

getting there!

A Transportation Initiative of HealthONE Alliance
and Rose Community Foundation



*Analysis of Colorado's
Human Service and
Public Transportation Networks*

Fall 2005

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Prepared for the Getting There Collaborative

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Fall 2005

Analysis of Colorado's Human Service and Public Transportation Networks and supporting materials (Coordinating Transportation in Colorado; A Practitioner's Guidebook, and Highlights) are also available on www.health1.org and www.rcfdenver.org.

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Executive Summary

Introduction

By 2030, one in every five Americans will be age 65 or over. Colorado is no exception. With one of the fastest growing elderly populations in the country, Colorado's over-65 population will triple in the next 25 years.

For the foreseeable future, meeting older-adult mobility needs will be a major challenge for many government, human service and community organizations. When older adults lose their ability to drive, they also risk losing their vital connections to needed services and community involvement—issues as basic as medical appointments, grocery shopping and attending religious services. Studies show that safe, convenient modes of transportation ensure independence and self-sufficiency and delay costly home care or nursing home services while also reducing demand for community and government services.

Two Transportation Networks

Currently, transportation services in Colorado are provided through two networks:

- Public transportation systems serve the mobility needs of the general population and may offer specialized services for people with specific mobility impairments.
- Human-services transportation is an ancillary function of agencies that must transport clients to and from the services or programs they offer as part of their mission. Examples include agencies on aging, mental health centers and programs for people with disabilities that operate vans or buses to transport clients from their homes to facilities where programs are located.

This analysis describes both transportation networks in detail. It identifies three key issues:

- Both transportation systems face the dual challenge of mounting need and insufficient funding.
- Transit options for Colorado's older adults are currently inadequate, particularly in suburban and rural areas where the concentration of seniors is increasing.
- Coordination between these two networks provides the best solution to the mobility challenges faced by Colorado's growing senior population.

Background and Purpose

HealthONE Alliance and Rose Community Foundation are engaged in a multi-year initiative to improve transportation for older adults: the **Getting There Collaborative**. The initiative aims to determine the best and most effective ways to provide transportation services, particularly for older adults and persons with special needs. To that end, Getting

There has commissioned this transit analysis, including a guidebook with a comprehensive examination of Colorado's human-service transportation and public-transit services.

This analysis was commissioned to create a broad understanding among planners, policy makers, foundations and others about the current transportation systems in Colorado and to provide a framework for discussing improvements in these systems. Specifically, the objective of the analysis is to provide decision-makers with a tool that can lead to providing services more effectively--making the best use of available resources, and increasing mobility among persons who are dependent on transportation services.

Even before the analysis was commissioned, two factors were apparent: timing and coordination. Months earlier, with the endorsement of the Administration of George W. Bush, four federal departments (Transportation, Health and Human Services, Labor and Education) together introduced a new transportation initiative called ***United We Ride***. The initiative provided incentives and grants to states wishing to initiate or enhance coordinated transportation activities. Colorado received a \$35,000 grant to fund an Interagency Coordinating Council, for which this analysis provides substantial background research. The analysis also includes promising examples of coordination between public transportation systems and human services transportation networks from other states.

The Transportation Analysis

The analysis poses three key questions:

- How are transportation services provided in Colorado?
- What is the role of coordination in improving mobility and how can coordination be increased?
- How can the mobility of older adults and persons with disabilities in the Denver-Boulder metropolitan area be improved?

The report examines and maps transportation boundaries; explores local, state and federal funding for each program; gives an in-depth examination of coordinated services; creates a profile of the older transportation consumer; and provides data to illustrate the projected need and impact for specialized transportation services in the next two decades, with an emphasis on the heavily populated Denver-Boulder metropolitan area.

Key Observations

- 1. Successful cost-effective transportation systems coordinate resources and offer a variety of user options.**

Coordinating resources saves money and provides greater choices. By consolidating administrative services and fully utilizing vehicles continuously throughout the day, systems can operate at higher service levels and provide riders with more options. "User friendly" environments are paramount as well; older

adults will take public transportation if they can safely walk to a bus stop and easily get information about travel options and schedules.

2. Barriers to coordination of transportation services exist and can be overcome.

Many challenges exist in developing a coordinated transportation system. No single entity can solve this problem; responsibility and decision-making authority is dispersed among many entities. Several reasons emerge as to why agencies are not successful in coordinating their resources:

- Service area boundaries differ between the human-service programs and public transportation providers.
- Tight budgets often result in riders being transferred to agencies with a legal responsibility to carry them, rather than placing riders with the most cost-effective means.
- Regulatory constraints by federal and state transportation funding agencies often make coordination and funding efforts difficult.

The analysis demonstrates that the best way to deal with these and other challenges is through local coordination among human-service and public-transportation networks. It offers models from communities across the country showing how government entities have worked within regulatory constraints to successfully implement efficient, cost-effective programs serving the needs of older adults and transit-dependent individuals.

3. Excellent models of coordination exist in several Colorado communities.

Several excellent models of coordination exist in Colorado in both the urban and rural portions of the state. Colorado communities with effective coordination share some common characteristics:

- Local funding support for services and coordination
- Determination to address the problems of limited mobility
- Identified champions for the effort

4. Local funding of transportation is critical in Colorado.

It is not widely known that the State of Colorado does not provide matching funds for transit. Therefore, local funding is critical. Advocacy programs are needed to alert policymakers about the serious challenges the lack of state funding poses in the long term. For the short term, funding for coordinated transportation activities must come from the local level or through savings realized by reducing transportation costs in human-service programs. Because responsibility to match federal transit dollars is left to local governments, communities that take on this responsibility have the ability to develop strong and effective systems.

5. Transit services are currently lacking in suburban and rural areas. Large numbers of older adults will need services in these areas in the future.

Land use patterns will have a major impact on the mobility of those that require specialized transportation. For example, many hospitals and other facilities have moved from the downtown core to suburban locations that often have limited transit service.

6. The need for paratransit services will grow dramatically and will require tremendous resources.

The need for specialized transit service increases with age. The Americans with Disabilities Act (ADA) requires agencies that operate fixed-route transit services to provide paratransit services for those people whose disabilities prevent them from using a fixed route bus. The size of the ADA-eligible population is expected to grow by 94 percent by 2030, with a likely diversion of resources to paratransit services.

Recommendations for Action

The report includes a discussion of mobility strategies, all of which begin with an understanding and commitment among local community leaders, elected officials and transportation managers that meeting the transportation needs of older adults and disabled persons is critical. General recommendations are:

- Adopt a multi-faceted and comprehensive approach to increasing mobility for older adults and those with special needs. Involve human-service agencies, public transit operators, cities and counties.
- Starting with the Colorado Interagency Coordinating Council, build strong collaboration between state and local entities, with state- and local-level councils that have distinct responsibilities.
- Identify and pursue strategies to increase funding for specialized transportation at the local level. Help communities apply for and receive matching funds.
- Identify underserved communities and regions. Replicate successful programs currently operating in similar Colorado communities.

Further details on these recommendations now follow.

1. Improve Coordination.

In almost all cases, states that have focused on coordination have seen improvements in cost efficiency and improvements in service quality. The report outlines the following initial activities to improve coordination:

- Participate in the Colorado Interagency Coordinating Council, tasked with establishing state policies to support coordination. Through the Council, state agencies can update programs, enhance coordination, review how services are provided, and consider incentives to coordinate.
- Identify the methods and costs of providing access to services. Ask the questions, "Does the method support a coordinated approach to transportation? Are all entities paying the fully- allocated costs of agency trips? Does one agency rely on others to provide transportation services? Can effective networks be created?"
- Provide information, training and awareness activities. Inform employees, commissions and volunteers about the cost savings and benefits of coordinated programs and the critical and urgent need for strategic changes.

2. Increase Awareness in Local Governments for Coordination and Funding.

While the study identified the critical role of local governments in providing transportation services, it also recognized that this role is not well understood.

- Conduct a public information and awareness campaign aimed at residents, public officials and transportation professionals, with the goal of building public support for specialized transportation services. Emphasize the financial and social impact of mobility on people and communities. Use the success stories of Colorado communities to build support.
- Create local agency initiatives responsible for both developing policies and delivering services. Activities at the local level include establishing a local coordinating council and identifying direct and indirect funding streams that fund transportation.
- Initiate a dialogue among local and state officials and agency representatives about the value of providing transportation services and sharing costs across jurisdictional lines.

3. Expand the Availability of Transit, Paratransit, and Specialized Transportation Services.

- Population growth and other demographic predictors demonstrate the critical need to prepare for the future with increased use of low-floor buses, expansion of specialized transportation services, and transferring riders to the appropriate lowest cost mode for their travel needs.

Specific actions require:

- Developing strong partnerships between RTD and local jurisdictions in the Denver metropolitan area so that programs can be coordinated and boundary issues minimized.
- Increasing funding for specialized transportation services at the local level.

- Building an advocacy base throughout the public, private and government sector to create policy and funding changes.

4. Address the needs of a growing older-adult population.

- Help older adults continue driving safely for as long as possible, thus reducing the need for costly paratransit services. Establish driver wellness classes and encourage volunteer driver programs.
- For non-drivers, provide information, choice and flexibility among low-cost transportation options, including volunteer drivers, fixed-route options and pedestrian friendly routes.

5. Improve Mobility in the Denver-Boulder Metro Area by Partnering with FasTracks.

The Denver-Boulder metropolitan area has an unparalleled opportunity to improve older adult mobility through the FasTracks build-out. With planning and foresight, strategic opportunities include:

- Mixed-use land development featuring housing and services for older adults and people with disabilities near rail stations;
- Transferal of costly long-distance trips to the FasTracks network;
- Promotion of pedestrian activity through infrastructure improvements.

The Full Report

To receive copies of the report, "Analysis of Colorado's Human Service and Public Transportation Networks," please contact HealthONE Alliance at 303.953.3600 or Rose Community Foundation at 303.398.7400. The reports are also available online at www.health1.org and www.rcfdenver.org. All rights reserved. To request permission to excerpt from this publication, please contact HealthONE Alliance or Rose Community Foundation.

Chapter 1. Overview

Introduction

The ***Getting There Collaborative***, a multi-year initiative to improve transportation for older adults, funded by HealthONE Alliance and Rose Community Foundation, has commissioned this analysis of the human-service transportation and public-transit networks in Colorado.

Transportation is one of the services most commonly requested by older adults. When it is no longer possible or safe to drive, older adults still need to shop, go to the doctor, visit friends, and participate in community or religious activities. As aging individuals become frail, more assistance is often needed – such as door-to-door or door-through-door services. With such support it is possible for many to continue to live independently.

Colorado has significant transportation needs today, and they will only grow in the future. We anticipate that in the next 25 years, Colorado's population will increase by 50 percent. In addition, as the Baby Boom generation reaches age 65, the percentage of older adults will more than double. The result of combining these two demographic trends results in almost three times as many older adults in 2030 as there are today.

We anticipate that the growth in transportation needs of older adults will outpace the resources available to address these needs. As such, it is important to identify how to use the available resources to the best advantage and how the range of transportation options can expand.

About Human-Service Transportation

Specialized transportation programs were not very prevalent prior to the 1970's. They came into being and have grown for many reasons:

- Public transportation systems were in significant decline in the 1950's and 1960's.
- It is now more common for older adults to live much longer, to ages where driving can become more difficult.
- In urbanized areas, sprawl has led to longer trips. In rural areas, consolidation of facilities in regional centers occurred, again leading to longer trips. The increase in medical specialties has also led to longer trips for these services.
- Land use patterns and retail services changed, resulting in fewer neighborhood stores and services within walking distance.
- As society became more mobile, families dispersed. Older adults may not live as close to their children as in the past.
- As the number of two-income households grew, older adults found it more difficult to obtain transportation from their adult children.

- As medical rehabilitation advanced, the number of people with disabilities has increased. As society has integrated persons with disabilities into the workforce and community life, the need for transportation has grown significantly.
- As the cost of full time nursing care has increased, the demand for adult day care and home health care has grown. The provision of transportation services is a major component of most such alternatives.

As a result of these factors, specialized transportation has burgeoned in the last 30 years, spurred in part by federal funding. Some of the programs were spurred by federal anti-poverty programs such as the Community Action Programs. In some cases client oriented programs such as mental health centers or senior centers initiated transportation programs.

In the 1970's and 1980's, specialized transportation services were often established separately from public-transit services. Cities, counties, private nonprofit organizations or programs serving a specific client base might establish them. Public-transit was often thought of as only fixed-route bus service and many human-service clients needed more specialized services. By the 1990's the Americans with Disabilities Act required public-transit agencies to provide paratransit services to complement their fixed-route services. As a result, these specialized services are now available where fixed-route bus service is provided. However, the ADA mandated programs are generally funded entirely with local funds and because of the cost burden, transit agencies often find they must limit the services only to those mandated by the ADA.

This project examines the human-service transportation programs and public-transit services in Colorado. The objective is to understand how to provide services most effectively. This can be measured by effective use and leveraging of available resources, increased mobility among persons who are dependent on transportation services, and by the ability of a wide range of programs to meet their larger program objectives such as reducing poverty or enabling people to live independently or access employment.

Expanding Transportation Options

Across the nation, cities and states are grappling with the issue of how to expand transportation options for older adults. This is a complex issue for several reasons:

- Human-service programs offering transportation and public-transit services receive funds through a multitude of federal programs, each with its own program orientation, set of regulations, goals, values, planning and budgeting processes, matching requirements and jargon.
- Individuals may be eligible for more than one human-service program. Older adults, in particular, have a high incidence of disabilities and may also be poor. Often the transportation services funded by these programs are separate, requiring different registrations, calls to different numbers to schedule a trip, and riding on different vehicles.

- The passage of the Americans with Disabilities Act (ADA) in 1990 changed the responsibilities for providing transportation to individuals with disabilities. The ADA requires local public fixed-route transit providers to offer specialized transportation known as “paratransit” services. In Colorado, this results in local government paying a larger portion of transportation costs that were previously funded through state and federal programs and charitable donations.
- Both at a local and at a state level, severe fiscal constraints must be dealt with. Many agencies report rapidly increasing costs in mandated programs. Many of the cost increases are related to the aging of the population or the increased incidence of disabilities in the population, factors beyond the control of a program manager.
- In an effort to control costs, many programs are pulling back and only providing services mandated by law, and limits on benefits are being put in place where possible. This, in turn, puts pressure on other transportation programs.
- Access to medical services is a critical part of the mobility issue. The lack of physicians accepting Medicaid patients in many areas is exacerbating the need for transportation.
- In many areas where coordination is in place, the result is cost savings or increased mobility, or some combination of both. However, because of differences in how programs are set up in different states and regions, a single model that can be used to coordinate transportation services.

Project Focus

Because of the complexity of the issues, it is important to begin with these questions:

- How are human-services transportation and public-transit services funded in Colorado?
- How does the funding affect the delivery and availability of transportation services across the state?
- What role could coordination play in improving mobility and making better use of scarce resources?

Managers of various human-service or public-transit programs often understand their own programs very well but only have a sketchy idea of how other programs operate. Building a common understanding of how to fund and deliver transportation services will be an important step in improving coordination of transportation services.

The ***Getting There Collaborative***, a multi-year transportation project, aims to improve mobility for older adults in the Denver-Boulder metropolitan area. This study will include a special focus on the metropolitan area. However, an underlying premise is that improving coordination in statewide programs will be key to achieving marked improvements in mobility for older adults in the metropolitan area. As such, an examination of how the state can support coordination between human-service

transportation programs and between human-service programs and the public-transit network is an important component to the project.

In 2005, state agencies will be addressing the coordination of transportation services in Colorado through the federal initiative *United We Ride*. The *United We Ride* project includes a facilitator and the establishment of a Colorado Interagency Coordinating Council. This Council will provide a forum for state agencies and other stakeholders to address coordination of transportation services in-depth. The **Getting There** analysis provides substantial background research for the Council as it begins its work.

Report Organization

This first technical report for the project presents information on funding, existing services, demographics, and coordination. What transportation services exist today in Colorado? How is coordination defined and what are the benefits? How might it be beneficial in Colorado?

A brief glossary provides some of the terms that may be new to readers. The glossary follows the introductory chapter. It should also be noted that in this report the term "paratransit" has been defined as that type of specialized transportation service that is required by and meets the standards set by the Americans with Disabilities Act. While the generic term "specialized transportation" includes paratransit service, it also includes all other types of services. Those services that are more restrictive than paratransit (perhaps limited to only a few trip purposes) or less restrictive (perhaps providing door-to-door assistance or operating throughout a county without regard to the location of fixed route services) are included as specialized transportation.

Chapter Two sets the stage with a discussion of the funding sources that the human-service transportation and public-transit networks use. The chapter explores how the distribution of federal funds takes place in Colorado, where there is state match, and the role of local governments in providing transportation funds for public-transit and human-service transportation.

A summary of the human-service transportation network and the public-transit services available in Colorado's urban and rural areas is the topic of Chapter Three. In addition to describing the delivery of transportation services, it identifies both the successes and challenges each region faces.

Chapter Four describes demographic factors that will influence the need for transportation in the state, with an emphasis on the Denver-Boulder metropolitan area.

The fifth chapter addresses questions of coordination, such as:

- What is coordination and what are the benefits?
- What is the national experience with coordination?
- How might the lessons learned nationally be applied to Colorado?

Chapter Six continues on the theme of coordination, but moves on to describe strategies to increase coordination of services both statewide and for the Denver-Boulder metropolitan area. A broader range of mobility strategies – covering everything except the specific coordination strategies is included in Chapter Seven. The report concludes with recommendations on key strategies to implement in the Denver-Boulder metropolitan area with an emphasis on establishing a regional group to champion improved mobility for older adults.

“Coordinating Transportation in Colorado: A Practitioners Guidebook”, which provides details of the primary funding sources used for transportation, augments this report. It also provides comprehensive information on the human-service transportation network and public-transit services in each region of the state. In addition, a summary of other pertinent studies identified in a literature review is included.

Figure 1-1 Commonly Used Terms

Agencies and Service Providers for State Human-Service Programs

Area Agency on Aging (AAA) – 16 regional agencies responsible for the Older Americans Act and Older Coloradans Act programs at the local level. Each one has an advisory council. The AAAs contract for transportation, nutrition, and other services

Boards of Cooperative Educational Services (BOCES) – Cooperative boards consisting of local school boards, community colleges, and other educational institutions. These agencies combine to provide services that are most effectively provided by several districts, such as services for students with disabilities, rather than by each individual school district.

Community Centered Boards – 20 private nonprofit agencies, established by statute, that are responsible for providing comprehensive services, including transportation, to people with developmental disabilities at the regional level.

Council of Governments (COG) – Voluntary association of local governments that operates as a planning body, collects and disseminates information, reviews applications for funding, and provides services for its member governments.

Metropolitan Planning Organization (MPO) – Agency designated by law with the lead responsibility for developing transportation plans and programs within an urbanized area. MPOs are established by agreement of the Governor and units of local government representing at least 75% of the population in the urbanized area. An MPO can also be a Council of Governments (see above).

Regional Service Centers – Three state operated centers serve people with the most severe developmental disabilities. These are located in Grand Junction, Pueblo, and Jefferson County.

Transportation Planning Region – 15 regions used by Colorado Department of Transportation for transportation planning activities. These planning activities are mandated by state law and cover both urban and rural areas of the state.

Workforce Investment Areas – Nine federally recognized areas within Colorado in which employment and training activities are carried out. Eight are operated locally by urban counties (sometimes more than one county joins together to provide these services) and one is a rural consortium that covers the rest of Colorado. The rural consortium is divided into seven smaller regional areas managed by the Colorado Department of Labor and Employment.

Urbanized Area – Area with contiguous population of over 50,000.

Urban Area – Area with contiguous population of over 5,000.

Types of Transit Services

Community Bus Routes – Transit routes that operate on a fixed-route and fixed schedule and connect key trip generators and attractors within the local community. The routes provide frequent service within a small service area to locations such as apartment complexes, senior residences, transit hubs, retail concentrations, educational institutions, and employment centers.

Deviated-Route – Transit services that allow the driver to deviate from a fixed-route to pick up or drop off passengers with special needs

Demand-Responsive – Transit service in which riders schedule an appointment to be picked up and dropped off at locations of their choosing.

Door-to-Door, Door-Through-Door, or Curb-to-Curb Service – Describes the level of service provided in demand-response or specialized transportation services. With door-to-door service, the driver assists the passenger to and from the doorway. With door-through-door service, the driver assists the passenger into a home or building. "Specialized" transportation is used in this report to cover all other types of demand response services. These services may be identical to that provided as paratransit service or may vary. The key is that specialized services are voluntary while paratransit services are legally required.

Human-Service Transportation – Transportation services provided to clients of a particular program.

Fixed-Route – Regularly scheduled transit service along a pre-determined route, with no deviations.

Paratransit – Demand-response service that meets the requirements of the Americans with Disability Act. May also be referred to as "complementary paratransit service." In this report, "paratransit" is a term reserved for that service fixed route transit providers are required to provide under the Americans with Disabilities Act. It is required to be provided as "curb-to-curb service", where the passenger must be able to wait at the curb for the vehicle. Specialized transportation service (see below) may be identical to paratransit service, but it does not have to meet the exact legal definitions of paratransit service.

Public-Transit – Transportation services available for all people, not limited to a certain group of clients or specific trip purpose.

Specialized Transit – A generic term for service that is designated primarily for certain population groups, usually disabled and/or elderly riders. In this report, the term generally refers to all types of demand response service that are not required under the Americans with Disabilities Act. In some cases it is used in its generic sense, and paratransit services are included as a type of specialized transportation service.

Other Terms

Alternative Modes or Alternative Transportation – Any way of getting from point A to point B other than driving alone in a car, van, or truck. Alternative modes include carpooling, vanpooling, bicycling, walking, or riding transit.

Americans with Disabilities Act (ADA) – A Federal Law that requires facilities and services be made accessible to persons with disabilities. Transportation services and facilities are just one area the law covers.

Broker – An agency or organization that takes in requests from riders for demand-responsive service, determines which transit provider could best provide the trip based on the location and type of trip and the type of rider, and then coordinates the trip with the provider.

Designated Recipient – A public body designated in each urbanized area to have the legal authority to receive and dispense federal funds, such as from the Federal Transit Administration program.

United We Ride – A federal initiative to improve coordination among the various human-service transportation and transit programs funded through federal legislation.

Volunteer driver programs – A variety of volunteer-based programs exist in Colorado. In some programs, older adults volunteer as drivers and people needing rides call in requests. The Chaffee County "Neighbor to Neighbor", Fort Collins SAINT, and Douglas County "Neighbor Network" are examples.

Chapter 2. Funding Overview

It is useful to begin with an understanding of what funding sources human-service transportation and public-transit networks use. Funding falls into several basic categories:

- Federal**
 - There are several primary programs, each with a complex set of regulations.
 - Eligibility, matching, and program requirements vary for each.
 - Many are administered through state government.
- State**
 - The state role is limited, with Colorado primarily providing matching funds for some federal programs.
- Local**
 - Local entities (cities, counties, transit authorities, etc.) provide funding through general funds, dedicated sales taxes, and other taxes and fees.
 - Both the public-transit and human-service transportation networks often have local financial support. Cities or counties may fund a variety of programs that each provide transportation services.

In addition, earned income received from fares and advertising fees is an important revenue source for some public-transit services. Foundation grants and private donations are significant for the human-service transportation network.

This chapter begins with an overview of the federal programs that provide transportation funding, including a discussion of the similarities and differences between the programs.

The chapter then describes the state institutional framework through which these programs are distributed in Colorado. This includes a summary description of the major categories of funding, and identification of state match, where applicable.

The important role that local funding plays in providing effective transportation services follows – how to provide the service, levels of funding, and how funding decisions link with those of transit operators and the human-service transportation network.

Federal Fund Sources

Range of Programs

A wide range of federal programs exist, which include some funding for transportation. The U.S. Government Accounting Office (GAO) identified 62 different programs in testimony to Congress¹ in 2003. The Community Transportation Association of America identified even more, including some loan programs not included in the GAO report.

Most of these programs are administered by the Departments of Health and Human Services, Labor, Education, and Transportation. These programs may:

- Purchase transportation from existing public or private sources through the purchase of fares, mileage reimbursement or by contracting for service from private providers.
- Fund the provision of direct transportation services, either for the general public or for clients of a specific program.

Both the GAO and CTAA reports provide comprehensive listings of these programs - a list is provided in the accompanying "Coordinating Transportation in Colorado: A Practitioners Guidebook".

During the course of this project, the federal government approved a reauthorization of transportation legislation officially titled the Safe, Accountable, Flexible and Efficient Transportation Equity Act – A Legacy for Users and known as SAFETEA-LU. This bill adds both an emphasis on coordination of human-service transportation and public-transit services and some new programs. While regulatory details are not yet available, this report has been updated where possible to reflect the new legislation. Four provisions are of particular interest:

- The New Freedom program, provides formula funds for new transportation services and public transportation alternatives beyond those required by the ADA to assist persons with disabilities.
- An emphasis on coordination through many aspects of the legislation
- A pilot program in seven states allowing the use of 5310 capital funding to be used for operations as well as capital.
- A change in the matching requirements for several programs, allowing the use of some federal human-service funds in programs with significant transportation elements to match some Federal Transit Administration funds.

¹ United States General Accounting Office, Testimony Before the Committees on Transportation and Infrastructure and Education and the Workforce, House of Representatives, "Transportation Disadvantaged Populations: Many Federal Programs Fund Transportation Services, but Obstacles to Coordination Persist", Statement of Katherine Siggerud, Acting Director, Physical Infrastructure Issues, May 1, 2003.

Many of the programs are administered together, and one item of federal legislation may fund a variety of different programs. For example, the Workforce Investment Act funds 13 different programs that include a transportation component.

Each of the major departments in the federal government may have several offices or administrations that fund transportation services through a variety of different pieces of legislation. Figure 2-1 identifies, for each federal department and administration, the major programs funding transportation services.

While many programs exist, it is useful to think of them according to the primary functions they serve: public-transit, human-services, or education/employment. Within these basic categories, the services have many common characteristics.

There is overlap in these functional categories, particularly in communities where the public-transit network primarily serves the transit-dependent population. People who are dependent on public transportation are often people with low incomes, disabilities, or are elderly, and are participants in human-service programs. Within Colorado, most systems primarily serve people who are transit-dependent. Primary exceptions are services in ski resorts, and systems that serve many student or commuter trips.

Figure 2-1 Key Federal Programs with Transportation Components

Office / Administration	Programs with Major Transportation Components	Primary Transportation Services Funded
Department of Education		
Office of Elementary and Secondary Education	21st Century Learning Centers	Contract for service
Office of Special Education and Rehabilitation Services	Assistance for Education of All Children with Disabilities Various Independent Living Programs Vocational Rehabilitation Grants	Purchase and operate vehicles, contract for service Referral, assistance and training using public-transit Vehicle modifications, bus tokens
Department of Health and Human Services		
Administration for Children and Families	Community Services Block Grants Head Start Refugee and Entrant Assistance Social Services Block Grants Temporary Assistance for Needy Families	Taxi vouchers, transit tokens Purchase and operate vehicles, contract with transportation providers, coordinate with local education agencies Transit passes Any transportation use Any transportation use; also matching portion for JARC
Administration on Aging	Older Americans Act: Access and Nutrition (Title III)	Contract for services
Centers for Medicare and Medicaid	Medicaid	Transit tokens and passes; brokerage services
Department of Labor		
Employment and Training Administration	Job Corps Migrant and Seasonal Workers Senior Community Service Employment Program Trade Adjustment Assistance Workforce Investment Act Colorado Veterans Employment & Training Program	Transit tokens Mileage reimbursement Reimburse mileage, Transportation costs Reimburse mileage, bus fares Transportation support Transportation support
Department of Transportation		
Federal Transit Administration	Capital Assistance for Elderly and Disabled Capital Investment Grants Job Access and Reverse Commute Rural Formula Program Urban Formula Program New Freedom Program	Purchasing vehicles, contract for services Bus and related capital projects Expand existing public -transit or initiate new service Capital and operating assistance New services for individuals with disabilities
Department of Veterans Affairs		
Veterans Health Administration	Veterans Medical Care Benefits	Mileage reimbursement, contract for service

Shared characteristics among programs in each category include:

- **Human-service and employment programs have transportation as a minor component of a larger program.** Mobility or access is necessary to obtain services, but the primary purpose of the programs is not mobility.
- **Funding and administration characteristics vary with the type of program.** Public-transit services typically operate locally, have a large component of local funding, and there is little, if any, state involvement. Counties often administer the human-service programs; in many of them the state plays a strong role. Education and employment programs share characteristics of both transit and human service types of programs. Local school districts provide the most significant level of funding and control many decisions over service levels, but they also provide many services that are mandated at the federal level. The adult education and training programs have a strong state role and counties have the option to operate these directly or have the state maintain responsibility.
- **Many programs share a focus of education or training.** These include local school districts, state college systems, and federal programs focused on education for the general population, education for students with disabilities, or human-service programs such from Head Start to Temporary Assistance to Needy Families. These programs encompass a variety of fund sources and decision-making structures.

"Historically, the U.S. Departments of Health and Human Services (HHS) and Labor (DOL) have defined transportation in terms of the individual client.

As a result, funds were used to directly reimburse clients for transportation costs rather than to develop and support transportation services necessary to meet their needs.

When transportation services were provided, they were often not connected with the existing transportation systems."

Source: Federal Transit Administration Webpage²

Key **differences** between each category are:

- **Focus on transportation versus a focus on a human-service program or employment program.** The Federal Transit Administration programs are unique in focusing on the overall public-transit network.
- **There are different planning processes for each type of program.**
 - Public-transit funds use the planning processes for general transportation. Highways are predominant in this process. Transit operators are encouraged to include other stakeholders in an advisory committee for the service.
 - Most human-service programs have their own planning and decision-making processes that are based on the overall needs of the program. There are different decision-making processes for each of the major human-service funds.

² Source for quotation from FTA Webpage: http://www.fta.dot.gov/Grant_Programs/Grant_Programs/Job_Access_and_Reverse_Commute_Program/Welfare-To-Work/JARC/Use_Of_TANF,WtW,and_Job_Access_Funds_for_Transportation".

- Employment and education have processes that are separate, but there are linkages between many of these programs. Federal legislation identifies key partners for employment programs, bringing many stakeholders to the statewide and regional Workforce Investment Boards. Local school districts often combine into Boards of Community Education Services (BOCES), which in turn coordinate on vocational services.
- **Individual versus system-based services.** Human-service programs and education/employment programs allocate funding and services based on individuals. Transit programs provide services based on a transportation network.³
- **Record keeping and reporting requirements vary.** Each reflects the orientation and historical development of the program. It is difficult to combine the different program requirements, and record-keeping requirements quickly become overwhelming.
- **Language and jargon** for each type of program is different.

Focus on Coordination

In the past few years there has been an increasing emphasis on coordination of programs, as savings accrue when agencies provide services efficiently and minimize duplication. Also, programs providing transportation as an incidental service find the costs, complexity, and training can be significant.

