

LINKS: A UNIFIED TRANSPORTATION

CLEARINGHOUSE PROJECT

JULY 2003 - JUNE 2005

FINAL REPORT

PRESENTED BY

INSIGHT ENTERPRISES, INC.

PENINSULA CENTER

FOR INDEPENDENT LIVING

FUNDED BY

THE VIRGINIA BOARD

FOR

PEOPLE WITH DISABILITIES

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EXECUTIVE SUMMARY

In 2003, Insight Enterprises, Inc., Peninsula Center for Independent Living requested and received a two-year grant from the Virginia Board for People with Disabilities to conduct a consumer-directed, computerized database, information, collection and dissemination program on transportation for people with disabilities in Virginia. The LINKS Project is intended to develop a clearinghouse on available transportation services for people with disabilities and to provide statistical and case history information on the transportation needs of people with disabilities. The Study involved consumers and transportation providers throughout the Commonwealth, as well as the 16 Centers for Independent Living throughout the state. This Final Report serves to summarize the overall condition of transportation for people with disabilities throughout Virginia and to provide recommendations for future planning and improvement of systems and service delivery. This Report will be distributed to Study participants and to other stakeholders throughout the Commonwealth. It is anticipated that the LINKS Project will establish an on-going program that will maintain and update information on transportation for people with disabilities to be used for the development of public policy regarding service delivery, employment, business growth, and housing development.

HISTORY OF ACCESSIBLE PUBLIC TRANSPORTATION IN THE UNITED STATES

People with disabilities are an integral part of the American community and as such, should have the opportunity to participate fully in their communities. Full participation means having equal access to employment, housing, education, and transportation. Like non-disabled Americans, people with disabilities deserve to enjoy the privileges, the freedom, and the rights to pursue their dreams. Most of these activities depend on having access to some type of transportation.

Even with the passage of the Americans with Disabilities Act (ADA) of 1990, the lack of adequate transportation continues to be a barrier. The minimum requirements specified by the ADA are not enough to offer full inclusion and full participation for people with disabilities. Paratransit is intended as a “safety net” for people who cannot use the accessible fixed-route service, and there is a very high percentage of people with disabilities who can use the general public system--if it exists, and if it provides good coverage; needs that are common to all transit users. However, in most places, there is not an adequate public transit network to provide good mobility for many people, whether they are disabled or not.

Section 504 of the federal Rehabilitation Act of 1973 was the first major legislation to include civil rights protections for people with disabilities. It prohibited discrimination on the basis of disability in any program or activity receiving federal financial assistance. Although housing and employment were important issues, transportation became a major focus for the disability community, because without it there was no access to community life.

There was significant disagreement throughout the 1970s and 1980s, both within the disability community and among transportation providers, over how best to provide transportation to people with disabilities--should transportation be provided through an accessible fixed-route system or through a “specialized” paratransit system? Fixed-route accessibility was expensive to provide and unreliable to use; paratransit was sometimes more convenient and perceived as safer, but the separate service was perceived by many advocates as discriminatory.

Americans Disabled for Accessible Public Transportation (ADAPT) was one national organization that led the way in this issue using some of the strategies from the Civil Rights movement. For several years ADAPT used civil disobedience and other non-violent strategies--blocking buses and transit buildings, demonstrating and chaining themselves to buses in cities across the U.S.--to demonstrate the need for access to public transit.

According to national experts that we interviewed, some of the first areas to address accessible transportation were Seattle, Washington; Los Angeles, San Francisco, and Oakland, California; Atlanta, Georgia; St.

Louis, Missouri, and Washington, D.C. Some of these maintained their commitment over time; others did not and later became the subject of lawsuits and community complaints.

Since the passage of the ADA, more and more transportation providers are becoming more and more accessible to people with disabilities; however, there is still a long way to go. Many are beginning to recognize the importance of making their “main line” fixed routes systems more usable, so that the rate of increase in the need for paratransit can perhaps be more controllable. Aspects of universal design and improved pedestrian rights-of-way will be significant issues to confront in coming years.

THE “LINKS” STUDY AND RESULTS

Methodology

The Study was conducted using a multi-faceted approach in order to secure the best quality information available regarding transportation needs of, and services for, people with disabilities throughout Virginia. The “LINKS” Team developed a survey instrument to capture individual consumer information including mobility needs, demographic information, and transportation-related barriers which was distributed by CILs throughout the State. In Lynchburg and Norfolk, consumers assisted in distributing the survey to known persons with disabilities. A form for capturing individual case study evaluations and anecdotal data was developed and field-tested. Public forums were conducted in approximately eight locations, including Richmond, Hampton, Norfolk and Norton. Where possible, Area Agencies on Aging and Medicaid providers were asked to participate.

A survey form to collect information about transportation service availability and funding was developed and distributed to providers throughout the State. Nineteen programs responded, ranging from some of the larger urban systems to some of the smallest rural providers. Unfortunately, two of the larger public transit agencies in the State--Washington Metro (WMATA) and Richmond (GRTC)--chose not to respond, so the lack of information available from there somewhat skews the provider results.

A computerized database was developed to collect, store, and assist in the analysis of the information collected, and to provide a basis for an ongoing clearinghouse of transportation information. The full Advisory Team came together for a meeting and discussion, together with a presentation from a representative from Easter Seals’ Project ACTION, in October 2004. Monthly and quarterly reports were provided to the Virginia Board for People with Disabilities as the Project’s grant sponsor.

Geographic Regions of the State

In order to try to identify regional issues that may arise around the state, the Project aggregated Planning Districts (PDs) into six regional groups, rather than the eight sometimes used. Unfortunately, we learned that neither people, CILs, nor transit provider service areas fit neatly into such categorization. One possible long-term recommendation to help improve coordination and connectivity of transportation planning would be to have consistent regional definitions for the local jurisdictions.

Results of the Consumer Survey

A total of 695 surveys were returned from around the state, which provided a wealth of information about our target population, but it became clear that they were not representative of the overall population distribution of people with disabilities.

We were pleased to note that 74 percent of the respondents were people with disabilities who indicated that they had completed the survey on their own behalf. Nearly one-third indicated that they had more than one disability.

More than 70 percent identified that they have some form of public transportation in their area, but a wide array of remaining transportation needs was identified, at some time during the week. Nearly the same number live within three-fourths of a mile from a bus stop (the baseline distance required for paratransit service under the ADA) as do not. There appeared to be a general understanding of restrictions and eligibility requirements for using paratransit, and a lack of awareness or availability about travel training. These results indicate clear opportunities for marketing and training about transportation services.

Results of the Provider Survey

We received 19 responses from transportation providers, both large and small, around the State. The Virginia Transit Association website shows at least 42 systems in the state. When recipients of federal transportation funds under the Federal Transit Administration's (FTA) Section 5310 (Elderly & Persons with Disabilities) and Section 5311 (Rural/Non-Urbanized Areas) grant programs are included, the number is well over 100. In addition, transportation services are also provided through Area Agencies on Aging, Medicaid, Head Start, and a wide variety of federal, state, and private sources.

Because of the limited response from transportation systems, not many conclusions can be drawn. Most public transportation programs have as their primary goal to move as many people as cost-effectively and efficiently as possible. Customer service is important, but often not a high priority in practice. Transit systems are only now, in some cases, coming to learn that their expanded role as "mobility managers" can bring benefits throughout their entire community and to a wide diversity of the population.

HISTORY AND CURRENT STATUS OF VIRGINIA'S TRANSPORTATION SYSTEM FOR PEOPLE WITH DISABILITIES

Prior to the regulations being promulgated for the Rehabilitation Act of 1973, accessible public transportation was as limited in Virginia as it was in the rest of the country. Although there were several transit authorities operating public transportation systems in the Commonwealth during the 1950s, 1960s, and early 1970s, these systems were not accessible to people with disabilities. As with the rest of the country, the technology needed for accessible vehicles was generally non-existent or at least highly unreliable.

Transportation, or the lack thereof, is one of the major barriers for people wishing to live independently. The Beyer Commission's report of 1990 indicated that there were, even then, more than a million people with disabilities living in Virginia. The report further recognized transportation as being a significant barrier to full community inclusion. Since the passage of the ADA, all transportation authorities operating in Virginia have committed to becoming fully accessible to people with disabilities; however, they have varied in the degree that they have succeeded in complying with the intent of the Act. Recently, some transit authorities have made policy and operating changes that allow them to lower costs by reducing paratransit eligibility and availability; yet, they may still be able to comply with the ADA.

The Final Report for the LINKS Project contains numerous anecdotes and case histories that were received as part of this study, representing the experiences of individuals who have every right to public transportation services that meet their mobility needs at least as well as those available to people without disabilities. In many areas, transportation services are inadequate for all, which represents the failure of some of our public investment priorities.

The similarity in problems encountered throughout the state is striking, whether the area is urban or rural, affluent or poor. Common issues that were identified by consumers as particularly problematic included:

- Bus routes do not connect to all parts of the community, or to nearby communities

training for drivers

- There is a need for sensitivity and customer service training for drivers
- Paratransit services come too early or the wait is too long
- Fares are too high
- Lack of evening and weekend service
- Drivers do not secure wheelchair users safely or properly, or they fail to call out stops
- When fixed-route service is cut due to lack of funding, people often also lose access to paratransit
- Lack of transportation hurts opportunities for socialization, employment, and other aspects of full inclusion in community life.

On the other hand, we learned that some local transit systems provide route deviation to allow service in corridors beyond the regular bus route. Systems that coordinate with human service systems, especially in rural areas, provide integrated service to all, whether people are disabled, non-disabled, or elderly.

In conclusion, we can see that transportation service, both to the general public and specifically for people with disabilities, varies widely throughout the state, in quantity, quality, coverage and accessibility. Fixed route and ADA paratransit are not sufficient, even in combination, to meet the mobility needs of most members of the population, whether they are disabled or not. A comprehensive series of small and large measures will be required to bring about needed levels of transportation service.

RELATED NATIONAL DEVELOPMENTS

A number of other evolving issues and programs are currently underway throughout the United States that can have a positive impact on opportunities to improve transportation for people with disabilities. Some of the more significant of these are noted below to provide information and considerations for further research and advocacy. More information on each is included in the Report.

- United We Ride
- Transportation Report by National Council on Disability
- Federal Transit Administration Reviews (WMATA, HRT)
- New Freedom Initiative
- 511/211 programs
- ADAAG Update

CONCLUSION

During the past two years we have interviewed transit directors, consumers, former state delegates, CIL Directors, held public forums, and conducted surveys, in an attempt to obtain information regarding available accessible transportation in Virginia. What we have found is that the fight for accessible available transportation started prior to the Rehabilitation Act of 1973, and accelerated between 1975 and 1990. Even with the passage of the ADA, available accessible transportation is still an issue in Virginia.

We have found that there are many public transit systems operating throughout the Commonwealth, some by public agencies, others by not-for-profit private organizations, yet still more transportation is needed, particularly in the rural areas. A number of transit systems began as coordinated efforts between human service agencies, and a few of them continue to operate in that venue. In most rural areas, “demand response” means that transportation is offered to the general public (i.e., open to everyone, whether the passenger is disabled, non-disabled, or elderly). In

contrast, in most urban areas “complementary paratransit” is exclusively for those people with disabilities who have been found ADA-eligible. Several of the transit providers offered route-deviation on certain bus lines.

Not surprisingly, our research has revealed that funding, safety, and training are issues that affect both rural and urban areas across the state. In rural areas, transportation providers have indicated that more funding would allow them to expand services to evenings and weekends. Providers in the urban areas feel that more funding would allow them to add more routes. Others have stated that more local funding would allow transportation to continue in their areas. Additionally, funding is needed to recruit and maintain qualified drivers in all areas.

Consumers in rural areas and some urban areas have expressed a desire to participate more fully in the activities of their communities. An increase in evening and weekends services would allow consumers the opportunity to pursue full time employment, to attend religious activities of their choice, to enhance education, to be a part of political functions, to socialize, and the freedom to access housing of their choice. Transportation is one of the major keys to accessing true integration and inclusion into society.

RECOMMENDATIONS

The results of this Study are being distributed to a wide variety of stakeholders and Study participants. The Virginia Legislature and local public jurisdictions will be asked to consider the recommendations contained below.

A Note about “Coordination”

When used in regard to public transportation, the term “coordination” generally refers to multiple public and/or private agencies (including non-profits) working together in some fashion, whether informally or formally, to make better use of their shared resources than they would do individually. One stakeholder described it as: “Have everyone do what they do best.”

The concept of a Brokerage, based on such a coalition of participants, is an opportunity that we recommend be considered. Some form of “start-up” funding is likely to be needed to bring the resources together and begin operations, but we recommend that such a coalition be pursued to test opportunities to provide transportation services beyond the ADA baselines. We believe that the Hampton Roads area has the players, and at least some of the resources, to be a good site for such a Brokerage pilot program.

Recommendations for Transportation Providers

- There is a real need for transit systems to provide better connectivity within and between communities in order to allow passengers with disabilities and other members of the general public to travel from one community to another. Transit providers should be provided more funding in order to play their role in enhancing local economic and societal benefits.
- Transportation providers should involve people with disabilities in identifying and prioritizing opportunities for service planning and delivery. A more consistent vehicle design could aid in passenger orientation and familiarity, especially for passengers with visual or cognitive disabilities.
- Public transit agencies need to implement and monitor bus stop “call out” programs so that passengers know where they are, and where to get off. It is also important to recognize the difference in information needs between disabilities.
- Sensitivity and safety training are consistently identified by passengers both with and without disabilities as areas where they would like to see improvements.

- Travel training is recognized as an investment that can have significant long-term payoff, both for transportation providers and the individuals who are trained. It may require an “up front” investment in order to take advantage of longer-term cost controls.

Recommendations for Other Service Providers

- Major problems--both for the resident and the transportation provider--arise when an individual who uses a wheelchair lives in a house than can only be accessed by stairs rather than a ramp. Transportation providers should not be put in a position to incur injuries that can create disabled van drivers by helping in dangerous situations. CILs, especially, are in a position to identify resources for home remodeling for accessibility.
- Similarly, CILs and other consumer-oriented organizations can be valuable resources in conducting travel training for people with disabilities. Many CIL personnel are quite familiar with the “nuances” of their local transit system in their day-to-day living and traveling about the community.
- We recommend greater awareness of, and investment in, universal design of buildings and facilities throughout our communities, especially as our “Baby Boomer” generation becomes a bit slowed down with increasing age.
- For the private transportation sector, we recommend, wherever possible, the purchase and use of accessible taxicabs. These not only provide equivalent mobility for people with disabilities, but can provide new opportunities for the cab companies. With the low-floor, ramped designs now becoming common, maintenance issues are less of a problem than previously sometimes occurred.
- Similarly, organizations such as Area Agencies on Aging should recognize the long-term importance of accessible vehicles for their clients. Despite some beliefs to the contrary, ADA regulations do not exempt such agencies from accessibility requirements.
- As an inter-agency effort and public-private partnership, the implementation of Virginia’s “511” and “211” information programs should provide some form of linkage between various transportation providers and funding sources.

