

# The Board of Supervisors

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# Contra Costa County



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March 27, 2024

Assemblymember Tim Grayson  
P.O. Box 942849  
Sacramento, CA 94249-0015

## **RE: Ensuring the mobility needs of older Californians and those with disabilities are served by the State's transportation system through Senate Bill 125 and 1121 established processes**

Dear Assemblymember Grayson,

On behalf of the Contra Costa County Board of Supervisors, I am writing to bring awareness to a unique opportunity which addresses a longstanding public policy blind spot in our transportation system, that of accessible transportation programs for older and disabled Californians. As described in the attached *Draft Accessible Transportation Policy Blueprint*, numerous State initiatives over the past two decades have repeatedly identified significant problems with accessible transportation services. These initiatives identified solutions to problems, but the solutions have never been implemented.

With your assistance, two recently initiated State processes can be leveraged to efficiently address these persistent issues. The work of the Transit Transformation Task Force established in Senate Bill (SB) 125, and the needs assessment required under SB 1121 are both ideal opportunities to make progress in this policy area.

The need to address this issue has been established time and time again by analysis from the State and other responsible agencies:

Caltrans has established that:

*The State is fragmented in its approach to coordination. Given the coming "senior tsunami" now is the moment to take a hard look at alternative governance structures for delivering transportation services"<sup>1</sup> and that there is a "...demonstrated need for increased funding..."<sup>2</sup>*

The California Department of Aging has established that:

*California's over-60 population is projected to diversify and grow faster than any other age group. Increasing from 16 percent in 2010 to one quarter of the population by 2030, when there will be 10.8 million older adults in California.<sup>3</sup>*

In the Bay Area, the Metropolitan Transportation Commission describes the situation as follows:

*Current senior-oriented mobility services do not have the capacity to handle the increase in people over 65 years of age...the massive growth among the aging...points to a lack of fiscal and organizational readiness...the closure and consolidation of medical facilities while rates of diabetes and obesity are on the rise will place heavy demands on an already deficient system.<sup>4</sup>*

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<sup>1</sup> Mobility Action Plan (MAP) Human Service Transportation Coordination in California: A Legal and Regulatory Analysis

<sup>2</sup> Caltrans MAP: Phase 1 Implementation Study Final Draft Report, Strategic Implementation Plan

<sup>3</sup> California Master Plan for Aging

<sup>4</sup> MTC: Coordinated Public Transit Human Services Transportation Plan

In response to the dire need described above, we are urging our state representatives to ensure that the California State Transportation Agency (CalSTA) and the California Transportation Commission (CTC) make use of the SB 125 Transit Transformation Task Force and the SB 1121 transportation needs assessment process to address this issue.

Relative to SB 125, the Transit Transformation Task Force convened by CalSTA and is directed by statute to address issues including “*persons with disabilities or specific populations*”. Given the significant increase in demand and need for policy reform established by the State’s own analysis, CalSTA and the Task Force must comprehensively address issues of accessible transportation. The previous body of work by the State described in the attachment provides a start to addressing this issue.

Relative to SB 1121, the needs assessment developed by the CTC must reflect the magnitude of the demographic and public health shifts described above. The increased cost to expand and improve accessible transportation, above and beyond conventional public transit and paratransit, to correspond with the forecasted increase in need must be addressed. The needs assessment should also acknowledge previous analysis by the State which demonstrated a need for increased funding and improved policies.

We hope that both the SB 1121 needs assessment process and the SB 125 Task Force acknowledge and consider the State’s significant, prior analysis in this policy area. An appropriate response would address the fact that both conventional public transit **and** paratransit leave **significant** gaps in services for this vulnerable population. Both efforts should identify policy changes and funding increases necessary to adequately serve the target population and to, after decades of unfulfilled recommendations, equitably support accessible transportation.

We appreciate your assistance with this issue which has languished for decades leaving vulnerable Californians with limited mobility options resulting in compromised access to medical care, goods, services, the ability to participate in the economy, and a reduction in quality of life.

The County’s legislative advocate, Mark Watts (916-446-5508, [mark@whstrat.com](mailto:mark@whstrat.com)) can answer any questions and provide additional details regarding this request.

Sincerely,



FEDERAL D. GLOVER  
Chair, Contra Costa County Board of Supervisors

**Attachment:** DRAFT California Accessible Transportation Policy Blueprint

Copy

- Honorable Members of the Contra Costa County State Legislative Delegation
- Assembly & Senate Transportation Committee
- Contra Costa County Board of Supervisors
- Toks Omishakin - Secretary, California State Transportation Agency
- Tanisha Taylor - Executive Director, California Transportation Commission
- Mark Watts, Legislative Advocate
- Mark Neuburger, California State Association of Counties

# **DRAFT California Accessible Transportation Policy Blueprint**

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# Executive Summary

The State of California, in numerous initiatives over the two decades, has repeatedly identified a need to improve “accessible transportation”<sup>1</sup> services used by older Californians and those with disabilities, yet few results have come from these initiatives. A Caltrans study in 2012 established that the current system provides ineffective and inefficient service with problems such as gaps in service, inconsistent service, underutilization of resources, duplication of service, inconsistent safety standards, and customer inconvenience.

In one example, Caltrans established a need to “*better accomplish*” the intent of the 1979 Social Service Transportation Improvement Act (“SSTI Act”)<sup>2</sup> and called for a “*substantial and sustained effort*” to develop a “*statewide empowered framework for coordination*” to address the “*complex and fragmented jurisdictional landscape*”.<sup>3</sup> That 2012 call to action has not led to substantial changes and the need has only grown. Despite broad consensus on the need to improve this area of public policy, there has been minimal progress.

Following is a summary of policy recommendations, incorporating recommendations from previous studies from sources including Caltrans and Health and Human Services, as well as recent primary research among users and providers of accessible transportation, and recent case studies of institutional reforms to improve accessible transportation.

