity to those individuals for whom the organizations care. The group discussed, however, that under the Single Access Call Center organization, customers would still deal with the dispatchers and drivers of the providers, much as they do now. Also, the organization of the

Single Access Call Center allows customers the option of calling the center directly or working through representatives at their funding agency.

The committee decided to ask ITP/The Rapid to present the proposal to its Board for approval with the following additional provisions:

That the Single Access Call Center have an Advisory Board composed of representatives from both funding agencies and transportation providers that ensures quality customer service, sensitivity toward all riders, and policies that recognize the diversity of programs and populations served; and

That all Single Access Call Center personnel have a high level of training in the needs of the individuals that will be served by this system.

Recommendation: We recommend that The Rapid be responsible for establishing and operating the Single Access Call Center, subject to approval by the Board. We also recommend that all funding for establishing and operating the call center be channeled through the Kent County Health Department. The KCHD should be the agency applying for and receiving all grants for operating the call center. This does not include the funding for the provision of vehicle trips. Further, we recommend that an Advisory Board should be established to guide and monitor the operation of the call center. This advisory board should not exceed six representatives. At a minimum representatives of the Rapid, Hope Network and KCHD should be included.

B. Define Initial Participating Agencies

While the ultimate goal of coordinating medical and social services transportation is to have as many funders and providers participate in the Single Access Call Center as possible, for the centralized Call Center to succeed, it would be best to start with a smaller number of potential trips. Under this plan the Single Access Call Center could smooth out operations before adding more funders. Once the Call Center operation is running effectively, additional funders could join by agreement between the funder and the committee.

The committee initially identified the Senior Millage funds from Kent County as the initial funding source. This funding source currently provides funds to all transportation providers with the exception of ITP/The Rapid. As the discussion progressed, the committee suggested adding two more funding sources to the initial coordination project: United Way transportation funding, and Kent County Department of Human Services (formerly FIA) medical transportation funding. Senior Millage and FIA provide funding on a per trip basis; United Way generally provides lump sum grants to funders.

Funders

After thorough discussions with prospective funders and providers, it became apparent that for the pilot call center to be successful, simplicity and lower risk are paramount objectives. The Senior Millage funding through the Area Agency on Aging certainly met this criteria. Representatives of the agency are genuinely interested and cooperative in furthering the ENTF transportation objectives. The client qualification process is defined yet simplistic; reimbursement is on a per trip basis; and five providers receive Senior Millage funding.

The United Way contributes significant funds to transportation in the Kent County area and certainly should be considered as a potential funder for the call center. Their client qualification process is less uniformly defined and they do not allocate monies specifically on a per trip basis. Although we are not recommending that United Way monies be utilized for funding trips in the pilot project, specific discussions should be initiated to define how their funding could be used in the next phase.

The FIA funding certainly serves a purpose. However, the complexities of the Medicaid system prevent it from being a viable option in the initial phases of the call center project.

Starting the project with scheduled trips limited to individual Senior Millage funded will keep the project within a reasonable scope. This means that program-related group trips will not be included in the schedules. These will continue to be scheduled by the provider agency. When groups are not being transported, vehicles used for group trips will be available to be scheduled through the Single Access Call Center.

Providers

All six providers, United Methodist, Senior Neighbors, ACSET, Red Cross, Hope Network, and the Rapid have shown interest in participating in providing vehicles to the call center project. Of course, this participation is dependent upon reimbursement amounts, and in some cases, board or management approval.

Resources, of course, vary by agency. It is assumed that four vehicles are required for the pilot project. For the Red Cross, the Senior Millage funding represents about 10 percent of the total funding. With 11 vehicles available, dedicating one vehicle to the call center is reasonable. Hope Network and the Rapid each have over 50 vehicles. For each, dedicating one vehicle to the call center is reasonable. This vehicle could be dedicated or one or more vehicles being used for other funders, such as JARC. If not dedicated, the scheduling would have to be integrated, so for Hope Network, vehicles allocated to subscription trips would work best.

For United Methodist, Senior Neighbors, and ACSET, each should allocate portions of available service on a weekly basis.

Recommendation: The funding for the call center trips for Phase One of the project should be from the Senior Millage project. Phase Two funding should incorporate United Way after discussions lead to an equitable funding mechanism.

The Red Cross, the Rapid, and Hope Network should each provide the equivalent of one vehicle each. United Methodist, Senior Neighbors, ACSET should provide the equivalent of one vehicle in aggregate.

C. Single Access Call Center Organization

The Single Access Call Center organization shall be administered by the previously defined advisory board. This advisory board will work closely with the Rapid to ensure that ENTF objectives are being met. This Board will review the policies of coordination to ensure that there is flexibility to address various participating organizations' policies regarding transportation and to set and maintain standards that ensure the safety and well-being of all riders.

The Single Access Call Center will initially be staffed by a part time person for an estimated 2 hours per day. This person shall have the capability and skills to perform all Single Access Call Center tasks. The Rapid administers several paratransit operations. The assigned person would ideally be one that is working in one or more of the other operations and can dedicate two hours per day to the Single Access Call Center. The advisory board must approve of the person being hired.

The Single Access Call Center staff person shall be located at a workstation within the Rapid offices. It is recommended that one additional phone line be installed to accommodate the Single Access Call Center This line would be used for reservations, and communicating with provider dispatchers, and other matters.

The Single Access Call Center automated reservation and scheduling system will operate utilizing the Rapid software system. The Single Access Call Center automated system will, in essence, operate in a separate partition, unrelated to other Rapid paratransit software operations.

The workstation should be equipped with a terminal and printer suitable for printing the driver manifests.

Single Access Call Center Initial and Operating Costs

The Rapid will be responsible for initial costs to set up the Single Access Call Center as well as ongoing costs for operating the center. These costs should be reimbursed through a grant from a funding agency administered by the Kent County Health Department.