Recommendations for Consumers

- People with disabilities are obviously key players in defining and using the transportation services they need. Clear identification of priorities can help to achieve desired service improvements that can then be used as a basis for further successful advocacy.

Recommendations for the Commonwealth

- As a Commonwealth, the government of Virginia has recognized its civic obligation to have as a primary goal the well-being of its citizens. To this end, a stable and adequate regular base of funding for public transportation should be established. Annual appropriations are too subject to budget shifts and changing political priorities to have the dependability needed for people with disabilities, as well as others, to rely upon for their basic mobility. We recommend that Virginia investigate and pursue the benefits of a state funding approach, such as California’s, which dedicates sales tax revenues to public transportation purposes.
- The definition of “region” for issues that cross Virginia’s Planning Districts varies depending on program source. A more consistent definition and grouping of Planning Districts into “regions” should be established for cross-program planning, coordination, and service delivery.

- We commend VDRPT’s policy of requiring compliance with the ADA vehicle regulations for procurements funded under FTA’s Sections 5310 (Elderly and Persons with Disabilities) and 5311 (Rural) funding programs. We recommend that this policy continue in effect and be carefully monitored.
- As an inter-agency effort and public-private partnership, the implementation of Virginia’s “511” and “211” information programs should provide some form of linkage between various transportation providers and funding sources.

Recommendations for Local Governments

- As an obligation of local municipalities, we recommend that a stable level of funding for public transportation become a line item in local budgets, with yearly increases to allow for expansion of services. There is a definite need for transit providers to be able to expand services to include additional routes and/or to provide a feeder system that would connect consumers and the general public to the mainline transportation system.
- We have found that in some areas, real estate developers are building more housing communities beyond the normal transit system routes. The lack of transportation to these areas prevents consumers from seeking employment, participating in school activities, or socializing. We recommend that local planning and development decisions take into action the longer-term impacts of their actions on community development improvements and access for people with disabilities.
- Perhaps one of the most important roles that local governments can play is in the realm of pedestrian travel and accessible rights-of-way to ensure opportunities for improved access and to reduce the rate of increase in paratransit need. Because of the dependence by Virginia’s public transportation programs on local funding, governmental budgets should recognize that capital investments in infrastructure such as sidewalks and curb cuts can help to minimize or reduce ongoing long-term expenditures for more paratransit operations.

Recommendation: “Partner for Solutions”

- As an over-arching goal, we recommend that a partnership be developed amongst consumers, transit providers and local governments. The goal of this partnership would be to pursue funding sources, planning for expansion of services, improvement of current service delivery, and to actively educate the general public about public transportation.
- The passage of the ADA in 1990 marked a milestone in recognizing the needs and rights for people with disabilities to be accorded opportunities for full participation and inclusion in their communities. The ADA requirements for transportation provide a good baseline, but they are not sufficient for full mobility. Improved mobility for people with disabilities should be viewed as an investment in community, economic, and societal development.

FINAL REPORT

1) PROJECT DESCRIPTION

In 2003, Insight Enterprises, Inc., Peninsula Center for Independent Living (IEPCIL) requested and received a two-year grant from the Virginia Board for People with Disabilities to conduct a consumer-directed, computerized database, information, collection and dissemination program on transportation for

people with disabilities in Virginia (referred to here as the “Study” or the “Project”). This Project is intended to develop a clearinghouse on available transportation services for people with disabilities and to provide statistical and case history information on the transportation needs of people with disabilities. The Study involved consumers and transportation providers throughout the Commonwealth, as well as the 16 Independent Living Centers in the state. This Final Report serves to summarize the overall condition of transportation for people with disabilities throughout Virginia and to provide recommendations for future planning and improvement of systems and service delivery. This Report will be distributed to Study participants and to other stakeholders throughout the Commonwealth. It is anticipated that the Links Project will establish an on-going program that will maintain and update information on transportation for people with disabilities to be used for the development of public policy regarding service delivery, employment, business growth, and housing development.

IEPCIL is a consumer-controlled, community-based, cross-disability, non-residential, private, non-profit agency established in 1982 to provide services and programs to people with disabilities. In 1987, it was designated as the Agency to provide Independent Living programs to the disabled citizens of the Peninsula by the State of Virginia, thus becoming a Center for Independent Living. Its purpose is to assist people with disabilities to lead independent, productive lives, to become full participants in their communities and to realize their greatest potential as individuals. The philosophy of IEPCIL is that disabled people must play a key role in making decisions that affect their daily lives and that a coalition of professionals working in the fields of education, rehabilitation and community services can be instrumental in working with disabled people to make these changes. To this end, the Board of Directors of IEPCIL is comprised of disabled people themselves who are representatives of the fields of business, education, rehabilitation and community services. The Board is responsible for the establishment of policies governing this Agency and for serving as an oversight committee to ensure that the Agency conforms to these policies and regulations which must conform to Federal and State regulations governing Centers for Independent Living (CILs) as outlined in Title VII of the Rehabilitation Act of 1973, the Virginians with Disabilities Act of 1985 and the Americans with Disabilities Act of 1990.

IEPCIL's catchment area is Planning District 23, consisting of the cities of Hampton, Newport News, Poquoson and Williamsburg, and the counties of James City, York, Gloucester, Matthews, Middlesex, Lancaster, Essex, Richmond, King William, King Queen and Northumberland. IEPCIL has had experience in establishing and operating programs with funding from various grants including the U.S. Department of Education, the Department of Rehabilitative Services (DRS), the Board of Rights for Virginians with Disabilities, the Community Development Block Grant program and the Virginia Department for the Deaf and Hard of Hearing. In fiscal year 1990, IEPCIL successfully conducted a study of employment of the disabled in Virginia with monies provided by the Board of Rights for Virginians with Disabilities. In 1999, IEPCIL helped its Virginia Eastern Shore satellite to obtain funding from DRS and establish itself as an autonomous agency providing services to the Virginia Eastern Shore.

IEPCIL provides an array of independent living services to individuals with disabilities and to the community. The purpose of IEPCIL is two-fold: to prepare individuals with disabilities to live independently, and to prepare the community for full integration of people with disabilities into society. These goals are accomplished by the following strategies: (1) the provision of direct services to individuals with severe disabilities that result in a greater level of independence and community integration/functioning; and (2) the provision of services/advocacy in the community that result in a greater awareness of disability issues, physical and programmatic accessibility, and systems change.

2) HISTORY OF ACCESSIBLE PUBLIC TRANSPORTATION IN THE UNITED STATES

There are approximately 54 million people with disabilities in America, and they want and deserve to fully participate in everything that this country has to offer. Almost any activity that is done outside of the home relies on having access to some type of transportation. Transportation is an obstacle that confronts people with disabilities in going to work, socializing, managing personal affairs outside the home, etc. Transportation is a means to other ends--few people travel for its own sake; rather they are trying to access other opportunities or occasions.

People with disabilities are an integral part of the American community and as such, should have the opportunity to participate fully in their communities. Full participation means having equal access to employment, housing, education, and transportation. Like non-disabled Americans, people with disabilities deserve to enjoy the privileges, the freedom, and the rights to pursue their dreams. Most of these dreams depend on having access to some type of transportation.

Even with the passage of the Americans with Disabilities Act (ADA) of 1990, the lack of adequate transportation continues to be a barrier. The minimum requirements specified by the ADA are not enough to offer full inclusion and full participation for people with disabilities. Paratransit is intended as a "safety net" for people who cannot use the accessible fixed-route service. A very high percentage of people with disabilities can use the general public system--if it exists, and if it provides good coverage--needs that are common to all transit users. However, in most places, no adequate public transit network exists to provide good mobility for many people, whether they are disabled or not.

Section 504 of the federal Rehabilitation Act of 1973 was the first major legislation to include civil rights protection for people with disabilities. It prohibited discrimination on the basis of disability in any program or activity receiving federal financial assistance. This law created a right to equal opportunities, equal access, and equal citizenship for people with disabilities--at least if they were receiving services or benefits through a federally-funded program. It began the move toward full inclusion and integration into the American community. With the passage of this law, people with disabilities gained increased access to employment, housing and transportation. Although housing and employment were important issues, transportation became a major focus for the disability community, because without it there was no access to community life.

Transportation was and still is a significant obstacle that confronts people with disabilities. Section 16(a) of the Urban Mass Transportation Act stated:

"It is declared to be the national policy that elderly and handicapped persons have the same right as other persons to utilize mass transportation facilities and services; that special efforts shall be made in the planning and design of mass transportation facilities and services so that the availability to elderly and handicapped persons of mass transportation which they can effectively utilize will be assured; and that all Federal programs offering assistance in the field of mass transportation ... should contain provisions implementing this policy." (Note: essentially this same language is still contained in 49 U.S. Code Section 5301(d))

Even though this law was passed, it was only the beginning of the battle for accessible transportation. The battle lines were drawn over how best to provide transportation to people with disabilities--should transportation be provided through an accessible fixed-route system or through a "specialized" paratransit system? At that time most transit providers preferred to offer paratransit services to "handicapped" persons (the then-current term) for some of

the following reasons:

- It was considered too costly to put lifts on buses and to maintain them;
- Loading and unloading wheelchair users would throw the bus off schedule; and
- People with disabilities would be better served by door-to-door (special, even if not equal) systems.

There were sporadic attempts around the country to provide limited paratransit services in a variety of communities. These services had many restrictions placed on them and did not meet all of the needs of the disability community. Often they were confined to specific times, like 9:00 a.m. to 5:00 p.m., which made it difficult to hold a full time job; or they had service area restrictions which meant that the service was only offered within a small community, or a part of the community. Many paratransit services were restricted to trip purposes such as medical appointments, social service agencies, or school; other trips could not be accommodated dependably, if at all. Still others had limited capacity, which meant that if someone decided to wait to call in for a ride, there was a good chance that they would not get it. Because of this, some people got into the habit of scheduling trips “just in case”--if they remembered to cancel later, they might have blocked capacity for someone else; if they forgot to cancel, they would become a “no show”, and have their trip wasted. The cost to provide each paratransit trip reportedly ranged, even in those days, from \$12 to \$20.

There was also a split within the disability community regarding what was the best way to provide transportation to individuals with disabilities. Some people wanted fixed route accessibility; others wanted the relative convenience of a “door-to-door” paratransit system. Those who felt that paratransit was the better way to go encouraged the disability community to use that system because they felt that it was safer and less dangerous than the fixed-route system. On the other hand, many people with disabilities began organizing and demonstrating in support of accessible fixed-route systems. They wanted full integration into society and the freedom to travel when they wanted to, rather than the segregation that paratransit offered. Americans Disabled for Accessible Public Transportation (ADAPT) was one national organization that led the way in this issue using some of the strategies from the Civil Rights movement.

“Non-violent direct action seeks to create such a crisis and foster such a tension that a community that has constantly refused to negotiate is forced to confront the issue. It seeks so to dramatize the issue that it can no longer be ignored.” (Dr. Martin Luther King Jr., Letter from Birmingham Jail)

For several years ADAPT used civil disobedience and other non-violent strategies--blocking buses and transit buildings, demonstrating and chaining themselves to buses in cities across the U.S.--to demonstrate the need for access to public transit. Many ADAPT members and other advocates around the country went to jail for the right to ride accessible fixed-route buses.

According to national experts that we interviewed, some of the first areas to address accessible transportation were Seattle, Washington; Los Angeles, San Francisco, and Oakland, California; Atlanta, Georgia; St. Louis, Missouri, and Washington, D. C. Some areas maintained their commitment over time, but others did not; later to become the subject of lawsuits and community complaints.

- Seattle, Washington was one of the first areas to operate an extensive accessible fixed-route bus system in the mid-1970s.
- In the late 1970s, St. Louis, Missouri was another city that made some of its fixed-route buses accessible by fitting them with lifts; however, since lifts were so new, they and other transit companies had difficulties with day-to-day maintenance of them issues.
- Washington, D.C. built an accessible rail system in the late 1970s and early 1980s; however, the facility was not originally accessible. The facility became accessible after the Paralyzed Veterans

of America brought suit. Similarly, the rapid rail system in northern California (BART) was constructed accessible, but it had not originally been designed that way, so some of the elevators are in difficult-to-reach places.

Since the passage of the ADA, more and more transportation providers are becoming more and more accessible to people with disabilities; however, there is still a long way to go. Many are beginning to recognize the importance of making their “main line” fixed routes systems more usable, so that the rate of increase in the need for paratransit can perhaps be more controllable. Aspects of universal design and improved pedestrian rights-of-way will be significant issues to confront in coming years.

3) THE “LINKS” STUDY AND RESULTS

Methodology

The Study was conducted using a multi-faceted approach in order to secure the best quality information available regarding transportation needs of, and services for, people with disabilities throughout Virginia. The “LINKS” Team developed a survey instrument to capture individual consumer information including mobility needs, demographic information, and transportation-related barriers which was distributed by CILs throughout the State. In Lynchburg and Norfolk, consumers assisted in distributing the survey to known persons with disabilities. A forum for capturing individual case study evaluations and anecdotal data was developed and field-tested. Public forums were conducted in approximately eight locations, including Richmond, Hampton, Norfolk, and Norton. Where possible, Area Agencies on Aging and Medicaid providers were asked to participate. A total of 695 consumer surveys were received statewide, which provided a wealth of information about our target population.

A survey form to collect information about transportation service availability and funding was developed and distributed to providers throughout the State. Nineteen programs responded, ranging from some of the larger urban systems to some of the smallest rural providers. Unfortunately, two of the larger public transit agencies in the State--Washington Metro (WMATA) and Richmond (GRTC)--chose to not respond, so the lack of information available from those areas, somewhat, skewed the provider results.

A computerized database was developed to collect, store, and assist in the analysis of the information collected, and to provide a basis for an ongoing clearinghouse of transportation information. The full Advisory Team came together for a meeting and discussion, together with a presentation from a representative from Easter Seals’ Project ACTION in October 2004. Monthly and quarterly reports were provided to the Virginia Board for People with Disabilities as the Project’s grant sponsor.

