Wasatch Front Regional Council

UTA

MOUNTAINLAND METROPOLITAN PLANNING ORGANIZATION

Wasatch Front Mobility Management Project

FINAL REPORT

February 2010

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In Association with:

WCEC Engineers
Westat
Mobilitat

This project was funded in part with Community Development Block Grant Funds

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Executive Summary

Introduction

The Wasatch Front Mobility Management Project was a year-long project, conducted from January 2009 through January 2010, with the focus of designing a mobility management program for the coordination of community transportation services in the Utah Transit Authority (UTA) service area. Funding for the project included Job Access and Reverse Commute (JARC) grants (5316) and New Freedom grants (5317), local match from Wasatch Front Regional Council, Mountainland Association of Governments and Utah Transit Authority as well as CBDG funding in Utah County.

The Project Team: The project was conducted by the team of Nelson\Nygaard, WCEC Engineers and Westat, under contract to the Wasatch Front Regional Council (WFRC), on behalf of WFRC and its co-sponsors, the Mountainland Association of Governments (MAG) and the Utah Transit Authority, all of which were represented on the project's Steering Committee.

Key Definitions: Prior to summarizing the findings and the recommendations of the project, it is important to clarify the definitions of three frequently-used phrases:

- **Community Transportation:** Any public transportation service or human service agency transportation service or program, whether it be provided by a public or private entity, that *focuses* on transportation for older adults, persons with disabilities and/or persons with low income.
- **The Coordination of Community Transportation:** Ways in which organizations can work together to share information and resources in providing transportation to those populations which rely on community transportation services. In this context, the goal of coordination is to better utilize funding that currently is supporting community transportation services in the region and to leverage additional funding to expand current services and/or introduce new mobility options for these transit-dependent populations.
- **Mobility Management.** This is the program that will support the above goal. For the customer, mobility management focuses on improving the mobility of customers that rely on community transportation services by coordinating information and services. For the providers (i.e., those organizations that operate, purchase, or fund community transportation services), the focus of mobility management programs are to help providers increase efficiency by coordinating support services and the transportation services themselves. The goal of both is to improve mobility.

Coordination Truisms: It is also important to emphasize some coordination truisms that have shaped the mobility management program for this region:

- There are many different ways to coordinate information and services, ranging from the very simple to the very complex. All are beneficial. All require trust.
- Coordination requires an inclusive process to generate that trust and to maximize participation.
- Coordination requires a champion – a point person, an organization, or a group that wants to make coordination succeed. It is very difficult to implement and sustain such efforts without that champion.

Scope of Work: The scope of work for the project focused on (1) developing an inventory of community transportation services throughout the project area; (2) identifying where the three

target populations lived and where and when they needed to go; (3) comparing the inventory with the needs to identify unmet needs and service redundancies; (4) developing strategies to address those shortcomings; and (5) the development of service and business plans for certain strategies that the Steering Committee deemed to be "high priority."

Outreach: In addition to building upon information previously collected in SAFETEA-LU coordination plan efforts undertaken within the project area, the consulting team conducted a high level of outreach to stakeholders and the general public. This consisted of open houses, workshops, and focus groups conducted throughout the region. Information about these outreach efforts and draft documents were made available on the project website. At the close of the project, the team put on a highly successful "Mobility Management Summit" in January 2010 to present the results of the project and suggest next steps.

Summary Findings

In the Final Report, the inventories and unmet needs were identified separately for three subregions: (1) Box Elder, Weber, and Davis Counties; (2) Salt Lake and Tooele Counties; and (3) Utah County. The summary findings below present the collective inventories and set of unmet needs.

Inventory of Transportation Services Available to the General Public. The UTA provides several different transportation services available to the general public. These include FrontRunner (commuter rail), TRAX (light rail), express bus, fixed and flex local bus routes, vanpools and ride-matching and trip planning services. In the private sector, information was collected on 61 private bus and shuttle operators, 37 limousine / livery companies, and 18 taxi companies.