The full Policy Blueprint provides more background on the accessible transportation policy landscape, and includes supporting information for the policy recommendations from user focus groups, service providers surveys, and case studies of current best practices.

## Policy Recommendations within the Current Scope of Funding

### Guiding Existing Funding

Currently, federal and state funds intended for accessible transportation are guided by local planning processes. However, these planning processes are not sufficiently guiding these fund sources as intended, contributing to the lack of efficiency and usefulness of services. As such, Caltrans recommended changes to funding guidance to support the prioritization provided in the Coordinated Plans and a preference for Consolidated Transportation Services Agencies, among other changes.<sup>4</sup>

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<sup>1</sup> Accessible Transportation (AT): An umbrella term for services provided to older persons and those with disabilities which include but not limited to city-provided “dial-a-ride,” ADA mandated public paratransit, volunteer driver programs, accessible wayfinding/public rights of way, non-profit and community-based transportation, mobility management programs, etc.

<sup>2</sup> The intent of the Act is to “improve transportation service required by social service recipients”.

<sup>3</sup> Caltrans [California Mobility Action Plan \(MAP\) Strategic Implementation Plan](#)

<sup>4</sup> Caltrans MAP: [Assessing Human Service Transportation Coordination in CA: An Analysis of Legal and Regulatory Obstacles: Possible Solutions](#)

### **Better Utilize Coordinated Plan Funding Guidance for Federal Funding**

Federal law requires locally developed Coordinated Plans to guide Section 5310 federal funding intended for transit dependent and transit disadvantaged persons – including the elderly, disabled, and persons of limited means<sup>5</sup> – which Caltrans reaffirms in its State Management Plan.<sup>6</sup>

However, our California case study shows an insufficient alignment between the priorities identified in the Coordinated Plans and the State Management Plan and the uses of Section 5310 funding. **This alignment should be improved.**

### **Reform the “Unmet Needs” Process<sup>7</sup>**

California’s Transportation Development Act (TDA) requires jurisdictions to identify unmet transit needs and those needs that are reasonable to meet in order to guide state TDA funding. Prior Caltrans study has acknowledged significant shortcomings with the “unmet needs” process and specifically recommended legislative action to address the issues. **The determination of unmet needs should consider the needs identified in Coordinated Plans so that TDA funds can be used for Coordinated Plan implementation, and should include a public review process to provide transparency.**

### **Utilize Regional Network Management entities in regions where they are established**

In some metropolitan regions within the state, coordination of transit services is being formalized across county boundaries through regional network management entities. For example, in the San Francisco Bay Area, the Metropolitan Transportation Commission has recently established a Network Management function that oversees the coordination of public transportation, fare payment, fare integration, schedule coordination, mapping & wayfinding, real time transit information, regional coordination of accessible transportation, and other customer-facing operating policies. Where such regional network management entities exist, they will sub-allocate funding for accessible transportation, and ensure coordination and standardization of accessible transportation services across county boundaries in a region.

### **Guiding Funding Assessment**

Caltrans identified a “*demonstrated need for increased funding*”<sup>8</sup> for local and regional entities who support coordinated transportation projects. This was reaffirmed in the 2021 California Master Plan for Aging (MPA) in which the Health and Human Services Agency called for strengthened CTSAs and the MPA Stakeholder Advisory Committee called for an increase in

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<sup>5</sup> Caltrans [Transportation Development Act \(TDA\) Statutes and California Code of Regulations](#) (2018)

<sup>6</sup> Caltrans [State Management Plan Federal Transit Programs](#) (July 2020)

<sup>7</sup> Caltrans California Mobility Action Plan (MAP) Strategic Implementation Plan, and MAP: Assessing Human Service Transportation Coordination in California: A Legal and Regulatory Analysis

<sup>8</sup> Caltrans [MAP: Phase 1 Implementation Study Final Draft Report, Strategic Implementation Plan](#) (2010)

funding.<sup>9</sup> One option developed by Caltrans is to have the CTSA be the recipient of new funding. That being said, *“the amount of funding available to CTSAs remains a mystery”* according to CalAct, a statewide non-profit organization representing small, rural, and specialized transportation providers. Some MAP Project Advisory Committee members also postulate that *“the number is not that large”*.<sup>10</sup>

There are two current initiatives authorized by state law to assess and make recommendations regarding transportation funding. [SB 1121](#) requires the California Transportation Commission in consultation with CalSTA and Caltrans to prepare a needs assessment of the cost to operate, maintain, and provide for the necessary future growth of the state and local transportation system for the next 10 years. The completed Transportation Needs Assessment is due on or before January 1, 2025, and every 5 years thereafter.<sup>11</sup> [SB 125](#) requires CalSTA to convene a Transit Transformation Task Force that will develop policy recommendations relating to transit funding, improving the transit experience for all users, and growing transit ridership. CalSTA, in consultation with the task force, is required to submit a report of findings and policy recommendations based to the appropriate policy and fiscal committees of the Legislature on or before October 31, 2025. **These initiatives should assess and recommend funding to implement recommendations from multiple previous state studies.**

## **Institutional Reforms Requiring Additional Funding**

### **Enhance the Consolidated Transportation Services Agency (CTSA) mechanism<sup>12,13</sup>**

The 1979 SSTI Act and the CTSA mechanism within the Act were established for the purpose of *“improving the quality of transportation services to low mobility groups while achieving cost savings, lowered insurance premiums and more efficient use of vehicles and funding resources.”*<sup>14</sup> In 2012 Caltrans identified inequitable implementation due to a *“permissive rather than mandatory approach”* and *“political and funding barriers”*. Caltrans and the Department of Aging have recommended strengthened CTSAs including requiring CTSAs in every county, making the CTSA the recipient, manager, and allocator of funding, and providing:

#### **Mobility Management**

Providing a single point of contact connecting users of accessible transportation with the most appropriate service for their needs.