Geographic Regions of the State

In order to try to identify regional issues that may arise around the state, the project aggregated Planning Districts (PDs) into six regional groups, rather than the eight sometimes used. These were:

- Northern PD # 8, 9, 16
- Central PD # 14, 15, 19
- Blue Ridge PD # 6, 7, 10
- Roanoke PD # 5, 11, 12, 13
- Southwest PD # 1, 2, 3, 4
- Tidewater PD # 17, 18, 22, 23

Unfortunately, we learned that neither people, CILs, nor transit provider service areas fit neatly into such categorization (discussed further below). We also learned that LogistiCare, the statewide Non-Emergency Medical

Transportation service for Medicaid recipients, divides the state into seven regions with different boundaries. The Virginia Transit Association's website shows six regions, but with different boundaries than used for the Links project: <http://www.vatransit.com/transitsystems.htm>

A map of Virginia's Planning Districts, and the six regions of this Study, is included as Appendix 1. A map showing the CILs in the State, comparing how their catchment areas correlate with Planning Districts, is shown as Appendix 2. One possible long-term recommendation to help improve coordination and connectivity of transportation planning would be to have consistent regional definitions for the local jurisdictions. We note that the jurisdiction of the CILs remain intact across the 6 regions used for our Study, although some CILs' catchment areas cross PDs.

Results of the Consumer Survey

A total of 695 surveys were returned from around the state, but it became clear that they were obviously not representative of the overall population distribution. As identified by ZIP code of returns, the following number of respondents live in each of the regions of the LINKS Study:

- Northern 1
- Central 40
- Blue Ridge 140
- Roanoke 85
- Southwest 182
- Tidewater 241

We were pleased to note that 74 percent of the respondents were people with disabilities who indicated that they had completed the survey on their own behalf. An additional 10 percent were returned by a parent or guardian of a disabled consumer, and 16 percent did not specify. Nearly one-third indicated that they had more than one disability. More than 60 percent indicated a high school degree or higher education, so this also is not likely to be representative of the statewide population, but it indicates the high level of interest in this important topic of mobility. Slightly under half live with family, friends, or roommate(s), with a variety of other individual and congregate arrangements.

More than 70 percent identified that they have some form of public transportation in their area, but a wide array of remaining transportation needs was identified, at some time during the week. Nearly the same number live within three-fourths a mile from a bus stop (the baseline distance required for paratransit service under the ADA). Respondents appeared to have a general understanding of restrictions and eligibility requirements for using paratransit and a lack of awareness or availability about travel training. These results indicate clear opportunities for marketing and training about transportation services.

A copy of the Consumer Survey Form is included as Appendix 3 to this Report. A full summary of the Consumer Survey responses is included as Appendix 4. Detailed case stories of consumers' experiences with public transportation are included in Section 4 of this Report ("History and Current Status").

Results of the Provider Survey

Because of the limited response from transportation systems, not many conclusions can be drawn. Most public transportation programs have as their primary goal to move as many people as cost-effectively and efficiently as possible. Customer service is important, but often not a high priority in practice. Transit systems are only now, in some cases, coming to learn that their expanded role as "mobility managers" can bring benefits throughout their entire community and to a wide diversity of the population.

We want to acknowledge and express our appreciation to the transportation providers who responded to the survey and provided data:

- ART Arlington Transit
- Bay Transit
- Blacksburg Transit
- Central Virginia Area Agency on Aging
- City of Fairfax Cue Bus System
- District Three Public Transit
- Farmville Area Bus
- Graham Transit/Town of Bluefield
- Greater Roanoke Transit Company
- Jaunt, Inc.
- Mountain Empire Older Citizens Inc. (dba Mountain Empire Transit)
- Peninsula Agency on Aging, Inc.
- Potomac & Rappahannock Transportation Commission (PRTC)
- RADAR/UHSTS, Inc.
- STAR – Specialized Transit for Arlington Residents
- Star Transit (Parksley)
- Transportation District Commission of Hampton Roads (HRT)
- Virginia Regional Transportation Association
- Williamsburg Area Transportation Company

Of the transportation providers who responded, all said that they have at least some lift-equipped vehicles, with 14 of the 19 saying that they have 100 percent accessibility. There was a wide range in fares charged, ranging from free to \$1.50 for bus and free to \$3.00 for paratransit. Providers estimated that up to 75 percent of their customers are people with disabilities.

For some of these and for other systems which did not respond, some background information is included in Section 4 of this Report (“History and Current Status”). A copy of the Transportation Provider Survey Form is included as Appendix 5 to this Report. A full summary of the Transportation Provider responses to the survey is included as Appendix 6.

The Virginia Transit Association website shows at least 42 systems in the state. When recipients of federal transportation funds under the Federal Transit Administration’s (FTA) Section 5310 (Elderly & Persons with Disabilities) and Section 5311 (Rural/Non-Urbanized Areas) grant programs are included, the number is well over 100. In addition, transportation services are also provided through Area Agencies on Aging, Medicaid, Head Start, and a wide variety of federal, state, and private sources.

4) HISTORY AND CURRENT STATUS OF VIRGINIA’S TRANSPORTATION SYSTEM FOR PEOPLE WITH DISABILITIES

Prior to the regulations being promulgated for the Rehabilitation Act of 1973, accessible public transportation was as limited in Virginia as it was in the rest of the country. Although there were several transit authorities operating public transportation systems in the Commonwealth during the 1950s, 1960s, and early 1970s, these systems were not accessible to people with disabilities. As with the rest of the country, the technology needed for accessible vehicles was generally non-existent or at least highly unreliable.

Transportation, or the lack thereof, is one of the major barriers for people wishing to live independently. The Beyer Commission’s report of 1990 indicated that there were, even then, more than a million people with

disabilities living in Virginia. The report further recognized transportation as being a significant barrier to full community inclusion. Since the passage of the ADA, all transportation authorities operating in Virginia have committed to becoming fully accessible to people with disabilities; however, they have varied in the degree that they have succeeded in complying with the intent of the Act. Recently, some transit authorities have made policy and operating changes that allow them to lower costs by reducing paratransit eligibility and availability; yet, they may still be able to comply with the ADA.

The Disability Service Boards throughout the State have attempted to collect information on the transportation needs of people with disabilities in their areas; however, the information that they have available is not uniform throughout the State, nor does it give a clear picture of what transportation services are available locally. Often a local transit agency does not connect to adjoining communities. Much of the available information is out-of-date. With the lack of accurate information, it is difficult, if not impossible, to develop good public policy to address the mobility needs of Virginians with disabilities. Improved transportation can provide better access to employment, education, and participation in community life, and thus contribute to the quality of life and an improved economy for the entire Commonwealth.

It was for these reasons that this Study was undertaken by IEPCIL in collaboration with the 15 other CILs around the State.

IMPORTANT NOTE: Please note that the anecdotes and case histories that were received as part of this study represent the experiences of individuals who have every right to public transportation services that meet their mobility needs at least as well as those available to people without disabilities. In many areas, transportation services are inadequate for all, which represents the failure of some of our public investment priorities.

The case studies presented herein are not intended to “place blame” on any single transit agency, but rather to represent the magnitude of consistent problems faced by people with disabilities as they attempt to go about their daily lives. The similarity in problems encountered throughout the state is striking, whether the area is urban or rural, affluent or poor. While we did not have the resources to verify the facts presented in each case study, we believe that the stories told are representative of the general situation encountered throughout Virginia. Some of the transportation providers discussed below in the consumers’ case stories did not respond to our survey, so we acknowledge that we know that we may have only one side of the picture. We begin this overview with the areas closest to our own home turf, with which we are most familiar.

Tidewater Regional Transit (TRT) began operating a paratransit system in the late 1970s, which covered the areas of Norfolk, Virginia Beach, Chesapeake and Portsmouth (known locally as the “South side”). This system did not meet the needs of all individuals with disabilities within the service area. Many consumers describe the service as being unreliable and very limited. Due to TRT’s scheduling conflicts in getting consumers to the Independence Center Inc. (ECI), and the fact that there was no evening service ECI contracted with TRT to provide four vans with drivers to transport its consumers, and in turn ECI would do the scheduling.

Like many paratransit systems across the country, TRT services were very restrictive. This made it difficult to work, socialize or to increase one’s education. Local advocacy groups persisted in their efforts to get TRT to put lifts on their fixed-route buses. Local advocates felt that the opportunity had finally arrived when TRT acquired an accessible demonstration bus. ECI advocated for the accessible bus to travel on Granby Boulevard in Norfolk. This would allow some people with disabilities the option to socialize, go to school, or to work full time; however, TRT did not agree to this. Many in the disability community thought that TRT was not obeying the law. As a result, Ed Turner, a member of Handicaps Unlimited of Virginia, and two other individuals brought suit against TRT because of the impact on Mr. Turner’s work hours, and on the others’ education and socialization opportunities. Additional

complaints were based on the fact that the plaintiffs felt that TRT should have used the accessible bus and because the paratransit offered to the disabled community had to be scheduled two weeks in advance. This was viewed by many consumers as discrimination. A Circuit Court Judge dismissed the suit, deciding that the Handi-Ride service offered by TRT was satisfactory. Local advocates continued to fight for accessible transportation using the legislative process. In 1989, the Tidewater Regional Transportation District Commission unanimously agreed to spend an additional \$708,000 for the year 1990 to equip forty buses with wheelchair lifts. (*source*: Richmond Times-Dispatch (UPI) August 11, 1989, section: Area /State, page: B-4)

At the same time, the **Peninsula Transportation Authority** (Pentran) provided transportation services to the cities of Hampton and Newport News (known locally as the “North side”). Pentran buses were not accessible; however they operated a paratransit system that provided services to most of Hampton and Newport News. Local Peninsula advocates challenged the policies and procedures of the paratransit services, such the fourteen-day advance reservations, trip purposes, and services hours. Due to Pentran’s willingness to work cooperatively with local advocates, funding for transportation was increased, and the policies and procedures were modified to better meet the needs of the disability community. Prior to the passage of the ADA of 1990, Pentran began operating lift-equipped buses on the fixed-route system.

In the year 1999, TRT and Pentran merged and became the **Hampton Roads Transit Authority** (HRT). Within one month of the merger, HRT’s Board of Directors was faced with a lawsuit. Following is a summary of the lawsuit, according to one of the key participants:

A lawsuit was filed in September 1999 against Tidewater Regional Transportation District (now called Hampton Roads Transit). Three persons with disabilities from the South side who used the TRT paratransit system (known as Handi-Ride) for transportation. The plaintiffs also represented the class of all Handi-Ride users (so the lawsuit was a class-action suit).

At the time the lawsuit was filed, TRT required people to call 14 days in advance to schedule paratransit rides. The Americans with Disabilities Act and regulations state that public transit agencies such as TRT had to provide next-day paratransit transportation (i.e. passengers only have to call the day before they want the ride in order to schedule it). For about six weeks prior to the lawsuit being filed, the plaintiffs called trying to get next-day rides and were, almost universally, unsuccessful. One plaintiff missed almost a week of work; another was unable to get to dialysis, etc.

The lawsuit sought a Court Order requiring TRT to provide next-day paratransit transportation. After the plaintiffs filed a Motion for Summary Judgment (asking the Court to rule in their favor without even the need for a trial), TRT settled the case by agreeing to a Court Order requiring it to provide next-day paratransit transportation and to provide reports to VOPA (then known as DRVD) so that their performance could be monitored.

This case was the first in the history of the ADA, to my knowledge, to require a public transportation company to provide next-day paratransit. (*source*: Jonathan Martinez, Attorney, Virginia Office for Protection and Advocacy)

Subsequently, both the merger and the lawsuit brought with it changes that impacted the way HRT would provide paratransit services to the disability community. HRT’s Handi-Ride criteria are intended to meet the baseline requirements of the ADA regulations, but they go very little further, due to financial and resource considerations of the overall system. HRT’s current rules are as follows:

- Service area: ADA-required service is restricted to the required 3/4-mile corridors around existing bus routes on both the North side and the South side.
- Response time: ADA paratransit trips are available on a next-day reservation basis and no more than 3 days in advance. When a passenger with a disability needs an accessible vehicle on a fixed route and the bus is running with an inoperative lift or ramp, service using an accessible vehicle including but not limited to paratransit will be properly provided.
- Fares: As of February 2002, all Handi-Ride fares are \$3.00 per trip.
- Trip Purpose restrictions: No purpose restrictions or priorities.
- Hours and Days of service: Consistent with local fixed-route service.
- Capacity constraints: No capacity constraints. HRT has adopted and imposes sanctions for persons who “establish a pattern or practice of missing scheduled trips” and who thereby negatively impact the availability of service to others.
- Additional service: It is the policy of HRT to strictly comply with the baseline standards of the ADA complementary paratransit regulations. Subscription service is available as a convenience to both passengers and the system.

As a result of the lawsuit and merger, HRT began providing services according to the baseline requirements of the ADA. For example, due to financial limitations, a number of bus routes were eliminated, which meant that consumers who once depended on Handi-Ride were now outside the service area.

A male Chesapeake resident, “Marc”, who was born with cerebral palsy and who uses a powered wheelchair for mobility has not been able to utilize local paratransit services (Handi-Ride) for over three years. As Marc lives further than three-quarters of a mile from a bus route, services are not provided in his neighborhood. When HRT downsized and reduced their bus routes, they cut services to people who once lived within paratransit service zones, but were now outside service areas due to route changes. This restructuring of routes affected Marc’s area and prevented him from completing the associate degree he was pursuing at Tidewater Community College as his trips from his house were no longer eligible to ride Handi-Ride. Marc was also very active in ECI’s programs, but has now been limited to phone contact. His family does not own nor have the funds to purchase a wheelchair-accessible van that could be used to transport him to needed destinations. In order for Marc to be active in the community, he has to figure out a way to get to a friend’s house who lives within the service area and catches Handi-Ride from there. Marc has written to his state Delegate, Senator, and Congressman about the importance of this matter and has received no response of help. The only way Marc could receive Handi-Ride, where he currently resides, is if the city of Chesapeake decides to create a bus route in his neighborhood. This provides a clear example of the thousands of individuals with disabilities who live on the South side and the North side whose lives have been affected in a way where their independence has been hindered by the lack of accessible and affordable public transportation.

Even with the merger, consumers in the Hampton Roads area continued to experience some of the same problems as before, such as some people spending more than an hour on the van before reaching their destination. According to reports, many consumers cancel their ride and the van still shows up to pick them up. Sometimes Handi-Ride will go to pick up an individual at the drop-off location rather than the pick-up location.