Inventory of Community Transportation Services. A survey of community transportation service providers was conducted. This survey identified over 100 providers of community transportation service in the project area. The largest of these programs are:

- **UTA ADA Paratransit Service** The UTA maintains a call center to handle the reservations and scheduling functions. The UTA also dispatches and operates its own UTA Paratransit fleet in Salt Lake County. The UTA contracts with MV Transportation in the northern counties and Utah Valley Paratransit in Utah County. Systemwide, paratransit ridership totaled **472,400** trips in 2008, nearly 60% of which are directly served by the UTA. In total, the UTA supplies over 100 vehicles for this service.
- **Division of Services for Persons with Disabilities (DSPD).** DSPD supports a network of human service agencies that focus on providing services to persons with developmental and cognitive disabilities. Many of these agencies operate their own transportation services to link clients with agency provided services (e.g., training) and to get to work sites. DSPD also utilizes UTA Paratransit for some of its clients. These latter trips are included in the UTA Paratransit total above. Other DSPD-funded trips directly served by the agencies in the region total approximately **331,600** trips per year.
- **Medicaid Non-Emergency Medical Transportation.** Most Medicaid-sponsored Non-Emergency Medical Transportation (NEMT) trips are arranged through the Division of Health Care Financing's (DHCF) statewide transportation broker (PickMeUp), which also operates an extensive fleet. Many NEMT trips are served on UTA Paratransit and are included in the total above. Others are directly served by PickMeUp and total approximately **52,700** trips per year.

- **Senior Transportation Programs.** Several of the counties in the region operate or contract for county-wide senior transportation programs, in addition to vans that are supplied to senior centers scattered throughout the region and volunteer driver programs which provide another mobility option. The largest countywide programs are: (1) Salt Lake County Aging Services provides approximately **50,000** trips per year to medical and other appointments and shopping; (2) *The Ride*, a transportation program serving Weber and Morgan Counties, provides 44,900 trips per year, of which **36,900** are provided to seniors; and (3) Utah Valley Paratransit, under contract to MAG's Aging Services, serves **11,700** trips per year.

Constrained Mobility. Despite all the services, which do go a long way to addressing transportation needs of seniors, persons with disabilities, and persons with low income, the mobility of these three populations is still limited. This is because:

- These individuals do not know about all of these services. And, for those that do know about services, understanding how to access and/or navigate these services can be challenging.
- Many of these services have limited service areas; needed destinations are out-of-reach.
- Many of these services have limited service hours; most operate during weekday business hours but have limited or no service on weekday evenings and weekends; many can't access evening or early morning jobs; many can't get to school, training, or essential services offered during the evenings; many can't visit family and friends; many can't get to church.
- Many of these services have limited eligibility, limited destinations, and limited trip purposes.
- Commercially-available transportation services are unaffordable for many.
- Service providers don't have the funding to expand to address these unmet needs.

Existing Coordination. Recognizing that coordination can help improve cost efficiency, and in some cases improve service quality as well, organizations have initiated coordination in several ways. Some organizations purchase service from other existing service providers. For example, the UTA purchases service from Utah Valley Paratransit, taxi companies, and Tooele County's senior program. As mentioned above, both DHCF and DSPD purchase service from the UTA. The Division of Vocational Rehabilitation utilizes the Brigham City Senior program for transportation. And, PickMeUp utilizes private carriers when it is a more cost efficient option. In another example of coordination, the UTA supplies discount bulk fuel to DSPD-funded agencies operating UTA-supplied vehicles. The Ride program in Weber County, also mentioned above, is an example of a flex travel voucher system which can be used for any existing transportation service, including volunteer drivers and friends and family willing to drive. And, the the Utah Council for the Blind has in place a half-price taxi voucher program for its clients.

