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# Transportation Services in Delaware for Persons with Disabilities and Senior Citizens



*serving the public good,  
shaping tomorrow's leaders*

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*prepared by*

**Institute for Public Administration**

School of Public Policy & Administration

College of Arts & Sciences

University of Delaware

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prepared for the

**Delaware General Assembly Joint Finance Committee**

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## **Executive Summary**

Delaware is currently experiencing unprecedented growth in the demand for transportation services for persons with disabilities and senior citizens. The state has one of the fastest growing senior populations in the country, thanks in part to a variety of public policy decisions that have helped make Delaware more affordable to seniors than its neighboring states. Additionally, the number of citizens with disabilities in Delaware has increased; for the vast majority of these disabled and/or senior residents, transportation is one of the main challenges to their ability to participate in activities outside their residences.

Many agencies and organizations in Delaware are involved in the transportation of seniors and persons with disabilities. Annually, the State of Delaware appropriates a significant amount of funding to assist in meeting the costs of many of these transportation operations. The majority of these funds are appropriated to two departments, the Delaware Department of Transportation (DelDOT) and the Department of Health & Social Services (DHSS).

DelDOT uses the majority of its funding to operate three modes of public transit: fixed-route bus, paratransit bus, and trains. As the largest provider of transportation services in the state, the Delaware Transit Corporation (DTC), a division of DelDOT, continues to experience increasing demands for all forms of transit, including paratransit service. In FY2012, DTC provided 992,937 paratransit trips, compared to 10,601,325 fixed-route bus trips. However, the total cost to DTC for paratransit service versus fixed-route bus service was about the same.

In the 2007 Institute for Public Administration (IPA) report *Framing the Issues of Paratransit Services in Delaware*, IPA provided a strategy to address many of the issues DTC continues to deal with today. Perhaps the most important issues in Delaware began with a policy decision made years ago to exceed federal Americans with Disabilities Act of 1990 (ADA) requirements by directing DelDOT to provide complimentary ADA service to all eligible citizens in the state through its paratransit bus system *regardless of where they live*. Whereas, in most states, complimentary ADA paratransit service will only be provided within the corridor established by a three-quarter-mile buffer around the fixed-route bus corridor, in Delaware a paratransit bus will pick up eligible riders at their house anywhere in the state. The federal requirements governing the delivery of complimentary ADA service results in high costs per trip. The projections for continued growth and associated costs of paratransit services (resulting in increased state costs) provides reason to reassess the current policies of paratransit eligibility. These projections also provide reason to reassess policy changes, proposed by DTC almost three years ago, to establish two levels of paratransit service.

Current paratransit eligibility policies serve as a disincentive for the development of innovative alternatives. In many areas of our country, innovative alternatives have evolved for transporting

senior citizens and persons with disabilities. Many of these alternatives provide a quality service at a lower cost. These transportation services may be subsidized by local or state governments or rely almost entirely on volunteers. These programs have often developed because there wasn't a state transportation agency providing the service these people needed, thus demanding a creative alternative.

DHSS receives federal and state funding to provide transportation services in support of programs for its wide variety of customers that have various disabilities or medical issues. Many of the transportation services for DHSS programs are provided through the transportation-services coordinating contractor Logisticare. This contractor schedules hundreds of trips daily, and works with a variety of transportation providers, including ambulance companies, limousine services, taxi companies, and DART First State's paratransit service. However, there are also several organizations in the state that contract with DHSS to provide services to persons with disabilities that operate their own specialized-transportation systems. These organizations, like Kent-Sussex Industries, Inc. and Easter Seals Delaware, are paid by DHSS to provide a variety of day services that include transportation. During the previous couple of years, the Joint Finance Committee has often been asked by these groups for additional funding to help meet the cost of providing specialized transportation services. Work has been underway within DHSS to examine the rates these organizations receive from the state for these services, and their preliminary work indicates that these more than ten-year-old transportation services rates are in need of an overhaul, including an increase.

The State also provides funding to Kent County and Sussex County to assist with providing transportation services. Known as the Reimbursable Transportation Program, this DTC-administered funding-assistance program was reportedly developed for these two counties because of the limited fixed-route bus services available in Kent and Sussex Counties. In FY2013, Kent County received \$647,438, and Sussex County received \$796,862. Each county determines how to allocate the funds to the nonprofit organizations that apply for funding assistance for their transportation operations. The organizations applying for funds are the senior centers in each county and Kent-Sussex Industries, Inc. Every year the same organizations appear to receive almost the same amount of funding from each county. The counties notify DTC of the allocations, and DTC is charged with dispensing and monitoring the funds. In most cases, these funds are the only significant source of revenue for these transportation operations. In all cases, little or no fare is paid by the riders. There may be some methodology that determines how these funds are allocated to each group, but IPA has not seen that methodology. Organizations receiving funds must file reports to DTC, which include information on the number of trips provided and their expenses to operate vehicles.

Many of the vehicles used for the transportation programs of these nonprofit organizations are purchased through the Section 5310 federal-state matching program. The federal government provides 80 percent of the acquisition costs for new vehicles and equipment, which is

supplemented by a 20 percent match by the individual state. Thus, the federal and state governments completely cover the acquisition costs to purchase these vehicles. The vehicles and equipment are then contracted out to eligible nonprofit organizations and local/regional governmental authorities to provide the on-the-ground service for seniors and persons with disabilities.

A common theme in IPA's meetings with the service providers was that there is little coordination of services among providers. Each provider has its own operation, consisting of buses, vans, and either paid or volunteer drivers, or both. In April 2013, IPA invited the main providers to begin an open dialogue to assess whether they may be able to work with one another and perhaps figure out how to coordinate services in the future. The meeting with IPA staff, which took place in Dover to openly discuss transportation issues, included DelDOT's ADA Title II Coordinator and representatives from DTC, Modern Maturity, Kent-Sussex Industries, Inc., CHEER, and Easter Seals Delaware. The meeting was productive and established a starting point for future discussions. Since then, DTC coordinated a second meeting of this group, including a representative from DHSS. It appears the group will continue to meet to determine if they can work together. All participants emphasized that anything resulting from these meetings are longer-term solutions and won't solve the funding issues they currently face.

Alternative forms of public or subsidized transportation in Delaware could help provide more options to persons with disabilities and senior citizens. Paratransit-system operators across the United States have entered into various forms of partnerships with the taxi industry to gain greater efficiencies in their service. This has resulted in substantial cost savings and, most importantly, has increased the level of service for many of these jurisdictions. Developing an integrated taxi industry in Delaware would provide multiple benefits for transportation services in the state and may help to reduce overall state expenditures for specialized-transportation services.

This report concludes with a series of recommendations offered as a starting point to address issues IPA identified during its research of transportation services for the senior citizens and persons with disabilities in Delaware. Implementation of these recommendations will largely be the responsibility of those professionals working in the state departments and agencies identified in the recommendations. In some instances, there may be a need for independent facilitators who can objectively coordinate the actions necessary to implement changes or research specific programmatic issues. In any case, meaningful changes are needed in these times of increasing demands and decreasing state resources to ensure that seniors and persons with disabilities in Delaware will have options for the transportation services they need for their daily lives.

## **Chapter 1: Introduction**

In June 2012 the Delaware General Assembly Joint Finance Committee (JFC) requested that the Institute for Public Administration (IPA):

***“conduct a study of transportation options for persons with disabilities and the elderly. The study will include a review of issues relating to non-profit organizations providing transit services, possibilities for expanding taxi service, and other options that could supplement or replace paratransit service provided by the state.”***

During the past couple of years, the JFC has received a number of requests for additional funding to assist the many organizations that operate their own transportation systems and provide transportation to senior citizens and persons with disabilities. These organizations must manage the vehicles in their fleet, the drivers of these vehicles, and coordinate the pick-up and return of their customers through some type of dispatch system. The rising costs of fuel, maintenance, and labor costs have added even more pressures on these organizations. Most of these organizations do not charge a fare to their customers and have found it difficult to just keep up with their current demands, yet they face increasing demands for transportation. As the State has been the main source of revenue for these transportation operations, it has been the logical place from which these organizations seek additional funds.

Delaware is currently experiencing unprecedented growth in the demand for transportation services for persons with disabilities and senior citizens. The state has one of the fastest growing senior populations in the country, thanks in part to a variety of public policy decisions that have helped make Delaware more affordable to senior citizens than its neighboring states. Additionally, the number of citizens with disabilities in Delaware has increased; for the vast majority of these disabled and/or senior residents, transportation is one of the main challenges to their ability to participate in activities outside their residences.

Many agencies and organizations in Delaware are involved in the transportation of seniors and persons with disabilities, for many reasons. Annually, the State of Delaware appropriates a significant amount of funding to assist in meeting the costs of many of these transportation operations. In some instances, state expenditures are apportioned to match federal funding programs. Also, some providers charge a fare to users of the service to help recover some of the costs. The majority of the funding from the state for these transportation services is provided through two departments—the Delaware Department of Transportation (DelDOT) budget appropriation to the Delaware Transit Corporation (DTC, a division of DelDOT), and to the Delaware Department of Health & Social Services (DHSS), where the matching of federal and state funds for transportation services occur through programs like Medicare.

In addition, the state provides funding to support transportation for persons with disabilities and seniors through annual appropriations to Kent County and Sussex County governments. This funding support was started decades ago to assist the residents of these two counties with their transit needs because fixed-route transit routes in those counties are very limited. State funds are provided to the counties, which then allocate the funds among organizations that submit a request—mainly senior centers providing transportation services.

## **IPA Approach to This Study**

For this work, IPA staff met with or interviewed by phone representatives of many of the providers that receive state funds to operate transportation services for seniors and disabled citizens. All of the providers were very cooperative and open about their transportation operations, and all expressed the same concern to IPA—financial resources for their transportation operations were becoming less sufficient for *just maintaining* the current level of service. Most of the providers also stated that if additional funding is not found, either their transportation services would have to be reduced or funding allocated for other programs would have to be reduced in order to maintain the same level of transportation services. IPA's meetings included representatives of the Delaware Transit Corporation, Secretary of DelDOT, Secretary of DHSS, representatives of WILMAPCO, representatives of State Controller General's Office, representatives of the University of Delaware Center for Disabilities Studies, Kent County Administrator, Sussex County Administrator, and representatives of Modern Maturity Center in Dover, CHEER in Georgetown, and Kent-Sussex Industries, Inc. in Milford.

IPA also conducted literature reviews on several issues relevant to the transportation of seniors and persons with disabilities. Included in this research are transportation programs for persons with disabilities and seniors in other states, the federal Section 5310 grant program used to purchase accessible vehicles or communication equipment to be used in transporting seniors and individuals with disabilities, and taxi programs that have been piloted in other jurisdictions to assist in providing options for paratransit riders.

This report is intended to serve as a guide to help frame and digest many of the issues involved in the transportation needs of seniors and persons with disabilities in Delaware. The report is not intended to address the many operational issues involved in the paratransit bus operation provided by DTC, rather it will provide policymakers more information about the tremendous amount of resources embodied in numerous programs funded through state (and sometimes federal) appropriations that enhance the mobility of seniors and persons with disabilities in Delaware who are unable to drive a car but continue to need transportation services to lead quality lives.

Perhaps the greatest impact of this work is the incentive it helped create for many of the larger providers to meet with one another and DTC, share information about their individual

operations, and learn from one another about the challenges in transporting senior citizens and/or persons with disabilities. IPA is optimistic that a new cooperative spirit has begun through this JFC-funded work and is hopeful that the organizations facing these daily transportation challenges will be able to work together to improve service for all.

## **Chapter 2: Demographic and Service Demand Trends of Delaware's Senior and Disabled Populations**

As described in the Executive Summary and Introduction, the focus of this report is on mobility issues related to Delaware's seniors and persons with disabilities. To provide additional background information and context to these issues, this section presents a brief overview of the state's demographic and service-demand trends related to these populations. It is intended to provide a "snapshot" of Delaware's senior and disabled populations. As necessary, additional information may be provided to support further analyses and study potential policy implications.

### **Delaware's Senior Population at a Glance**

As of 2010, Delaware's 65-and-older (65+) population accounted for about 14 percent of the state's total population. By 2030, projections indicate that the number of 65+ residents will comprise approximately 23 percent of the state's total population. According to these projections, the proportion of the state's seniors compared to the overall population in Delaware will be larger than national figures (Delaware Department of Health and Social Services, University of Delaware's Center for Applied Demography and Survey Research).

#### ***Figure 1. Delaware's Age Distribution 1950-2040***

*Source: University of Delaware's Center for Applied Demography and Survey Research, 2012*

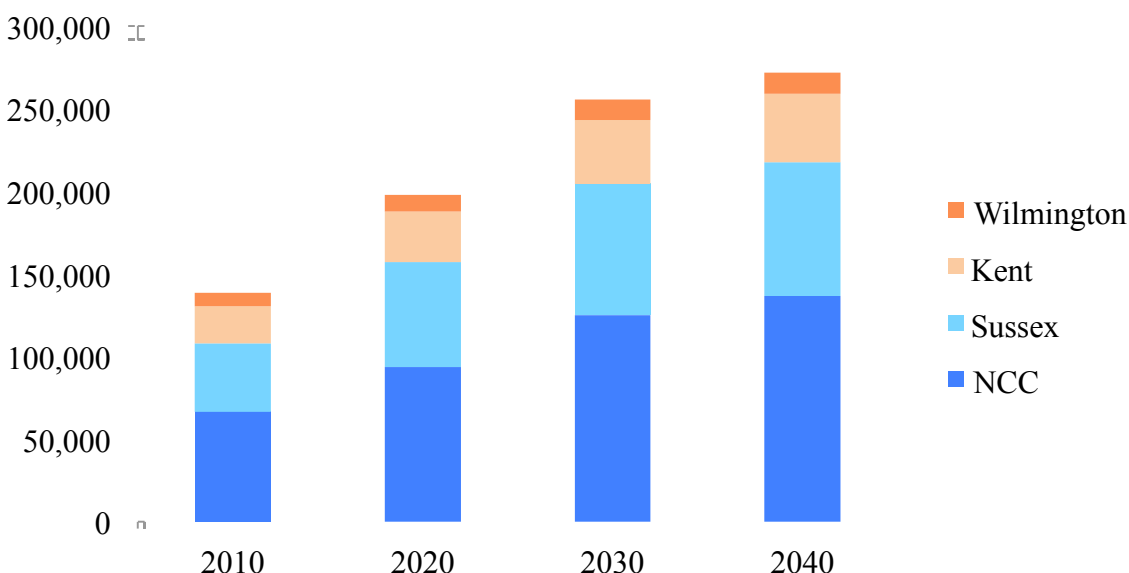
## Jurisdictional Trends Among Delaware's Senior Population

New Castle County continues to have the highest percentage of Delaware's senior population, accounting for about 51 percent of the state total in 2013. Sussex and Kent Counties and the City of Wilmington follow with approximately 33 percent, 17 percent, and 6 percent of the state's total 65+ population, respectively. As the most populated county in Delaware, New Castle County is expected to experience the highest increase in its senior population over the next several decades, followed by Sussex and Kent Counties. The City of Wilmington is projected to have the lowest senior population of the four major statewide jurisdictions.

By 2030, Sussex County—Delaware's largest (geographically) and most rural jurisdiction—will likely experience the largest *percentage increase* of seniors and incur rapid growth in the number of “older,” i.e., age 85 and above, seniors (85+). There are three major trends related to the growth of Sussex County's senior population over the next several decades:

- The number of 65+ Sussex Countians is expected to reach about 80,000—nearly twice the number in 2010.
- Thirty percent of Sussex County residents will be 65+ compared to 23 percent statewide.
- The number of 85+ Sussex Countians will increase dramatically, from 4,195 to just over 12,000—nearly a three-fold increase from 2010.

**Figure 2. Number of 65+ Delawareans 2010-2040 (by Jurisdiction)**



Source: Delaware Population Consortium, October 2012

## Delaware's Disabled Population at a Glance

According to one-year estimates from the 2011 American Community Survey (ACS), Delaware's disabled population in the 18–64 age range accounts for approximately 10 percent of the state's disabled population. Of this group, 44 percent are in the labor force, and about 36 percent are actually employed. Of the state's total 65+ population, approximately 33 percent report having a disability.\*

### 2011 American Community Survey One-Year Estimates – Delaware

- Population in the 18–64 age range—approximately 558,000
- Population in the 18–64 age range with a disability—approximately 56,000
- Population age 65+ with a disability—approximately 43,000

The ACS also provides one-year estimates for the nation's disabled population. Based on these figures, Delaware mirrors national estimates with regard to its percent of adults with a disability.