Initial Cost Items	Cost
Assign Staff Person	\$200
Work Station Furniture	\$200
Work Station Terminal	\$250
Work Station Printer	\$100
Scheduling Software License	\$500
Implement Additional Phone Line	\$300
Promotion of Service	\$1500
Total Initial Costs	\$3,050

On Going Costs	Monthly Cost
Salary	\$625
Benefits	\$125
General & Administrative	\$31
Office Space (80 sq feet at \$15)	\$25
Telephone	\$80
Insurance	\$40
Hardware Maintenance	\$4
Total On Going Costs	\$930

D. Funding

There are several types of funding associated with the implementation and ongoing operation of the Single Access Call Center. The first of these is the initial implementation costs, estimated to be \$3050. The second of these is the ongoing call center operational costs, estimated to be \$930 per month. Lastly is the trip reimbursement costs from AAA to each of the providers. A number of funding options were discussed with potential funders and providers. Most of these were documented in the previous section entitled "Funding Options". In recommending a preferred option, two primary criteria were used - simplicity and assuring each provider agency of adequate funding.

Recommendation: All Single Access Call Center funding should be channeled through the Kent County Health Department. This does not include the provision

of trips. The KCHD and the Rapid should enter into an agreement for reimbursement of costs.

The KCHD should apply to United Way for an initiative grant for start-up funding for the Single Access Call Center. The application should include implementation costs and operational costs for fourteen months, one year of operation and two months of startup. These total costs are estimated to be \$16050. United Way initiative grants encourage and support systemic change in communities they serve.

For provider reimbursement for the provision of trip service, for the initial year of Single Access Call Center operation, the AAA should allocate monies to each provider in a manner similar to previous years. The Kent County Health Department should be included in those allocations, so they would have the capability of contracting with the Rapid or other providers as rendered necessary. Each provider would be guaranteed the allocated amounts. The call center, utilizing the software system, would be responsible for allocating the trips to each provider so as to match their quota as closely as possible.

In subsequent years after the pilot, the AAA should consider establishing rates by type of service(i.e. door to door, escort provided) and length of trip. The pilot year will provide certain information about the client base and its trip making characteristics. The Senior Millage monies could then be pooled and distributed to each provider on a monthly basis as they complete the trips. In addition, the AAA should consider the call center costs in their allocation. These costs are currently estimated to be \$0.90 per trip.

E. Overview of Single Access Call Center Operations

The Single Access Call Center will be available to accept advance reservation trip requests. It is recommended that these be three day advance reservations. Also, the advance reservation times should be 9am to 4pm. From 4pm to 5pm, the Single Access Call Center will be finalizing the driver trip sheets and dispatching them to the providers for the next day's trips. The Call Center will also be available to accept subscription trips requests. These should be incorporated as resources are available.

There are several generic steps in providing transportation to clients. These are as follows:

- ❑ Client becomes registered for transportation service
- ❑ An advance reservation trip is requested and scheduled
- ❑ A provider vehicle is dispatched to serve the trip
- ❑ The trip request becomes a successful transport, or may become an early or late cancellation, or a no show
- ❑ Post trip record keeping.

Client becomes registered for transportation service

To utilize the integrated Single Access Call Center service, a client must become registered. The primary purpose of this registration is to ensure that the client is eligible for service and to discern certain information about the client.

To become registered, a prospective client should contact the call center. Appropriate information would be entered into a client registration screen. The software would then determine the client's eligibility. If eligible the information would be stored in the automated client eligibility file. Also, the client's service requirements should be entered. These should include wheelchair, escort, and type of service (door to door, curb to curb). The software should also establish the cost share rate for the client and store that value in the client record. The AAA should have access to this file to accommodate its record keeping requirements.

An advance reservation trip is requested and scheduled

An advance reservation trip is one requested and scheduled within an advance reservation period, typically 24 hours to 7 days. These trips will be scheduled to the provider vehicles based upon vehicle availability and the client's vehicle and service requirements. Each provider will have previously described the vehicle and the associated type of service provided.

A client would be able to contact either a funding agency or the Single Access Call Center to request the trip. The Single Access Call Center would accept trips requests either from individuals or the agency. Arrangements are then made so that the Single Access Call Center knows which to contact for scheduling and operating changes or inquiries.

It should be noted that advance reservation trips are typically scheduled while the requestor is on the phone. The reservationist will verify the client is registered. The reservationist will then enter the requested trip time into the scheduling software and if a trip cannot be scheduled for that time, other potential trip times will be identified and offered to the client. If and when the client agrees to the scheduled time, the trip is "booked".

A provider vehicle is dispatched to serve the trip

At the end of each day, the Single Access Call Center generates driver trip manifests for each provider. These manifests contain the trip schedules for each provider vehicle for the next day. The pickups and drop-off locations are listed in chronological order. The manifests can be delivered to the providers either by courier, fax, or automated methods.

Various dispatch sheets can also be given to each provider. These can include trip lists sorted by time and also client name. Also, it is possible for the provider

dispatchers to link into the centralized system and to access the system dispatch screens and associated functionality.

The trip request becomes a successful transport, or may become an early or late cancellation, or a no show

Ideally, when a trip request is scheduled, the client is picked up and delivered to their destination on the day of the trip. However, other events can occur. These are:

1. The client cancels the trip request in sufficient time that the vehicle time can be rescheduled for another client. This is called an early cancellation and is not detrimental to overall efficiency or productivity. The client should call either the funding agency or the Single Access Call Center.
2. The client cancels the trip request on the day of the trip. This is called a late cancellation and can be detrimental to efficiency, particularly if the vehicle time cannot be rescheduled for an "on-demand" trip. Records should be kept to identify habitual offenders. Also, the scheduling and dispatching should assume a typical percentage of late cancellations each day.
3. The client does not show up for the trip. This is called a no show and depletes productivity because vehicle time is utilized and no trip is completed. Some providers seek reimbursement for "no shows".