Major changes were made in the welfare and workforce programs that provided for substantial coordination at a programmatic level with the adoption of the Welfare Reform legislation and the Workforce Investment Act of 1998. Federal legislation requires coordination for the wide range of training and employment programs within these Acts. These changes resulted in a restructuring of the delivery of basic program services. However, they did not address the coordination of the transportation component of the programs.

In 2004 the federal government initiated a new program to coordinate transportation services, known as *United We Ride*. Several federal departments have joined this effort and are working at the federal level to address how to coordinate the transportation components of their programs more effectively.

For many years the Older Americans Act funds have been used to match Federal Transit Administration funds in support of building a network of community-transportation services. Similarly, agencies can use Community Services Block Grant funds in the same way.

With the establishment of the Job Access and Reverse Commute (JARC) program and the Temporary Assistance to Needy Families (TANF) programs, the laws were (1) broadly

³ Source for quotation from FTA Webpage: http://www.fta.dot.gov/Grant_Programs/Grant_Programs/Job_Access_and_Reverse_Commute_Program/Welfare-To-Work/JARC_Use_Of_TANF,WtW,and_Job_Access_Funds_for_Transportation”.

written to give flexibility to provide effective access to work programs and (2) written to allow TANF funds to match the JARC dollars, provided the benefits would accrue to clients of the TANF programs.

Significant barriers remain to coordination at the federal level, including:

- Human service programs are client-based and employment programs are customer-based, whereas public-transit is most effective when constructed as a regional network.
- Varying requirements (recordkeeping, vehicle and insurance requirements, etc.) create barriers and in some cases promote exclusivity.
- The regulations for each program are complex.

However, the federal laws and regulations also have options that enable some communities and states to coordinate resources effectively. With the new federal transportation legislation, SAFETEA-LU, the options for coordination have increased and funding is provided for additional tools and research to support coordination efforts.

The following section focuses on how Colorado implements the major federal programs. The emphasis is on the institutional structure, the stakeholders in each process, and how that structure encourages or hinders coordination, and the development of effective community-transportation systems.

Financial Structure in Colorado

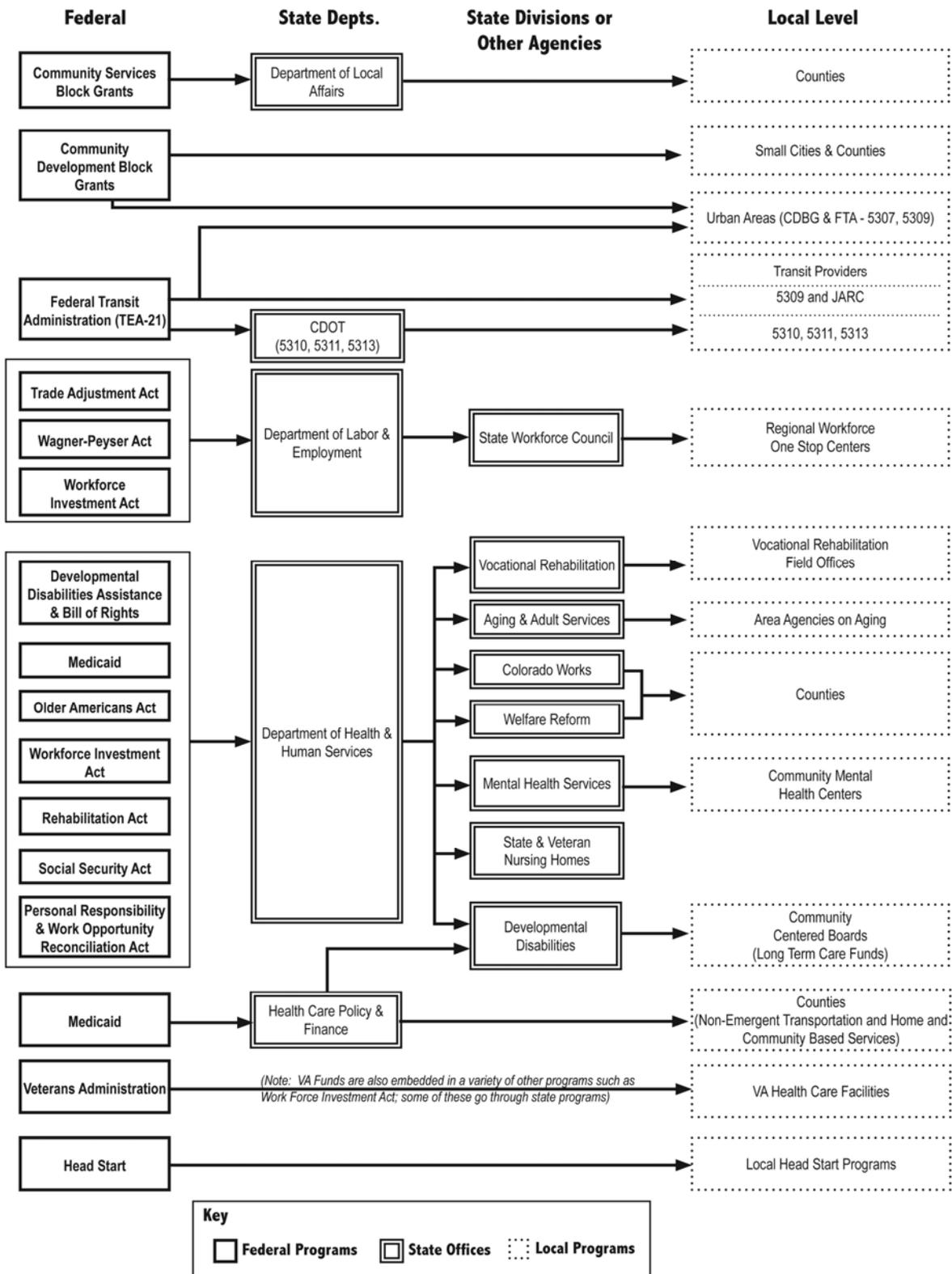
Federal funds flow into the state in a variety of ways. State departments operate most programs as identified in Figure 2-2. Some federal programs also contract directly with a designated recipient in the larger urban areas. Examples are some Federal Transit Administration programs and Community Development Block grant funds. Others go directly to local agencies; Head Start and some VA funds are in this category.

Before discussing the key state programs, it is useful to have an understanding of the importance of the counties in the human-service network.

Role of Counties

The counties serve an important role in the distribution of federal funds in Colorado. Traditionally in Colorado, counties have been considered a subdivision of state government with responsibility to administer state programs at a local level. Many federal programs are passed through to county governments.

Figure 2-2 Flow of Funds to Colorado



Colorado is one of 13 states that “offers many of its social-services programs through a state-supervised, county-administered system. This means that state authority is exercised through policy creation, monitoring, consultation and technical assistance while direct authority for providing services to the state's citizens is statutorily delegated to the sixty-four counties.”⁴ Similarly, employment services include a strong element of local control, and the desire to preserve a high degree of local control was a decisive factor in how the workforce programs are structured in Colorado.

In some cases two or more counties may join together to implement a given program. Often, when groups of counties join together for one program they also join to implement other programs. Region 10, a private nonprofit economic development organization, and Northeast Colorado Council of Governments are two areas with strong associations of counties.

For some programs, the counties may request that a program be implemented at the state level. One example is the Medicaid program. Medicaid is a program funded by the federal and state governments. There have been significant problems with the Medicaid program, including the transportation portion of the program. These problems have roots in a lack of funding, a lack of the types of transportation networks needed to transport passengers cost-effectively in a largely rural state, fraud, and excessive paperwork and bureaucracy. As a result, many counties are considering turning the Medicaid responsibilities back to the State. While this does not solve the problems, it concentrates them in a single location.

It is important to recognize that when the responsibility for operation of the Medicaid program is turned back to the state, the decision on how the program operates no longer rests with the county. The decision to operate this program at the county or state level is one that can be changed, but once the decision is made a foundation for a service provision is set. Unless the implementation is problematic, one would expect it to remain the same until conditions change significantly.

A successful example of coordinated state directed services are the WorkForce Centers, which are one-stop centers focused on training and employment. Colorado has followed the lead of the U.S. Department of Labor in consolidating many services. These one-stop centers combine services for job seekers, workforce development, unemployment insurance, specialized services for youth, veterans, and people eligible for vocational rehabilitation or training services. In Colorado, some One Stop centers also include some county social service programs. Counties have the first right to operate the workforce programs. Most rural counties have turned this responsibility over to the Colorado Department of Labor and Employment. However, even in these rural counties, the county manager provides functional supervision for the director of the county One Stop workforce center. Adams, Boulder, Denver, Mesa, Larimer, and Weld counties operate WorkForce One Stop Centers locally within their counties. Other counties operate joint programs.

⁴ Colorado Department of Human Services web page, www.cdhs.state.co.us/OPI/Field_Admin. This link can be reached from the main CDHS page through the Administrative Services Cluster, Office of Performance Improvement, Field Administration Division; February, 2005.

One example is Gilpin, Clear Creek, and Jefferson counties who provide services through the joint Tri-County Workforce Investment Area.

Role of State Departments

The key state departments involved in public-transit and human-service transportation programs are the:

- Colorado Department of Transportation (CDOT)
- Colorado Department of Education (CDE)
- Department of Health Care Policy and Finance (CHCPF)
- Colorado Department of Human Services (CDHS)

The Colorado Department of Labor and Employment (CDLE) and Department of Local Affairs (DOLA) also house a number of programs that can be used for transportation.

At the state level, decisions must be made about how to administer a wide range of federal programs. Just as transportation has funding from eight major departments and many offices or administrations within these departments, the web of federal funding for human-services programs is similarly complex.

In the last five years, the state has located programs with similar objectives or serving similar populations together. Some reorganization has occurred and may continue to be refined. Sometimes this means that different divisions within a department may each have a part of a program serving a certain population; sometimes this has resulted in two departments each having a role in programs that serve a certain population.

It is easy to understand the role of three of the key state departments - the Colorado Department of Transportation (CDOT), Colorado Department of Education (CDE), and Colorado Health Care Policy and Finance (CHCPF) - as they each serve single functions.

- *CDOT* administers the Federal Transit Administration programs that provide funds to rural areas, for elderly and disabled transportation, and for planning. CDOT oversees the planning, design, construction, and maintenance of the state's transportation system, particularly the roadway system. CDOT is responsible for planning that integrates all modes of transportation, integrating urban planning with the statewide and rural planning activities. For public-transit, CDOT oversees the FTA programs but no state money is presently used for matching federal dollars. CDOT passed through \$3 million in transportation funds in 2004.
- *CDE* sets standards for the training, operation, and maintenance of school pupil transportation services. The department serves an important function in supporting local districts with training and resources to assure local districts provide safe transportation. In addition, they fulfill a regulatory role. Finally, the state provides funding for 20-30 percent of local district's student transportation costs. Statewide, CDE funded just over \$40 million in 2003-04 for transportation expenditures. So,

while student transportation may not normally be considered a typical form of "human services transportation," significant public resources are invested in student transportation services that should not be ignored.

- *CHCPF* is responsible for the Medicaid program. Transportation expenditures will be approximately \$4.5 million in 2004-05. While a substantial amount compared to other programs for transportation, this amount is less than 0.25 percent of the total Medicaid budget.

The Colorado Department of Human Services is home to many programs that recognize access is necessary for clients to receive services and allow for purchase of transportation. Many of these programs allow for the purchase of bus tokens or fares. There is important flexibility in some of the funds overseen by the Department.

The Department's vision stresses "helping individuals, families and communities to be safe and independent". As the department is very large, it is easiest to focus on the divisions or offices within the department that have programs with substantial transportation programs. These are:

- *Aging and Adult Services*. Manages the Older Americans/Coloradoans Act Programs, including Title III. These programs provide a wide range of services to Coloradoans over age 60, including transportation and nutrition services.
- *Developmental Disabilities Services*. Oversee the provision of services to people with developmental disabilities. These community-based services are delivered by 20 Community Centered Boards, private nonprofit entities serving as the single entry point for support services for individuals with developmental disabilities. Transportation is just one of the many services provided.
- *Vocational Rehabilitation Services*. This division provides employment training services through regional offices, most co-located with employment services offered by the Division of Labor and Training through WorkForce Centers.
- *Colorado Works – Temporary Assistance for Needy Families (TANF)*. This office manages the TANF program, working closely with each county that delivers services.

Many of these programs include state funding, generally as required match, and local funding is part of the TANF program. State funding levels for the transportation portion of these programs is not available, because the transportation program is usually not broken out as a separate component.

Funding from both the Older Americans Act and the TANF programs, administered through this department, can be used to match other federal dollars used to provide transportation.

A variety of smaller programs handled by CDHS use funds to purchase transportation services – mostly bus fares – such as special programs for the blind or refugee programs.

These programs primarily access the existing transportation systems, so do not present major coordination issues.

The Colorado Department of Labor and Employment was identified as having some programs that allow funding of transportation services. While the actual amount the CDLE spends assisting clients to access jobs or training is small, two important points pertain to these funds:

- CDLE is the key state department for employment and training services. The WorkForce Centers are the entry point for coordinating transportation with employment services, as well as rehabilitation and vocational education.
- US Department of Labor programs are premised on consumer choice. Funds are allocated to consumers and consumers have the right to decide what programs will work best for them.

Local Government

The local governments that play a role in the provision of transit services are:

- County Governments
- Cities and Towns
- Housing Authorities
- Mass Transit Districts
- Regional Transportation District
- Rural Transportation Authorities

County governments serve as administrative agents for state programs. They also provide local funds for both human-service transportation and transit programs, with different counties participating at different levels – ranging from nothing to significant contributions. Some serve as lead agencies, providing significant local funding, and operating transit services. It is common for counties to combine and offer public-transit or human-service transportation jointly.

Cities and towns likewise fund both human-service programs and public-transit. Some resort communities and most of the small urbanized areas' cities and towns provide significant local general fund dollars – ranging from \$500,000 to \$5 million or more – for local transit services.

Generally, housing authorities do not play a major role in funding transportation services, but can be the agency of choice for providing transportation services in some communities. For example, Monte Vista Housing Authority and Moffat County Housing Authority are two that are actively involved in providing transportation services to their elderly residents.

Local governments in some areas have joined together to address the need to provide transit services that cross jurisdictional boundaries. The best known is the Regional Transportation District in the Denver-Boulder metropolitan area. This was established through legislative action and is narrowly defined. A 1 percent sales tax in the district funds RTD.

Entities may establish a Rural Transportation Authority⁵ or a Mass Transit District, each with the ability to levy a sales tax. Establishment of these joint entities is not an easy task as it requires voter approval to establish a taxing authority.

At present Rural Transit Authorities operate in the Roaring Fork Valley, in Gunnison Valley, and in the Pikes Peak Region. Summit, Eagle, and Pitkin Counties have Mass Transit District taxes. The rates vary by community and county, from 0.35 percent to 1 percent. In some areas the transit funding is combined with that for roadways or other modes.

4. Colorado law was amended and Rural Transportation Authorities are now known as Regional Transportation Authorities. The reader may find references to either title as those established prior to the legislative change may still go by their original name.

Chapter 3. Human-Service Transportation and Public-Transit Networks

Overview

Transportation services vary across the state, with significant differences between the Denver-Boulder metropolitan area, small urban areas, and rural areas. In rural Colorado, an additional important distinction exists between the level of services available and the way services operate in resort areas and the other rural communities.

This chapter will discuss the structure of human-service transportation and public-transit networks in each of these areas. The chapter begins with a listing of key findings and then describes the structure of the transportation networks in the Denver-Boulder metropolitan area, in other urban areas, and in rural Colorado.

In addition, a separate report, "Coordinating Transportation in Colorado: A Guidebook for Practitioners", contains comprehensive information on the networks across the state with a more detailed description of the relationships between programs and the boundaries within which programs operate.

Key Findings

An examination of Colorado's transportation network reveals the following characteristics:

- Local solutions vary. There is not a "one-size-fits-all" structure for the delivery of services.
- Keys to successful provision of transportation services are:
 - A policy commitment to effective human-service transportation and/or public transportation.
 - For human-service transportation, the policy commitment needs to occur at the county level, or among several counties. This includes a commitment to coordinating services and leveraging resources.
 - For public-transit services, the policy commitment can occur at a local level (city or county) or on a regional basis, as illustrated by the Rural Transit Authorities or Mass Transit Districts.
 - Local funding to augment federal dollars.
 - Perseverance.

- A “champion”, someone who is willing to strongly promote their program, crossing traditional organizational boundaries and taking a common-sense approach to address transportation needs and get the job done.
- Numerous examples of successful models exist at the county and regional level. A model that works in one area may not work in another area.
- More typically, there are many separate transportation networks operating, each one drawing a significant amount of resources, but lacking connectivity in either services or funding.
- Regional networks are used to deliver many human-services in the state. For each program, boundaries have developed differently.
- Most human-service programs face budgetary constraints and are doing their best to reduce costs while still serving their missions.
- Now that paratransit services are well established in the urbanized areas, there has been a significant shift in trips from Medicaid and services for people with developmental disabilities to paratransit services. As the trips are being transferred without the funding streams, the burden for funding these trips is switching from the state and federal levels to the local level. As a result, local entities are carrying more of a financial burden.
- Needs for services that are both regional and local exist. Regional services are necessary for medical services and, in some areas, to connect workers with jobs. While local funding can readily address local transportation needs, it can be a challenge to use local funding to meet regional travel needs.
- Private-sector providers are an important part of the overall network, especially for meeting regional transportation needs.
- Volunteer driver programs serve an important role in providing services in both urban and rural communities. These may be primarily oriented to transportation, such as the SAINT program in Fort Collins, or they may provide transportation as part of a broader mission, such as the Faith in Action volunteer programs operating in both urban and rural areas.

Denver-Boulder Metropolitan Area

Public-Transit

The Regional Transit District (RTD) serves much of the developed Denver-Boulder metropolitan area, including all or part of Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, and Jefferson counties. RTD provides a range of transit services including:

- Local, express, and regional fixed-route buses
- Paratransit services for ADA eligible individuals
- Light rail transit
- Call-and-Ride services for the general public

RTD's system is one that grew historically around downtown Denver and along Highway 36 between Boulder and Denver, which remains the strongest core of the service area. The newer suburbs have lower levels of local transit services, rather an emphasis on express routes into downtown Denver.

RTD recently received voter approval for FasTracks, which will result in a major expansion of light rail, commuter rail, or bus rapid transit corridors throughout the region in the next 12 to 15 years. Expansion of bus service is much more limited. Build-out of these corridors will result in tremendous new opportunities for transit service.

RTD does not cover all of the metropolitan area, and within the District, those areas that only have express or regional bus service may have limited access to paratransit service.

In some areas, local communities have decided to augment RTD services with locally provided services. Their reasons for augmenting service vary – Boulder is aiming to improve the use of transit, walking, and biking for all trips and to reduce traffic congestion; Littleton gears its services towards older adults; and the Southeast Corridor's objective is to improve commuter transit options. RTD provides some of the service, either directly or under contract, and other agencies pay for and provide additional services.

Human-Service Transportation Network

Several agencies are involved with the human-service transportation network in the Denver-Boulder metropolitan area. The organizations include those focusing on transportation and those with a human-service mission. Key organizations and their roles are listed in Figure 3-1.

Through the transportation-planning process headed by Denver Regional Council of Governments, a framework of a county-based broker system was established several years ago to address specialized transportation needs. Special Transit is the broker for Boulder County and Seniors' Resource Center is the broker for Jefferson County. Effective in July of 2005, Seniors' Resource Center received the contracts for Older Americans Act transportation funds for Denver and Arapahoe counties and intends on being a key player and organizer in these two areas. They will develop advisory councils or task groups to provide direction for services in these two counties.

Adams County has been successful at working within this structure by taking a policy approach to addressing human-service transportation issues. The county identifies the service gaps and available funding sources, and then develops policies on what level of service they can provide. Knowing what level of service they can fund allows for easier decision making at the policy level. Adams County has built a coalition with the municipalities in the region in which each pay a share of the service costs and participate in the decisions on what is funded.

Figure 3-1 Denver-Boulder Metropolitan Area Organizations — Specialized Transportation and Paratransit Services

Organization	Programs
County Governments	<ul style="list-style-type: none"> ● Responsible for wide range of social-service funding, including: <ul style="list-style-type: none"> ○ Temporary Assistance for Needy Families(TANF) ○ Welfare-to-Work programs ○ Community Service Block Grant funds ○ Home and community based services for adult day care and other long-term care services ● Counties operate WorkForce Centers either on a county basis or with other counties. These WorkForce Centers, and their boards, are a focal point for a wide range of employment and training dollars and assistance to job seekers. ● Many counties operate senior centers or community centers that serve older adults as one market.
Denver Regional Council of Governments – Area Agency on Aging (AAA) Transportation Planning	<ul style="list-style-type: none"> ● The AAA is responsible for Title III of the Older Americans Act, and supplemental state Senior Services funds for Adams, Arapahoe, Clear Creek, Denver, Douglas, Gilpin, and Jefferson counties. ● Transportation planning activities include the preparation of the Regional Transportation Plan for the metropolitan area (including Boulder County).
Boulder Area Agency on Aging (AAA)	<ul style="list-style-type: none"> ● Title III of the Older Americans Act, and supplemental state Senior Services funds for Boulder County.
LogistiCare	<ul style="list-style-type: none"> ● Contracts with state to broker Medicaid transportation for non-emergent trips. ● Contractor for Older Americans Act transportation in Arapahoe, Denver, and Douglas Counties.
RTD access-a-Ride Service	<ul style="list-style-type: none"> ● Paratransit services as required by ADA.
Special Transit	<ul style="list-style-type: none"> ● Contractor providing specialized transportation, including RTD access-a-Ride and call-n-Ride services, Older Americans Act, HOP, LogistiCare and some Adams, Arapahoe, and Larimer County services. ● Funder and provider of specialized services in Boulder County, providing extensive services in urban and rural areas. Provides mobility-training.
Seniors’ Resource Center	<ul style="list-style-type: none"> ● Contractor providing specialized transportation, for some of Adams County, Gilpin and Clear Creek counties; for LogistiCare; for the Developmental Disabilities Resource Center (in some areas) and for Title III services in Denver and Arapahoe counties ● Funder and provider of specialized services in Jefferson County, providing extensive services in rural areas. ● Broker of services, connecting riders with most effective transportation option.
Community Centered Boards: Developmental Disabilities Resource Center; Denver Options; Imagine!; Developmental Pathways; North Metro Community Services	<ul style="list-style-type: none"> ● Serving people with developmental disabilities. This includes providing transportation for those who cannot use public-transit or for back-up services.

The State has contracted with LogistiCare to serve as a broker for Medicaid trips throughout the metropolitan area. At present, LogistiCare also provides trips funded by Title III of the Older Americans Act for Douglas County. Denver and Arapahoe counties have contracted with Seniors' Resource Center for trips funded by Title III of the Older Americans Act and will work with advisory councils or task groups in these two counties for direction and to plan for the future.

Successful Examples of Transportation Coordination

In addition to the Adams County example, both Seniors' Resource Center and Special Transit:

- Provide stable transportation services.
- Have built public trust and confidence in their ability to provide good quality services that are responsive to community needs.
- Have built a solid base of local financial support.
- Have solid connections with (and, in many cases, serve on boards of) agencies providing human-service transportation.
- Have adapted to changes in funding regulations, service requirements, and relationships with other entities.

The political, demographic, and funding contexts in which these organizations have operated have changed significantly over the years, including:

- The average age of their clients has increased to the 75–85 year age bracket, with many clients aged 85-100.
- The ADA was enacted and paratransit service was initiated within their service areas, enabling some clients to transfer to RTD's access-a-Ride service.
- The funding structure for the services they operate has changed significantly over the years. They operated before the ADA, have each had contracts to provide paratransit services, and have cut back or eliminated this service. The changes in Medicaid have resulted in a need to find other fund sources to provide trips that were previously funded through Medicaid, or to turn away these clients.

These organizations have been resilient, adapting to these changes at both an operational and policy level. Both agencies now work actively with other organizations to provide mobility in the most cost-effective ways possible. The Getting There Collaborative has sponsored pilot projects in which these agencies are testing strategies to create models that can be shared with other agencies. Special Transit is piloting a mobility-training program to teach some riders how to use fixed-route service to get to their destinations. Seniors' Resource Center is piloting a volunteer driver program to expand the available options for its clientele.

It is no surprise that both agencies have expanded beyond their original boundaries and have been willing to test new programs and services. They are willing to take measured

risks and consider new ideas to best achieve their missions. This approach is mission-driven and incorporated into policy and management skills maintained by the organizations, which has enabled them to respond to significant changes over the years.

Challenges faced by Specialized Transportation Services

Significant challenges to providing specialized transportation and paratransit services in the Denver-Boulder metropolitan area:

- A significant number of individuals previously using state and federally funded services have switched to using locally funded RTD access-a-Ride. The two largest categories are trips for people with developmental disabilities and, more recently, Medicaid non-emergent medical trips. Because Medicaid and agencies serving people with developmental disabilities are short of funding and looking for the least expensive option, they pay only the cash fare, not the full cost of service. The subsidized cost of service falls upon local entities.
- There is inadequate funding for specialized transportation services. The DRCOG Transit Element estimates that at present only one-third of the needs are met.
- The growth in population and aging of the population will result in significant increases in individuals requiring specialized transportation or paratransit services in order to live independently as long as possible.
- Arapahoe, Denver, and Douglas counties must determine what county transportation services to fund and how best to provide these services. Arapahoe and Denver Counties are working with Seniors' Resource Center to establish advisory councils to plan for the future; Douglas County has a group, Douglas County Transit Solutions, that is tackling these issues for Douglas County.
- The metropolitan region now has several phone numbers one might need to call to obtain service – the county brokerages, the RTD access-a-Ride system and the Colorado Medicaid system (presently served by LogistiCare). Separate registration is needed for each program. In addition, there are client-only transportation providers.
 - The LogistiCare system brokers trips, using other providers (including private providers, RTD access-a-Ride, and nonprofit providers), but a separate number and registration is required.
 - The RTD access-a-Ride system has separate registration, call-center, and providers.
 - The county brokers also require registration for each system.
- RTD access-a-Ride does not allow passengers who are not ADA paratransit eligible and scheduled through the RTD call center to ride on an ADA vehicle, in part due to their legislative mandate to only provide public-transit. This means that Special Transit, an agency that is a contractor for access-a-Ride and operates other specialized transportation services in Boulder County, might have to dispatch two vehicles to carry two passengers who are traveling on a similar route at the same time. This is not an effective use of resources and lowers service productivity.

- The funding that remains – essentially for services funded locally or through the Older Americans Act – is not adequate to support a base level of service. As a result, it can be difficult to find operators in communities that do not already have a solid specialized service provider with a broad base of income-producing contracts.
- Service needs on the fringe of the urban areas and the rural portions of the DRCOG region – those with little RTD service and therefore, with little paratransit service, are significant.
- The LogistiCare system has improved management and customer service for the Medicaid system. However, the improvement in management has resulted in people being denied trips who previously were served. While not eligible for Medicaid transportation, they still have very real transportation needs.
- Serving long-distance trips is an issue for all systems for a variety of reasons:
 - Medical facilities have moved and consolidated, making passenger access more difficult.
 - For the Medicaid system, some suburban areas do not have doctors accepting Medicaid patients, so patients have to travel longer distances.
 - The Medicaid system also struggles to serve clients who have to travel from rural or small urban areas to major medical facilities. Finding providers who have Public Utilities Commission authority to travel across regional boundaries can be a challenge.
- RTD has chosen a system in which access-a-Ride vehicles may be required to travel throughout the service area in order to ensure a single vehicle ride to the passenger. However, this results in lengthy trips and many return trips without passengers. As the metropolitan area grows this will become more difficult to sustain.
- Extensive paperwork and the bureaucratic structure of funding agencies reportedly present significant obstacles to program providers. This is true of the Medicaid system but also other state administered services. The state has extended the management system previously used for many Title III services of the Older Americans Act to transportation services, thus requiring an additional registration requirement for many agencies.
- The Medicaid system did not claim all eligible federal funds for transportation last year, because of the inability to meet matching requirements. At the same time, local specialized systems are more heavily matched than ever before. The local dollars that support transportation services are not being effectively utilized as match because the systems requiring matching funds are separated.
- Decisions on how to deliver services at times seem primarily determined by a need to control the programs (to keep costs down, for liability issues, and to abide by regulatory requirements and audit findings), rather than what makes the most sense from a logistical perspective.
- Decisions on funding are often driven by the need for detailed accountability for all trips. A common perception is that some requested trips are unjustified or could be met by other less expensive means.

Other Urban Areas

Colorado's other urban areas - Colorado Springs, Grand Junction, Pueblo, Greeley and Fort Collins - provide transportation services in different ways than in the Denver-Boulder metropolitan area. As with the Denver area, the Colorado Springs and Fort Collins areas include a cluster of cities and unincorporated areas that have populations over 200,000. In these areas, the communities must conduct joint planning for the transportation network for all transportation modes, including transit.

Colorado Springs

Public-Transit Network

Colorado Springs transit services (Springs Transit) have been offered for many years through a city-based system. Regional services were provided via intergovernmental agreements with other communities. Effective in 2005, voters approved the establishment of a Rural Transportation Authority, with a one percent sales tax. The Pikes Peak RTA primarily funds roadway improvements, but ten percent of revenues are allocated for transit services. These funds augment those already committed to transit and provide for regional services, as the RTA includes unincorporated El Paso County, Colorado Springs, Green Mountain, and Manitou Springs. The RTA will result in the ability to expand transit services and provide more services that operate on a regional basis, crossing jurisdictional lines.

Springs Transit operates fixed-route services and paratransit services (known as Springs Mobility) within the urbanized area, serving about 600,000 residents. They also operate the Front Range Express commuter service to Denver.

Human-Service Transportation Network

Silver Key Senior Services and Fountain Valley Seniors provide additional services to older adults. Silver Key has an extensive transportation network, providing 110,000 annual trips to older adults for all trip purposes. Fountain Valley Senior Center operates services for older adults in Fountain and eastern El Paso County.

Resource Exchange, a Community Centered Board, serves individuals with developmental disabilities, coordinates actively with Springs Transit, training their clients to use public-transit and providing services where no public services exist or for clients who cannot be integrated into the public system. Pikes Peak Partnership, which focuses on serving the needs of individuals with other types of disabilities, operates Amblicab. They provide transportation services to individuals with disabilities who are outside of the Springs Mobility service area or require additional assistance (door-through-door service).

Pikes Peak Area Council of Governments is responsible for transportation planning and has been active in coordinating transportation programs for human-service agencies not only in El Paso County but in the larger transportation planning region that includes Teller County and Park County.

Fort Collins

The urban area includes three cities and as many public-transit operators. The City of Fort Collins operates TransFort fixed-route service and Dial-a-Ride paratransit service in Fort Collins. Fort Collins service has a strong orientation to Colorado State University with solid levels of student ridership. The City of Loveland Transit (COLT) also provides fixed-route and paratransit service within Loveland. Berthoud Area Transportation Services (BATS) is operated by Golden Links, an older adult organization, and funded by the Town of Berthoud. BATS provides demand-response transit services in Berthoud and southern Larimer County.