### 2011 American Community Survey One-Year Estimates – National

- Total population in the 18–64 age range—about 192,700,000
- Percent with a disability—19,583,000 (about 10% of the above total)
- Percent with a disability – 14,660,000 (about 37% of total population age 65+)

Looking ahead, Delaware's disabled population will continue to increase through 2040. Based on data from both the ACS and the Delaware Population Consortium, the Table 1 outlines this trend.

**Table 1. Estimated Number of Delawareans with Disabilities 2010-2040**

<b>Total State Population</b>	<b>2010</b>	<b>2020</b>	<b>2030</b>	<b>2040</b>
Delaware	900,000	996,000	1,060,000	1,099,000
Delaware 65 and Older (65+)	130,301	188,000	243,000	259,000
<b>Total State Disabled Population</b>	<b>2010</b>	<b>2020</b>	<b>2030</b>	<b>2040</b>
Delaware	90,000	100,000	106,000	110,000
Delaware 65 and Older (65+)	39,000	56,000	73,000	78,000

Source: 2011 American Community Survey

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\* The U.S. Census' American Community Survey (ASC) defines "any disability" according to a person's affirmative response for one or more of the following categories: hearing disability, visual disability, cognitive disability, ambulatory disability, self-care disability, independent-living disability.

## **Service-Delivery Demands**

Statewide demographic trends and projections, coupled with national and statewide emphasis on appropriate labor-force, day-service, and housing alternatives for older adults and people with disabilities, are likely to drive the state's social-service delivery demands, including requests for more appropriate and better access to transportation and transit options. As detailed in the following sections, integrated employment and community-based placements for older adults and people with disabilities are current priorities for Delaware policymakers and agency leaders.

As chair of the National Governor's Association (NGA), Governor Jack Markell has led recent national initiatives aimed at improving employment opportunities for people with disabilities. Mirroring these initiatives, the Governor signed legislation in July 2012 to expand employment opportunities for Delawareans with disabilities. The ***Employment First Act*** requires state agencies that provide services to persons with disabilities to consider, as a first option, integrated employment settings for this population. The bill also established an Employment First Oversight Commission. As part of the State Council for Persons with Disabilities, this commission is charged with reviewing goals and objectives and preparing an annual report for state policymakers. This bill will impact Delaware's entire disabled population, including those with physical, developmental, and intellectual disabilities.

Additionally, as reported in its February 2013 presentation to the Delaware General Assembly Joint Finance Committee (JFC), community-based options and opportunities for Delaware's senior and disabled populations continue to be a top priority for the Delaware Department of Health and Social Services (DHSS). Taking into consideration reports that indicate a preference among seniors and adults with disabilities requiring long-term care (LTC) to stay in their homes, DHSS has made recent changes in how older and disabled consumers choose to meet their healthcare needs. For example, in April 2011, DHSS transitioned its Medicaid LTC population into its Managed Care Operations, known as the ***Diamond State Plan Plus***. In addition to expanding consumer choices, increasing care and supports, and serving consumers in cost-effective settings that meet their needs, the intent of the program is also to rebalance the LTC system in favor of home- and community-based services.

Along with increased healthcare needs and consumer choices, many opportunities exist for Delaware seniors to participate in programs and activities that offer social- and health-promotion benefits. For example, those offered at various senior centers throughout the state include physical fitness classes, educational enrichment programs, and health and wellness screenings. Adult Day Care services are also available at several centers in Delaware. While many seniors can and choose to drive to such activities, there is still a significant cohort of senior center participants, particularly those enrolled in Adult Day Care programs, who rely on family members for daily trips, transportation available through the centers, and state-maintained services, including paratransit.

DHSS's Division of Developmental Disabilities Services (DDDS)—the state's health and social services division charged with improving the quality of life for Delaware's citizens by promoting health and well-being, fostering self-sufficiency, and protecting vulnerable populations—indicates that approximately 97 percent of its clients receive community-based services. More than 70 percent of those served through DDDS programs live with their family. DDDS services are designed to support individuals as they transition from school to day services and, as they and their families age, into residential services to meet their needs. Despite residential placements, the demands on family members to provide or find appropriate transportation options for day services or employment opportunities is likely to be an increasing challenge in Delaware.

The Division of Services for Aging and Adults with Physical Disabilities is also concerned with addressing current and future service demands through expanding the capacity of community-based services and reducing reliance on facility-based services. These service demands will be particularly relevant as the state's senior population continues to grow.

As greater statewide opportunities for integrated and community-based opportunities are initiated and implemented, the demand for transportation services among the Delaware's senior and disabled populations, particularly for specialized services, is also likely to increase. Additionally, statewide senior-population projections, particularly significant projected increases in more rural areas where fewer transportation options currently exist, will likely result in greater challenges for individuals, families, and state nonprofits, transportation providers, and health and social-service agencies. Therefore, it will be important for the state's policymakers and service providers to thoroughly examine current transportation options funded by and supported through various agencies and programs.

## Chapter 3: Transportation Services Funded Through the Delaware Department of Transportation

The Delaware Transit Corporation (DTC), a division of the Delaware Department of Transportation (DelDOT), manages and operates the largest system for transporting seniors and disabled citizens in Delaware. From the beginning of this work, the Institute for Public Administration (IPA) found the professionals working for DTC very cooperative, knowledgeable, and able to provide information and data as requested. There is a good mix of talent at DTC, combining new leadership with an extensive background in operating transit systems with experienced veterans who know DTC's operations. IPA also found that there is a renewed interest from DelDOT in the report IPA completed in 2007, which focused exclusively on the state's paratransit operation—*Framing the Issues of Paratransit Services in Delaware*. This report is still relevant and is available at [www.ipa.udel.edu/publications/transportation.html](http://www.ipa.udel.edu/publications/transportation.html). The Recommendations section from the 2007 report is included in Appendix A to this report.

### Delaware Transit Corporation

DTC was created by the State Legislature in 1994 to administer and operate what is now known as DART First State. DART First State provides transportation services throughout the entire state through three main programs—fixed-route buses, paratransit, and trains. For the purpose of this study, the following summary of DTC's operations will focus on the transportation options for seniors and persons with disabilities.

DART First State currently operates 520 buses and has more than 900 employees. On *fixed-route buses*, it provides for reduced fares of at least 60 percent less than normal fares for people age 65 and older or for people who have a certified disability. In New Castle County, where there are the higher and denser populations necessary for fixed-route bus service, there are currently 39 fixed routes. These bus routes provide a fairly inexpensive means of transit for seniors and disabled citizens, particularly those living near routes that operate at a higher frequency of service and provide more variety of routes. In Kent County there are 14 fixed routes, and in Sussex County there are only two fixed routes, although additional service is added in the resort area during the summer. The smaller populations and more rural character of these two counties make it financially difficult to provide the frequency and variety of fixed routes, limiting the use of this option for seniors and persons with disabilities.

DTC also operates more than 250 *paratransit buses* throughout the state. The paratransit bus system provides door-to-door service for a fixed fare of \$2.00 per trip for people who have completed DTC's Paratransit Service Application and are certified as having a disability that "prevents them from using fixed-route bus service." As part of this process, the applicant may also be scheduled for an in-person interview with DTC staff. Additionally, anybody age 65 and

older who lives in Kent County or Sussex County is *automatically eligible* for paratransit service, once they complete an application.

In FY2012, DTC provided 10,601,325 trips on its fixed-route buses, 992,937 trips on its paratransit buses, and 1,207,644 on its trains for a total of 12,801,906 trips. DTC experienced a growth in the number of trips in FY2012 compared to FY2011 for all three modes of travel.

Table 2 summarizes ridership data provided to IPA by DTC.

**Table 2. DTC Trips by Carrier Type**

	<b>FY2011 # of Trips</b>	<b>FY2012 # of Trips</b>	<b>Change in # of Trips</b>	<b>% Change in # of Trips</b>
<b>Fixed Route Buses</b>	9,920,213	10,601,325	+ 681,112	+ 6.9%
<b>Paratransit Buses</b>	968,323	992,937	+ 24,614	+ 2.5%
<b>Train</b>	1,158,650	1,207,644	+ 48,994	+ 4.2%
<b>TOTALS</b>	12,047,186	12,801,906	754,720	+ 6.3%

Source: DTC, 2013

The total cost in FY2012 to provide those 12,801,906 trips for all of DTC's transit operations (fixed-route buses, paratransit buses, and trains) was \$114,389,000. Note that the State budget for FY2012 appropriated \$75,833,700 for DTC transit operations (this did not include additional funds provided to DTC for debt service). Of that total, about 47 percent (about \$53,324,000) was needed for fixed-route bus costs, about 45 percent (about \$51,977,000) to pay for paratransit operations, and about 8 percent (\$9,088,000) for train services. During the same time, fixed-route bus service provided about 83 percent (10,601,325 trips) of the total trips, paratransit ridership accounted for 8 percent (992,937 trips) of the total trips, and trains provided about 9 percent (1,207,644 trips) of the total trips. Table 3 summarizes costs data provided to IPA by DTC.

**Table 3. DTC Costs by Carrier Type**

	<b>FY2011 Costs</b>	<b>FY2012 Costs</b>	<b>Cost Change</b>	<b>% Cost Change</b>
<b>Fixed Route Buses</b>	\$ 50,896,000	\$ 53,324,000	\$ 2,428,000	+ 4.8%
<b>Paratransit Buses</b>	\$ 50,916,000	\$ 51,977,000	\$ 1,061,000	+ 2.1%
<b>Train</b>	\$ 8,638,000	\$ 9,088,000	\$ 450,000	+ 5.2%
<b>TOTALS</b>	\$ 110,450,000	\$ 114,389,000	\$ 3,939,000	+ 3.6%

Source: DTC, 2013

As shown in Table 2 and 3, currently paratransit service is costing the state about the same as fixed-route bus service while providing transit to about one-eleventh of the population moved by

fixed-route buses. This issue becomes even more concerning when reviewing the historic demand for paratransit services over the years and realizing the growth in demand that has occurred over the past six years. In FY2006, DTC provided 791,755 trips through its paratransit service, and in FY2012 the number had increased to 992,937 trips, an increase of 25 percent. Moreover, demand is projected to continue to increase if policies remain unchanged.

The short-term and long-term recommendations made in IPA's 2007 report, *Framing the Issues of Paratransit Services in Delaware*, are still applicable to the issues the state's paratransit service faces today. Key strategies are summarized in the next section. The full length Recommendations section from the 2007 report is included in Appendix A.

Public-transit agencies nationwide have struggled to develop cost-effective paratransit services and service-delivery methods that both provide access to transportation and meet the mobility needs of persons with disabilities, as required under the Americans with Disabilities Act of 1990 (ADA). Paratransit service providers must meet the challenge of managing the delivery of complex service mandates in the face of increasing demand and customer-service expectations, compounded by the growing fiscal pressures of rising costs and increasing competition for resources.

One reason for the rapid growth in the demand for paratransit service in Delaware is simple demographics (as presented in Chapter 2). Delaware's overall population is getting older, and the senior proportion of the population is growing faster than has ever been experienced in this state. Delaware's growing senior population is the result of the combination of aging life-long residents and the growing in-migration of retirees to Delaware who seek lower living costs and less expensive senior services in order to stretch their retirement funds. Delaware has been marketing itself as a destination to retire, and it is working.

But Delaware's increasing paratransit service demand can also be attributed to a policy that state leadership established decades ago. At that time, the state's strong financial position helped leadership make the decision to provide for a higher level of state-funded transportation services to its disabled and senior community than was found in any other state. For example, the services policy provided very low-cost (\$2 per trip) door-to-door public transportation for all qualified disabled citizens living *anywhere* within the boundaries of the state. Whereas ADA requires that public-transit agencies provide *complimentary paratransit service* to all persons with disabilities living within three-quarters of a mile from the fixed-route transit system who are unable to use fixed-route transit, Delaware made the policy decision to exceed the federal mandate by operating its paratransit system *statewide*, thus exceeding the required ADA service zone.

The maps in Figures 3-6 on the following pages were developed with data provided to IPA by DTC. The statewide map shows the 13,422 active paratransit customers as of November 2012. The red lines running north, south, and across the state is the weekday ADA zone, the area

within which the state is required by federal law to provide ADA complimentary paratransit service on weekdays. The 9,960 points (74%) inside the ADA buffer zone represent customers that the state is required to serve. The 3,462 points (26%) located outside of the buffer zones are customers that currently receive ADA complimentary paratransit bus service but are not required to be served by paratransit service and would not be included in most states. Since the ADA buffer zone is based on fixed bus routes, the ADA zone changes (is reduced) from weekdays to weekends, when fewer fixed-route buses operate.

Figures 4-6, detailed maps of the three counties, show the addresses of active paratransit clients in relation to the ADA buffer zone. The number of clients inside and outside of the ADA zone for each county is also included on the maps.