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<sup>9</sup> California Master Plan for Aging: Goal 2: Livable Communities & Purpose

<sup>10</sup> Caltrans [MAP: Assessing Human Service Transportation Coordination in California: A Legal and Regulatory Analysis](#)

<sup>11</sup> Senate Bill 1121 (Gonzalez, 2022)

<sup>12</sup> Caltrans [MAP: Assessing Human Service Transportation Coordination in California: A Legal and Regulatory Analysis](#)

<sup>13</sup> California Master Plan for Aging: Goal 2: Livable Communities & Purpose

<sup>14</sup> CalAct, [What is a Consolidated Transportation Services Agency?](#)

### **Cross Jurisdictional Service<sup>15</sup>**

Also known as one-seat-ride or regional trips, new policies would establish backend processes, seamless to the public, that accommodate riders traveling between different transit districts.

### **Public Rights of Way (PROW)**

Traversable sidewalks, paths, and routes are critical for mobility equity. Improving community walkability is an established priority strategy of the MPA<sup>16</sup> and the Commission on Aging<sup>17</sup>. These neighborhood mobility issues are best addressed at the local level. CTSAs will be empowered to review capital improvement and other planning and programming documents to ensure high quality accessible access.

### **Establish the *California Mobility Council***

In order to provide ongoing support for institutional reforms, the California Health and Human Services Agency recommended the establishment of a Mobility Council to be “...*responsible for dramatic improvement in transportation options for seniors...*”<sup>18</sup> with Caltrans stating, “*Legislation is likely required*”.<sup>19</sup>

The Mobility Council would have authority over reform of implementation of the Social Service Transportation Improvement Act, such as: Coordinated (originally Consolidated) Transportation Services Agency enhancement, unmet needs process reform, and integration of Coordinated Public Transit Human Services Transportation Plans with existing relevant processes. It would include representation of Regional Centers and other categories of transportation providers, and establishment of cross jurisdictional trip protocols.

### **Acknowledgements**

We would like to acknowledge the Master Plan on Aging (MPA) and Disability and Aging Community Living Advisory Committee (DACLAC) for their critical work keeping these issues on the frontline of the Department of Health Care Service’s [Long-Term Services and Support](#) and the Department of Developmental Services’ [Home and Community Based-Services Program](#).

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<sup>15</sup> Identified as an implementation task in the CA Health and Human Services Agency’s [2021 Master Plan for Aging](#) (Initiative 16).

<sup>16</sup> [California Master Plan for Aging, 2023-24 Initiatives](#)

<sup>17</sup> California Commission on Aging, *Transportation Task Team Report to the California Commission on Aging*, Progress Report to the State Legislature on the Strategic Plan for an Aging California Population ([First Report](#) and [Second Report](#))

<sup>18</sup> Health and Human Services Agency, [2003 Strategic Plan for an Aging California](#), page 30

<sup>19</sup> Caltrans, [MAP: Assessing Human Service Transportation Coordination in California: A Legal and Regulatory Analysis](#), page 27



# California Accessible Transportation Policy Blueprint

## Introduction

The purpose of this Policy Blueprint is to provide an introduction to the longstanding problems in the accessible transportation landscape and policy recommendations to improve these systems for people with disabilities and older adults. Despite repeated studies over the last two decades, little to no reforms have come to fruition.

The background section provides an overview of current issues, based on new research and a summary of previous research within the accessible transportation landscape. For this report, we conducted interviews with riders with disabilities, caretakers, and service providers to provide a current picture of gaps in the accessible transportation system and the changes needed to realize a more functional system. We also summarize previous research in California over the last two decades, and provide case studies of innovative practices and reforms in other states. These case studies are intended to showcase a variety of coordination strategies undertaken in other state and local jurisdictions.

Based on this background, this report provides policy recommendations, separated into two categories: [1] Actions that can be done within the current scope of funding and [2] Reforms and improvements that would require new funding.

Within the scope of current funding, there is an important need to utilize current studies to assess the funding needs for accessible transportation, and to more effectively match current funding with local plans.

With additional funding, institutional reforms can drive increased coordination, efficiency, and effectiveness. At the state level, a “California Mobility Council” would guide state-wide policy reforms. At the local level, an empowered governance structure (known as Coordinated Transportation Service Agency) will be created in each county/region to implement state-level reforms and better meet the needs of riders in their jurisdiction. These CTSA’s will be responsible for pursuing coordination efforts among various partners such as mobility management, coordinating service provision, joint equipment procurement, standardizing trip booking software, reviewing capital and operations plans within their jurisdiction, etc.

Policy reforms are needed because the accessible transportation system is broken. Creating a more efficient, fast, and rider-focused accessible transportation network requires greater coordination amongst the various players in the landscape – leading to better outcomes for riders, service providers, and state and local governments.

# Background

## Defining Accessible Transportation

Accessible transportation is an umbrella term for services provided to older persons and those with disabilities with limited mobility. Perhaps the most known of these services is ADA Paratransit, a parallel service to fixed-route public transportation which is required to be run by transit agencies under The Americans with Disabilities Act.

In addition to ADA Paratransit, there is a patchwork of other accessible transportation options. These options vary substantially by locality, have non-uniform accessibility standards, and range in costs. These include, but are not limited to, city-provided “dial-a-ride,” volunteer driver programs, non-profit and community-based transportation, mobility management programs, for-profit organizations contracted by governments to provide accessible transportation services at subsidized costs (i.e. Uber, Lyft, taxis), and non-emergency medical transportation, a Medicaid benefit for travel to medical appointments. Accessible transportation also refers to changes in the built environment (such as accessible public rights of way) that exist in parallel and as a complement to accessible vehicular transportation options.

