

Report

Monday, December 6, 2010

**Evaluation of the DRCOG Area
Agency on Aging Transportation
Service Support Program**

Denver Regional Council of Governments

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Prepared for

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Executive Summary

The concept of “aging in place,” or “staying in one’s own home even when age- or health-related changes make it difficult to care for oneself easily and safely” has become a widely used and recognized term when discussing America’s aging population.¹ The desire to age in place is often driven equally by financial constraints, as well as by the desire of older adults to remain in the familiar setting of their homes, neighborhoods and communities.

According to an AARP study, 80 percent of persons over the age of 45 say they want to remain in their homes even when they need assistance.² Additionally, a study by Clarity and the EAR Foundation revealed that elders fear losing independence (26 percent) and moving to a nursing home (13 percent) more than they fear death (3 percent).³ Despite the recognition that aging in place often leads to happier and more satisfied older adults and is a more economic use of available resources (compared to seniors moving into care facilities), there is also the recognition that seniors aging in their homes will require a “coordinated, comprehensive, and collaborative relationship between businesses and services providers” to support these seniors.⁴

One vital component that enables older adults to remain in their homes is mobility. As such, many seniors rely heavily on community-based senior transportation programs, such as the one administered by the DRCOG Area Agency on Aging (AAA). Although medical appointments comprise a large portion of trip demand, older adults also rely on the program for socialization. Seniors interviewed as part of this project expressed satisfaction with the services they receive, citing the following:

“It has been fantastic. [If this was no longer available] I don’t know what I would do.”

“I love it! The drivers are so polite, and they help as much as possible. We are on a first name basis with all of the drivers and they are all just so friendly.”

The Challenge

The population of regional residents age 60 and over is projected to grow by 60 percent and reach 629,000 in 2020. In 2020, one in four residents will be age 60 or older. With each passing year, demand for senior transportation services will grow. At the same time, local and state funding levels are expected to decline while federal funding levels will, at best, remain flat. Despite this juxtaposition of increased demand and declining resources, DRCOG, its member counties and service providers are committed to continue providing high quality and dependable transportation services to the region’s older adults.

¹ <http://www.metlife.com/assets/cao/mmi/publications/studies/2010/mmi-aging-place.pdf>

² AARP (2003). These Four Walls: Americans 45+ Talk About Home and Community.

³ Clarity (2007). Attitudes of Seniors and Baby Boomers on Aging in Place.

⁴ <http://www.metlife.com/assets/cao/mmi/publications/studies/2010/mmi-aging-place.pdf>

Current Service Provision, Funding and Service Barriers

The current DRCOG AAA regional senior transportation system is defined by a patchwork system of county contracts and service providers. DRCOG currently contracts with five of the eight regional counties, who then contract with different organizations for local transportation services. Moreover, the DRCOG AAA contracts directly with First Ride to provide services for Denver seniors and the Volunteers of America (VOA) to provide services to Clear Creek and Gilpin counties. There are a number of notable characteristics of the current transportation model:

- Current contracting methods have created a program that operates in county silos with little regional collaboration.
- Service providers are reimbursed at different rates and often do not understand why other providers are paid different rates.
- Residents experience different levels of service from one county to the next.
- Local investment in senior transportation varies from one county to the next.
- Fleet ownership varies tremendously. Some communities have acquired free vehicles via federal grants; some providers lease their vehicles and other providers purchase their vehicles or obtain them through donations or grants.
- One benefit of county-level service is the ability to offer personalized and flexible services to a vulnerable population that values consistency and familiarity. Moreover, some service providers offer transportation services for personal trips, which not only increase efficiency, but also customer satisfaction.

These findings are further summarized in Figure ES-1.

Figure ES-1.
Summary of County Service Provision



Source: BBC Research & Consulting.

Current funding. Currently, OAA and SFSS funds provide a bulk of the funding used to administer the regional program. However, FTA grants, foundation support, local municipal contributions and fundraising have been used to supplement funding. These funding sources are typically pursued by local providers as shown in the figure below.

**Figure ES-5.
Funding Sources by County Programs, 2010**

Provider, County and Reimbursement Rate	OAA	SFSS	City and County Funds	Foundation	Fundraising	FTA/CDOT Grants	Volunteer Support
Adams County - SRC (\$18.90)		\$	\$	\$	\$	\$	\$
Arapahoe County - First Ride (\$30.75)	\$	\$				\$	
Broomfield - East Ride (\$7.73)		\$	\$			\$	
Denver - First Ride (\$26.64)		\$					
Douglas County - To the Rescue and Castle Rock Senior Center (\$21.60)		\$	\$				\$
Clear Creek and Gilpin Counties - Volunteers of America (\$8.42)	\$				\$		\$
Jefferson County - SRC (\$19.08)	\$		\$	\$	\$	\$	\$

Note: FTA/CDOT grants include all grants used for capital purchases and operates, including 5309, 5310, 5317 (New Freedom).

Source: BBC Research & Consulting.

Barriers to service provision. DRCOG’s current county-based system of senior transportation services creates three primary barriers to optimal service delivery for all seniors in the region: county silos, duplication of efforts and unequal services. County silos result from limiting providers to picking up seniors from the county in which they are under contract. One of the most notable consequences of county silos is inefficient regional medical trips. Under the current system, there are several areas of cost duplicated by each provider, including scheduling software; cost of dispatch and scheduling personnel; and marketing materials and outreach. In addition to the costs borne by providers, each county that serves as an administrative agent bears the costs associated with reporting, monitoring and other contract-related services. Each county and provider does its best to meet the needs of the seniors they serve, given their fleet and funding. However, because all things are not equal, seniors may experience restricted geographic boundaries, restricted service hours and unequal opportunities for personal trips.

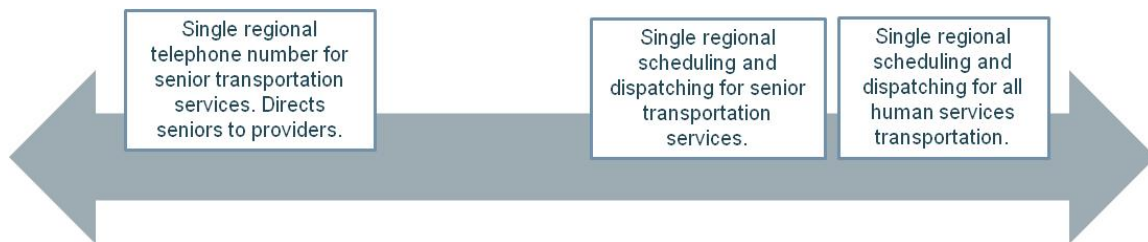
Peer Review and Emerging Best Practices

Peer review. The peer review revealed that the challenges and inefficiencies of the current DRCOG AAA senior transportation program are not unique to Denver, but are also experienced by peer AAAs across the country. Many organizations are trying to answer the same questions regarding sustainable funding sources, political barriers, the demands of unique and rural communities and increased demand.

Emerging best practices. To help remediate some of the same challenges experienced by the DRCOG AAA, a number of organizations across the country have begun exploring and implementing creative tools. Some of the more pertinent tools are discussed below.

Single call center. Interest in single call centers for senior transportation services is widespread, both within the Denver Metropolitan region and throughout the country; however, implementation has been very limited. Kent County, Michigan provides one of the few examples of a single call center currently in operation. The Utah Department of Transportation (UDOT) is in the process of launching a pilot program in the multi-county Wasatch Front to engage stakeholders in a facilitated process that will lead to the implementation of a single call center for human services transportation. UDOT anticipates that this process will begin early in 2011. Single calls centers vary in their design and responsibilities, as seen in Figure ES-7. However, their limited usage has reaped positive results.

**Exhibit ES-7.
Single Call Center Continuum**



Source: BBC Research & Consulting

Senior mill levy. Senior mill levies have been relied upon by a number of communities across the country as a sustainable funding source for senior-related programs and services. None of the mill levies are exclusive to transportation services; rather, each supports several types of senior services.

Engagement with the medical community. Regional medical and regular dialysis and chemotherapy trips have proven to be the most costly and taxing type of trip for transportation providers. A number of hospitals, primarily located in California, have begun offering transportation services to seniors. Many cite cost savings as their primary reason for offering services, realizing that it is more cost effective to provide transportation services to residents than to continue caring for them in the hospital.

Leveraging volunteer services. Among its peers, counties in the DRCOG AAA region have done well in leveraging volunteer services for senior transportation services. As counties consider ways to expand program delivery and add capacity to current systems with limited funding, volunteer services will be necessary.

Vision for a Best-In-Class Senior Transportation System

Evaluation participants discussed their vision of a best-in-class senior transportation system — one that could be achieved if resources were not scarce and no barriers to creating such a system existed. Given stakeholders passion for the work that they do, it is not surprising that the elements of a best-in-class senior transportation system were broadly shared, regardless of role or locality.

All seniors in need served. The best-in-class system envisioned by stakeholders serves all seniors who are in need, without geographic restrictions.

Sustainable funding. The best-in-class system is funded in part by a sustainable source such as a mill levy or sales tax dollars.

Coordinated approach sensitive to local concerns. To be effective, a coordinated system must be sensitive to and respectful of local concerns. Counties invest resources to support their residents. As the system becomes more regional, counties' service delivery priorities and policies must be respected.

Efficient. An ideal system is efficient in its administration and operations and is not limited by county boundaries.

Single call center for scheduling and dispatching for the metro area. A best-in-class senior transportation system will have a single call center for scheduling and dispatching senior transportation services in the metro area. Programs and agencies supported by federal funds will come under increasing pressure to coordinate services. It is likely that a best-in-class system will not be restricted to seniors, but open to all residents with mobility impairments.

Gilpin and Clear Creek best served by current model. VOA's combined delivery of meals on wheels, congregant meals and senior transportation is the best available system for meeting seniors' transportation needs in Gilpin and Clear Creek counties. Participating in a metro-wide coordinated system would not benefit seniors in these counties due to the unique culture, geography and topography of these counties.

Rural areas need rural approach. Serving seniors in rural areas is challenging and needs to be treated differently than suburban and urban communities. Volunteer-based transportation programs are most effective in these areas, particularly in the absence of a service provider. Peer AAAs with significant rural components use voucher-based systems to serve rural seniors.

Transparent per trip costs. In the current system, there is confusion among counties and transportation providers as to what costs are allowed to be included in the calculation of average trip costs. A best-in-class system will clearly state the types of allowable costs and allow apples-to-apples comparison of average costs.

Consumer-oriented service. The best system will be consumer-oriented. Having a consumer orientation means that seniors in need will receive predictable, safe transportation from their home to their destination. Customer service and consumer choice are highly valued.

Recommendations

To achieve this vision and to address the barriers to optimal service delivery that result from the current system structure, BBC makes the following six recommendations.

1. Explore a single call center for scheduling and dispatching in the metro area.

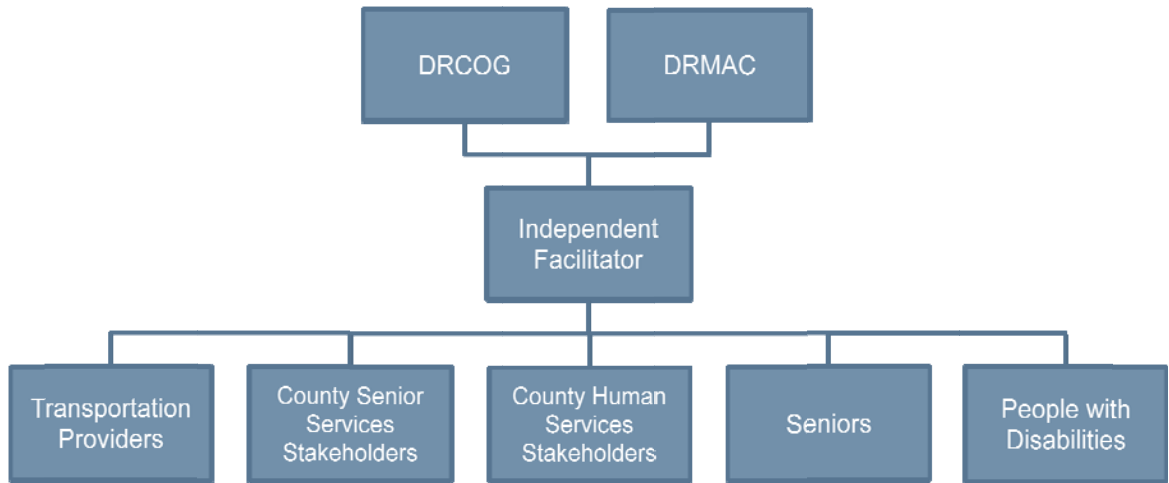
Stakeholders envision a senior transportation system for the metro area that is scheduled and dispatched by a single entity. This system will be free of the current system's county boundary constraints. When Kent County, Michigan implemented its system, it found that the anticipated

benefits of coordination — increased trip efficiency and reduced trip costs — were borne out. The number of trips provided “drastically increased.”⁵

In an attempt to foster the efficiencies that come from increased coordination, the federal Departments of Labor, Transportation, Education and Health and Human Services initiated United We Ride, a five-part transportation coordination effort. This program incentivizes state and local agencies, service providers and other stakeholders to develop coordinated transportation systems. As such, DRCOG should explore developing a call center system that is not limited to senior service provision, but one that includes all mobility impaired residents of the metro area.