Figure 3. Active Paratransit Clients in Delaware

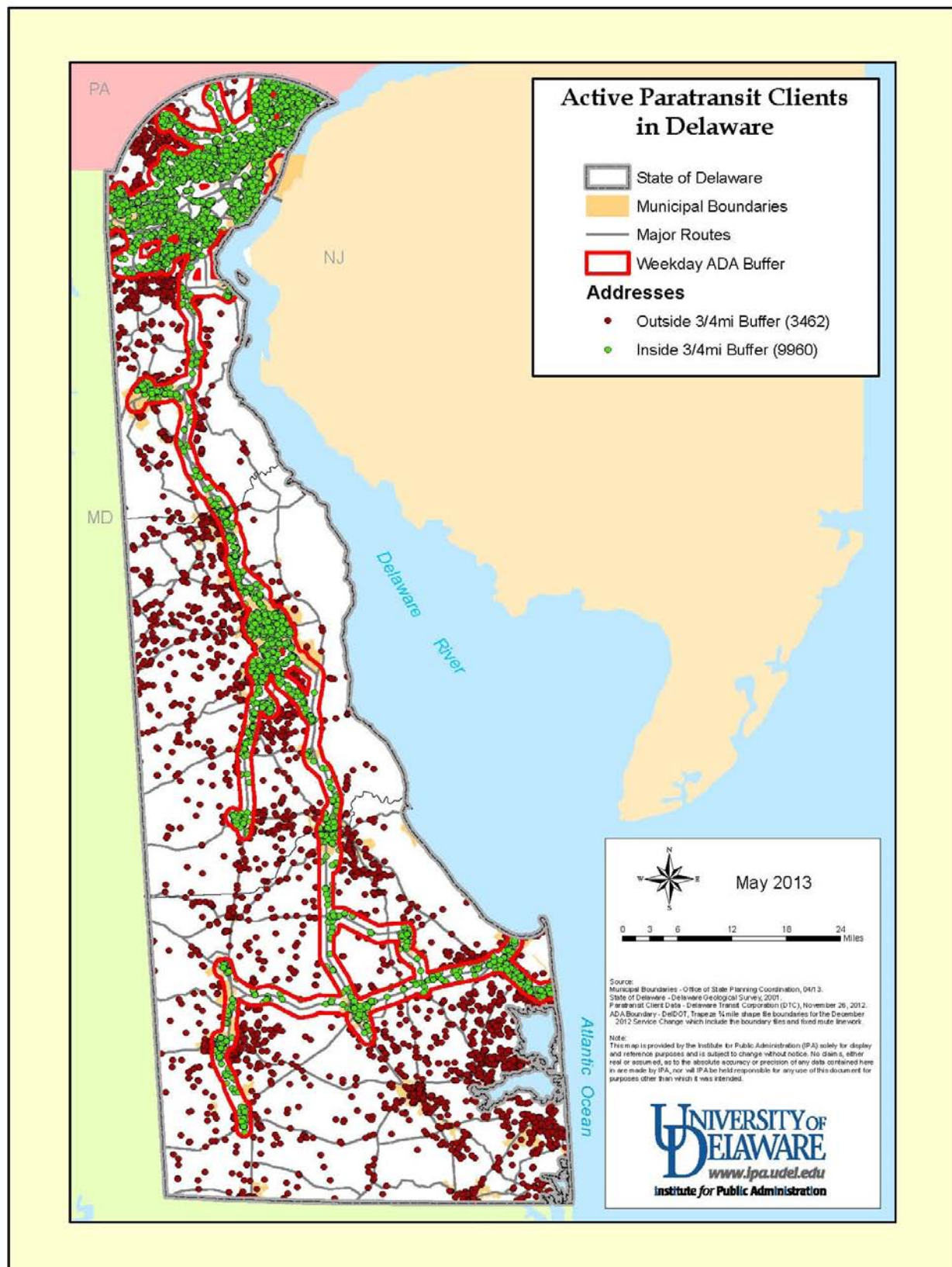


Figure 4. Active Paratransit Clients in New Castle County

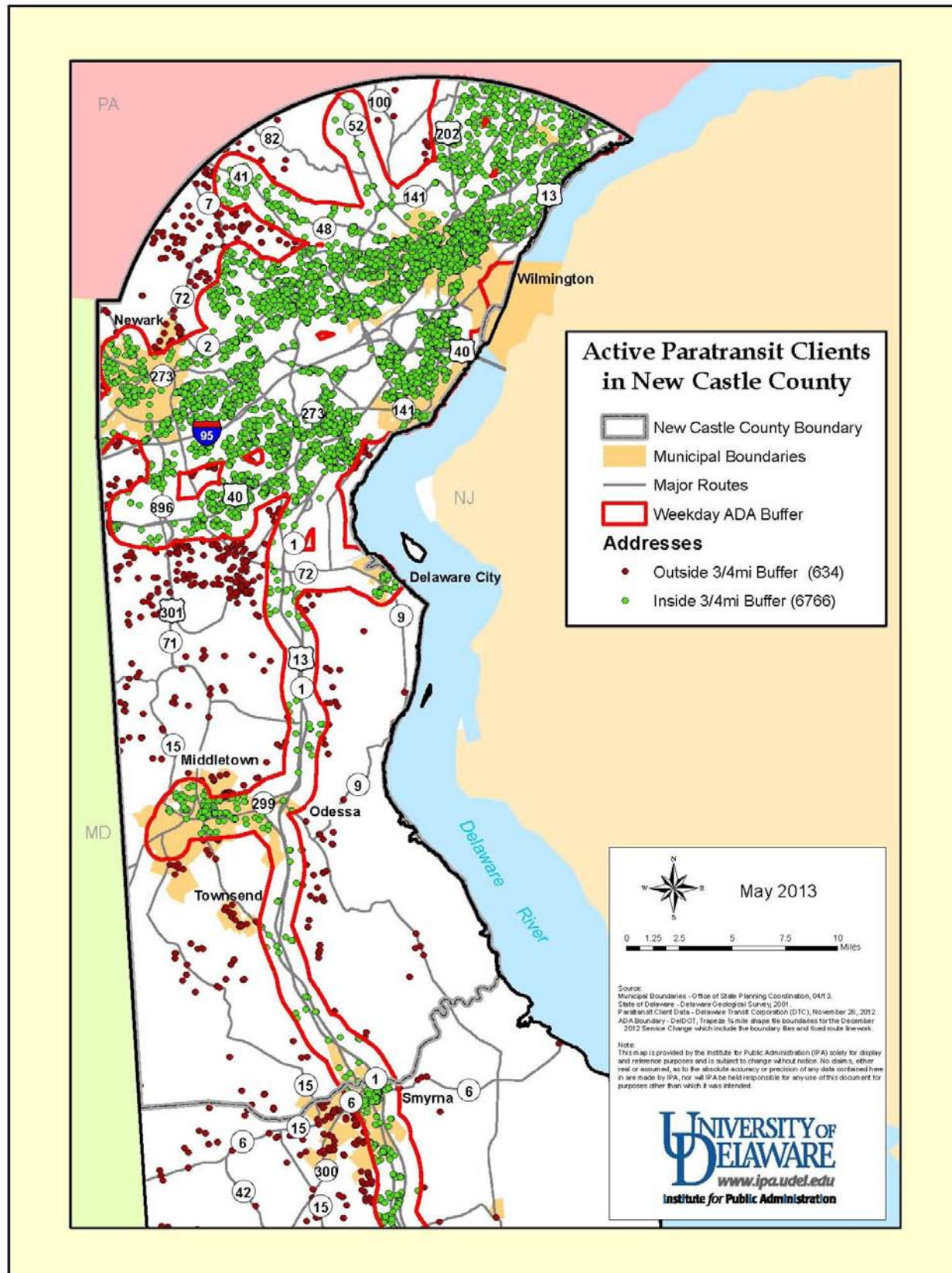
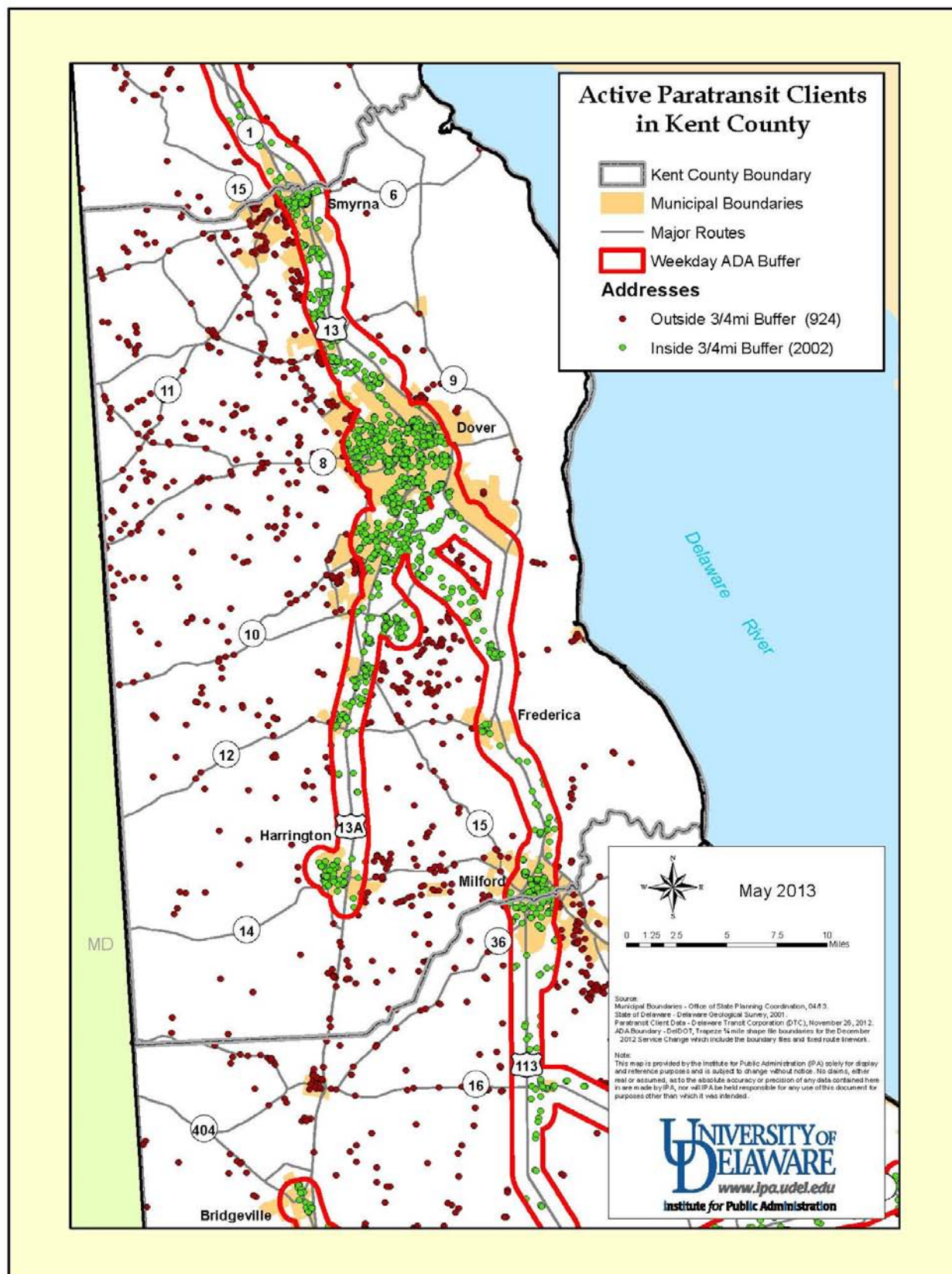
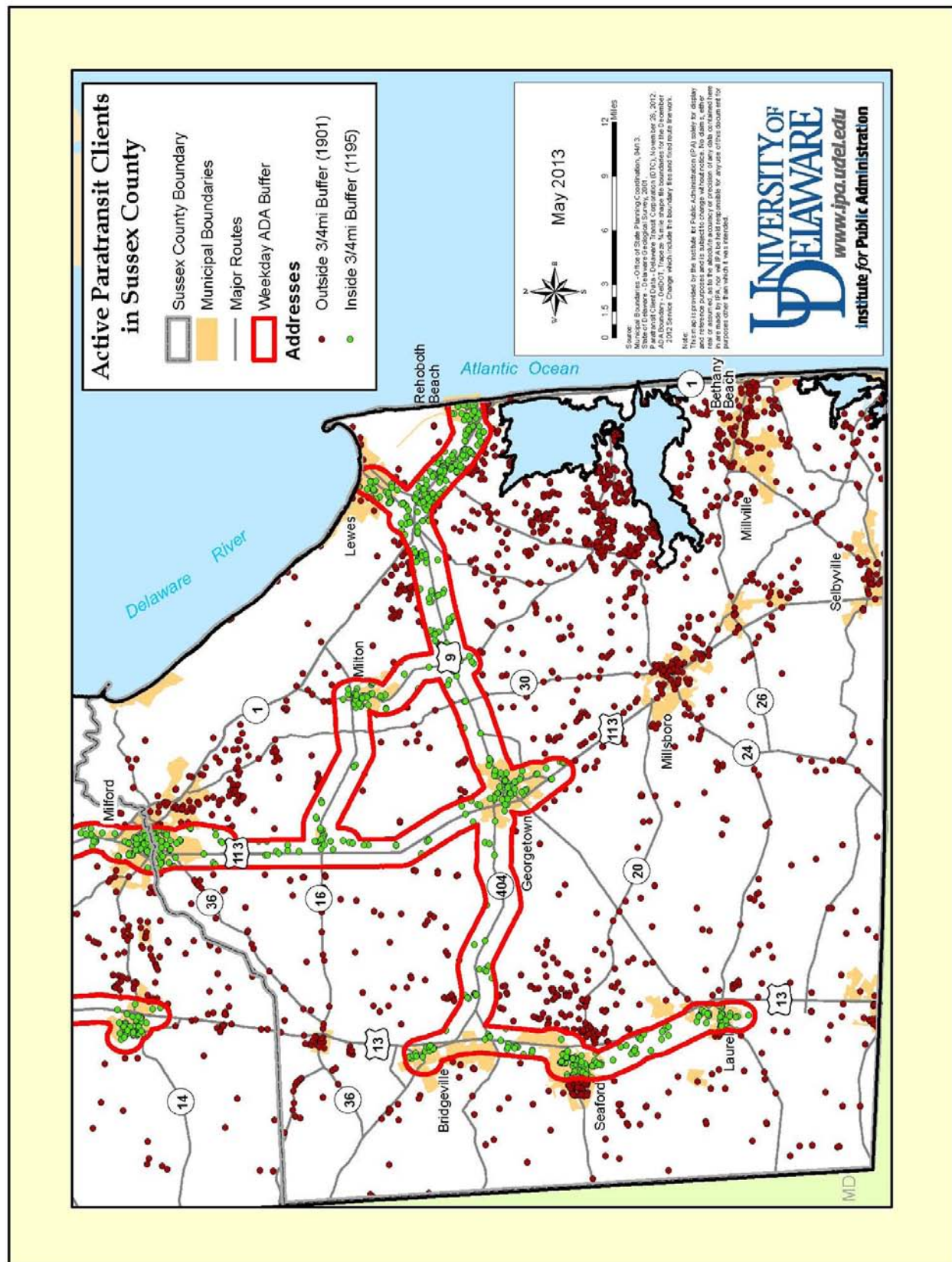


Figure 5. Active Paratransit Clients in Kent County



**Figure 6. Active Paratransit Clients in Sussex County**



The state also established a policy that any resident 65 years of age or older living anywhere in Kent County or Sussex County is automatically eligible to ride the state's door-to-door paratransit service. And while the DTC differentiates between the two levels of paratransit service administratively, it has not exercised its legal authority to make a distinction in the levels of service provided to its paratransit customers. So all trips are currently delivered following ADA complimentary paratransit standards, as follows:

- Feature service characteristics that mirror the fixed-route service.
- Operate during the same areas and during the same hours.
- Charge no more than twice the comparable fixed-route fare.
- Allow for accompaniment by a personal-care attendant or companion.
- Provide for convenient scheduling and cancellations.

(ADA of 1990, Public Law 101-336, 104 Stat.327 (1990) § 222-224)

This highest level of service also comes at the highest cost to the state per trip of any of the transit services. Table 4 uses the financial and ridership information from DTC for FY2012 to show the cost per trip for each transit mode. As previously noted, the total costs for fixed bus route and paratransit operations are similar, but fixed-route buses provide about 11 times the total number of trips as do paratransit buses. Table 4 also adds revenues from fares collected for each transit service. Note that the revenue recovered for trains was 44.5 percent of costs, 13.7 percent for fixed-route bus trips, and just 4.6 percent for paratransit bus trips.

**Table 4. FY2012 Cost per Trip for Fixed-Route Bus, Paratransit Bus, and Train**

	<b>FY2012 Costs (thousands)</b>	<b>FY2012 Trips</b>	<b>Cost per Trip</b>	<b>Passenger Revenue (thousands)</b>	<b>Farebox Recovery Ratio*</b>	<b>Net Cost per Trip</b>
<b>Fixed-Route Bus</b>	\$53,324	10,601,325	\$5.03/trip	\$7,322	13.7%	\$4.34/trip
<b>Paratransit Bus</b>	\$51,977	992,937	\$52.35/trip	\$2,378	4.6%	\$49.95/trip
<b>Train</b>	\$9,088	1,207,644	\$7.53/trip	\$4,045	44.5%	\$4.18/trip
<b>Totals</b>	\$114,389	12,801,906		\$13,745		