Policies should be defined and instituted to minimize client late cancellations and "no shows".

Post Trip Record keeping

After the completion of each day's service, certain information from the completed driver manifests should be entered into the Single Access Call Center system. This information must include at a minimum, the completed status of each scheduled trip on the manifest. This status should include completed trip, late cancellation, no show, or other. Other information could include actual pickup time, actual drop-off time, and mileages at pickup and drop-off locations. The information could be entered either directly by the provider; or the provider could transmit the manifests to Single Access Call Center personnel for entry.

On a weekly or monthly basis, the Single Access Call Center software should develop for each provider, the total number of completed trips, late cancellations, and no shows.

In addition, the software system should develop, on a monthly basis, client invoices based upon their cost sharing status. The invoice should include the total number of trips, the cost share rate and the total amount of monies owed. A summary should be developed for transmittal to AAA.

Computer Requirements

The automated reservation and scheduling system acquired by the Rapid should have certain capabilities to accommodate the Single Access Call Center. It is assumed that these capabilities will be included in the current Rapid funding grants. These capabilities are:

1. The system should have a separate petition for SACC reservation, scheduling, dispatching and record keeping functions.
2. The system should have a client registration screen that accommodates AAA requirements. The system should have the capability of including the funding source or sources for which the client qualifies. Although this capability is not required for Phase One, it should exist as additional funders come aboard.
3. The system should have the capability of accommodating service areas and maximum ride times by funding source.
4. The system should have the capability of generating a funding/provider payment matrix.
5. The system should accommodate remote access for funders and providers. Funders, under control of a password, should be able to access clients being funded. Providers, under control of a password, should be able to access vehicles and client trip information for those assigned to them.
6. The system should be able to define type of service for each vehicle. This should include length of trip, type of vehicle, door to door service, and escort. The scheduling system should be able to match client requirements with vehicle definitions.
7. The system should be able to accommodate the previously described cost share invoicing and summaries.

VI. Implementation Plan

There are several steps that must be completed before initiating ongoing operations.

Obtain ITP Call Center Approval

We have recommended that ITP operate the Single Access Call Center. This recommendation must receive the approval of the ITP Board.

Obtain Kent County Health Department approval

We recommended that the Kent County Health Department be responsible for funding associated with establishing and operating the Single Access Call Center. The Health Department must approve this recommendation.

Establish KCHP/ITP payment agreement

The Health Department and the Rapid need to establish an agreement regarding payment for the operation of the Single Access Call Center.

Obtain Provider Approval

We have recommended the vehicle commitments for each provider. This recommendation must receive the approval of each provider.

Establish Advisory Board

We have recommended that an Advisory Board be established to guide the implementation and operation of the call center. This board should be selected by the three project funders; the Rapid, Hope Network and KCHD.

Apply for United Way Initiative Grant for Pilot Year

The KCHD should apply to United Way for an initiative grant for funding for the first year of the call center. These monies are estimated to be \$16070.

Obtain Area Agency on Aging Approval for pilot year funding concept

We have made certain recommendations for the AAA to allocate monies to providers for the pilot year of the project. AAA must approve those recommendations.

Establish KCHP/ITP Provider Agreement

We have recommended that the AAA allocate monies to KCHP for the provision of service in the pilot year. KCHP and ITP should enter into an agreement so that ITP can provide a vehicle(s) for the pilot year.

Assign Single Access Call Center Staff Person

The Rapid should assign the employee that is proposed to be responsible for the Single Access Call Center functions. This assignment should be in concert with the advisory board.

Initialize New Phone Number

ITP should establish a new phone number that will serve as the contact number for Single Access Call Center services.

Promote Single Access Call Center Service

The ENTF in concert with the Health Community Access Program should promote the new service. This promotion should include "word of mouth" in addition to other media campaigns.

Train Single Access Call Center Staff Person

The staff person should undergo a training period immediately after their assignment. This training should include observing the operations at the participating providers and receiving training on the utilization of the automated software system.

Initiate Automated Scheduling System

The Rapid has targeted September of 2005 as the target for implementation of their new automated scheduling system. By the end of 2005 the system should be initialized with the various capabilities required by the Single Access Call Center.

Initialize Client File

The automated client file is the database that defines whether a client is eligible to take a trip. Before initiating service, each provider and/or AAA should transmit a list of names and additional pertinent information for clients for which the agency will fund trips. The additional information should include, at a minimum, home address, contact persons and phone numbers, disabilities, and unique information regarding picking up the client.

During operation of the Single Access Call Center, client information should be updated as required. Also clients losing their eligibility should be deleted and additional eligible clients should be added. A procedure should be instituted where the AAA transmits information to the Single Access Call Center and the Single Access Call Center staff person updates the automated file.

Define Vehicle Availability

Before operations begin, each transporting organization must provide the Single Access Call Center with a list of vehicles and their availability. Procedures should be implemented where each provider gives this information to the Single Access Call Center on a weekly basis. Typical information would be as follows:

Vehicle	Monday	Tuesday	Wed	Thurs
101	9am-1pm	xxxx	1pm-4pm	9am-4pm
102	9am-4pm	2pm-4pm	xxxxx	xxxx

The Single Access Call Center staff would then enter this information for the provider into the automated scheduling system, so that trips could be scheduled in these time periods.

Following is a summary of implementation tasks.