Other agencies have sought to coordinate through participation in the Utah United We Ride working group or through involvement with the Utah Urban and Rural Specialized Transportation Association (URSTA). In this capacity, agencies are already sharing information and training resources, which has helped lay the foundation for future coordination.

Development and Phasing of Strategies

The above are all good examples of coordination. The problem isn't that agencies aren't coordinating. Rather, there is much that can be done to improve service through even more coordination, especially given the increasing demands on limited resources and the yet-realized opportunities. Consequently, the consulting team developed a series of coordination strategies designed to build on current successes to better meet unmet needs.

The development of these strategies utilized input from providers, stakeholders, focus group participants, and attendees of the public open houses. The consulting team also borrowed from national best practices and examples. Approximately 16 to 20 strategies were developed and grouped into three phases as follows:

- **Phase 1 strategies** are those that would initially focus on developing local coordination efforts, and are on the critical path to implementing more advanced strategies. They also are designed to institute partnerships among local service providers. The first, most critical strategy is the formation of Regional Coordination Councils (RCCs), and the hiring of Regional Mobility Managers to help local groups pursue coordination and mobility management efforts, and if appropriate to help these groups form Local Coordinating Councils (LCCS). For example, a Regional Mobility Manager might facilitate the sharing of information, policies, and procedures (e.g., vehicle specifications, driver training curriculum) among local service providers. For the customers, the Mobility Manager might put together and disseminate a directory of community transportation services – a one-stop place to access information.
- **Phase 2 strategies** build upon the Phase 1 strategies and introduce new local coordinated services and coordination efforts that also focus on building partnerships with UTA. For example, the Mobility Manager might staff an information and referral helpline, providing rudimentary trip planning assistance for community transportation service customers. The Mobility Manager might also implement a travel voucher and/or taxi subsidy program, noting that an infusion of accessible taxis should go hand-in-hand with the latter. For service providers, coordination strategies to implement might include sharing support staff/resources; joint purchasing of fuel, maintenance, insurance; centralizing resources (such as back-up drivers, volunteer drivers/escorts/bus buddies). Lastly, a key Phase 2 strategy involves UTA co-sponsoring locally-operated services that would augment and link with current UTA services.
- **Phase 3 strategies** build upon the local (Phase 1 and 2) coordination efforts, expand upon the co-mingling of compatible trips sponsored by different funding sources, and ultimately can involve better coordination of regional services and travel. These strategies are typically more complex and require a longer lead time to implement. For the customer, these strategies might include enhanced trip planning, regionalizing the travel voucher and/or taxi subsidy programs, and regionalizing a one-stop call center for trip requests and information. For the service providers, these Phase 3 strategies might include purchasing service from another provider (expanding upon what is already done in the region), and consolidating functions, such as call-center and brokerage functions, if not operations as well.

Service and Business Plans

The following strategies were selected by the Steering Committee for further development. Service and Business Plans were prepared for each. The Steering Committee deemed many of the other strategies to be equally as worthy, and in some cases, even more so. That said, an additional criteria for their selection was whether or not there was already an existing example within the region that could be used a template. So, in the case of a travel voucher or taxi subsidy systems, while the Steering Committee would like to see this kind of Phase 2 strategy expanded within the region, the Steering Committee selected other strategies because there were not already examples of these in the region.

Phasing of Coordination/Mobility Management Strategies

	For the Customer	For the Service Provider
Phase 1	Formation of RCCs/LCCs; creation & dissemination of centralized directory; one-stop access for information and referrals	Formation of RCCs/LCCs; facilitation of sharing policies and practices (e.g., grant applications, vehicle specifications, training curriculum)
Phase 2	Rudimentary trip planning; and local user-side travel vouchers or taxi subsidy programs	Local sharing of support staff and resources; joint purchasing of fuel, maintenance , insurance, vehicles, software; centralization of resources (e.g., back-up drivers, volunteers); trip swapping
Phase 3	Enhanced trip planning; and one-stop call center for requesting trips	Purchasing service from another provider; consolidation of call center functions; (more) co-mingling of customers; consolidation of operations