The problems with accessible transportation services have been well documented by the State of California and are well known amongst people with disabilities, older adults, and people relating to and serving seniors and people with disabilities. The following sections provide a summary of California’s policy assessment in these areas and the impact of deficient accessible transportation on users.

## Policy Background: Two decades of inaction

The State of California, in numerous initiatives over the last 21 years, has continually identified a need to improve accessible transportation services used by older Californians and those with disabilities to little effect. The California Master Plan for Aging (MPA) identifies supporting “the expansion of integrated accessible transportation models” as one of their five key transportation initiatives.<sup>20</sup> The MPA explicitly recommends exploring opportunities to strengthen Consolidated Transportation Service Agencies (CTSAs) to provide more convenient and coordinated service.

A Caltrans study in 2012 established that the current system provides ineffective and inefficient service and problems such as gaps in service, inconsistent service, underutilization of resources, duplication of service, inconsistent safety standards and customer inconvenience.<sup>21</sup> Caltrans established a need to “*better accomplish*” the intent of the 1979 Social Service Transportation

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<sup>20</sup> [California Master Plan for Aging, 2023-24 Initiatives](#)

<sup>21</sup> Caltrans [MAP: Assessing Human Service Transportation Coordination in California: A Legal and Regulatory Analysis](#) (2010), page 5.

Improvement Act (“SSTI Act”)<sup>22</sup> and called for a “*substantial and sustained effort*” to develop a “*statewide empowered framework for coordination*”<sup>23</sup> to address the “*complex and fragmented jurisdictional landscape*”.<sup>24</sup> That 2012 recommendation has not been fulfilled and the need has only grown.

This blueprint goes into more detail about the policy recommendations from previous studies, Caltrans and Health and Human Services recommendations, bolstered by recent primary research with users and service providers, and case studies documenting current best practices.

## **Policy Background: The 1979 Social Service Transportation Improvement Act**

Vital to these recommendations is an understanding of Consolidated Transportation Service Agencies, or CTSAs. CTSAs were created in 1979 under the AB120, the Social Services Transportation Improvement Act (“SSTI Act”)<sup>25</sup> with the intention of centralizing key accessible transportation functions such as the dispatching of vehicles, purchasing and maintenance of equipment, training of vehicle drivers, identification and consolidation of all existing funding sources for social service transportation, and administration of various social service transportation programs. The intended benefits of CTSAs are to realize cost savings, create operating efficiencies, and reduce duplicative service provision and administration at a county/regional level. The SSTI Act did not mandate the implementation of CTSAs. Instead, they were seen as a flexible mechanism to deal with problems of inefficient and duplicative services.

CTSAs provide an important coordination mechanism for counties and sub-regions but, so far, have been unsuccessful in meeting these needs. This is primarily due to a lack of state-level dedicated funding for CTSAs and optional implementation by localities. Strengthening CTSAs is an important cornerstone of improving the accessible transportation landscape.

## **Primary Research - Rider Experience, Operator Needs, and Case Studies**

To get a better understanding of how the broken accessible transportation system negatively impacts riders, our project team interviewed riders with disabilities and older adults to ask about their holistic experience using accessible transportation. We also surveyed accessible transit service providers to understand the barriers and challenges they face.

The responses we gathered reinforce what has already been known by the people in this community and what has been acknowledged by multiple studies over time: California’s accessible transportation system is in dire need of reform. The responses below capture the paralyzing impacts our broken system has on people’s lives and their wellbeing.

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<sup>22</sup> The intent of the Act is to “improve transportation service required by social service recipients”.

<sup>23</sup> [Caltrans California Mobility Action Plan \(MAP\) Strategic Implementation Plan](#), page 4.

<sup>24</sup> Caltrans [MAP: Assessing Human Service Transportation Coordination in California: A Legal and Regulatory Analysis](#), page 23.

<sup>25</sup> [AB120, Social Service Transportation Improvement Act](#) (1979).

## Rider Experience<sup>26</sup>

The *Focus Group Summary* report shares testimonials from people with cognitive and physical disabilities and their caregivers expressing their holistic experiences using paratransit services. Participants represented nine California counties – Alameda, Contra Costa, Kern, Los Angeles, Orange, Sacramento, Santa Clara, Santa Cruz, and Sonoma Counties. The *Focus Group Summary* displays the day-to-day challenges riders face navigating California’s accessible transportation system.

Accessible transportation services are crucial for getting people with disabilities to places they need to go and providing additional supportive services not met by the current fixed-route transit system. Despite this, riders still face challenges that inhibit their mobility and lead to inequitable outcomes.

People with disabilities consistently cite excessively long trip times, infrequent and unreliable service, and scheduling challenges as their main concerns with using accessible transportation. Other issues include limited hours of operation, limited service area, sub-optimal operator training and adherence, prohibitively high costs, and poor vehicle condition. Moreover, riders feel their needs are not being treated as a priority by state leaders. “I don’t feel that anybody in the office has a sense of what it’s like to ride paratransit or public transportation,” said Laurent, a visually impaired resident of Santa Rosa. The riders we interviewed say more political will and resources are key to achieving their mobility needs.

## Operator Needs

Accessible transportation service providers require more funding and greater degree of coordination amongst stakeholders to improve their operations and meet the urgent needs of riders. Our project team conducted a survey of these accessible transit service providers, receiving nine responses from five paratransit operators, three community group/non-profit organizations, and one county human services department. These results provide key insights into the outstanding needs, barriers, and challenges faced by operators and their partner organizations.

The findings are summarized below:

Increasing Staffing:

**“We go to work, we go to school. [...] Whatever it is, they have to understand that we are human beings that do exactly what they do and our children do exactly what they do, even if our children don’t have disabilities. We need to elevate the perception and the respect for people with disabilities. We do what you do. We need to go where you go. We need to be**

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<sup>26</sup> Seamless Bay Area, [Focus Group Summary](#), Disability Access Research Project

- Hire more operators with more experience to deliver quality and higher pay to attract and retain workers.