Convene stakeholders and create a steering committee. Figure ES-8 depicts BBC’s suggested Steering Committee structure for the call center planning process. This structure begins with DRCOG and DRMAC co-chairing the process. DRCOG brings the buy-in of local governments, transportation expertise and senior-transportation expertise to the table. DRMAC brings the buy-in of mobility stakeholders beyond those focused on senior transportation services. As discussed previously, DRMAC is currently engaged in a process to develop a hotline for seniors and mobility-impaired individuals to call to obtain contact information for available transportation services. In pursuing a single call center for senior/human services transportation scheduling and dispatch, DRCOG and DRMAC can leverage DRMAC’s efforts and engage both senior focused stakeholders and human services stakeholders.

Figure ES-8.
Suggested Steering Committee Structure



Source: BBC Research & Consulting

Retain a facilitator to lead the steering committee through the process of developing of a single call center plan. The planning process should include the following elements, among others:

- Coalition building — engage all current service providers, county and municipal governments, mobility advocates, legislators, major medical facilities and foundations;

⁵ Interview with the AAA of Western Michigan, November 10, 2010.

- Identify county service delivery priorities and policies — these may include preferences for service delivery by a particular provider; how county-owned fleets should be used, or maximum pick-up/drop-off waiting times;
- Identify transportation service provider priorities and policies — a desire to continue to independently schedule large group trips (e.g., grocery or local congregant meal site trips that don't cross county boundaries) or policies regarding service delivery;
- Identify challenges to successful implementation;
- Research organizational models — a single call center can be structured in several ways and the Steering Committee should identify the qualities it seeks in an organization to house and run the call center and the preferred method of oversight (e.g., Advisory Board comprised of stakeholders);
- Identify optimal scheduling software for the call center;
- Funding the call center — this should include both start-up costs and ongoing costs;
- Funding trips — there are several models for funding trips including a single per trip reimbursement for all providers; per trip reimbursement by average mileage, type of vehicle, volunteer or paid driver; or average cost reimbursement that varies by provider;
- Future fleet development — discuss regional coordination for pursuit of CDOT-administered FTA grants for capital purchases; and
- Trip scheduling policies and priorities — guide how the call center will prioritize between on-demand calls; ongoing, regularly scheduled trips or subscription trips (e.g., dialysis three times per week); cancellation policies, pick-up/drop-off maximum wait time (window) and fleet availability and use.

Timing. Kent County, Michigan spent a year on planning and structured implementation of the call center in two phases, each lasting approximately one year. Utah's pilot program in the Wasatch Front counties is anticipated to spend a year on planning and will structure the implementation program based on the planning outcomes. Given DRCOG's new two-year contracting cycle with AAA service providers, it is not unreasonable to spend the remaining months of the 2010-2011 contract convening stakeholders and securing funding for the planning process (2011-2013 contract cycle). If funding for implementation is secured, it is not unreasonable to anticipate beginning to implement in the 2013-2015 contract cycle.

2. Explore new sources of funding with a focus on long-term sustainable funding.

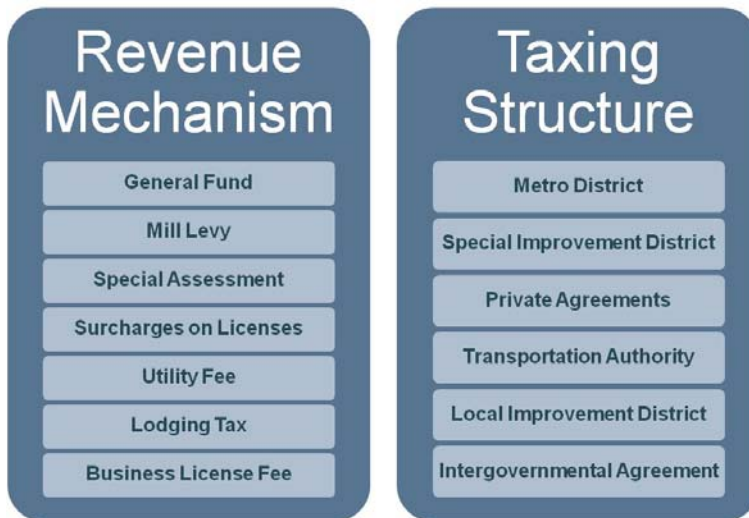
Create a funding development plan that includes short and long-term funding strategies for service delivery. Regardless of the time horizon, this plan should differentiate between funding nutrition trips, personal trips and medical trips. Different funders may have an interest in funding particular trip types. Personal trips are essential to elevating the quality of life of seniors in the community and help defer the costs of medical trips which are the most costly trip types. When developing the short-

term strategy, the types of organizations that benefit from having seniors access their sites, such as medical facilities, grocery stores and banks should be considered.

Short-term funding strategies. Short-term funding strategies include approaching charitable foundations to support senior transportation and approaching the medical community to fund medical trips. DRCOG should convene a meeting with the major medical facilities and their associated foundations and begin a dialogue with them regarding the demands medical trips place on the current senior transportation system. Medical facilities, hospitals and foundations support senior transportation for medical services in other communities through direct service delivery and cash contributions. In some communities, large grocery chains (e.g., Wal-Mart) support senior transportation services with cash contributions.

Long-term funding strategies. Given the anticipated growth in the senior population in the next five and ten years, securing sustainable funding for senior transportation services will be essential. DRCOG should explore different funding alternatives (e.g., mill levy, sales tax increase and special district formation). Other communities have successfully passed senior services mill levies that support a myriad of nutrition; health; transportation services; and other quality of life services for seniors. This type of funding is sustainable and predictable. Mill levies are not the only option. Figure ES-9 depicts alternative revenue mechanisms and taxing structures to evaluate as part of developing the long-term sustainable funding strategy.

Figure ES-9.
Revenue Mechanisms and Taxing Structures



Source: BBC Research & Consulting.

Figure ES-10 presents many factors that must be balanced in the evaluation of revenue alternatives.

Figure ES-10.
Revenue Mechanisms and Taxing Structures for Sustainable Funding



Source: BBC Research & Consulting.

Timing. Funding plan development should be accomplished within two to three months, and implementation of the short-term strategies should begin as soon as the plan is approved. Evaluating different revenue mechanisms and taxing structures will take more time and will likely require the assistance of a public finance consultant. Based on our experience in public finance, the evaluation of revenue mechanisms and taxing structures, with public involvement from each county, will require approximately six months. Implementation could take a year or more, particularly since voter approval is required for many strategies.

3. Develop a senior transportation advocacy strategy. DRCOG is well-positioned to advocate on behalf of seniors to local governments and the state legislature. Building awareness of the importance of senior transportation services among voters and elected officials will be key to securing long-term sustainable funding. Coordinate with other senior and mobility advocates to develop a shared message and talking points.

Timing. Refining DRCOG’s existing advocacy presentations and strategy should be accomplished within two to three months. Advocacy should be an ongoing activity.

4. Create transparency in average cost calculations. Providers and county personnel believe that there is a lack of transparency in how others calculate average trip cost. To make this process more transparent, DRCOG should create a detailed list of all of the types of costs that are allowed to be included into the average trip cost. In addition, DRCOG should create a list of the types of in-kind contributions that qualify to count for local match. Using an average cost approach is very common amongst DRCOG’s AAA peers and is the best method for developing trip costs given the program’s regulatory constraints. Service providers come up with a unit rate and after negotiation with the AAA, this is the rate used for trip reimbursement. We see no pressing need to change this system based on the review of peer agencies and the restrictions placed upon DRCOG by its regulating bodies.

Timing. This task should be accomplished before the RFP process for 2011-2013 funds.

5. Foster regional coordination and cooperation. While continuing with the current county-based contracting process for the 2011-2013 contracts, consider allocating a pool of trips to providers to be used for trips that originate in other counties. This is essentially a small step toward increased regional coordination and cooperation that will largely be driven by the transportation providers themselves. To launch this pilot program, convene a meeting of transportation providers and county representatives to discuss the purpose of this program — fostering regional coordination and cooperation — and obtain their feedback on how this concept could best be implemented. For example areas close to county boundaries that currently do not share a service provider present an opportunity for collaboration between providers.

Open communication will be essential to the success of this pilot program. Opportunities for coordination and cooperation are likely to be identified at the provider level and should be discussed as part of this process. Midway through the first year of the contract, convene providers to evaluate the challenges and successes of this cooperative effort. There is much to be learned from providers and counties who participate in this pilot program and their experiences will greatly inform the single call center dialogue.

Timing. If DRCOG chooses to implement the pilot program in the upcoming contract cycle, the initial stakeholder meeting should be held as soon as possible to gauge transportation providers' interest in participating and to discuss logistics. The pilot could be implemented in the 2011-2013 contract cycle and should be evaluated on an ongoing basis.

6. Strengthen county partnerships. As DRCOG moves toward a truly regional senior transportation system, having strong relationships with each county in the region will be essential to the long-term success of the program. Some counties are currently more engaged than others; as such, DRCOG should work to bring all counties to the table, beginning with Denver County. The active participation and buy-in from each county will be necessary as DRCOG explores sustainable funding mechanisms and the policy framework for the single call center.

Timing. DRCOG should reach out to Denver County as soon as possible. Until the next mayor is elected, a specific staff person may or may not be assigned to the role. If possible, convene regular meetings of county stakeholders and transportation providers to continue the dialogue about regional coordination and cooperation.

SECTION I.

Introduction

In the fall of 2010, BBC Research & Consulting was contracted by the Denver Regional County of Governments (DRCOG) Area Agency on Aging (AAA) to conduct an evaluation of the region's senior transportation program. This report presents the findings of the evaluation.

Project Purpose

DRCOG is an association of 56 local governments committed to protecting and enhancing the quality of life in the Denver Metropolitan Area. DRCOG serves as the region's AAA. The mission of the AAA is to help older adults live and age successfully. This is accomplished by contracting with local providers to ensure that a variety of services are available in the community that enable seniors to age well in their homes and communities.

Transportation services are essential to this mission. When transportation services are accessible, individuals that are not able or choose not to drive can more effectively manage their health, take care of their personal needs and participate in other quality of life enhancing activities.

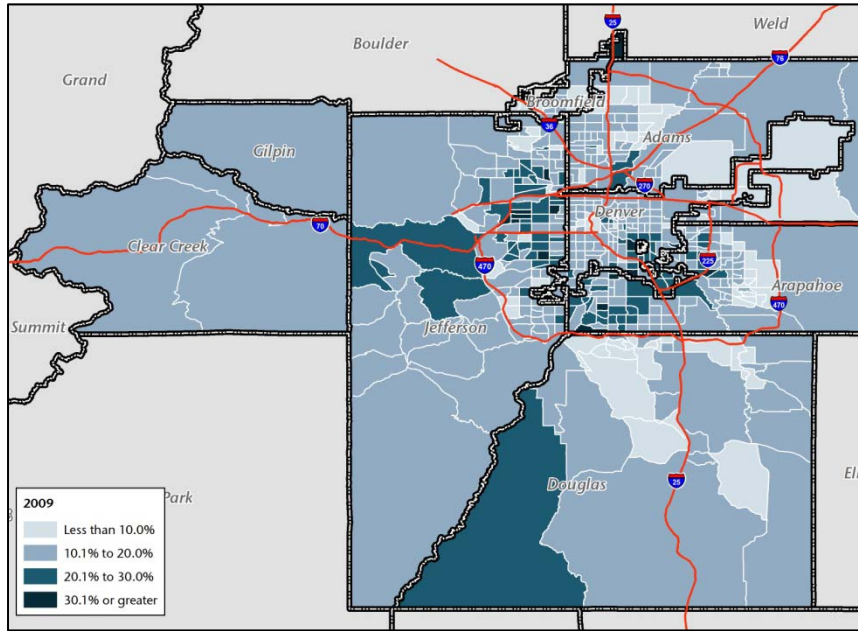
The Older Americans Act (OAA) requires each AAA to fund transportation and prioritize service to those individuals in greatest economic and social need, minorities and those living in rural areas.

Providing adequate transportation to the region's elders is challenging and will be even more challenging as the population of older adults grows. According to the Colorado Department of Local Affairs' age forecasts:

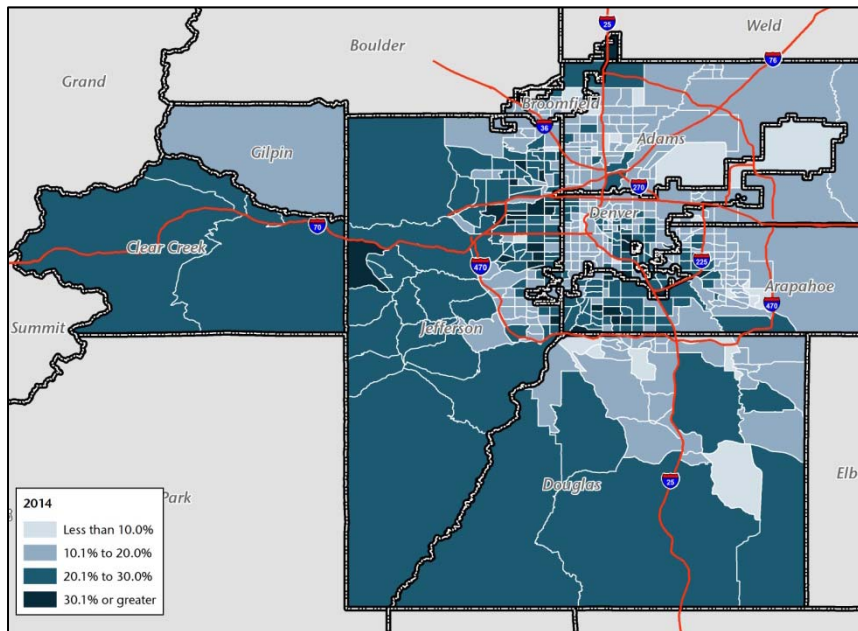
- The population of persons 60 and older in the 8-county region is expected to grow from 390,000 residents in 2010 to 629,000 in 2020.
- Currently, the population of adults age 60 and older comprises 15 percent of the region's population, but by 2020, it will comprise 24 percent.
- The population of all residents in the DRCOG AAA's region is expected to increase by 17 percent; however, the population of persons age 60 and older is expected to grow by 60 percent by 2020.