Task	Responsible	
	Agency	Month
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	Year	2005
Obtain Call Center Approval from ITP Board	ITP	September
Obtain Kent County Health Department Approval	KCHP	September
Establish KCHP/ITP Payment Agreement	KCHP/ITP	October
Establish Advisory Board	KCHP/ITP/Hope	October
Obtain Provider Approval	Adv. Board	October
Apply for United Way Initiative Grant	KCHP	October
Establish KCHP/ITP Provider Agreement	KCHP/ITP	October
Obtain AAA Approval for Funding Concept	AAA	October
Assign Single Access Call Center Staff Person	ITP	November
Promote Single Access Call Center Service	ENTF	December
Initialize New Phone Number	ITP	December
Train Single Access Call Center Staff Person	ITP	November
Initiate Automated Scheduling System	ITP	Sept-Dec
Initialize Client File	ITP	December
Define Vehicle Availability	ITP	December
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	Year	2006
Begin Phase One Operation		January
Monitor System Operations		Ongoing
Modify Operations as Warranted		Ongoing
Plan for Phase Two		Ongoing
Recruit Additional Funders		Ongoing

Appendix A
Results of Organizational Model Research

Results of Organizational Model Research

To gather information on other areas utilizing coordinated transportation, we contacted fifteen agencies and interviewed representatives of those agencies. A list of organizations interviewed displayed on the following page. The list information includes number of trips, type of software and size of area served. Subsequent pages in this Appendix describe the results of those interviews.

Agency	City/County/Region	Trips/day or month	Service Area	Software	Model Type	Human Service Coordination
1. Allendale County Scooter	Allendale, South Carolina	25-30/day	County	Excel, going to RouteMatch	Agency Providers	N/A
2. Broward County Transit Community Transportation Agency, TOPS (Transportation Options)	Broward County, Florida	4,800 - 5,000/day	County	MIDAS	Direct Operation / Brokerage	30 agencies
3. Champaign-Urbana Mass Transit District	Urbana, Illinois	30/day	Two city area	PARAnet by INIT	Direct Operation	N/A
4. Greene River Intracounty Transportation Services (GRITS)	Owensboro, Kentucky	900/day	7 counties	RouteMatch	Direct Operation	9-10 agencies
5. Jackson Transportation Authority	Jackson, Michigan	600/day	County	StrataGen	Direct Operation	Yes
6. Lower Savannah Regional Transit Management Association	Aiken, South Carolina	N/A	6 counties	RouteMatch in several locations	Oversight	N/A
7. Metro Bus Specialized Service	St. Cloud, Minnesota	11,000/mo	City	Trapeze	Direct Operation	yes
8. Paducah Area Transportation Demand and Response	Paducah, Kentucky (8 counties)	200/day	County	RouteMatch		yes
9. Southwest Georgia Regional Development Center	Camilla, Georgia	1,500/day	14 Counties	RouteMatch	Brokerage	yes
10. Spokane Paratransit Services	Spokane, Washington	N/A	City	Trapeze	Brokerage	Yes, limited
11. Tar River Transit	Rocky Mount, North Carolina (3 counties)	500/day	3 Counties	CTS	Contracted	25 agencies
12. Tri-Delta Transit	Antioch, California	400/day	County	Trapeze	Contracted	Yes, early in process
13. Worcester Regional	Worcester, Massachusetts	500/day	County	StrataGen	Brokerage	Yes, limited

Transit Authority		10/day HS				
14. Wake Coordinated Transportation Service	Wake County, North Carolina	600/day	County	RouteMatch	Contracted	Yes
15. Hopelink	King County (Seattle), Washington	100,000 Medicaid trips	County	RouteMatch	Direct Operation	Yes

A. Regional Governmental Entities

Two organizations interviewed are regional governmental organizations serving a large number of rural counties. Coordinated transportation movements began in rural counties where the need for access to medical and other venues is great and the ability to deliver efficient service is challenging due to distances. In the two regional operations the human service transportation entities are providing services and are beginning to offer those services to the public. One of the operations allied with a regional governmental organization is reported in this section as well.

The Southwest Georgia Regional Development Center (SGRDC) in Camilla Georgia is a regional planning organization originally chartered to address land use and zoning serving a 14-county region in southwestern Georgia, near the Florida and Alabama borders. This quasi-governmental agency contracts with the state of Georgia to provide transportation for clients of the state's Department of Human Resource (DHR), chiefly the Department of Family and Child Services (DFACS), mental health and aging agencies. To provide these services, SGRDC brokers the services of transportation providers.

In all, the Center provides transportation services to 54 agencies. Each has differing requirements for funding and reporting. Reports match the format required by Georgia Department of Human Resources and Georgia Department of Transportation. The use of RouteMatch software makes the logistics of handling these disparate requirements possible. The software is located at the Development Center and is under their administrative control. The transportation providers can access the system to verify eligibility, but cannot make changes to the records.

Under a contract with Georgia Department of Transportation, the Center utilizes the existing human services mobility system as the infrastructure for public transportation throughout the region. The most successful so far has been integrating elderly riders into the system, serving clients of the Area Agency on Aging.

When an agency calls to request client transportation service, the provider checks for eligibility; the distinction is made when the trip is arranged as to which agency will be charged. If an individual calls, it is considered a public transportation trip with a fare. An agency may also call to arrange a public trip if the client is unable to do so. Currently, the system provides 1500 trips per day throughout the 14-county region; of this number half are clients and half are general public riders. DHR provides the funding for rural public transportation through Section 5311 grants.

The use of software for coordination enables a level of accountability and control that the Center would not otherwise have, and makes monitoring the system

simple. In particular, the Center can access immediate information from the system to determine the legitimacy of a complaint. While taking a complaint call, the Director can pull up the screen to see what actually happened.

The SGRDC formed a Regional Transportation Collaborative to provide local input into transportation issues as well as overall planning issues. In addition the RDC Board of Directors has a Transportation Committee that meets bi-monthly to review local and regional transportation issues.

For SGRDC the challenges to their system of transportation brokerage are chiefly on the provider side:

- ❑ Getting the transportation providers to see the benefits of contracting to deliver this service;
- ❑ Ensuring that exceptions to the rules are permitted; and
- ❑ Not having direct control over personnel who are delivering the service.