A male wheelchair user attended a picnic at one of the local parks on the North side. He arrived at 10:00 a.m., and arranged for Handi-Ride to pick him up at 3:00 p.m. At 2:45 p.m., Handi-Ride began arriving to pick up passengers from the picnic, and even picked up individuals who lived in the same complex as he. When 3:30 p.m. came, he called Handi-Ride to inquire about his ride and was told that they would be there within fifteen minutes.

He made several calls like this and each time, he was given the same information. Finally, at 5:30 p.m., Handi-Ride arrived to pick him up.

But the transportation situation for people with disabilities is similar elsewhere in the State as well. During the late 1980s and early 1990s, **District Three Senior Services** began to provide limited transportation services through a “demand response” system to some of the communities in Planning District One (Lee, Scott, Wise, etc.). “Demand response” is a form of public transportation where the bus or van only goes to locations in response to customer requests; it differs from “fixed route” where the vehicle travels a certain path and schedule no matter who is riding. After the passage of the ADA, services were expanded to include individuals with mobility impairments. Over the past fifteen years, District Three Public Transit has developed into a comprehensive system that provides transportation both as demand response and fixed-route (loop system) to the residents in this area. Many of the cities and towns in this region receive transportation services five days per week, ten hours a day. There is no weekend service. Service to the outlying areas in the counties is only provided one day per week, and each section of the county has a different day to receive transportation. For those individuals with disabilities who need to be picked up from their homes, and for non-disabled people who cannot make it to a designated pick-up point, the transportation will provide the same service. The goal now for local advocates in this area is to focus on increasing the days of services to the counties, as well as to expand services to the weekends. Local advocates are pleased with the progress that has been made in transportation for people with disabilities; however, there are major concerns in the areas of wheelchair passengers being secured properly on the vehicles, the length of time spent riding on the vehicle in order to get to a destination, the length of time spent waiting to be picked up from a destination, and the need to have transportation connect to other service areas.

Mountain Empire Older Citizens (MEOC) is located in Planning District Two, which covers some of the following areas: Russell, Norton, Richlands, etc., and this Area Agency on Aging operates a demand response public transportation system that serves much of this area. In the mid-1970s, MEOC transported children with multiple disabilities to and from activities sponsored by the Regional Child Development Center to activities within the community. In 1985, the Area Agency on Aging purchased four vans, and had two of them retrofitted with lifts. They started providing public transportation from the rural areas into the small towns. Reservations were made twenty-four hours in advance. The service was a demand response system, first-come first-served, and the cost was \$1.00 to board. Today it is still the same, except that all the vehicles are lift-equipped. They now have fifty vans. The service runs five days a week and runs from 6:30 a.m. to 6:30 p.m. depending on the locality. The average trip is sixteen miles one way with a thirty-minute ride. There is no distinction made between regular transit and paratransit. All buses are accessible--everybody rides together.

“We would like to provide transportation on the weekends and evenings if we had to funding to provide it. We are able to provide safe comfortable transportation during the week to anyone who needs it. It continues to be a work in progress we build and expand.”
(Dennis Horton, Deputy Director MEOC)

MEOC received a Federal Transit Administrator’s Award for Outstanding Public Service in 2004.

In 1998, **Four County Transit** began providing limited public transportation in the counties of Buchanan, Russell, Dickenson, and Tazewell on a demand response basis, two days a week between the hours of 10:00am and 2:00pm. Since that time, services have expanded to include demand response, fixed-route, and route deviation (three-fourths a mile). The service operates five days a week (Monday-Friday) 7:00am to 5:00pm at a cost of 25 cents per person. Additionally, Four County Transit has become a Greyhound ticket provider, and provides transportation to two Greyhound bus stops outside their service area.

Even with all the efforts that Four County Transit has made in this area, the lack of prompt and dependable transportation remains a persistent problem for many consumers in Planning District 2 of southwest Virginia. Due to the limited operating hours of the transit company, many consumers are prevented from seeking full time

employment. Public transportation is not available during weekends or evenings for most consumers, thus limiting opportunities for socialization. There are no public taxis or cab services in Buchanan, Dickenson, Russell and Tazewell counties. Following is a case study of one individual residing in this area:

I am a female, legally blind and 45 years old. I am unable to drive. I finished a two-year Associate's Degree majoring in Accounting in 2003. Just before graduating, my husband and I separated. I depended solely on the disability income I received. I found an apartment that operated under a voucher for folks with a hearing or vision impairment. It based the amount of rent one paid on the amount of income. It was perfect and then I found a job only a few doors down from my apartment. And then it was really perfect. I could survive and I felt good about my ability to support myself. The location of the job in relation to where I worked could not have been better. I could walk easily and safely to work in two minutes.

Then, when the yearly review came up in June 2004 on my apartment lease, I found out I would have to move. The percentage of income I paid for rent was more than the maximum amount of rent that could be charged for the apartment. I had six months to move out. I was faced with two choices: one choice was to move and deal with transportation, one to quit work or cut my hours so drastically that I felt it would not pay me to work at all. I moved, of course. And life changed. What had been my pleasure became a chore. I had run into the biggest obstacle in my life. It is ridiculous and frustrates me beyond belief.

Because I can't drive and I choose to live in a rural area, I cannot get to work, go to church, shop, go to the library, go out to eat or any of the things I took for granted. It amazes me; I never know from one day to the next if I will have a ride, even to work.

I am receiving rides from an agency that provides public transportation in our area. They are providing a demand ride for me if I give them 24-hour notice. It is a band-aid, not a cure or even a long-term provision. I have no idea when they might pull that transportation, telling me they no longer are able to provide this demand ride. I have walked several times, been up to two hours late arriving for work and missed 22 hours of work during one three week period due to an agency van just not showing up. I am thankful for the days that go smoothly and I am on time, but there has to be a better way.

We also have a fixed route in our small town. It operates five days a week and runs from 8:00 a.m. to 4:30 p.m. If I used this fixed route bus, I would get to work at approximately 10:15am and would have to quit work around 2:30 p.m. Assuming I could even find an employer who would let me work these hours, it is not enough income to make it worthwhile.

Solutions? Well, I could move to a larger area with more dependable transportation. I could stop working, live on my disability income and not worry about transportation. As for now, the fight goes on. I wish to remain an active member of the community, working and enjoying life. So my solution is to keep struggling until something changes for the better.

In 1996, **Shore Transit and Rideshare (STAR)** began providing transportation services to the Eastern Shore of Virginia using two demonstration buses. Today STAR Transit provides demand response, fixed route, and expanded route deviation (1.5 miles) services, which cover much of Accomack and Northampton counties. Hours of operation are 5:30 a.m. to 4:45 p.m., Monday through Friday. The cost per trip is \$1.50 for the fixed-route and \$3.00 for the demand response. All STAR Transit vehicles are lift-equipped, and anyone, disabled or non-disabled, can access the demand response service as long as they are within the service area. One of the major concerns of consumers in this area is the lack of evening and weekend service. The need for access to employment and social activities extends beyond 6:00 p.m., and they would like to have connecting service to the Hampton Roads area. In

addition, consumers have expressed concerns with the lack of bus shelters, and with scheduling problems with the demand response system (e.g. late pick-up or no pick-up).

John is a wheelchair user who frequently utilizes the public transit system. On one specific occasion, he was transported to a retail store, and on the return trip, he was unable to board because the bus was equipped to transport only one wheelchair user. John was then faced with having to wait several hours for the next wheelchair-accessible bus. He did not have any family or friends available to provide a ride. John was even more frustrated and inconvenienced because he had purchased perishable items. This type of incident has occurred with several wheelchair users on the Eastern Shore.

Transportation for many years has been of great concern to the disability community of **Planning District Seven**, which includes the counties of Shenandoah, Frederick, Clarke, Warren, and the City of Winchester. Through the years, various attempts have been made to improve access to transportation. In the late 1980s, the local mental health center moved its offices from the downtown area of Winchester, just across the boundary line into Frederick County. At that point a pilot program with the City of Winchester allowed city buses to make trips to the CIL to transport clients to appointments. This arrangement lasted approximately one year, at which point it was dropped due to high costs and low ridership.

Today, fixed-route service and paratransit is limited to the City of Winchester; however, there is a demonstration bus that runs from the City of Winchester to Frederick County. It is very difficult for individuals with disabilities to travel to this County, an area that has had significant growth and development over the past years, as it is difficult for those wanting to come to Winchester. Hours of operations are Monday through Friday, 6:00 a.m. to 6:00 p.m., and a half day on Saturday. The fare is fifty cents per ride.

Planning District Eleven includes the counties of Amherst, Appomattox, Bedford, Campbell, and the City of Lynchburg. The **Greater Lynchburg Transit Company (GLTC)** provides fixed-route and paratransit services to the City of Lynchburg and parts of Amherst County. GLTC provides paratransit services three-fourths of a mile outside of the city limits in either direction. The hours of operation are Monday through Saturday from 5:30 a.m. to 10:30 p.m., and Sunday from 9:00am to 6:00pm. The fare is \$1.50 for the fixed-route, \$0.75 for passengers with disabilities, and \$3.00 for paratransit. The only other sources of public transportation outside of Lynchburg and Amherst are taxi-cabs.

Greater Richmond Transit Company (GRTC) provides services to the City of Richmond, and limited services to the counties of Henrico and Chesterfield. Additionally, GRTC provides limited commuter services to Petersburg. GRTC operates Monday through Friday from 5:00 a.m. to 1:00 a.m., and 5:00 a.m. to 12:00 a.m. on weekends. The paratransit system operates during the same hours; however, in Henrico County it operates Monday through Friday from 6:00 a.m. to 7:00 p.m. Consumers have expressed a need for driver training in the areas of sensitivity and safety.

One particular instance when I was boarding the transportation for the disabled in my community, I was improperly locked down which ended up sending me to the hospital. I had a new driver pick me up one morning. I could not see for myself exactly how I was being locked down. There were no posted instructions for the safe lock-down procedures on the bus. This person attached the seat belt type device to the handle-bars on the back at the top of my wheelchair. This was a retractable device. She stopped abruptly at one point and the seat belt device partially retracted, causing my wheelchair to tip backward. The momentum was just enough to cause my wheelchair to fall totally backwards and up against the back door of the vehicle. My head hit the back door and my neck was wedged between the door and the wheelchair. The attendant was not able to free me from this

position or to move my wheelchair, so she had to call the rescue squad and I was taken to the hospital.

In 1995, **Rockbridge Area Transportation System, Inc.**, a non-profit organization, was founded. RATS, as it is commonly known, provides a demand response public transportation service to many of the towns, and cities in Rockbridge County, located in Planning District Five. This door-to-door demand response service is provided to people whether they are non-disabled, disabled, elderly, or Medicaid recipients. The fares are based on private pay and a sliding scale fee. Because no evening or weekend services exist, it is difficult to shop or visit friends and relatives.

Community Association for Rural Transportation (CART) is a non-profit organization that has been providing public transportation to Rockingham County twenty-four hours a day, seven days a week. CART also provided transportation to the city of Harrisonburg during the hours that their transit system is not operating. CART service included fixed route, paratransit, and taxi-cabs. However, after eighteen years of providing public transportation, CART ceased operations due to lack of funding on June 30, 2005.

In October 1975, twenty-four human services agencies formed as the **Unified Human Services Transportation System, Inc. (UHSTS)**, which later became known as RADAR. RADAR is a non-profit community corporation that contracts with area service agencies, governments, and organizations to provide transportation services for their clients or citizens primarily in the Roanoke Valley area.

In July 2000, RADAR received a Jobs Access Reverse Commute (JARC) grant for five years to provide transportation on two specific routes in the county of Roanoke. The purpose of the grant was to provide feeder service into Roanoke County for those individuals who were employed, seeking employment, had medical appointments or other reasons to travel. The system connected individuals to RADAR (paratransit) or Valley Metro (the fixed route system).

RADAR provides service to Roanoke City Monday through Saturday, 7:45 a.m. to 8:45 p.m., and the fare is \$2.50. The service for Roanoke County runs Monday through Friday from 7:00 a.m. to 6:00 a.m., and the fare is \$3.50. Consumers have complained that they wait long past their scheduled pick-up times for transportation. They have also expressed the need for evening service so that they can visit friends, attend religious activities, shop, work, etc.

A consumer who uses RADAR services has a dialysis appointment twice a week. He complains that he is repeatedly left at the hospital after his dialysis treatments and has to wait up to two hours for a return ride home.

Virginia Regional Transit Association (VRTA) is a non-profit organization that provides public transportation to the Northwestern rural area of Virginia from the Maryland state line to Gordonville and from Loudon County to Staunton. The system was designed with local community involvement so that it meets the needs of the area to which it is providing service. VRTA applies for funding from each of the localities in order to meet the needs of an operation that is constantly growing. The hours for VRTA vary depending upon the locality; however, in general, VRTA's operating hours range from 5:30 a.m. to 8:30 p.m., and the fares range from \$0.50 for fixed-route to \$3.00 for the demand response service.

In July 1975, the **Jefferson Area United Transportation (JAUNT)** Board formed with five agency representatives to provide coordinated rural public transportation services for individuals living in Planning District Ten (Charlottesville area). Four years later Jaunt purchased lift-equipped vehicles which allowed mobility-impaired individuals total access to the transit system. During their thirty-year history, they have received funding from several sources including federal, state, and local governments. JAUNT has expanded its service area and provides night and weekend services to some areas. They have received an award for excellence in providing rural

public transportation and have been recognized by the federal Department of Transportation for best practices in specialized and human service transportation coordination, barrier-free achievers, and other awards. The hours of operation vary depending upon the county/city area, and the fares range depending on the locality. Today JAUNT is considered to be one of the model systems in the state.

In conclusion, we can see that transportation service, both to the general public and specifically for people with disabilities, varies widely throughout the state, in quantity, quality, coverage and accessibility. Fixed route and ADA paratransit are not sufficient, even in combination, to meet the mobility needs of most members of the population, whether they are disabled or not. A comprehensive series of small and large measures will be required to bring about needed levels of transportation service.

5) RELATED NATIONAL DEVELOPMENTS

A number of other evolving issues and programs are currently underway throughout the United States that can have a positive impact on opportunities to improve transportation for people with disabilities. Some of the more significant of these are presented below to provide information and considerations for further research and advocacy.