The Larimer County Area Agency on Aging contracts with the metropolitan planning agency (MPO) for transportation services to County residents who need to access services in the nearest town. The North Front Range MPO in turn contracts with the three primary providers – BATS, COLT, and TransFort. In addition, the AAA contracts with Wellington Senior Center. They provide local transportation service to the congregate nutrition site at the center and make a trip to Fort Collins every other week.

The Community Centered Board, Foothills-Gateway, operates its own transportation program. They also fully utilize the services provided by TransFort and the other communities.

Grand Junction

Grand Junction was a relative late arrival in providing public-transit services. It did not develop through the city, as with other small urban areas, but rather is operated by MesAbility, a private nonprofit organization. MesAbility operates Grand Valley Transit under a contract with Mesa County. The Grand Valley Transit contract includes fixed-route and paratransit service.

Mesa County combines funding from the Federal Transit Administration urban area funding program with Department of Human Services Job Access Reverse Commute (JARC) funding and funding from local communities (Grand Junction, Fruita, and Palisade) to fund the service. A contract with Mesa State College also provides steady fare revenue.

MesAbility also provides services for the Area Agency on Aging (nutrition site, older adult shopping service, medical and grocery trips) and Migrant Head Start. The AAA is housed at the Association of Governments of Northwest Colorado and covers Mesa, Garfield, Pitkin, Eagle, Summit, and Lake counties.

The Community Centered Board, Mesa Developmental Services, Inc., provides separate transportation services and covers all of Mesa County. Mesa County also operates a WorkForce Center on a countywide basis.

Greeley

The City of Greeley operates The Bus fixed-route service and paratransit services. In addition, limited general public demand-response service is operated. Greeley's service focuses on the transit-dependent population and serves a large number of people with physical disabilities, including wheelchair users. In addition, one route provides shuttle service for the University of Northern Colorado.

Human-service transportation is operated by Weld County Department of Human Resources. A well-developed transit program has evolved that includes services for most human-service programs in the county as well as general public transportation services for the rural area. Weld County has many small towns, and the provision of regularly scheduled service between these towns and Greeley is the centerpiece of the Weld County service. As resources allow, additional demand-response service is provided.

Weld County and the City of Greeley coordinate services provided within Greeley. Many of Weld County's trips are to medical services, but once in Greeley they can use either Weld County vehicles or ride The Bus. One unusual feature of the Weld County service is provision of a waiting room at the county transportation facility in Greeley. Passengers who have finished their appointment or shopping can wait there comfortably until it is time for their trip back home.

Weld County provides transportation services for the Head Start programs in the County, serving about 600 students. They also provide transportation of the Migrant Head Start program and administer this program in Colorado. Weld County has stopped providing Medicaid transportation for the state because of difficulties encountered in administering the program. According to program administrators, the program is under-funded and the paperwork and bureaucracy is excessive. They worked with Greeley to get clients registered for The Bus paratransit service and Greeley now carries about 70 clients who were previously covered through Medicaid, subsidizing this service with local dollars.

Despite the high level of coordination between the city and county, and within the county, the Community Centered Board operates a separate countywide transportation program, known as Envision. Weld County does not have funding resources to carry Envision clients.

Pueblo

The City of Pueblo operates fixed-route services and Citi-Lift paratransit services. Citi-Lift contracts out their services to Pueblo Senior Resource and Development Agency (SRDA). The system is well used, covering most of the City of Pueblo and limited areas in Pueblo County. New developments in the unincorporated Pueblo West area are not covered.

Pueblo has seen large increases in ADA paratransit costs with the cutbacks in Medicaid transportation.

Pueblo SRDA also provides services funded by the Older Americans Act both within Pueblo and throughout Pueblo County. These services include trips for medical appointments, grocery shopping, nutrition sites, and social-service appointments.

Colorado Blue Sky serves as the Community Centered Board in Pueblo County. They provide substantial service to people with developmental disabilities, operating home-to-work trips Monday through Thursday.

Pueblo has a taxi service that provides service for Medicaid recipients. There is concern that the reduction in Medicaid payments will erode the viability of this service.

Challenges and Opportunities

The small urban areas face challenges unique to their size, in addition to some of the same issues faced in the Denver-Boulder metropolitan area. Grand Junction, Greeley, and Pueblo are cities with populations of 50,000 to 100,000 - small enough so that it is still easy to know most of the players. In the Fort Collins urban area, there are three separate communities: Fort Collins with a population of 125,000, Loveland (50,000), and Berthoud (10,000), which are in the early stages of rapid development. Colorado Springs, no longer a small town, has 600,000 residents in its urbanized area, resulting in more complex land use and traffic patterns than the other urbanized areas.

These cities are also large enough to serve as regional centers for medical and governmental facilities, as well as being centers for retail and employment activity. There is a university in each and some have more than one hospital. Transportation connections to the outlying communities and larger region are important to the overall network of services. Much of the new development in the outlying areas is outside the service area for transit and paratransit services.

At the same time, only Colorado Springs has successfully moved from a city-based service to one with regional support, a very recent development. Grand Junction, which began developing transit services later than other cities, has the advantage of having started at the county level.

Two counties - Mesa and Weld - play a significant transit role, which includes integrating some human-service department programs. In El Paso, Larimer, and Pueblo counties the human-service programs are basically operated separately from the city transit programs, and there are a variety of providers. Other specific issues include:

- The Medicaid transportation program is not working effectively. In order to address this problem, Larimer county is now part of the state brokerage through LogistiCare, and the other counties are considering the same approach.
- Low reimbursement and significant administrative requirements result in a limited number of Medicaid transportation providers.
- Local paratransit services carry many more medical trips than before, resulting in the need for increased local funding for paratransit services.

Rural Colorado

The rural regions of Colorado include the plains and the mountain west. While these regions share some characteristics, important differences exist. The plains are marked by long distances between mostly small towns, and few transit services. These small towns and counties have done an admirable job of developing transit services that meet their primary human-service needs, and in some cases expanding to meet general public needs.

The mountain west, with high passes creating topographic divides between communities, are marked by resort communities and small towns. Some small towns remain rooted in their ranching or mining past; others are redeveloping as bedroom communities that can provide affordable housing for employees in the resort industry.

The mountain west also contains some of Colorado's largest and most varied transit systems in and around resort communities. Some of these systems provide services on a municipal level, such as Steamboat Springs and Vail. However, due to the need for mountain communities to have effective transit services that cross political jurisdictions, Colorado developed Rural Transit Authorities with the ability to levy a tax. In the mountain resort communities, transit systems are driven by the need to move skiers and employees. Human-service programs can and do benefit from these services, but were not a driving factor in their development.

A Diversity of Solutions

Amazing diversity exists in the ways rural Colorado addresses its human-service transportation and public-transit needs.

On the plains, Northeast Colorado Association of Local Governments exemplifies coordinated transportation services that meet the needs of both human-service programs as well as general public transportation. This system serves as a broker for Medicaid trips, provides trips to the Area Agency on Aging, and is initiating employment focused transit services using Job Access Reverse Commute funding. NECALG has a contract with Banner Health to provide regular trips for dialysis and hospital-based medical procedures, reimbursing Banner Health for fares received from others who may also travel on the vehicles. In addition, the program provides a wide range of trips for the general public in the small towns where vehicles are based, including contracts with parents of school children who need to travel to/between schools.

Many other plains communities provide county-based services. Some operate under the umbrella of larger organizations, while others operate independently. Some services are identified as county services, but most serve major towns, such as the county seat. The long distances of trips and the lack of funding limits the ability to serve rural residents. Services may be focused on local or regional travel needs, or a combination of both.

The South Central Council of Governments operates a transit service that primarily serves local travel needs in Trinidad and Walsenburg. In both communities the services provide

general public service and also focus on the travel needs of older adults. They do not provide regional service.

The opposite occurs on the eastern plains where the primary focus is on regional transportation. In these towns it may be relatively easy for residents to assure that someone has a ride to a meal site or the grocery store. However, with most medical services located in larger cities, transportation to these areas is vital for people who can no longer drive safely.

Weld County provides an example of primarily operating regional transportation services. Most small towns in the county have regularly scheduled trips to Greeley for medical and other services. Within the towns, volunteer drivers, perhaps operating out of a senior center, often provide local services.

Coordination that is commonly seen on the eastern plains is between aging services and public-transit services. Some Head Start programs are also operated through the school districts. While the Community Centered Boards take advantage of available public-transit services, they operate independent transportation networks for their clients, which often go beyond the public-transit service areas, and provide more frequent service.

Many mountain resort communities have extensive public transportation networks that serve both employment and resort activity trips. Different structures have been employed (county-based, municipal, Regional Transit Authority, inter-governmental agreements, etc.), but most provide regional services and have dedicated taxes for transit service. Some resort communities have private-sector services or contributions. The resort communities also look to creative solutions to moving people, such as gondolas. While resort service is often viewed as a service for the well-to-do, it must be noted that many users are low-income people traveling to work.

These systems support the transportation needs of human-service programs, but there is little direct coordination between transit and human-service programs. For many years, aging service agencies commonly operated separate programs, and this approach continues in many areas. However, in some areas the development of transportation services for people with disabilities is providing opportunities for mobility for older adults that did not exist in the past.

- Mountain communities routinely provide paratransit services;
- Programs for disabled athletes (skiers and others) have resulted in more extensive paratransit services than would otherwise exist.
- Aging services programs are beginning to deal with the aging population that retired to some resort communities 20 years ago.

In Summit County, Summit Stage now operates older adult transportation services in combination with their paratransit services.

On the western slope, the Region 10 League for Economic Assistance and Planning (LEAP) provides an example of counties joining together to provide services. Region 10 LEAP is a private nonprofit agency that brings public and private sectors together in support of economic development. It provides an umbrella for coordinating a range of services, including aging services, employment services, and public transportation. Within Region 10 LEAP are some resort communities with extensive transportation services that have local funding, including the Town of Telluride, Town of Crested Butte, Town of Mountain Village, and the Gunnison Valley Transportation Authority. Region 10 LEAP has a transportation committee as part of its governance structure that provides a forum for these entities to work together on planning and policy issues that affect the member entities.

Archuleta County is a western slope county that operates on a single county basis, rather than as part of a larger region. The County does not have extensive public transportation services. They have coordinated human-service programs and obtained federal public-transit funding through CDOT to support their transportation program. They also obtained Job Access Reverse Commute funding in support of their transit network. It is unusual to find a single county that has developed the expertise to build a strong and coordinated transportation service – this is an example where a “champion”, a person who promotes the service potential, makes a difference.

Finally, volunteer driver networks are key to meeting human-service transportation needs, although they generally exist alongside other programs. Often the volunteers are organized through senior centers, such as in rural Weld County. Some communities have more formal programs, such as the Neighbor-to-Neighbor Volunteers operating the Chaffee Shuttle. This is one of 12 organizations across the state that are part of the Faith in Action network supported by the Robert Wood Johnson Foundation. Faith in Action programs are interfaith volunteer caregiver programs that provide non-medical assistance to older adults, people with disabilities, or others who need assistance with daily tasks. Often these volunteers provide transportation or deliver groceries.

Boundary Issues

Boundaries are an important issue for Colorado, particularly in the rural part of the state. Although most human-service programs are provided on a regional basis, the boundaries for each program are different. There are 16 Area Agencies on Aging, 20 Community Centered Boards, and 19 WorkForce Centers. Each service area is different, although they are all based on county boundaries. Head Start programs operate independently, and, in contrast to the other programs, the boundaries do not correspond to county boundaries.

The boundaries for each program are illustrated in “Coordinating Transportation in Colorado: A Practitioners Guidebook”. In the Front Range and eastern plains the jurisdictional boundary issues are not as great as in the mountain west. In the mountain west region different programs have selected different boundaries when dividing up services on a regional basis. Sometimes these are based on historical alliances; other times they are based on watersheds and available roadways.

Opportunities and Challenges

The rural areas of Colorado illustrate that counties and towns are able to build transit networks that serve both human-service transportation needs and general public needs. In some cases this has meant cobbling together enough resources to provide minimal levels of service. One factor that has encouraged this is FTA Section 5311 funding. The FTA awards this funding for public transportation that is not based on client eligibility, enabling grantees to serve a variety of client groups, as well as people without a trip-funding source. In other cases communities have passed local taxes to provide for a transit network.

There are several issues that most rural areas share:

- Regional transportation for human-service programs is an issue in most areas. Specialty medical services are often located some distance away, such as a Veteran's hospital, dialysis center, or a facility which offers more complex medical procedures.
- Counties have experienced problems with the Medicaid transportation system, and many are turning the responsibility for the transportation program back to the state.
- Most trips from the rural areas are for regional medical services, so the state cannot rely on local transportation systems. The state Medicaid system relies on private providers that are authorized by the PUC to operate across the state. There is not enough demand for these services to result in a competitive environment, resulting in high costs. While reimbursement to the providers is not high, the amount of paperwork is. As a result of these barriers, in some areas it is difficult to find a provider to carry the trips.
- Community Centered Boards generally operate their own transportation services, particularly where no other options exist and where programming has developed around exclusive systems. Sometimes coordination with others is difficult because of the perception that DD clients are "difficult to mix" with non-DD riders.
- Local areas are often cash strapped and cannot provide much local support for transit service. While federal funds might be available, local match is hard to come by. At the same time, these counties and the state provide local support for a variety of programs that each have a transportation component. They are investing significant revenues in transportation without realizing it. They may not realize that in some cases those Federal funds can be used to match grant funds from the FTA.
- When demand is great enough, local areas have passed local taxes to support transportation. But this only happens where the needs are significant and are more broadly based than human-service programs. Rural areas with local taxes include Summit County, Roaring Fork Valley, Eagle County, Gunnison Valley, and the Pikes Peak region.
- There are few incentives at the local level to provide regional transportation.

Chapter 4. Demographic Trends

Overview

As in the rest of the country, Colorado's older population is expected to grow rapidly over the next decades. This growth is anticipated to result in significant demands on Colorado's public-transit and human-service transportation networks. However, this growth is not necessarily consistent by region or by age cohort. Understanding these variations is critical to the development of mobility strategies that will respond to specific sub-groups within the older population, both statewide and in the Denver region. In this chapter we provide the demographic analysis that sets the context for the development of strategies later in this study. We first provide an overview of the statewide trends, followed by more detailed information for the Denver region.

Statewide Trends

Figures 4-1 to 4-3 show the percent growth of Colorado's older population over three decades by region (excluding the Denver region), according to the 2000 Census and projections by the Colorado Demography Office. With few exceptions, there are significant increases in all of the older age groups, but the most dramatic increases are among those born between 1946 and 1955 and who were between the ages of 45 and 54 in 2000. These individuals are the first half of the Baby Boom generation. People between the ages of 55 and 64 in 2000 (born between 1936 and 1945) also show substantial growth.

As shown in Figure 4-1, the sharpest percentage growth is expected in Northwestern Colorado, where there is almost a doubling of the 55 to 64 age group between 2000 and 2010. Even the most minor growth in this age group, Southeastern Colorado, is a significant increase of over 40%. As the Baby Boom cohort grows older (shown in Figures 4-1 to 4-3), providing for their transportation needs will be a major challenge.

Figure 4-1 Percent Growth in Population from 2000 to 2010 by Age Group and Region

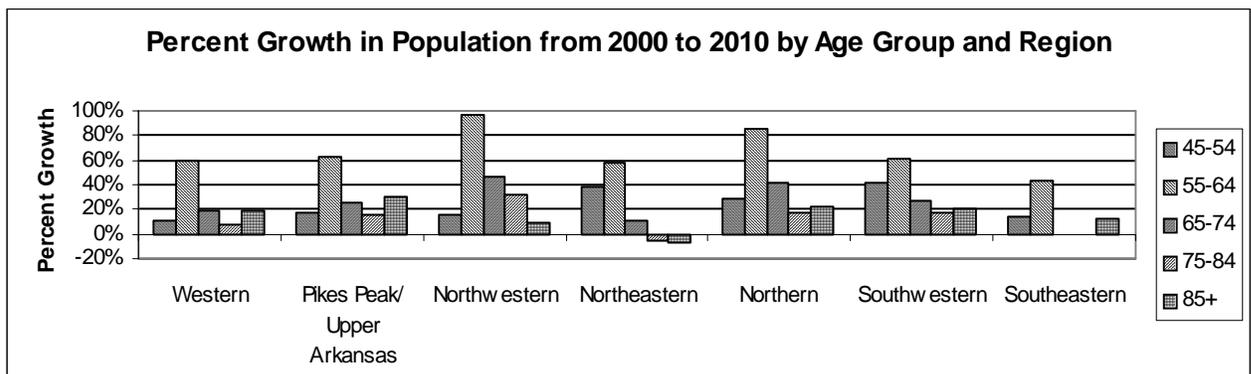


Figure 4-2 Percent Growth in Population from 2010 to 2020 by Age Group and Region

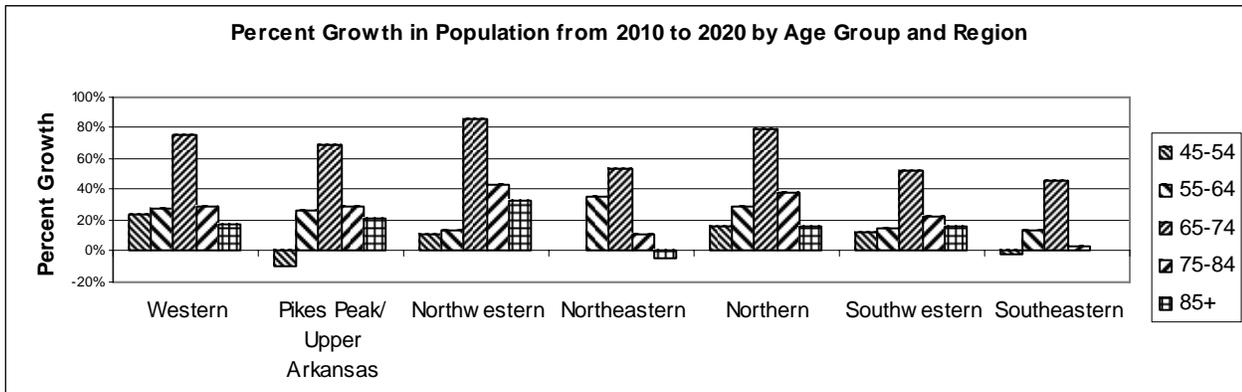
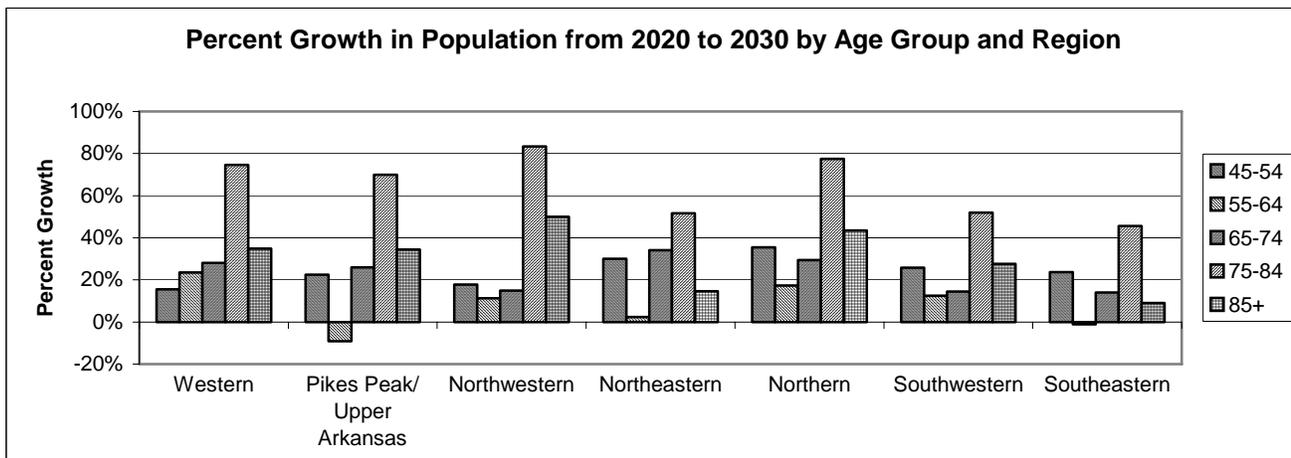


Figure 4-3 Percent Growth in Population from 2020 to 2030 by Age Group and Region



Denver-Boulder Metropolitan Area Trends

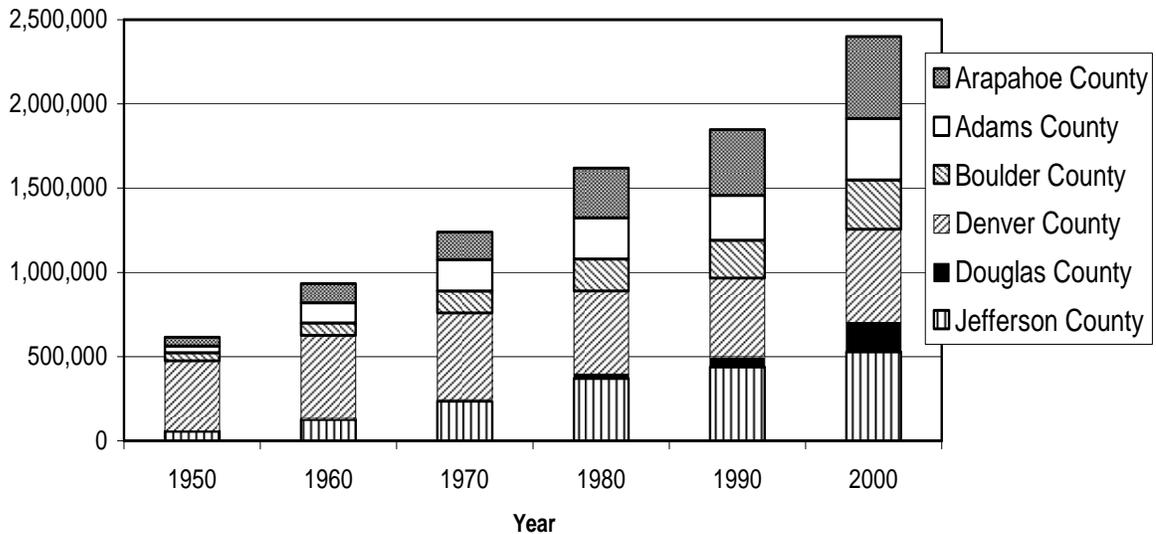
A Historical Perspective

The Denver region has experienced tremendous growth in the last 50 years, as illustrated in Figure 4-4. Since 1955 it has grown from a region of 900,000, with 65% of the population in Denver, to a burgeoning metropolis of over 2.6 million. Three counties (Arapahoe, Denver, and Jefferson) have between 20 – 24% of the population, with 500,000 or more in population.

Adams County, one of the most quickly growing areas, has over 400,000 residents. Although they are smaller, both Boulder County (292,000) and Douglas County (237,000),

have an important role in the region. The chart of historical growth does not include the city and county of Broomfield as it was part of other counties in the past. Clear Creek and Gilpin counties were not included because together these counties have only 15,000 people and they are not a part of the Metropolitan Area focused on by the Getting There Collaborative project.

Figure 4-4 Denver-Boulder Metropolitan Area Population Growth



From 1950 through 1980, Denver had a strong central city orientation with most facilities close in to downtown Denver and most highways oriented to bringing people to the downtown core. Boulder developed early and even in 1950 was an urbanized area in its own right. Travel patterns have existed between Boulder and Denver for some time.

In the last 25 years, most the growth in the metropolitan area has been in suburban counties. Many services and facilities have migrated toward the outer edges of the metropolitan area, although downtown Denver remains a vibrant hub of employment and cultural activities. The development of Denver International Airport, on what was then rural land on the eastern plains, was an important factor in this growth. Major employment centers have grown in Boulder County along U.S. 36 and in the south I-25 corridor. Important employment centers are also located in Lakewood and Aurora.

Shopping centers have developed near the population centers. In the last few years, many major medical facilities have moved (or are considering moving) from the urban center to suburban locations.

Interstate 225 once served as a ring road on the eastern edge of the metropolitan area. Now E-470 serves this same function. Traffic patterns no longer center around a single

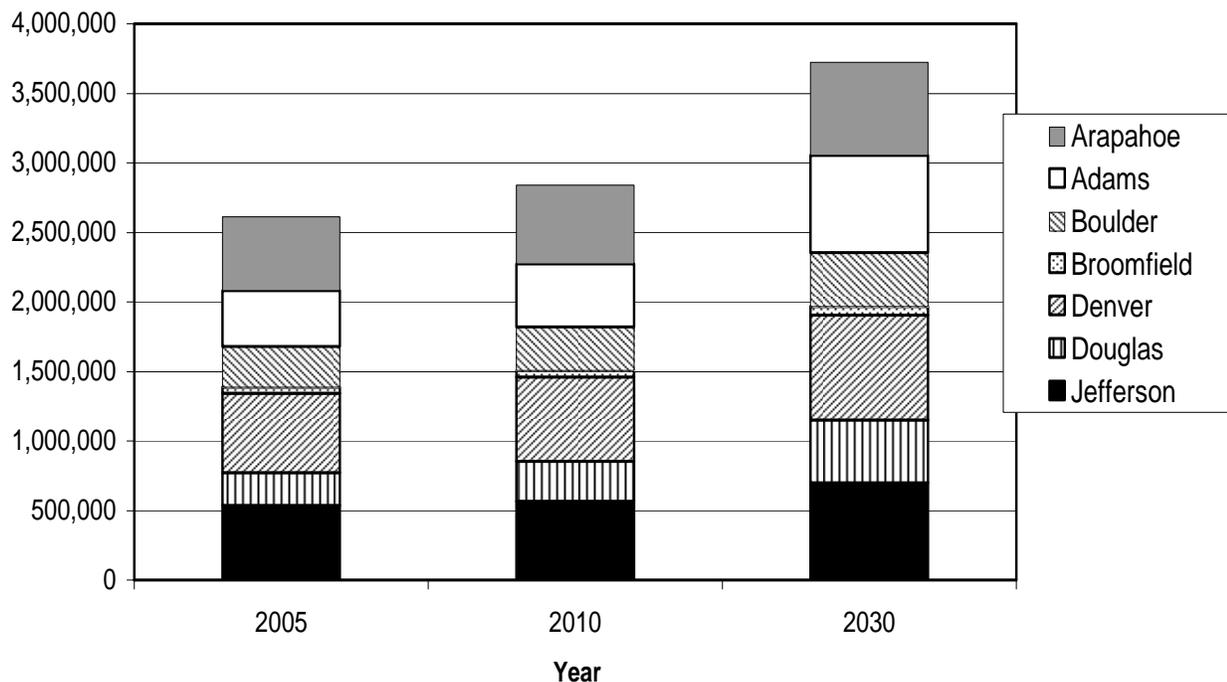
hub, as numerous activity centers now exist throughout the region. With the overall growth, it can take 45 minutes to travel across the region.

The Regional Transportation District’s service once oriented towards downtown Denver, but as the region grows it is now evolving to serve multiple activity centers. The recent passage of FasTracks provides for the development of mass transit corridors connecting the major hubs and activity centers.

Future Growth

The projected growth is anticipated to occur in the Denver-Boulder metropolitan area, and the aging of the population will be critical when considering the mobility of older adults in the region.

Figure 4-5 Population Growth in Denver-Boulder Metropolitan Area



Source: Colorado Department of Local Affairs, 2004 Forecasts by County

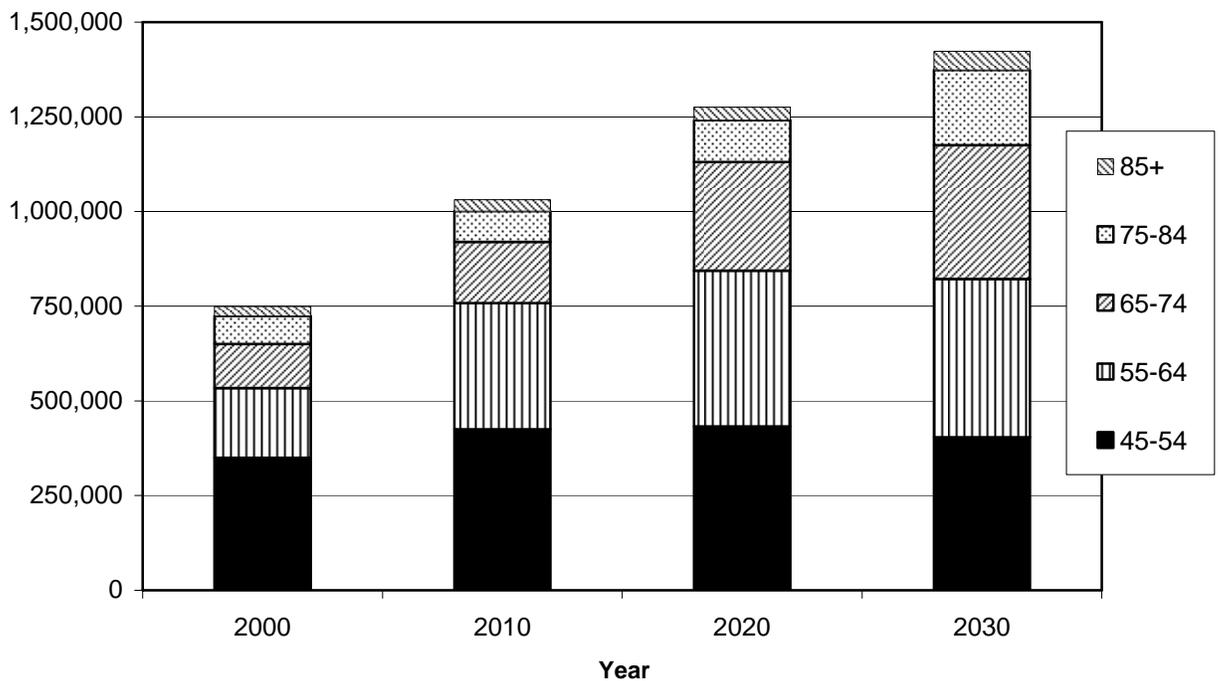
In Adams County, which shows the highest increase in the total number of people, much of the growth is anticipated to occur in what is now rural undeveloped land. The same is true in Douglas County. With the exception of land annexed to the east, Denver is already largely developed, and much of its growth will result in increasing density.

As the total population is going to increase, the percentage of the population comprised of older adults is also projected to increase. The population most likely to require

specialized transportation or paratransit service is adults aged 75 and over. In 2000, there were approximately 100,000 people in the metropolitan area aged 75 and over. By 2030 there are projected to be nearly 250,000 in this age group.