#### More Robust Operations:

- Expanded service area and longer hours of service.
- Standardization of wheelchair lifts on vehicles.
- Funding to buy and operate more vehicles.



#### Deeper Coordination:

- Coordination among nonprofits/community organizations providers.
- Unify service operators to work on the same software.
- Coordination with social service agencies for eligibility requirements, staff training, etc.

#### Increasing Rider Input and Research:

- More rider voices on policy/advisory bodies and in public meetings to share their experience.
- Research to assess demand for accessible transportation services in underserved communities.

#### Expanding Communications:

- More robust marketing to educate the public on accessible transit services.

#### Streamlining User Experience:

- Ability to pay fares with transit cards and credit/debit cards.
- Shorter eligibility wait times for users.

In summary, the needs of both riders and service providers are not being met by the current structure of accessible transportation services. These first-hand accounts add to the multiple studies conducted by California agencies that identify social service transportation as being complex, fragmented, and inefficient. These shortcomings hamper the mobility of people with disabilities and older adults, leading to inequitable outcomes and worsened quality of life.

## Case Studies<sup>27</sup>

Recent case studies highlight several examples of regions that have strengthened regional coordination and governance structures, leading to tangible improvements for people with disabilities and older adults using paratransit and other curb-to-curb services.

Recent technology developments – including real-time booking software, ride-hailing apps, and other innovations – have reinforced the need for coordination amongst the various providers. Without a clear entity responsible for coordination, new innovations risk proliferating existing issues of fragmentation, duplicative provision of service, and complexities for both users and operators. The case studies mentioned below report how other regions have implemented coordination strategies in tandem with emerging technologies to maximize efficiencies and improve the rider experience.

**The Regional Transportation Collaborative (RTC) Program in the Rappahannock-Rapidan region of Virginia provides an example of “mobility management” practices and the accompanying cost-efficiencies brought about by more efficient fleet and staff use.** RTC has a similar-regional structure akin to CTSAs, albeit with voluntary participation by its partner organizations that are local non-profit/community group service providers. The program was established by the Rappahannock-Rapidan Regional Commission (RRRC), one of 21 Virginia Planning District Commissions that are tasked with supporting member local governments in transportation planning, housing, environmental planning, land use planning, project and program management, and economic development.<sup>28</sup>.

RTC enters into annual agreements with partner organizations and provides them with resources, assistance, and guidance. In return, partner organizations agree to meet performance metrics set out by RTC.

**One important way RTC improves the provision of service is by coordinating partner organizations via a centralized booking software to match riders with whatever service best fits their needs.** When booking a trip, riders call one of the many partner service providers. While the individual interfaces with a single non-profit organization or community group, the information from these calls get redirected to the centralized booking system so that the provision of service takes on a more holistic, comprehensive, and regional approach. Using all the information input from the individual service providers, the software is able to track which riders are in the same area and which riders are heading in the same direction. It uses this information to coordinate rides, avoiding duplicative service and opening up vehicles and drivers to serve other trips. Ultimately, the service provider for the trip may not be the same one who the individual booked their trip through, but this approach should provide a more efficient service that better serves riders and still meets their accessibility needs.

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<sup>27</sup> Seamless Bay Area, [Case Studies Summary](#), Disability Access Research Project

<sup>28</sup> [Rappahannock-Rapidan Regional Commission](#)

**RTC also creates cost-efficiencies through the shared use of resources and staffing.** Many of their non-profit organizations and community groups service providers do not have the resources to hire many permanent staff. To alleviate these issues, RRRC facilitates the sharing of existing staff within non-profit organizations and community groups to help other groups with marketing, mobility management, volunteer coordination, and more. Additionally, RRRC has their own staff who are tasked with helping all partner organizations with their needs. All-in-all, 12 shared staff work across 5 different organizations. As of December 2023, the RTC also had 11 vehicles being shared between 7 service providers. This helped reduce the capital costs of service providers and means that vehicles that would usually be sitting in parking lots can be used by other providers to deliver service. **CSTAs would expand upon this model, creating even greater levels of cost-efficiencies through the joint procurement of vehicles and the centralized administration of regional transportation funding.**

According to RTC Mobility Manager Kristin Lam Peraza, this voluntary and collaborative partnership between RTC, local non-profits, and community groups help provide enhanced services for older adults and people with disabilities.<sup>29</sup> She also says RTC helped service providers by creating cost efficiencies, providing stability to partner organizations, and helping expand service.

**The RIDES Program in Harris County, Texas also shows how a county-level mobility management coordinator can reduce costs through service coordination and establish monitoring and compliance guidelines for operators.**

The RIDES Program is a subsidized demand-response, curb-to-curb service providing transportation for people with disabilities and adults 65 and older.<sup>30</sup> The RIDES Program launched in 2003 after a 1998 study highlighted gaps in Houston's transportation system and in 2008 became part of the newly formed Harris County's Community Services Department under the Transportation Division.<sup>31</sup>

The RIDES Program contracts with private transportation companies to serve a mix of partner organizations (nonprofit and for-profit organizations, community groups, municipal governments, etc) to improve mobility options for older adults and people with disabilities unable to access fixed-route or ADA paratransit services.

**Similar to the Regional Transportation Collaborative (RTC) Program in the Rappahannock-Rapidan region of Virginia, RIDES creates quicker and more cost-efficient service by coordinating trips into a centralized booking software, enabling service providers to fulfill trips in a more efficient manner.** For shared rides, this unified booking system creates the most efficient travel routes by tracking which riders are in the same area and which riders are

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<sup>29</sup> Our primary source was Kristin Lam Peraza, Mobility Manager for the Regional Transportation Collaborative of the RRRC.

<sup>30</sup> Harris County Transit, [RIDES Program](#) website.