Source: Delaware Transit Corporation, 2013

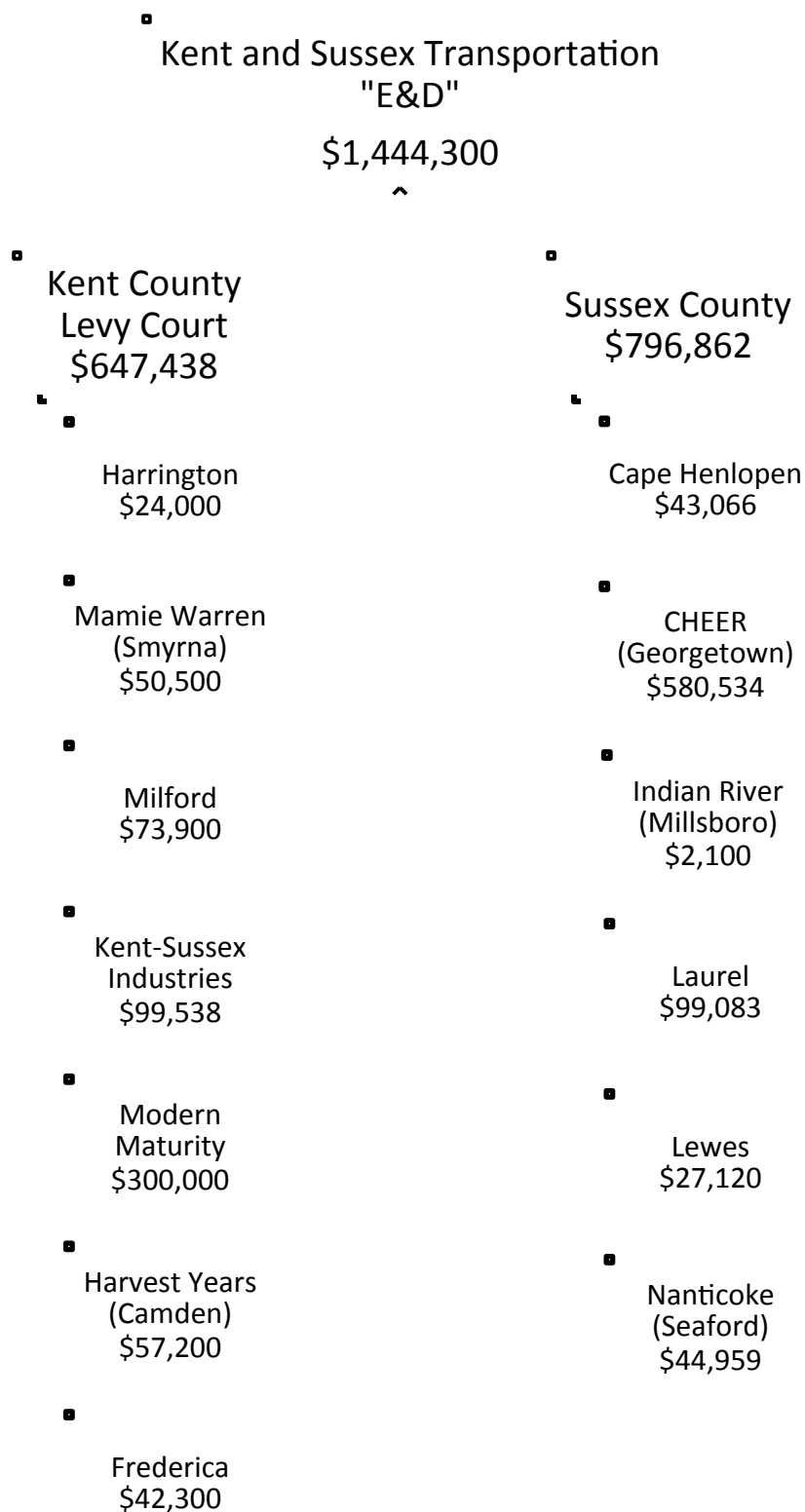
\* Farebox recovery ratio is the proportion of the transit operating costs that are met by passenger fares

## **State Reimbursable Transportation Program for Kent County and Sussex County**

Years ago, the State made the decision to provide funding to Kent County and Sussex County to assist with providing transportation services. Known as the Reimbursable Transportation Program, this funding-assistance program was reportedly provided to these two counties because of the limited fixed-route bus services available in Kent and Sussex Counties. In the FY2013 state budget, the General Assembly provided to DTC in the DelDOT budget a total of \$1,444,300 for this program in the budget line “Kent and Sussex Transportation E&D.” Of that total, Kent County received \$647,438, and Sussex County received \$796,862.

In most cases, these funds are the only significant source of revenue for these transportation operations, and in all cases little or no fare is paid by the riders. Figure 7 shows the organizations receiving funds and the amount each organization received in FY2013.

Figure 6. Active Paratransit Clients in Sussex County



IPA met with each county executive and the DTC staff to discuss this funding program. The total amount of funding to be provided by the state each fiscal year is presented to each county following the passage of the annual state budget. The counties then determine how the funds will be allocated to the organizations that applied for funding assistance for their transportation operations. Finally, each county passes a resolution formalizing the apportionment of funds. The counties then notify DTC of the allocations, and DTC is charged with dispensing and monitoring the funds. The Kent County Levy Court and the Sussex County Council has the final decision in the allocation.

There may be some methodology that determines how these funds are allocated to each group, but IPA has not seen that methodology. IPA was told that total funding from the state for this program had changed very little through the years, although an additional \$50,000 was provided in the FY2013 program in response to a specific request for an increase from an organization in Kent County—Modern Maturity. So over the past few years the allocation to each organization has stayed fairly consistent. All of the organizations receiving funds must file reports to DTC, which provide information on their transportation operation, including the number of trips provided and their expenses to operate vehicles.

## **Section 5310 Program**

The Federal Transit Administration (FTA) created the Elderly and Persons with Disabilities Program (Section 5310) to help states fill gaps in accessible-transportation services. Section 5310 is designed as a federal-state matching program, whereby the FTA provides 80 percent of the acquisition costs for new vehicles and equipment, which is supplemented by a 20 percent match by the individual state. Thus, the federal and state governments completely cover the acquisition costs to purchase these vehicles. The vehicles and equipment are then contracted out to eligible nonprofit organizations and local/regional governmental authorities to provide the on-the-ground service for seniors and persons with disabilities.

DelDOT has been designated by the Governor to oversee the Section 5310 Program in the state. DTC has been delegated by DelDOT as the state agency responsible for administering these Section 5310 funds allocated from the FTA. DTC is responsible for advertising the program and screening and selecting eligible organizations. In addition, DTC is responsible for the procurement of vehicles and monitoring the use of awarded equipment. Applications for new and replacement vehicles and related equipment are funded until combined state and federal allocations have been exhausted. DTC uses a systematic approach to selecting applications from eligible organizations based upon the following priorities:

- 1) Provide vehicle replacement to current 5310 organizations needed to maintain current programs. Requests for this type of funding must be defined clearly in the applicant's request.

- 2) Provide new vehicles to previously funded organizations that will allow new service to be implemented in an area not adequately represented by the program.
- 3) Provide vehicles to agencies that demonstrate a need for transportation but currently have no transportation options available.

(“Federal Section 5310 Program, FY2012, Applicant Information Guide.” Delaware Transit Corporation, p. 5.)

Eligible organizations selected by DTC to receive Section 5310 funded vehicles have significant responsibilities including the cost for registering and titling the vehicle. The organization must also carry collision and comprehensive insurance for the market value of the vehicle and related equipment. They must also carry liability insurance of at least \$1,000,000, which must indemnify and hold harmless DTC against any liability arising out of the organization’s possession and use of any Section 5310 vehicle(s).

DTC also offers, but does not require, a Driver’s Training Program and various safety classes to those organizations who choose to participate. Organizations with Section 5310–funded vehicles are required to submit monthly reports to DTC on the number of trips, miles traveled, etc. by the 15th working day of the following service month. DTC uses these reports to monitor and evaluate the program; however, it does not appear to stipulate a minimum number of hours of service, miles traveled, etc. that many other states require as a condition of funding.

Organizations awarded Section 5310–funded vehicles are required to participate in DTC’s Vehicle Preventative Maintenance (VPM) Program, which provides routine vehicle maintenance and inspection on a regularly scheduled basis. Each organization and agency is responsible for the cost of labor, parts, and supplies, along with all costs associated with maintenance outside of a routine nature.

Vehicles acquired under the program may be leased in certain circumstances to other entities such as local public bodies, nonprofit agencies, or private for-profit operators. In such an arrangement, the lessee operates the vehicles on behalf of the Section 5310 recipient and provides transportation for the recipient’s clientele as stipulated in the grant application. This is permitted only when all of the following criteria are met:

- 1) The transportation service provided by the public body is specialized service for elderly and/or persons with disabilities, and the public body does not provide general public transportation services.
- 2) The public body cannot acquire vehicles through other FTA funding sources to provide the service; private for-profit operators must be given the first opportunity to participate in the provision of such service, and the control and responsibility for the vehicle remains with the private nonprofit organization.

- 3) DTC must approve any contractual agreement entered into that involves a Section 5310 vehicle prior to its execution.

(“Federal Section 5310 Program, FY2012, Applicant Information Guide.” Delaware Transit Corporation, p. 9.)

In the event that the contract with the eligible organization is terminated, or if the vehicle has exceeded its useful life (as determined by DTC), the vehicle will be returned to DTC, which will dispose of the vehicle in accordance with state law. Table 5 shows the total amount of funding that has been awarded for the 5310 Program in Delaware for the past six years. Note that the year shows when the award was made, not the year the agency received the new vehicle.

**Table 5. Section 5310 Annual Appropriations**

<b>Fiscal Year</b>	<b>State Appropriation (\$)</b>	<b>Federal Appropriation (\$)</b>	<b>Total Appropriation (\$)</b>
2008	793,200	406,500	1,199,700
2009	797,400	423,600	1,221,000
2010	1,294,800	847,200	2,142,000
2011	1,104,300	450,900	1,555,200
2012	859,200	470,400	1,329,600
2013	867,613	470,451	1,338,064

Source: DTC correspondence October 2, 2012

Table 6 shows all of the organizations that have received a vehicle through the 5310 Program during the past five years. In most cases, the organization provided minimal or no funding to purchase the vehicle.

**Table 6. Delaware Organizations Receiving Section 5310 Awards from FY2008–FY2012**

<b>FY2012</b>	<b>FY2009</b>
CHEER, Inc.	*CHEER, Inc.
Generations Home Care	Easter Seals Delaware
Harrington Senior Center	Generations Home Care, Inc.
Kent-Sussex Industries, Inc.	Ingleside Homes, Inc.
Laurel Senior Center	Kent-Sussex Industries, Inc.
M.O.T. Senior Center	Lewes Senior Center
St. Anthony's Community Center	Lillian Smith Senior Center
	Milford Senior Center
	Newark Senior Center
	Rosehill Community Center
	*St. Patrick's Senior Center
<b>FY2011</b>	<b>FY2008</b>
Bethel AME Church	Brandywine Community Resource
*CHEER, Inc.	CHEER, Inc.
Easter Seals Delaware	Easter Seals Delaware
Generations Home Care, Inc.	Easter Seals, Georgetown
Jewish Community Center	Frederica Senior Center
Kent-Sussex Industries, Inc.	Generations Home Care, Inc.
Laurel Senior Center	Kent-Sussex Industries, Inc.
Mary Campbell Center	Krystie Bingham Cerebral Palsy
Milford Senior Center	Laurel Senior Center
Modern Maturity Center	Little Sisters of the Poor
New Castle Senior Center	M.O.T. Senior Center
Peoples Settlement Association	Mid-County Senior Center
	Modern Maturity Center
	Mount Enon Baptist Church
	Nanticoke Senior Center
<b>FY2010</b>	
CHEER, Inc.	
Easter Seals Delaware	
Generations Home Care, Inc.	
Harvest Years Senior Center	
*Kent-Sussex Industries, Inc.	
M.O.T. Senior Center	
*Modern Maturity	
Newark Senior Center	
Rock of Ages Baptist Church	
Rosehill Community Center	
United Cerebral Palsy, Inc.	
West Center City Adult Center	
Wilmington Senior Center	

*\*Entries received two vehicles in the designated fiscal year.*

*Source: DCT, 2012*

## **Chapter 4: Transportation Options Funded Through the Delaware Department of Health & Social Services**

The Delaware Department of Health & Social Services (DHSS) is responsible for managing a number of programs that require transportation services. Many of these programs are federal programs, which DHSS is required to administer in Delaware following federal guidelines and policies. The Institute for Public Administration (IPA) met with the Secretary of Health & Social Services Rita Landgraf, along with members of her staff and representatives of constituency groups that have strong interests in transportation services for seniors and persons with disabilities.

IPA found it was more difficult to collect information for transportation services provided through programs managed by DHSS. A likely major reason it was more difficult is the wide range of programs that are managed by DHSS, the wide variety of customers it serves who have disabilities or medical issues, and the complicated federal and state regulations governing eligibility and funding matches. Every day DHSS is responsible for arranging transportation for customers who have a variety of physical or mental conditions. Some customers may be able to walk unassisted to board a vehicle; some may need a wheelchair and a vehicle with a lift. Some customers may be able to ride unassisted, and others may need an attendant.

This breadth of customer conditions requires DHSS employees and their contractors to carefully coordinate transportation services provided through DHSS programs, including schedules and types of vehicles. IPA found that knowledgeable professionals at DHSS were able to explain the wide variety of DHSS programs and answer questions posed by IPA. But there is no centralized resource in DHSS that collects and coordinates information pertaining specifically to all of the transportation services provided through DHSS.

IPA met with a number of DHSS staff who generously provided their time to help IPA better understand some of the core issues involved with those DHSS programs requiring transportation services. In particular, a meeting with DHSS's Division of Developmental Disabilities Services (DDDS) provided insight into some of the key issues that prompted this study. A majority of the funds used for these programs come through programs requiring matching federal-state funds. IPA was told by DDDS that, in Delaware, a majority of those eligible for DDDS-managed assistance programs live at home, and most need transportation services to leave their homes to participate in these assistance programs. A key issue for many of the transportation services providers that have recently asked the state for additional funding (Kent-Sussex Industries, Inc., Easter Seals Delaware, etc.) is the transportation part of the rate they receive from DDDS while providing residential, day, and/or behavioral services for persons with intellectual/developmental disabilities in Delaware. Information in the rate table below was selected from DDDS's website;

only information involving transportation services was selected from this larger table of services and rates. The complete Provider Rate table is in Appendix B.

**Table 7. FY2013 Division of Developmental Disabilities Services Provider Rates**

<b>Day Hab/Pre-Vocational Service</b>	<b>FY2013 Base Rate</b>
Facility with Transportation	\$ 29.27/hour
Facility without Transportation	\$ 24.58/hour
Non Facility with Transportation	\$ 27.49/hour
Non Facility without Transportation	\$ 22.80/hour

As shown in the table, when transportation services are included in a providers' service, it receives an extra \$4.69/hour. DDDS has been studying their rate structure for months, working with a consultant. IPA spoke with the consultant, and he reported that the rate study is complex and has many components. IPA was also told that the rate model that established the base for the current rates structure in Delaware was old—developed using 2002 data. Although there has been some adjustment to the current rates, the adjustments were made mainly for salaries. When asked specifically about the current transportation rates, IPA was informed that the preliminary conclusion is that the rates are not adequate for meeting the cost of transportation services. Given that over 10 years have passed since the last rate study, it is likely that the transportation rates should be significantly increased.

IPA anticipates the DDDS will soon report on this work. A rate increase will likely be proposed for providers operating their own transportation systems. However, this may not completely resolve the increasing revenue needs of those larger providers that have approached the JFC for increased appropriations to operate their transportation systems.

As previously stated, a service that includes transportation currently receives \$4.69 more an hour for providing transportation. But it was reported to IPA that transportation can mean that either the provider operates its own transportation system (vehicles, drivers, etc.) or the service purchases fare tickets for the paratransit bus system operated by Delaware Transit Corporation (DTC) and gives the fare tickets to their clients. The obvious difference between these two forms of transportation is that one relies on the provider to transport its clients and bears the costs, and the other relies on the state paratransit system, which bears the cost. States often provide a rate structure wherein transportation is listed as an add-on rate to the other services; the menu of rates takes into account the types of transportation service being provided (walk-ons, wheelchair, etc.). This rate structure helps differentiate among the levels of effort, equipment, and labor needed for the wide range of customers being served. Also, if these rates are increased, there should be some adjustment in the revenue received by DTC when it provides transportation services for a service provider that has simply purchased fare tickets for its clients.

DHSS also provides a large number of transportation services through a transportation-services coordinating contractor named Logisticare. This contractor is the broker that schedules hundreds of trips daily, working with a large number of transportation providers, including ambulance companies, limousine services, taxi companies, and DART's paratransit service. IPA received correspondence from the Controller General's office that indicated that total spending to Logisticare is projected to be about \$13 million this current fiscal year. The list of Logisticare's transportation services providers (including DTC) is in Appendix C. DTC reports it often provides transportation services when resources limit Logisticare's other transportation providers.

## **Chapter 5: Taxi Options**

This section examines the taxi industry as one potential alternate form of transportation for seniors and persons with disabilities. Alternative forms of public or subsidized transportation in Delaware could help provide more options to these populations and may help reduce the demands on Delaware's paratransit service. Paratransit operators across the United States have entered into various forms of partnerships with the taxi industry to gain greater efficiencies in their service. This has resulted in substantial cost savings and, most importantly, has increased the level of service for many of these jurisdictions.

This section will examine three jurisdictions that have supplemented their paratransit service through partnerships with the taxi industry. One common characteristic among the three jurisdictions was the presence of an integrated taxi industry that has the ability to provide a variety of services to the community, especially seniors and people with disabilities. While the following programs identified in this chapter would not necessarily yield the same results for Delaware, they do provide evidence to support exploring potential opportunities to increase paratransit efficiency through the taxi industry.

Seattle and the surrounding King County (Wash.) funded a small pilot program to provide accessible rides to overflow paratransit demand outside their Americans with Disabilities Act of 1990 (ADA)-mandated zone. They leased eight taxis to select operators for a two-year period. This project was able to divert overflow demand for paratransit service, and, when it ended in 2011, they implemented legislation to expand the program based on this success (Center for Transportation Studies, 2010).