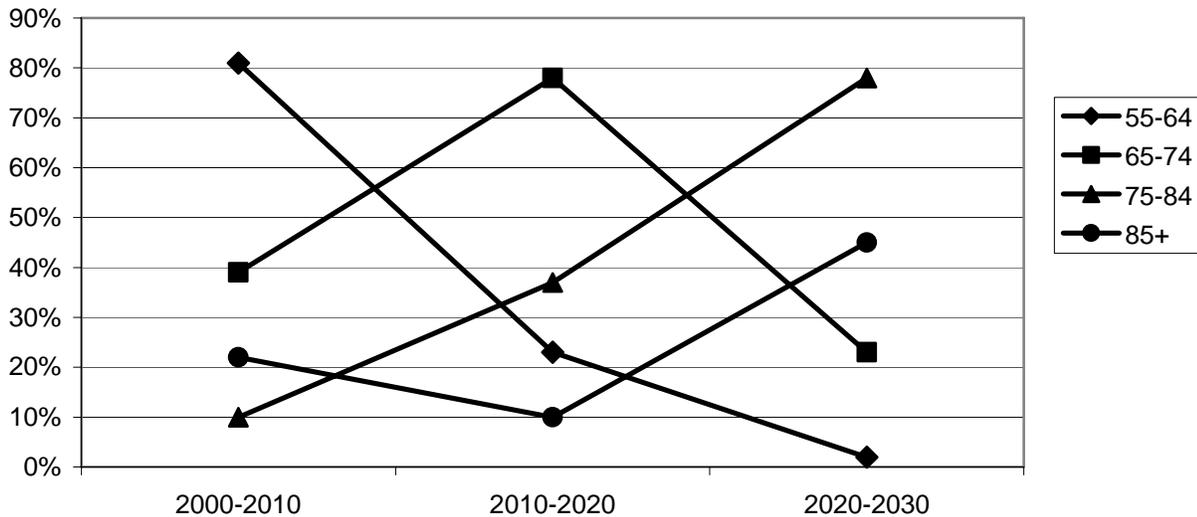
The data for the Denver region shows a similar trend to the highest growth areas in the rest of the state. The shaded portions of Figures 4-6 and 4-7 shows the population figures and percent increase of the population in the Denver Region. There are significant increases in all of the older age groups, with the most dramatic increases in the Baby Boom cohort.

Figure 4-6 Denver Region Older Population – 2000 and Projected Total



Source: U.S. Census and Colorado Demography Office

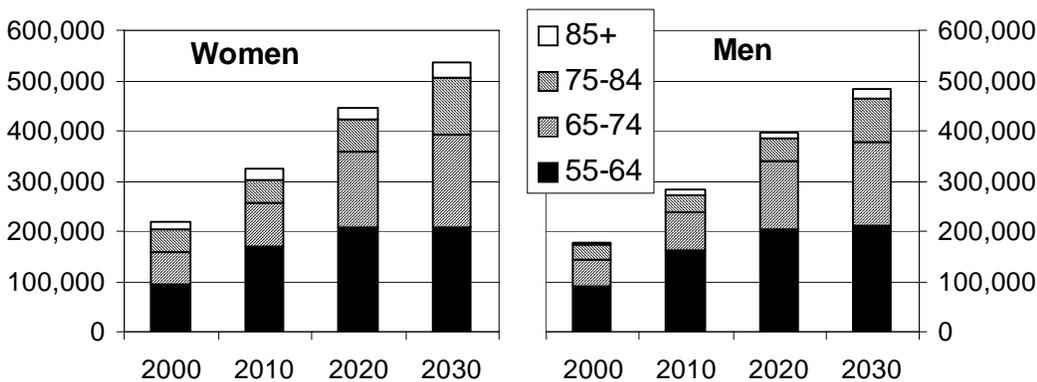
Figure 4-7 Growth Rates of Older Age Groups in the Denver Region



Source: U.S. Census and Colorado Demography Office

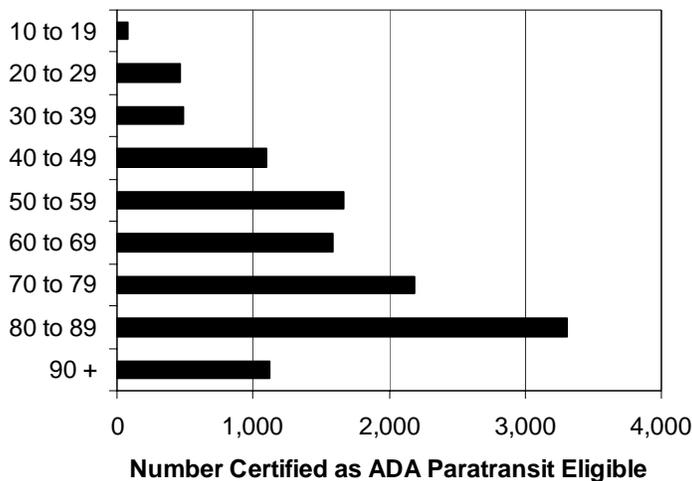
Because women are expected to continue to outlive men, the growth of the older female population will be much more rapid than the older male population, as shown in Figure 4-8. This effect is not expected to be quite as pronounced as in the past. The Colorado Demography Office’s projections show that in 2030 women will comprise 58% of the population age 75 and older compared to 63% in 2000.

Figure 4-8 Population Growth of Older Men and Women in the Denver Region



As the older population grows, the number of people who will need ADA paratransit is expected to grow as well. Figure 4-9 shows the age composition of the 12,000 people who were certified for RTD’s access-a-Ride ADA paratransit program as of January 2005. Although there are disabled people of all ages who cannot use transit due to a disability, and therefore are eligible for ADA paratransit, the largest concentration of ADA eligible people is in the 80 to 89 age group. Just based on population growth in the various age groups, the size of the ADA eligible population may be expected to grow by 12% by 2010 and by 94% by 2030. Actual registration and use of access-a-Ride has been growing much more rapidly than these figures would indicate. For example, according to RTD statistics, access-a-Ride ridership grew by 13% between 2001 and 2003.

Figure 4-9 ADA Paratransit Eligible Population



Source: Regional Transportation District

Historically, older people have tended to be concentrated in urban portions of the region. This may have some connection to a desire to be near services, but it also reflects the fact that these are areas of older development where today’s older adults settled when they were younger. This phenomenon is known as aging in place. If today’s soon to be older adults continue to age in place, the older population of the future will be much more dispersed than today’s population.

Projections of future populations at fine levels of geographic detail are difficult to make and likely to be unreliable. However, if the principle of aging in place is correct, then the location of people who are now in the age 45 to 64 range should be a guide to the location of future older adults. As shown in Figure 4-10 while people who are now 75 or older tend to be concentrated in the City and County of Denver, younger age groups are far more spread out. More Baby Boomers live in Arapahoe and Jefferson counties than in Denver.

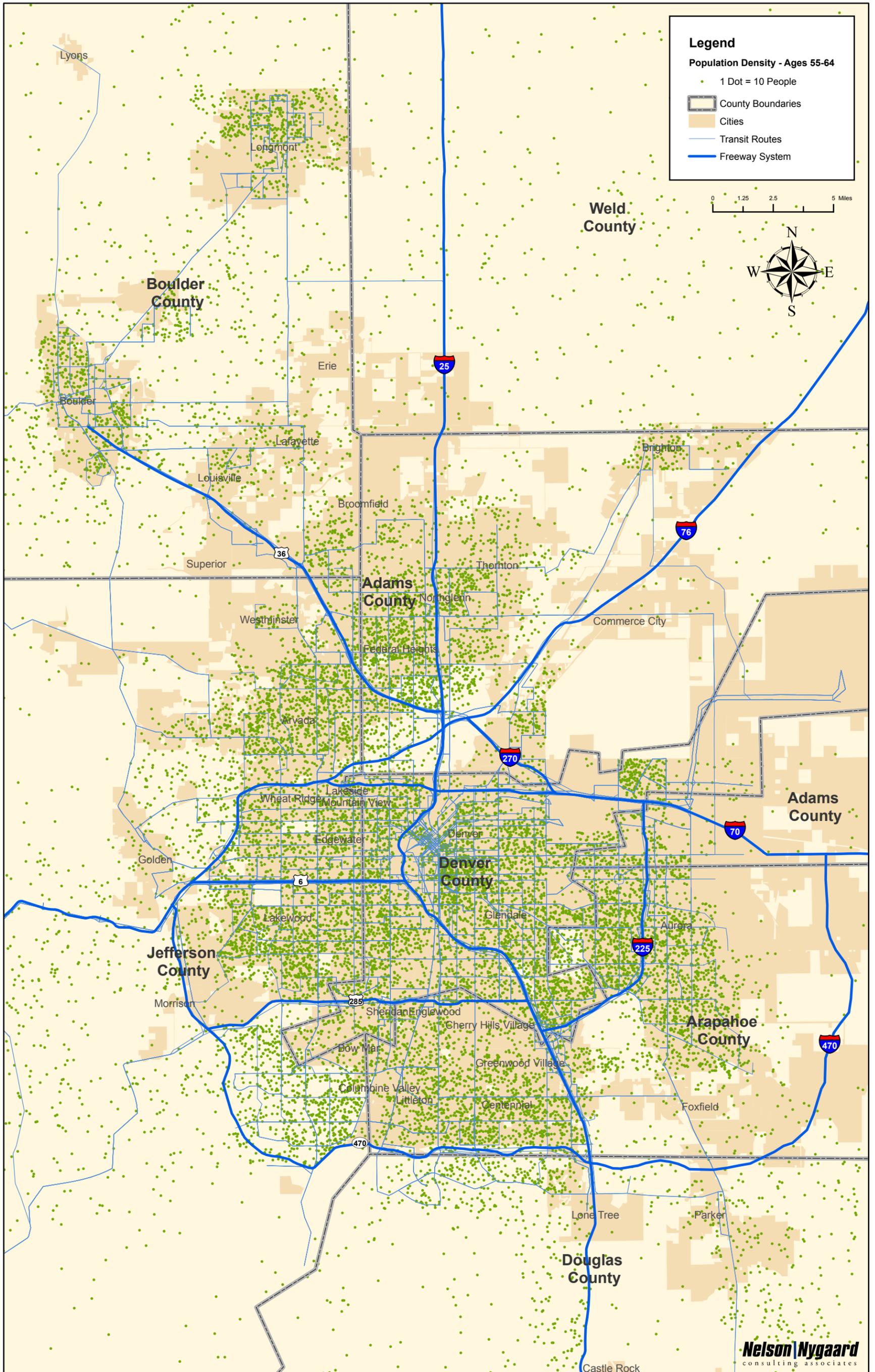
Figure 4-10 Older Population in 2000 by County

	45-54	55-64	65-74	75+
Adams	44,704	25,731	17,044	11,338
Arapahoe	74,397	37,966	22,687	19,242
Boulder	43,799	21,033	12,151	10,519
Denver	71,000	39,764	30,643	31,783
Douglas	26,264	11,619	4,806	2,516
Jefferson	84,675	46,442	28,352	22,474
Region	347,853	183,969	116,281	98,202

Figures 4-11 through 4-13 provide greater detail about the current location of older adults and the groups that are likely to age in place. As shown in Figure 4-13, people age 75 and older (those most likely to have difficulty driving and need special services) live in all parts of the seven counties that make up Metropolitan Denver, but are especially concentrated within the City and County of Denver. In the rest of the region there are concentrations of older people, most likely corresponding to older suburbs and suburban centers. The same is true of the 65 to 74 age group, as shown in Figure 4-12, though to a lesser extent. These are people, many of whom are beginning to experience some mobility difficulties and who would be good candidates to begin encouraging to use public transportation. People in the 55 to 64 age group (Figure 4-11) are clearly much more spread out.

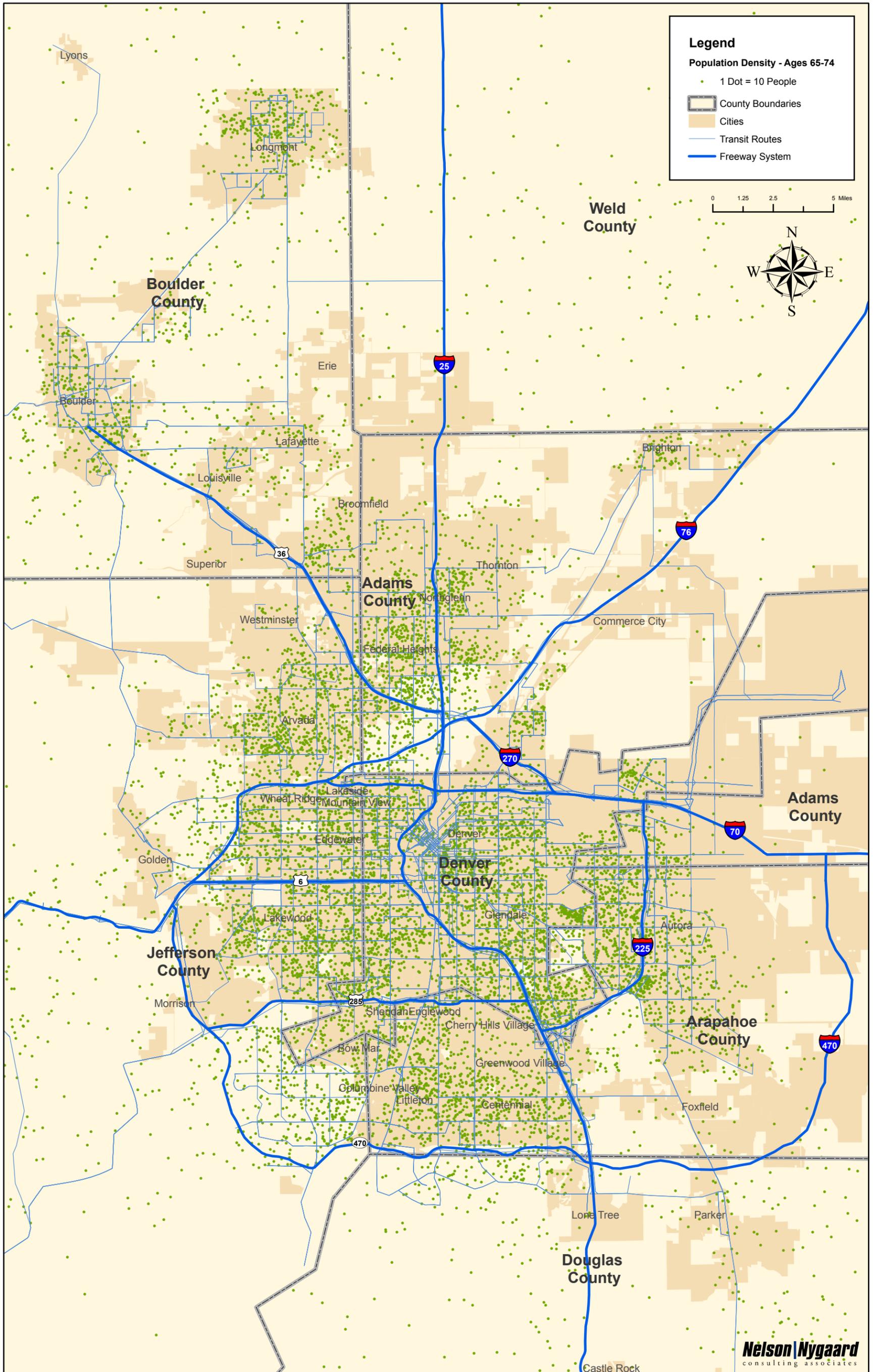
If future older adults tend to live in areas of newer development, in low density settings, that could make it harder for them to maintain independent mobility, to access necessary services, and to remain connected to the life of the community. The maps in Figures 4-14 and 4-15 show the degree to which public transportation provides access to goods and services for people living in different parts of the region. Figure 4-14 shows this for 2005 and Figure 4-15 shows it for 2030 assuming that all of the transit improvement planned in the FasTracks initiative will be implemented. The color-coding of each analysis zone on the maps shows the total number of retail and service jobs that people living in that zone can reach by traveling on public transportation in 45 minutes or less. Jobs here are standing in for the level of retail and service activity that can be reached by transit.

The maps show that access to goods and services by transit will improve. This improvement results from added transit service and also from expected future development in newer areas. Areas that will see obvious increases in accessibility include all of the more central suburbs within or close to the ring formed by I-70, I-225, and U.S. Highway 285, and parts of central Boulder and Louisville. Areas that are expected to see rapid growth in the senior population with relatively low levels of accessibility by transit include portions of western Adams County such as Northglenn and Federal Heights, southern Aurora, portions of more southern suburban areas such as Columbine, Littleton, and Centennial, and especially Douglas County.



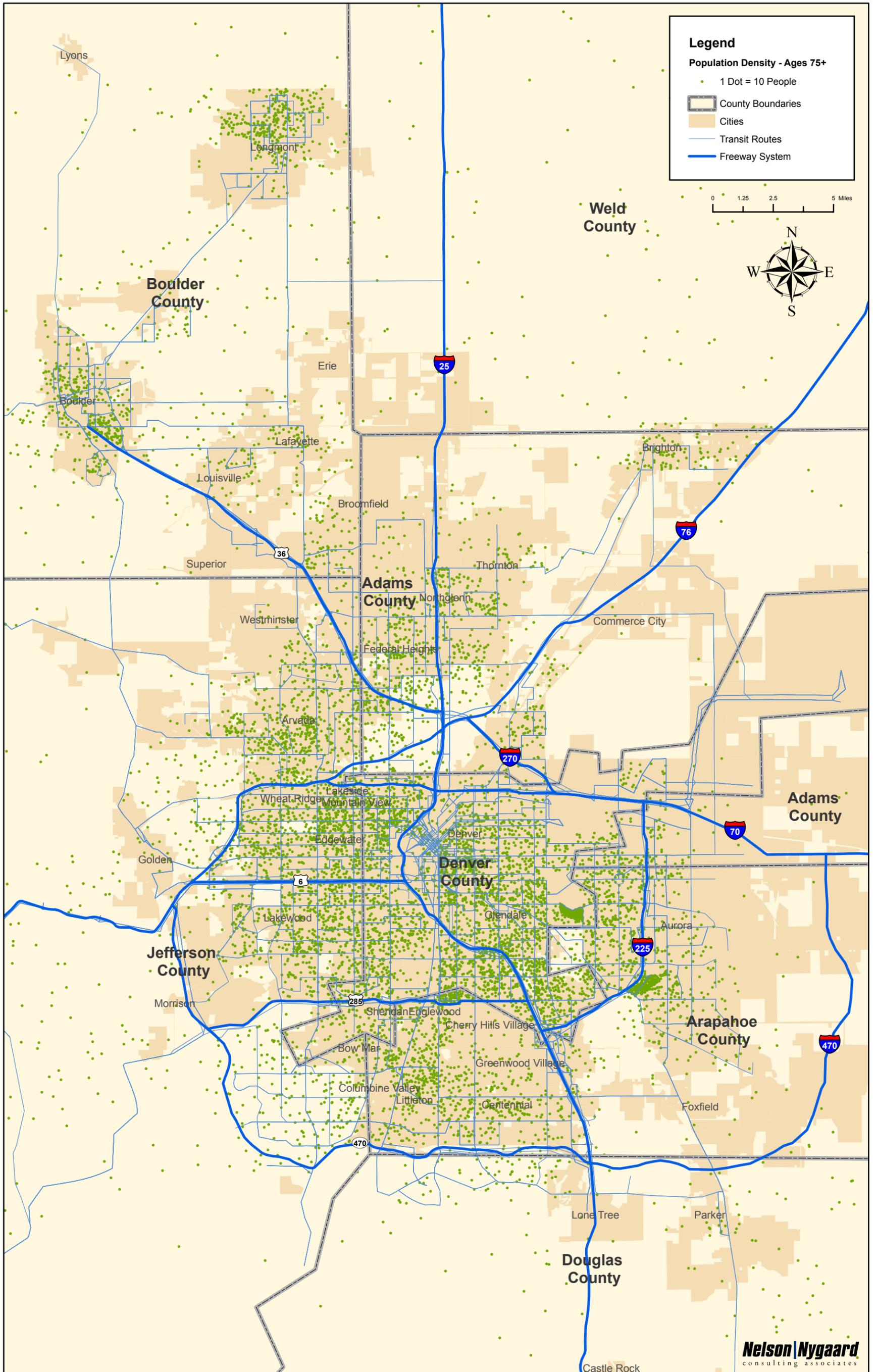
Source: U.S. Census, DRCOG, ESRI

Figure 4-11 Denver Metro Area 2000 Population Density - Ages 55-64



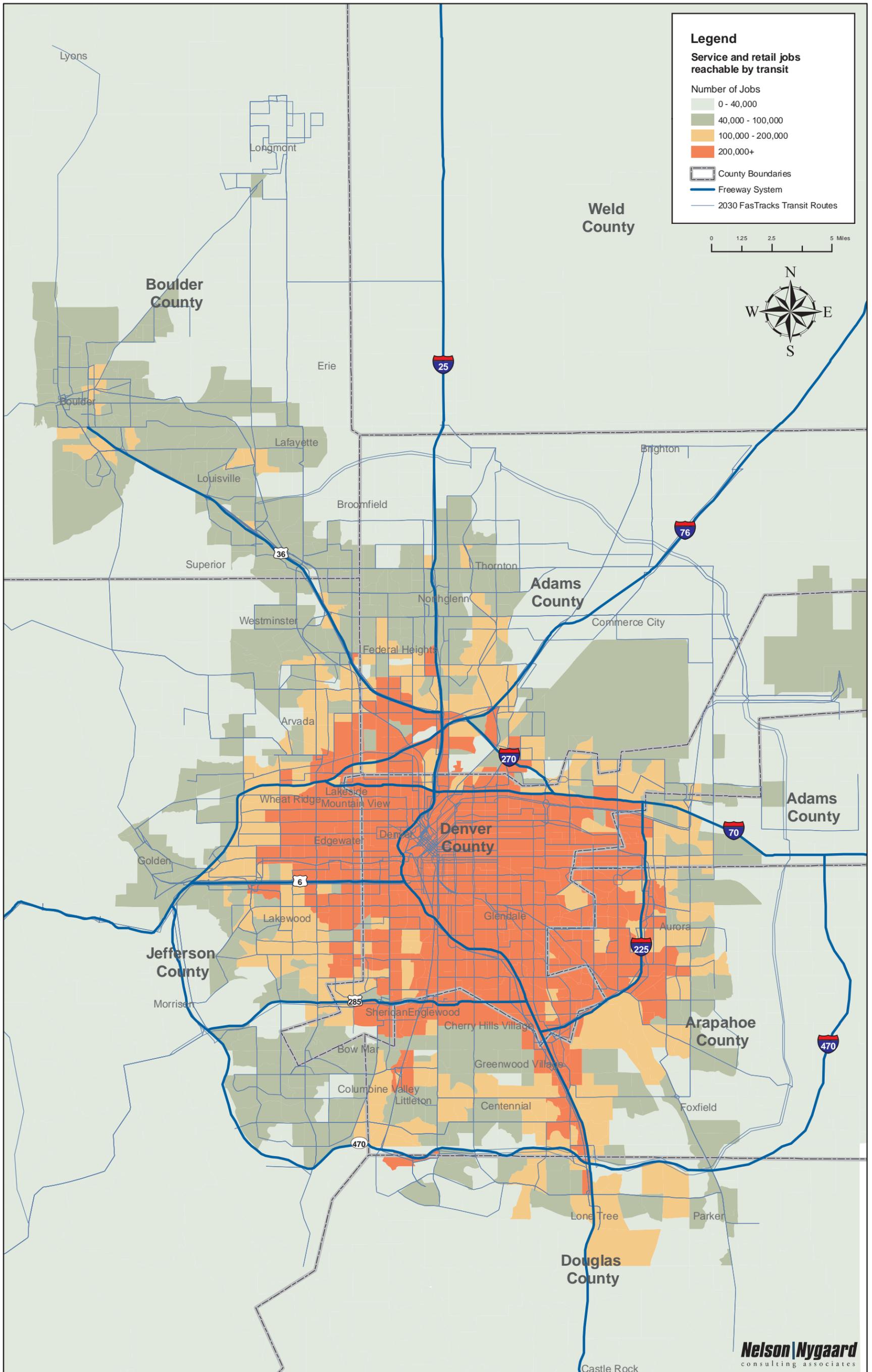
Source: U.S. Census, DRCOG, ESRI

Figure 4-12 Denver Metro Area 2000 Population Density - Ages 65-74



Source: U.S. Census, DRCOG, ESRI

Figure 4-13 Denver Metro Area 2000 Population Density - Ages 75+



Source: DRCOG, ESRI

Figure 4-15 Denver Metro Area Accessibility by Transit - 2030

Chapter 5. Coordination

Coordination of human-service transportation and public transportation programs is an important way to increase mobility. Coordination can enable communities to leverage existing resources and to provide more productive services. In this chapter, the topic of coordination is explored, with an emphasis on what coordination is and how it works, the advantages and disadvantages of coordination, and a look at how other states address coordination.

Then, chapter six examines strategies for Colorado to consider that would increase coordination of transportation services on a statewide level and in the Denver-Boulder metropolitan area.

What is Coordination?

The coordination of transportation programs has attracted much focus across the nation since the early to mid-1970s. At the state, regional, and local levels, there have been significant efforts to successfully coordinate various human-service agency transportation programs with each other and with public-transit and paratransit services in metropolitan, small urban, and rural communities. Typically, these efforts have involved coordinating transportation programs for the Departments of Human Services, Labor, Education, Aging, Vocational Rehabilitation, Children and Family Services, and/or Transportation, for the following groups:

- Older adults
- Human-service agency clients (e.g., persons with developmental disabilities, persons requiring vocational rehabilitation, etc.)
- Medicaid recipients, especially for non-emergency medical appointments
- Job access participants
- Students
- Customers of public transit, ADA paratransit programs, and other public dial-a-ride programs

The coordination of transportation programs may also be described as a process through which representatives of different agencies and client groups work together to achieve one or more goals/benefits. This process ultimately can lead to the implementation of a range of actions designed to achieve individual or multiple benefits. Among the more common goals that coordination efforts set out to achieve are to:

- Improve the cost efficiency of the transportation program(s), especially by eliminating or reducing duplicative administration, service delivery, and capital expenditures.

- Translate increased cost efficiency into more and/or expanded service, both spatially and temporally, i.e., to better accommodate unmet demand and increase mobility and mobility options.
- Improve service quality, and increase the awareness, understanding, access, and ease of use of the transportation program(s).
- "Get out of the transportation business" and redirect efforts towards the main mission of the organization.

As mentioned above, successful coordination strategies that work to achieve one or more of these goals may, in reality, comprise a range of strategies – from neighbor helping neighbor to full integration/consolidation of transportation programs. Coordination activities do not represent a single strategy, but a continuum of strategies from simple to complex.

- In its simplest form, coordination may be accomplished by referrals and through the sharing of information. The latter might include sharing service policies, a driver training curriculum, a drug and alcohol policy, a vehicle maintenance program, or sharing vehicles
- Advancing up the continuum, coordination might include joint purchasing of vehicles, maintenance, fuel, insurance, and/or training.
- Coordination might also include signing a local memorandum of understanding, pledging cooperation in the delivery of service. Each participating organization would adopt comparable customer service policies to foster coordination in service delivery.
- More complex coordination strategies might include formal agreements where two or more local entities pledge to perform certain transportation functions in a cooperative manner, such as vehicle sharing, or allowing a mutual contractor to co-mingle their clients on the same vehicle at the same time.
- Further up the continuum, organizations may agree to deliver each others' clients, or actually purchase service from one another. In addition to purchasing transportation service, an organization also might purchase maintenance service or even travel training.
- At its most complex level, coordination may represent the integration or consolidation of services. This means that participating organizations that are responsible for and fund the transportation of their clients or constituents purchase transportation through a lead agency that directly operates services for the participating sponsors. They may also arrange for transportation, among contracted service providers and/or other carriers ranging from transit to volunteer drivers. One of the hallmarks of the latter approach is that there is a single source to purchase transportation, and a single source through which customers can access transportation.

Lessons learned from more than 30 years of coordination planning have proven one universal fact – no one “best” coordination strategy exists. Just as communities vary from locale to locale, the coordination strategy that will be most effective in one community will be the one that best fits the profile of that area. This takes into account the scope and nature of existing transportation services, the needs of the community, the availability of vehicles and funding resources, and the goals and objectives established by local elected officials and/or the governing boards of local transit and human-service agency programs. The most effective coordination policies are those that are not prescriptive, but allow for a range of actions that can be effective in meeting the common goals identified above.

Benefits of Coordination

There are many benefits to coordination. They can generally be categorized into the following groups.

Increasing Cost Efficiency, Access, and Mobility

Cost efficiency is not always an outcome of coordinating services; however, such an outcome may be possible. This benefit provides a powerful incentive for local and regional coordination efforts. As mentioned in TCRP Report 91, *The Economic Benefits of Coordinating Human Service Transportation and Transit Services*,

“Coordination helps to eliminate the inefficiencies usually found in the disparate operations and service patterns that often result from a multiplicity of providers. Through coordination, transportation services that were overlapping, duplicative, and inefficient can be combined for more efficient service delivery.”

In short, the greater efficiencies and productivity that coordination creates result in a reduced cost per trip. With a more efficient and productive service, sponsoring agencies can reduce the overall costs of providing the same number of trips, or expand service (i.e., to provide more trips than can otherwise be provided in an uncoordinated system, provide a new type of service or expand the service to a new service area, or expand the service days or hours) to better accommodate unmet demand.

A good example from TCRP Report 91 compares the “before and after” costs per trip of a coordinated system in Oregon. The “after” cost per trip was 14 percent lower. Another classic example of a coordinated system is the ACCESS program in Pittsburgh, where it was estimated that the actual cost of ACCESS service was 46 percent lower than the cost that would otherwise have accrued had the service not been coordinated.

Improving Access to Funding, Cost Effectiveness, and Other Economic Benefits

At the same time, it is important to recognize the broad array of other potential economic benefits associated with coordination. As noted in TCRP Report 91, the economic benefits include:

- Coordinated transportation services often have access to more funding sources and more funds, and are thus more likely to achieve economies of scale.
- More cost-effective service (not to mention a higher service quality and more accurate reporting of costs and service statistics) is likely to result from more centralized control and management of resources.
- Service expansion, higher service quality, and (sometimes) lower fares can result in better access to jobs, health care, shopping, and community facilities. This enhances mobility and quality of life in the community.
- Reduction/elimination of duplicative service can enhance air quality and other environmental benefits.
- Additional indirect economic benefits include those associated with increases in community development, enhanced mobility, and higher employment rates.

Human-service agencies that remain as operators in a coordinated system may benefit from a new funding stream (as a transportation contractor). This results in more access or service to the clients of the human-service agency.

It is also important to recognize the economic benefits of accompanying strategies designed to “shift” riders to more cost-efficient service alternatives (while also giving them more mobility options) enabled through coordination. Strategies such as offering free or reduced transit passes, the development of transit travel training programs, and the implementation of regularly scheduled trips for an agency, all targeted to human-service agency paratransit users, have resulted in clear and profound economic benefits. For example, in Dade County, FL the Medicaid program saved over \$9 million per year through its transit pass program. Other transit pass programs that are a part of a larger coordinated program achieve an annual savings of \$2.7 to \$4.3 million.

Improving Service Quality, Reliability and Safety

Two of the most common benefits that relate to service quality include improved driver training and vehicle maintenance.