Phase 1 Strategy: Form Regional/Local Coordinating Councils; Hire Mobility Managers

Project Description. This project involves forming Regional Coordinating Councils (for Community Transportation) – one for the WFRC region and one for the MAG region. The two organizations (WFRC and MAG) would each hire a full-time Mobility Manager, with WFRC "purchasing" some time from the MAG Mobility Manager, given the more extensive demands that are initially likely for the WRFC region. The objectives of this strategy center on forging partnerships among the key stakeholders and championing/implementing local coordination and mobility management activities.

The role of the Regional Coordinating Councils (RCC) would be to establish the mobility management program for the region; foster, organize and guide coordination efforts within the region and at the local level; provide feedback to state agencies involved in community transportation; and seek grants for coordinated projects in the region.

The role of the Regional Mobility Managers would be to help establish and serve as staff to the RCCs; help establish Local Coordinating Councils (LCCs) as needed; serve as liaison between RCCs and LCCs; serve as communication lead for RCCs and LCCs; help seek funding for, plan, implement, and possibly manage regional/local coordination efforts (e.g., centralized directory); help prepare the RCC and LCC action plans; and track and evaluate results.

Costs. Expenses (labor and direct expenses) are estimated to total approximately $200,000 for the first year. If WRFC purchases 16 hours a week of the MAG's Mobility Managers time, the cost split between the regions would be approximately $140,000 for WFRC, and $60,000 for MAG.

Funding. Potential federal funding sources include FTA transit operating funding (5307 and 5311 for urban and rural areas, respectively), Job Access Reverse Commute program funding (5316); New Freedom program funding (5317) and even Transportation for Elderly & Disabled program funding (5310), the latter depending on state policies adopted by UDOT. Possible other federal funding sources include programs from the Department of Health and Human Services (Aging, Medicaid, TANF, Social Service Block Grants, and Community Service Block Grants), the Department of Labor (Workforce Investment Act); and the Department of Housing and Urban Development (Community Development Block Grants).

Implementation. It is recommended that this strategy be implemented immediately so as not to lose the momentum built up during the Wasatch Front Mobility Management Project. Because the other Phase 1 (and Phase 2 and 3) strategies are dependent on first putting into place an RCC and a mobility management program in each region, it will likely take 4 to 6 months to fully implement this strategy.

Phase 2: Sharing Resources / Driver Training

Project Description. This project involves developing a joint driver training program. It would , build upon the UTA's program but involve other participating organizations who could add other program elements, as needed, sharing in the costs for their drivers who take advantage of this program. The primary building block for this project is the UTA's paratransit driver training because it is already applicable to community transportation services. One approach would be for other agencies to borrow curriculum and directly train their driver trainees; however, we believe it would be more fruitful for driver trainees from other agencies to attend applicable UTA classroom and possibly behind-the-wheel training sessions, especially given the UTA's willingness to amend / add to training program to cover requested topics.

Objectives. The objectives are to reduce the cost of training drivers for both the UTA and the other participating organizations – through economies of scale – while also improving service quality made possible by adding to the curriculum the best aspects of other driver training programs. Agency operators with limited driver training resources would be able to access a more comprehensive driver training program. And, "raising the bar" not only can result in improved service quality, but safer service, which can have a positive effect on insurance costs as well.

Cost and Savings. It has been estimated that the UTA spends about $2,500 annually per driver for driver training. If the UTA offers training at marginal cost or cost of materials for classroom sessions, potential annual cost savings for participating agencies could range from $250 to $1,250 per driver.

Funding. It is anticipated that the cost of modifying curriculum could be split between the UTA and the participating agencies. The FTA's RTAP program could provide funding for new training materials. FTA New Freedom program could also be used for development of new curricula.