Long Beach (Calif.) Transit was able to achieve even greater efficiencies by implementing a program that leased wheelchair-accessible taxis to local companies. Through the leasing of 15 taxis to taxicab operators in the first year of the program, Long Beach Transit estimated their annual paratransit costs decreased by 40 percent (Center for Transportation Studies, 2010). The City of Houston (Tex.) went a step further and contracted out their paratransit service to the taxi industry. The municipality acquired 150 ADA-accessible taxis operating under a paratransit contract with five companies. This program was able to reduce costs to an average of \$20 per ADA-mandated trip (Accessible Community Transportation in Our Nation, 2008).

An essential key to the success of these programs was the presence of an integrated taxi industry. Currently the State of Delaware lacks the necessary structure to create and sustain an integrated taxi industry. A forthcoming report from the Institute for Public Administration (IPA) examines the legislative changes required to transform the taxi industry in Delaware into an efficient and alternative form of accessible transportation. The report will state that the four areas fundamental to incorporating the taxi industry into the paratransit service in Delaware are unifying the fare

structure, introducing a centralized-dispatch system, requiring an electronic-payment system, and reforming the medallion system.

Presently, the Delaware Department of Transportation (DelDOT) sets fares for taxi on an individual basis. This lack of uniformity in fares decreases the reliability and transparency of the industry. If customers, especially paratransit customers, are unable to determine the cost of a fare before they enter a taxi, they are more likely to rely on other modes of transportation, regardless of any subsidy provided for taxi use. Other jurisdictions set a per mile charge for the entire taxi industry and regulate it by the municipality or county. Setting a base per mile charge for the entire state, then introducing a start-fare cost based on pick-up location by municipality or county would create a unified fare structure in Delaware. Implementing a unified fare structure creates reliability for the customers and the ability for paratransit providers to determine costs of incorporating the taxi industry into the paratransit service system.

Centralized dispatch is an essential requirement when incorporating the taxi industry with paratransit service. The centralized system enables coordination among taxi providers, increasing the level of service quality and reliability for customers. Without a basic level of coordination, difficulties would persist for the paratransit provider in offloading some of its ridership to the taxi industry with any degree of reliability. Currently, there is no dispatch requirement in Delaware, and only a limited number of taxi companies have a system in place. Through consultations with the taxi industry, the need for centralized dispatch was a consensus among owners and operators alike. Furthermore, there was agreement that, to avoid any impropriety, Delaware would need a minimum of two or three centralized-dispatch service providers.

The need for an electronic-payment system directly relates to an ongoing taxi-subsidy program presently operating in Delaware. The Senior Citizen Accessible Taxi (SCAT) program provides vouchers at a 50-percent discount to seniors to use for taxi fares throughout the state. The system operates on vouchers purchased at the discounted rate from select locations and then provided as payment to the taxi operator. The company then submits the vouchers for payment to Delaware Transit Corporation (DTC), and payment time ranges from four to six weeks. This system of submitting vouchers, then having to wait four to six weeks for the funds has been a consistent criticism of the program. In a previous report done by IPA, which examined the complexity and delivery of the voucher system, the inefficiency for all involved was cited as the primary reason for the underutilization of the program (Tuttle and Eaton, 2012). Requiring all taxis to accept payment by debit or credit card would allow easier delivery of the SCAT system by creating greater efficiency for customers. Once implemented, all SCAT taxi operators would be required to accept electronic payment from customers and should result in an increased demand for the program.

DelDOT regulates the number of taxis on the road through a medallion system. This is a common regulatory structure that requires all taxi in service to have a valid medallion. A review

of medallion legislation in other municipalities revealed three issues of concern with the current medallion system in Delaware. There are currently a number of medallions in the state that are not in use, which creates an inefficiency when determining if there is enough demand to issue new medallions. The State regulates drivers separately from the taxis they operate, so any infraction caused by the driver while operating the taxi is ultimately the responsibility of the medallion owner. This creates added risk for the medallion holder that is not common in other jurisdictions. Another issue pertaining to risk is the requirement that the medallion owners obtain the insurance for the taxi authorized to operate under the medallion. The medallion owners are responsible for costs associated with any increase in insurance as a result of a claim or cancellation of the policy caused by the taxi driver.

Implementing a moratorium on the issuance of new medallions and creating a phase-out period for medallions not in use for a period of time would begin to slowly create a medallion system that reflects the demand for taxis in the state. A driver-identification (ID) card that licenses the driver for a period of one year is common in other jurisdictions. For the ID cards to be valid, the medallion owner must register the specific ID that is associated with each medallion. This process ensures that the driver will operate a specific taxi for a one-year period and any operating infraction becomes his/her responsibility. Shifting the risk to the drivers allows the regulators greater control over the drivers of taxis. These changes would increase the value of a medallion, resulting in medallion owners being more invested in the success of the taxi industry.

Implementing these changes will create the foundation for an integrated taxi industry, enabling Delaware to explore this option to reduce the burden on the current paratransit bus service. The expansion of the SCAT program can provide a more immediate alternative to the paratransit service while still providing a low-cost ride to customers. Another option is a pilot program that introduces a limited number of wheelchair-accessible taxis into the state; Delaware currently has none. Other jurisdictions have shown success in reducing paratransit burdens with variations of these two programs, but the key to achieving any degree of success in this way is developing an integrated taxi industry in Delaware.

## **Chapter 6: Conclusions and Recommendations**

### **Conclusions**

During the past nine months, the Institute for Public Administration (IPA) has researched the issue of transportation options for persons with disabilities and senior citizens for the Delaware General Assembly Joint Finance Committee. The State of Delaware clearly appropriates a significant amount of the funding needed to provide the wide variety of transportation services for these populations. Since the cost of the two main components to operating transportation systems—labor and fuel—has steadily increased and the demands for service have steadily increased, the state can be sure that its cost of operating these transportation systems will continue to steadily increase unless some changes are made in both operations and policies. Of course, the option of “no change” can always be selected, but that means the State must recognize that it will need to continue to annually increase its funding for these transportation services.

Population forecasts for Delaware continue to predict there will be steady growth in the senior-citizen segment of the population. As people age, their ability to drive decreases and they begin to depend on alternative method of transportation to participate in routine activities like appointments, grocery shopping, and social functions. Additionally, many studies show that, overall, it is less expensive to society to facilitate ways for people to age at home than to care for them in assisted-living facilities. Transportation is one of the most important components for enabling people to reside in their own homes as they age.

Additionally, a portion of Delaware’s population is disabled and unable to drive. Over the years, many programs have been created for people with developmental disabilities to ensure that they have an equal access to the same quality of life as the rest of society. But many of these programs cannot succeed unless the means are available to transport them to and from their homes. As greater statewide opportunities for integrated and community-based opportunities are implemented, the demand for transportation services for Delaware’s senior citizens and persons with disabilities (particularly for specialized services) is also likely to increase.

In conducting this work, IPA met with the “main players” in this transportation business—the organizations that have substantial resources and transport significant numbers of individuals daily. In IPA’s discussions with providers, it was clear that they are knowledgeable about their transportation operations, understand the positive impact their transportation services have on the quality of life of the individuals they serve, and are dedicated to constantly improving their services to better serve their customers. However, all of the providers emphasized that their costs for operating their transportation systems have continued to rise while requests from their customers for even more service increase. If additional resources are not found, the providers have said they may have to reduce the services they currently provide and will not be able to

meet increased demands on their transportation systems in the future. Furthermore, if their transportation service is reduced, the paratransit system provided by the Delaware Transit Corporation (DTC) will likely be required to transport more of these customers.

Over the years the State has increased the amount of funding it appropriates for transporting seniors and persons with disabilities. DTC has shown that its overall costs for paratransit service continue to increase as it delivers more customer trips. This increase has largely been met over the years by increasing State paratransit appropriations. In Delaware, a policy decision was made years ago to exceed federal Americans with Disabilities Act of 1990 (ADA) requirements by directing DelDOT to provide complimentary service to all eligible citizens in the state through its paratransit bus system *regardless of where they live*. Whereas, in most states, complimentary ADA paratransit service will only be provided within the corridor established by a three-quarter-mile buffer around the fixed-route bus corridor, in Delaware a paratransit bus will pick up eligible riders at their house anywhere in the state. The requirements for complimentary ADA service results in high costs per trip funded by the state.

Additionally, the policy decision made years ago that all senior citizens age 65 and older living in Kent or Sussex Counties are automatically eligible for ADA-level door-to-door paratransit bus service has compounded the disincentive for developing alternatives—an obvious unintended negative consequence of the policy.

In many areas of our country, innovative alternatives have evolved for transporting senior citizens and persons with disabilities. Many of these alternatives provide a quality service at a lower cost. These transportation services may be subsidized by local or state governments or rely almost entirely on volunteers. These programs have often developed because there wasn't a state transportation agency providing the service these people needed, thus demanding a creative alternative.

Services offered by each provider can vary greatly among providers. Some providers transport only senior citizens, some transport seniors with disabilities, some transport people with physical disabilities, some transport people with mental disabilities, some transport citizens with specific medical issues that qualify them for specialized transportation, and some transport Delaware citizens who have a combination of issues. The providers must use vehicles that enable them to meet the needs of their customers. For DTC, vehicles are needed to accommodate the variety of customers.

The reasons customers utilize these transportation services also vary greatly. There are daily customers who are transported to a provider's facility for training or work, or to an off-site job location. Some providers transport people to a facility to be cared for during the day (like adult day care) or to participate in programs that enrich their lives (like senior-center meal or exercise programs). Most of these customers are then transported in groups from the facility to their

homes. Other providers pick up each customer at his/her home and simply transport him/her to a job, medical appointment (including therapies and dialysis), meetings or school, or a store or mall. Later, the provider will return to pick up each customer at separated locations and transport him/her back home.

The two departments in Delaware that have the greatest responsibilities, and expenditures, for transporting senior citizens and persons with disabilities are the Department of Transportation (DelDOT) and the Department of Health & Social Services (DHSS). It is interesting to note that DelDOT is often the provider of transportation for eligible clients of programs that are funded through DHSS, usually involving some amount of matching funds from a federal program. These programs include dialysis treatment and a variety of services for persons with disabilities. In all cases, the pass-through funding DelDOT receives from DHSS for the service is less than the cost for paratransit service, resulting in DelDOT subsidizing these transportation services.

The State also provides funding through the DelDOT budget to help pay for transportation services of senior citizens and persons with disabilities living in Kent County or Sussex County through a budget item called “Kent and Sussex Transportation E & D.” Reportedly, this funding to Kent and Sussex Counties was initiated to help make up for the lack of fixed-route bus transit in these two counties, compared with New Castle County. The annual appropriation goes to each county, and each county is responsible for allocating the funds among the organizations that have applied for these funds for operating their transportation services. The recipients of this program are the senior centers in these counties and Kent-Sussex Industries, Inc. IPA often heard in its discussions with these organizations and the counties that there is a methodology for determining these allocations but did not actually see the methodology, and it remains unclear to IPA how the funds are allocated. However, there are reporting requirements, and data is collected by DTC from these recipients. There is no doubt that these funds are essential for continuing the transportation operations of these organizations. The funding through this program is often the sole source of funds for these transportation services and enables the organizations to provide transportation at little or no cost to the riders.

IPA found it relatively easy to collect information on the transportation operations from DelDOT, specifically DTC, for its fixed-route buses, paratransit buses, and trains. DTC was readily able to provide costs and ridership (trip) data, and it also provided paratransit-customer data including locational coordinates. That locational data enabled IPA to plot a “snapshot” of all eligible customers to determine where they were located. DTC also provided IPA with information on the ADA-buffer zone relevant to fixed-route bus service, which is defined by federal ADA regulations as the three-quarters of a mile on each side of the fixed route. Since ADA regulations require complimentary bus service for all persons living within the three-quarter-mile buffer who are unable to access fixed-route bus service, the resulting mapping of eligible customers enabled IPA to distinguish between those customers who are required to be provided paratransit service under federal ADA regulations and those not covered by ADA rules

but receive rides through State of Delaware policy. Currently, about 74 percent of the total number customers receiving high-level complimentary paratransit service in Delaware live within the ADA zone.

IPA found it was more difficult to collect information for transportation services provided through programs managed by DHSS. DHSS administers a wide variety of complicated programs and serves customers with a variety of disabilities and medical issues. DHSS must also manage the complicated federal and state regulations governing eligibility and funding matches for these programs. In some instances, IPA found it difficult to even know what specific request to make for information on the large menu of programs in operation within DHSS that provide transit to these populations.

IPA did meet a number of DHSS professionals who assisted IPA to better understand some of the key issues involved with those DHSS programs that do include transportation services. One issue for many of the providers is the rate they receive from the DHSS Division of Developmental Disabilities Services (DDDS) for providing transportation associated with residential, day, and/or behavioral services to people with intellectual/developmental disabilities in the state. DDDS is currently working with a consultant to update these rates.

IPA was told that the rate study that established the base for the current rates was completed over a decade ago. When asked specifically about the transportation rates, IPA was informed that the forthcoming study will show the rates are not adequate for recovering the cost of transportation services and should be significantly increased. A revised DDDS rate structure should also provide more differentiation among the types of transportation services being provided (walk-ons, wheelchair, etc.) and recognize when DTC's paratransit system is used instead of the providers' own vehicle fleet.

IPA was unsuccessful in locating a centralized resource within DHSS to request information pertaining to DHSS transportation services. The professionals at DHSS know their specific programs, but there doesn't appear to be a centralized inventory of transportation expenditures and customers. If this is true, IPA suggests a more centralized inventory would be helpful for better understanding the total costs and recipients of transportation services.

Finally, a common theme in IPA's meetings with the service providers was that there is little coordination of services among providers. Each provider has its own operation consisting of buses, vans, and either paid or volunteer drivers, or both. Most providers also noted that they rely on DTC's paratransit bus system when they are unable to provide transportation service to customers due to lack of resources or location of customers. In April 2013, IPA invited the main providers to begin an open dialogue to assess whether they may be able to work with one another and perhaps figure out how to coordinate services in the future. The meeting with IPA staff, which took place in Dover to openly discuss transportation issues, included DelDOT's ADA

Title II Coordinator and representatives from DTC, Modern Maturity, Kent-Sussex Industries, Inc., CHEER, and Easter Seals Delaware.

The meeting was productive and established a starting point for future discussions. Since then, a second meeting of this group was coordinated by DTC, and it appears the group will continue to meet to determine if they can work together on issues of mutual concern. All of these providers have come together for one reason—to improve the quality of transportation services they provide to their current customers and develop strategies to meet the increasing needs that all know will be coming. It is too early to determine if there will be positive results that will impact transportation services, but at least these providers have started to have this conversation.

## **Recommendations**

The following recommendations are offered as a starting point to address issues IPA identified during its research of this very important, complex issue of transportation services for senior citizens and persons with disabilities in Delaware. Implementation of these recommendations will largely be the responsibility of those professionals working in the state departments and agencies identified in the recommendations. In some instances, there may be a need for independent facilitators who can objectively coordinate the actions necessary to implement changes or research specific programmatic issues. However, the expertise required to make meaningful changes in some of the policies and procedures discussed in this work and embodied in the following recommendations must come from within the state departments, since these professionals are the most knowledgeable about these complex programs.

- 1) The State Department of Transportation and State Department of Health & Social Services should consider the development of a Memorandum of Agreement (MOA) to commit to better coordination of the numerous public resources and programs that provide transportation services to the persons with disabilities and senior citizens that they serve.**

It has been reported to IPA that a meeting of the Secretaries of the aforementioned departments recently took place to share information regarding DTC's paratransit service and the transportation services provided through DHSS contractors. An MOA would formalize and solidify this commitment to continue to work together to better understand and improve these services.

- 2) The State should consider creating an "Interagency Council on Specialized Transportation" to better understand and coordinate state resources used to provide transportation services to Delaware's disabled citizens and senior citizens. This council should include representatives of Delaware's Department of Transportation,**

**Department of Health & Social Services, Office of Management & Budget, Department of Education, Department of Labor, and the Controller General's Office.**

This transportation issue crosses over many state agencies and is vital to the success of many of the programs the state is responsible for administering, often with matching federal funds. A council comprising representatives from the aforementioned units could initially work to better understand the amount of federal and state resources used for transportation services and look for more opportunities to coordinate services. Initially, the council should include financial staff from DelDOT, DHSS, Department of Labor, Department of Education, and other state agencies that fund transportation programs for persons with disabilities and senior citizens. There is a need to better understand the total amount of state funding being appropriated for these transportation programs.