The main advantage the Director sees in being the transportation provider for several agencies is that the focus is on the quality of service delivery to the riders and no one agency is able to put their clients first.

Regional Transit Management Association (RTMA) is administered by the Lower Savannah Council of Governments (LSCOG) in Aiken, South Carolina. LSCOG is serves six counties in southwest South Carolina. The Savannah Regional Transit Management Association was formed in 2001 to bring together all organizations providing transportation to the public in the six counties to find ways to coordinate these services. Members of this Association include a city fixed-route system, three county councils on aging, two regional transit authorities and a county mobility service. Programs included in the services administered through RTMA include Job Access Reverse Commute (JARC), Medicaid non-emergency transportation services, commuter services, Department of Social Services Job Service and Fatherhood Initiatives and cross-county Medicaid transportation.

The Association, based on the voluntary participation of the counties, is composed of a Policy Committee consisting of one elected official appointed from each participating county, and a Technical Advisory Committee composed of representatives of all “organizations with a stake in serving people with transportation services.” The goal of the RTMA is “to find ways to operate transportation services more efficiently and effectively, to expand service, conserve resources and promote economic development and better quality of life for the people who live in [the] area.”

To accomplish this goal the RTMA provides the assistance needed for local providers to provide quality service. RTMA does not operate transportation

service directly; rather it contracts out the service for the City of Aiken and provides the RouteMatch software to its members who broker their services. They also coordinate the provision of support to the transportation providers including training and model policies and procedures manuals. Currently they plan to provide a more coordinated “look” to the system with a single logo for the vehicles and for the drivers. They also provide shared resource advantages to members in the form of insurance and purchasing, and drug and alcohol testing consortium. The Association also encourages members to be creative in marketing their services and through sharing what works in the monthly meetings.

Funding for the association came from an initial grant from South Carolina Department of Transportation to find ways to put in a public transit service in each county they serve. In addition the Lower Savannah Council of Governments has human services agencies within their office so that they are the area office for social service and aging programs. All dollars for transportation flow through the LSCOG and are administered by the administrative arm of the organization.

The challenges the organization faces are chiefly that not every entity providing transportation has elected to participate, leaving some services still fragmented. This is more than offset by the enthusiastic participation of the member organizations who appreciate having the autonomy to run their own services and the support of the larger organization for shared resources.

Allendale County, South Carolina benefits from the RTMA through its participation via the Lowcountry Regional Transit Authority (LRTA) located in Bluffton, South Carolina. Allendale is one of five counties that are served by LRTA’s commuter transportation for work on Hilton Head Island. Other transportation in Allendale County is provided through the area’s Office on Aging and office for disability services. With the support of the RTMA and LRTA the county now has a public transit system operating through the social services programs. The agencies run general routes that are known to the public. There is a central number to call to schedule a ride in a similar fashion to agency clients. The Allendale Scooter, as the system is called, operates on a ticket system based on calculated distances. A ticket for \$ 1.50 will take one up to 10 miles in one direction.

Public response to access to this transportation has been very good. In the first month of operation there were 1,500 seat miles. Within 6 months there were more than 7,000 seat miles per month. There are approximately 25 – 35 public riders scheduled every day. Many of the trips get people to work in the area, including daily commutes for 15 teachers at the reservation school. There are also many trips to medical facilities; each located approximately an hour away. It has also been a helpful service for families or others who are closely associated with clients. Those individuals who don’t qualify for the programs can still ride the Scooter with them.

The public must schedule rides 24 hours in advance and Scooter policies on “no shows” closely mirror the agencies’ policies for ease of administration. The service operates a “will-call” for pick-ups nearby, and hopes to expand the service when they have radios in the vans.

Agencies operating the vehicles are paid by the mile for public riders. They are reimbursed at a flat rate per mile through funds administered by the Lowcountry Regional Transit Authority. An early challenge to the program integrating the public with agency clients was concern about insurance. The state covers riders in the vehicle not covered by agency insurance through the South Carolina State Insurance Reserve Fund.

There is also a pilot program in neighboring Hampton County to provide medical trips for non-Medicaid covered trips through volunteer drivers. The program, FAITH (Focused Alternative Interfaith Transportation for Health) is an initiative conceived by an interfaith coalition of ministers who petitioned the Hampton County Council and Estill Community Development Corporation to fund the pilot. The two organizations gave the group a \$41,000 grant to start the program. Currently, under a federal earmark the program is expanding into four other counties.

FAITH uses volunteer drivers who are reimbursed using federal mileage rates for the miles they transport riders. The program serves individuals who have no other means to get to medical appointments, taking them to appointments throughout the region. Volunteer drivers must carry their own liability insurance and have a clean driving record. The program is scheduled through the Allendale County Scooter administrator, using a toll free line

B. Non-Profit Human Service Organizations

Two of the organizations interviewed are not-for-profit organizations providing transportation; one within a large urbanized county; the other for a rural multi-county area.

HopeLink, Seattle, Washington is a multi-service non-profit organization that operates a very diverse transportation services delivery system. They currently provide over 1 million 1-way trips annually. Originally the provider of ACCESS paratransit services for King County Metro Transit, they no longer have the contract for that service. They operate a Dial-a-Ride service (DART) for King County Metro Transit that provides deviated fixed-route service throughout the county. They coordinate all Medicaid transportation for the Department of Social and Health Services (DSHS) in King County and operate a Van Go service that transports parents and children, providing the link between daycare, housing and jobs.

In addition to these services, the organization provides transportation for 3 school districts, non-emergency medical transportation, 4 nonprofit organizations and expanded services to include transportation for a major trauma center hospital that includes transporting blood and pharmaceuticals as well as hospital staff. This is an example of the range of services that can be accommodated under a coordinated system.

HopeLink uses RouteMatch software to schedule and dispatch their service. The system handles the various policies of the organizations they serve, but HopeLink generally has standards for drivers, payments and vehicle operation and maintenance that meet those of the contracting organizations. On average, the director feels that the average overall trip cost has decreased since the use of software, although the costs fluctuate on a day-to-day basis.