The following figure displays the current and future geographic distribution of the region's senior population. By 2014, concentrations of seniors are expected to increase throughout the region.

Figure I-1.
Location of Persons 60 and Older, 2009



Location of Persons 60 and Older, 2014



Source: Claritas.

Despite growth in demand for services, the DRCOG AAA maintains a commitment to:

- Provide high quality and dependable transportation services accessible to older adults throughout the region;
- Administer a transportation system that maximizes efficiencies to meet the growing needs of the increasing elder population;
- Create a level playing field on which service providers can fairly compete for state and federal dollars through the DRCOG contracting process;
- Remove barriers that keep service providers from participating in DRCOG transportation contracts; and
- Ensure that the contracting process is fair, equitable, transparent, in compliance with state and federal regulations and provides appropriate flexibility to ensure regional coverage.

To ensure these objectives are met, the DRCOG AAA commissioned this study to evaluate its current senior transportation service delivery program and make recommendations for improvement.

Methodology

Tasks in this study process include:

- A literature review to identify national best practices in meeting seniors' transportation needs;
- A peer review of regions with a similar demographic and regional composition as the DRCOG AAA;
- Interviews with the counties contracting with the DRCOG AAA, as well as all contracted senior transportation providers;
- Interviews with older adults who currently access transportation services through this program; and
- An analysis of independent audit reports, DRCOG contracts and county and provider grant applications.

Report Outline

The remainder of this report consists of the following sections:

- **Section II. Current Service Provision.** This section presents the regulatory framework that governs the DRCOG AAA and outlines the current senior transportation model employed in the region.
- **Section III. Barriers to Service Delivery.** This section discusses challenges in the current service delivery model that affect efficiency and overall program quality.
- **Section IV. Peer Review and Emerging Best Practices.** Section IV details the results of the peer review and highlights emerging best practices in senior transportation.
- **Section V. Recommendations.** This section presents short- and long-term goals to improve the senior transportation program in the region.

Acknowledgements

BBC would like to gratefully acknowledge the invaluable assistance of each individual and organization that participated in the research — without their participation this work would not be possible. Any errors or omissions are the sole responsibility of BBC.

SECTION II.

Current Service Provision

This section outlines the current senior transportation service model used in the Denver region. The discussion begins by describing the regulatory framework that governs the senior transportation program administered by DRCOG. It concludes with a description of senior transportation service provision in each county.

Regulatory Framework

DRCOG's AAA is governed by the following regulatory documents:

- The Older Americans Act (OAA), Amended in 2006 and scheduled for reauthorization in 2011;
- The State of Colorado's Older Americans Act Rule Manual Volume 10;
- The Colorado Department of Human Services, Division of Aging and Adult Services, State Unit on Aging's Policy and Procedure Manual; and
- The State Unit on Aging's contract with DRCOG.

BBC reviewed these documents and focused on the transportation service delivery portions of each. The following items summarize the relevant regulations and policies:

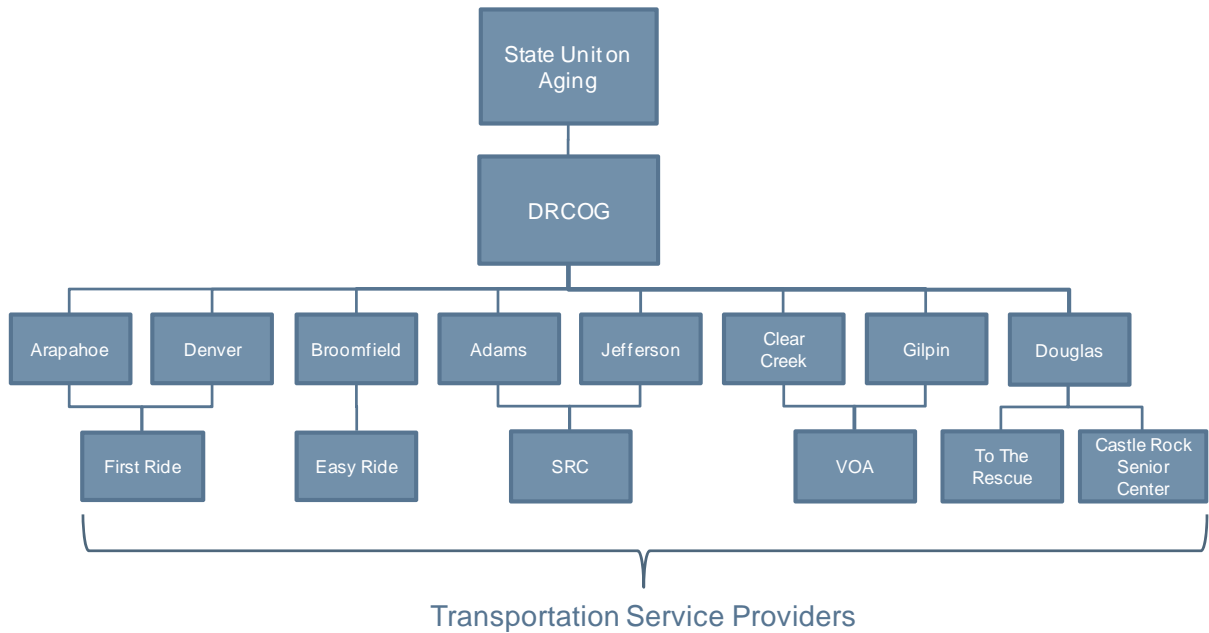
- In general, persons age 60 or older are eligible for services. When not all persons can be served, priority is to be given to those seniors with the greatest economic or social need, minority seniors and seniors in rural areas.
- Transportation services are authorized under Title III-B of the OAA. Title III-B requires a 15 percent match. The State match is \$0.05 for every \$0.85 of Federal funding. The local match is 10 percent of the combined State and Federal funds. The local match can be cash or in-kind. Every grantee or contractor is not required to have the 10 percent match. Rather, the AAA has the flexibility to negotiate this. However, the net costs of supportive and nutrition services will have the 10 percent local match.
- Transportation services are funded by Federal OAA dollars and Colorado's State Funding for Senior Services (SFSS). OAA or SFSS dollars cannot be used if the transportation is eligible for coverage by another state or federal program.
- Transportation services are provided to give seniors access to services necessary remain independent and socially integrated in the community. More specifically, trips are eligible for service to or from meal sites, community facilities and other resources for the purpose of applying for or receiving services, reducing isolation and promoting independent living.

- Service providers must document each trip in the Social Assistance Management System (SAMS).
- Service providers must be licensed by the Public Utilities Commission (PUC) and must meet the PUC’s regulations and standards. All providers must have all of the licenses, approvals or certifications required by Federal, State and local laws and regulations.
- Services providers are permitted to transport seniors only within their PUC-approved geographic service area.
- Providers must keep records and information as necessary to document the services provided to older adults receiving care.
- Title IV of the OAA authorized Technical Assistance and Innovation to Improve Transportation for Older Individuals. The Secretary of the Administration on Aging may award grants or contracts to non-profit organizations including AAA’s to “carry out a demonstration project or to provide technical assistance to encourage and facilitate coordination of Federal, State and local transportation services and resources for older individuals. The organization may use the funds to develop and carry out an innovative demonstration project to create transportation services for older individuals.”

Current Service Provision

The current regional senior transportation system is defined by a patchwork system of county contracts and service providers. DRCOG currently contracts with five of the eight regional counties, who then contract with a total of five organizations for local transportation services. Moreover, the DRCOG AAA contracts directly with First Ride to provide services for Denver seniors and the Volunteers of America (VOA) to provide services to Clear Creek and Gilpin counties. Jefferson County may follow the lead of these three counties in the near future and remove itself from the contracting process by allowing their service provider (SRC) to contract directly with the DRCOG AAA. Figure II-1 summarizes the current regional transportation system supported by the DRCOG AAA.

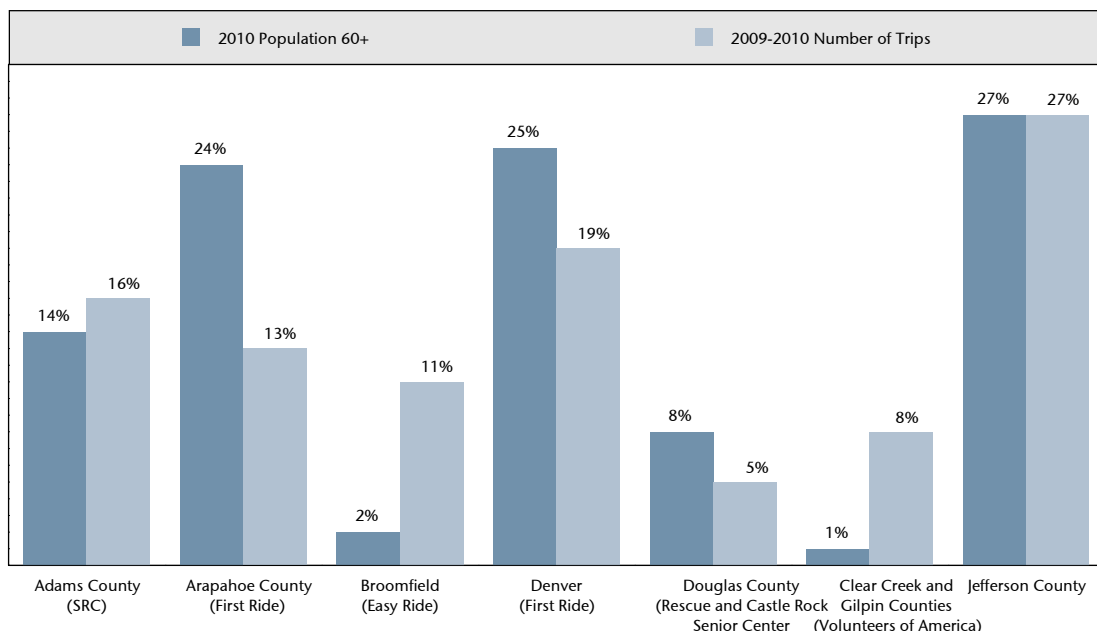
Figure II-1.
Current Senior Regional Transportation System



Source: DRCOG and BBC Research & Consulting.

Figure II-2 presents the distribution of seniors by county as well as the distribution of trips provided by county for FY 2009-2010. In most cases, the proportion of trips delivered is close to the county's overall share of the senior population.

Figure II-2.
County Share of 60+ Population and Trips Delivered, FY2009-2010



Source: DRCOG and BBC Research & Consulting.

County provision. Each county differs in its level of investment in senior transportation services and in how those services are delivered. All of the counties or providers serving counties receive OAA and/or SFSS funds through the DRCOG AAA.

Adams County. In 1998, a consortium of local governments in Adams County expressed an interest in providing sustainable services for county residents. Following the completion of a county-wide needs assessment, a policy consortium was convened to encourage local political buy-in for social services and to find sustainable funding sources for programs, including senior transportation. This led to the creation of Adams County's senior and mobility impaired transportation program, A-LIFT, currently funded by \$200,000 in contributions from Adams County's urban cities (Westminster, Federal Heights, Commerce City, Northglenn, Arvada and Aurora). The program has also received grants from the Daniels Fund and the El Pomar Foundation, which have helped fund personal trips. Adams County's rural communities of Brighton, Bennett, Strasburg and Byers are served through a separate contract with Boulder's Special Transit that is not funded by DRCOG. Currently, the Adams County portion of Aurora receives very limited service because the city of Aurora discontinued its local contribution.

Adams County contracts with the Senior Resource Center (SRC) to administer A-LIFT. Per direction from the policy council, SRC serves an area bounded by Tower Road to the east, Kipling St. to the west, 6th Avenue to the south and 152nd Avenue to the north. The county currently owns its own fleet; however, SRC pays for fleet maintenance and gas.

The county is proud of its program and the commitment of the urban local governments to make cash contributions to support seniors' and mobility impaired residents' transportation. A-Lift's policy council has secured local funding through 2011; however, the amount of future funding is in question, as local governments seek to trim budgets. Ideally, if funding stays intact, Adams County will seek ways to extend service hours to include weekend operations.

Arapahoe County. For the last three years, Arapahoe County has contracted with First Ride for senior transportation services. Arapahoe County purchases two buses per year through CDOT's 5310 program¹, but it leases its vehicles to First Ride, which services and maintains the vehicles. The City of Littleton operates an on-demand service for seniors and mobility impaired residents (Omnibus) and a shopping cart shuttle service for residents age 55 and older. (Omnibus and the shopping cart service are not funded by DRCOG.) Because Littleton provides its own local services, most trips provided by First Ride for Arapahoe County residents are long, medical-related trips. Because First Ride also provides services to Denver's seniors, Arapahoe County allowed First Ride to transport Denver residents on county-owned vehicles to allow for greater efficiency.

To promote the senior transportation program, the county conducts considerable outreach and distributes its marketing materials to seniors through as many channels as possible. As a result, its transportation program is well known and heavily accessed by seniors. Moving forward, Arapahoe County's goal is to continue providing excellent service for seniors, while expanding program hours, leveraging funds from Arapahoe County municipalities (similar to Adams County) and identifying opportunities for regional collaboration.

¹ Additional detail about the 5310 program is provided later in Section III.

Broomfield County. Broomfield County serves its senior residents through its Easy Ride program, which is funded equally by Title III funds and Broomfield's general fund. The county owns its own fleet, which includes a 22-passenger bus, a 17-passenger bus with a wheelchair lift, a 9-passenger van and a mini-van. Because the county administers its own program, gas is purchased tax-free.