United We Ride

In February 2004, President Bush signed Executive Order 13330 entitled “Human Service Transportation Coordination.” It establishes an Inter-Agency Transportation Coordinating Council with Cabinet-level representation from ten federal departments, chaired by the Secretary of Transportation. The Council has been tasked with identifying and addressing barriers to coordination of the many federal transportation programs. The focus of these coordination efforts is people who are “transportation disadvantaged ... due to disability, income or advanced-age” and who receive benefits from federal programs. The Council’s Report to the President was issued in May 2005. Materials are available at: <http://www.unitedweride.gov/>

Under United We Ride, each state is encouraged to pursue opportunities to improve coordination of human service transportation within their jurisdiction. Small grants are available to assist with this effort. Virginia is conducting a statewide survey of transportation resources and issues, with the Virginia Department of Rail and Public Transportation (VDRPT) as the lead agency. Some of the results from this Links Study can provide a valuable input into the State’s own efforts.

Transportation Report by National Council on Disability

In June 2005, the National Council on Disability (NCD) published “The Current State of Transportation for People with Disabilities in the United States” by Marilyn Golden and Richard Weiner. Publication was followed by a webcast featuring Ms. Golden, supported by Independent Living Research Utilization (ILRU). The webcast is available in both audio and captioned text, together with a download of the report, at: <http://www.ilru.org/html/training/webcasts/archive/2005/06-22-MG.html>

The NCD report is a lengthy and comprehensive document that addresses all modes of surface transportation, both public and private, including bus, rail and paratransit. Recommendations are provided to improve the quantity and quality of transportation services for people with disabilities, including addressing needs beyond ADA “minimums.” While some conclusions and recommendations appear controversial to service providers and government agencies, the report goes a long way in documenting the extent of transportation gaps for consumers with disabilities.

Federal Transit Administration Reviews (WMATA, HRT)

The Federal Transit Administration (FTA) Office of Civil Rights periodically conducts “ADA Compliance Reviews” of public transit systems. As of March 2005, 24 of these had been conducted nationally for complementary paratransit programs and 8 for fixed-route systems. In Virginia, both the Washington Metro (WMATA) and the Hampton Roads (HRT) systems have had complementary paratransit assessments conducted. The purpose of these reviews is reportedly to identify areas of deficiency regarding the regulatory service criteria, particularly any possible “capacity constraints” in the level of service provided to eligible persons and trips. FTA staff states that their policy is to publish these reports, once finalized, on their website at:

http://www.fta.dot.gov/14531_16159_ENG_HTML.htm

However, responses from the transit operators are not currently made readily available, although they can be requested through the Freedom of Information Act (FOIA).

In each case, FTA consultants identified a variety of issues and made recommendations for improvement. For HRT, the most significant problem areas identified appear to relate to eligibility and on-time performance. However, between the time that FTA conducted the review and the time that they issued the final report, HRT changed the structure of service delivery, and now a single contractor covers the entire program. HRT believes that service quality and quantity have improved significantly, and at a cost savings to the public. WMATA’s review identified issues such as information inaccuracies in scheduling and dispatching, and deficiencies or delays in the eligibility process. Both systems were given the opportunity to submit comments to FTA regarding their own report, and they are currently expected to provide quarterly reports on improvements to bring them into compliance as identified.

New Freedom Initiative

Since early in his administration, President George W. Bush has supported the “New Freedom Initiative” to go beyond the requirements of the ADA and to enhance opportunities for people with disabilities, particularly in the areas of employment, home ownership, transportation, and full access to community life. Attempts to include federal appropriations for transportation enhancements have generally failed so far, but it is anticipated that some form of New Freedom program will be incorporated into the third cycle of the federal surface transportation authorizing statute (currently known as TEA-21). As of late July 2005, the bill remains in Conference Committee between the U.S. Senate and House of Representatives, so no details are yet available.

511/211 programs

Most people are familiar with dialing “411” on their telephone when they want “information” (also known as “directory assistance”) or “911” for an emergency. The whole series of three-digit “11” phone numbers are becoming increasingly popular for a variety of nationwide information programs. However, each locale, region, or state appears to have the opportunity to set up their own program, including the extent of content information. Two that are of significance to this Study are:

511 – identified for traffic and transportation information

211 – set aside for information about human services programs.

It would seem logical to have some kind of coordination and information sharing between these two programs, but so far no one is known to have taken that step.

In Virginia, the 511 program (<http://www.511virginia.org/>) is sponsored by the Virginia Department of Transportation, but it currently contains very limited links and no other information regarding public transit services. The 211 program is being set up through the Virginia Alliance of Information and Referral Systems and has a Business Plan and designated pilot website (<http://www.vairs.org/211virginia.htm>), with an expected roll-out by then end of 2005.

ADAAG Update

In 2004, the Access Board released updates and amendments to the ADA Accessibility Guidelines (ADAAG), which are technical specifications for defining accessibility to buildings and other facilities. In order for these to become requirements, they must be adopted by the federal Department of Justice (DoJ) or other specified agencies. In May 2005, DoJ concluded receiving comments on an “Advance Notice of Proposed Rulemaking” to solicit input on the scope and timing of how the new rules should be applied--e.g., should they only be applied prospectively, or should existing structures or equipment be required to be retrofitted? After reviewing these comments, a formal “Notice of Proposed Rulemaking” will be issued, tentatively in late 2005 or early 2006, and then finalized afterwards. It is anticipated that a similar update for proposed ADAAG for transportation vehicles will be developed by the Access Board during 2006 or 2007, then released for comment, with eventual adoption by the Department of Transportation. One topic where these will be particularly important is expected to be improved guidelines for ramp/slope requirements for entry to low floor buses and vans, which are becoming increasingly important in public and shuttle transportation.

6) CONCLUSION

During the past two years we have interviewed transit directors, consumers, former state delegates, CIL Directors, held public forums, and conducted surveys, in an attempt to obtain information regarding available accessible transportation in Virginia. Our Study has led us down many roads and to advocates on the national, state, and local levels. We also learned valuable lessons about designing and conducting surveys of individuals and agencies. What we have found is that the fight for accessible available transportation started prior to the Rehabilitation Act of 1973, and accelerated between 1975 and 1990. Even with the passage of the ADA, available accessible transportation is still an issue in Virginia.

We have found that there are many public transit systems operating throughout the Commonwealth, some by public agencies, others by not-for-profit private organizations, yet still more transportation is needed, particularly in the rural areas. Some of the funding sources for these systems include local, state, and federal grants, contributions, fees, and fares. A number of transit systems began as coordinated efforts between human service agencies, and a few of them continue to operate in that venue. In most rural areas, “demand response” means that transportation is offered to the general public (i.e., open to everyone, whether the passenger is disabled, non-disabled, or elderly). In contrast, in most urban areas “complementary paratransit” is exclusively for those people with disabilities who have been found ADA-eligible. Operating hours for both fixed-route and paratransit in urban areas range from 5:00am to midnight or less, with fares varying from \$2.25 to \$3.00 for paratransit, and \$1.25 to \$1.50 for fixed-route. In most rural areas, demand response and fixed route operating hours range from 6:00am to 6:00pm with limited service on Saturdays, and no service on Sundays. The fare for demand response varies from \$0.00 to \$3.00, and from \$0.25 to \$1.50 for fixed route. Several of the transit providers offered route-deviation on certain bus lines.

Not surprisingly, our research has revealed that funding, safety, and training are issues that affect both rural and urban areas across the state. In rural areas, transportation providers have indicated that more funding would allow them to expand services to evenings and weekends. Providers in the urban areas feel that more funding would allow them to add more routes. Others have stated that more local funding would allow transportation to continue in their areas. Additionally, funding is needed to recruit and maintain qualified drivers in all areas.

Safety is a major concern for consumers using public transportation, whether it is paratransit, demand response, or fixed-route. There have been many instances where wheelchair users have not been properly secured (using the wheelchair tie-downs and/or passenger restraint systems). As a result, both disabled consumers and other non-disabled passengers have been injured. Cell phone usage by drivers has also proven to be a safety hazard. In one instance, a paratransit driver was using the cell phone while operating the van lift. Subsequently, the consumer, a wheelchair user, was thrown off the lift and seriously injured. This problem also exists on the fixed-route where a similar situation occurred.

Although many drivers receive training in defensive driving and CPR, many consumers feel that public

transportation drivers could use more Customer Service training and Sensitivity training regarding how to assist, communicate, and interact with persons with disabilities. Consumers feel that drivers who receive this type of training have a greater understanding and respect for people with disabilities. Persons with visual disabilities need to have the transit stops announced so that they know where to get off the bus. This also applies to paratransit and demand response services because in several instances persons with visual disabilities have been left at the wrong address.

Consumers in rural areas and some urban areas have expressed a desire to participate more fully in the activities of their communities. An increase in evening and weekends services would allow consumers the opportunity to pursue full time employment, to attend religious activities of their choice, to enhance education, to be a part of political functions, to socialize, and the freedom to access housing of your choice. Transportation is one of the major keys to accessing true integration and inclusion into society.

7) RECOMMENDATIONS

The results of this Study are being distributed to the State Independent Living Council and the Virginia CIL network, transit authorities who responded to the survey, the Virginia Board for People with Disabilities, the Disability Commission, and to the Boards and Commissioners of the Departments of Transportation, Rail and Public Transportation, Rehabilitative Services, Social Services, and the Department for the Blind and Visually Impaired. Recipients will also include disability organizations such as the Virginia Association for the Blind, local chapters of the National Federation of the Blind, Mobility on Wheels, and Handicaps Unlimited of Virginia. The Virginia Legislature and local public jurisdictions will be asked to consider the recommendations contained below.

A Note about "Coordination"

When used in regard to public transportation, the term "coordination" generally refers to multiple public and/or private agencies (including non-profits) working together in some fashion, whether informally or formally, to make better use of their shared resources than they would do individually. As an example, some agencies may contribute funding and purchase service from another; one agency may be able to use its fund-raising skills to get accessible vehicles, while another has personnel who can help with record-keeping or operations. One stakeholder described it as: "Have everyone do what they do best."

The concept of a Brokerage, based on such a coalition of participants, is an opportunity that we recommend be considered. Some form of "start-up" funding is likely to be needed to bring the resources together and begin operations, but we recommend that such a coalition be pursued to test opportunities to provide transportation services beyond the ADA baselines. Additional mobility for people with disabilities should not be viewed as a burden, but as a prospective investment in community and economic development. From a parochial perspective, we believe that the Hampton Roads area has the players, and at least some of the resources, to be a good site for such a Brokerage pilot program. Clearly, more investigation is needed to identify possible details of such an operation, but the feasibility opportunities should be explored.

Recommendations for Transportation Providers

There is a real need for transit systems to provide better connectivity within and between communities. In reviewing the many transit systems around the Commonwealth, we have found that many of them do not connect to other transit services. Further, we have found that transit systems often do not even connect to all areas within their own service area, which makes it difficult for disabled consumers and the general public to travel from one community to another. Therefore, we recommend that transit providers be provided more funding in order to play their role in enhancing local economic and societal benefits.

Transportation providers should involve people with disabilities in identifying and prioritizing opportunities for service planning and delivery. Better information is needed to know where people with disabilities live and where they want to travel. Although bus and van purchases are often subject to whatever funding is available from year-to-year, a more consistent vehicle design could aid in passenger orientation and familiarity, especially for passengers with visual or cognitive disabilities.

Public transit agencies need to implement and monitor bus stop “call out” programs so that passengers know where they are, and where to get off. It is also important to recognize the difference between disabilities, however--calling out every stop may be desired by some passengers, but it is likely to confuse riders who have disabilities such as brain injury. Sensitivity and safety training are consistently identified by passengers both with and without disabilities as areas where they would like to see improvements.

Travel training is recognized as an investment that can have significant long-term payoff, both for transportation providers and the individuals who are trained. By learning to use, and become comfortable with, the “regular” transit system, people with disabilities gain more mobility, greater freedom of travel opportunities, and can travel at a much cheaper cost to themselves and the system than they do on paratransit. As with some other programs described here, travel training requires an “up front” investment in order to take advantage of longer-term cost controls.

Recommendations for Other Service Providers

A frequent area of conflict and confusion between transportation providers and passengers with disabilities is the level of assistance that is, or should be, provided to and from homes and other buildings. Major problems--both for the passenger and the transportation provider--arise when an individual who uses a wheelchair lives in a house that can only be accessed by stairs rather than a ramp. Transportation providers want to offer their service, but should not be put in a position to incur injuries that can create disabled van drivers by helping in dangerous situations. We firmly believe that this is a situation where other service providers can be a part of the solution. CILs, especially, are in a position to identify resources for home remodeling for accessibility--these include Community Development Block Grant (CDBG) funds through cities and counties, volunteer opportunities for service clubs such as Rotary or Scouts, or rental assistance through the Christopher Reeve Paralysis Foundation. We suggest that any transportation provider who identifies such issues with their customers encourage them to contact their local CIL to help address such problems.

Similarly, CILs and other consumer-oriented organizations can be valuable resources in conducting travel training for people with disabilities. Improving independent travel and community living is a key part of CILs’ missions, and many CIL personnel are quite familiar with the “nuances” of their local transit system in their day-to-day living and traveling about the community.

We recommend greater awareness of, and investment in, universal design of buildings and facilities throughout our communities. This will become increasingly useful as our “Baby Boomer” generation becomes a bit slowed down with increasing age.

For the private transportation sector, we recommend, wherever possible, the purchase and use of accessible taxi-cabs. These not only provide equivalent mobility for people with disabilities, but can provide new opportunities for the cab companies--more easily transporting non-disabled people with baby strollers, luggage, and other packages. With the low-floor, ramped designs now becoming common, maintenance issues are not nearly as burdensome (either financially or in terms of down-time) as previously sometimes occurred.

Similarly, organizations such as Area Agencies on Aging and other Human Service agencies should recognize the long-term importance of accessible vehicles for their clients. When deciding on van purchases, these agencies should consider equitable access for all, in addition to seating capacity. Despite some beliefs to the

contrary, the ADA regulations do not exempt such agencies from the accessibility requirements.

As an inter-agency effort and public-private partnership, the implementation of Virginia's "511" and "211" information programs should provide some form of linkage between various transportation providers and funding sources.

Recommendations for Consumers

People with disabilities are obviously key players in defining and using the transportation services they need. To the extent feasible, constructive advocacy is important in achieving desired goals--"you catch more flies with honey than with vinegar." But this also means identifying the differences between "needs" and "wants"--when advocates push for services that are then not well-used, it can dampen the credibility of such efforts in the future. Clear identification of priorities can help to achieve desired service improvements that can then be used as a basis for further successful advocacy.