Improved Training

Coordination of different programs often involves the co-mingling of riders that require different levels of care. Accordingly, the driver training must include whatever extra passenger assistance training is required for the highest level of care required. This typically has a positive affect on the level of customer service overall. In addition, the

general driver-training curriculum improves by incorporating the best aspects of each program's driver training courses. Again, this results in better-trained drivers, and a safer system. Improvements in training are not relegated to just the driver, but often materialize in the training curricula of call-takers, schedulers, dispatchers, and road supervisors. Of course, there is also a corresponding increase in the cost of each.

Improved Vehicle Maintenance

Another common outcome of coordination is a higher standard of vehicle maintenance. Similar to driver training, coordination efforts oftentimes result in a vehicle maintenance program that is composed of the "best-of-the-best" standards from the individual maintenance programs. With larger fleets, the lead agency can often attract a higher level of professional mechanic(s), or can utilize accredited maintenance vendors offering a higher level of attention and expertise. The result is greater vehicle reliability, and a safer system.

Improving Human Resource Utilization

For human-service agencies looking "to get out of the transportation business", the new ability to purchase client transportation through a coordinated system means that it may be able to re-direct financial "savings" (from increases in cost efficiency) and staff resources formerly devoted (on a full-time or part-time basis) to the primary mission of the agency: providing social-services.

For the lead agency in the coordination effort, increased trips translates into better utilization and productivity of the operations and office staff.

Reducing Capital Expenditures

In addition to the economies-of-scale cost efficiencies that may be possible through trip sharing, there may also be some savings in capital expenditures. In a coordinated system, there may no longer be a need for a van for older adults, an ADA paratransit vehicle, a Medicaid carrier, a Vocational Rehabilitation van, a Job Access van, and a VA van, which are all compatible trips. They may not need the same level of administrative, operations, and maintenance space, furniture and equipment, including transportation-related software and hardware.

Challenges to Coordination

In discussing challenges that thwart coordination efforts and opportunities, planners often speak of a variety of obstacles rather than barriers. Obstacles are generally considered to be something that one can get around, while a barrier might be a more permanent structure. Enough evidence from around the U.S. exists to suggest that each one of the challenges to coordination can be overcome.

TCRP Report 105, *Strategies to Increase Coordination of Transportation Services for the Transportation Disadvantaged*, highlights two challenges faced by many organizations that have been involved in recent efforts to coordinate transportation service for the transportation disadvantaged - sustainability and building trust.

Sustainability

Any group of organizations can get together to coordinate their services; some have floundered. The true test of a successful venture is whether it withstands the test of time. The successful coordination efforts in Colorado and elsewhere in the nation are ones that have persevered, and are flexible in adapting to changing circumstances.

What other critical factors are almost always present in successful coordination efforts? One is a local champion who sees the process through and holds the historical and institutional knowledge of the project. Once the project is stable, this knowledge gets spread to a wider group.

Both seed and ongoing funding are also necessary. Seed funding provides staffing for the implementation phase of coordination, while stable ongoing funding is needed to maintain it.

The coordination project can be threatened if the champion leaves the project before it is stable or by the reduction or elimination of on-going funding. Key to overcoming both of these issues is to garner broad-based ownership. While the departure of a local champion can have a serious and profound adverse affect on any coordination effort, this obstacle can be mitigated by a strong lead agency that is committed to the project. They would also be committed to recruiting the right person as the new champion, and/or local coordinating council, composed of elected officials, transportation coordinators from sponsoring agencies, and customers. In many communities, it is this council that becomes the local champion, and not any one person. Similarly, the more participating sponsors there are, the less likely the elimination or reduction of one funding source will torpedo the entire effort.

The TCRP Report 91 also states that sustainability can be supported through the establishment of a legal or institutional framework. The report cites a case in Massachusetts where the state created an office specifically focused on coordinating transportation. After years of limited coordination stemming from different regional structures, regulations, and reporting requirements among the various state human-service agency transportation programs and regional transit authorities, the permanent establishment of this office with dedicated full-time staff, led to all participating agencies pooling together to support this staff and the coordination of services. The staff was able to commit the time necessary to sort out what, at first, appeared to be conflicting regulations.

Yet another ingredient to sustainability is planning, which typically includes:

- An assessment of mobility needs and unmet demand.
- An assessment of duplicative or redundant services.
- Design of coordinated services or strategies with these needs, demand, and services in mind.
- Identification of the lead agency and supporting resources.
- Identification of participants.
- Estimation of benefits, costs, and funding sources.
- Identification of prospective obstacles and ways to overcome the obstacles.
- Development of implementation plans and schedules.
- Evaluation of programs and services.

The feedback from virtually all of the case studies in the TCRP Report 105 was that “adequate planning is a necessary foundation for a successful coordination initiative.” The report also states that including all of the prospective participants in the planning process is key to a system that is more inclusive (and hence to their eventual involvement) and that an incremental or phased approach to implementing coordinated services can increase the likelihood of success. The planning for coordination is in addition to other planning activities the agencies may engage in. There will be links between the coordination planning and other activities as the coordination planning will address how these agencies may begin to meet program objectives related to access or transportation.

Building Trust

Distrust among potential or existing participants of prospective or existing coordination efforts also was reported to be one of the biggest obstacles. It is difficult to build trust among any group when there are elements of turfism and/or a need for control, two common obstacles to almost all coordination efforts.

Building trust relies strongly on a local champion. The personality, positive outlook (focusing on the potential of the effort), and leadership all relate to the personality of the local champion, whether it is an individual person or a group. Among the lessons learned from the case studies of this report were:

- Initially identify all prospective participants. If they are part of the process from the beginning, they will be more likely to support and participate in the eventual effort. A local council, or at the very least, group meetings must be held to bring about an increased awareness of each others' program, services, unmet need, and existing instances of coordination.
- Ongoing communication, including individual meetings and the collection and dissemination of accurate local data, is critical to developing good relations among the partners, and mitigating concerns about control (which more often than not

stems from fears that the coordinated effort cannot possibly provide the same desired level of service, especially for clients that need a higher level of service).

- Relationships often take time to cultivate. The time spent in developing support (as well as resources and an institutional framework) for coordination will pay off in terms of stability and growth. Again, perseverance is critical.
- Maximize opportunities to educate prospective participants about the potential benefits of the coordinated effort, tailor those materials as much as possible to each individual organization, and highlight applicable examples, including how perceived obstacles were overcome, and the benefits that resulted.

Another element of trust building is to ensure that the organization that is taking the lead role in the coordination effort has the requisite management skills, leadership, political savvy, community status, financial capacity, and a sufficiently sized vehicle fleet (or access to one) to accomplish this objective.

National Experience

How do other states address coordination? Are there lessons Colorado can learn from other states' experiences that would be useful in determining how to promote coordination in Colorado? In January of 2005, the National Conference of State Legislatures released a report titled "Coordinated Human Service Transportation: State Legislative Approaches". This report provides an updated look at how each state is approaching coordination. The report identifies three basic approaches to coordination:

- Legislative approaches, including specific transportation coordination statutes and broad coordination statutes.
- Executive orders.
- Independent agency actions.

At the time of the report, 34 states had statutes related to coordination, with 21 of them specifically related to the coordination of human-service transportation. Six states had executive orders in effect, and they generally required multiple state agencies and other stakeholders to meet to address the coordination of human-service transportation. Independent agency actions were reported in over half the states, often in addition to a statute or executive order. These activities ranged from one agency coordinating programs within its own jurisdiction, to multiple agencies collaborating on programs. These actions could be in the form of a memorandum of understanding or an inter-agency agreement.

Many states have established state-level inter-agency coordinating councils or committees to promote information sharing or to set policies to promote coordination of services. In addition, it is common for regional inter-agency committees to address the more operational issues common at the county or regional level.

The report also confirmed the consultant team's experience: legislation does not necessarily result in more effective or long-lasting successes than less formal actions. Our experience has been that it is more important to develop a solid base of support and design the coordination approach around the building blocks that already exist in the state. Identify the strengths and work with those as a foundation for coordination efforts.

The Colorado Context

Understanding the unique characteristics of Colorado is a key to identifying the approach that will be most effective here. It is also useful to establish a context for Colorado in relationship to other states. Several factors influence the way in which coordination might work in Colorado.

- Colorado is a strong local-control state. It ranks very high in the level of local taxation, and very low in the level of state taxation.
- There is no state level support for transit operating expenditures. Operating funds for public transit and matching funds for federal grants are collected at the local level. Control is vested at the local level, not at the state level.
- The state provides significant matching funds for human-service transportation, but often no more than the minimal required match.
- Colorado's mountains and plains strongly influence the development of transit and other services. The needs for human-service and public transit vary a good deal among the populous Front Range cities, the small rural towns, and the mountain resort communities.

Colorado was founded by individuals who valued local control and decentralized decision-making. These principals are an integral part of the State Constitution. Colorado is one of 13 states in which human-services are delivered through state supervised and county administered programs. The other states with this structure are: California, Maryland, Minnesota, New York, New Jersey, North Carolina, North Dakota, Ohio, Pennsylvania, Virginia, Wisconsin, and some portions of Montana.

The authors of TCRP Report 105 opined that the states that are generally regarded as having developed successful coordination programs include Florida, Iowa, Kansas, Kentucky, Maine, North Carolina, Ohio, Pennsylvania, and Washington. As three of them have structures similar to Colorado, it is clear that coordination can work well in a state whose human-service program delivery is similar to that in this state.

An important issue for local communities wanting to provide transportation services is the availability of operating dollars. Colorado does not provide matching funds for local public-transit services, but does provide significant funding for human-service transportation. Colorado matches Medicaid funds that provide transportation to Medicaid eligible individuals and Community Centered Boards. The state also provides local match and funds additional services for Older Adults through the Older Coloradoans Act. States with effective coordination are able to leverage the dollars they spend on human-service transportation while at the same time supporting public-transit networks that serve a broader spectrum of the state's residents.

United We Ride

In late 2003, and with the blessing and endorsement of President Bush, four federal departments - Transportation, Health and Human Services, Labor, and Education – together introduced a new transportation coordination initiative called United We Ride. This effort to date has included:

- Developing a series of products and tools to help states and local communities initiate coordination.
- The recognition of five states (Florida, Maryland, North Carolina, Ohio, and Washington), which were honored with State Leadership Awards for their ongoing coordination efforts.
- The issuance of *United We Ride* grants to states wishing to initiate or enhance their coordination activities. (Colorado DOT was one of the recipients, and is in the process of using the \$35,000 grant to fund the facilitation of a new Interagency Coordinating Council).

The new federal transportation legislation, known as SAFETEA-LU, strengthens provisions for coordination and provides new opportunities for matching funds and pilot projects. Because of the United We Ride initiative and changing regulatory structure, the national experience is somewhat fluid, with some states undertaking new major coordination projects.

Following are thumbnail descriptions of various statewide programs, presented alphabetically that may serve as models for Colorado, as they all focus on the county and/or a regional lead agency as the coordinating agents. Much of this information was culled from the United We Ride website and from TCRP Report 105.

Programs in Other States

Florida

State Agency:	Florida Commission for the Transportation Disadvantaged
Established by:	Legislation
Funding:	State level – Transportation Disadvantaged Trust Fund
Local Activity:	County-based local coordinating boards; County Transportation Coordinators (40% were AAA’s); direct operation or brokerages

Through legislation, Florida established the Transportation Disadvantaged (TD) Trust Fund, which is overseen by the Florida Commission for the Transportation Disadvantaged (FCTD). Services are provided on the county level, where FCTD-designated local coordinating boards set countywide policies. The local coordinating boards are staffed by a member of the local planning agency, either the Metropolitan Planning Organization or another designated official planning agency, and in turn select a County Transportation Coordinator (CTC) to provide or arrange Transportation Disadvantaged sponsored trips for consumers whose transportation needs would otherwise be largely un-sponsored. The CTCs are also the focal point for coordinating other agency-sponsored transportation (and

sometimes ADA Paratransit) in each county, i.e., while not mandated to do so; most county-level agencies purchase transportation through the CTC. The CTCs include transit agencies (or their contractor) and human-service agencies. In 2003, 40% of the CTCs were Area Agencies on Aging or other organizations that focused on the provision of transportation and other service to older adults.

Transportation is provided in many ways depending on community needs and resources. The most common service delivery structures are direct operation or brokerage, or both. Trips are coordinated and purchased from several modes, including taxis, paratransit and lift-equipped vehicles, school buses, volunteers, and public-transit systems. During FY 2002/2003 the coordinated transportation system provided 53 million trips using \$30.9 million from the Transportation Disadvantaged Trust Fund and funds from other partners. Among the most notable results of the state's efforts was the Miami Medicaid Transit Pass Program, which provided transit passes to Medicaid eligible persons who could safely travel by bus, resulting in the saving of over \$7 million annually in Medicaid costs.

Iowa

State Agency:	Coordination Council
Established by:	Legislation – Iowa Code 324.A
Funding:	State level, provided by Iowa Code 324.A
Local Activity:	The state’s 35 transit agencies serve as lead agencies

Iowa has a state level Coordination Council that includes representatives from the Departments of Transportation, Human Services, Education, Elder Affairs, Public Health, as well as Iowa Workforce Development, the Iowa Association of Counties and League of Cities. The Council helps to facilitate coordination efforts that have been promulgated under Iowa Code 324.A. This law provides for state level technical assistance and demonstration funding from the Iowa Department of Transportation for coordination efforts.

In Iowa, the state’s 35 transit agencies serve as the lead agencies for the local coordination of transportation for persons with disabilities, older adults, human-service agencies (including Medicaid), and Head Start children. The law has the expressed goals of (1) coordinating planning for transportation services at the urban and regional level by all agencies or organizations that receive public funds and that purchase or provide transportation services; and (2) utilizing resources for transportation services effectively and efficiently (by eliminating duplicative and inefficient transportation services, administrative costs, policies and management) and, in doing so, (3) developing transportation services which meet the needs of the general public and insure services adequate to the needs of transportation disadvantaged persons. Note too that these coordination activities have also included a recent study, undertaken by Iowa State, to assess the potential of coordinating public-transit and student transportation.

Kentucky

State Agency:	DOT leads the effort, contracting with other state agencies.
Established by:	
Funding:	State level – Capitated funding based on market share in region
Local Activity:	Fifteen regions with a brokerage in each

In 1999, Kentucky divided up the state into 15 different regions, and established a brokerage in each region, through which the coordination of transportation services in that region would occur. The Kentucky Department of Transportation was selected to lead the effort, and contracted with the Department of Human Services and Department of Children and Family Services. The brokers receive capitated funding, based on the market in their region, and contract with agency operators, taxi and chair car companies, and volunteer drivers.

Maine

State Agency:	DOT lead with coordination required among state departments
Established by:	Legislation
Funding:	State level – 30-40 sources with Medicaid the largest
Local Activity:	Nine “Regional Transit Providers”. Some are transit agencies and some are other non-profit organizations.

In the 1970's, Maine passed a law requiring the Department of Transportation and Department of Health and Human Services (including Behavioral Developmental Services) to coordinate specialized transportation services. The DOT took the lead, designating nine regional transportation providers. Some of these are transit agencies (the Regional Transportation District in Portland), others are nonprofits (York County Community Action Agency). Some of the Regional Transportation Providers cover single counties, others multiple counties. Funding dollars that support the various programs are funneled through the Regional Transportation Providers. There are 30 to 40 funding sources, with Medicaid funding being the largest.

Maine is also the site of the development of the Independent Transit Network, a project developed through a Transportation Research Board IDEA grant. Similar to the Neighbor-to-Neighbor Networks that exist in some parts of Colorado, in this program older adults volunteer to drive others who are unable to drive themselves. In addition to providing a community service, they build credits so that when they need service, they can draw upon these credits. Passengers pay for service with cash (or credits if they have earned them). The program is designed to be self-sustaining and close the gap between publicly funded services and the growing need for safe transportation for older adults.

Maryland

State Agency:	Maryland Coordination Committee for Human Service Transportation, chaired by Maryland Transit Administration
Established by:	Executive Order – 1997
Local Activity:	Maryland Transit Administration

Maryland's 1997 Executive Order established the Maryland Coordinating Committee for Human Services Transportation and launched the state's effort in addressing transportation coordination with human-services agencies. The committee, chaired by the Maryland Transit Administration (MTA), represents a cross section of human-service and employment agencies. To give guidance and recommendations to Maryland's human-service transportation providers, the MTA developed a comprehensive Maryland Transportation Coordination Manual.

A series of forums were held throughout the state to initiate local coordination. To identify the resources for public transit and specialized transportation, the MTA inventoried their expenditures and by doing so further reinforced the need to improve coordination of funding and services. A five-year human-services transportation plan was approved by the state agencies represented on the Committee to provide a foundation for improved coordination of services and funds to help the state meet current and growing mobility needs. Maryland Job Access and Reverse Commute Program, which relies greatly on partnerships and coordination, has become a national model on coordination, providing over three million rides since its inception. Most recently, Maryland adopted statewide procurement of new technologies to support partnering agencies on regional and local coordination activities.

New Jersey

State Agency:	New Jersey Transit
Established by:	Agency initiative
Funding:	State level – Casino Revenues
Local Activity:	County based

Each county in New Jersey operates or contracts for a paratransit service that is funded by Casino revenues (distributed to the counties through NJ Transit) that support the transportation of older adults and disabled residents. Most of these county-based transportation services also are the focal point of other public and private human-service agency transportation programs. For example, the Board of Social Services in many counties utilizes these programs (and direct contractors as well) to transport Medicaid trips. Most of these county-based programs are in-house operations or utilize a single contractor or broker. There is currently no coordination between Access Link, NJ Transit's ADA paratransit service and these county-based programs.

North Carolina

State Agency:	Human Services Transportation Council
Established by:	Executive Order - 1978
Funding:	State level – Community Transportation Program Funds
Local Activity:	One hundred counties have human service transportation systems, with Memorandums of Understanding. A web-based “Cross County Transit Project” allows users to coordinate non-emergency medical transportation trips across county lines.

North Carolina has long been recognized as having one of the finest coordinated transportation systems in the country. At the state level, there has been an Executive Order mandate to coordinate transportation resources since 1978. The Executive Order established a state level inter-agency Human Service Transportation Council that provides policy recommendations to the Department of Health and Human Services (DHHS), Department of Transportation (DOT) and other state agencies in addressing needs, barriers, and opportunities for the provision of human-service transportation. There is a long-established communication and collaboration on human-service transportation issues between the DOT and DHHS. As a result, a full-time Transportation Program Administrator position was established within DHHS and is funded at 100% by DOT.

North Carolina was the first state in the nation to require a Transportation Memorandum of Understanding at the local level that assures coordination between the transportation systems and human-service agencies. In order to be eligible for Community Transportation Program funds, DOT requires each local transportation system to have a transportation advisory or governing board, which includes representation from the local Department of Social Services, the Aging Program, the Public Health Department, Mental Health and Community Rehabilitative Facilities, and the local Center for Independent Living to ensure that public transportation services continue to meet the needs of individuals with disabilities. As a result of these collaborative efforts, all 100 North Carolina counties have human-service transportation systems to serve the transportation disadvantaged. Additionally, the state has established a web-based "Cross County Transit Project" that allows users to coordinate non-emergency medical transportation trips across county jurisdiction lines to regional health care facilities. The state is currently working on establishing recommendations for uniform transportation reporting requirements for human-service transportation service programs.

Ohio

State Agency:	ODOT works with other state agencies
Established by:	Historical practice
Funding:	State coordination grants up to \$80,000
Local Activity:	County based with lead agency and evidence of coordination

The Ohio Department of Transportation (ODOT) has historically worked with the Ohio Departments of Aging, Jobs and Family Services, Mental Retardation and Developmental Disabilities, Mental Health, Education, and the Rehabilitation Services Commission to increase transportation services available to people with disabilities, and the elderly and

low-income individuals. ODOT developed a manual of steps to create successful statewide transportation coordination programs titled "A Guide to Implementing Coordinated Transportation Systems," recognized nationally as one of the best sources on the topic by other state transportation departments.

For the last 10 years ODOT has been providing coordination grants. The primary goal of the Coordination Program is to enhance and expand transportation through coordination in Ohio's counties with no public transportation system. This is done through an annual competitive bid, with grants up to \$80,000 supplied to winning applicants. Prioritization for these grants is first given to counties with no public transit, then counties with public-transit systems that cover only a limited area, and then other counties with a broader public-transit service area but that still have unmet demand. Applicants are typically Counties, but also include cities and transit boards. All projects must demonstrate some level of interagency coordination in their local area to be eligible for funding. All projects must designate a lead agency to administer day-to-day operations, execute memoranda of understanding with all participating agencies, have a full time coordinator and commence the project within 90 days of contract award. While the awardees are sometimes the municipality itself, PNP agencies like senior centers are more commonly the designees. Eligible project expenses are limited to operating expenses only. The total funding available for these grants in FY 05 is \$1.3 million. Over the years, ODOT has supplied \$6.3 million in grants to 37 projects for the coordination of transportation services. Under the department's leadership, the number of counties with no system or transportation coordination projects has decreased from 42 to 14.

Pennsylvania

State Agency:	PennDOT has a shared ride demand response service
Funding:	State lottery proceeds
Local Activity:	County based and available in all 67 counties. Service must be open to the general public, be demand response, and charge a fare

Pennsylvania has a shared-ride program for older adults, which is supported with revenues from the state lottery program. This program enables adults 65 years of age and older to use shared-ride, demand-responsive (normally door-to-door) services and pay only a small percentage of the regular shared-ride fare. An older adult or a sponsoring agency pays 15% of the shared-ride fare and state Lottery proceeds administered by PennDOT are used to reimburse the participating service provide up to 85% of the fare. There are no restrictions on the hours of use other than the service hours of the transportation providers. In 2000-2001 shared-ride service providers received \$62.6 million in Lottery funds and provided approximately 6.2 million trips to older adults. Service is available in all 67 counties. To be eligible for state funding, the service must be open to the general public, operate on a non-fixed-route basis and charge a fare to all riders. Passengers must reserve their trip at least one day in advance and must be willing to share the vehicle with other riders. In most cases, the designated shared-ride coordinator in each county is typically a transit agency or the county. In most counties, the programs are also the focal point for other county-based coordination of transportation programs, including transportation for the state's Medical Assistance (Medicaid) program.

Washington

State Agency:	Agency Council on Coordinated Transportation; separate system of Medicaid brokerages
Established by:	Legislation – 1998; does not mandate coordination
Funding:	State funds demonstration projects through the Agency Council on Coordinated Transportation
Local Activity:	Eighteen coordinating councils involve 23 counties

The Washington State Legislature created the Agency Council on Coordinated Transportation (ACCT) in 1998 to improve transportation options for older citizens, people with low incomes, people with disabilities and children. ACCT is a council of state agencies, transportation providers, consumer advocates and legislators, and is led by the Washington State Department of Transportation. The Council establishes baseline data, specific measurable targets and deliverables on the state and local level. Note that in Washington, the state legislature stopped short of mandating coordination; rather, with the help of the ACCT, the state's regions have pursued coordination strategies that best suit their communities.

ACCT has created 18 local coordinating coalitions involving 23 counties, funding most with coordination grants. These 18 coordination groups have written and begun to implement regional coordination plans including a call center for multiple ride types and an information and referral center. The ACCT is also funding demonstration projects to test coordination options, including coordinating with school districts and Medicaid.

One of the most significant achievements of ACCT is the regional trip planner, a web-based itinerary planner for Oregon and Washington residents. When implemented, it will provide increased access to service and schedule information of multiple providers. ACCT also played a key role in ensuring that the state JARC successful grant application addressed coordination. A good example of a local coordination effort is the demonstration project that Mason Transit coordinated with local schools to use school buses as transit vehicles, creating a cost benefit to the transit and school district of \$188,075 per year. There is also a coordinated call center in Mason County. In Spokane, human-service agencies and transportation providers have coordinated data collection efforts. In some rural regions, different transportation programs share maintenance facilities.

The lead agency varies: in some areas, it is the public-transit agency. In Thurston County, it is the Metropolitan Planning Organization. It is important to note that Washington also has a separate system of regional Medicaid transportation brokerages, and while some of the regional brokers have expressed a desire to be involved in ACCT coordination efforts, the state's Medical Assistance Administration appears to be uninterested in giving up control, according the authors of TCRP Report 105.

Our review of the national experience suggests that:

- The structure for the delivery of human-service transportation in Colorado does not limit the ability to coordinate.
- The lack of state operating funds to match federal transit dollars makes leveraging local resources even more important in Colorado than in most other states.
- The emphasis on local control in Colorado supports the development of coordination models that have a strong element of local control, with many decisions made at the local level.
- The states with both a local coordinating council and a state level coordinating council might be good models for Colorado. The local groups often address local operational or logistical issues, and decide what level of coordination is right for the local area. The responsibility of the state level group is to develop policies and procedures that support coordination.

The next chapter examines specific coordination strategies for consideration at the state level and for the Denver-Boulder metropolitan area.

Chapter 6. Coordination in Colorado

Overview

We believe coordination holds a good deal of promise for Colorado. With the establishment of the state level Interagency Coordinating Council, there will be an opportunity for stakeholders to give coordination the attention that is needed to work through how it might work in Colorado. The stakeholders will need to determine if the benefits of coordination outweigh the costs. Those interested in pursuing coordination will have an opportunity to thoughtfully develop an approach to coordinating human-service transportation.

With support at the federal level through the United We Ride initiative, there is real promise that the federal regulatory obstacles will be reduced. While it is expected to take some time to make changes, the major agencies in the federal government have committed to addressing these obstacles.

This chapter explores strategies for coordination at both the state and local or regional levels. How might the state promote increased coordination? What approaches to coordination might be most effective in Colorado? What role and responsibilities would be best served at the local or regional level? How might existing “best practices” be duplicated in other parts of Colorado?

It is recognized that all coordination efforts face obstacles that need to be overcome. In addition to those faced in other states, Colorado has the added challenge of not having a state level fund source for public-transit. Depending on one's outlook, this can be an added challenge or an additional impetus to coordinate services. Successful coordination efforts result in more effective use of existing resources – clearly an important goal in Colorado. Without minimizing these obstacles, we should recognize that organizations in Colorado and across the country have, to a greater and lesser degree, successfully navigated and overcome all of these obstacles.

Community-transportation service needs vary greatly between communities and regions of the state. In the smallest communities and least populous regions, transit needs are closely tied to human-service programs and their clients. In Front Range cities and mountain resort communities, other factors may be more important: transit serves an important role in getting people to jobs, students to colleges, and tourists to destinations in areas with congested and constrained roadways. The combination of Colorado's emphasis on local control and the diverse needs between regions of the state suggests a focus on coordination activities that are based on the county or regional levels.

Prior to discussing the strategies for increasing statewide coordination of community transportation along these lines, it is appropriate to first revisit the funding/service infrastructure in the state, and the extent to which the infrastructure currently fosters coordination. Figure 6-1 lists the primary programs funding transportation services and

Figure 6-1 Summary of Coordination Activities

Source & Local Recipient	Funding Flow and Distribution	Role in Deciding Use of Funds	Matching Funds	Regulatory Role*	Existing Coordination Level, Comments
Federal Transit Admin (FTA) <i>Transit Providers and Urbanized Areas</i>	CDOT → Rural Providers FTA → Urbanized Areas CO Transit Coalition → Coalition Members	CDOT/Local Urbanized Areas Local Members	Local / some Federal Local Local	CDOT / Local Local Local	<ul style="list-style-type: none"> - Many rural transit agencies use Older Americans Act funds to match FTA funds. - Many human service agencies purchase tickets. - Some human service agencies purchase service. - Regulatory and procurement control dispersed. - Providers are not county based.
Older Americans Act (OAA) <i>County-based Regions</i>	CDHS → Area Agencies on Aging	CDHS/AAA	CDHS / Local Older Coloradoans Act (State Funding for Senior Services)	CDHS / AAA	<ul style="list-style-type: none"> - Funds frequently match FTA funds in rural areas. - Funds are limited and must be leveraged to meet basic needs of older adults. - Local support comes from counties, cities, and volunteers.
Medicaid: Developmtl Disabilities <i>County-based Regions</i>	CDHS/Div of Dev Dis → Community Centered Boards	CDHS/Community Centered Boards	State Local – some areas	State/Community Centered Boards	<ul style="list-style-type: none"> - Most CCB's provide direct transportation by in-house staff. - Where transit available, CCB's purchase passes. - CCBs often must provide transportation where no public transit exists.
Home and Community Based Services (HCBS) <i>Counties</i>	CHCP&F → Counties	CHCP&F	State	State	<ul style="list-style-type: none"> - No formal coordination structure but in some counties service or tickets are purchased from providers. Depends on availability of service.

* For each fund source, the federal agency responsible for the program has the major role in setting regulatory requirements. This column indicates other agencies involved in either interpreting the federal regulations or adding more regulations (this is particularly true for contracting or procurement regulations that must meet state requirements).

Analysis of Colorado's Human Service and Public Transportation Networks

GETTING THERE COLLABORATIVE

Source & Local Recipient	Funding Flow and Distribution	Role in Deciding Use of Funds	Matching Funds	Regulatory Role*	Existing Coordination Level, Comments
Non-Emergency Medical Transportation <i>Counties</i>	CHCP&F → Counties	CHCP&F	State	State	<ul style="list-style-type: none"> - LogistiCare operates brokerage for metropolitan area counties plus Larimer; utilizes County systems where existing (SRC, ST). NECTA does same NE Colorado counties. Many counties have opted out of operating NEMT because of reduced reimbursements and paperwork burdens. - State CHCP&F bidding transportation service brokerages and other counties may opt to participate in statewide brokerage.
Community Devel. Block Grant <i>Counties and Municipalities; Urbanized areas</i>	CDOLA → Counties, cities HUD → Urbanized Areas	DOLA/County or City DOLA/Urbanized area	County or City Urbanized Area	DOLA DOLA	<ul style="list-style-type: none"> - Some areas use to support transit services. - Some areas use to support transit services.
Community Services Block Grant <i>Counties; urbanized areas</i>	CDOLA → Counties, cities H&HS → Urbanized Areas	DOLA/County or City DOLA/Urbanized area	County or City Urbanized Area	DOLA DOLA	<ul style="list-style-type: none"> - Some areas use to support transit services. - Some areas use to support transit services.
Veteran's Service <i>Statewide, oriented to facilities in Grand Junction Denver, and clinics.</i>	VA → Medical Centers and DAV CDHS → State Nursing Homes	Medical Centers CDHS/Nursing Home	State	State	<ul style="list-style-type: none"> - Some direct operated service (i.e. Cheyenne and Greeley to Denver). Other systems can connect. - Volunteer drivers through DAV. - Operates largely w/out coordination. - Primarily operate independent services.
Workforce Investment Act <i>Eight county operated regions Rural is state operated.</i>	CDL&E → WorkForce Investment Area Boards	CDHS	State	State	<ul style="list-style-type: none"> - State has flexibility in rural boundaries. - Limited funding. Most common are bus fares, gas vouchers, and car repairs.

* For each fund source, the federal agency responsible for the program has the major role in setting regulatory requirements. This column indicates other agencies involved in either interpreting the federal regulations or adding more regulations (this is particularly true for contracting or procurement regulations that must meet state requirements).