The county provides rides to seniors between the hours of 8:00 a.m. and 2:30 p.m. Rides are limited to a medical district boundary dictated by county administrators. Although the boundary covers most of the region, Broomfield County seniors do not have access to Denver, the VA hospital and medical facilities in Boulder due to the geographic limitations. Easy Ride administrators are responsible for scheduling and dispatching, which is organized informally in an Access database.

As Broomfield's large residential development of Anthem Highlands nears build-out, Broomfield is expecting substantial growth in its senior population. Adjacent to the Anthem Highlands development is the brand new, age-restricted 1,300-home community Anthem Ranch. With limited funding, the county is investigating ways to increase program capacity through volunteers.

Clear Creek County. Clear Creek County has a long-standing partnership with the Volunteers of America (VOA) in providing a trio of senior services to county residents: Meals on Wheels, congregate meals and transportation. The partnership has proven advantageous for Clear Creek County in that it has kept transportation costs to a minimum and has allowed for local control and flexibility in service provision.

The county's seniors rely on transportation services for regularly scheduled trips to the grocery store and post office (twice per week), Wal-Mart (once per month) and Blackhawk casinos (once per month). Additionally, the county provides seniors with regular trips to the Denver metropolitan area for medical visits.

The program is heavily reliant on volunteer drivers. VOA provides funding for two full-time employees (administrator and full-time driver) located in Clear Creek County. Volunteer drivers are crucial for the program's success, providing as many as 1,800 miles per month in rides. Mileage reimbursement is available for volunteers through the VOA. Clear Creek County's fleet is currently comprised of a leased mini-van, a 13-passenger bus with a wheelchair lift, and a van owned by Project Support, a local senior-focused non-profit funded through a thrift store, a county donation of \$10,000 and senior housing revenues.

Denver County. In 2009, the city and county of Denver removed itself from the contracting process. To ensure service provision to Denver's seniors, DRCOG now contracts directly with First Ride. First Ride is responsible for meeting Denver's local match requirement. Unlike some of the other counties, Denver directly provides few services.

Douglas County. Douglas County's population distribution and landscape create challenges for transportation provision. While most of the county's population is attached to the urban core, both Castle Rock and other rural portions of the county remain disconnected. For-profit company To the Rescue provides transportation services to the urban portion of the county, and the Castle Rock Senior Center services Castle Rock. Rural portions of the county are left largely un-served.

Most recently, Douglas County has been faced with two challenges. In March 2010, the Town of Castle Rock discontinued financial support of shuttle services offered by Clean Air Transit Company

(CATCO), a local non-profit organization. This left Castle Rock seniors and mobility-challenged residents with few transportation options. Additionally, Douglas County recently exhausted the funding for its Neighbor Network volunteer program, which provided mileage reimbursement for volunteer drivers. Although some long-time volunteers still serve, their ability to recruit new volunteers and build program capacity through volunteer services is limited. Douglas County is currently researching sustainable funding opportunities for this important program.

Gilpin County. Like Clear Creek County, Gilpin County works with Volunteers of America to provide transportation services to its seniors. Three times per week, seniors are transported to the community center for lunch, and once per week, they are taken to the grocery store and post office. Medical trips are scheduled on an as-needed basis. Because there are so few seniors in the county, there is usually only one senior transported at a time for medical trips.

Gilpin County's program is relatively small, which allows for specialized and personalized service. Because some portions of the county present driving challenges, senior transportation provision has become a county-wide effort, as the county's specialized vehicles from the Public Works and Sheriff's Departments are sometimes relied upon to help transport seniors when standard VOA vehicles are not sufficient.

Jefferson County. Jefferson County currently contracts with the Senior Resource Center (SRC) for transportation services. Instead of providing the local match necessary to receive Title III funding, Jefferson County makes an annual general fund contribution to SRC, which can be used for transportation provision if necessary.² Jefferson County directly provides few services.

Overall, Jefferson County is very satisfied with the services offered by SRC. To save on administrative burden, Jefferson County will likely forego future contracting responsibilities and have DRCOG contract directly with SRC. Jefferson County personnel believe that the administrative savings will be passed along to SRC, yielding an increase in funds for trips.

Current senior transportation service providers. Current service providers include for-profit and non-profit entities each of whom operate with different fleet compositions, funding sources and types of personnel. A brief description of each current service provider follows.

Easy Ride. Easy Ride is the transportation program owned and operated by the city and county of Broomfield for its senior and disabled residents. Because it is operated by the city and county, Easy Ride operates relatively inexpensively, with a fleet purchased through Federal Transit Agency (FTA) grants and operating with tax-free gas. Because Easy Ride only serves Broomfield residents, it prides itself on extremely personalized service for its residents.

First Ride. First Ride, one of two for-profit service providers in the region, serves Arapahoe and Denver counties. First Ride's fleet is comprised of 15 buses received following the closure of an Oakland, CA transportation company, as well as buses owned by Arapahoe County and leased back to First Ride. Acquiring a fleet at no cost provided First Ride the opportunity to begin senior transportation provision in Denver.

² SRC provides DRCOG with the required local match.

To avoid financial loss, First Ride established a goal of providing at least two rides per hour. Moreover, First Ride has not sought outside funding sources, such as federal and local grants, as aggressively as other non-profit providers. In some ways, though, First Ride operates like a non-profit provider. For example, First Ride has adapted their standard transportation service model to be more senior friendly. Drivers are primarily senior citizens themselves, and they have been encouraged to develop personal relationships with their clients.

SRC. The Senior Resource Center is based in Jefferson County and currently provides transportation services to Adams and Jefferson counties. In addition to transportation services, SRC provides adult day care and respite services, in-home care services and care management. They have a long history of serving the region, which, until 2006, included senior transportation services for Arapahoe and Denver counties, in addition to its current service area.

SRC considers itself a “modified brokerage,” meaning that it both provides transportation services and subcontracts with other transportation providers, including Lakewood Rides, the Westminster Senior Center, the Thornton Senior Center and Red Cross. SRC’s fleet is not restricted to a geographic area, and includes a variety of vehicles for on-demand services, as well as fixed routes.

SRC’s funding comes from multiple sources, including:

- Title III funds from Adams and Jefferson counties;
- FTA 5310 and 5311 funds for transportation for elderly persons and persons with disabilities;
- FTA 5309 bus allocation funds acquired through the Colorado Association of Transit Agencies’ (CASTA) lobbying efforts;
- FTA 5317 (New Freedom) funds, which SRC uses to fund personal trips;
- Funds from local municipalities; and
- Funds from area foundations.

SRC has limited constraints with regards to increasing future capacity and meeting new demands. It has created a number of partnerships within the region and has been successful in finding supplemental funding sources.

To the Rescue. To The Rescue (TTR) is a full-service organization providing services to seniors, people with disabilities or people recovering from injury/medical problems. In addition to transportation services, TTR provides in-home care, and assists clients with chores, cleaning, maintenance/repair and errands, among other services. TTR is the most recent addition to the regional transportation program, having served the urban portion of Douglas County since the summer of 2010.

Other than the DRCOG grant and a grant from the Douglas County Developmental Disabilities mill levy, TTR’s transportation service is private-pay based. Their reimbursement rate from the DRCOG grant is \$26 each way, which is their breakeven rate.

The majority of TTR trips are medical appointments, which includes taking seniors to Parker Adventist, Sky Ridge hospital and other private doctors' offices. Unlike many providers in the region, TTR does not have limited service hours. TTR does limit its area of service to a 30-mile radius around Parker/Highlands Ranch for Title III-funded trips.

Volunteers of America. VOA offers three services in both Clear Creek and Gilpin counties: Meals on Wheels, congregate meals and transportation services. The provision of all three services has allowed for cost sharing between the programs. For example, transportation services can be provided when meals are delivered to seniors.

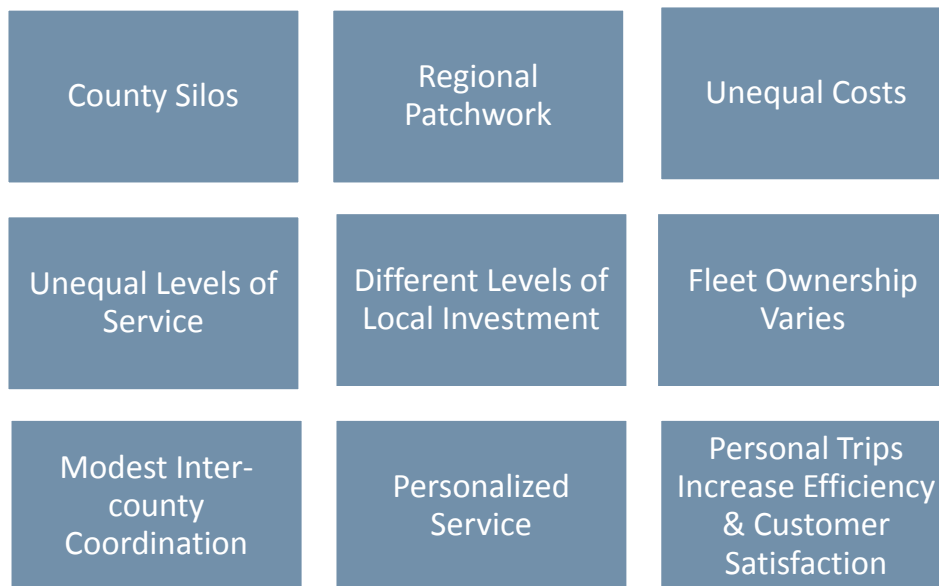
VOA has the benefit of having an extensive support network of donors and volunteers. Expanding service capacity to meet increased demand in the future is not a daunting task for the VOA. Their ability to fundraise and call on volunteers makes them a unique provider in the region.

Limited opportunities for regional collaboration exist when providing services to the most rural portions of the region. Lengthy medical trips into Denver are often combined with other types of trips, such as personal and social trips. As a result, there is often little room to pick up additional passengers when traveling through other portions of the region.

VOA has a long history of serving these communities. Both the counties and VOA expressed satisfaction in the partnership and hope to continue it into the future.

Summary of current service provision. The follow figure summarizes the notable characteristics of current senior transportation service provision in the region.

Figure II-3.
Summary of County Service Provision



Source: BBC Research & Consulting.

More specifically:

- Current contracting methods have created a program that operates in county silos with little regional collaboration.
- Not only are service providers reimbursed at different rates, residents experience different levels of service from one county to the next. While some have access to unlimited service hours and no geographic constraints, others are unable to find transportation to important regional amenities, such as the VA hospital.
- Local investment in senior transportation varies from one county to the next. Some communities donate money from their general funds for transportation services, while others have removed themselves entirely from transportation provision.
- Fleet ownership varies tremendously. Some communities have acquired free vehicles via federal grants; some providers lease their vehicles and other providers purchase their vehicles or obtain them through donations or grants.
- One benefit of county-level service is the ability to offer personalized and flexible services to a vulnerable population that values consistency and familiarity. Moreover, some service providers offer transportation services for personal trips, which not only increase efficiency, but also customer satisfaction.

Cost Reimbursement

Service providers are reimbursed on an average cost basis. Factors used to generate average costs vary among counties and by provider. For example, some average costs incorporate administrative costs and vehicle depreciation, while others do not. Volunteers of America have the lowest reimbursement rates, despite providing service to the most rural parts of the region. VOA spreads costs across three programs and relies heavily on unpaid volunteers for service provision. Conversely, for-profit company First Ride has the highest rates in the region, while also having the most comprehensive cost reporting structure. The following figure provides reimbursement rates by county/provider for the 2010-2011 contract year.

Figure II-4.
60+ Population, Number of Trips and Cost Reimbursement Rates, FY 2009-2010

	Population 60+	Number of trips	Reimbursement rate
Adams County (SRC)	55,189	13,326	\$18.90
Arapahoe County (First Rate)	92,801	10,779	30.75
Broomfield (Easy Ride)	6,753	9,382	7.73
Denver (First Ride)	95,972	15,501	26.64
Douglas County (To the Rescue and Castle Rock Senior Center)	30,396	4,324	21.60
Clear Creek and Gilpin Counties (Volunteers of America)	2,932	6,868	8.42
Jefferson County	105,837	22,679	19.08

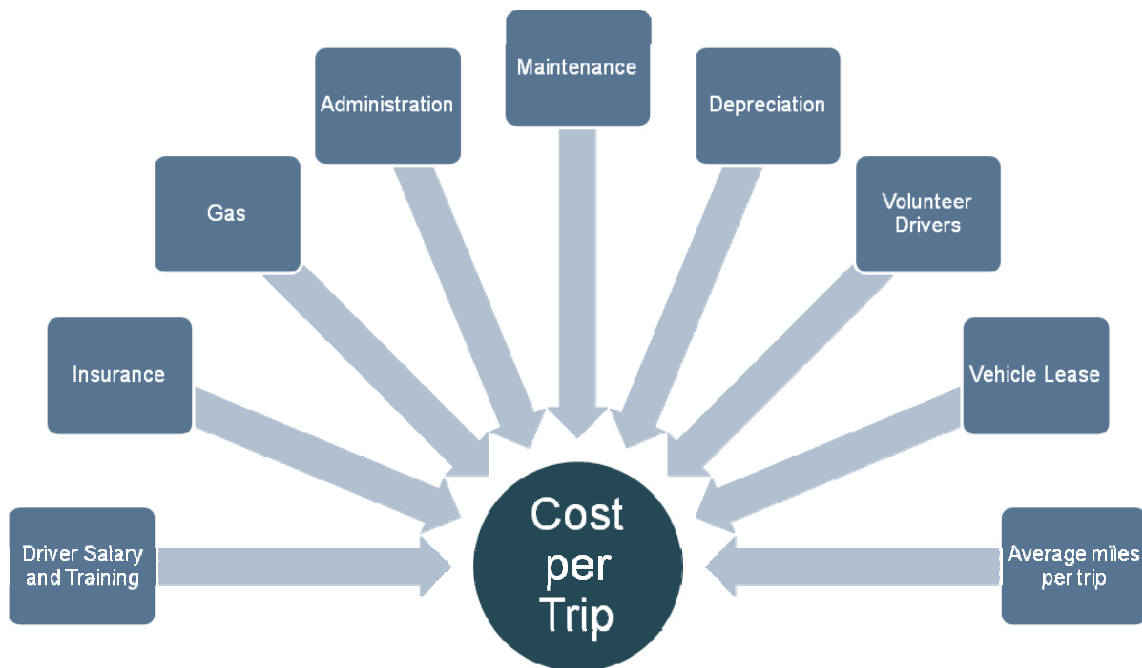
Source: DRCOG AAA.