- 3) The major providers of transportation services for senior citizens and disabled citizens in Delaware should continue to meet to develop a healthier relationship and better understanding of the capabilities and the needs of each provider. DTC should continue to facilitate these meetings and work with all attendees to share information to better coordinate resources and improve services.**

There are a lot of resources in Delaware dedicated to transporting persons with disabilities and senior citizens. Many of these resources operate independently of one another. From a meeting in April 2013, IPA observed that these providers are interested in learning about one another's operations, identifying opportunities for working together, and improving their services.

- 4) The Delaware Transit Corporation should develop a detailed Strategic Plan for addressing its paratransit operation, including recommendations for improving service for its federally required ADA ridership and slowing the steadily increasing demands and costs for paratransit service funded by the state budget.**

The State should resume discussion of a change in some of the policies that have governed paratransit service for many, many years. The following was previously discussed in IPA's 2007 report on Delaware's paratransit system and is even more relevant six years later. Federal law requires that the characteristics of ADA complimentary paratransit service mirror the fixed-route bus system; therefore, the growth of paratransit services should correspond to the growth of the fixed-route bus system. However, because the Delaware model does not make a distinction between ADA and non-ADA paratransit services, the growth of the paratransit system has remained unchecked. As a result of this public policy decision in Delaware, *the demand-driven nature of paratransit will result in continued, unconstrained growth in areas of low-density land use and low-density demand*—areas not served cost-effectively by conventional fixed-route transit.

Paramount to managing the size of Delaware's paratransit system is the modification of public policy to *differentiate between ADA and non-ADA paratransit services*. The goal of the public policy modification is to conform to federal law by adhering to the minimum ADA paratransit requirements for complimentary service. The intent is not to deny or restrict trips by paratransit customers whose disabilities prevent them from using the fixed-route system. This proposal has been available for review on DTC's website (dated July 1, 2010) and is also shown in Appendix D of this report.

The main issue to be considered is modification of the service-delivery policy currently governing paratransit service to establish two differing service classifications:

- Classify **complimentary ADA paratransit service** as the federally mandated paratransit service provided by DART First State, for persons with disabilities who are unable to use fixed-route service and who meet specific eligibility requirements as defined by ADA. This service would be provided in the ADA service area and continue to meet all ADA requirements, including response time, trip purpose, hours and days of service, fares, and capacity.
- Classify **non-ADA paratransit service** as a premium-level paratransit service, provided to eligible persons with disabilities either by a public or private transit agency. But this level of service would be delivered with less stringent guidelines to persons located outside of the ADA buffer zone. A draft of these guidelines was proposed in a DTC document dated July 1, 2010, and can be found on DTC's website and in the Appendix D of this report.

Additionally, consideration should be given to tighten the paratransit eligibility process as a means to manage *future* demand for complimentary ADA paratransit service. This action should be considered once barriers to fixed-route bus service are minimized and transit-stop improvements are addressed. This review should also consider the current policy of granting automatic eligibility for riding the paratransit system to people age 65 and older living in Kent or Sussex Counties.

**5) Develop a more robust database of state and federal funding resources used for the transportation of persons with disabilities and senior citizens. A centralized inventory should be created of all vehicles that were purchased, leased, or are operated using state funds and are used to transport senior citizens and disabled citizens.**

IPA found it was difficult to readily collect information on the costs and participants in programs involving many transportation services funded through the state. In particular, the complex mixes of numerous programs that are managed by DHSS often require specialists that focus mainly on the programs they coordinate, and there does not appear to be one

central resource that compiles this transportation-oriented information. Additionally, there are clearly many lists maintained by a number of state departments and nonprofit organizations about vehicles maintained by the organizations that either operate or are responsible for these vehicles, but it doesn't appear there is a centralized inventory. An inventory may help identify all of the vehicles that were purchased, leased, or operate using state funding and may either help identify under-utilized vehicles or serve as a starting point for creating additional transportation services in areas more difficult to serve.

- 6) Consideration should be given to assisting the senior centers and other groups receiving funds through the Kent-Sussex Reimbursable Program for transportation to improve its database of its customers receiving transportation services, including pick-up locations, costs, and purpose for trips.**

IPA met with the larger organizations receiving funds through the Kent-Sussex Reimbursable Program, and all were appreciative of the funding they receive but said they needed more revenue to keep up with demands. It was reported that the Kent-Sussex Reimbursable Program has been relatively unchanged for many years, except for an additional \$50,000 provided to Modern Maturity last year. The providers may be able to make a stronger case for funding if they had better data. Additionally, there may be opportunities to work with other providers if more modern technology, which would allow for better tracking of customers and routing of vehicles, were to be installed on vehicles.

- 7) A study of the impact of the rising costs of the state paratransit system on the state fixed-route transit system during these times of limited state financial resources should be undertaken. The study should include the current use of fixed-route buses by senior citizens and persons with disabilities and the populations that would be impacted by fixed-route service cutbacks.**

The state is currently in a slow-growth financial position, which translates into slow or no-growth budgets for many state operations. If the overall transportation budget for operating fixed-route buses, paratransit buses, and trains does not increase, then DTC will have limited options for funding the currently required, and increasing, paratransit ridership. An option for funding the inevitable increase in paratransit demands would have to be consideration of reductions in fixed-route and/or train service. These reductions would have broad impacts that should be assessed prior to reducing service.

- 8) A subsidized pilot project utilizing the taxi or limousine industry in Delaware should be explored in greater detail to determine if enhancement of this transportation sector could assist in providing transportation to persons with disabilities and seniors who would otherwise utilize the state paratransit bus system. Research shows that for providing transportation services to persons with disabilities and seniors in other areas**

**of the country it has been more cost effective to subsidize taxi/limousine services than expand paratransit service. The state's regulations governing the taxi industry in Delaware would need significant revision for this option.**

IPA has also been studying the taxi and limousine services industry in Delaware, and the report of this work should be available in a few months. The report was developed in large part by holding discussions with many of the taxi owners and operators and the regulators in Delaware. Based on research of programs in other parts of the country, there may be numerous opportunities to utilize the taxi industry to help with the transportation needs of persons with disabilities and senior citizens.

- 9) It is important to recognize that transportation provided to persons with disabilities and seniors by nonprofit entities is often a different service than the transportation provided to persons with disabilities and seniors by the state paratransit bus system. More detailed information on costs and ridership needs to be collected and reported for the transportation operations of nonprofits if comparisons are to be made among the costs of these services.**
  
- 10) All of the agencies interviewed expressed that there are funding gaps for operating their transportation service and told IPA that they are doing the most they can do with their transportation operation given the available funding resources. Therefore, at least in the short-term future, the State should expect continued advocacy from these groups for additional funds for transporting persons with disabilities and senior clients they serve.**

## **Appendices**

**Appendix A.** Recommendations from the Institute for Public Administration’s December 2007 Report, “Framing the Issues of Paratransit Service in Delaware”

**Appendix B.** Fiscal Year 2013 Division of Developmental Disabilities Services Services Rate Table from Delaware Department of Health & Social Services Website

**Appendix C.** Transportation Providers for Delaware Department of Health & Social Services Agreement with Logisticare

**Appendix D.** Delaware Transit Corporation July 2010 Proposed Changes to Current Paratransit Service

## **APPENDIX A - Recommendations from IPA December 2007 Report**

### **“Framing the Issues of Paratransit Services in Delaware”**

#### ***Recommended Short-Term Strategies (12 – 18 months)***

##### **1. Proactively Plan for Transit Growth**

Demographic trends in Delaware reveal that the size of the paratransit system is being impacted by sprawl and patterns of low-density land use and low-density demand—areas not served cost-effectively by conventional transit. A clear relationship exists between patterns of development and infrastructure investment, particularly the link between land-use planning.

The Livable Delaware agenda is designed to proactively curb sprawl and direct growth in appropriate designated areas. The agenda also seeks to enhance *Strategies for State Policies and Spending*. The purpose of this policy is to coordinate the review of land-use plans, guide infrastructure planning, and direct state investment to designated growth areas.

The State has a substantial fiscal stake in the proactive coordination of land-use decisions with investments in transit. Within this public policy framework, opportunities exist to:

- **Apply the principles of State Strategies to transit planning** to better align expansion of transit services and capital investment in transit.
  - Utilize GIS mapping technology to target future transit investment and in relation to areas that have been designated for growth and state investment. For example, GIS mapping scenarios of the DART fixed-route system were developed, as part of this project, for each county as an overlay to the *Strategies for State Policies and Spending* map.
  - Identify and target transit infrastructure investment to transit corridors that connect employment centers, Transit-Oriented Development (TOD) areas, infill development areas, high-density areas, and affordable housing locations.
  - Limit transit expansion, and the corresponding extension of ADA-complementary paratransit service, into Strategy Level Areas that do not support growth or infrastructure investment.
- **Consider transit-density warrants** in conjunction with the *Strategies for State Policies and Spending* map. The size and growth of public transportation systems are governed by transit-supportive densities. Two factors that are used by transportation planners to determine the type and level of public transit services are residential density and employment center size, called “transit density warrants.”
  - Spatially map transit-density warrants and density settlement patterns, as an overlay to the *Strategies for State Policies and Spending* map, to guide decisions regarding where transit expansion and investment are financially viable and sustainable.
- **Strengthen the ability to review the impact of development on transit through the existing PLUS process.**
  - Enhance the PLUS process, which coordinates state agency review of

development plans, to determine the impact of development and affordable housing on transit needs.

- Obtain DART First State representation on the PLUS process state review team to focus on the impact of new development (and type of development, i.e., affordable and/or age-restricted housing) on transit services.
  - Utilize the PLUS process to identify future demand generators, that is, origins or destinations that generate a demand for frequent paratransit trips.
  - In addition to integrating transit planning into the land-use planning process, consider a housing affordability component within local government comprehensive plans.
- **Build an integrated GIS database** that brings together data from multiple state and public service agencies to enable the systematic analysis of current transit services, improve its route planning process, and assess future demand generators of paratransit.
    - Assess the impact of paratransit demand generators using integrated GIS data from DTC, the Delaware State Housing Authority, WILMAPCO, and the Office of State Planning Coordination.
    - Commission a study, with a GIS component, to determine if active-adult (55+) communities become substantial demand generators for paratransit service as the residents of those communities increase in age and lose travel independence/mobility.

## **2. Promote Transit-Oriented Development Practices**

Development patterns and demographic trends have contributed to the growth of paratransit demand, particularly in low-density rural areas. The overall question is how to configure the public transportation system to provide mobility and access, while responding to statewide paratransit demands. One way to reconfigure the public transportation system is to focus on the interrelationship between land-use and transit planning. There is a need to provide a balance between transit planning and public policies regarding land-use planning, development patterns, and density. Opportunities exist to:

- **Incorporate transit-supportive principles into land-use planning.**
  - Promote land-use planning concepts and design practices that facilitate transit service and access.
  - Assess feasibility of establishing transit corridors within *State Strategy* areas.
  - Use principles of *State Strategies* to target transit expansion and investment within designated transit corridors.
  - Conduct a study to examine various perspectives of TOD strategies and tools to promote density within designated transit corridors.
  - Develop tools, provide fiscal incentives, and establish public-private partnerships to promote density, investment, and transit-supportive institutional arrangements within *State Strategy* investment areas.
  - Explore feasibility of instituting developer incentives such as Transit Reinvestment Districts (TRID) and/or state incentives to local governments, such as New Jersey's Transit Village concept.
- **Consider policies/practices for "Transit-Ready Communities" to:**
  - Propose state-mandated policies to provide necessary transit infrastructure up

front in the development process.

- Establish and/or revise state and local transportation guidelines to incorporate transit- and pedestrian-oriented design standards.
- **Form an interagency group to discuss TOD issues and solutions in Delaware.**
  - Convene and facilitate a work session of the interagency group to discuss TOD examples, initiatives, and plans for implementation in Delaware.
  - Explore incentive-based funding programs for local governments and developers to:
    - Obtain technical assistance to amend comprehensive plans and/or zoning codes to pursue transit-supportive development patterns or transit overlay zones.
    - Develop transit-friendly regulatory practices.
    - Adopt TOD projects that implement transit-oriented design standards, integrate transit into new residential or commercial development, or enhance the effectiveness of mass transit.
      - Provide tools to make density more attractive and affordable.
  - Plan to educate the public on the benefits of TOD; produce a brochure regarding issues and solutions identified through the facilitated session and related research
  - Support or leverage Public-Private Partnerships (PPPs) that mix transit and affordable housing development.
  - Consider the use of impact fees to support transportation enhancements and transit service expansions.
- **Work with local governments to better integrate principles of Smart Growth with transit planning within comprehensive plans.**
  - Specifically, utilize the PLUS process to review land development impacts on transit planning.
  - Develop a local government training program/outreach to provide guidelines for integrating land-use and transit planning.

### **3. Continue Regional Public Transportation Coordination**

There is a need for human services transportation providers to collaborate, coordinate, and possibly consolidate services to achieve economies of scale, reduce operating expenses, and improve service delivery to the persons with mobility impairments. Coordinated Transit/Transportation Plans were recently prepared and released for New Castle, Kent, and Sussex Counties. These plans reviewed existing efforts to promote human service transportation coordination, inventoried existing transportation services, acknowledged gaps of unmet needs, and proposed strategies to better coordinate human service transportation. While there are redundant/duplicative services human transportation services in Delaware, opportunities exist to:

- **Coordinate human service transportation efforts:**
  - Continue to develop strategies at the regional level to enhance the capacity of the region and state to deliver comprehensive and coordinated human service transportation.
  - Work with human service transportation providers to enhance mobility options for persons with disabilities and system-wide accessibility.

- Coordinate resources of 5310 recipient agencies and recipient trips through a one-stop brokerage service.
    - Provide centralized coordination of community transportation services and client data management using integrated technologies.
  - Coordinate human service transportation services within a mobility management framework.
    - Designate a mobility board as an advisory organization to DelDOT and DTC as well as a mobility manager for the state of Delaware.
    - Assemble a mobility guide and establish community mobility programs.
    - Pursue use of SAFETEA-LU programs to fund mobility management activities, including those consisting of short-range planning and projects for improving coordination among DART First State and other human-service transportation providers.
- **Assess whether funding allocations could be used as incentives for human service transportation providers to expand paratransit services.**
  - Specifically, restructure Delaware’s Grant-in-Aid Senior Center Funding Formula to provide funding incentives for enhanced human service transportation to senior citizens.
  - Determine the viability of an amended Delaware’s Grant-in-Aid Senior Center Funding Formula that would target additional financial support to enable senior centers to provide specialized trips or to run “feeder service” to paratransit hubs for the grouping of trips.
- **Expand, and actively seek, public-private partnerships.**
  - Establish public-private partnerships to finance purchase of additional paratransit vehicles.
  - Identify additional opportunities for employer-sponsored transportation programs (e.g. Bank of America Deerfield site, which offers transportation services for mobility-limited persons).
- **Expand specialized transportation service options.**
  - Activate an accessible taxi service.
    - Research affordable, accessible taxi service programs
    - Mandate, through legislation, that a certain percentage of taxis be accessible.
  - Provide on-demand, emergency senior transportation.
  - Develop a coordinated volunteer driver program.
  - Establish accessible car/van pools.
- **Collaborate with human services transportation providers to implement demand-management strategies.**
  - Enlist local community-based organizations to assist with an expanded travel training programs.
  - Enlist local community-based organizations to assist DART First State in conducting in-person interviews, functional assessments, and determinations of paratransit eligibility and/or trip-by-trip eligibility
  - Utilize human services agency volunteers to assist with targeted travel training,

sponsor travel host services, and conduct training referrals.