<sup>31</sup> [Rides Specialized Transportation for Harris County](#), National Aging and Disability Transportation Center.

heading in the same direction. It uses this information to coordinate rides, avoiding duplicative service and opening up vehicles and drivers to serve other trips. For same day taxi service, this booking software enables the various providers to see all riders requesting trips and if their vehicle meets a riders accessibility needs. This way, the closest vehicle, regardless of service provider, can be deployed to pick up this passenger. Unlike in Virginia, however, RIDES is coordinating contracted private service providers (not non-profit/community organizations) via their booking software.

**The Transit Transformation Action Plan (TAP) in California's Bay Area** is advancing accessible transportation coordination by the standardization of fare payment and eligibility requirements, reducing barriers to cross-jurisdictional trips, and creating centralized information portals for riders through new county-level entities. TAP is a collaborative and voluntary effort that is currently underway between the Metropolitan Transportation Commission (MTC), the region's MPO, and transit agencies.

The Transit Transformation Action Plan (TAP) identified 27 near-term actions that would yield immediate benefits for riders and build momentum for longer-term improvements. These actions are bundled into five distinct categories: [1] Fares & Payment, [2] Customer Information, [3] Transit Network, [4] Accessibility, and [5] Funding. There are five actions under the Accessibility category of which are as follows:

- Action 21: Designate a Mobility Manager to coordinate rides and function as a liaison between transit agencies in each county, consistent with the 2018 Coordinated Plan.
- Action 22: Fund additional subregional oneseat paratransit ride pilot projects and develop cost-sharing policies for cross jurisdictional paratransit trips.
- Action 23: Identify the next steps for the full integration of ADA-paratransit services on Clipper Next Generation.
- Action 24: Identify key paratransit challenges and recommend reforms through the Coordinated Plan update.
- Action 25: Adopt standardized eligibility practices for programs that benefit people with disabilities (paratransit and Clipper Regional Transit Connection (RTC)).

The TAP Accessibility Action Items are “first major push in decades for regional improvements in accessible transportation.”<sup>32</sup> These Action Items are designed to craft a more coherent and user-friendly system out of the fragmented Bay Area accessible transportation landscape. For reference, there are 20 paratransit agencies operating in the Bay Area<sup>33</sup> and this does not include the patchwork of other accessible transportation options such as volunteer driver

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<sup>32</sup> Drennen Shelton, a Planner at MTC working on the TAP Accessibility Action Items

<sup>33</sup> 511 SF Bay, [ADA Paratransit](#)



programs, non-profit and community-based transportation, mobility management programs, and city-provided “dial-a-ride”.

All of these Action Items are still in various stages of development. However, the important thing to note is that this work is enabled by MTC as a regional entity that has taken up the responsibility of coordination to improve the overall rider experience.

MTC develops the Coordinated Plan for the region. However, case study interviews identify an insufficient match between the priorities identified in the Coordinated Plans and the State Management Plan and the uses of Section 5310 funding.

The MTC regional coordination role is proceeding in a complementary fashion with the development of CTSAs in some of the Bay Area’s 9 Counties, including Solano County and Contra Costa County, which are leading coordination within those counties.

**Florida’s Commission for the Transportation Disadvantaged (CTD) could be a governance structure considered by California to streamline our accessible transportation network.** The Commission develops policies and procedures to coordinate services and “is guided by a philosophy of centralized (statewide) policy development and decentralized (local) implementation.”<sup>34</sup>

Florida’s CTD is an independent state agency housed within the state's Department of Transportation which “functions independently from the supervision and direction of the FDOT, with its own rule making and budget authority.”<sup>35</sup>

The state-level CTD board is composed of seven voting members, at least two of whom are people with disabilities or use the transportation disadvantaged system and at least one of whom must be over 65 years old. The other five commissioners are from the business community. Ex officio non-voting members of CTD include representatives from state agencies and departments for Elder Affairs, Persons with Disabilities, Children and Families, Health Care Administration, in addition to a county manager or administrator appointed by the Governor.

The CTD contracts with **Community Transportation Coordinators (CTC)** who are responsible for providing and/or contracting transportation services at the county-level. A CTC can be a public transportation agency, a private for-profit transportation company, a not-for-profit human services agency, or a local government entity. CTCs receive funding from state and federal sources.

The CTD also contracts **Designated Official Planning Agencies (Planners)** to conduct and coordinate planning activities including the development of local service plans and reviewing annual operating reports that are submitted to the CTC.

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<sup>34</sup> [Florida Commission for the Transportation Disadvantaged, 2023 Annual Performance Report](#)

<sup>35</sup> Identified in the Florida Commission for the Disadvantaged [2023 Annual Performance Report](#).

The **Local Coordination Board (LCB)** is a local advisory body to the CTD and assists the CTC to identify local service needs and provide information, advice, and direction on the coordination of transportation disadvantaged services. A local elected official chairs a LCB with other members from local and state stakeholders. These include state agencies, riders of the Coordinated System, academics, transportation industry, the workforce development system, medical community, and military veterans.

## Policy Recommendations

Based on previous studies, new primary research, secondary research on reforms utilized by other states (see *Case Studies Summary*<sup>36</sup>), we have identified a set of policy recommendations to alleviate the issues and foster the mobility that is badly needed by those with disabilities and older adults.

The policy recommendations are separated into two categories: [1] Actions that can be done within the current scope of funding and [2] institutional reforms and improvements that would require new funding.

Within current funding, there is an important need to utilize current studies to assess the funding needs for accessible transportation, and to more effectively match current funding with local plans.

With additional funding, institutional reforms can drive increased coordination, efficiency, and effectiveness.