Calculating Average Cost per Trip

Interviews with providers and county personnel revealed that participants perceive there to be a lack of transparency in how each provider or county calculates trip cost. There is confusion among providers and counties as to what specific types of costs are allowed to be included in the calculation of average cost. When BBC examined the components of average cost calculations provided by each provider, it became clear that attempting to compare the costs of one provider or county to another is impossible.

Figure II-5 illustrates the many different types of costs that some or all providers factor into their calculation of average trip cost. Since some agencies rely on volunteer drivers, their costs are lower than those with paid drivers.

Figure II-5
Components of Cost Trip Calculations

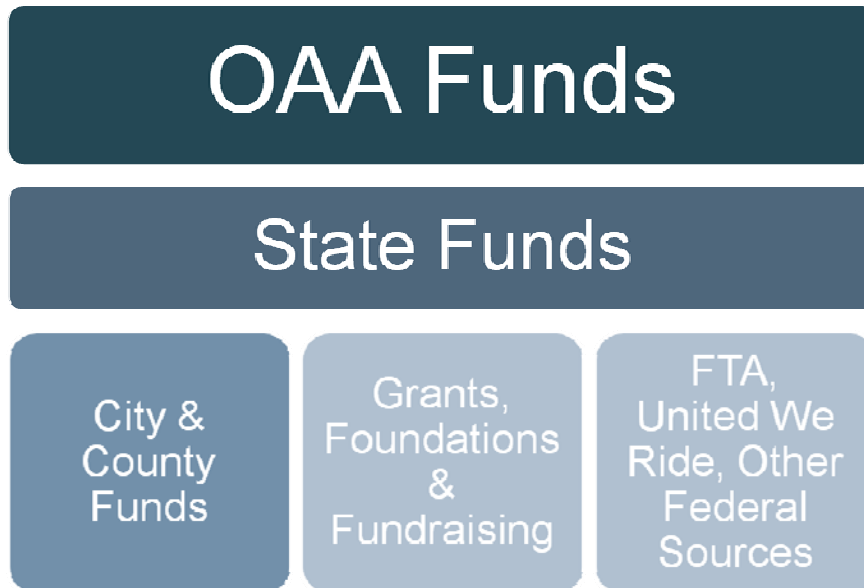


Source: BBC Research & Consulting from DRCOG-supplied contract and audit information.

Current Funding

Currently, all counties and service providers in the region operate with funds from the Older Americans Act (Title III) and/or state funds. However, there is great inconsistency among providers' usage of local funds, federal grants, fundraising and local grants from foundations. Figure II-6 displays the types of funding sources that support the current regional senior transportation system. More details about individual funding sources follow.

Figure II-6.
Regional Senior Transportation Program Funding Structure



Source: BBC Research & Consulting.

OAA resources. The Older Americans Act (OAA), often referred to as Title III funds, are allocated by states to the U.S. Administration on Aging. Colorado receives approximately \$15 million in OAA funding, which is then distributed to the 16 AAAs across the state through the intrastate funding formula. DRCOG has traditionally received 40 percent or more of the state’s total funding. DRCOG administers federal OAA funds to counties within its service areas, as well as to local service providers.

State resources. The State Unit on Aging allocates SFSS to the 16 AAAs in the state via the intrastate funding formula. The state has traditionally allocated \$9 million in funds to AAAs, who then allocates funds to counties.

Additional resources. A number of other funding sources have been used by local governments and providers, or were identified by BBC as potential funding sources.

Federal Transit Agency (FTA). The FTA provides a number of grants to local governments to support transportation-related services.

- **Bus and Bus Facilities.** Often referred to as FTA’s 5309 grant, this program provides financial assistance to purchase capital equipment to support transportation programs. Eligible expenses include the purchasing and maintenance of new buses, as well as bus support facilities and equipment, such as passenger shelters, bus stop signs, fare boxes and mobile radio units.³ This program has been used extensively by local communities to create or expand fleets. Vehicles are obtained through CDOT, who administers the program in the state.

³ http://www.fta.dot.gov/funding/grants/grants_financing_3557.html

- **Transportation for Elderly Persons and Persons with Disabilities.** Also known as FTA’s 5310 grant, these funds have primarily been used by public entities for capital purchases, such as vans and buses. Similar to 5309, this program is administered by CDOT. 5310 funds have been used by a number of local communities for fleet creation and expansion.

- **Job Access and Reverse Commute Program (JARC).** JARC, also referred to as the FTA’s 5316 program, was “established to address the unique transportation challenges faced by welfare recipients and low-income persons seeking to obtain and maintain employment.”⁴ JARC funds can be used for “capital, planning and operating expenses for projects that transport low income individuals to and from jobs and activities related to employment.”⁵ Currently, no one in the region uses JARC for transportation funding, primarily because providers are not offering employment-specific transportation services for seniors.

- **New Freedom Grant.** New Freedom funds, administered as part of the FTA’s 5317 grant, “aims to provide additional tools to overcome existing barriers facing Americans with disabilities seeking integration into the work force and full participation in society.”⁶ All states and public entities are eligible recipients. Eligible activities include “capital and operating expenses for new public transportation services and new public transportation alternatives beyond those required by the American with Disabilities Act.”⁷ Currently, SRC uses New Freedom funds to provide personal trips to seniors in Adams and Jefferson counties.

Fundraising. The VOA relies heavily on fundraising to supplement monies received from DRCOG. Fundraising is viewed by the VOA as a sustainable funding source, as well as the primary means for building program capacity.

Local foundations. Some service providers have received grants from location foundations to assist with service costs. The Rose Foundation, Caring for Colorado Foundation, El Pomar Foundation and the Daniels Foundation were all mentioned by providers as organizations that have provided grants for senior transportation provision, or have expressed an interest in donating to senior-related causes.

Community Development Block Grant (CDBG) and Community Services Block Grant (CSBG). CDBG, a federal HUD grant, and CSBG, administered by the Department of Health and Human Services, have not been widely accessed by local governments and service providers for senior transportation services. Although counties have received these grants in the past, many have lost funding or have not applied funds directly to transportation services. However, senior-related activities are eligible for funding under both grants.

⁴ http://www.fta.dot.gov/funding/grants/grants_financing_3550.html

⁵ http://www.fta.dot.gov/funding/grants/grants_financing_3550.html

⁶ http://www.fta.dot.gov/funding/grants/grants_financing_3549.html

⁷ http://www.fta.dot.gov/funding/grants/grants_financing_3549.html

Summary of current funding sources, by county. Counties and providers rely on a variety of funding sources to ensure sufficient services for seniors. The following figure presents funding sources accessed by county and provider.

**Figure II-7.
Fund Sources by County Programs, 2010**

Provider, County and Reimbursement Rate	OAA	SFSS	City and County Funds	Foundation	Fundraising	FTA/CDOT Grants	Volunteer Support
Adams County - SRC (\$18.90)		\$	\$	\$	\$	\$	\$
Arapahoe County - First Ride (\$30.75)	\$	\$				\$	
Broomfield - East Ride (\$7.73)		\$	\$			\$	
Denver - First Ride (\$26.64)		\$					
Douglas County - To the Rescue and Castle Rock Senior Center (\$21.60)		\$	\$				\$
Clear Creek and Gilpin Counties - Volunteers of America (\$8.42)	\$				\$		\$
Jefferson County - SRC (\$19.08)	\$		\$	\$	\$	\$	\$

Note: FTA/CDOT grants include all grants used for capital purchases and operates, including 5309, 5310, 5317 (New Freedom).

Source: BBC Research & Consulting.

SECTION III.

Barriers to Service Delivery

DRCOG's current county-based system of senior transportation services creates three primary barriers to optimal service delivery for all seniors in the region, excluding Gilpin and Clear Creek counties¹:

- County silos;
- Duplication of efforts; and
- Unequal services.

Seniors would benefit from reducing or removing the barriers created by county silos, duplication of efforts and unequal service delivery.

County Silos

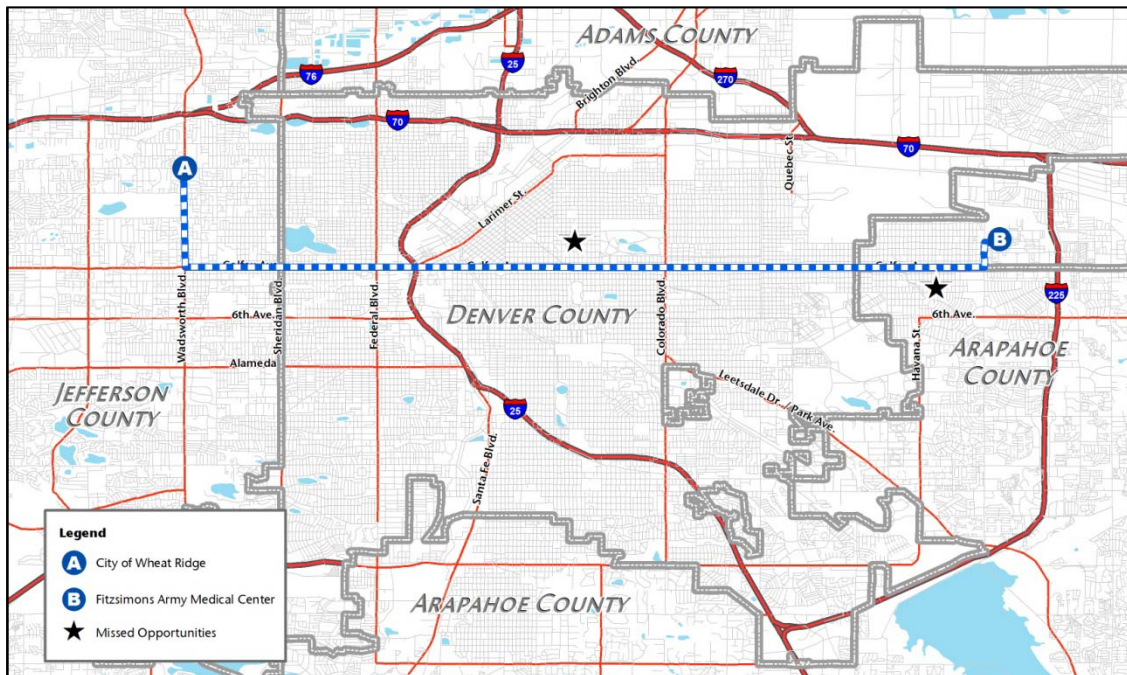
County silos result from limiting providers to picking up seniors from the county in which they are under contract. This creates additional barriers to optimal service delivery in the region.

Inefficient inter-county medical trips. The current system of making senior transportation grants to individual counties or to a provider in a county has yielded several unintended consequences, including the development of inefficient service areas defined by county lines. By operating within these county silos, providers are missing opportunities to increase per trip efficiency by allowing providers to pick up passengers from counties outside of their existing service area while in route to major medical facilities or other regional amenities.

Figure III-1 illustrates this point. In the current system, SRC, the provider serving Jefferson County, would pick a senior up at their home in Wheat Ridge to take them to a medical appointment at the Anschutz Medical Campus. Because SRC is not authorized to serve residents of Denver County or Arapahoe County, SRC is unable to pick up any other passengers along the way. In a truly regional system, the efficiency of this trip could be greatly enhanced by increasing regional coordination and removal of county boundaries.

¹ As detailed in the previous section, Gilpin and Clear Creek counties' distinct geography and topography require its senior transportation service program to be delivered in a highly customized fashion. Based on the peer review and review of best practices, BBC believes that the current service model in these counties is ideal given existing funding levels and demand for services.

Figure III-1.
Inter-County Medical Trip from Wheat Ridge to Anschutz Medical Campus



Source: BBC Research & Consulting.

Confusion. According to county and provider interviews, it is not uncommon for multiple providers (including RTD’s Access a Ride) to be at a popular destination, such as a medical facility or a senior center, at the same time. Because seniors are not aware of the limitations on areas of service, providers find that seniors will see their vehicle and will call them for a trip even though the senior does not live in the correct county to receive service.

Cost Duplication

Under the current system, there are several areas of cost duplicated by each provider, including:

- Scheduling software;
- Cost of dispatch and scheduling personnel; and
- Marketing materials and outreach.

In addition to the costs borne by providers, each county that serves as an administrative agent bears the costs associated with reporting, monitoring and other contract-related services.

Unequal Services

Each county and provider does its best to meet the needs of the seniors they serve, given their fleet and funding. However, because all things are not equal, seniors may experience:

- Restricted geographic boundaries;
- Restricted service hours; and
- Unequal opportunities for personal trips.