Analysis of Colorado's Human Service and Public Transportation Networks

GETTING THERE COLLABORATIVE

Source & Local Recipient	Funding Flow and Distribution	Role in Deciding Use of Funds	Matching Funds	Regulatory Role*	Existing Coordination Level, Comments
Temporary Assistance to Needy Families (TANF)	CDHS → Counties	CDHS	State/Counties	State	- Limited funding. Most common are bus fares, gas vouchers, and car repairs.
Welfare-to-Work Program	CDHS → Counties	CDHS	State/Counties	State	- Limited funding. Most common are bus fares. .
Vocational Rehabilitation Field Offices	CDHS/Voc Rehab Div. → Voc Rehab Field Offices	CDHS/Voc Rehab Div.	State	State	- Limited funding. Most common are bus fares. - Many co-located with WorkForce Centers.
Head Start	H&HS → Individual Programs	DH&HS and local program		Federal only	- Transportation requires vehicles meeting school bus standards. - There is a State Head Start Collaboration Office, located in governor's office. Purpose is to facilitate coordination.
Migrant Head Start	DH&HS → Individual Programs	DH&HS and local program		Federal only	- Transportation requires vehicles meeting school bus standards. - Weld County administers program for Colorado.
School Pupil Transportation School Districts - 178	Local Tax → Local school districts	Local Districts	CDE	State, Local	- State provides technical assistance, regulatory framework, and training. - Districts set transportation policies (walk distance). - Vehicles must meet school bus standards.

* For each fund source, the federal agency responsible for the program has the major role in setting regulatory requirements. This column indicates other agencies involved in either interpreting the federal regulations or adding more regulations (this is particularly true for contracting or procurement regulations that must meet state requirements).

describes the flow of funds, who provides matching funds, what agencies have a regulatory role, and information on the current level of coordination. Key aspects illustrated in this listing are:

- Counties or county-based regions are common to many of the programs: Older Americans Act programs, all Medicaid services, Developmental Disabilities programs, Workforce Investment Act services, TANF, Community Development Block Grant and Community Services Block Grant programs. School Districts can be grouped into counties as well. Veterans and Head Start programs are based around facilities. Service areas vary for transit and vocational rehabilitation programs.
- On a program basis, coordination of transportation services is limited. It generally occurs when a human-service program purchases tickets or passes from a transit provider or when a transit provider uses an unrestricted fund source (for example Older Americans Act funds or Community Services Block Grant funds).

Some counties and programs have a high level of success with coordination. Examples of rural areas with successful coordination are Archuleta County, Weld County, and the counties that comprise the Northeast Colorado Association of Local Governments. Examples of programs in the Denver-Boulder metropolitan area are Seniors' Resource Center and Special Transit, two private nonprofit organizations. Adams County also has an effective policy-level program. Each of these organizations have persevered and developed outstanding programs with a high level of coordination. They effectively leverage resources and have built up local support for their programs.

The following sections will first identify a framework for strengthening coordination throughout the state and then identify additional strategies for the Denver-Boulder metropolitan area. The goal is to identify both how other agencies can develop coordinated systems such as those identified above and to provide support to make it easier for all agencies to make the best use of available funding.

Framework for Increasing Statewide Coordination in Colorado

Elements and Issues

Most of the successful statewide inter-agency coordination efforts have built upon, and often improved whatever infrastructure existed at the time. Most states that have implemented inter-agency coordination of community transportation also have two things in common:

- They have a strong focus on county and/or regional based coordination.
- They have bi-level, inter-agency coordination, with:

- (1) A state-level department or inter-agency coordinating council that sets policy (and that sometimes directly contracts with the local/regional coordinator).
- (2) County-based or regional-based coordinating councils that implement and oversee the lead agencies that provide coordinated transportation in their respective areas, and provide feedback to the state council as to what is working and what is not.

At the county or regional level the focus is on the operational and logistical aspects of coordinating resources and providing effective mobility. At the state level, the focus is on supporting coordination through the regulatory framework that is established for each program.

These elements fit well into Colorado's infrastructure. The state already has many human-service transportation programs administered on the county level, and many that are grouped into regions that follow county boundaries. In planning activities through the Denver Regional Council of Governments (DRCOG), county-based brokerages were selected as the desired structure for the provision of specialized transportation services in 1999 and in 2005. Some very good examples of county-based coordinated systems in the urban and rural areas already exist. It only makes sense to build upon these successes.

As Colorado is a strong local control state and relies on local financial support for public transportation services, active participation at the county level will be necessary for success. If anything, one would expect it to be advantageous to vest a greater degree of control at the local level rather than at the state level. It is worth remembering that the systems in Colorado that have the most success in coordinating human-service transportation are those operating at the county level (or at the regional level but with strong county support).

At the same time, the counties serve as administrators for state human-service programs while the state has regulatory and financial control. This is true, even when counties are required to contribute matching funds. Lacking a regulatory environment that supports coordination, it will be difficult to significantly increase coordination in Colorado. Addressing regulatory obstacles will be a key task for the Interagency Coordinating Council now being formed.

It is worth noting the obstacles to developing a uniform county-based approach, as these will need to be addressed.

Public-Transit Programs. While human-service transportation programs generally follow county boundaries, public-transit programs do not. Much of the funding for local transit systems occurs at the local level or through a Regional Transit Authority, and systems have operating authority and funding only for services within their boundaries.

Strategies:

- In a number of states, the service area for human-service transportation extends beyond that of the service area in which public-transit services operate. Establishing different service areas for different types of services is one option for addressing this issue. The example in Weld County, where there is a county provider and a major city provider is another option. Weld County Human Services Transportation and The Bus in Greeley coordinate their services closely.
- Initially, focus on counties (or groups of counties) where this issue does not pose a conflict. Many rural counties primarily serve human-service transportation needs, so the two can be blended effectively.
- Assure authority to pick up passengers outside of a transit providers service area. This could be done through an IGA or legislatively. A model IGA might be part of a Colorado toolkit for coordination.
- Transit systems operating across county boundaries could take a similar approach, developing an IGA for a larger service area for the purpose of providing coordinated human-service transportation.
- It may be that a particular transit agency does not wish to serve as the lead agency for coordination, but may participate in a county based or regional based coordinated systems as a contract service provider, or a purchaser of service.

Incongruent Human-Service Program Boundaries. This is more of an issue in the mountainous part of the state than on the plains. Boundaries for some programs may be more flexible than for others. Human-service providers need to assure that all clients have access to services. When those services are centralized it may be difficult to split an area between more than one provider.

While this may seem to be a daunting task, it is one of the strategies states use to improve coordination and their use of resources. Up until the mid-to-late 1990s, the State of Massachusetts had several different sets of regions pertaining to each funding program. In an effort to foster coordination, the State Departments of Transportation and Human Services, working together, re-districted the state so that the regions for each program were congruent.

Strategies:

- A key task of the new Colorado Interagency Coordinating Council will be to evaluate the boundary issues, determine which can be changed and work to develop as much congruency as possible.
- Where congruency cannot be established, identify how transportation services can be most effectively provided in areas that are not entirely within a region or which are a part of two regions.

County Role. Counties have traditionally funded human-service programs – often each as a freestanding program because that is how they are set up at the state level. Like most units of local governments in Colorado, county financial resources are limited. Often the commissioners are also overburdened with a complex array of responsibilities. The initial steps of coordination are complex – it is necessary to understand the benefits of coordination as well as how funds are currently spent and might be more effectively utilized. Getting the county commissioners to give this the time and attention necessary to address it adequately may be a challenge. In addition, in some counties there is a rivalry between the county and the primary municipality that may be a factor in addressing coordination issues.

Strategies:

- Work through Colorado Counties, Incorporated⁶ (CCI), to present information to Commissioners on the benefits of transportation coordination and how coordination might work for them. Specific ideas for doing this include:
 - Making a presentation at a CCI conference.
 - Use examples of how this has successfully worked in both urban and rural counties, enlisting the aid of counties, which have successful programs in place.
 - Work with CCI staff to identify other ways to communicate this message effectively to the counties (this might include a link to a Colorado United We Ride website, a series of articles in a CCI newsletter, or other ideas).
- Prepare a “toolkit” of resources and actions for counties to use if they want to learn more about transportation coordination or embark on coordination activities.
- Engage counties in a statewide series of forums to discuss coordination of transportation and solicit their questions and concerns about coordination and their ideas on: (a) where single or multiple county or regional boundaries make sense; (b) the role their county would want to play in the process of human-service coordination; (c) how they see the county interfacing with municipalities within the county on human-service transportation issues; and (d) what agency could best provide services to their county residents.

Regional Medical Trips. Some programs need to provide trips across regional or county boundaries, most notably Medicaid and Veterans Health Administration services. Establishing county-based systems does not address this need. In addition to needing services that cross regional or county boundaries, these services share other characteristics that make them difficult to include in the coordination of other human-service transportation programs: (a) the trips typically carry only one passenger at a time, rather than grouped trips; (b) Medicaid relies on private sector carriers and procurement methods that are geared to medical transportation providers; (c) Veteran’s programs often rely upon

⁶ The mission of CCI includes assisting commissioners to deliver “the most cost effective and efficient services possible to their constituents” and “To foster and promote partnerships and collaborative efforts through effective communication with all levels of government and Colorado citizens”.

volunteer drivers and have an orientation unique to their clientele and facilities. In addition, the funds spent by the Colorado Health Care Policy and Finance department on transportation are such a small portion of their total expenditure that it may be difficult for them to allocate the resources to address this issue in a meaningful way.

Strategies:

- Include these groups in the local and statewide coordination efforts, but do not expect them to be major players. As the services in each region become more coordinated and locals become more experienced with coordination options, these organizations will benefit.
- Encourage local agencies to support regional medical trips.
- At the local level, work to identify ways to combine passengers from different programs on trips to regional medical facilities. Identify regional medical destinations as a key destination and one to which vehicle and cost sharing holds potential.
- At the state level, work to establish a regulatory framework, reimbursement policies, and insurance policies that support shared trips.

Head Start Programs. Like public-transit services, Head Start programs have service areas that do not mesh with county boundaries. In addition, this program requires the use of vehicles that meet school bus standards.

Strategies:

- Identify the differences in boundaries as part of the initial information gathering that occurs at the local level. It may be that this is only a problem in a few areas as it is likely that most programs will operate within the likely regional groupings of counties if not within a single county. Areas covered by Indian Reservations might present unique challenges.
- Identify Head Start programs that have good potential to purchase some or all of their service from another provider. Conduct a demonstration project to model how this could work.
- Investigate the use of the new multi-purpose activity vehicles that meet school bus standards and can be used for general transportation.

While the above obstacles are concerns, there are strategies to address them. These obstacles do not change the basic recommendation: establish a bi-level coordination effort in which coordination has a strong county or regional focus and includes interagency coordinating councils both on the local or regional level and on the state level. The following section describes in more detail the roles and responsibilities which might be assigned to the coordinating councils at the state and local/regional levels. It also describes activities that would be useful for the councils to undertake in the process of developing a consensus on the role of each.

Colorado Inter-agency Coordinating Council

A Colorado Inter-agency Coordinating Council, with representation from the major sources of transportation funding, is in the process of being established. The inter-agency council will investigate the applicability of coordination of human-service and public-transit services in Colorado. The first phase of this work will be facilitated by a grant through the United We Ride program. In this phase, it is anticipated the council will:

- Make a determination about whether or not coordination of human-service transportation and public-transit services should be pursued in Colorado and narrow the questions that will be further investigated.
- Develop an action plan for coordinating these transportation services.

This will involve learning about coordination and how it could benefit Colorado; addressing the many questions involved with moving to a state system that supports coordination – defining what this means and how it might impact the many programs operating in Colorado. It will involve identifying the local infrastructure that is necessary to achieve the goals of the state inter-agency coordinating council.

The consultant team has identified elements and strategies that may be useful for the Colorado Inter-agency Coordinating Council to consider. The items identified in this section fall into three categories:

1. A long-term vision of how a coordinated system might be structured in Colorado based on the review of other states and our experience in establishing coordinated systems.
2. General questions that the inter-agency council will need to address.
3. Suggestions on how the council may wish to proceed. Many of these items are ones that could be included in an action plan.

Long-Term Vision

A review of other states and consideration of the conditions in Colorado indicates that a bi-level structure with a focus on county-based or regional coordination would likely be the most effective. Such a system would mesh well with the service delivery structure in Colorado and build upon the foundation for service that already exists. It would include:

A permanent state level inter-agency coordinating council that would:

- Coordinate all policy decisions affecting coordination at the state level and at the county or regional level. This might include:
 - Establishing standards for coordination practices, service/cost performance, and funding.
 - Providing technical assistance as needed.

- Foster coordination by simplifying operating requirements (without compromising safety) and streamlining and standardizing the administrative/reporting requirements of each funding source (without violating federal requirements).
- Make a commitment, at the state level, to provide a regulatory environment and field staff that support coordination.
- Advise the member agencies on policy development and resource allocation.

Community Transportation Areas made up of counties, each with a:

- Regional inter-agency coordinating council.
- A lead agency responsible for coordinating and brokering trips.
- One or more service providers, noting that the lead agency could also be an operator.

Once formed, the regional inter-agency coordinating council would establish the coordination model or strategies that make sense in their area, and would be actively involved in selecting an agency to manage/operate those services. At the local or regional level there will need to be a champion to lead the extensive planning effort and to obtain the commitment of local officials.

It is envisioned that the coordinating council in each region would be composed of regional/local representatives of each funding source, and possibly of other entities as well. The ongoing role of the regional coordinating councils would be to assist with the design and implementation of the coordinated effort, to help garner local financial support, and to monitor the service quality and efficiency of the coordinated systems.

The agency selected to coordinate or broker services in each area could be a transit agency, a public or private human-service agency. Service delivery itself could be handled directly by one entity or a variety of providers.

It will be a function of the regional inter-agency coordinating council to determine the best model of coordination for its area and the degree of coordination that is pursued. A myriad of forms of coordination can take place at the county/regional level, ranging from very simple collaborative efforts (e.g., sharing training curriculums, preventive maintenance programs, operational policies) to joint purchasing of insurance, fuel, maintenance, and even vehicles, and on the service delivery side, everything from trip swapping, to purchasing service from another agency to more consolidated programs.

General Issues to be Addressed

The long-term vision provides a framework the Colorado Inter-agency Coordinating Council can consider. There are, however, a variety of issues that would need to be addressed to determine if this structure is an appropriate one and if so, the details of how it might be implemented in Colorado. As the Coordinating Council effort represents the first foray into the issue of coordination in many years, there will be a need to gather information and involve a wide range of stakeholders in the decision-making process. As

the members of the inter-agency coordinating council begin to meet and discuss issues, they will identify the information and tools they need to complete their task. Issues that would need to be addressed include:

- To what extent should coordination be mandated and to what extent should it be encouraged? Formal state programs that at the very least encourage local organizations to coordinate – through guidance and leadership, through less restrictive regulations, and better still, through formal coordination policies, if not incentive funding – contribute greatly to the likelihood of success. What approach or balance between the two positions would be most effective in Colorado?
- It is suggested that the Colorado Inter-agency Coordinating Council take on the function of grouping the state's 63 counties into "Community Transportation Areas". What are logical boundaries? Can some of the regions in use by human-service programs today be altered in order to create more congruent service areas?
- How can the Colorado Inter-agency Coordinating Council help establish and support the inter-agency coordinating councils in each region? What technical support and seed funding will be needed to get these operating effectively and to be self-supporting?
- How will seed funding be provided for the work that needs to be carried out at both the state and regional level? If incentive funding (such as that provided by the Ohio DOT) is a method selected for encouraging coordination, how will that be provided?
- Ultimately, the state inter-agency council will need to determine the responsibilities that would remain with the state coordinating council and those that would move to the local/regional inter-agency coordinating councils.

Centralization of funding to the Colorado Inter-agency Coordinating Council is not recommended, but is an issue that might be addressed. We believe it to be too far removed from the current process, and would likely not be acceptable to most of the funding agencies because of (real or perceived) loss of direct control. Instead, we believe that the current way funding is administered to the counties or regional districts should continue. The biggest change will be that the counties then would choose – or not choose – to purchase service through the county-based or regional-based coordinated system. Thus, for many of the sponsoring agencies, there will not be a major change; rather, the only real change may be the regional re-districting and the opportunity to purchase more cost-effective service through the regional coordinating agency.

Potential Action Plan Strategies

- The action plan will need to incorporate steps and strategies that the state government and state agencies will need to take (1) to support/implement the state coordination initiatives; and (2) to ensure that future programming/funding is supportive of local coordination plans. This will include identifying mechanisms and/or incentives that support local efforts and identifying solutions to existing or prospective obstacles.

- The Colorado Inter-agency Coordinating Council could conduct a series of regional coordination summits. The purpose of the summits would be to:
 - Promote the general idea of coordination and the set of actions on which the CICC is embarking.
 - Seek local input/consensus on the particular coordination strategies that are pertinent to each region.
 - In addition to hosting summits on a regional basis, it may be desirable to make presentations to key stakeholder groups at conferences. This might include Colorado Counties, Inc, Colorado Municipal League, and Colorado Association of School Boards.
- If the CICC is established on a permanent basis, examples of actions that might accompany this would be the development and signing of associated MOUs indicating each agency's willingness to work with other CICC members to coordinate transportation under their auspices; or (2) the issuance of an executive order for such a group; and (3) the development of by-laws that would govern how the CICC will work. It is suggested that the CICC seek state- and local-level input on this issue and other issues related to its new mission.
- The consultant team recognizes that a good deal of information will need to be collected and analyzed to address the issues of coordination at the state and local levels. The specifics will be determined by issues addressed by the CICC. This information is expected to include data on financing of services at the local level, number and type of trips provided, and issues faced by local agencies. This information can be gathered through a survey and then present and explore the results in the regional workshops.
- One of the primary tasks of the CICC will be to identify state-level policies and other administrative requirements that need to be changed or streamlined to enable local coordination efforts to flourish. Here again, the survey and/or workshop will provide valuable input. It is also important that staff from the sponsoring agencies (especially the people responsible for day-to-day reimbursement and reporting-related tasks) be consulted in this task, as "the devil is often in the detail." It is worth noting that a common perception of the state agency representatives interviewed for this project is that it is the federal regulations, and not the state's interpretation of these regulations, that creates the problems. Our experience is that more often than not, it is not the federal regulations that are at the heart of this, but the way that they have been interpreted by the state, as evidenced by how these regulations and reporting requirements differ from state to state.
- The product of this task should be a set of recommendations for changes to reporting requirements and reimbursement/payment structures – billing and reporting formats – that are associated with the pertinent funding streams. In the case of the reporting requirements, the idea will be to develop and recommend ways in which the reporting requirements can be more standardized – or made more uniform – among the different funding sources. In the case of reimbursement structures, the idea will be to recommend payment schemes that effectively reflect

the shared, actual cost of service, that are easy to administer, that do not encourage or promote expensive, exclusive-ride trips, and that accommodate trips served by paratransit or transit. Note that these recommendations should not only cover reimbursement from the state or county agencies to the coordinating agency, but the reimbursement paid by the coordinating agency to contractors (if any). The recommendations should not include any changes that compromise federal or state requirements; however, as has been the case in other states, there can be "interpretations" to regulations that foster coordination without adversely affecting compliance.

- One identified issue is that of not being able to match federal Medicaid funds for non-emergency medical transportation with local funds. Millions of local dollars are spent on this transportation annually, and leveraging these funds could have a tremendous cash benefit for Colorado. It is recommended that the action plan include an evaluation of mechanisms that might be employed to leverage these local funds.
- The CICC might also identify governing policies for – and recommend best practices or templates for – such things as purchase of service contracts, joint procurements, inter-agency vehicle utilization agreements, cost allocation for coordinated paratransit, use of public transit by human-service agencies, risk management issues, customer service, and use of technology.
- Technical assistance will be needed to set up the regional inter-agency coordinating councils. The CICC might include in the action development of a protocol and tools to assist establishment of each council. Providing staff to support local entities or make presentations to human-service or local governing bodies may also be considered.
- Finally, the Colorado Inter-agency Coordinating Council might propose demonstration or pilot projects as part of an action plan. These could include:
 - A project to replicate a successful coordinated system in either a rural region or a single rural county.
 - A project to replicate a successful county-based program in an urban county. Within the Denver-Boulder metropolitan area this might be in Douglas County where services are very limited.
 - In a small-urbanized area or rural resort area, demonstrate how a transit agency can broaden its mission to include coordinated human-service transportation trips.
 - Fund a demonstration project with a multi-purpose activity vehicle, bridging the gap between school pupil transportation or Head Start transportation and transportation for older adults or other market.

The above discussion is focused on all of Colorado – the suggestions apply to both the urban and rural portions of the state. In the following section, additional information is provided for the Denver-Boulder metropolitan area, a particular focus of the Getting There Collaborative project.

Increasing Coordination in the Denver-Boulder Metropolitan Area

The Denver-Boulder metropolitan area presents its own examples of coordination as well as challenges. In some of the counties, human-service transportation is very coordinated and extensive services are provided. In others, the coordination of community transportation is lacking. Moreover, there are major systems within the metropolitan area that are duplicative in nature while unmet demand for community transportation remains unresolved.

The general concept of the reinvented infrastructure will work the same in the urbanized areas as for rural Colorado. That is, the focus of coordinating community transportation will first be at the county-level, and then the county will determine whether it wants to "buy in" to a regional solution that might present some advantages. Some counties may wish to join together, as they do for WorkForce Centers. It is recommended that a metro-wide regional inter-agency coordinating council be considered to serve as an umbrella for the county efforts. The region-wide council would address issues specific to the regional trips and provide a means to coordinate between the regional services (Medicaid and RTD Access-a-Ride) and the county-based services.

This county-based approach builds on decisions made by DRCOG in 1999, establishing county-based specialized transportation brokers. The brokers are:

County	Broker
Adams	Adams County Department of Community Development
Arapahoe	None*
Broomfield	City and County of Broomfield
Boulder	Special Transit
Clear Creek	Seniors Resource Center
Denver	City and County of Denver Department of Human Services*
Douglas	Douglas County
Gilpin	None
Jefferson	Seniors' Resource Center

* Note: Seniors' Resource Center, effective July of 2005, received the contracts for Title III funds of the Older Americans Act and the state matching funds. They will take an active role in planning for the future in these two counties.

The concept behind this brokerage-based system is that these county-based broker/operations would be the focal point in each county for senior transportation and other human-service agency transportation. Historically, Seniors' Resource Center and Special Transit have been very strong, stable, and well-managed coordinated transportation services filling this role. For this reason, they have both been retained by Adams County to

provide service in different parts of that county, while Seniors' Resource Center has also been retained by Clear Creek County. The strong local financial support in Boulder and Jefferson Counties over the years as well as the entrepreneurial skills Special Transit and Seniors' Resource Center exhibit in seeking contracts have been items that have enabled these providers to flourish.

Adams County has taken a different approach. Rather than providing services directly, they operate as a brokerage. Adams County has pulled together the cities to support the provision of coordinated specialized services and contracts with Seniors' Resource Center and Special Transit to operate services.

Douglas County also has formed a group to address the human-service transportation needs – again, the foundation of a county-based inter-agency coordinating council.

The county-based brokerage structure set up through the DRCOG planning process is still a work in progress. RTD's access-a-Ride and the LogistiCare Medicaid brokerage supersede many of the functions that would otherwise go to the county-based brokers. There are also municipal-based services, like Aurora's senior transportation program that was implemented to fill a service void.

In this section, we will look at additional and more detailed coordination strategies that are appropriate to the Denver metropolitan area. But first we will look at the building blocks that are present, summarize the existing level of coordination, and identify the issues that will need to be addressed.

Building Blocks

A variety of building blocks for coordinated services already exist. The county-based structure that the region selected through the DRCOG planning process is a key building block. Seniors' Resource Center and Special Transit are effective county-based coordinators/brokers for Jefferson and Boulder counties. Adams County effectively has an inter-agency coordinating council that has been building financial support from the cities in the county. Special Transit contracts with CDOT for 5311 service in Adams County and also helps to raise matching funds to support this service. Douglas County has begun the process of addressing local needs for human-service transportation and has a structure in place that will be able to serve as a local coordinating council.

Key building blocks from a service perspective are those services provided by Seniors' Resource Center and Special Transit as well as the existing RTD access-a-Ride service and call-n-Ride services. Together, these building blocks can serve as a foundation of building more coordination for intra-county trips as well as increasing coordination for trips that operate between counties.

Current Coordination

Prior to discussion specific issues, it is useful to summarize the level of coordination that exists with the current services.

- **RTD Services:**

Presently, human-service transportation programs purchase trips on RTD. It is common for community centered boards to purchase bus passes for clients who can use fixed-route service and other clients are placed on the access-a-Ride service or call-n-Ride service where available. LogistiCare, the Medicaid NEMT brokerage manager in the metropolitan area, will screen Medicaid recipients needing transportation onto the RTD's bus and rail services, and pay for their fare; this brings riders and fare revenue to the RTD but not additional funding to lessen its subsidization.

RTD does not allow co-mingling of trips on their access-a-Ride services.

- **Medicaid Non-emergency Medical Transportation:**

Two of LogistiCare's contractors are Seniors' Resource Center in Jefferson County, and Special Transit in Boulder County. Both are permitted to co-mingle with other trips, with the exception noted above for Special Transit.

- **The American Red Cross' transportation program** coordinates with both Seniors' Resource Center and Special Transit, taking the medical trips that they cannot fit onto their schedule.

- **Aging Services:** Special Transit and Seniors' Resource Center broker or provide trips with Title III funds, through contracts with the local Area Agency on Aging, and these are well coordinated. LogistiCare serves as the broker for Title III funded trips for Denver and Douglas counties. It does not appear that there is much coordination between the older adult transportation arranged by LogistiCare and other human-service agency transportation.

- **Veterans Affairs Medical Center:** The volunteer driver program, coordinated through Disabled American Veterans organizations, has worked with Seniors' Resource Center to strengthen their volunteer driver program.

- **Douglas County** also has an established volunteer driver program, called the Neighbor-to-Neighbor network. The senior center in Castle Rock coordinates with the local provider, CATCO, to serve the transportation needs of older adults.

Note too that there are other municipal-based programs that have been developed largely to meet the needs of older adults. Examples are Aurora's Senior Center transportation services, Littleton's Omnibus and Shopping Cart, and Lakewood Rides.

- **Community Centered Boards:** Developmental Disabilities Resource Center (DDRC) contracts with Seniors' Resource Center for some of its clients. All five Community Centered Boards provide direct services and also direct clients to RTD fixed-route or access-a-Ride services, or the services provided by county providers.

It should be noted that the Community Centered Boards only pay the passenger fare for these trips, not the full cost of service.

- **Head Start:** There are about 100 Head Start programs in the metropolitan area, about 2/3 of which are located in the City and County of Denver. Each program has their own transportation operation, although some work directly with school districts.
- **School Districts:** Denver Public Schools contracts with RTD for a significant amount of school pupil transportation in a relatively new program.

Issues

Seven key issues need to be addressed in the Denver-Boulder metropolitan area. Some are similar to those at the statewide level and revolve around establishing the local inter-agency coordinating councils. Others are specific to the metropolitan area services. Each issue is explored below, and strategies are identified for addressing the issue as appropriate.

Establishing Local Inter-agency Coordinating Councils and County Transportation Coordinators

In the metropolitan area, primary purposes of establishing local inter-agency coordinating councils are to promote the development of an active coordinating agency in each county, promote the coordination of human-service transportation within the county, and to support the development of service providers. Where these elements are in place, this step is not necessary. Adams County has in place the equivalent of a local inter-agency coordinating council, and the County Department of Community Development is serving as the coordinating agency. Unlike Boulder and Jefferson Counties, they do not have a dedicated provider but rather contract with Special Transit and Seniors' Resource Center. Douglas County has in place a fledgling inter-agency coordinating council, through the County.

For the remaining counties, will individual counties serve as the local inter-agency coordinating councils? Or, will some counties join together to provide a local council?

Establishing a Regional Inter-Agency Coordinating Council to Serve as a Metropolitan Area Champion

While oftentimes one agency emerges as a champion, a regional inter-agency coordinating council will need to be established both to "champion" the cause of coordination and to promote or implement, on a regional basis, a wide range of strategies to increase the mobility of older adults. These strategies are described in Chapter 7. The regional group is also needed work with the Colorado Inter-agency Coordinating Council, providing the state group with information, identifying issues for the state council to address, and reviewing and responding to the recommendations of the state council. In establishing this group, decisions will need to be made about who participates, where it is housed, and how the group's activities are carried out. Membership might include a broad cross section

of representatives, including cities, counties, service providers, and human service agencies.

Boundary Issues

There are several types of boundary issues. First, while the boundaries of the human-service organizations follow county boundaries, there are some differences between programs. There may also be logical groupings of counties similar to groupings used for other programs. For example, Jefferson, Gilpin, and Clear Creek Counties join together for WorkForce activities and are served by the same Community Centered Board.

The RTD boundary is an issue in some parts of the metropolitan area. RTD access-a-Ride service is only available within ¾-mile of local fixed route bus service, so not all areas with population have this service option available, either because they are outside the service area or are not part of RTD.

Finally, city boundaries and the rural portions of counties present an added challenge. How can cities work effectively with county-level organizations? How can rural residents get access to some specialized services? When city boundaries cross county boundaries there is a special challenge. A good example of this is Aurora, which largely falls in Adams and Arapahoe Counties. How can Aurora assure that its citizens' transportation needs are met in a coordinated system? There are several options that could be evaluated. Could Aurora work with two or more county level organizations? Would it make more sense for Aurora to be tied to a single organization? Or, would it be more functional for Arapahoe County to work with two organizations, Douglas County and Adams County?

Evaluating what would provide the most effective boundaries for local inter-agency coordinating councils is a task that would need to be undertaken.

Regional Services Overlay County Network

Medicaid Non-Emergency Medical Transportation (NEMT) operates on a regional basis by LogistiCare and RTD's access-a-Ride operates on a district-wide basis. Both of these services isolate funds from the county-based brokerages. However, each is set-up differently. LogistiCare brokers trips to the county-based providers and access-a-Ride. However, in many cases the subsidy funds do not go with the trip. Efforts are needed to assure that the region is accessing all of the subsidy funds to reduce the burden on local entities. RTD contracts for dedicated service, losing both the efficiency of grouping trips and the ability to leverage the local funds that provide this service.

No Co-mingling on RTD access-a-Ride

The RTD access-a-Ride service does not allow co-mingling of ADA trips with other trips, and hence they are contracting for dedicated service. Clearly, allowing co-mingling maximizes the opportunities for ridesharing compatible trips sponsored by different programs. If RTD did allow the co-mingling of ADA and other compatible trips, increases

in productivity and hence cost efficiency would likely result because of economies of scale.

In this discussion, we must recognize RTD's position: the RTD is responsible for compliance with the ADA, and that the RTD will likely not be in favor of anything that it perceives to counter its ability to control the service delivery elements that affect that compliance. That being said, there is a marvelous example of an ADA paratransit service in the Minneapolis/St. Paul area that has applicability to the Denver-Boulder metropolitan area as described in the inset on the following page (Figure 6-2).

It is recommended that an evaluation of the co-mingling be included in an action plan for the Denver-Boulder metropolitan area. This evaluation might consider the advantages and disadvantages for RTD and for the communities RTD serves. It might look at other examples and see how they could be applied to this region.