Implementation. Such a program could be implemented at any time. It would likely take 1 to 3 months to establish cost sharing details; and 1 to 3 months to develop simple modifications to the curricula. More substantive changes might require an additional 1 to 3 months.

Phase 2: Sharing Resources / Joint Fuel Procurement

Project Description. This project would involve allowing other agencies to take advantage of tax credit opportunities inherent in the fuel card program UTA uses for its vanpool service. The UTA uses a "Fuelman" subscription fleet card for its 400+ vanpool vehicles, through a contract arranged by the Utah Department of Administrative Services. While there is a 3% fee for this service, state gasoline taxes, federal gasoline taxes and other credits are deducted from the cost of fuel. The UTA has estimated that it has achieved a net fuel cost savings (including the 3% fee) of 13%, not to mention a secondary benefit of added controls for its fleet managers.

Objectives. The primary objective of this project is to reduce the cost of fuel for participating agencies. Fuel costs typically reflect 16% of total operating costs for paratransit. If a net 13% savings on fuel price can be achieved, the overall cost reduction would be about 2%. This does not include any labor costs associated with fueling. This cost reduction could then be used to offset recent funding cuts, to keep up with growing demand, or to expand service.

Possible Participants. Prospective participants include those agency operations with the biggest fleets (and fuel consumption). Many of these are agencies sponsored by DSPD. These include Columbus Community Center, North Eastern Services, Valley Mental Health, Wasatch Mental Health, and Work Activity Center. Other providers with large fleets include Utah Valley paratransit and PickMeUp.

Costs. There would be no costs associated with this project, except for additional program administration at Department of Administrative Services, which currently amounts to about 5 hours per week for vanpool program.

Implementation. This project could be implemented at any time. It would likely take 1 to 3 months to identify partners, establish protocols, and train drivers to use the new cards.

Phase 2: Co-Sponsorship of Locally-Operated Transportation Services

Project Description. This project involves UTA partnering with local municipalities (or other organizations) to create new local services (e.g., a local circulator or shuttle service) that augments UTA service. UTA would provide (used) accessible vehicle(s) at a nominal cost to each partner and cover the cost of maintenance, fuel, and driver training and provide the marketing know-how. Meanwhile, the partnering municipality or organizational partner decides what type of service it wants, plans the service, provides the driver(s) and advertises the service.

Objectives. The objective of this project is to enable partners to inexpensively introduce needed services that enhance local mobility and connect with UTA services. This program would help municipalities and organizations that otherwise could not afford to operate a service, and provide new mobility options for residents of municipalities not served or underserved by UTA. For example, service could focus on early morning / late evening work trips (e.g., to hospitals) and/or provide connections with UTA service at key times and otherwise provide intra-municipality circulation at other times. As a secondary benefit, it provides UTA with a way to "test the waters" for new local UTA service.

Possible Participants. Possible participants might include: suburban municipalities - outside or straddling UTA service area; human service agencies; Transportation Management Associations (TMAs); shopping complex management companies; hospitals and educational institutions; large business/industrial parks; residential complexes; retirement homes; and even local recreational programs.

Costs. It is estimated that a simple, fixed community bus route, for example, might cost about $225,000 per year to operate, with UTA covering approximately $75,000 in costs and the partner covering about $150,000 in expenses, noting that driver-related costs are the highest element of any operations cost structure.

Funding. Potential funding sources for this project include the same FTA sources listed for the Phase 1 project. Sources for the local match might include the general municipal fund (or primary organizational fund), fees in the case of a developer, management company, or association, private foundations and/or philanthropic organizations; and rider fare revenue.

Implementation. This project too can be implemented at any time. We estimate it would likely take 8 to 12 months to obtain funding, develop an operations plan, develop a marketing plan, hire and train staff, market new service, and start up service.