- **Seek innovative paratransit solutions to provide feeder services, from a 5310 organization or human service agency to themed trips during off-peak hours.**
  - Identify and provide specialized trip needs and offer off-peak transportation services to grocery stores, shopping destinations, medical centers, and other commercial services.
  - Build coordination among existing human public transportation providers and DART First State to cost-effectively coordinate and manage group trips.
- **Explore the feasibility of a pilot program to provide retired paratransit vans and operating cost grants to human service agencies that provide expanded paratransit services to clients.**

#### **4. Optimize Use of Technology**

DART First State is successfully implementing Advanced Public Transportation Systems (APTS) to address growing demands for service, improve safety and quality of service, and increase service efficiency. APTS technology implemented at DART First State includes Automated Vehicle Locator technology, operations software, mobile data terminals, an upgraded communications system, the integration of real-time passenger information with operations software, on-board surveillance cameras, and an electronic fare payment system. A planned Interactive Voice Response system is also in final design stages. Additional technology upgrades to consider include:

- **Utilize GIS and Trapeze mapping software to plan for impacts of demographic change and better connect land-use and transit planning.**
- **Continue to work with the University of Delaware to identify critical trends and demand generators to estimate near- and long-term paratransit demands both geographically and demographically through the use of GIS technology.**
- **Institute the usage of automated fare collection equipment, i.e., Smart Cards, which eliminates fare collection by drivers, enhances passenger security, and increases fare payment convenience.**
- **Utilize smart infrastructure to link information between the transportation network and transportation agencies, develop smart bus shelters and stops with automated customer information, and better manage the flow of automated information between the transit operations center and vehicles, and interface GIS with GPS.**
- **Optimize Use of Trapeze operations software.**
  - Adjust trip algorithms for Sussex and Kent Counties to provide more accurate trip time estimates.
  - Plan for continued software upgrades to provide for enhancements such as automating scheduling services, automatically updating schedules when trips are cancelled, and grouping of trips, provide real-time computerized reservations and cancellations, and interface existing technologies .

- **Implement the planned IVR technology to give clients the ability to call and make reservations via phone, similar to the system implemented by the Delaware Express Shuttle.**
- **Invest in technology to inventory and analyze transit stop improvement needs to identify environmental barriers that prevent use of fixed-route transit.**
  - GIS and GPS technology are available and should be deployed to analyze the need for bus stop amenities, track assets, and improve the route planning process.
  - Specifically, Automated Transit Stop Inventory Model (ATSIM) technology is available to assist in the collection, revision, and management of standard transit stop inventories. The technology enables an up-to-date inventory to be kept for transit stop data, information to assess the need for amenities, and data to implement additional advanced public transportation systems technology.

## **5. Enhance Public Information/Outreach**

Stakeholder outreach is a key to helping the public better understand the challenges that DART First State faces in providing cost-effective, quality mobility services to persons with disabilities. The public in general does not understand that while paratransit fills an important transportation gap, its financial viability has been underwritten by substantial government funding; it is not sustained through its own revenues. The public needs to understand the limitations for the growth of paratransit services and there is a need to improve the distribution, coordination, and options for public transit and human services transportation. Unless coordination and collaboration of transportation resources are attained, the level and quality of paratransit service will deteriorate. Strategies for stakeholder outreach should include plans to:

- **Convene a statewide mobility management forum to on providing technical assistance and information sharing for human service organizations interested in developing mobility management activities.**
  - Facilitate discussion on customer needs, policy options, and short- and long-term service priorities.
  - Plan for the establishment of a mobility guide and specific community mobility programs.
  - Conduct short-range planning and projects for improving coordination among DART First State and other human-service transportation providers.
- **Conduct follow-up activities such as establishing an Internet “web portal,” Web-based tools, and/or one-stop transportation call center to coordinate transportation information, specify eligibility requirements, and integrate services in Delaware.**

## **6. Conduct a Survey to Identify Infrastructure Barriers to Fixed-Route Service**

While DART First State has a fleet of fixed-route buses that is 100 percent accessible, removal of infrastructure barriers is needed to make fixed-route service an option. A June 2004 study by the University of Delaware Center for Disability studies, looked at environmental categories that prevented persons with disabilities from use of fixed-route service. Respondents to a survey of individuals deemed eligible to use fixed-route service, as

determined by a ADA paratransit eligibility process control model, indicated that bus stops presented the greatest barrier to the use of fixed route service followed by weather limitations (Denson, 2004). The intent of the DTC Bus Stop Policy, a Livable Delaware Activity, is to ensure that all existing bus stops in the fixed-route system are made accessible, establish standards for locations of new stops, and install passenger amenities at each stop. ([www.deldot.gov/information/pubs\\_forms/manuals/livable\\_delaware/pdf/bus\\_stop\\_location.pdf](http://www.deldot.gov/information/pubs_forms/manuals/livable_delaware/pdf/bus_stop_location.pdf)). To address the issue of infrastructure barriers as fixed-route bus stops:

- **Conduct an on-site, in-the-field environmental survey to assess the need for improvements to:**
  - Walkways including the need to correct deficiencies with storm drains, obstructions, curb cuts, width, and surface condition.
  - Intersections including the need to install crossing/traffic signals and curb cuts.
  - Bus stop shelter features including the pad or platform areas and benches.
  - Facility amenities including visual/aural information systems, telecommunication devices, accessible parking and vehicle boarding areas, fare vending machines, and adequate lighting.

## ***Recommended Long-Term Strategies (18 months+)***

### **1. Continue to Build a GIS Database**

A compelling aspect of this project has been the GIS mapping component. Data was gathered from multiple sources including DelDOT, DART First State, OSPC, DSHA, WILMAPCO, and the University of Delaware's Center for Applied Demography and Survey Research. The GIS map examples produced to date spatially illustrate how paratransit is impacted by current demand generators, changing demographics, planned residential development, and affordable housing in relation to the fixed-route bus system. It is recommended that DelDOT and DTC bring GIS mapping specialists together in order to:

- **Develop a model for a centralized GIS database.**
  - Come to a consensus on mapping protocols.
  - Create a prototype of a centralized data file.
  - Research options for the institutionalization of a centralized, commonly accessible GIS database.
  - Research best practices to enable public access to information to the degree possible.
  - Develop a plan for the integration of GIS mapping technology for transit with land-use planning.
- **Gather data from additional local sources.**
  - Identify Wilmington Housing Authority, Newark Housing Authority, and New Castle County "Housing Choice Voucher" locations for individual affordable housing units in New Castle County. (This information is available presently for Kent and Sussex Counties, but only affordable rental complexes information is available for New Castle County).
  - Further refine local government data, including:
    - Active-adult community locations.
    - Information on property tax-exemption policies.

- PLUS site follow-up information (GIS-code type of housing development, name, number of units, accessibility characteristics).
- **Enter currently un-mapped data into GIS database.**
- **Work with GIS database contacts to establish uniform protocols for mapping GIS points.**
- **Develop a GIS Database Matrix of essential mapping components, responsible entity, data sources, and contact person(s).**
- **Analyze historical and current paratransit service data, in conjunction with GIS mapping, to determine the viability of expanding fixed routes to underserved populations and/or adding fixed-route operating hours or days to reduce paratransit demand.**

## **2. Implement Demand-Management Strategies**

ADA complementary paratransit services are not intended to meet all of the transportation needs of eligible persons with disabilities. For this reason, ADA required public transportation providers to gradually acquire accessible fixed-route buses. Paratransit demand strategies are commonly used by transit providers to control paratransit demand and shift passengers from paratransit to fixed-route transit alternatives.

DART First State's paratransit transportation is meant to serve as a supplement to its fully accessible fleet of fixed-route buses. Many customers have become accustomed to a high level of personalized service, offered at a fraction of the true cost of the service. A realistic public policy framework is to provide accessible public transportation services, at a reasonable cost, for disabled persons who are unable to use the accessible fixed-route system. DART First State has successfully instituted several demand-management strategies to minimize demand on the paratransit system. These strategies include travel training, the "Go Link" hybrid program of overlapping paratransit and fixed-route services, and a stronger no-show policy.

The following recommended demand-management strategies focus on operating/service adjustments to improve operational efficiency and provide service enhancements to persons with disabilities and seniors. These strategies include:

- **Trip Management** to group trips according to common destinations such as shopping during non-peak hours. One strategy to shape the distribution of paratransit travel demand is to manage levels of paratransit service based on the nature of the trip. Subscription trips (pre-scheduled, routine trips) are more productive than pre-scheduled, demand-responsive trips. Under ADA, however, there is a 50% cap on subscription trips and transit providers are not allowed to prioritize based on the purpose of a trip. While recognizing these constraints imposed under ADA, there is an opportunity to optimize scheduling performance by shifting certain demand-responsive trips to off-peak days and hours. Additional advances in mobility management efforts, and the cost-effective expansion of overall service levels, could be achieved through coordination among existing human service transportation providers. The table below illustrates a possible

framework to establish levels of paratransit service:

<b>Trip Purpose</b>	<b>Pre-Scheduling Format</b>	<b>Scheduling Parameter</b>
Chronic care (i.e., renal)	Subscription	Peak days/times permitted
Work/School	Subscription	Peak days/times permitted
Urgent Medical	Demand-responsive	Peak days/times permitted
Medical Appointments	Demand-responsive	Off-peak only
Grocery Shopping	Group*	Scheduled off-peak time/day
General Shopping	Group*	Scheduled off-peak time/day
Social-recreational	Group*	Scheduled off-peak time/day

*\*Specialized van services, operating on set days/times within certain geographic areas, could become operational to serve groups trips to grocery, shopping, and social-recreational destinations.*

- **Feeder Service** to transport paratransit riders, who are capable of using the fixed-route system, to board fixed-route buses at accessible transfer point or stop locations. Within a mobility management framework, feeder services may be coordinated between human service transportation providers and DART First State, using state service and senior centers as service “hubs.”
- **Hybrid or flexible fixed-route service** to extend DART First State’s successful model “Go Link” project to other viable locations in Delaware to establish timed transfers for paratransit customers, provide flexible-route adjustments to better accommodate customers unable to access fixed-route service, serve affordable-housing communities, and provide “hybrid” services to allow the general public to ride paratransit vehicles on a space-available basis in areas of limited transit service.

An additional series of recommended demand-management strategies are aimed at shifting capable, disabled passengers to fixed-route buses. This series of actions must be implemented in a sequential order as follows:

- **Improve access to fixed-route bus service.** While DART First State’s bus fleet is 100% accessible, physical barriers such as poor sidewalk infrastructure, lack of curb cuts, and facility amenity deficiencies such as lighting and shelter, visual/aural information systems, telecommunication devices, and accessible vehicle boarding areas are deterrents to riding the fixed-route system.
  - Invest in technology, such as ATSIM technology, to inventory and analyze transit stop improvement needs.
  - Improve off-street passenger facilities such as transit centers, transfer stations, and park-and-ride facilities, parking, curb cuts, and sidewalks.
  - Assess and correct on-street passenger amenities such as lighting, shelter, visual/aural information systems, telecommunication devices, accessible parking and vehicle boarding areas, and fare vending machines (once automated fare technology is developed).
  - Develop incentives for walkable commercial and residential developments as well as transit-oriented development standards, in collaboration with other state departments/agencies.

- **Tighten the paratransit eligibility process** once barriers are minimized and transit stop improvements are addressed, as a means to manage demand for ADA complementary paratransit service. DART First State has already taken positive steps to strengthen its eligibility process through research on an ADA eligibility process control model conducted by UD's Center of Disabilities Studies. The intent of this model is to provide a framework to objectively evaluate paratransit eligibility based on both the mobility attributes of a disabled person and the environmental attributes of the fixed-route system (Denson, 2004).
  - **Elements of a stricter eligibility determination process may include:**
    - Development of an online eligibility worksheet.
    - Mandatory in-person interviews (in conjunction with an online eligibility worksheet, conducted by local community-based organizations).
    - Functional assessments (to complement in-person interviews).
    - Trip-by-trip screening of ride requests for conditionally eligible patrons.
  - **Develop a targeted travel training program** at major state service centers, centers of employment, senior centers, and/or demand generators (e.g., the Elwyn Institute example in this study).

### 3. Consider Policy Reforms

Because federal law requires that the characteristics of ADA complementary paratransit service to mirror the fixed-route system, the growth of paratransit services should correspond to the growth of fixed-route system. However, because the Delaware model does not make a distinction between ADA complementary and non-ADA paratransit services, the growth of the paratransit system has remained unchecked. As a result of this public policy decision in Delaware, the demand-driven nature of paratransit and will result in continued, unconstrained growth in areas of low-density land use and low-density demand—areas not served cost-effectively by conventional fixed-route transit. A balanced menu of policy options and service strategies is proposed to manage demand, control costs, and enhance the efficiency and effectiveness of paratransit services in Delaware.

Paramount to managing the size of Delaware's paratransit system is the modification of public policy to differentiate between ADA complementary and non-ADA paratransit services. The goal of the public policy modification is to conform to federal law by adhering to the minimum ADA complementary paratransit service requirements. The intent is not to deny or restrict trips by paratransit customers whose disabilities prevent them from using the fixed-route system. To remedy this problem, the following options are proposed to:

- **Modify the service delivery policy to establish two service classifications:**
  - **Classify ADA complementary paratransit service** – as the federally mandated paratransit service provided by DART First State, for persons with disabilities who are unable to use fixed-route service and meet specific eligibility requirements as defined by ADA.
  - **Classify non-ADA paratransit service** as a premium-level paratransit service, provided either by a public or private transit agency, which provides eligible disabled persons services that exceed the minimum ADA complementary

paratransit (with respect to service area, response time, trip purpose, hours and days of service, and capacity).

#### **4. Adopt Revenue Reforms**

- **Conduct a comprehensive assessment of additional revenue enhancement opportunities, including the implications of SAFETEA-LU “New Freedom” program, which provides funding for new public transportation services and alternatives beyond those required by ADA.**
- **Implement a fiscal impact analysis model to project fiscal impacts associated with regional or statewide growth scenarios.**
- **Investigate PPPs or innovative financing options to finance Transit Oriented Development.**
- **Restructure DTC’s Fare Policy.**
  - **Increase the base fare for fixed-route bus fares and corresponding ADA-complementary paratransit fares** to account for inflationary costs since fees were last raised in 1989, correspond to comparable regional public transit systems, and support investment in capital costs of transit and new technology.
  - **Establish and adopt a two-tiered fare structure** that is consistent with ADA law, provides fare equity through “premium charges” for premium-level services, boosts fare box recovery for bus transit, and provides incentives for the use of the accessible, fixed-route bus fleet.
  - **Adopt pricing strategies to reflect levels of paratransit service** to provide incentives for patrons to use of less costly, accessible fixed-route buses and manage demand for non-ADA paratransit services. Pricing strategies may include premium charges for premium-level services such as:
    - Non-ADA paratransit services such as origins or destinations beyond the  $\frac{3}{4}$  mile paratransit buffer.
      - Peak-hour travel.
      - Door-to-door or hand-to-hand services, if not warranted through the eligibility determination process.
      - Other service differentials exceeding fixed-route operating days/hours.
- **Market the availability of fare incentives for use of the fixed-route system by persons with disabilities (who are qualified to use fixed-route) and senior citizens.**

## **Path Forward**

### ***Comprehensive, Integrated Strategic Planning***

Both DTC and DelDOT have engaged in strategic planning processes. Strategic planning is used by private corporations and public entities to establish frameworks to assess issues and trends impacting operations, develop a vision, establish goals and objectives, determine performance measures, guide the development of financial and business plans, and set spending priorities. Several documents guide or represent the strategic direction of DTC including *Transitioning*

*Transit: Delaware's Long-Range Transit Plan for the 21<sup>st</sup> Century; Delaware Transit Corporation Business Plan, Fiscal Year 2008 – 2013; Fiscal Year 2008 Operating Budget; the current Six-Year Capital Budget; DelDOT's long-range transportation plan; "Shaping Delaware's Future," the State's Long-Range Plan; Strategies for State Policies and Spending; and the state's Livable Delaware agenda. Other long-range plans have also provided policy guidance and helped shape the strategic direction of DTC including long-range transportation plans of Delaware Metropolitan Planning Organizations (MPOs), long-range and comprehensive plans of local governments, and other transportation research and investment studies.*

It is evident that a solid foundation for strategic planning is in place in Delaware. Yet this project illustrates a fundamental disconnect between transportation, housing, and land-use planning. DTC and DelDOT need to collaborate both internally, among state agencies, county governments, and stakeholders to identify interrelated issues and challenges. A comprehensive, integrated strategic planning process is needed to cooperatively address mutual issues and to ensure that strategic planning efforts are consistent and interconnected. Paramount to this process is a results-oriented management system with a strong customer focus—one that recognizes the need to link customer expectations with organizational plans, measures, and accountability.