### Policies within the Current Scope of Funding

#### Guiding Existing Funding

Currently, federal and state funds intended for accessible transportation are guided by local planning processes. However, these planning processes are not sufficiently guiding these fund sources as intended, contributing to the lack of efficiency and usefulness of services. As such, Caltrans recommended changes to funding guidance to support the prioritization in the Coordinated Plans and a preference for Consolidated



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<sup>36</sup> Seamless Bay Area, [Case Studies Summary](#), Disability Access Research Project

Transportation Services Agencies, among other changes.<sup>37</sup>

### **Better Utilize Coordinated Plan Funding Guidance for Federal Funding**

Federal law requires locally developed Coordinated Plans to guide Section 5310 federal funding intended for transit dependent and transit disadvantaged persons – including the elderly, disabled, and persons of limited means<sup>38</sup> – which Caltrans reaffirms in its State Management Plan.<sup>39</sup>

However, our California case study shows an insufficient match between the priorities identified in the Coordinated Plans and the State Management Plan and the uses of Section 5310 funding.

### **Reform the “Unmet Needs” Process<sup>40</sup>**

California’s Transportation Development Act (TDA) requires jurisdictions to identify unmet transit needs and those needs that are reasonable to meet in order to guide state TDA funding. Prior Caltrans study has acknowledged significant shortcomings with the “unmet needs” process and specifically recommended legislative action to address the issues. **The determination of unmet needs should consider the needs identified in Coordinated Plans so that TDA funds can be used for Coordinated Plan implementation, and should include a public review process to provide transparency.**

### **Utilize Regional Network Management entities in regions where they are established**

In some metropolitan regions within the state, coordination of transit services is being formalized across county boundaries through regional network management entities. For example, in the San Francisco Bay Area, the Metropolitan Transportation Commission has established a Network Management function that oversees the coordination of public transportation, fare payment, fare integration, schedule coordination, mapping & wayfinding, real time transit information, regional coordination of accessible transportation, and other customer-facing operating policies. Where such regional network management entities exist, they will sub-allocate funding for accessible transportation, and ensure coordination and standardization of accessible transportation services across county boundaries in a region.

### **Guiding Funding Assessment**

Caltrans identified a “*demonstrated need for increased funding*”<sup>41</sup> towards local and regional entities which are supporting coordinated transportation projects. This was reaffirmed in the

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<sup>37</sup> Caltrans MAP: [Assessing Human Service Transportation Coordination in CA: An Analysis of Legal and Regulatory Obstacles: Possible Solutions](#)

<sup>38</sup> Caltrans [Transportation Development Act \(TDA\) Statutes and California Code of Regulations](#) (2018)

<sup>39</sup> Caltrans [State Management Plan Federal Transit Programs](#) (July 2020)

<sup>40</sup> Caltrans California Mobility Action Plan (MAP) Strategic Implementation Plan, and MAP: Assessing Human Service Transportation Coordination in California: A Legal and Regulatory Analysis

<sup>41</sup> Caltrans [MAP: Phase 1 Implementation Study Final Draft Report, Strategic Implementation Plan](#) (2010)

2021 California Master Plan for Aging (MPA) in which the Health and Human Services Agency called for strengthened CTSAs and the MPA Stakeholder Advisory Committee called for an increase in funding.<sup>42</sup> However, the consideration of reforms is impeded by a lack of data about the cost and funding needs of the fragmented system of accessible transportation. According to CalAct, a statewide non-profit organization representing small, rural, and specialized transportation providers, *“the amount of funding available to CTSAs remains a mystery.”* Some MAP Project Advisory Committee members also postulate that *“the number is not that large”*.<sup>43</sup>

There are two current initiatives authorized by state law to assess and make recommendations regarding funding for transportation in California. [SB 1121](#) requires the California Transportation Commission in consultation with CalSTA and Caltrans to prepare a needs assessment of the cost to operate, maintain, and provide for the necessary future growth of the state and local transportation system for the next 10 years. The completed Transportation Needs Assessment is due on or before January 1, 2025, and every 5 years thereafter.<sup>44</sup> [SB 125](#) requires CalSTA to convene a Transit Transformation Task Force that will develop policy recommendations relating to transit funding, improving the transit experience for all users, and growing transit ridership. CalSTA, in consultation with the task force, is required to submit a report of findings and policy recommendations based to the appropriate policy and fiscal committees of the Legislature on or before October 31, 2025. **These initiatives should assess and recommend funding to implement recommendations from multiple previous state studies.**

## **Institutional Reforms and Policies that Require Additional Funding**

### **Enhance the Consolidated Transportation Services Agency (CTSA) mechanism<sup>45,46</sup>**

The 1979 SSTI Act and the CTSA mechanism within were established for the purpose of *“improving the quality of transportation services to low mobility groups while achieving cost savings, lowered insurance premiums and more efficient use of vehicles and funding resources.”*<sup>47</sup> In 2012 Caltrans identified inequitable implementation due to a *“permissive rather than mandatory approach”* and *“political and funding barriers”*. Caltrans and the

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<sup>42</sup> California Master Plan for Aging: Goal 2: Livable Communities & Purpose

<sup>43</sup> Caltrans [MAP: Assessing Human Service Transportation Coordination in California: A Legal and Regulatory Analysis](#)

<sup>44</sup> Senate Bill 1121 (Gonzalez, 2022)

<sup>45</sup> Caltrans [MAP: Assessing Human Service Transportation Coordination in California: A Legal and Regulatory Analysis](#)

<sup>46</sup> California Master Plan for Aging: Goal 2: Livable Communities & Purpose

<sup>47</sup> CalAct, [What is a Consolidated Transportation Services Agency?](#)

Department of Aging have recommended strengthened CTSAs including requiring CTSAs in every county, making the CTSA the recipient, manager, and allocator of funding, and including:

### **Mobility Management**

Providing a single point of contact connecting users of accessible transportation with the most appropriate service for their needs.

### **Cross Jurisdictional Service<sup>48</sup>**

Also known as one-seat-ride or regional trips, new policies would establish backend processes, seamless to the public, that accommodate riders traveling between different transit districts.