Greene River Intracounty Transportation Services (GRITS) in Owensboro, Kentucky is a central scheduling and dispatch center that brokers paratransit and human service transportation, contracting with 4 for-profit providers and some drivers of private autos. The service is free to riders, all of who are eligible under either the Medicaid program or one of 10 human services agency programs.

The service currently covers 7 counties in Kentucky and is expanding. Average trips scheduled and dispatched from GRITS' hub is between 700 and 1000 per day, using 65 vehicles. They use seven reservationists and 2 ½ schedulers to do all scheduling for the 7 counties. Only an agency or a guardian can call to schedule the ride. The RouteMatch software facilitates a system that does not pre-schedule "will-call" pick-ups. When the call comes that the client is ready to be picked up and taken home, the system polls for the closest available vehicles that is going in the direction of the individual's destination. Each vehicle is equipped with Mobile Driver Units for instant communication to send them to make the pick-up and provide the destination information.

The system has been most efficient in eliminating the paperwork that overwhelmed it prior to the software installation. The director estimated that increase in efficiency was 38% in the first 3 months of operation. The system makes the intricate calculations necessary under Kentucky Medicaid billing. Efficiencies translated into reduced mileage through efficient scheduling as well. The director says that mileage was reduced by 20,000 miles in the first 3 months, directly translating to savings since providers are paid by the mile.

The system also prepares the diverse and detailed billing reports required by each funding agency. An ancillary billing software interfaces directly with the providers. Drivers directly log the trip locations (origin and destination), mileage and times. This software interfaces automatically with the scheduling software and can update the system in real-time, saving the expense of making the trip to a client that has cancelled.

One of the largest challenges was the shift in the way that drivers and office staff interfaced with the system. Greater efficiency meant giving up some of the dedicated service; the “my driver/my client” bond that can be established. There are times when they utilize the software’s capability of assigning a client to a vehicle in those cases where it would disrupt the client. However, after the initiation of the service they discovered that the general feeling was one of improved customer service and direct assignment of a client to a vehicle is seldom used.

C. Public Transit Authorities

Of the 15 organizations interviewed ten are operated either directly or by contract to the Public Transit Authority. Four of these are not currently coordinating medical or human services transportation. They are reported in the next section.

TOPS, Broward County Transit, Broward County, Florida exemplifies a system that provides full community mobility. Florida is one of 5 states that provide incentives to coordinating transportation. It does not specify the model to be used and not all Florida counties are operating with an effective model. Broward County’s Paratransit Service, called TOPS (**T**ransportation **O**ptions) won the President’s Award in 2003 from Community Transportation Association of America.

The community bus service extends the BCT fixed route system by connecting with it for greater accessibility to all areas of the county. Broward operates its own ADA service (TOPS) and purchases services to provide Medicaid trips, the state’s program for disadvantaged riders, and the Area Agency on Aging. In all, Broward County provides trips for clients of 30 state and non-governmental social service agencies including Goodwill and Lighthouse for the Blind. Broward contracts with three for-profit van companies to deliver the service. All companies are paid the same rate to transport; they operate within assigned service area boundaries. Broward County Transit also contracts with one of the agencies served to provide transportation to its clients. Recently it expanded to putting some overflow clients into the agencies vans, for which the agency will be paid the full rate paid to the for-profit transportation providers.

The system carries between 4800 and 5000 trips per day using 340 vehicles among the 4 contractors. The scheduling software, MIDAS, makes the distinctions among types of trips and funding. There are 11 different rates that the software tracks for billing purposes. The reservationists sort out the type of trip when the reservation is made. Broward County requires 48-hour advanced scheduling for Medicaid trips; 24 hours for TOPS. Driver run sheets are entered manually into the system.

One of the most effective policies that Broward County has is Rider’s Choice. If a client is dissatisfied with the assigned provider, they are allowed to change

providers once a month. Clients are originally assigned to a specific provider by zip code. If the client experiences difficulties with that provider, the switch is made to another provider. The director says it is a policy that ensures higher quality service from providers and keeps clients happy. Before they instituted Rider's Choice complaints ran as many as 2200 per month. Now they are around 50 per month. Very few people actually use it. Of approximately 8,000 riders perhaps 45-55 request a change in providers in a given month.

St. Cloud Metro Transit Commission, St. Cloud, Minnesota operates a dial-a-ride service for the general public that interfaces with the fixed route system. In addition they provide institutional transportation services for the Veterans Administration and WACOSA a developmental center. The service is curb-to-curb for the general public, and door-through-door for persons who need specialized service. The service goes to major destinations not served by the fixed route service or supplements to some destinations during hours when fixed-route service is not running. St. Cloud Metro Transit is not providing Medicaid transportation. County human service transportation is also providing CareCabs and gives out pre-paid fare cards for the fixed route system.

The Metro Bus Dial-a-Ride system uses an ID system to make use easier on the clients and riders. They use a modern fare collection technology where the ID pass is swiped through a reader. Drivers also enter fare count information into the mobile data screen on the vehicle. The driver / client interaction is facilitated using this method.

The ID links through a Mobile Data Solution system from Trapeze that interfaces with the main system, Trapeze's MENTOR system. Using the Mobile Data Station allowed the system to become paperless beginning in 1999. At the reservation station there is a separate funding source screen for each client to provide information about an unlimited number of funders for each client. Determining the funder for a specific trip is up to the dispatcher who takes the call. The system provides 11,000 trips per month and uses 2 call-takers and 1 scheduler who schedules subscription trips and batches the schedules for dispatch.

The system schedules medical returns when the medical appointment is done. They are able to provide a 10 to 20-minute pick-up window and will tell the customer the earliest time the bus will arrive to take them back to their home.