For example, a senior living in Douglas County is unable to obtain a trip to the VA hospital through the DRCOG funded program, while a senior from Denver County is able to reach the VA via this program. Similarly, service for seniors in Broomfield County ends at 2:30 p.m., while seniors living in the area of Douglas County served by To The Rescue are offered unlimited hours and days of operation.

SECTION IV.

Peer Review and Best Practices

This section contains both a peer review and an examination of emerging best practices from other entities delivering senior transportation services.

Peer Review

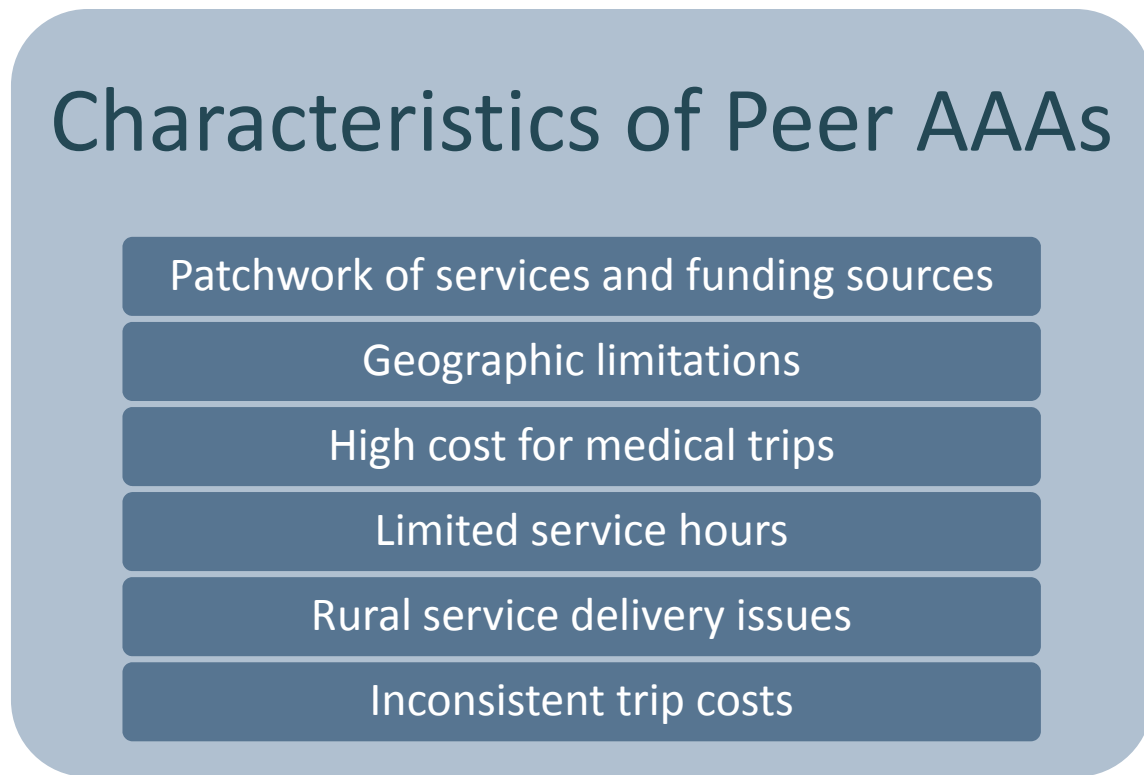
BBC selected four senior transportation programs with similar demographic and regional characteristics to the DRCOG AAA for a peer review:

- The Sacramento Area 4 Agency on Aging;
- The North Central Texas Council of Governments AAA;
- The Metropolitan AAA in Minnesota; and
- The Mid-American Regional Council in Kansas City, Missouri.

The objective of the peer review was to learn how other organizations overcame regional challenges related to multi-county contracting, the unique needs of both urban and rural communities and stagnant/declining funding despite a growing clientele.

The peer review revealed that the challenges and inefficiencies of the current DRCOG AAA senior transportation program are not unique to Denver, but are also experienced by peer AAAs across the country. Many organizations are trying to answer the same questions regarding sustainable funding sources, political barriers, the demands of unique and rural communities and increased demand. These challenges are summarized in Figure IV-1.

Figure IV-1.
Peer Review Summary



Source: BBC Research & Consulting.

The peer review did identify some innovative approaches to challenges found in serving seniors by the DRCOG AAA. The following discussion provides a synopsis of peers' senior transportation service provision.

Area 4 Agency on Aging. The Area 4 Agency on Aging (AAA) represents the seven Sacramento counties of Nevada, Placer, Sacramento, Sierra, Sutter, Yolo and Yuba. According to the Area 4 AAA, the area they serve “includes many isolated rural communities, suburbs and a few larger cities where many of the available services are concentrated.” Furthermore, “the seven counties within the service area vary not only in size, population density and economy, but also in topography.” Similar to the Denver metropolitan area, the mountains in the Sacramento region provide a barrier between the eastern and western portions of the region, which informally creates two separate service areas.¹

Similar to the DRCOG AAA, Area 4 contracts with individual counties for senior transportation services. However, unlike the volunteer-driven approach employed in Gilpin and Clear Creek counties, transportation services in the rural portion of the Sacramento region are administered by a voucher program, which was developed by Area 4 following the loss of the service provider in that portion of the region. The voucher program requires that seniors find their own transportation through local transportation providers (e.g., taxicabs or Dial a Ride) in exchange for vouchers that cover transportation costs.

¹ Information taken from the Area 4's website: http://www.a4aa.com/html/about_a4aa.html

Voucher programs capitalize on the services offered by non-specialized, existing transportation providers. As a result, costs associated with drivers, fleet maintenance, scheduling and dispatching are eliminated. However, voucher program administrators highlighted some faults of a pure voucher program.

Firstly, service providers lack a senior-focused objective, which can result in poor service delivery. Taxi drivers, for example, do not offer door-through-door services and sometimes require payment in addition to the voucher. Secondly, voucher programs do come with some administrative burden. Although residents are responsible for finding their own transportation, vouchers must be tracked and reimbursed by the program's administrators.

To alleviate some of the program's drawbacks, service providers suggested the need for controlling options. Instead of allowing seniors to choose from an unlimited number of service providers, voucher administrators could limit the number of providers eligible for voucher reimbursement, which would help improve the quality of service delivery. Additionally, service providers suggested the need for some ride coordination to prevent a purely on-demand program.

Strengths: Effective solution to rural service delivery challenges.

Challenges: Providing personal and quality services to rural portions of the region.

North Central Texas Council of Governments (NCTCOG). The NCTCOG AAA provides senior transportation services to the 14 suburban and rural counties in the Dallas-Fort Worth region. The cities of Dallas and Fort Worth are excluded from NCTCOG's service area.

NCTCOG contracts with organizations within the 14 counties. Most (12) provide services directly; the remaining two organizations subcontract with service providers. Although the bid process is competitive, NCTCOG rarely receives multiple bids for individual counties, and many service providers have long-standing relationships with their respective counties.

NCTCOG identified a number of inconsistencies across providers and counties, including trip costs, quality of fleet and service delivery areas. For example, not all providers offer inter-county and regional trips, making access to the VA hospital and other regional medical facilities difficult for some residents. To assist residents in counties with limited regional accessibility, NCTCOG is considering implementing a voucher program to provide financial assistance for regional trips.

Strengths: Aggressive in finding collaborative opportunities, such as working with the transportation planning team at NCTCOG in identifying grant applications and performance auditing to improve overall program performance; proactive in exploring creative options for regional trips, such as voucher programs.

Challenges: Inconsistent service delivery and cost by county; political barriers prohibit regional collaboration and cooperation; limited service hours.

Metropolitan Area Agency on Aging. The Metropolitan AAA serves seven counties in the St. Paul and Minneapolis region, which include a combination of urban, suburban and rural communities. However, since the mid-1990s, funding has limited transportation services to the region's two urban counties, Hennepin and Ramsey.

The Metropolitan AAA began operating under a single-provider model in 2009 following the loss of services in Ramsey County. Despite this model, residents are still restricted to a service area limited to Hennepin and Ramsey counties. As a result, important amenities located outside the urban core, such as the VA hospital, are not accessible to seniors relying on the AAA's transportation program.

With limited funding, medical trips are the primary trip type provided to senior residents in the Metropolitan AAA's service area. Grocery and social trips are organized from apartment complexes across the urban counties housing large senior population to ensure maximum ridership and cost efficiency.

Strengths: Single provider allows for fluid service across county lines; cost effective grocery and social trip delivery leave greater funding for medical trips.

Challenges: Neglecting rural portions of the region; access to important amenities out of urban service area.

Mid-American Regional Council (MARC). The MARC AAA provides senior transportation services to five Kansas City, MO counties — Clay, Ray, Cass, Platte and Jackson counties — which include a mix of urban, suburban and rural landscapes. A total of seven organizations provide transportation services to the region's seniors. Only one provider subcontracts services to another provider.

MARC's program relies heavily on the experience of its service providers, many of whom have long-standing service relationships with their respective counties. In rural communities, informal church and organizational networks supplement a lack of capacity. Although inter-state trips to Kansas are not allowed, transportation across county lines within MARC's five county region is possible.

Strengths: Use of volunteers; no geographic gaps in service delivery; strong partnership with United Way's 211; strong informal network of community organizations and churches.

Challenges: Limited capacity; inconsistent pricing schemes across providers.

Emerging Best Practices

The peer review revealed that many of Denver's sister regions experience similar challenges administering senior transportation services. As a result, best practices were identified through additional literature review and stakeholder interviews to identify tools that could be used by the DRCOG AAA to improve service delivery.

BBC focused its search on those best practices that may address the barriers created by DRCOG's current county-based senior transportation system as detailed in the previous section:

- County silos;
- Duplication of efforts (e.g., scheduling and dispatch); and
- Unequal services.

Figure IV-2 summarizes a number of creative and innovative tools being explored and/or implemented by AAAs across the country to help improve efficiency in senior transportation services. A description of each of these practices is included below.

**Figure IV-2.
Emerging Best Practices**



Source: BBC Research & Consulting.

Single call center. Interest in single call centers for senior transportation services is widespread, both within the Denver Metropolitan region and throughout the country; however, implementation has been very limited. Kent County, Michigan provides one of the few examples of a single call center currently in operation. The Utah Department of Transportation (UDOT) is in the process of launching a pilot program in the multi-county Wasatch Front to engage stakeholders in a facilitated process that will lead to the implementation of a single call center for human services transportation. UDOT anticipates that this process will begin early in 2011.

Kent County, MI. Following the completion of a 2003 human service needs assessment, Kent County's transportation stakeholders "recommended that certain coordination among transportation providers could increase efficiencies and reduce costs."² One recommendation was for the county to implement a centralized call center, with the goal of "keeping existing providers and better

² "Single Source Call Center Plan for Kent County Paratransit Providers" November 2005.

understanding their needs with an eventual goal of centralized shared scheduling by willing participants.”³

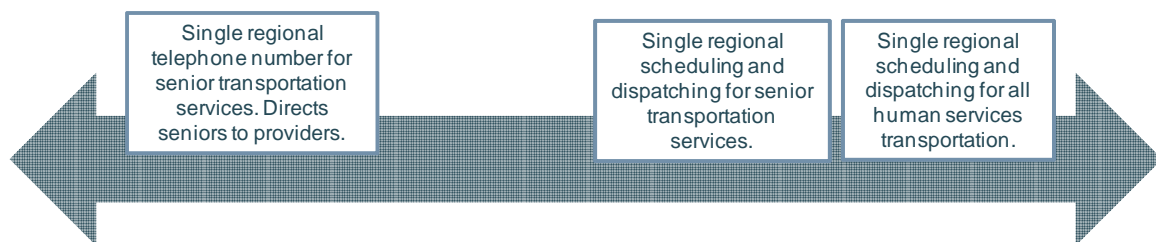
A study was commissioned in 2004 by the Kent County Emergency Needs Task Force’s Transportation Subcommittee to guide the implementation of a single call center. The study was divided into three parts. The first portion of the study considered potential software, operational and policy issues related to implementation. Secondly, the study analyzed potential scenarios for the single call center, including “organizational structure, participating agencies, trip demand, vehicles, service scenarios, scheduling and dispatching methods, personnel requirements and funding options.”⁴ Lastly, the study devised a structure and implementation plan for the single call center.

Since 2007, transportation services for senior and disabled residents in Kent County are being dispatched by a single call center operated by the county’s transit provider. Since the inception of the program, the AAA of Western Michigan states that most service providers have seen drastic increases in ridership. Not only has ride scheduling been simplified (with the help of software program Trapeze) and created greater efficiencies, but seniors have come to recognize the program’s vehicles through a logo designed for the program and displayed on all fleet vehicles.

Kent County has a county-imposed senior services mill levy, which provides sustainable funding for service center operations. Costs are calculated by providers based on actual trip costs and adjusted for the kinds of vehicles and drivers used. The primary drawback of the program has been providers’ “loss of control” over their services. They now feel beholden to schedules, as opposed to feeling like they are providing specialized services to their clients.

Single call center design. The objective and function of a single call center can range from a single hotline that directs seniors to existing providers that continue service delivery in a similar fashion to the current DRCOG AAA system to a single regional scheduling and dispatching center which acts as a regional broker for senior transportation services. The Denver Regional Mobility and Access Council (DRMAC) is currently engaging stakeholders in a dialogue to create the provider hotline concept (illustrated on the left side of Figure IV-3) that would not be limited to senior transportation offerings. As discussed above, Kent County’s call center system is for senior services only, while the pilot program that Utah intends to implement will serve all human services-related transportation needs.

**Exhibit IV-3.
Single Call Center Continuum**



Source: BBC Research & Consulting

³ “Single Source Call Center Plan for Kent County Paratransit Providers” November 2005.