### **Public Rights of Way (PROW)**

Traversable sidewalks, paths, and routes are critical for mobility equity. Improving community walkability is an established priority strategy of the MPA<sup>49</sup> and the Commission on Aging<sup>50</sup>. These neighborhood mobility issues are best addressed at the local level. CTSAs will be empowered to review capital improvement and other planning and programming documents to ensure high quality accessible access

Recent case studies (see the “Case Studies” section) highlight several examples of regions that have strengthened regional coordination and governance structures, leading to tangible improvements for people with disabilities and older adults using paratransit and other curb-to-curb services.

**Similar to the Regional Transportation Collaborative (RTC) Program in the Rappahannock-Rapidan region of Virginia, CTSAs should be responsible for regional coordination efforts. This will lead to cost-efficiencies and a better rider experience brought about by service coordination and a more efficient use of staffing and capital (vehicles, facilities, etc). RTC has a similar-regional structure akin to CTSAs, albeit with voluntary participation by its partner organizations that are local non-profit/community group service providers.**

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<sup>48</sup> Identified as an implementation task in the CA Health and Human Services Agency's [2021 Master Plan for Aging](#) (Initiative 16).

<sup>49</sup> [California Master Plan for Aging, 2023-24 Initiatives](#)

<sup>50</sup> California Commission on Aging, *Progress Report to the State Legislature on the Strategic Plan for an Aging California Population*

**One important way RTC improves the provision of service is by coordinating partner organizations via a centralized booking software to match riders with whatever service best fits their needs,** providing a more efficient service that better serves riders and still meets their accessibility needs.

**The county-level RIDES Program in Harris County, Texas also achieves cost reductions through joint service procurement and coordination via a centralized booking software system – enabling service providers to fulfill trips in a more efficient manner.** One important distinction is that the RIDES Program does coordinate existing operators. Instead, they contract directly with private transportation companies to serve a mix of partner organizations (nonprofit and for-profit organizations, community groups, municipal governments, etc). This is due, in part, to the limited scope of publicly and non-profit accessible transportation providers in the sprawling Harris County, especially in the region’s rural and suburban areas.

**CTSAs will also create cost-efficiencies through the shared use of staffing and resources similar to RTC.** A regional entity will facilitate the sharing of existing (and potentially new) staff to help partner groups with marketing, mobility management, volunteer coordination, and more. This method of staff organization will help reduce overhead costs and the sharing of some capital between providers (i.e. buses, facilities, etc) will create greater efficiencies.

**Importantly, CSTAs will expand upon these models, creating even greater levels of coordination through the joint procurement of vehicles and the centralized administration of regional transportation funding.**

### ***Establish the California Mobility Council***

In order to provide ongoing support for institutional reforms, the California Health and Human Services Agency recommended the establishment of a Mobility Council to be “...*responsible for dramatic improvement in transportation options for seniors...*”<sup>51</sup> with Caltrans stating, “*Legislation is likely required*”.<sup>52</sup>

The Mobility Council would have authority over reform of implementation of the Social Service Transportation Improvement Act, such as: Coordinated (originally Consolidated) Transportation Services Agency enhancement, unmet needs process reform, and integration of Coordinated Public Transit Human Services Transportation Plans with existing relevant processes. It would include representation of Regional Centers and other categories of transportation providers, and establishment of cross jurisdictional trip protocols.

Case study support:

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<sup>51</sup> Health and Human Services Agency, [2003 Strategic Plan for an Aging California](#), page 30

<sup>52</sup> Caltrans, [MAP: Assessing Human Service Transportation Coordination in California: A Legal and Regulatory Analysis](#), page 27

**The structure of California’s Mobility Council could draw on the model of Florida’s Commission for the Transportation Disadvantaged (CTD).** Florida’s CTD is an independent state agency housed within the state's Department of Transportation which “functions independently from the supervision and direction of the FDOT, with its own rule making and budget authority.”<sup>53</sup>

**More specifically, the Commission develops policies and procedures to coordinate services and “is guided by a philosophy of centralized (statewide) policy development and decentralized (local) implementation.”<sup>54</sup> The California Mobility Council would be similarly tasked with, delegated the authority to, and afforded finances to improve statewide policies for the betterment of accessible transportation services.**

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## Conclusion

The accessible transportation system in California is fragmented, complex, and inefficient. Despite calls by people with disabilities, older adults, and advocates, the legislature has not worked to reform this system in the last two decades. The recommendations in this document provide California with a viable path towards revitalizing our accessible transportation landscape. New governance structures, streamlining funding mechanisms, and reforming coordinated transportation planning will drastically improve the accessible transportation system.

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<sup>53</sup> Identified in the Florida Commission for the Disadvantaged [2023 Annual Performance Report](#).

<sup>54</sup> Ibid





## Abbreviations

**ADA:** Americans with Disabilities Act

**CTC:** Florida’s Community Transportation Coordinators

**CTD:** Florida’s Commission for the Transportation Disadvantaged

**CTSA:** Consolidated Transportation Service Agency

**DACLAC:** Disability and Aging Community Living Advisory Committee

**MAP:** Caltrans’ Mobility Action Plan

**MPA:** Master Plan for Aging

**SSTI Act:** 1979 Social Service Transportation Improvement Act, or AB120

## Appendix

Caltrans, Mobility Action Plan Strategic Implementation Plan

Caltrans, [Mobility Action Plan: Assessing Human Service Transportation Coordination in California: A Legal and Regulatory Analysis](#)

[Social Service Transportation Improvement Act](#), or AB120 (1979)

[Master Plan for Aging, 2023-24 Initiatives](#)

[SB 1121](#) ([Legislative text here](#))

[SB 125](#) ([Legislative text here](#))

Seamless Bay Area, [Case Studies Summary](#), Disability Access Research Project

Seamless Bay Area, [Focus Group Summary](#), Disability Access Research Project