Recommendations for the Commonwealth

As a Commonwealth, the government of Virginia has recognized its civic obligation to have as a primary goal the well-being of its citizens. To this end, a stable and adequate regular base of funding for public transportation should be established. Annual appropriations are too subject to budget shifts and changing political priorities to have the dependability needed for people with disabilities, as well as others, to rely upon for their basic mobility. We are particularly impressed with the funding basis in California, which provides part of the statewide sales tax to go back to the county of sale, dedicated for public transportation purposes. In brief, in urban counties these funds can be used only for public transit purposes; in rural counties they are intended primarily for transit, but can also be used for local streets/roads purposes if there is a finding by the local transportation planning agency that "there are no unmet transit needs that are reasonable to meet." We recommend that Virginia investigate and pursue the benefits of such a state funding approach.

We have found that the definition of "region" for issues that cross Virginia's Planning Districts varies depending on program source. We recommend that a more consistent definition and grouping of Planning Districts into "regions" be established for cross-program planning, coordination, and service delivery.

We commend VDRPT's policy of requiring compliance with the ADA vehicle regulations for procurements funded under FTA's Sections 5310 (Elderly and Persons with Disabilities) and 5311 (Rural) funding programs. We recommend that this policy continue in effect and be carefully monitored.

As an inter-agency effort and public-private partnership, the implementation of Virginia's "511" and "211" information programs should provide some form of linkage between various transportation providers and funding sources.

Recommendations for Local Governments

As an obligation of local municipalities, we recommend that a stable level of funding for public transportation become a line item in local budgets, with yearly increases to allow for expansion of services. There is a definite need for transit providers to be able to expand services to include additional routes and/or to provide a feeder system that would connect consumers and the general public to the mainline transportation system.

We have found that in some areas, real estate developers are building more housing communities beyond the normal transit system routes. Additionally, businesses, schools, and recreational facilities are also locating in those areas. The lack of transportation to these areas prevents consumers from seeking employment, participating in

school activities, or socializing. Further, in both traditional and new suburbs, more and more individuals are becoming disabled and are finding themselves trapped in a community without accessible transportation. We recommend that local planning and development decisions take into action the longer term impacts of their actions on community development improvements and access for people with disabilities.

Perhaps one of the most important roles that local governments can play is in the realm of pedestrian travel and accessible rights-of-way. If Planning and Public Works departments would have as a primary objective to ensure opportunities for safe local pedestrian travel, it would go a long way towards improving access, but also help to reduce the rate of increase in paratransit need. National paratransit experts have identified this, especially in combination with the aging of the “Baby Boomer” generation, as probably one of the most significant issues that will be driving the need for improvements in accessible public transportation in coming years. Because of the dependence by Virginia’s public transportation programs on local funding, governmental budgets should recognize that capital investments in infrastructure such as sidewalks and curb cuts can help to minimize or reduce ongoing long-term expenditures for more paratransit operations.

Recommendation: “Partner for Solutions”

As an over-arching goal, we recommend that a partnership be developed amongst consumers, transit providers and local governments. The goal of this partnership would be to pursue funding sources, planning for expansion of services, improvement of current service delivery, and to actively educate the general public about public transportation.

The passage of the ADA in 1990 marked a milestone in recognizing the needs and rights for people with disabilities to be accorded opportunities for full participation and inclusion in their communities. Good public transportation is a key to achieving this goal, as it is for many Americans. Lack of access is a widespread problem, and the recommendations contained in this report are offered with the objective of starting progress toward overcoming public transportation barriers. Some of these recommendations are relatively “simple” and not expensive; others are obviously more long-term and will require considerable effort and/or resources. The ADA requirements for transportation provide a good baseline, but they are not sufficient for full mobility. The sooner we start to conscientiously address these goals, the sooner they can be achieved for the benefit of all of society.

“There has to be a change in the attitudes of the citizens of Virginia ... We are slaves to our automobiles and we must learn to appreciate the value of public transportation.” (Flora Crittenden, former member of the Virginia House of Delegates)

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Flora Crittenden	Former member of the House of Delegates to the Virginia General Assembly
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Park Woodworth	King County Metro, Seattle, WA
Tony Young	Senior Public Policy Strategist, NISH, Springville, VA

APPENDIX

LIST OF DOCUMENTS

1. Map of Virginia's Planning Districts, combined into Six Regions
2. Catchment Areas of Virginia's CILs by Planning District
3. Consumer Survey Form
4. Summary, Consumer Survey Responses
5. Transportation Provider Survey form
6. Summary, Transportation Provider Survey Responses

INSIGHT ENTERPRISES, INC.
PENINSULA CENTER FOR INDEPENDENT LIVING
CONSUMER TRANSPORTATION SURVEY

1. In what City, Town or County do you live? _____
2. Is the person filling out this survey form: (Please check one.)
 A Consumer with a Disability A Parent/Guardian of a Disabled Consumer
3. What is the nature of the disability? (Please check all that apply.)
 Cognitive Visual Mental Retardation
 Mental Health Head Injury Seizure Disorder
 Physical Disability Temporary Disability Hearing
 Deaf/Blind Other (Please Specify.)
4. What is your gender? MALE FEMALE
5. What is your race? (Please check one)
 African American (Black) Caucasian (White)
 Alaskan Native Hispanic
 American Indian Pacific Islander
 Asian Other (Please Specify.)
6. What is your age range? (Please check one.)
 Under 18 41 - 50
 18 - 30 51 - 60
 31 - 40 61 and Over
7. What is the highest level of education completed? (Please check one.)
 Elementary School GED
 Some High School (Please specify grade) _____ Trade/Technical School
 High School Graduate College Graduate
 Some College
8. What is your current living situation (Please check one.)
 Assisted Living Facility Live with Family/Friends or Roommate
 Live Alone Live in a Nursing Home/Rehabilitation Center
 Congregate Residence Homeless
 Other-Specify: _____
9. Do you have public transportation (bus, taxi, subway) in your area? (Please check one.)
 YES NO
10. Do you use more than one type of provider? (Please check all that apply.)
 Para-Transit Taxi
 Fixed Route (Bus) Other (Please Specify.)

11. Are you limited or restricted by lack of transportation services to and/or from the following?
(Please check all that apply.)

- | | |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Educational Activities | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Grocery Shopping | <input type="checkbox"/> Non-Food Shopping |
| <input type="checkbox"/> Medical/Therapeutic | <input type="checkbox"/> Social/Recreational |
| <input type="checkbox"/> Religious Services/Activities | <input type="checkbox"/> Community Service/Volunteer Activities |
| <input type="checkbox"/> Social Agencies (Social Security, CSB, Social Services). | <input type="checkbox"/> Services (banking, hairdresser, dry cleaning, etc.) |

12. If transportation were available to you, please rate the following trips based on the level of importance to you. (Fill in the appropriate circle.)

**TRIP PURPOSE
HOW IMPORTANT TO YOU**

	Very High	High	Low	Very Low	No Need
--	-----------	------	-----	----------	---------

Education/Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grocery Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Food Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical/Therapeutic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social/Recreational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious Service/Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Service/Volunteer Act.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Agencies (Social Sec, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services (banking, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. How often do you **use** transportation?

(Please check one.)

- | | |
|------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> 1 time a week | <input type="checkbox"/> Everyday |
| <input type="checkbox"/> Several times a week | <input type="checkbox"/> Weekdays Only (Monday - Friday) |
| <input type="checkbox"/> Weekends Only (Saturday & Sunday) | |

14. How often do you **need** to use transportation?

(Please check one.)

- | | |
|------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> 1 time a week | <input type="checkbox"/> Everyday |
| <input type="checkbox"/> Several times a week | <input type="checkbox"/> Weekdays Only (Monday - Friday) |
| <input type="checkbox"/> Weekends Only (Saturday & Sunday) | |

15. If affordable, accessible transportation would be available to you, please indicate how many round trips you would take during a typical month. (Please fill in the appropriate circle.)

1 - 5	6 - 10	11 - 15	16 - 20	Over 20
-------	--------	---------	---------	---------

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

16. What is transportation mainly used for? (Please check all that apply.)
- Work School Medical Shopping Service Agencies
 Church Recreation Services Volunteer ALL
 Other (Please Specify)
17. Indicate the days and the time periods when you most need transportation services. (Please check all that apply.)
- Monday Saturday 12:00 midnight to 7:00 a.m.
 Tuesday Sunday 7:00 a.m. to 6:00 p.m.
 Wednesday 6:00 p.m. to 12:00 midnight
 Thursday 6:00 a.m. to 12:00 noon
 Friday 12:00 noon to 6:00 p.m.
18. What barriers do you encounter when accessing transportation? (Please check all that apply.)
- Lack of Personal Aide/Attendant Lack of Ramps
 Lack of Lifts (wheelchair) Lack of Sidewalks/Curb cuts
 Lack of an Accessible Vehicle Lack of Accessible bus stops
 Other (Please Specify)
19. Do you live within three-fourth of a mile of a bus stop? YES NO
If NO, have you ever received para-transit transportation services? YES NO
20. Are you required to be certified to ride para-transit? YES NO
21. Does your ADA certification have restrictions? YES NO
If YES, what restriction is in place? (Please check one.)
- Daytime Only Weather
 Evening Only Other (Please Specify.)
22. Is Travel Training available in your area? YES NO
23. Have you received training on how to ride Fixed Route Transportation Systems (Bus/Rail/Subway)? YES NO

**INSIGHT ENTERPRISES, INC.
PENINSULA CENTER FOR INDEPENDENT LIVING
CONSUMER TRANSPORTATION SURVEY RESULTS**

Number of Survey forms distributed throughout Virginia: Approximately 2,500
 Number of Survey forms completed and tallied: 695
 Percentage: 28 percent

1. In what City, Town or County do you live?

Number Surveys Received	Percentage (%)	City/County
7	1.01	001 ACCOMACK CO
0	0.00	003 ALBEMARLE CO
0	0.00	005 ALLEGHANY CO
0	0.00	007 AMELIA CO
1	0.14	009 AMHERST CO
0	0.00	011 APPOMATTOX CO
0	0.00	013 ARLINGTON CO
2	0.29	015 AUGUSTA CO
0	0.00	017 BATH CO
0	0.00	019 BEDFORD CO
0	0.00	021 BLAND CO
0	0.00	023 BOTETOURT CO
0	0.00	025 BRUNSWICK CO
2	0.29	027 BUCHANAN CO
0	0.00	029 BUCKINGHAM CO
1	0.14	031 CAMPBELL CO
0	0.00	033 CAROLINE CO
1	0.14	035 CARROLL CO
0	0.00	036 CHARLES CITY CO
0	0.00	037 CHARLOTTE CO
5	0.72	041 CHESTERFIELD CO
1	0.14	043 CLARKE CO
1	0.14	045 CRAIG CO
0	0.00	047 CULPEPER CO
0	0.00	049 CUMBERLAND CO
1	0.14	051 DICKENSON CO
0	0.00	053 DINWIDDIE CO
0	0.00	057 ESSEX CO
0	0.00	059 FAIRFAX CO
0	0.00	061 FAUQUIER CO
1	0.14	063 FLOYD CO
0	0.00	065 FLUVANNA CO

1	0.14	067 FRANKLIN CO
17	2.45	069 FREDERICK CO
1	0.14	071 GILES CO
1	0.14	073 GLOUCESTER CO
0	0.00	075 GOOCHLAND CO
0	0.00	077 GRAYSON CO
0	0.00	079 GREENE CO
0	0.00	081 GREENSVILLE CO
0	0.00	083 HALIFAX CO
1	0.14	085 HANOVER CO
6	0.87	087 HENRICO CO
1	0.14	089 HENRY CO
0	0.00	091 HIGHLAND CO
0	0.00	093 ISLE OF WIGHT CO
4	0.58	095 JAMES CITY CO
0	0.00	097 KING & QUEEN CO
0	0.00	099 KING GEORGE CO
0	0.00	101 KING WILLIAM CO
0	0.00	103 LANCASTER CO
13	1.87	105 LEE CO
0	0.00	107 LOUDOUN CO
0	0.00	109 LOUISA CO
0	0.00	111 LUNENBURG CO
0	0.00	113 MADISON CO
0	0.00	115 MATHEWS CO
0	0.00	117 MECKLENBURG CO
0	0.00	119 MIDDLESEX CO
2	0.29	121 MONTGOMERY CO
0	0.00	123 NANSEMOND CO
0	0.00	125 NELSON CO
0	0.00	127 NEW KENT CO
5	0.72	131 NORTHAMPTON CO
0	0.00	133 NORTHUMBERLAND CO
0	0.00	135 NOTTOWAY CO
0	0.00	137 ORANGE CO
2	0.29	139 PAGE CO
0	0.00	141 PATRICK CO
6	0.87	143 PITTSYLVANIA CO
0	0.00	145 POWHATAN CO
0	0.00	147 PRINCE EDWARD CO
0	0.00	149 PRINCE GEORGE CO
0	0.00	153 PRINCE WILLIAM CO
2	0.29	155 PULASKI CO
0	0.00	157 RAPPAHANNOCK CO
0	0.00	159 RICHMOND CO
4	0.58	161 ROANOKE CO

38	5.47	163 ROCKBRIDGE CO
2	0.29	165 ROCKINGHAM CO
8	1.15	167 RUSSELL CO
21	3.02	169 SCOTT CO
2	0.29	171 SHENANDOAH CO
4	0.58	173 SMYTH CO
0	0.00	175 SOUTHAMPTON CO
0	0.00	177 SPOTSYLVANIA CO
0	0.00	179 STAFFORD CO
0	0.00	181 SURRY CO
0	0.00	183 SUSSEX CO
29	4.17	185 TAZEWELL CO
4	0.58	187 WARREN CO
3	0.43	191 WASHINGTON CO
0	0.00	193 WESTMORELAND CO
73	10.50	195 WISE CO
0	0.00	197 WYTHE CO
0	0.00	199 YORK CO
0	0.00	510 ALEXANDRIA - CITY
0	0.00	515 BEDFORD - CITY
3	0.43	520 BRISTOL - CITY
43	6.19	530 BUENA VISTA - CITY
0	0.00	540 CHARLOTTESVILLE - CITY
10	1.44	550 CHESAPEAKE - CITY
0	0.00	560 CLIFTON FORGE - CITY
0	0.00	570 COLONIAL HEIGHTS - CITY
0	0.00	580 COVINGTON - CITY
45	6.48	590 DANVILLE - CITY
0	0.00	595 EMPORIA - CITY
0	0.00	600 FAIRFAX - CITY
0	0.00	610 FALLS CHURCH - CITY
0	0.00	620 FRANKLIN - CITY
0	0.00	630 FREDERICKSBURG - CITY
0	0.00	640 GALAX - CITY
21	3.02	650 HAMPTON - CITY
0	0.00	660 HARRISONBURG - CITY
0	0.00	670 HOPEWELL - CITY
26	3.74	678 LEXINGTON - CITY
11	1.58	680 LYNCHBURG - CITY
0	0.00	683 MANASSAS - CITY
0	0.00	685 MANASSAS PARK - CITY
1	0.14	690 MARTINSVILLE - CITY
19	2.73	700 NEWPORT NEWS - CITY
78	11.22	710 NORFOLK - CITY
18	2.59	720 NORTON - CITY
0	0.00	730 PETERSBURG - CITY
2	0.29	735 POQUOSON - CITY
43	6.19	740 PORTSMOUTH - CITY