Lack of Providers in South Metropolitan Area

While Special Transit and Seniors' Resource Center have developed as strong brokerages and providers, similar organizations do not exist in other parts of the metropolitan area. Development of additional providers, particularly in the south metropolitan area, is an important goal. These providers can be for profit or nonprofit, can come out of a human-service organization or simply be a transit provider. The contracted services need to be structured in a manner that will sustain one or more providers.

Varying Levels of Local Funding

The level of funding available varies significantly among different counties and different cities. There is not a common understanding of what services can be provided through RTD and Medicaid (and indeed, the service levels vary significantly in different parts of the metropolitan area). Nor is there an understanding of the gaps in different areas and level of local funding that is needed to fill the critical gaps. There have been significant changes in how service is provided, who provides it, and the level of service available in the last five years. These changes are one reason there is a lack of understanding. As the metropolitan area grows and the population ages, it will be very important to build an understanding of the need for services within each county and at the regional level.

Figure 6-2 Example of ADA Paratransit Service in the Minneapolis/St. Paul Area

In Minneapolis/St. Paul, there is not a call center broker as is the case in Denver. Metro Mobility (the equivalent of the RTD) instead has a set of turnkey contracts. The structure of the ADA paratransit service may best be described as an Administrative Brokerage. Metro Mobility performs eligibility determination, contract monitoring, customer service functions, and supplies vehicles to the six providers. These six contractors include two for-profits (Transit Team and Laidlaw) who are paid by the hour for dedicated service; and who together serve Hennepin (Minneapolis) and Ramsey County (St. Paul), and four county-based programs: Anoka County Traveler a county-managed program operated by Laidlaw, DARTS, a private, nonprofit specialized transportation provider serving Dakota County (and very similar to Seniors' Resource Center or Special Transit), Human Services, Inc, another private, nonprofit specialized transportation provider serving Washington County, and most recently, Scott County Transit, a county-operated service..

The important point here is that Metro Mobility does allow their county-based contractors to co-mingle ADA trips with other compatible trips from different programs. To ease administration, reporting and invoice processing, Metro Mobility also pays its county-based vendors by the trip, with one rate (\$18.50 per trip, plus the fare revenue which the contractors keep) for all four counties. BY allowing co-mingling, Metro Mobility gets a very cost-effective service, confirmed by the following analysis that we performed.

In 2004, 119,871 ADA trips were served by DARTS at a cost to Metro Mobility of \$18.50 per trip or \$2,217,614. If co-mingling was forbidden, DARTS estimated (based on the re-scheduling of a one-day sample of trips) that 4,511 additional hours of service per year would be required to serve the same number of trips. Using Laidlaw's rate of \$40.90 per hour from neighboring Ramsey County, the additional cost to Metro Mobility would thus be \$184,512, or 8% of its 2004 payment to DARTS.

If the RTD were to adopt this policy, and allow co-mingling of ADA and other trips, it could do so while keeping the current call-center contractor. In this case, First Transit could assign these trips to the county-based programs in much the same way that LogistiCare does, thus (in each case) providing an eligibility confirmation for the trip itself. Alternatively, this could eventually morph into a decentralized turnkey structure similar to the Metro Mobility model with the county-based contractors responsible for this function.

Additional Strategies to Increase Coordination in the Metropolitan Area

As at the state level, developing capable county-based programs in the metropolitan area is an important step in coordinating services. These county-based programs will have the ability to coordinate local human-service transportation, educate the community and decision-makers about how services are provided and the importance of local funding in the provision of these services, and address issues of level of service in the rural portions of each county or at the fringes of the RTD service area.

In addition to this, it is recommended that the metropolitan area work with RTD to identify how coordination can be increased between the human-service transportation programs and the access-a-Ride program. RTD essentially has three choices:

1. To continue to purchase dedicated services for the access-a-Ride program.
2. To work with the local coordinating councils to increase coordination through such activities as allowing co-mingling of passengers for access-a-Ride services or structuring future services to enable county providers to have a more active role in providing access-a-Ride services.

In this alternative, RTD, LogistiCare, and any other metro-wide or county-based human-service agency could purchase transportation service from the county-based specialized transportation providers, knowing that the rate will be as cost-effective as possible (because of the increased economies of scale, and hence that their transportation dollar will be stretched to buy as many trips as possible).

3. To expand the role RTD serves and be a centralized provider for human-service transportation.

This third alternative also makes use of the current infrastructure, but would centralize the responsibility for coordination with one entity – the RTD – and thus remove this responsibility from its contractors. The best example of this model is the ACCESS program serving Pittsburgh and Allegheny County, Pennsylvania. Established in 1979, ACCESS is managed by a for profit management company that contracts with the Port Authority of Allegheny County (the regional transit agency) to coordinate ADA, senior, and human-service agency transportation. The Port Authority funds the ADA paratransit trips, and with state funding from PennDOT, sponsors senior transportation as well. Meanwhile, ACCESS also has contracts with over 100 different human-service agencies, including the agency that is responsible Medicaid NEMT transportation.

ACCESS may best be described as an administrative broker, with multiple, turnkey contractors – some for profit carriers, and some nonprofit agency operators – serving different regions of the service area. ACCESS's vendors intake reservations from ADA customers, seniors, and sponsored human-service agency clients, and schedule these trips as efficiently as possible onto their vehicles, co-mingling these trips if it is efficient to do so.

By adopting this model in Denver, the RTD would need to expand its mission to include other specialized programs, allowing organizations like LogistiCare, insurance companies, hospitals, senior organizations, other human-service agencies, and municipalities to avail themselves of RTD's network of carriers, if they want to.

The hallmark advantage of the third model is that there would be a centralized coordination that takes advantage of an existing decentralized service delivery network. To ensure that it gets the best rates available for the desired service level, the RTD could continue to select service carriers through competitive procurements, with county-based service areas.

Moreover, RTD could continue to centralize reservations (or both reservations and scheduling) with its call center contractor, or as with the alternative above, vest either the scheduling function or both of these functions with the county-based systems.

The primary shortcoming of the third alternative is that there are organizations like Seniors' Resource Center that receive funding and fees-for-service directly from county and private human-service agencies. While there is no reason why this could not continue, the general concept of this model would be for the sponsors to purchase service directly from the RTD and not its carriers. The downside for an organization such as SRC is that this would limit its ability to cross-subsidize trips.

The consultant team believes the best strategy for the region is in the second alternative, increasing coordination with county-based coordinators of human service transportation services in each county or group of counties. It is recommended the metropolitan area work with RTD to identify how coordination can be increased between the human service transportation programs and the access-a-Ride program, as well as other services offered by RTD.

This is not just about the choices RTD makes but also about the resources that are available in the region for RTD to draw upon. It involves the choices that other local governments make as well as choices made at the state level. It will take a partnership of local governments, state programs, and RTD to effectively address the issue of coordination. It will also take significant time and an iterative process as a variety of entities must make decisions to move to support coordination of transportation services.

In this option, RTD and the local coordinating councils would work together to increase coordination through such activities as allowing co-mingling of passengers for access-a-Ride services or structuring future services to enable County providers to have a more active role in providing access-a-Ride services.

Thus, RTD, LogistiCare, and any other metro-wide or county-based human service agency could purchase transportation service from the county-based specialized transportation providers, knowing that the rate will be as cost-effective as possible (because of the

increased economies of scale), and hence that their transportation dollar will be stretched to buy as many trips as possible.

Developing a consensus among community leaders that this is an appropriate approach will be a key step. This will require:

- Additional analysis focusing on exactly how existing services are funded and the magnitude of savings and/or improved mobility that could be achieved through coordination. This analysis needs to include all of the local support and volunteer or charitable contributions the services receive and should identify the impact on donations of any changes that are considered. It is anticipated that the recommended alternative will need to be refined, based on the financial analysis.
- Raising the profile of this issue and getting it included in the major planning processes for the region, counties and cities.
- Obtaining buy-in from the various partners, committing to participate, to evaluate options, and to work with the other entities to develop a course of action that will shift the course of the region towards increased coordination, improved mobility, and lower costs. The process should have both a short-term and long-term perspective. What is the region's vision for coordination in ten years? What actions will be necessary to achieve this?

One of the advantages of this strategy is that it can be approached from more than one angle. It could be initiated by the local or regional coordinating councils, by RTD, or as a collaborative effort. Because RTD is a regional entity, we believe it is advantageous to approach this on a regional basis. However, initial activities and demonstration projects could be undertaken in those areas where there are already active county-based coordinators / brokers. This can provide useful lessons on what is effective and can identify features that are necessary to assure the approach will work well for all parties. The next strategy illustrates this.

- Evaluation of the co-mingling of passengers on RTD's access-a-Ride service. This could be demonstrated in Boulder County. Special Transit currently is a provider for many types of human service trips, and is a contractor for access-a-Ride. RTD does not allow co-mingling of passengers, preferring instead to utilize Special Transit only to operate dedicated vehicles. As long as RTD maintains this policy, the economies of scale that would result from additional co-mingling will never materialize.

This evaluation might consider the advantages and disadvantages for RTD and for the communities RTD serves. It might look at other examples and see how they could be applied to this region.

Perhaps this could be demonstrated in Boulder as a 6 to 12-month demonstration project, measuring among other things, the before-and-after productivities, and various service quality performance measures.

Single Number for Specialized Transportation and Paratransit Services

The multiple transportation systems in the region result in different telephone numbers a person may need to call, depending on their eligibility under different programs. One solution that has been explored is using the 2-1-1 system which provides information of a wide range of human service programs. Another option is the 5-1-1 system, which may be more suitable for actual trip scheduling. Emerging technology might offer ways to use these or other systems to provide clients with a single, seamless system for accessing specialized transportation and paratransit services.

The Puget Sound region is partnering with the 211 and 511 systems in its United We Ride effort – 211 for providing initial information on available programs, and 511 for scheduling and reserving specific trips. Their experience will provide an example of how this could be implemented. It might provide useful lessons for metropolitan region.

Strategies for Lower Level Collaborative Efforts

Regardless of which model is pursued, there are many lower level coordination efforts that any of the current specialized providers can also undertake. These have the advantage of being activities that can be pursued concurrently while the larger issues are being addressed. DARTS, in Dakota County, MN, serves as a terrific example of an organization that has reached out to supply various services to other specialized transportation providers in the Minneapolis/St. Paul metropolitan area. The text box on the following page illustrates some these services, along with an analysis of the economic benefits that accrued to DARTS and other agencies as a result of the collaborative efforts.

Conclusion

Coordination is a key to increasing mobility for older adults and others who depend on specialized transportation or paratransit services to access employment, shopping, and other activities of daily life. It is also one of the most complex to address.

The recommended approach is to build on the infrastructure that exists in Colorado, and establish a bi-level set of coordinating councils – one at the state level and a series of regional county-based councils. The local councils would honor the high level of local control that is a hallmark of the state. We believe that a major effort, including significant outreach to stakeholders, would be needed to establish a functional structure capable of serving all parts of the state that includes all of the major human service transportation and human service programs.

Once state and local level councils are established, we would anticipate a wide range of responses from local areas, reflecting the diversity in Colorado. Some areas might make major changes in how human-service transportation is provided. Others might choose to do very little different than they do today. The recommended structure provides for each local area to decide what is best in their region.

Figure 6-3 Examples of Lower Level Coordination Efforts

- **Maintenance** – DARTS' VMS subsidiary maintains more than 470 vehicles for 80 to 90 organizations. Based on the difference between DARTS mechanic labor rates (\$69.20) and the market rate of mechanics certified to work on these types of vehicles (\$100 per hour), as well as the 10% to 20% discount that DARTS gets on parts, DARTS staff have estimated that savings to other non-profit community transportation providers will total \$193,000 annually for each of the next three years. There may also be additional savings (and other benefits) that accrue to these organizations as a result of less downtime and fewer road calls that result from the high quality of DARTS' PM program and repairs; however, this is difficult to quantify. In addition, the net revenue from VMS was \$53,330 in 2004. Thus, by providing maintenance services to others, DARTS is able to defray its own internal costs.
- **Driver Training** – In 2004, DARTS' internal cost of providing this driver training was \$13,986. This cost would essentially be the same regardless of whether or not the other outside drivers attended the training sessions. This cost includes both the instructor cost (\$4,920), noting that the instructor is an employee of DARTS, and the driver pay hours spent in training (\$9,066). The net revenue from training fees totaled \$7,491. Hence, the net cost of driver training was \$6,495.
- **Joint Use of Software** – DARTS has the CT license for TrapezePASS. The Elder Ride, which has its own transportation program, "rents" TrapezePASS from DARTS for a total cost of \$3,500 per year, the additional cost (to DARTS) of having the multi-site license. By renting Trapeze in this fashion from DARTS, Elder Ride has avoided the \$60,000 purchase price / site license of TrapezePASS, plus the \$11,500 in annual software license/maintenance fees. Thus, assuming that Trapeze would have a useful life of at least five years, and using straight-line depreciation, we calculate the annual savings that accrue to Elder Ride to be \$20,000 per year (\$12,000 + \$11,500 - \$3,500). Note also that DARTS has submitted a similar proposal to the American Red Cross in Ramsey County. If the American Red Cross takes DARTS up on its offer, the additional \$3,500 could be used to offset DARTS' annual software license/maintenance cost.
- **Joint Purchasing of Hardware** – DARTS orchestrated the joint purchase of Trapeze upgrades and new hardware. The co-purchasers also included four other county programs (Anoka, Carver, Scott, Washington). Not only were there savings of the market price because of the joint purchase, but all five programs having the same software also lays the foundation for inter-program coordination in the future. DARTS estimates its hardware savings at \$20,293, as it saved \$15,445 among the 5 servers, and \$4,848 among the 12 workstations. Assuming again a 5-year life, and straight-line depreciation, this equates to an annual savings of \$4,050 per year. Including all purchasers in this joint purchase, the regional savings, based on the purchase of 13 servers and 40 workstations, was \$56,317 or \$11,263 per year.
- **Joint Purchasing of Software** – DARTS orchestrated the joint purchase of TrapezePASS software and upgrades – the general idea being to have all the county-based programs from Anoka, Carver, Dakota, Scott, and Washington using the same system. For some, there were no immediate economic benefits because the upgrades were free. However, CARTS in Carver County and HSI in Washington County together saved about \$9,000 in software costs as a result of the joint purchase.
- **Summary of Economic Benefits** – Through these collaborative efforts, DARTS reaped a savings of \$78,233 in 2004, while others, including the Metro Mobility savings through co-mingling, reaped savings of \$453,153

It is both very important and timely to begin addressing the issue of coordination. It is important because in Colorado and the nation we have outgrown the model of service delivery that was used in the past. With the aging of the population it is important to revamp the structure so it will meet the needs of the future. It is timely because there is support at the federal level, through the United We Ride initiative, to address federal regulatory obstacles and to inform participants in a wide variety of programs about the advantages of coordination.

Chapter 7. Strategies to Improve Older Adult Mobility in the Denver-Boulder Metropolitan Area

This chapter takes a broad perspective of mobility, expanding beyond coordination, to look at the range of travel modes most commonly used by older adults. In addition to specialized and paratransit services, the strategies presented in this chapter will take a multi-modal approach, addressing the full continuum of mobility options.

The picture of older adult mobility options in the Denver-Boulder metropolitan area is extremely diverse, ranging from services provided by some of the nation's most successful nonprofit brokerages in the urbanized areas, to extremely limited choices that are available to older residents in the less densely populated counties. Many of the strategies advocated here are already in place in parts of the region, but are included since they are valid strategies that may be incorporated in other areas or because their use might be expanded.

Mobility strategies proposed for the region draw on a number of key findings identified earlier in this study, including:

- a) Land use patterns and the ability of stakeholders to influence these patterns will have a major impact on older adult mobility;
- b) A significant proportion of older adults in the future will be located in suburban areas that are not easily served by fixed-route transit;
- c) The need for paratransit service increases with age and the changing demographics will require tremendous resources to be diverted to paratransit services; and,
- d) Like older adults throughout the nation, most of those in the Denver-Boulder metropolitan area will continue to drive or be transported as passengers in private vehicles.

In general, it is recommended that the region foster an environment where older adults have and are encouraged to use a wide range of options, so that the need for the most expensive services is minimized. This includes actively addressing land-use and pedestrian issues as well as making full use of the planned FasTracks buildout.

The strategies listed here will be combined with those in Chapter 6 as part of an action plan. In the next chapter, the issues of increasing awareness and integrating planning for older adult mobility in the region's planning processes will be addressed. It is recognized that the action plan will also need to consider how to increase awareness among elected officials as to the issues surrounding older adult mobility.

The strategies described in this chapter are categorized as follows:

- Land Use
- Walking
- Driving Options
- Paratransit and Other Specialized Transportation Strategies
- Transit

Land Use

Land use decisions will affect the degree to which people are able to walk to common destinations and to use alternative modes for some of their travel needs.

Educate Land Use Policy Makers and Traffic Engineers to Consider Older Adult Mobility Needs

Given the rapid expansion of new housing in the metropolitan area, and the anticipated increase in older adults aging in place in the suburban areas that are poorly served by transit, it is critical that those involved in land use decisions be educated about the impact of their decision on older adult mobility options. A key element in this educational process is ensuring that roadways and walkways are safer and easier for older adults to use, both as drivers and pedestrians.

Recommended designs from the Federal Highway Administration (FHWA) handbooks for making roadway use easier and safer for older drivers and pedestrians need to be promoted, particularly in the new developments emerging throughout the region. Issues of particular importance to older adults, such as signal timing that allows sufficient time for older adults to cross the street, provision of sidewalks, and pedestrian ramps that are flush with the landing on the street, must be brought to the attention of the planners and engineers early on in the Environmental Impact Statement (EIS) process.

Another key element is zoning that supports mixed uses, enabling more people to walk to common destinations. Ready access to a grocery store, a pharmacy, and basic activity centers by walking, a short bike ride on a trail, or a short transit ride will go a long way towards improving the mobility of older adults.

Influence Land Use Decision-Making to Enhance Older Adult Mobility Options

The locations of many critical destinations for older adults (such as health care and social service agencies) are in areas that are difficult to get to without a car, particularly south of Hampden Avenue where the transit network is limited. New medical facilities in suburban locations are often difficult to access by transit, such as the Kaiser/Exempla facility in Rock Creek.

To discourage this kind of development in the future, key policy makers should consider establishing development guidelines for housing, social service, and medical buildings. Such guidelines might provide incentives to encourage location of such facilities along transit lines, near retail or other services, and along safe, walkable streets. Ensuring that housing developments are located close to “downtowns” or within proximity to necessary services makes it easier for residents to walk from home to fulfill basic needs (groceries, prescriptions, shops, cafes) or to reach nearby transit stops in order to get to where they need to go. This could alleviate many of the mobility problems associated with more isolated housing developments. Providing incentives for locating new housing developments for older adults in a transit corridor. Locating medical facilities along existing transit routes and walkable streets will contribute significantly to ensuring adequate access by all to medical facilities – particularly older adults and low-income populations. Examples of such transit-oriented development guidelines include Boulder’s mixed-use zones and others that are included in the report by Civic Results and Environment Colorado, “Creating Livable Communities Through Transit.”

Transit-Oriented Development

Most of the new stations that will be constructed as part of FasTracks, in addition to some stations on the Southeast and Southwest lines have potential for transit-oriented development. As local communities consider the development around these stations, it will be important to examine the provision of housing for older adults and people with disabilities. Much new transit-oriented development tends towards the high end, making it difficult for many older adults to afford; some will need to be geared towards older adults on fixed incomes. As these stations are designed, it is important that they promote accessibility by having effective feeder routes. This will enable older adults from the surrounding area to better utilize the rail network for their travel needs. RTD’s experience on the Southeast line, with a series of call-and-Ride services and new feeder services will be an opportunity to identify how such services can meet the mobility needs of older adults.

Walking

Standards for safe walking were identified above under land use. Since people who use transit are also pedestrians, safety and access are important for using the transit mode as well as for individuals who walk to their destination.

Conduct Walkable Community Workshops

The purposes of Walkable Community Workshops are two-fold. They teach older adults in a neighborhood about safe walking paths to nearby destinations. They also provide an assessment of how “pedestrian friendly” a particular neighborhood is, identifying problems that can be addressed and a framework for lobbying for the improvements to be made. Participants may include older adults living in the neighborhood, stakeholders for older

adults and the businesses and activity centers in the neighborhood, planning and public works department staff from the city, and elected officials.

Older adults are often reluctant to attend activities at older adult centers or other community based organizations in their neighborhood because of concerns about their ability to safely walk to these services. If other forms of mobility assistance are unavailable, these concerns can effectively keep older adults homebound and unable to access existing resources.

In order to help older adults (and agency staff) assess the walkability of their neighborhood and provide them with the tools and knowledge they need to advocate and lobby for street improvements, Walkable Community Workshops can be held in neighborhood locations that are in the vicinity of older adult centers or older adult housing complexes. Successful examples of workshops targeted towards older adults that have resulted in improvements to the walking environment include those in Los Altos, California and Atlantic City, New Jersey. The objectives of these workshops are:

- Teach participants about pedestrian-friendly design and traffic calming tools, including when and where to best apply them;
- Bring together a diverse set of older adult stakeholders in each workshop, all of whom would be crucial in developing the type of broad-based support necessary to move project proposals forward;
- Allow citizens, civic groups, elected officials and agency representatives alike to voice concerns, support, ideas for different techniques, and above all to begin to develop a consensus on how best to respond to local pedestrian safety concerns;
- Empower participants with the knowledge of an inclusive process that gains support from other residents and stakeholders;
- Demonstrate to participants how to access local and regional funding sources, and the relevant decision-making processes; and
- Develop the critical mass of support among local communities, agency staff, and elected officials necessary to develop and fund successful pedestrian and traffic calming projects.

Expand Older Adult Walking Groups

Walkable Neighborhoods for Senior Mobility projects (sponsored by the Robert Wood Johnson Foundation) have been established in many cities to encourage older adults to walk as a means of transportation and physical activity. The Denver-Boulder metropolitan area has groups such as the "Mills Milers" sponsored by Saint Anthony's Hospital and Colorado Mills. There are many opportunities to expand these. By promoting walking in groups, a number of objectives can be met, including:

- A decrease in social isolation;
- Encouraging health and wellness;

- Making neighborhoods safer; and
- Providing education about injury prevention and balanced nutrition.

Peer walk club leaders can be trained to organize these groups, and they in turn can increase awareness about pedestrian issues similar to the previously described workshops. Walking clubs can be organized in specific ethnic communities as an effective means of reaching older adults in traditionally underserved communities.

Driving Options

Establish Older Driver Wellness Programs

Ensuring that older adults are able to continue driving safely for an extended period has many benefits, including sustaining the viability of the most popular mode choice for older adults, and reducing the number of individuals who will apply for costly paratransit service. While organizations such as AARP provide valuable “refresher” courses educating older drivers on how to continue driving safely and how to maintain their driving licenses (AARP Driver Safety Program), the American Society on Aging (ASA) has a toolkit for professionals working with older drivers that focuses not only towards driving safely through improved health and exercise, but also to making an informed decision about when it is time to “give up the keys.”

The ASA toolkit, known as the “Roadmap to Driving Wellness,” consists of two curricula. The first trains professionals on how to counsel older adults and their families on older driving; how to assess an older adult’s capability to drive and locate resources to enable them to continue driving safely or more comfortably; the myths about older drivers; the real issues affecting older driver safety and how these can be addressed to maximize independence for older adults.

The second curriculum is used for holding classes or discussions with older drivers. These classes focus on increasing awareness of the effects of aging and health on driving abilities, self assessment, and steps that can be taken to maximize driving abilities, such as strength training, medication assessments, and driver rehabilitation courses. Both curricula also provide guidance on how to develop transportation plans for the time when older adults are no longer able to drive, and how to discuss this issue with older adults. Since the toolkit has been finalized in the past year, it has been implemented at locations throughout the country. Materials for the “Roadmap” toolkit may be found at www.asaging.org/cdc.

Establish Casual Carpool Programs at Older Adult Centers and Housing Facilities

Designated casual carpool areas provide a valuable means of transporting people who do not wish to, are unable to, or cannot afford to drive themselves. Formalized carpooling could provide transportation options that do not rely on public subsidies. In large housing facilities that primarily serve older adults, there are usually some older adults who drive,

and others who rely on them for rides. Observers at other older adult sites have noticed that some people wait at particular locations in the hope that a resident will drive past and pick them up. There may be some value in formalizing this "hitch-hiking" activity into a "Casual Carpool" program.

If the facility staff could establish a specific location where both the driver(s) and prospective rider(s) could wait, possibly erect a sign and publicize the location, this may be an effective way to match people in need of a ride with those who are driving. In order to minimize the time that older adults would have to wait for a ride, it would be advisable to establish a "Ride Board" where housing residents could put up notices of rides needed and potential rides available. Incentives for drivers could be considered in the evaluation of this alternative. The primary challenge to implementing such a program is the reluctance of older adults to enter the car of a "stranger", although this may be less of a factor in smaller institutions where residents are more familiar with each other. Liability concerns are also a factor that will need to be addressed on a case-by-case basis.

Establish Volunteer Driver Programs

While many older adults have access to friends, relatives, and neighbors who can provide them with rides as volunteer drivers, for a variety of reasons they do not always use this resource. Reasons may include: not wanting to feel obligated or to impose; drivers may not have the time available; other commitments of the drivers may take priority at the last minute; or concern about the driving skills of the drivers.

There are volunteer driver programs operating in the Denver-Boulder metropolitan area that can be used as models for communities that do not have them. Seniors' Resource Center operates an extensive volunteer driver program that is funded by the Getting There Collaborative, which will be a model that others can use. Potential volunteers provide information on their vehicle, driving record, and the times and geographic area in which they are interested in driving. The insurance of the volunteer is primary and Seniors' Resource Center provides excess coverage. More information on this program is available on their website at www.srcaging.com. Special Transit also has a program through which they pay mileage to volunteer drivers. The Neighbor-to-Neighbor Network operates in Douglas County, augmenting the transportation services available to seniors in the County. Volunteer driving is also a part of many of the Faith in Action programs in the area.

While volunteer driver programs operate in many locations throughout the country, many of the largest ones are well established and are deeply rooted in their communities. The SAINT program in Fort Collins is one such program and has been serving the community for over two decades. SAINT can serve as a model for other communities. More recently, organizations that have attempted to create volunteer driver programs have reported significant challenges in volunteer recruitment. This is partially explained by the high level of commitment required of drivers compared to other volunteer opportunities, including regular availability for driving, willingness to undergo license checks, training, etc. Potential drivers also often cite liability as a concern, although some programs have addressed this issue by operating under the umbrella coverage of a large agency such as a

medical center. The Transportation Reimbursement and Information Program, or "TRIP", in Riverside County, CA is a model that has successfully addressed some of the concerns regarding the use of volunteer drivers. In the program, older adults recruit their own ride givers, and then the TRIP program reimburses them for fuel (which they pass on to the driver). Through the use of a case management approach and strict eligibility screening, the program has been able to address concerns about individuals using the program as a way of getting rides that would have been provided anyway – riders are generally individuals who are referred by social workers at agencies serving older adults. The Beverly Foundation, based in Pasadena, CA, has published a variety of reports on successful volunteer driver programs. Further information can be found at www.beverlyfoundation.org.

Paratransit and Specialized Transportation Strategies

While only a small percentage of older adults rely on paratransit for their transportation, they are most likely to be those in greatest need of assistance. The passage of the Americans with Disabilities Act (ADA) has led to a dramatic expansion of paratransit trips in the region. Paratransit services are narrowly defined – with specific service levels required by law. Many communities find that additional specialized transportation services are needed to address the needs of older adults. These include services where and when ADA paratransit services are not available or transportation for people who require additional assistance (such as door-through-door assistance). However, since this study did not incorporate a detailed analysis of the access-a-Ride service or the other specialized transportation services in the region, specific recommendations for improving this service are not a part of this report. Nevertheless, please note that given the age structure of access-a-Ride users, improvements to these services are a critical element in improving older adult mobility in the Denver-Boulder metropolitan area.

Specialized Transportation Service Enhancements

Many organizations provide trips outside of the rubric of ADA paratransit. This includes the specialized transportation provided by Seniors' Resource Center, Special Transit, Aurora Senior Services, Red Cross, senior center transportation, volunteer driver programs, and services for Medicaid participants. Local dollars fund these trips in addition to Title III and Medicaid funding. It is only in those cities and counties where local funding support is available that transportation is provided for trips other than medical and nutritional trips. Thus, there is not uniform specialized transportation for trips with other purposes.

We recommend two strategies. The first is to work actively to increase local support for these services. This includes explaining the issue, building a case, and securing funding. If more funding were available, the next step recommended would be to broaden the allowable trip purposes in those areas where trips are limited to medical and nutrition trips. For example, shopping other than for groceries, a trip to the senior center for activities and socialization, or a trip to a volunteer opportunity are examples of trips that

have significant benefits but currently cannot be scheduled in several counties due to lack of funding. Finally, consideration should also be given to not requiring an advance notification period of more than 24 hours.

Using Appropriate and Lowest-Cost Modes

Screening riders onto the lowest-cost mode appropriate to their level of mobility is a proven way to stretch Title III and other funding, especially since the level of funding does not currently meet the demand. Mode-specific screening is not performed consistently in the Denver-Boulder metropolitan area, but more importantly, lower-cost options are not consistently available. This report gears several of the recommendations towards establishing a solid network of services that can meet the needs of older adults across the spectrum of mobility needs. Establishing strong county-based providers where none exist at present, providing reliable funding, and assuring that a range of volunteer and transit options exist that will provide the foundation for consistently available services that can be provided at the lowest cost.

Taxi Subsidy Programs

User-side taxi subsidy programs can be a very economical way to divert more costly paratransit trips to a less costly service. These programs also can offer same day service and service to areas and at times beyond those required by the Americans with Disabilities Act (ADA). Before ADA, user-side taxi subsidy programs were very popular, but have declined somewhat due to the difficulty of meeting ADA criteria with this mode. However, user-side subsidies have found a continuing role as a supplementary service that takes some of the pressure off the ADA paratransit service. In addition, they continue to be a popular way for municipalities to provide dial-a-ride service for their older adult residents (and residents in general) and for human-service agencies to transport their clients.

In essence, the sponsoring organization agrees to pay for a fixed portion of the fare, and the rider pays the rest. The sponsor provides the rider or the taxi company with coupons, vouchers, or scrip tickets for use with these trips, which also create an audit trail. In most cases, the rider calls the taxi company directly. After serving the trip, the taxi company then turns in the signed vouchers to the sponsor for reimbursement.

The Denver-Boulder metropolitan area, like a number of large cities throughout the country, already has a supplemental taxi service through RTD. Two avenues could be pursued to increase older adult mobility through this program. The first would be for the Area Agencies on Aging (AAA) and RTD to work together to expand the access-a-Cab program to include sponsored older adult trips. The second would be to establish county-based programs, with regional AAAs and the counties co-sponsoring taxi subsidy programs for older adults (and possibly others).