⁴ *Ibid.*

The concept of a single call center providing scheduling and dispatching for senior transportation services in the DRCOG region was well received by providers and county representatives, as long as the concept met three criteria:

- That Gilpin and Clear Creek counties would be exempt from the call center system;
- That participating counties would have a meaningful voice in call center policymaking and that county residents would be given priority on trips using county-owned vehicles; and
- The call center administrator was not a service provider.

Exempting Clear Creek and Gilpin counties. Clear Creek and Gilpin counties have unique challenges that are best addressed by local organizations and volunteers. The counties' current joint delivery of nutrition, congregate meal and transportation services has helped create economies of scale that keep transportation costs to a minimum. The counties rely heavily on volunteers and other local entities to help care for their senior residents. The current models employed in these two counties work well, and requiring their collaboration with the remainder of the region would likely add additional and unnecessary constraints to an area already working to overcome its unique geographic and topographic challenges.

Role of participating counties. If the region develops a single call center for senior transportation services or the broader set of human services transportation, counties want to have a meaningful seat at the table, especially as policies are developed. Individual counties had individual concerns about how such a system would be implemented. In the current system, several counties own their fleet and lease the vehicles to providers. As the call center scheduling and dispatching policies are developed, counties will need to determine how they want their fleet used. For example, one county suggested that county residents receive first priority on trips provided on county-owned vehicles. Another county desired that its residents be offered transportation services by a particular provider.

Independent broker to administer the call center. Stakeholders agreed that a call center administrator should not be a provider. This is the model employed by RTD in administering its Access-A-Ride program. Separating responsibilities will help foster neutrality in scheduling and dispatching. Kent County has found having an independent broker administering its program to be very beneficial.

Senior mill levy. Senior mill levies have been relied upon by a number of communities across the country as a sustainable funding source for senior-related programs and services. None of the mill levies are exclusive to transportation services; rather, each supports several types of senior services.

Kent County, MI. Since 1999, the Kent County Senior Millage has provided funding for senior services in the county. The original mill expired in 2006, but was easily re-approved by voters through 2014. In 2010, more than \$6.6 million funded 46 different types senior services in the county, including transportation services.

Gallatin County, MT. Montana state statute authorizes counties to impose mill levies to support local senior services. Accordingly, Gallatin County, whose largest city is Bozeman, has a one mill levy to support senior transportation and nutrition programs in the county. The mill raises \$220,000

annually. Funding is distributed to the same organizations each year via a non-competitive process to ensure that existing programs have stable funding. The remaining funds (if any) are distributed via a competitive process.

Belmont County, OH. Belmont County, located in southeast Ohio, recently renewed its 0.3 mill levy for senior services, which supports transportation, nutrition and in-home services among other services to seniors throughout the county.

Douglas County, CO. Similarly, in 2001, Douglas County, CO passed a mill levy to support residents with developmental disabilities with housing, transportation, employment, recreation/leisure and health services. Mill levy funds are distributed with guidance from the Developmental Disabilities Advisory Council of Douglas County. Approximately 95 percent of the funds go to Developmental Pathways, an organization serving persons with developmental disabilities. The remaining five percent is retained for a local grant program that funds projects demonstrating innovation and collaboration while serving Douglas County residents with developmental disabilities.⁵ Although not directly related to senior services, this could serve as a model for how a senior services mill levy could be administered in the region.

Voucher programs. Voucher programs have primarily been employed to supplement limited services. For example, in the rural portions of the Sacramento region, vouchers have provided funding to seniors to access existing transportation resources following the closure of the Title III-funded service provider in the region.

A transportation voucher committee was convened by the Texas Department of Aging and Disability Services to investigate how a voucher program could improve senior transportation services in the state. Thus far, implementation has been limited; however, NCTCOG is interested in implementing a voucher program for regional trips. In some counties, transportation providers only provide intra-county trips, which limits seniors' access to important regional medical facilities. Vouchers would provide compensation to seniors relying on other providers (e.g., family members, neighbors and private companies) for regional trips.

Engagement with the medical community. Regional medical and regular dialysis and chemotherapy trips have proven to be the most costly and taxing type of trip for transportation providers. One transportation provider commented that “medical trips are costly and it’s often a small proportion of people receiving most of the services because of regularly scheduled dialysis and chemotherapy trips.” Additionally, when the same transportation provider began providing personal and social trips to seniors, ridership drastically increased, indicating the need to ensure sufficient funding for more than medical trips.⁶

Hospitals in California are beginning to recognize their duty in helping transport seniors to and from their facilities. The El Camino Hospital in Mountain View, California administers a program called Road Runners, which offers transportation for medical, dental and outpatient services. Additionally, Road Runners will transport seniors to senior centers, local banks and barber/beauty shops if the

⁵ http://www.douglas.co.us/humanservices/Developmental_Disabilities.html

⁶ Interview with transportation service provider, November 3, 2010.

appointment is within a 10 mile radius of the hospital.⁷ Seniors are charged a fee; however, fees are kept to a minimum through the use of volunteer drivers.

The Senior Mobility Guide for San Mateo County notes that the Kaiser Permanente Medical Center-Redwood City and the Seton Medical Center provide transportation services to seniors.⁸ For example, Kaiser Permanente offers a free shuttle to its Redwood City facility from a local senior center.

The Mission Hospital is the primary medical facility in south Orange County. The hospital began offering free transportation to seniors upon realizing it was more cost effective to provide transportation services to residents than to continue caring for them in the hospital. The hospital contracts with Age Well Senior Services, who is the primary senior transportation provider in the county.

Financial support directly from the medical community to transportation providers has not been as widely demonstrated. However, medical foundations in Denver have shown an interest in the senior community and transportation issues. For example, DRMAC is funded in part by the Getting There Collaborative, a joint multi-year transportation initiative of The Colorado Health Foundation and Rose Community Foundation.⁹

Leveraging volunteer services. Among its peers, counties in the DRCOG AAA region have done well in leveraging volunteers for senior transportation services. Clear Creek and Gilpin counties, with the assistance of the Volunteers of America, provide cost effective transportation services to residents primarily with the assistance of volunteer drivers. As counties consider ways to expand program delivery and add capacity to current systems with limited funding, volunteer services will be necessary.

⁷ http://www.elcaminohospital.org/Patient_Services/Patient_Resources/Road_Runners_Transportation.

⁸ http://cip.plsinfo.org/SMAP_Guide_English_0309.PDF.

⁹ <http://www.drmac-co.org/index.html>.

SECTION V.

Vision and Recommendations

DRCOG, all counties and every provider are passionate about meeting the transportation needs of the region's seniors. Each stakeholder recognizes that transportation is essential to enable aging adults to continue to live in their homes and to stay in their community. Seniors served by this program often have no other transportation option; if this service did not exist, they would not know what to do. BBC's interviews with seniors served by the program revealed that not only is the transportation service a critical lifeline, but it greatly enhances their overall quality of life.¹ One transportation provider said, "The bus is the new front porch," as riding seniors visit with each other.

"It has been wonderful, just excellent. It's nice to be able to socialize."

"It has been fantastic. [If this was no longer available] I don't know what I would do."

"It is the greatest thing ever."

"I love it! The drivers are so polite, and they help as much as possible. We are on a first name basis with all of the drivers and they are all just so friendly."

Future Demand for Senior Transportation Services

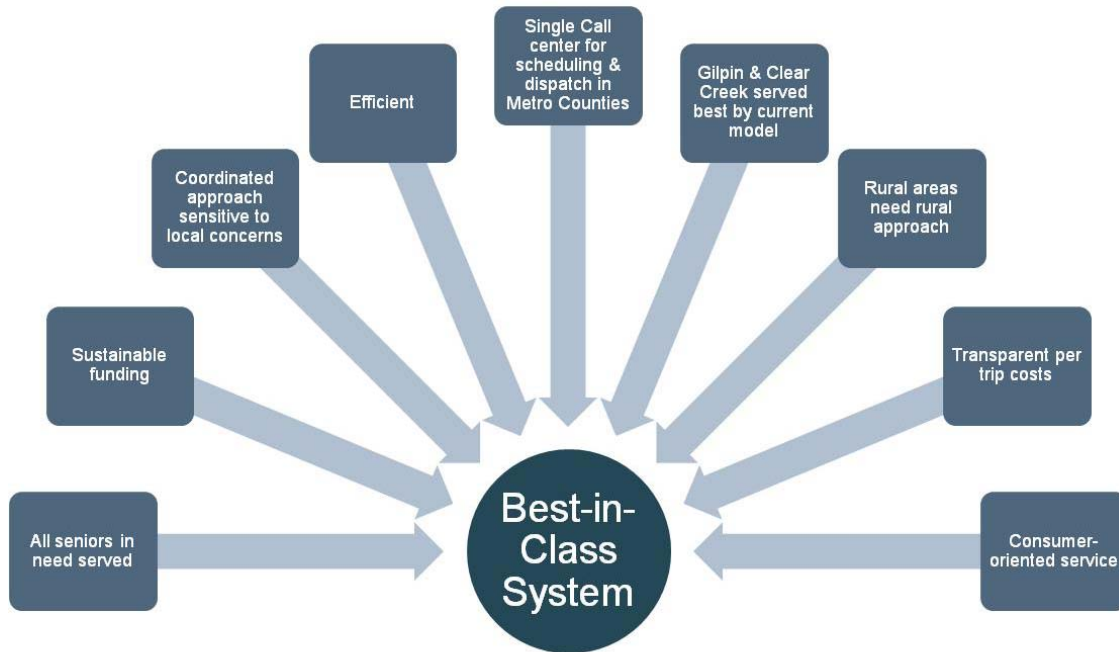
Senior transportation services, and senior services in general, will be in crisis by 2020 if the funding status quo persists. In that time, the 60+ population is expected to grow by **60 percent** compared to general population growth of **17 percent**. While the senior population booms, state funds are projected to diminish and federal funds are likely to remain flat, if not decline. These opposing forces will result in a shortage with some seniors not being served and medical trips will be prioritized over personal trips, which enrich the quality of life for seniors. DRCOG and its stakeholders must strategize how to meet future demand while continuing to provide quality services. To inform this future work, the study team asked evaluation participants to describe their vision for a best-in-class senior transportation system.

Vision for a Best-In-Class Senior Transportation System

Evaluation participants discussed their vision of a best-in-class senior transportation system — one that could be achieved if resources were not scarce and no barriers to creating such a system existed. Given stakeholders' passion for the work that they do, it is not surprising that the elements of a best-in-class senior transportation system were broadly shared, regardless of role or locality. Figure V-1 on the following page depicts the most common components of a best-in-class system envisioned by participants.

¹ Interviews with seniors served by First Ride, SRC and VOA were conducted by phone from November 15 through December 1, 2010. The study team would like to thank First Ride, SRC and Gilpin for connecting BBC with the interviewees.

**Figure V-1
Vision for Best-In-Class Senior Transportation System**



Source: BBC Research & Consulting.

All seniors in need served. The best-in-class system envisioned by stakeholders serves all seniors who are in need, without geographic restrictions.

Sustainable funding. The best-in-class system is funded in part by a sustainable source such as a mill levy or sales tax dollars.

Coordinated approach sensitive to local concerns. To be effective, a coordinated system must be sensitive to and respectful of local concerns. Counties invest resources to support their residents. Accordingly, as the system becomes more regional, counties' service delivery priorities and policies must be respected.

Efficient. An ideal system is efficient in its administration and operations and is not limited by county boundaries.

Single call center for scheduling and dispatching for the metro area. A best-in-class senior transportation system will have a single call center for scheduling and dispatching senior transportation services in the metro area. Programs and agencies supported by federal funds will come under increasing pressure to coordinate services. It is likely that a best-in-class system will not be restricted to seniors, but open to all residents with mobility impairments.

Gilpin and Clear Creek best served by current model. VOA's combined delivery of meals on wheels, congregant meals and senior transportation is the best available system for meeting seniors' transportation needs in Gilpin and Clear Creek counties. Participating in a metro-wide coordinated

system would not benefit seniors in these counties due to the unique culture, geography and topography of these counties.

Rural areas need rural approach. Serving seniors in rural areas, such as Gilpin, Clear Creek and a portion of Douglas County, is challenging and needs to be treated differently than suburban and urban communities. Volunteer-based transportation programs are most effective in these areas, particularly in the absence of a service provider. Peer AAAs with significant rural components currently use or are developing voucher-based systems to serve rural seniors.

Transparent per trip costs. In the current system, there is confusion among counties and transportation providers as to what costs are allowed to be included in the calculation of average trip costs. A best-in-class system will clearly state the types of allowable costs and allow apples-to-apples comparison of average costs.

Consumer-oriented service. The best system will be consumer-oriented. Having a consumer orientation means that seniors in need will receive predictable, safe transportation from their home to their destination. Customer service and consumer choice are highly valued.

Recommendations

To achieve this vision and to address the barriers to optimal service delivery that result from the current system structure, BBC makes the following six recommendations.