Phase 3: Regional Broker – Call Center

Project Description. This project involves the UTA building upon its current call center to develop a regional brokerage. Other public agencies, private agencies, and any sponsoring entity would be able to purchase service from the brokerage, similar to how both DHCF and DSPD purchase service for the UTA currently. Depending on the additional volume of trips coming into the system, the UTA would likely have to augment its current service delivery network

with existing providers to the extent feasible. In addition, UTA could possibly take on the regional mobility management functions implemented by WRFC and MAG.

The UTA is the logical building block for a regional brokerage, because it already has a call center; it already has the largest paratransit fleet, and is unlikely to dismantle either. More to the point, UTA already is a broker, with other agencies purchasing service from the UTA, and the UTA contracting with other carriers.

Objectives. The objectives of such a project would be to save costs by reducing duplication and to increase cost efficiency through economies of scale. The more trips, the more opportunities there would be to increase productivity, and especially in this case as the trips that would likely come into the system are not as scattered and sporadic as traditional ADA trips currently served by UTA Paratransit. Indeed, there would be many more shared-ride and group trips going to limited destinations (such as hospitals, work sites, training sites, etc.), which should significantly increase productivity. The higher the productivity, the lower the unit cost (per trip). All call taking, scheduling and dispatch functions of participating organizations would be centralized, thereby reducing the current duplication of functions. And a more organized service delivery network would also reduce duplication, as compared to the current scenario where a UTA Paratransit vehicle, a PickMeUp vehicle, an Aging Services vehicle, and a Work Activity Center vehicle all might serve four otherwise compatible trips. If trips of multiple sponsors are co-mingled with ADA trips, the cost per trip of UTA and the other sponsors' cost per trip should be reduced, contingent on the other sponsors paying their fair share of the cost. And for the customers, such a project would provide one-stop shopping – a single point of access -- and more mobility options if efficiencies are utilized to expand service or implement new services.

Possible Participants. Prospective participants include any sponsoring organization. Some may participate in the initial implementation; others might take a wait and see stance, and possibly join later. Certainly the higher volume of trips involved, and the more organizations that participate, the more economies of scale will come into play. For purposes of an example only, we looked at the volumes of trips and costs associated with the possible participation of three large programs: the network of DSPD-funded agencies, Medicaid Non Emergency Medical Transportation (NEMT), and Salt Lake County Aging Services. Collectively, these three programs would add 434,300 trips to the 472,400 trips already served by UTA Paratransit, a 92% increase.

Costs and Benefits. The UTA call center currently costs about $2.26 per trip to operate, a figure that is within the range of its peers, noting that the unit cost in Denver is $2.31 per trip. Thus, at a level of 907,000, the call center would cost approximately $2,049,800 annually. However, at such a volume, we believe that potential efficiencies could reduce that cost to a range of $1,814,000 to $1,841,700 per year, an efficiency gain of between $208,000 and $236,000. Meanwhile, UTA Paratransit operating cost is about $60 per revenue-hour. At a productivity of 1.9 customer trips per revenue-hour (December 2009), the unit cost is $31.57 per trip. If productivity increases from 1.9 to 2.2 (15% increase), the operating cost per trip can be reduced to $27.27. The difference of $4.30 per trip times the additional 472,393 trips yields a potential efficiency benefit of $2,031,290.

UTA would also have to expand its call center, may need to get new telephone call distribution capabilities, and will likely have to get a new version of the Trapeze software (one that accommodates cost sharing between sponsors). And as mentioned above, UTA will likely have to expand its fleet (needing additional capital funding), but should first consider existing providers as resources.

Implementation. Waiting until Phase 1 and 2 strategies have been implemented to generate partnerships and trust will be key. Otherwise, the UTA may find that there are no organizations willing to take the leap of faith, other than the two (DHCF and DSPD) who currently purchase

service from the UTA. That aside, it will likely take a minimum 12 month implementation time frame to identify partners, obtain funding, expand the call center, procure additional carriers and/or purchase new vehicles, purchase and train on a new version of Trapeze, and startup service.