Spokane Transit Authority, Spokane, Washington brokers services for the Washington Department of Social and Human Services (DSHS) for Medicaid trips and provides paratransit services. Spokane Transit Authority changed the boundaries for paratransit services in January 2005. Formerly mandated to serve an area 1 ½ miles around the fixed-route system, the paratransit service is now available within ¾ miles from the fixed route system. In concert with that change

the Authority has been moving service delivery to the agencies. Their model has been to get vans to agencies while retaining the scheduling of trips. Within their vanpool program, for example, the vans are equipped for specialized use and paratransit pays for the mileage when an eligible client is transported. This is especially helpful for group homes for developmentally disabled individuals. Van operators document trips, making distinctions between ADA eligibility, miles and hours. Other agencies are beginning to take advantage of this system and currently the Authority is exploring whether some mileage costs not eligible for reimbursement through federal programs may be reimbursed through state programs.

The system uses Trapeze to schedule trips and to track the data delivered by van operators. They are targeted to go to a more technology-based fare system, including Smart Cards and day passes within the next few years.

Paducah Area Transit Authority (P.A.T.S.), Paducah, Kentucky operates a Dial-a-Ride service for McCracken County in western Kentucky. This service operates Monday through Saturday, with no service on major holidays. In addition, P.A.T.S. provides human service transportation for an 8-county area in western Kentucky Monday through Saturday, with urgent care transportation provided 24 hours a day, 7 days a week. The Dial-A-Ride service also operates in a similar manner to taxis; on-call 24 hours a day throughout the 8 county area and parts of southern Illinois.

These services are scaled to reflect the level of service availability. Fare for Demand and Response (curb-to-curb) service is \$ 1.00 per mile with a \$ 2.00 minimum. Dial-a-Ride (the 24-hour service) costs \$ 1.50 per mile with a \$ 3.00 minimum. Both Dial-a-Ride and Demand and Response vehicles may be accessed through reservation at a cost of \$ 1.00 per mile (\$2.00 minimum). In addition to having the Medicaid contract for the 8 county area, P.A.T.S. provides transportation services for Vocational Rehabilitation, Mental Health Services, Department of the Blind and Foster Children throughout the region. They have recently taken over transportation delivery for the Senior Citizens organizations. They operate this extensive service using a total of 7 – 8 dispatchers and 4 schedulers. At any given time up to 4 individuals take all the calls.

Paducah Area Transit uses RouteMatch software to schedule and dispatch using 82 vehicles, most of which are operated by P. A. T. S. There are 2 transit authorities subcontracted to P.A.T.S. and 1 for-profit contractor. All vehicles are equipped with Automated Vehicle Locator / Mobile Data Computers enabling them to dispatch vehicles in real-time. Similar to St. Cloud, P.A.T.S. does not schedule return trips from medical appointments. Rather the system polls vehicles in the area once the client calls to say they are ready to return. The system finds the most economical closest vehicle and dispatches it.

The Authority sets the policies for transportation delivery, provides all training and institutes random checks on quality of service delivery. One check they have on the system is that clients may select their providers, although the Authority can override the choice if it is not economical.

One of the greatest challenges for this system relates to potential Medicaid abuse. P.A.T.S. is able to download Medicaid eligibility once a month directly from the state. At any time, they can type a name into the state system to determine eligibility for someone who may have recently qualified.

Dial-a-Ride Transportation Services (DARTS), Tar River Transit, Rocky Mount, North Carolina operates Dial-A-Ride services for 20 to 25 agencies in a three county area of eastern North Carolina. They contract the operation of the service to a management firm. They use CTS software to schedule and dispatch the 35 vehicles in the system. The software must keep track of differing rates; some agencies pay by miles, some by the hour. The system tracks eligibility and funding sources. It generates monthly reports to each agency. The director worked with the state's Department of Human Services to design a report that matches the reporting requirements DHS has for the federal Department of Health and Human Services.

DARTS transports individuals who cannot otherwise qualify for transportation and charges between \$2.00 and \$3.00 per ride, and service is restricted to certain hours. The service area covers 3 counties. The system operates from a single location to which customers call, using a scheduler and 3 dispatchers plus an individual responsible for validation and Medicaid coordination. They provide 500 trips per day.

Wake Coordinated Transportation Service, Wake County, North Carolina contracts directly with a for-profit management company to provide coordinated human services transportation for individuals living outside city limits of Raleigh, North Carolina. The number of participating agencies increased from 12 to 15 in part due to installing scheduling and dispatch software. They use a hosted model for the software, enabling more individuals to access the information they need from the system, including individuals within the social services agencies who make trip reservations. The communication this affords improves the levels of coordination.

D. Transit Authorities not Coordinating Transportation

Four organizations interviewed provide little coordination among medical or human service transportation. Those interviewed see coordination in the future, but not on the immediate horizon.

Tri Delta Transit, Eastern Contra Costa Transit Authority, Antioch, California contracts with a for-profit transportation service provider to deliver

paratransit and medical van services. The County is in the process of coordinating human service transportation with a technical advisory committee in place, but has not begun to deliver coordinated services. The first service they are considering is the rural welfare-to-work programs in remote areas of the county.

Currently the system provides 400 trips per day using a Trapeze software and Vehicle Location Software with Mobile Data Access. This system calls the individual to tell them the bus is nearing their location and estimates a more precise time of arrival. They also use the system to call individuals to tell them their eligibility packet is in the mail, reminding them to fill it in and return it. The system also uses separate billing software to invoice the Medi-Cal trips and all other agency trips. They have had little problem working with the agencies currently under the system. Although there are differing policies among them, the Authority sets the ADA standards as the policy for no-shows and other issues.

With respect to the client and driver preference issues that coordination can entail, Tri Delta Transit drivers bid on their routes every 3 months. Most have preferred routes and clients that they keep over time.