1	0.14	750 RADFORD - CITY
28	4.03	760 RICHMOND - CITY
12	1.73	770 ROANOKE - CITY
1	0.14	775 SALEM - CITY
0	0.00	780 SOUTH BOSTON - CITY
0	0.00	790 STAUNTON - CITY
2	0.29	800 SUFFOLK - CITY
49	7.05	810 VIRGINIA BEACH - CITY
0	0.00	820 WAYNESBORO - CITY
0	0.00	830 WILLIAMSBURG - CITY
3	0.43	840 WINCHESTER - CITY
<u>6</u>	<u>0.87</u>	NOT SPECIFIED
695	100.00%	

2. Is the person filling out this survey form: (Please check one.)

#	%	Response
514	74	A Consumer with a Disability
69	10	A Parent/Guardian of a Disabled Consumer
112	16	Not Specified

3. What is the nature of the disability? (Please check all that apply)

with 2 Disabilities Listed: 150

with 3 Disabilities Listed: 71

with more than 3 Disabilities Listed: 17

#	Response
93	Cognitive
30	Deaf/Blind
47	Head Injury
51	Hearing
128	Mental Health
94	Mental Retardation
62	Not Specified
325	Physical Disability
44	Seizure Disorder
23	Temporary Disability
98	Visual
27	Other

OTHER-Specify: Stroke, speech, cerebral palsy, obesity, old age, chronic, multiple sclerosis, cancer, knee damage, kidney dialysis, stressed out, renal failure, fractured ankle, diabetic, breathing, anxiety, and ADHD

4. What is your gender?

#	%	Response
396	57	Female
278	40	Male
21	3	Not Specified

5. What is your race? (Please /check one)

#	%	Response
249	35.83	African American (Black)
1	0.14	Alaskan Native
8	1.15	American Indian
4	0.58	Asian
407	58.56	Caucasian (White)
7	1.01	Hispanic
11	1.58	Not Specified
1	0.14	Pacific Islander
7	1.01	Other

OTHER-Specify: biracial, American, human, African American & American Indian, no info provided

6. What is your age range? (Please check one.)

#	%	Response
6	0.86	Under 18
116	16.69	18 - 30
97	13.96	31 - 40
160	23.02	41 - 50
132	18.99	51 - 60
179	25.76	61 and Over
5	0.72	Not Specified

7. What is the highest level of education completed? (Please check one.)

#	%	Response
69	10	College Graduate
77	11	Elementary School
22	3	GED

236	34	High School Graduate
12	2	Home Schooling
21	3	Not Specified
98	14	Some College
137	20	Some High School
24	3	Trade/Technical School

Grade info (Some High School)

#	Response
2	5 th Grade
3	6 th Grade
7	7 th Grade
17	8 th Grade
11	9 th Grade
30	10 th Grade
12	11 th Grade
8	12 th Grade
47	No Response to Grade

8. What is your current living situation? (Please check one.)

#	%	Response
37	5.32	Assisted Living Facility
25	3.60	Congregate Residence
1	0.14	Homeless
258	37.12	Live Alone
24	3.45	Live in a Nursing Home/Rehabilitation Center
318	45.76	Live with Family/Friends or Roommate
12	1.73	Not Specified
20	2.88	Other

OTHER-Specify: WWRC (temporary), shelter, rooming house, State MH Hospital, ILC, group home

9. Do you have public transportation (bus, taxi, subway) in your area? (Please check one.)

#	%	Response
494	71	YES
175	25	NO
26	4	Not Specified

10. Do you use more than one type of provider? (Please check all that apply.)

#	Response
176	Fixed Route (Bus)
98	Not Specified
205	Para-Transit
154	Taxi
182	Other

OTHER-Specify: family, friends, own transportation, neighbor, van from employment site, van, medical transport, Medicaid transportation, senior citizen van, school bus, RATS, RADAR, aging agency, MEOC, HRT, Red Cross, Greyhound Bus, 4 County Transit, CSB, CART, bike, assisted living facility vehicle

11. Are you limited or restricted by lack of transportation services to and/or from the following? (Please check all that apply.)

#	Response
46	ALL
121	Community Service/Volunteer Activities
112	Educational Activities
122	Employment
272	Grocery Shopping
227	Medical/Therapeutic
3	No Money
181	Non-Food Shopping
187	Religious Services/Activities
184	Services (banking, hairdresser, dry cleaning, etc.)
154	Social Agencies (Social Security, CSB, Social Services)
203	Social/Recreational
212	Not Specified
1	Other

12. If transportation were available to you, please rate the following trips based on the level of importance to you. (Fill in the appropriate circle.)

#	%	Response
191	27	Education/Training Very High
95	14	High
49	7	Low
33	5	Very Low
119	17	No Need
208	30	No Answer

#	%	Employment
198	28	Very High
83	12	High
58	8	Low
33	5	Very Low
109	16	No Need
214	31	No Answer

#	%	Grocery Shopping
280	40	Very High
134	19	High
65	9	Low
24	4	Very Low
39	6	No Need
153	22	No Answer

#	%	Non-Food Shopping
203	29	Very High
167	24	High
63	9	Low
28	4	Very Low
49	7	No Need
185	27	No Answer

#	%	Medical/Therapeutic
368	53	Very High
94	13	High
39	6	Low
21	3	Very Low
35	5	No Need
138	20	No Answer

#	%	Social/Recreational
208	30	Very High
148	21	High
74	11	Low
20	3	Very Low
49	7	No Need
196	28	No Answer

#	%	Religious Service/Activities
---	---	------------------------------

199	29	Very High
134	19	High
64	9	Low
37	5	Very Low
55	8	No Need
206	30	No Answer

**%** Community Service/Volunteer Act

117	17	Very High
108	16	High
72	10	Low
50	7	Very Low
110	16	No Need
238	34	No Answer

**%** Social Agencies

185	27	Very High
104	15	High
80	11	Low
46	7	Very Low
65	9	No Need
215	31	No Answer

**%** Services

183	26	Very High
116	17	High
69	10	Low
24	4	Very Low
58	8	No Need
245	35	No Answer

13. How often do you **use** transportation? (Please check one.)

#	%	Response
83	12	One time a week
144	21	Everyday
212	31	Several times a week
127	18	Weekdays Only (Monday - Friday)
8	1	Weekends Only (Saturday & Sunday)
121	17	Not Specified

14. How often do you **need** to use transportation? (Please check one.)

#	%	Response
60	9	One time a week
181	26	Everyday
240	34	Several times a week
103	15	Weekdays Only (Monday - Friday)
9	1	Weekends Only (Saturday & Sunday)
102	15	Not Specified

15. If affordable, accessible transportation would be available to you, please indicate how many round trips you would take during a typical month. (Please fill in the appropriate circle.)

#	%	Response
122	18	1 - 5
109	16	6 - 10
65	9	11 - 15
66	9	16 - 20
216	31	Over 20
117	17	Not Specified

16. What is transportation mainly used for? (Please check all that apply.)

#	Response
54	ALL
187	Church
353	Medical
76	Not Specified
149	Recreation
138	Service Agencies
127	Services
64	School
347	Shopping
61	Volunteer
198	Work
34	Other

OTHER-Specify: YMCA, WIN Center, visiting family and friends, traveling, assisting others with transportation, senior citizens, pleasure, pay bills, nutrition center, MOW meeting, Harmony House, home from nursing facility, Adult Day Care

17. Indicate the days and the time periods when you most need transportation services. (Please check all that apply.)

#	Response
95	All 7 days
83	Monday
80	Tuesday
95	Wednesday
89	Thursday
97	Friday
230	All Week Days (Monday - Friday)
46	Saturday
36	Sunday
35	All Week End Days (Saturday and Sunday)
155	Days Not Specified
<hr/>	
8	All Time Frames
17	12:00 midnight to 7:00 a.m.
379	7:00 a.m. to 6:00.p.m.
100	6:00 p.m. to 12:00 midnight
59	6:00 a.m. to 12:00 p.m.
105	12:00 noon to 6:00 p.m.
8	Daytime Hours
3	Nighttime Hours
177	Time Frame Not Specified

18. What barriers do you encounter when accessing transportation? (Please check all that apply.)

#	Response
5	All Listed
122	Lack of Personal Aide/Attendant
79	Lack of Ramps
75	Lack of Lifts (wheelchair)
106	Lack of Sidewalks/Curb cuts
166	Lack of an Accessible Vehicle
123	Lack of Accessible bus stops
298	Not Specified
60	Other

OTHER-Specify: walker with wheels, visual, using tokens, shelter from bad weather, can=t climb steps, unreliable, unable to enter into building, transportation may not be available in the area I need to go to, transportation is not always available, too many steps and steps too high, too far to nearest bus stop, sometimes ride never shows, driver can=t find location-miss appointments, Page Co may have started with CART system-not sure, only cabs, not able to read buses, no transportation on Sunday, no transportation in area of county that I live, no service evenings and weekends, NO problem - Dept of aging lifts right up into the vehicle, need mobility training, neighborhood not near public transportation, need help getting in and out of car, must give 2 days notice, money, lack of well maintained buses, lack of service, lack of larger bus routes, lack of education as to

what a disabled person looks like, lack of drivers-cutback in funding, lack of clearly marked steps, kneeling bus, don=t always schedule my right days and times, coming on time, availability of sites to purchase tickets/tokens, accessible schedules, verbal announcements of arrivals and stops, and lack of bus shelters for long waits.

19. Do you live within three-fourth of a mile of a bus stop?

#	%	Response
283	41	YES
288	41	NO
124	18	Not Specified

If NO, have you ever received para-transit transportation services?

#	%	Response
163	23	YES
193	28	NO
339	49	Not Specified

20. Are you required to be certified to ride para-transit?

#	%	Response
189	27	YES
259	37	NO
247	36	Not Specified

21. Does your ADA certification have restrictions?

#	%	Response
78	11	YES
274	40	NO
343	49	Not Specified

If YES, what restriction is in place? (Please check one.)

(NOTE - numerous items were checked, even if indicated NO - not sure this question was understood by those completing survey.)

#	Response
74	Daytime Only
54	Weather
9	Evening Only
11	Other

OTHER-Specify: weekend travel, wheelchair bound-lack of transportation, wait only five minutes, using steps if not wheelchair?, no route, no drivers license, I have a car, distance, disability case still in process, did not specify restriction, curb-to-curb, can only take Handi-ride if bus trip takes more than one transfer, and having someone to ride with.

22. Is Travel Training available in your area?

#	%	Response
179	26	YES
303	43	NO
213	31	Not Specified

23. Have you received training on how to ride Fixed Route Transportation Systems (Bus/Rail/Subway)?

#	%	Response
100	14	YES
453	65	NO
142	21	Not Specified

24. Comments

- \$ We don't have any in our town.
- \$ Transportation not available on weekends with HRT. Live within 3/4 of mile of bus stop but cannot use.
- \$ Service is unavailable so did not answer questions.
- \$ Rarely use transportation - only when wheelchair accessible van is broken down.
- \$ Question 20 - certified to ride para-transit (not available).
- \$ Note to Cathy from Cheryl: lots of other writing on paper than can't read and does not appear to be relevant to transportation.
- \$ Note to Cathy from Cheryl - there is a note from sister - mainly about need for wheelchair for sister in nursing home.
- \$ Not aware of travel training in area.
- \$ Needs services for kidney dialysis.
- \$ Need of public transportation does not apply to myself at this time.
- \$ Need comprehensive program. To provide para-transit services to all persons with disabilities in James City Co. No the-quarter mile limit from established routes. Trans.-key component to independent living for all persons with disabilities. Need service from 6:00am to 12:00am, seven days a week. Would work as volunteer on this.
- \$ My family shows me how to catch the bus back and forward to where I need to go.
- \$ Must call 48 hours ahead of time for ride & must use their scheduled stops in afternoon. Not always easy as my stops not always their stops and have to wait hour for return ride. Can't always plan trips that far in advance. (See lengthy comments)
- \$ Limited/restricted -being on others time. Use transportation 1st of month.
- \$ Know which bus to take to destination.
- \$ Kind of received travel training. Thanks for the survey.

- \$ I would use Handi-ride more, but I hate to arrive 1 hour early for a 15 minutes ride and then have to sit in the doctor's office another hour or hour and a half, etc.
- \$ I don't want to because city bus drivers are impatient and some places are dangerous to cross alone or bus stop don't lend themselves to wheelchairs.
- \$ Has own car.
- \$ Family provided vehicle, travels no more than 20 miles due to vehicle condition and disability.
Can't use public due to funding shortages and gas price hike.
- \$ Evening transportation currently not available but desperately needed. Travel training is available by request.
- \$ Does not live near a bus stop.
- \$ Did not specify anything when indicated other. Uses transportation whenever needs to
- \$ Cut the Chesterfield link.
- \$ Attended VA School for Deaf and Blind.