1. Explore a single call center for scheduling and dispatching in the metro area.

Stakeholders envision a senior transportation system for the metro area that is scheduled and dispatched by a single entity. This system will be free of the current system's county boundary constraints. When Kent County, Michigan implemented its system, it found that the anticipated benefits of coordination — increased trip efficiency and reduced trip costs — were borne out. The number of trips provided “drastically increased.”²

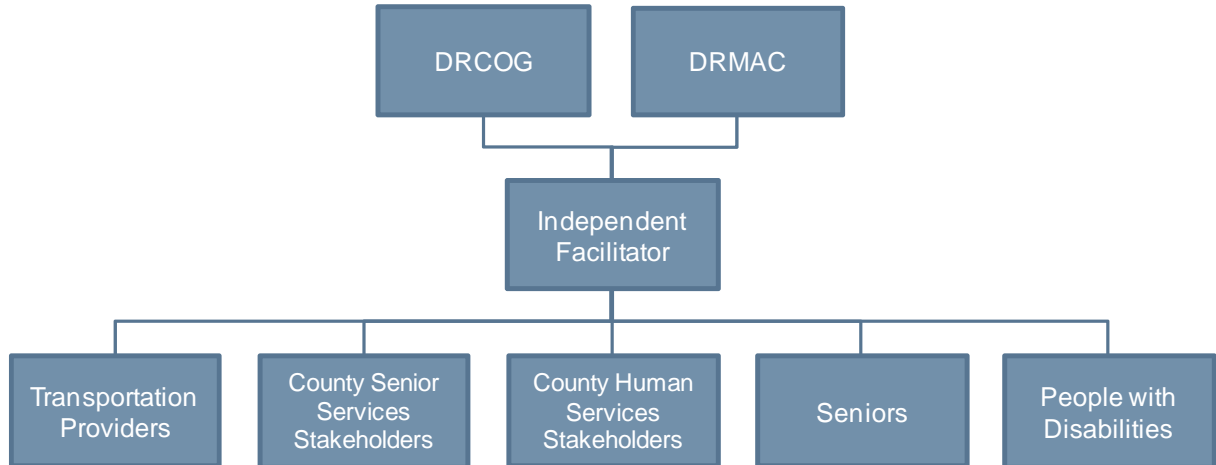
In an attempt to foster the efficiencies that come from increased coordination, the federal Departments of Labor, Transportation, Education and Health and Human Services initiated United We Ride, a five-part transportation coordination effort. This program incentivizes state and local agencies, service providers and other stakeholders to develop coordinated transportation systems. As such, DRCOG should explore developing a call center system that is not limited to senior service provision, but one that includes all mobility impaired residents of the metro area.

Convene stakeholders and create a steering committee. Figure V-2 depicts BBC's suggested Steering Committee structure for the call center planning process. This structure begins with DRCOG and DRMAC co-chairing the process. DRCOG brings the buy-in of local governments, transportation expertise and senior-transportation expertise to the table. DRMAC brings the buy-in of mobility stakeholders beyond those focused on senior transportation services. As discussed previously, DRMAC is currently engaged in a process to develop a hotline for seniors and mobility-impaired individuals to call to obtain contact information for available transportation services. In pursuing a single call center for senior/human services transportation scheduling and dispatch,

² Interview with the AAA of Western Michigan, November 10, 2010.

DRCOG and DRMAC can leverage DRMAC's efforts and engage both senior focused stakeholders and human services stakeholders.

Figure V-2.
Suggested Steering Committee Structure



Source: BBC Research & Consulting

Retain a facilitator to lead the steering committee through the process of developing of a single call center plan. The planning process should include the following elements, among others:

- Coalition building — engage all current service providers, county and municipal governments, mobility advocates, legislators, major medical facilities and foundations;
- Identify county service delivery priorities and policies — these may include preferences for service delivery by a particular provider; how county-owned fleets should be used, or maximum pick-up/drop-off waiting times;
- Identify transportation service provider priorities and policies — a desire to continue to independently schedule large group trips (e.g., grocery or local congregant meal site trips that don't cross county boundaries) or policies regarding service delivery;
- Identify challenges to successful implementation;
- Research organizational models — a single call center can be structured in several ways and the Steering Committee should identify the qualities it seeks in an organization to house and run the call center and the preferred method of oversight (e.g., Advisory Board comprised of stakeholders);
- Identify optimal scheduling software for the call center;
- Funding the call center — this should include both start-up costs and ongoing costs;

- Funding trips — there are several models for funding trips including a single per trip reimbursement for all providers; per trip reimbursement by average mileage, type of vehicle, volunteer or paid driver; or average cost reimbursement that varies by provider;
- Future fleet development — discuss regional coordination for pursuit of CDOT-administered FTA grants for capital purchases; and
- Trip scheduling policies and priorities — guide how the call center will prioritize between on-demand calls; ongoing, regularly scheduled trips or subscription trips (e.g., dialysis three times per week); cancellation policies, pick-up/drop-off maximum wait time (window) and fleet availability and use.

Timing. Kent County, Michigan spent a year on planning and structured implementation of the call center in two phases, each lasting approximately one year. Utah’s pilot program in the Wasatch Front counties is anticipated to spend a year on planning and will structure the implementation program based on the planning outcomes. Given DRCOG’s new two-year contracting cycle with AAA service providers, it is not unreasonable to spend the remaining months of the 2010-2011 contract convening stakeholders and securing funding for the planning process (2011-2013 contract cycle). If funding for implementation is secured, it is not unreasonable to anticipate beginning to implement in the 2013-2015 contract cycle.

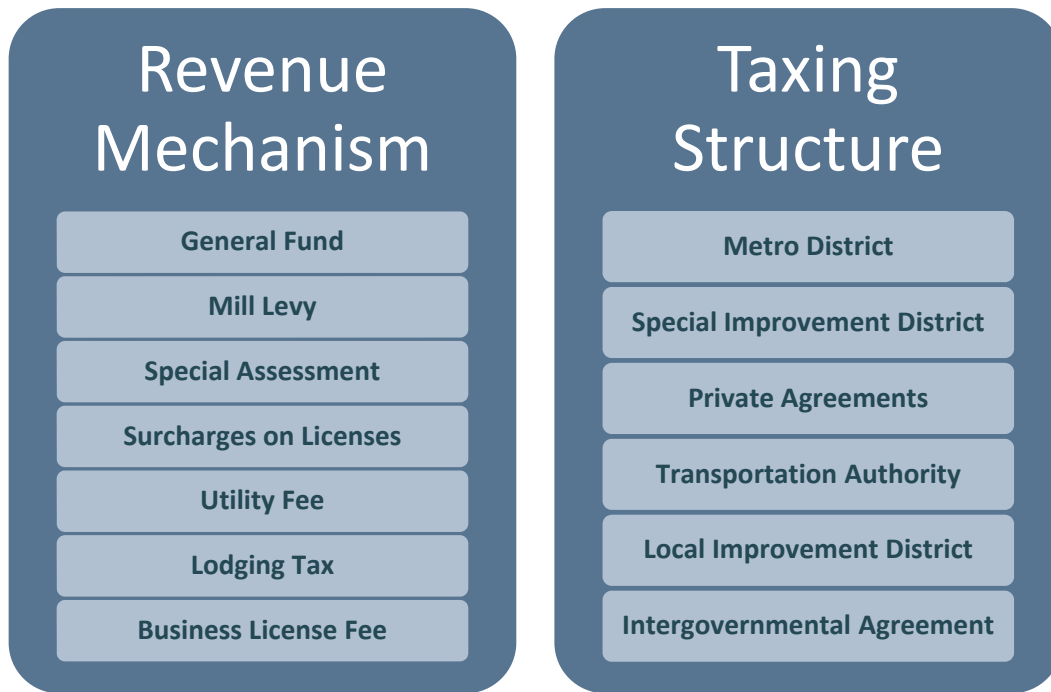
2. Explore new sources of funding with a focus on long-term sustainable funding.

Create a funding development plan that includes short and long-term funding strategies for service delivery. Regardless of the time horizon, this plan should differentiate between funding nutrition trips, personal trips and medical trips. Different funders may have an interest in funding particular trip types. Personal trips are essential to elevating the quality of life of seniors in the community and help defer the costs of medical trips which are the most costly trip types. When developing the short-term strategy, the types of organizations that benefit from having seniors access their sites, such as medical facilities, grocery stores and banks should be considered.

Short-term funding strategies. Short-term funding strategies include approaching charitable foundations to support senior transportation and approaching the medical community to fund medical trips. DRCOG should convene a meeting with the major medical facilities and their associated foundations and begin a dialogue with them regarding the demands medical trips place on the current senior transportation system. Medical facilities, hospitals and foundations support senior transportation for medical services in other communities through direct service delivery and cash contributions. In some communities, large grocery chains (e.g., Wal-Mart) support senior transportation services with cash contributions.

Long-term funding strategies. Given the anticipated growth in the senior population in the next five and ten years, securing sustainable funding for senior transportation services will be essential. DRCOG should explore different funding alternatives (e.g., mill levy, sales tax increase and special district formation). Explore a regional senior transportation or senior services mill levy. Other communities have successfully passed senior services mill levies that support a myriad of quality of life, nutrition, health and transportation services for seniors. This type of funding is sustainable and predictable. Mill levies are not the only option. Figure V-3 depicts alternative revenue mechanisms and taxing structures to evaluate as part of developing the long-term sustainable funding strategy.

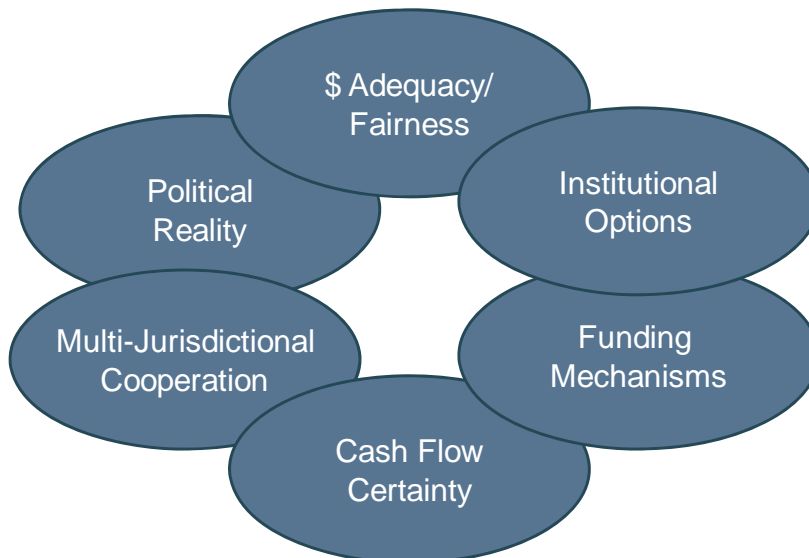
Figure V-3.
Revenue Mechanisms and Taxing Structures



Source: BBC Research & Consulting.

Figure V-4 presents many factors that must be balanced in the evaluation of revenue alternatives.

Figure V-4.
Revenue Mechanisms and Taxing Structures for Sustainable Funding



Source: BBC Research & Consulting.

Timing. Funding plan development should be accomplished within two to three months, and implementation of the short-term strategies should begin as soon as the plan is approved. Evaluating different revenue mechanisms and taxing structures will take more time and will likely require the assistance of a public finance consultant. Based on our experience in public finance, the evaluation of revenue mechanisms and taxing structures, with public involvement from each county, will require approximately six months. Implementation could take a year or more, particularly since voter approval is required for many strategies.

3. Develop a senior transportation advocacy strategy. DRCOG is well-positioned to advocate on behalf of seniors to local governments and the state legislature. Building awareness of the importance of senior transportation services among voters and elected officials will be key to securing long-term sustainable funding. Coordinate with other senior and mobility advocates to develop a shared message and talking points.

Timing. Refining DRCOG's existing advocacy presentations and strategy should be accomplished within two to three months. Advocacy should be an ongoing activity.

4. Create transparency in average cost calculations. Providers and county personnel believe that there is a lack of transparency in how others calculate average trip cost. To make this process more transparent, DRCOG should create a detailed list of all of the types of costs that are allowed to be included into the average trip cost. In addition, DRCOG should create a list of the types of in-kind contributions that qualify to count for local match. Using an average cost approach is very common amongst DRCOG's AAA peers and is the best method for developing trip costs given the program's regulatory constraints. Service providers come up with a unit rate and after negotiation with the AAA, this is the rate used for trip reimbursement. We see no pressing need to change this system based on the review of peer agencies and the restrictions placed upon DRCOG by its regulating bodies.

Timing. This task should be accomplished before the RFP process for 2011-2013 funds.

5. Foster regional coordination and cooperation. While continuing with the current county-based contracting process for the 2011-2013 contracts, consider allocating a pool of trips to providers to be used for trips that originate in other counties. This is essentially a small step toward increased regional coordination and cooperation that will largely be driven by the transportation providers themselves. To launch this pilot program, convene a meeting of transportation providers and county representatives to discuss the purpose of this program — fostering regional coordination and cooperation — and obtain their feedback on how this concept could best be implemented. For example areas close to county boundaries that currently do not share a service provider present an opportunity for collaboration between providers.

Open communication will be essential to the success of this pilot program. Opportunities for coordination and cooperation are likely to be identified at the provider level and should be discussed as part of this process. Midway through the first year of the contract, convene providers to evaluate the challenges and successes of this cooperative effort. There is much to be learned from providers and counties who participate in this pilot program and their experiences will greatly inform the single call center dialogue.

Timing. If DRCOG chooses to implement the pilot program in the upcoming contract cycle, the initial stakeholder meeting should be held as soon as possible to gauge transportation providers' interest in participating and to discuss logistics. The pilot could be implemented in the 2011-2013 contract cycle and should be evaluated on an ongoing basis.

6. Strengthen county partnerships. As DRCOG moves toward a truly regional senior transportation system, having strong relationships with each county in the region will be essential to the long-term success of the program. Some counties are currently more engaged than others; as such, DRCOG should work to bring all counties to the table, beginning with Denver County. The active participation and buy-in from each county will be necessary as DRCOG explores sustainable funding mechanisms and the policy framework for the single call center.

Timing. DRCOG should reach out to Denver County as soon as possible. Until the next mayor is elected, a specific staff person may or may not be assigned to the role. If possible, convene regular meetings of county stakeholders and transportation providers to continue the dialogue about regional coordination and cooperation.