Using Paratransit as Feeder Service

The ADA regulations permit the use of complementary paratransit as a feeder to and/or from accessible fixed-route service. The underlying theme here is that feeder trips are less expensive to provide than direct (and especially longer) paratransit trips, and that it acclimates paratransit riders to the transit system. Feeder service should be targeted to paratransit customers who have the ability to ride the bus, provided they can be transported to the bus stop and the fixed-route transit service must be accessible. As the rail network is built out, feeder service can play a larger role in providing mobility to older adults. An excellent example of where paratransit feeder service is routinely provided to light rail is in Vancouver, British Columbia. Due to the frequency and accessibility of the SkyTrain service, feeder trips are shorter and faster than trips in which the full distance would be served on paratransit.

Feeder service should be limited to those trips that only require one transfer, as scheduling and coordinating two transfers, potentially with two different carriers, presents significant administrative challenges and a major inconvenience to the rider. Since these trips tend to have a disproportionately long travel time, most of the savings comes from demand reduction. Feeder service should therefore only be used in a context in which cost savings are needed to ensure that other mobility needs are being met.

One example of feeder service that serves a population with a high percentage of older adults and key medical facilities is a combination of the Englewood, Colorado Art Shuttle and the Southwest light rail line. Older adults living in Englewood can use this free shuttle to access rail service; conversely, others with access to the light rail line can use the Art Shuttle to access the medical facilities located along the route.

The new Southeast Corridor light rail line will provide opportunities for such feeder service. For example, call-n-Ride services proposed for Centennial can provide service to the Dry Creek station, enabling people who otherwise would have to depend on access-a-Ride paratransit service to access the light rail line to use call-n-Ride. Similarly, services feeding into the Smokey Hill station can serve the same function. These are areas that previously had little fixed-route local service (and accordingly, less access-a-Ride service). Capitalizing on this opportunity could reduce the need for the more expensive paratransit service near these stations.

Combining call-n-Ride Service with access-a-Ride Service

The RTD currently provides call-n-Ride service in 11 communities. This service may best be described as an immediate-response, neighborhood-based dial-a-ride service. RTD's call-n-Ride service has been implemented in communities either not suited for fixed-route service or as a supplement to fixed-route service with more of a neighborhood orientation. Customers (general public) simply call the driver to request a trip, and the driver routes the vehicle to serve the trip. This type of service works well for older adults, who are a significant portion of the customer base.

Since call-n-Ride service is often located in areas where there is limited or no fixed-route alternative, it is often the only means of public transportation available for older adults, persons with disabilities, and others who are transit dependent. RTD and the City of Aurora are proposing call-and-Ride service, which will serve the Heather Gardens community (an area with a high number of older adults), and major medical, retail, and public service activity centers in Aurora. This service may reduce the need for access-a-Ride services, particularly in the Heather Gardens community. The call-n-Ride model might present an interesting opportunity to serve communities where there is a requirement for ADA paratransit, but where the ADA demand for local trips is very low. The RTD could utilize the call-n-Ride service to serve local ADA trips in outlying areas, thereby relieving the current access-a-Ride contractors from having to make these expensive trips (which adversely impact the productivity of these dedicated fleets).

Transit Strategies

Low Floor Buses

Low-floor buses are a proven way to enhance fixed-route service accessibility, and are particularly well suited to meet the needs of frail older adults who cannot climb steps but would be reluctant to stand on a lift.

While the RTD does not have low-floor buses currently in operation, 183 low-floor Gilligs are due to arrive in the fall of 2005. According to RTD staff, the vehicles will be operating on both local and express routes until the Southeast Corridor light rail service is operational. At that point, many of the low-floor buses in express service will be redeployed to new local bus routes serving the rail stations. Promoting the availability of these low floor buses in older adult oriented forums would assist older adults in understanding the number of mobility options that are available to them. Purchasing low-floor replacement vehicles that will be able to serve the other rail stations as they open is an important long-term strategy.

Travel Training

Travel training can be a very economical way of helping paratransit riders use the bus. There are four types of travel training, including Destination Training, General Use Training (covering familiarity with equipment and services, confidence building, and navigation), Facilitated Training (placing helpers at transfer centers to help riders cope with unexpected situations and making transfers), and Bus Buddies (ride-along assistance). In the Denver-Boulder metropolitan area travel training programs could be tailored to older adults who have not yet applied for ADA paratransit. Numerous examples of successful programs exist, both at transit agencies and also at human-service agencies, such as Easter Seals Colorado in Lakewood. Special Transit has a pilot travel-training program in place, the Easy Rider program, that is currently funded through the Getting There Collaborative. The agency reports that it has been very successful. Information is available on this program on their web site at www.specialtransit.org.

Agency Tripper Service

Tripper services to schools and employment centers provide excellent models of how fixed-route service can be modified to better serve the mobility needs of older adults. The tripper service model is based on the modification of the fixed-route to serve destinations for riders with special needs only at times when they need to get to these destinations, i.e., based on the agency's program schedules. For example, a fixed-route service may deviate from its normal routing during 8-9 a.m. to serve a local school and its students. This same approach could apply to older adults; a fixed-route service could be modified during the lunch hour to serve a senior center.

Based on the experience at other systems, RTD may be able to expand their tripper program by (1) reaching out to human-service agencies, and especially those that are paratransit destinations, and work closely with their staff's to identify opportunities for agency tripper service and to stay current with the agency's program schedule; and (2) consider replacing well-used tripper service with permanent route modifications.

Service Routes / Community Bus Routes

Service routes have been implemented in many locations in the U.S. and Canada, where they are called "community bus" routes. Good examples of community bus routes implemented by transit agencies can be found in communities outside of Cleveland, Ft. Lauderdale, St. Louis, and Toronto, Canada.

The underlying strategy of community bus service is to provide a fixed-route that better serves the common travel patterns of older adults and other customers who need a higher level of service than is typically offered by fixed-route transit. Community bus routes are designed to link common origins and destinations, i.e., older adult residences, older adult centers to medical, and shopping areas.

The more successful community bus routes:

- Follow the local travel patterns of older adults and persons with disabilities;
- Use small, low-floor buses that are able to operate on neighborhood streets and enter driveways and parking lots;
- Focus on front-door convenience at the expense of direct routing; and
- Have drivers that provide more personalized service.

Community bus services can pay for themselves not only through the diversion of paratransit customers (and thereby reducing the number of trips on the paratransit service) but also by enabling the streamlining of the surrounding fixed-routes. Englewood, Colorado has a successful example of a community bus route, the Art Shuttle, which serves large numbers of older adults.

As an alternative to paratransit, community bus routes are generally NOT cost effective in low-density settings. Their cost effectiveness depends on a high density of older adults or

potential paratransit customers who can be diverted to this more efficient mode. The success of the service also depends on how well the route satisfies the riders' travel needs within their local area, and how well it interfaces with the regional bus system. It makes sense to target medium to high-density areas with concentrations of older adults or people with disabilities. Planners of this kind of service should use paratransit data in linking common origins and destinations.

Expand Sensitivity Training and Retraining

Some aspects of driver behavior that often have a particular impact on older adults include pulling away from the stop before a rider has had a chance to sit down, or perceived rude responses from drivers when asked for assistance with mobility aids or lifts. RTD regularly reviews drivers as well as existing service schedules to determine if there is potential for improvement in schedule adherence and they also have an extensive program in place to ensure drivers, both RTD and contractor employees, meet all the ADA requirements. With the turnover of driver staff, particularly at contracted operations, it is important to include a focus on older adults in the training and safety meeting programs. This report can serve as another reminder of the importance of sensitivity training and schedule adherence on the older adult population.

Another area where benefits might be achieved for older drivers is through training of motor vehicle examiners. Such training could include sensitivity training and information on resource options for older drivers who show signs of needing some restrictions on their licenses or accommodation to continue driving safely.

Create Travel Information Clearinghouse for Older Adults

Establish a central clearinghouse for transportation information that specifically addresses the mobility needs of older adults in the metropolitan area. This approach has already been included in the coordination recommendations in Chapter 6, but bears repeating as a specific mobility strategy that can serve as the conduit for information on all the other recommended mobility strategies in this chapter. An option is to use either the 211 or 511 information systems. By calling a single phone number, older adults would be able to connect with the appropriate resources, whether through the provision of scheduling information and trip planning assistance, or mailing of application materials for specific programs. One of the resources that could be used for this information is the brochure that was updated as part of this study, "A Resource Guide to Transit Services for Older Adults Living in the Metropolitan Denver Area". This brochure can be found at www.gettingthereguide.com.

Chapter 8. Action Plan

The previous two chapters recommend a broad range of strategies geared towards advancing older adult mobility statewide and in the Denver-Boulder metropolitan area. At the statewide level, these strategies focus on coordination. The primary statewide recommendation is that Colorado should establish a bi-level system of coordination, with coordinating councils at both the state and local levels. The responsibilities of each and detailed suggestions for the Colorado Inter-agency Coordinating Council to consider are listed in Chapter 6.

For the Denver-Boulder metropolitan area, it is recommended that both local, county-based groups, and a regional group be established. This chapter describes regional and county-based groups in more detail, summarizes the recommended mobility strategies, discusses findings, and identifies the first steps for getting the regional group underway. While geared towards the metropolitan area, much of the information in this chapter may be pertinent to other areas of Colorado that are establishing local or regional coordinating councils.

Regional Council

In the Denver-Boulder metropolitan area, the first step is to establish a regional council to address those strategies that can best be implemented region wide. Primary among the regional strategies is influencing the development along the FasTracks corridors in a manner that supports improved mobility for older adults.

Mission

The Denver-Boulder metropolitan area has an unparalleled opportunity to improve older adult mobility through the FasTracks buildout. By providing mixed-use land development, housing for older adults and people with disabilities, and services near rail stations, the region could significantly increase opportunities for mobility. At the same time, many costly long-distance trips on specialized services could be transferred to the FasTracks network.

The opportunity to influence FasTracks related design decisions should not be missed. According to a report published by the Livable Communities Support Center and Environment Colorado⁷, 51 of the 57 new stops that will be developed through FasTracks have transit-oriented development (TOD) potential. Many of the decisions that will emerge from the FasTracks station-area designs will have far-reaching implications for older adult mobility, and some of the key decisions will be made in the next three years.

⁷ Creating Livable Communities Through Transit: An Analysis of the Potential Benefits of Transit Oriented Communities on the Denver Metro Region, October, 2004.

As a result, it is recommended that the primary focus of the regional group be on the issues related to the FasTracks build-out: land use, development, and design issues. At the same time, more “traditional” strategies for promoting older adult mobility, such as improvements to paratransit service and coordination with human-service transportation, cannot be neglected. Subcommittees have been identified for the following key areas, with the regional group as a unifying structure for the overall effort:

- Transit/Paratransit and Specialized Transportation
- Coordination
- Driving Issues
- Information/Awareness

The group's overall objectives should include:

- Assuring services and facilities related to the mobility of older adults and people with disabilities are addressed in station design, the interface between stations and nearby development, and the development of surrounding stations along the FasTracks and existing light rail corridors;
- Raising awareness of the impact of demographic trends, future transportation service gaps specific to older adult mobility, and strategies to address these gaps;
- Raising awareness of the value of a coordinated and diverse transportation service network, such as maximizing the use of transportation resources and improvements in the quality of life;
- Presenting the range of strategies recommended in this study to key stakeholders in each community; and
- Educating decision makers about the need for local funding to leverage other funding sources.

Within these key objectives, the group should be structured to maximize influence on the decisions made by RTD, local jurisdictions, and developers so that the mobility needs of older adults are always incorporated. Specifically, new development along FasTracks stops and in other new housing developments in the region should include:

- 1) Mixed-use development so that older adults can walk (or bike) to local services such as grocery stores, municipal offices, or be able to park their car once they arrive and walk to each of these services;
- 2) Housing for older adults and people with disabilities; and
- 3) “Universal design” or a “Walkable/Active Living” orientation, so that factors of particular concern to older adults such as lighting, safe streets, wider sidewalks, and slower signal crossings will routinely be incorporated in street design and engineering decisions.

Responsibilities

When considering how a regional council should be constituted, it is useful to consider the responsibilities of the group. Figure 8-1 identifies the primary areas of responsibilities, activities and stakeholders of the regional council.

It is important to remember that the regional group will seek to influence those entities that have policy and programming authority through education, providing technical assistance, and lobbying for actions that support older adult mobility. As such, identifying both the decision-making bodies and the necessary collaborative partners (such as constituent organizations) that support the activities of the group is useful.

A key strategy is to broaden this group to consider the needs of all persons with disabilities. The interests and needs of people with disabilities generally coincide with those of older adults, particularly since the highest incidence of disability occurs in older adults. Groups representing people with disabilities are a key partner, broadening the base of support for these activities.

Consideration should also be given to the role of neighborhood or culturally specific groups, the county-based commissions on aging, and others that would have an interest in supporting these efforts. Health organizations (hospitals, health maintenance organizations, or county health departments) are examples of groups that have an interest in promoting safe and accessible pedestrian access and developments that promote walking.

In addition, the regional group will work with the Colorado Inter-agency Coordinating Council. The regional group can provide information and ideas to the statewide council, respond to decisions made by the council, and bring issues to the attention of the council. It is anticipated that several members of the regional group will also serve on the statewide coordinating council.

Local Mobility Councils

On the local or county level, the primary responsibility is coordination of both services and funding sources. In addition, the local councils can also serve as a conduit to local jurisdictions to assist in implementation of the various mobility strategies.

Groups that bring together the stakeholders already exist in Adams, Boulder, and Jefferson counties, and these should be continued. In Arapahoe, Denver, and Douglas counties such groups are needed to coordinate transportation and focus on the local aspects of increasing mobility for all, including older adults and people with disabilities.

Figure 8-1 Regional Mobility Council Activities and Stakeholders

Responsibility Area	Activity	Decision-makers	Other Stakeholders
Land Use, Development, and Design Issues	<ul style="list-style-type: none"> Build awareness of the role and importance of FasTracks in increasing the mobility of older adults. 	Cities and counties, DRCOG, and RTD	Livable Communities Support Center, Transit Alliance, Colorado Mobility Coalition, Front Range Economic Strategy Center, Environment Colorado, Sierra Club, housing groups, neighborhood groups near stations, Colorado Municipal League, Colorado Counties, Inc.
	<ul style="list-style-type: none"> Encourage zoning practices which support mixed use development at or near stations. 		
	<ul style="list-style-type: none"> Encourage housing for older adults or individuals with disabilities at or near stations. 		
	<ul style="list-style-type: none"> Encourage pedestrian-oriented design at station interfaces and along key corridors to services and housing. 		
	<ul style="list-style-type: none"> Encourage effective feeder services between stations and nearby housing, retail, and other services. 		
Transit, Paratransit, and Specialized Transit	<p>Work with RTD and local communities to develop effective policies and services that promote mobility in areas within and outside the Regional Transit District. This includes effective coordination with local providers to serve those requiring specialized / paratransit service.</p> <ul style="list-style-type: none"> Support development of community service routes and feeder routes linking major services and housing facilities together and to stations. 	RTD, providers including Seniors' Resource Center, Special Transit, Red Cross, and other municipal and non-profit providers, cities and counties	Disability groups, Colorado Mobility Coalition, Transit Alliance, neighborhood groups, volunteer driver groups such as the Faith in Action programs, cultural groups such as LA RASA, and church or organizations. The involvement of some of these groups may occur more at the county level.
	<ul style="list-style-type: none"> Identify travel patterns, available services, and needs for all specialized services for each quadrant of the metropolitan area. This could be done in conjunction with the surveys and service reviews undertaken by RTD. Identify alternatives for improving mobility. 		
	<ul style="list-style-type: none"> Work to develop integrated and easy to use information source, including single number for information on transportation services and scheduling. 		
	<ul style="list-style-type: none"> Support travel training throughout the region. 		
	<ul style="list-style-type: none"> Work with counties that do not have local councils and/or providers to identify options for developing same. Provide model agreements and other tools to assist in implementing councils and provider agreements. 		
Coordination	<ul style="list-style-type: none"> Encourage use of lowest cost appropriate providers through support of brokerages and support for multiple providers. 	The county-level groups will be important for this subcommittee. Decision-making groups include county (especially the departments of social services), cities, human-service agencies, labor agencies and their local boards (Council on Aging, community centered boards, workforce boards), RTD and other providers, Colorado Inter-agency Coordinating Council	Colorado Counties, Inc., Colorado Municipal League, and associations for human-service, transit and labor/employment groups
	<ul style="list-style-type: none"> Identify information requirements, working with information subcommittee as needed to prepare materials and distribution. 		
	<ul style="list-style-type: none"> Work with hospitals, dialysis, and other facilities to develop protocols that support coordination. 		
	<ul style="list-style-type: none"> Identify common coordination issues, addressing them with regional and state level committees. 		
	<ul style="list-style-type: none"> Review and respond to work of the Colorado Inter-agency Coordinating Council. 		
Driving Option Issues	<ul style="list-style-type: none"> Establish Driving Wellness classes and explore standards or referral options for medical examiners for driver licensing. 	Department of Motor Vehicles, cities, counties, and CDOT	Local chapter of American Association of Retired Persons, Legislative Senior Task Force on Driving & Transportation
Information / Awareness	<ul style="list-style-type: none"> Coordinate overall informational campaigns, developing consistent message and schedule. 	Entities funding each activity, RTD and other providers, Area Agencies on Aging, and other human-service and labor agencies and their boards	Colorado Counties, Inc., Colorado Municipal League, and associations for human-service and labor/employment groups
	<ul style="list-style-type: none"> Develop specific informational pieces, as needed, for each issue area. 		
	<ul style="list-style-type: none"> Conduct a regional event such as the Transportation Summit, to develop a consensus and galvanize support for promoting older adult mobility. 		

In the Denver-Boulder metropolitan area, three different approaches have been used for this in three different counties. Seniors’ Resource Center is a multi-purpose agency serving older adults that provides and brokers transportation as one of its functions. Special Transit is a single purpose specialized transportation provider, serving all populations. Adams County does not provide transportation services at all, but rather provides an umbrella structure for coordination of specialized transportation, with responsibility to set policies, develop local funding, and contract for services. The remaining counties in the metropolitan area might use any of these three models as each has different needs. However, it should be noted that there is a need for a provider in the southern portion of the metropolitan area similar to Special Transit or Seniors’ Resource Center, with the ability to both provide and broker trips. It is recommended that efforts in Arapahoe and Douglas counties include an objective to develop one or more nonprofit providers. Opening discussions with existing nonprofit providers and exploring how contracts for services might be established is one way to begin this.

Figure 8-2 summarizes the key activities and participants of the local councils. The organizational structure selected in each county will impact both the activities undertaken by the group, the participants for each county, and how the various stakeholders are incorporated into the process. As an example, the WorkForce boards have been identified as a stakeholder. In any given county, it would need to be decided if a WorkForce representative would serve as part of the county coordinating group, or if it would be more effective for the county coordinating group to provide a representative to the local WorkForce board. In some cases, both connections may be desired.

Figure 8-2 Local Mobility Councils

Key Activities
<ul style="list-style-type: none"> • Set policies for special transit services • Coordinate with human-service agencies • Solicit funds for local support of specialized transportation services • Coordinate with transit providers • Support local contractors providing services • Coordinate with Regional and Colorado Inter-agency Coordinating Council
Participants
<ul style="list-style-type: none"> • Counties: social service, planning, and transportation functions • Cities: transportation and senior programming functions • County Aging Council (as established by Area Agency on Aging) • Community Centered Board • WorkForce board • Transportation providers • Other human-service agencies • School Districts • Head Start

In addition to the activities identified in Figure 8-2, the local coordinating councils, with their municipal membership, can provide opportunities to implement a range of mobility strategies, such as those identified in Chapter 7. It is at the local level that many strategies are identified. Local funding support is often needed to implement new services. The local groups provide a forum for identifying the issues, building support for new or changed services, and implementing them. Examples of strategies that might be identified at a local level are areas where a community bus route could be successful, where pedestrian access or intersection signalization might be improved, or where volunteers can be motivated to provide volunteer trips to a senior center or nearby services.

Mobility Strategies and Funding

An important task of both the local and regional groups will be to identify both the activities that reflect the best fit in each local area and to prioritize them for implementation. While it is recommended this prioritization be at the regional level, it will also need to involve the groups that can provide funding for these efforts. The priorities of different entities will be reflected in what they are willing to fund. A variety of strategies were identified in Chapters 6 and 7 and are listed in Figure 8-3.

As a relatively new enterprise, and one undertaken in a time of very tight budgets, it may take some time to develop a stream of funding with which to undertake key projects. Indeed, those operations that are successful at providing coordinated specialized transportation have worked for many years to build their base of support. As it is necessary to build credibility, it will be important to begin with smaller projects that will result in successes. Several points can be made regarding the funding of special and on-going projects:

- In counties and cities where additional specialized services are needed, local funds will also be needed. Considerable demand must be demonstrated before such funding will be allocated. Local entities must come to the table with funding for such services, as that is the system Colorado uses for funding transit services.
- Coordination projects should, after initial start-up, pay for themselves. Some of the savings realized from coordination activities need to be invested in the ongoing maintenance of the program. It is important to have a range of human-service agencies and counties participate in the funding of these projects.
- Foundations can play an important role in providing seed money or matching funds for projects, and in serving as a catalyst for doing things differently. However, their role should be limited to short-term activities and to assisting in giving a jump-start to projects, raising the profile of the activity or event, and in bringing together diverse interest groups. They should not provide long-term funding for transportation projects.

- Partnering with organizations that are not transportation providers to fund larger projects is a useful way of both getting key projects funded and assuring the involvement of a variety of stakeholders. Businesses may be one type of funding partner – from health care to those in the retirement industry. The health care industry is another potential partner for activities that support good health (such as walking groups) as well as for transportation to and from their clinics. Local jurisdictions and RTD are also important funding partners.

Figure 8-3 Strategies for Increasing Older Adult Mobility

Land Use, Development, and Design
<ul style="list-style-type: none"> • Increase awareness of the opportunity FasTracks provides for improving older adult mobility. • Provide mixed-use development at and near stations. • Provide housing for older adults and people with disabilities at and near stations. • Include pedestrian-oriented design at station interfaces, along key corridors to services and housing, and in areas with high density of older adults. • Develop effective transit feeder services between stations and nearby housing and services.
Transit, Paratransit, and Specialized Transportation
<ul style="list-style-type: none"> • Increase use of low floor buses on RTD services. • Increase provision of specialized transportation services. • Shift riders to lowest cost appropriate mode. • Expand use of subsidized taxi services. • Develop community bus routes and expanded feeder services. • Combine access-a-Ride / call-n-Ride services where feasible. • Provide human-service agency tripper routes.
Coordination
<ul style="list-style-type: none"> • Replicate brokerage models in counties without brokers. • Develop mix of providers (non-profit, taxis and other for profit entities, volunteer driver programs, etc.) throughout the region.
Driving Options
<ul style="list-style-type: none"> • Establish driver wellness classes for older adults and provide resources for evaluation of driving capability and tools to extend the time an individual can safely drive. • Promote casual carpools. • Replicate volunteer driving programs in areas without one. The program developed by Seniors’ Resource Center or other ones can be used as a model.
Information / Awareness
<ul style="list-style-type: none"> • Promote travel training, using either the Easy Rider model developed by Special Transit or other models. • Emphasize the needs of older adults in driver sensitivity training. • Establish information clearinghouse, perhaps using a combination of the 2-1-1 system for service information and 5-1-1 for scheduling.

Several key projects stand out for consideration:

- 1) Evaluate the travel patterns of older adults in current programs, including paratransit, specialized transportation, and others that would gather this kind of data, to determine where potential for community bus routes exist, where joint call-and-Ride/senior services might reduce the burden on paratransit services, where there are opportunities for coordination, and where geographic gaps might exist. This activity might be most effective if overseen by the regional group at the subcommittee level. It might be most useful if done for just a portion of the Denver-Boulder metropolitan area at a time. This activity should involve the jurisdictions, human-service agencies, specialized transit providers, and RTD. The goal would be to provide a snapshot of total travel patterns that would enable entities to determine how best to coordinate services and to identify gaps. A telephone survey is also suggested to obtain qualitative information on unmet needs, satisfaction, and barriers that people encounter in trying to access specialized services.
- 2) Develop a toolkit that can be used to raise awareness regarding older adult mobility issues, including the land use opportunities raised by FasTracks. This piece should adapt the present study's findings in a manner that will be easily digestible by stakeholders with limited time availability.
- 3) Develop background material on the role and purpose of local funding in meeting needs for specialized transportation services that can be used in counties and cities that provide limited funding. This material should assist local jurisdictions in understanding the importance of local investment in transportation. It should also identify how some of the funding they already provide to human-service or social-service programs is used for transportation to programs or services. Research more closely some of the funding sources that have been identified in this study to determine if any of them would be suited to the proposed strategies or to developing county-based coordinating councils. Indicate where these funding sources are identified so people can easily refer to that section.
- 4) Explore the possibility of a high profile event such as a follow-up to the 2000 "Transportation Summit" that focuses on what has changed since the previous summit, particularly such milestones as the passage of FasTracks, and the implications of these changes for older adult mobility.
- 5) Support the development of a county-based council and provider in the south part of the metropolitan area by making available technical support from the existing agency (Adams County, Seniors' Resource Center, or Special Transit), which most closely fits the model selected by the jurisdiction (Arapahoe and/or Douglas County). Seniors' Resource Center is, effective July 2005, providing transportation services funded through the Older Americans Act in Arapahoe and Denver counties. They will establish advisory councils in these counties to address the future direction for service provision in each county.

Getting Started

The first step is to formalize the regional group. This will include developing a consensus on its mission, membership, and the commitments of the members. A degree of formality is recommended: the purpose of the group is action, and the structure should reflect this. This includes electing officers, establishing subcommittees, and determining the commitments that will be required of the members. Commitments should include an agency commitment to coordination and to the mission of the group. This might be formalized through a memorandum of understanding or a commitment to support the group through staff support or funding.

Mission

Establishing the mission begins with building a consensus on the purpose of the group. It is recommended that the group:

- Work to meet the mobility needs of both older adults and all persons with disabilities – for convenience this will be referred to as “special needs transportation”; and
- Focus the special needs transportation system around the FasTracks corridors and work to include both facilities and housing at or near stations that are oriented to older adults and people with disabilities. This will improve their mobility and the efficiency of the special needs transportation system.

Membership

In forming the group, it is important that the membership reflect its mission and that the membership of the overall committee and its subcommittees reflect the desire for action. The existing group provides a solid foundation, but the group should consider three items.

- With a broader mission than in the past and a focus on long-range results in the FasTracks corridors, what members should be added to the regional group?
- What membership is needed on each subcommittee?
- Finally, within the organizations represented, are the right people involved on the regional group?

Remember that the focus is somewhat different and more holistic than in the past, so it may be useful to involve some new people. Broadening the membership so it will include organizations that are working towards common goals (such as the Livable Communities Support Center or municipal planners) is recommended.

Role in FasTracks

When the regional group forms, it is recommended it be positioned as the appropriate resource to speak towards special needs transportation services, especially in regard to the FasTracks corridors and other regional issues. The group will want to consider how it is involved in each of the corridors as the planning process gets underway.

Initial Activities

Discuss and develop brochures, papers, and presentations identifying the importance of developing at the stations both facilities and services for the population that requires special needs transportation.

Establish the subcommittees needed to carry out the group's activities. Each subcommittee will need to identify the objectives they will pursue in the first year, along with specific plans to achieve those objectives. The subcommittee activities will need to be coordinated by the overall regional group so as to achieve the primary objectives. It may be desirable to prioritize strategies based on an agreed upon set of evaluation criteria.

The group and the respective subcommittees will need to identify a champion who will pursue funding sources and establish the appropriate implementing bodies. Local communities who will benefit from implementation of the action plan could appropriately fund the group or specific mobility strategies. RTD will be a beneficiary of the reduced need for paratransit services. Foundations could also play a pivotal role in the success of the group by providing seed money for the group's activities, and co-sponsoring studies that will further the group's goals. Specific mobility strategies might also be funded by businesses involved in serving individuals who are retired, the health care industry, or similar groups.

Build Support

Obtain support for locating facilities and services for the population requiring special needs transportation services as part of the transit-oriented development anticipated at or near the FasTracks stations. It is recommended this solicitation begin with approaching leadership groups like the Metro Mayors Caucus or the Metropolitan Mayors Transportation Committee. It will be important to also address entities such as individual cities and counties or the chambers of commerce organizations. It will be important to communicate the value of these activities to each group. Efforts to develop broad business, public entity and community support will be essential.

Long-term Stability

While the next three years are critical ones for influencing development patterns in the FasTracks corridors, this group will need to "champion" the need to increase mobility options for older adults for many years. As a result, the group will need to consider both a long-term home and the how to sustain its activities over time.

Possible candidates for a long-term home for this group include three nonprofit organizations - Civic Results, the Colorado Mobility Coalition, or the Transit Alliance. Another potential is the Denver Regional Council of Governments. Each of these organizations has the ability to serve the entire metropolitan area (RTD does not). As the role and responsibilities of the group are formalized and some successes realized, a long-term home may emerge.

The group will need a membership base that provides ongoing financial support so it can carry out its functions. The level of staff support that will be needed for the group to function effectively will emerge as the group is formalized and some successes realized. Keep in mind that if successful, the activities of this group will reduce the long-term need for costly specialized transportation services while at the same time increasing overall mobility for older adults and individuals with disabilities. With a current expenditure of over \$25 million annually, an ongoing regional effort to use resources wisely is warranted. This will be critical as the baby boom generation ages and the population of older adults more than doubles.

Conclusion

This chapter has summarized the strategies that can be implemented and provides an action plan for initiating a regional group charged with addressing the major areas that will impact the mobility of older adults. It is appropriate to conclude with some closing thoughts.

This study's investigation into the issues affecting the mobility for older adults has made it clear that the topic is complex, with key facets listed below.

- Many diverse areas need to be addressed.
- Many entities have responsibility for making decisions that will affect mobility for older adults.
- Different boundaries among programs and governmental entities limit the ability of a single entity to solve this problem.
- Because of tight budgets, many agencies are doing their best to transfer riders to entities with legal responsibility to transport them.
- The environment is rapidly changing – the area is growing; hospitals and other services are moving out to the suburbs; and many of the older adults who are beginning to need transportation services live in the suburbs.

The problem is a complex one and it will require many groups working together to address it successfully. No one group has the ability to solve it on their own. Those counties that have made progress have done so by joining partnerships with cities and other agencies or programs and by putting a considerable amount of local funding towards improving mobility.

As a result of the complexity, we recommend that a concerted effort be made to break it down into focus areas (as has been done in this report) and to identify specific tasks within each area that groups can complete. These steps will build toward overall improvement in mobility, even as the population needing special transportation services increases. Celebrate the progress made each year, and set new objectives for the following year.

This region has a unique opportunity to both significantly increase mobility for older adults and others needing specialized transportation services and to reduce the long-term costs of doing so. If the region includes housing for older adults and people with disabilities and mixed-use developments at or near the new FasTracks stations, the future costs of providing specialized transportation services will be significantly reduced. Combining this with the implementation of a wide range of mobility strategies and coordinated specialized transportation services can enable the region to meet the mobility needs of its older adults even as the population grows.