**INSIGHT ENTERPRISES, INC.
PENINSULA CENTER FOR INDEPENDENT LIVING**

TRANSPORTATION PROVIDER SURVEY

Name of Provider: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name of Operations Manager: _____

Phone Number: _____ Fax Number: _____

TDD Number: _____ E-Mail Address: _____

Website Address: _____

1. What Counties/Cities do you provide service to?

2. What type of transportation services do you provide? (Please check all that apply)

<input type="checkbox"/> Fixed Route (Bus)	<input type="checkbox"/> Para-Transit	<input type="checkbox"/> Ferry
<input type="checkbox"/> Shuttle Service	<input type="checkbox"/> Subway	<input type="checkbox"/> Light Rail
<input type="checkbox"/> Taxi	<input type="checkbox"/> Trolley	<input type="checkbox"/> Medical Transportation
<input type="checkbox"/> Commuter Service	<input type="checkbox"/> Other:	

3. Do you offer Demand Response? YES NO

4. What are your hours of service? (Please check all that apply)

<input type="checkbox"/> 6:00 a.m. to 7:00 p.m.	<input type="checkbox"/> Sunrise to Sunset	<input type="checkbox"/> 24 Hours
<input type="checkbox"/> 6:00 p.m. to 12:00 a.m.	<input type="checkbox"/> Staggered Shifts	<input type="checkbox"/> Other*

*Please Specify:

5. What are your days of service? (Please check all that apply)

<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday
<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	

6. How do you market your services to the community?

<input type="checkbox"/> Phone	<input type="checkbox"/> TV/Radio	<input type="checkbox"/> Internet	<input type="checkbox"/> Brochure
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Other:		

7. Do you have a separate TDD phone number for scheduling purposes? YES NO

8. Are any of your vehicles lift equipped? (Please check one) YES NO

If YES, what percentage is lift equipped? (Please check one)

25% 50% 75% 100%

9. What is your base rate fare for the consumer for a one way trip?

Fixed Route (Bus)	\$ _____ Cost	_____ Mileage	_____ Hourly
		No Charge	
Para-Transit	\$ _____ Cost	_____ Mileage	_____ Hourly
		No Charge	
Ferry	\$ _____ Cost	_____ Mileage	_____ Hourly
		No Charge	
Shuttle Service	\$ _____ Cost	_____ Mileage	_____ Hourly
		No Charge	
Subway	\$ _____ Cost	_____ Mileage	_____ Hourly
		No Charge	
Light Rail	\$ _____ Cost	_____ Mileage	_____ Hourly
		No Charge	
Taxi	\$ _____ Cost	_____ Mileage	_____ Hourly
		No Charge	
Trolley	\$ _____ Cost	_____ Mileage	_____ Hourly
		No Charge	
Medical Trans.	\$ _____ Cost	_____ Mileage	_____ Hourly
		No Charge	
Commuter	\$ _____ Cost	_____ Mileage	_____ Hourly
		No Charge	
Other _____	\$ _____ Cost	_____ Mileage	_____ Hourly
		No Charge	

10. Do you offer reduced fares to consumers with disabilities on Fixed Route (Bus)?

YES NO

11. What percentage of your service area has fixed routes (bus)? (Please check one)

25% 50% 75% 100%

12. What percentage of your consumers has disabilities? (Please check one)

25% 50% 75% 100%

**INSIGHT ENTERPRISES, INC.
PENINSULA CENTER FOR INDEPENDENT LIVING
TRANSPORTATION PROVIDER SURVEY REPORT**

Number of Surveys: 19

NOTE: Three of the surveys had different questions – answers were placed in correct categories.

1. What Counties/Cities do you provide service to?

City/County Provide Service To
Gloucester, Mathews, King & Queen, King William, Middlesex, Lancaster, Essex, Northumberland, Westmoreland & Richmond Counties
City of Roanoke, City of Salem, Town of Vinton
James City Co., York Co., City of Williamsburg, City of Newport News
Lee, Wise, & Scott Counties and City of Norton
City of Fairfax
Charlottesville, Albemarle, Fluvanna, Louisa, and Nelson
Bluefield and Pocahontas
Cities: Roanoke, Salem & Covington Counties: Roanoke & Alleghany Towns: Vinton and Clifton Forge
Farmville (town)
Blacksburg and Christiansburg
Prince William Co., Cities of Manassas and Manassas Park
Arlington County
Accomack and Northampton Counties
Counties: Bland, Carroll, Grayson, Smyth, Washington, Wythe City of Galax
15 separate jurisdictions (see 2nd sheet)
Cities: Newport News, Hampton, Poquoson & Williamsburg Counties: York and James City
Virginia Beach, Norfolk, Chesapeake, Suffolk, Portsmouth, Hampton and Newport News
Amherst Co., Appomattox Co., Bedford Co., Campbell Co., Lynchburg City and Bedford City

2. What type of transportation services do you provide?

12 Fixed Route (Bus)

12 Para-Transit

- 1 Ferry
- 1 Shuttle Service
- 0 Subway
- 0 Light Rail
- 0 Taxi
- 3 Trolley
- 3 Medical Transportation
- 5 Commuter Service
- 7 Other

Comments:

- Human Service Agency Transportation
- Flex-Route (do not offer local fixed route)
- Flexible Fixed Route
- Demand Response (4 responses)
- ALL service is on demand, no fixed routes

3. Do you offer Demand Response?

- 14 Yes
- 2 No
- 3 Not asked this question

Comments:

- Request based service
- Flex-Route for all consumers
- One response was answered YES (ADA) and NO

4. What are your hours of service?

HOURS OF SERVICE
(Mon-Wed) 6:00 am to 1:00 am (Thurs-Sat) 6:00 am to 3:00 am (Sun) 10:00 am to 11:00 pm
5:30 am to 10:30 pm
5:45 am to 8:45 pm
6:00 am to 12:00 am (2 responses)
6:00 am to 6:00 pm (2 responses)
6:00 am to 7:00 pm
6:00 am to 7:00 pm & partial weekend service

HOURS OF SERVICE
6:00 am to 8:00 pm (Sept-May) & 6:00 am to 10:00 pm (June-August)
6:00 pm to 12:00 am
7:00 am to 5:00 pm (M-F) & 8:00 am to 4:00 pm (Saturday in limited areas)
7:00 am to 6:00 pm
8:00 am to 5:00 pm
8:30 am to 4:30 pm
Mon-Thur 7:00 am to 8:00 pm / Fri & Sat 8:00 am to 11:00 pm / Sun 12:00 pm to 8:00 pm
Staggered Shifts 4:30 am to 2:00 am
Staggered Shifts 8:00 am to 5:00 pm
Star Program: 5:45 am to 8:45 pm & Cortran 7:00 am to 6:00 pm

5. What are your days of service?

- 7 All
- 9 All Weekdays
- 7 Saturday
- 1 Sunday
- 3 Not asked this question

Comments:

- Saturday (limited to local service, eastern PWC only)
- Saturday - Marion, VA & Sunday – Contract
- First Saturday of month only
- Limited on Saturday

6. How do you market your services to the community?

- 2 All ways – See list below
- 2 Phone
- 6 TV/Radio
- 10 Internet
- 14 Brochure
- 9 Newspaper
- 3 Not asked this question
- 3 Other

Comments:

- Bus stop sign, shelters, HOA, Chamber newsletter
- Our own newspaper (10K circulation)
- Ride Guide (5th Planning District)

7. Do you have a separate TDD phone number for scheduling purposes?

- 3 Yes
- 11 No
- 2 No Answer
- 3 Not asked this question

8. Are any of your vehicles lift equipped?

- 19 Yes
- 0 No

If YES, what percentage is lift equipped?

- 2 25%
- 0 50%
- 2 75%
- 14 100%
- 1 No Answer

Comments:

- ramps on fixed route buses
- Fixed Route and Para-Transit

9. What is your base rate fare for the consumer for a one way trip?

Fixed Route (Bus)

- 7 No Answer
- 1 \$0.00
- 2 \$.25
- 4 \$.50
- 3 \$1.25
- 2 \$1.50

Mileage/Hourly/No charge

- 1 Not Applicable
- 18 No Answer

Para-Transit

- 9 No Answer
- 1 \$0.00

Mileage/Hourly/No Charge

- 1 Not Applicable
- 18 No Answer

3 \$.50
1 \$1.00
1 \$1.50
2 \$2.00
1 \$2.50
1 \$3.00

Ferry

19 No Answer

Shuttle Service

19 No Answer

Subway

19 No Answer

Light Rail

19 No Answer

Taxi

19 No Answer

Trolley

18 No Answer

1 \$.25

Medical Transportation

18 No Answer

1 \$16.00

Commuter

16 No Answer

1 \$2.00

1 \$3.00

1 \$5.50

Other

12 No Answer

2 \$1.00

1 \$1.50

1 \$3.00

1 \$31.00

Mileage/Hourly/No Charge

19 No Answer

Mileage/Hourly/No Charge

19 No Answer

Mileage/Hourly/No Charge

19 No Answer

Mileage/Hourly/No Charge

19 No Answer

Mileage/Hourly/No Charge

19 No Answer

Mileage/Hourly/No Charge

19 No Answer

Mileage/Hourly/No Charge

18 No Answer

1 Hourly

Mileage/Hourly/No Charge

19 No Answer

Mileage/Hourly/No Charge

17 No Answer

2 Hourly

- 1 Other
- 1 Varies \$1 to \$2

Comments:

- Fixed Route - \$1.50 per route
- Fees on a sliding scale based on income & expenses
- FLEX-ROUTE do not offer complimentary paratransit
- no detail provided
- Adult is \$1.50
- Demand Response
- see Brochure for information
- Agency services 36 hourly
- Demand

10. Do you offer reduced fares to consumers with disabilities on Fixed Route (Bus)?

- 8 Yes
- 7 No
- 1 None Charged
- 3 Not Applicable

Comments:

- Commuter & local bus service

11. What percentage of your service area has fixed routes (bus)?

- 1 0%
- 1 5%
- 2 25%
- 3 50%
- 4 75%
- 5 100%
- 2 No Answer
- 1 None

12. What percentage of your consumers have disabilities?

- 1 1%

- 1 10%
- 9 25%
- 2 50%
- 3 75%
- 1 100%
- 2 No Answer

13. In the past three (3) years, has there been an increase/decrease in the amount of consumers with disabilities that use your service? (Please specify percentage of increase/decrease)

- 15 Increase
 - 2 % not indicated
 - 3 5%
 - 2 10%
 - 1 20%
 - 1 22%
 - 1 25%
 - 1 26%
 - 1 48%
- 1 Decrease of 20%
- 2 Same
- 1 No Answer

Comments:

- Don't track fare box (will do so electronically in a year or so)- population in area has grown with # of disabled consumers in a proportionate manner. Do not offer complimentary para-transit because we do not offer local fixed route. Our local transit service is demand response operating in a flex route mode.
- Annually

14. Do you provide para-transit transportation beyond the three-fourth of a mile from a bus stop?

- 10 Yes

- 5 No
- 2 No Answer
- 2 Not Applicable

Comments:

- In town limits
- 1 1/2 miles from fixed route
- Does not apply to us-not public trans., but private non-profit. We cover all areas of our planning district. Area Agency on Aging. Primary client base is age 60+. Do not provide trans. To public; only to assessed & approved for transportation clients. All service is on demand. No fixed routes.

15. What type of para-transit service do you provide?

- 1 All types listed below
- 8 Curb-to-Curb
- 2 Door-through-Door
- 1 Door-to-Door
- 2 Curb-to-Door
- 3 No Answer
- 3 Not asked question

16. Is there an Advisory Committee for the Disabled?

- 4 Yes
- 13 No
- 2 No Answer

If YES, what is the percentage (%) of persons with disabilities on the Committee?

- 1 40% of people with disabilities on Committee
- 1 66% of people with disabilities on Committee

Comments:

- Not within our agency
- Have a Board of Directors - several have disabilities, others represent people with disabilities and/or have family members with disabilities
- Deputy Director is Chairman of DSB and a person with a disability

17. Do you have a complaint process?

17 Yes

1 No

1 No Answer

18. Do you have an appeal process?

15 Yes

3 No

1 No Answer

19. What was your annual budget for transportation for the past three (3) years?

2001	2002	2003	2004
\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$496,000.00	
\$0.00	\$85,300.00	\$114,920.00	\$119,700.00
\$153,200.00	\$157,350.00	\$163,400.00	
\$300,000.00	\$800,000.00	\$1,200,000.00	
\$368,048.00	\$391,048.00	\$407,798.00	
\$368,998.00	\$345,516.00	\$415,313.00	
\$885,000.00	\$975,000.00	\$1,200,000.00	
\$900,000.00	\$2,000,000.00	\$2,300,000.00	
\$964,634.00	\$1,055,203.00	\$1,209,227.00	
\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	
\$1,900,000.00	\$2,000,000.00	\$2,100,000.00	
\$1,900,000.00	\$2,100,000.00	\$2,300,000.00	
\$3,200,000.00	\$3,500,000.00	\$3,500,000.00	
\$4,539,696.00	\$4,677,819.00	\$5,120,697.00	

Comments:

- 2005 - \$56.5 million (transit operations) & \$5.3 million (handi-ride and para-transit related employees) 9.4%

20. What percentage of the budget was used to provide transportation to consumers

with disabilities for the past three (3) years?

2001	2002	2003	2004
NO ANSWER	NO ANSWER	NO ANSWER	
NO ANSWER	NO ANSWER	NO ANSWER	
NO ANSWER	NO ANSWER	NO ANSWER	
NO ANSWER	NO ANSWER	NO ANSWER	
NO ANSWER	NO ANSWER	NO ANSWER	
NO ANSWER	NO ANSWER	NO ANSWER	
NO ANSWER	NO ANSWER	NO ANSWER	
NO ANSWER	NO ANSWER	NO ANSWER	
NO ANSWER	NO ANSWER	NO ANSWER	
0.01%	0.01%	0.01%	
100%	100%	100%	
15%	13%	12%	
5%	5%	10%	
50%	50%	50%	
7%	7.3%	8.5%	
75%	75%	75%	
95%	95%	95%	
N/A	N/A	N/A	
N/A	11%	11%	10%

21. Other Comments:

Comments
TDD Number - Use 711 VA Relay Center Question#8 - ramps on fixed route buses Question#14 – in town limits
Consider para-transit as demand response.
All buses are wheelchair equipped. All service is demand response except for 1 fixed route. We do not budget for consumers with disabilities because all our services can accommodate them.
50% of our clients are disabled in some form. PAA currently provides wheelchair lift transportation to approximately 14 seniors.
*Board of Directors - several have disabilities, others represent people with disabilities and/or have family members with disabilities
Question#9 (Fixed Route - \$1.50 per route)

Comments
Question#14 - 1 1/2 miles from fixed route
Question#8 Fixed Route and Para-Transit Question#19 - 2005 - \$56.5 million (transit operations) & \$5.3 million (handi-ride and para-transit related employees) 9.4%
Question#3-Request based service
Question#3-Flex-Route for all consumers Question#10-Commuter & local bus service Question#13-don't track fare box (will do so electronically in a year or so)- population in area has grown with # of disabled consumers in a proportionate manner. Do not offer complimentary para-transit because we do not offer local fixed route. Our local transit service is demand response operating in a flex route mode.
Question#3 - Answered YES (ADA) and NO
Question#14 - Does not apply to us-not public trans., but private non-profit. We cover all areas of our planning district. Area Agency on Aging. Primary client base is age 60+. Do not provide trans. To public; only to assessed & approved for transportation clients. All service is on demand. No fixed routes.
Question#13 – annually