Worcester Regional Transit Authority, Worcester, Massachusetts operates the call-taking, scheduling and eligibility for paratransit service. They work with a number of transportation service providers and are moving, under state mandate to a single broker system. They expect that more coordination of human services trips may be in the future, but do not consider their system coordinated at this point. They provide 600 trips per day, of which 10 per day may be human services trips.

They are using StrataGen software to schedule the trips. The software generates schedules for an entire driver shift and delivers these manifests to the providers. They work additional requests in on a case-by-case basis. When they initially computerized the system they were concerned about the transition from a manual system to computers since most of the staff was not familiar with computer scheduling. They found that was not a problem once they were underway. The same was true for differing policies among the agencies involved. The staff worked out differences ahead of time and found ways to fit all of them into the system.

Jackson Transportation Authority, Jackson, Michigan is not currently operating a coordinated transportation system. They have two programs that serve human services populations. First is an extensive Medical Shuttle that provides transportation out of the county to four major hospital centers. The Medical Shuttle program is scheduled and dispatched through the StrataGen software system that schedules the demand-response operation (Reserve-a-Ride). The Medical Shuttle service uses volunteer drivers and serves individuals in coordination with DHS (formerly FIA) eligibility determination.

Under a grant originally funded by the Michigan Department of Education, Jackson has a pilot Demand Response service called PET (Private Employment Training). Under this program persons with physical and developmental disabilities are transported to work or work-related activities. The program's success prompted a grant from DHS and a request for city funding of \$500,000 to keep it going. PET also picks up clients from Reserve-a-Ride, if that system is full, giving more individuals access to transportation that otherwise might not receive it.

Champaign-Urbana Mass Transit District, Champaign, Illinois operates a small paratransit service using 11 vehicles. They also operate under an informal contract with a developmental services agency to provide transportation. Recently the Red Cross organization in Champaign-Urbana faced severely reduced operating funds and decided to cease providing transportation. The director indicated that they were experiencing increased demand for rides but it was too early to discern the overall impact on the system.

Champaign-Urbana has had a fully accessible fixed route system since the 1980's that provides accessibility for most of Champaign-Urbana's citizens. When their fixed-route system purchased a Computer Aided Dispatch / Automatic Vehicle Location system, the paratransit fleet was included. The system uses Init software.

Appendix B
Provider Concerns

Provider Concerns

Following the December 7th meeting, providers raised a number of questions and concerns. This Appendix provides our response at the time to those concerns.

Non-Provider Clients

Under the Single Access Call Center operation, clients can be assigned to a driver who is not a part of the provider agency. This could be disturbing to both the driver and client. To mitigate any apprehensions, it is recommended that all participating provider drivers take a training course to familiarize themselves with various client requirements.

To address these situations the software system can program that selected drivers not be assigned certain types of clients. It can also give the client the option of providers. Of course, the option could be a specific provider, with the option of not being able to accommodate the trip with another provider due to capacity limitations.

It should be noted that the more restrictions given the automated scheduling system, the less productive the scheduling would be.

Single Access Call Center Costs

Currently, startup costs are estimated to be in the vicinity of \$3,050. On going operational costs are estimated to be \$930 per month. These costs could be covered either by a grant or funder fees. Using current estimates, the funder fee to the Single Access Call Center would be \$0.90 per trip.

Benefits

The primary benefit of the Single Access Call Center is the capability of providing more trips through more efficient scheduling. The primary sources of efficiency are scheduling multiple trips to vehicles and scheduling trips to vehicles that are active but carrying no clients.

Another benefit is the ability for agencies to call one number to schedule a trip. Also, the capability exists for agencies to eliminate their transportation operations, if that is an agency objective.

Scheduling Options

It is understood that the initial Single Access Call Center operations are being considered for clients funded by AAA, UW, and DHS (formerly FIA). During the

initial operation, each provider must maintain a scheduling function for other clients. During the initial phases, this may be more time consuming. To ease each provider operation, it is recommended that the provider encourage the funded clients to call the Single Access Call Center directly. As mentioned above, if the Single Access Call Center operation is successful and more funders come aboard, scheduling operations could be eliminated for providers.

Dispatcher Locations

Each provider will maintain their own dispatchers. The Single Access Call Center will be the designated location for all funded client calls. The Single Access Call Center staff person will communicate with provider dispatchers via telephone as required.

Client Return Trips

It is highly encouraged that clients schedule their return trip when they schedule their trip from home. However, it is recognized that this is not always possible and that "will-call" trips are necessary at times. In these instances, the client should contact the Single Access Call Center and the staff person will work with the automated system and the dispatchers to accommodate the "will-call" trip.

Volunteer Driver Issues

Volunteer drivers can have certain preferences that paid drivers do not have. These include flexible working hours. The Single Access Call Center can easily accommodate the flexible working hours using the vehicle availability information described above. The Single Access Call Center, however, cannot be responsible for the direct scheduling of volunteer drivers. They can only accept the information provided by the provider.

Other issues regarding volunteer drivers should be able to be resolved on a case by case basis. Obviously, communications is a key part of this process.

Funding

AJM Consulting met with initial funding agencies on February 1 to discuss various funding options.

There are two primary issues within the funding possibilities. First is funding the Single Access Call Center, either on a per trip basis or by a grant. The second issue is funding the transportation of actual trips. Most other coordinated systems fund the providers on a per trip basis.

To date our funding strategy has revolved around each funding agency having control of their monies. This is easiest when the agency funds on a per trip basis. Under this concept, the funding agency would approve a client's eligibility and transmit the client information to the Single Access Call Center. The automated file for that client would indicate which agency is funding this trip. When that client completes a trip, the automated system would record the funding agency and the provider. At the end of a billing period, the automated system would print the matrix of funding agency and provider trips in a format suitable for billing. Each funding agency would receive a bill from each of the providers transporting that agency's clients.

This strategy and associated details are subject to discussions with the funding agencies.