# APPENDIX B -FY 2013 DDDS Services Rate Table from Web

<b>\$0.17 Increase to Direct Care Wage, Increase "No-Loss" Rates 1.5%, \$0.12 Increase to Foster Care Rate</b>			
	<b>FY 2012 Base Rate</b>	<b>FY 2013 Base Rate</b>	
<b>Direct Care Staff Rate</b>	10.93	11.10	HOUR
<b>Residential</b>			
NGH - Large Agency	21.49	21.82	HOUR
NGH - Medium Agency	21.73	22.07	HOUR
NGH - Small Agency	22.24	22.59	HOUR
NGH - Specialized	22.24	22.59	HOUR
Apartment/CLA	21.49	21.82	HOUR
<b>Day Hab/Pre Vocational</b>			HOUR
Facility w/ Transportation	28.92	29.27	HOUR
Facility w/o Transportation	24.23	24.58	HOUR
Non Facility w/ Transportation	27.14	27.49	HOUR
Non Facility w/o Transportation	22.45	22.80	HOUR
<b>Supported Employment</b>	49.02	49.76	HOUR
<b>Shared Living</b>	7.65	7.77	HOUR
<b>Nursing Consultative Service</b>	13.23	13.23	QTR. HOUR
<b>Behavioral Consultative Service</b>	13.94	13.94	QTR. HOUR

## APPENDIX C - Transportation Providers for DHSS

### Agreement with Logisticare – as of February 2013

Provider Name	City	State
A & T TRANSPORTATION LLC	Seaford	DE
A SOURCE TRANSPORTATION INC	Dover	DE
ABILITY TRANSPORT INC	Wilmington	DE
ACTIVE TRANSPORTATION INC	Newark	DE
ADVANCED LIFE SUPPORT	Philadelphia	PA
CASTLE RIDE	New Castle	DE
CONNECTIONS - NEW CASTLE	Wilmington	DE
CONNECTIONS - SUSSEX	Wilmington	DE
CROSSROADS OF DELAWARE - FMRP	Wilmington	DE
D&G TAXI SERVICE	Middletown	DE
DART	Dover	DE
EASTER SEALS	New Castle	DE
EASTERN SHORE TRANSPORT INC	Milton	DE
EE ZE RYDER	Milton	DE
EXCEPTIONAL CARE FOR CHILDREN	Newark	DE
FAB TRANSPORTATION LLC	Dover	DE
FIRST STATE COMMUNITY ACTION	Georgetown	DE
FRIENDLY TRANSPORTATION	Elkton	MD
GENERATIONS HOME CARE	New Castle	DE
HART TO HEART AMBULANCE	Forest Hill	MD
HOLMES LEGACY INVESTING LLC	Smyrna	DE
IKETEX VARIETY VENTURES INC.	Dover	DE
INFINITI TRANSPORTATION LLC	Bridgeville	DE
IZOFAH TRANSPORTATION	Dover	DE
JIREH LIMOUSINE & MEDICAL TRANSPORTATION	Laurel	DE
LIFESTAR RESPONSE OF MARYLAND INC	Baltimore	MD
LIMO EXCHANGE	New Castle	DE
MID ATLANTIC CARE LLC	Newark	DE
MONARCH TRANSPORTATION - WEST ENTERPRISE	Laurel	DE
MONDLIZE CONSUMER SERVICES LLC	Bear	DE
McCOVE ENTERPRISE	Dover	DE
NEW DAY TRANSPORTATION	Newark	DE
NURSES 'N KIDS - MILFORD	Milford	DE
NURSES 'N KIDS - NEW CASTLE	New Castle	DE
ON TIME AMBULANCE	Roselle	NJ
OTISE TRANSPORT INC	Dover	DE
PARENTKARE SOLUTIONS LLC	Wilmington	DE
PRIME CARE AMBULANCE	Milford	DE
READY TO GO TRANSPORT LLC	Newark	DE
SHAWEESH MEDICAID TRANSPORTATION	Wilmington	DE
SINCLAIR MACK - VOLUNTEER	Dover	DE
SOS HEALTH MEDICAL TRANSPORTATION LLC	Wilmington	DE
STATE EXPRESS LLC	Newark	DE
STATEWIDE TRANSPORTATION	Bear	DE
SUPER LIMO TRANSPORTATION SERVICES	Wilmington	DE
SUPERIOR MEDICAL TRANSPORTATION	Wilmington	DE
TRANSCARE ML INC	Paoli	PA
UNIQUE TRANSPORTATION INC	Dover	DE
UNIVERSAL TRANSPORTATION INC.	Smyrna	DE
URGENT AMBULANCE SERVICE INC.	Newark	DE
WHP TRANSPORTATION CO.	Newark	DE
YELLOW CAB - DAMOCO HOLDING LLC	Wilmington	DE

Source: Email Correspondence from Kimberly Reinagel-Nietubicz, March 26, 2013.

# DART First State Statewide Paratransit Plan

Proposed changes to current  
paratransit service

Changes to be implemented  
July 1, 2010

## Title VI of the Civil Rights Act

DART provides its Public Services in accordance with the Rights under Title VI of the Civil Rights Act – No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.



## **Federal Regulations**

### **49 CFR 37.121**

(a) Except as provided in paragraph (c) of this section, each public entity operating a fixed route system shall provide paratransit or other special service to individuals with disabilities that is comparable to the level of service provided to individuals without disabilities who use the fixed route system.

(c) Requirements for complementary paratransit do not apply to commuter bus, commuter rail, or intercity rail systems.

### **49 CFR 37.131**

#### **(a) *Service Area* (1) *Bus***

(i) The entity shall provide complementary paratransit service to origins and destinations within corridors with a width of three-fourths of a mile on each side of each fixed route. The corridor shall include an area within three-fourths of a mile radius at the ends of each fixed route.

(ii) Within the core service area, the entity also shall provide service to small areas not inside any of the corridors but which are surrounded by corridors.

(iv) For purposes of this paragraph, the core service area is that area in which corridors with a width of three-fourths of a mile on each side of each fixed route merge together such that with few and small exceptions, all origins and destinations within the area would be served.

(e) Hours and Days of Service. The complementary paratransit service shall be available throughout the same hours and days as the entity's fixed route service.

## **State Mandates – Renal Care (Dialysis)**

Transportation is provided based on Epilogue Language in the Delaware Transportation Authority Budget, Section 278 (g).

'Funds provided for Transit Operations are intended to include funding to allow the Delaware Transit Corporation or a private contractor to: (1) continue to provide the present level of service to dialysis patients on normal service days during the hours offered in New Castle County by the Delaware Transit Corporation to the extent that such service does not place the Delaware Transit Corporation in violation of the federal Americans with Disabilities Act; (2) provide service to dialysis patients in Kent and Sussex counties during hours identical to those offered in New Castle County.'

# **Paratransit Plan Proposal**

## **Implementation July 1, 2010**

The Delaware Transit Corporation/DART First State is mandated through the Americans with Disabilities Act (ADA) and the Federal Transit Administration (FTA) to provide Paratransit Service in areas surrounding three-quarter miles of any fixed route service during the hours and days of a particular route. At the current time, DART First State serves the entire State with no distinction between mandated services and other door-to-door transportation services provided.

An ever growing demand for paratransit services makes it necessary for DART First State to review the levels of services and make appropriate changes.

DART First State must:

- Ensure compliance with federal mandates
- Ensure a sustainable system for the future

It is DART First State's intention to continue to provide services under the following guidelines:

### **ADA Service**

DART First State Paratransit Service will provide ADA Paratransit Service to ADA eligible individuals whose origin and destination is within  $\frac{3}{4}$  mile of fixed route services during the days and hours of operation of the fixed route service and/or Standard Operating Hours within each county.

ADA Eligible Individual –

- Individuals who have been determined as ADA Unconditional.
- Individuals who have been determined as ADA Conditional, if the conditions placed on their eligibility permits.
- Individuals who are registered with DART First State as ADA Visitor Status.

## ADA Eligible Trip

- Beginning and ending points of the trip must be within the designated 3/4 mile of fixed route service during the days and hours the route operates and/or the Standard Operating Hours [Attachment #1]. Days and hours of service may vary depending on location. These times are subject to change based on changes that may occur during fixed route service changes. Travel times will be dependent on length of trip.

DART First State will serve commuter bus routes the same as fixed route bus service to the extent that such service does not place the agency in violation of the requirements of the ADA.

## **Non - ADA Service**

DART First State will provide paratransit services to persons meeting the following criteria:

Disability – Individuals who have been certified to use paratransit service by meeting the eligibility criteria under ADA as being unable to use fixed route independently, but reside or travel outside 3/4 mile of areas served by fixed route services.

Dialysis Only (Renal) – Individuals are provided door-to-door service to and from renal treatments even though they do not meet eligibility criteria under ADA. Transportation is provided based on epilogue language in the Delaware Transportation Authority Budget, Section 278 (g).

Aging – Individuals are provided door-to-door service that have been certified based on age that do not meet eligibility criteria under ADA. Individuals must be age 65 or older. Trips are provided on a space available basis.

Paratransit service will be provided within the State of Delaware boundaries regardless of availability of fixed route services during standard operating hours [See Attachment #1].

Length of time on board the bus when traveling outside the ADA mandated service area will depend on length of trip.

Exceptions to state border boundaries include Delmar, Maryland to connect with Shore Transit and Ocean City, Maryland during Resort Season only to connect with Wicomico Transit.

If the demand at any given time exceeds available resources, DART First State reserves the right to prioritize trips outside the ADA mandated service area to ensure people are able to get to medical appointments, to work, and to school. Trips outside the ADA mandated service area will be grouped in order to achieve maximum efficiencies. Alternative travel times may be offered in order to accommodate trip requests.

DART First State will provide paratransit services not required by the ADA to the extent that DART First State is not in violation of the requirements of the ADA.

### **Attachments**

Attachment 1	Standard Operating Hours
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Attachment 2	Service Area Appeal
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Attachment 3	Service Area Map
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## Attachment # 1

### STANDARD OPERATING HOURS (No Change From Existing Hours)

	<b>Earliest Pickup</b>	<b>Latest Pickup</b>
<b>New Castle North</b> (Above the C & D Canal)		
Monday – Friday	6:00 am	10:00 pm
Saturday	6:00 am	7:00 pm
Sunday (only available in Service Area)	9:00 am	5:30 pm
<b>New Castle South</b> (Below the C & D Canal)		
Monday – Friday	6:00 am	7:00 pm
Saturday	6:00 am	5:00 pm
<b>Kent County</b>		
Monday – Friday	6:00 am	9:00 pm
Saturday	6:00 am	4:00 pm
<b>Sussex County</b>		
Monday – Friday	6:00 am	9:00 pm
Saturday	6:00 am	4:00 pm

Note: Within Service Area means within  $\frac{3}{4}$  mile of fixed route service

Earlier or later times may be available if fixed route bus service is available on the day and the times you wish to travel. The origin and destination of your trip must be within  $\frac{3}{4}$  mile of fixed route.

#### **Paratransit Service is NOT available on the following holidays:**

New Years Day	Memorial Day	Independence Day
Labor Day	Thanksgiving Day	Christmas Day

Resort – ADA Paratransit Service is available Memorial Day through Labor Day, including holidays, in conjunction with Resort Service hours and locations that are established each season.



## **ADA SERVICE AREA APPEAL**

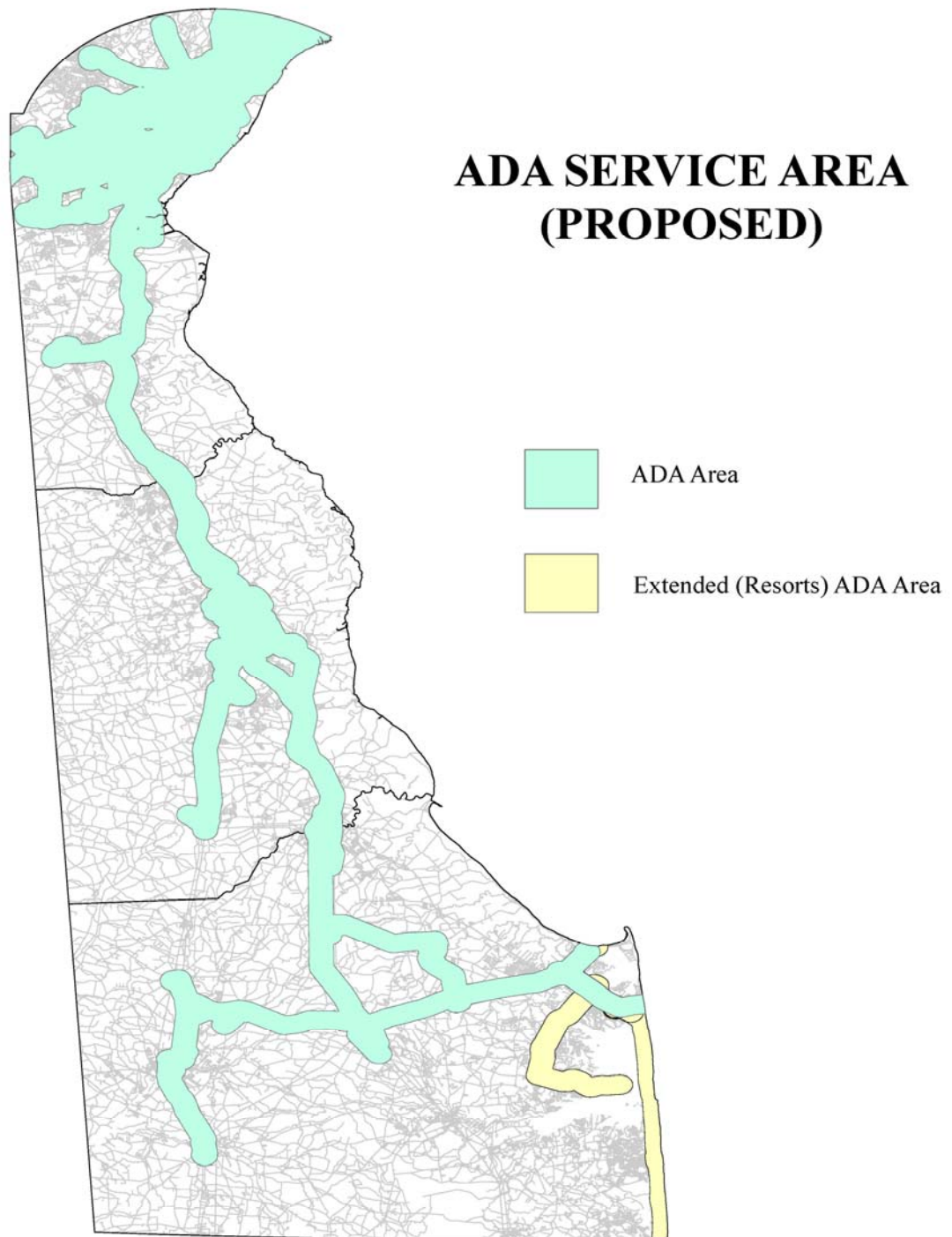
DART First State ADA Service Area is defined as that area of a  $\frac{3}{4}$  mile radius surrounding all fixed routes. DART First State ADA Paratransit Service will be available during all hours and days of fixed route service and/or standard operating hours.

If you do not agree with the decision that your origin or destination is outside of the ADA Service Area you have the right to appeal.

You may appeal by simply providing the address and/or location in question.

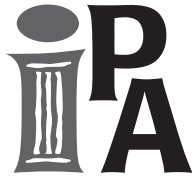
- By Telephone through Reservations Department by calling 1-800-553-3278  
OR
- By mailing to: DART First State  
Attn: Service Area Appeal  
900 Public Safety Blvd  
Dover, DE 19901

Determinations on appeals will be made within 5 business days from date of receipt. Trips from origin/destination in question will not be provided during this appeal time.



This map is for general informational purposes only to assist in identifying where fixed route service is provided as of March 1, 2010. The Resort ADA service is only available May through September as noted on the Standard Hours of Operations attachment.

The shaded areas depict  $\frac{3}{4}$  mile area where ADA paratransit service is required. Area is subject to change based on fixed route service changes.



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