

## **Accessible Transportation Strategic Plan Technical Advisory Committee (TAC)**

# **MEETING AGENDA**

December 15, 2020 2:30 – 4:00 p.m.

### **1. Introductions**

*2:30 to 2:35 p.m. (5 minutes)*

- Members of the Committee and ATS Plan Staff will be introduced.

### **2. Update on Recent Plan Activities**

*2:35 to 2:40 p.m. (5 minutes)*

- Members of the Committee will receive a brief update on recent activities.

### **3. Evaluation of Proposed Strategies**

*2:40 to 3:50 p.m. (70 minutes)*

- Members of the Committee will review and provide priority direction on proposed strategies presented by the consulting team.

### **4. Next Steps**

*3:50 to 4:00 p.m. (10 minutes)*

- ATS Plan Staff and members of the Committee will discuss remaining next steps.

**Join Zoom Meeting:**

<https://us02web.zoom.us/j/89642103179?pwd=djdpd05XMStZUng4OXo4S2ZZVE5Ydz09>

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**Meeting Date:** December 15, 2020

Subject	Evaluation of Proposed Strategies
<b>Summary of Issues</b>	The TAC will review, discuss, and provide priority direction on proposed strategies that will eventually populate the ATS Plan recommendations.
<b>Recommendations</b>	Information and direction
<b>Financial Implications</b>	The ATS Plan will recommend specific strategies which will have financial implications. Many of the recommendations will require additional funding if they are to be implemented. Specific revenue requirements and sources are being developed and will be considered and addressed by CCTA with the adoption of the ATS Plan.
<b>Options</b>	<b>1.</b>
<b>Attachments</b>	<b>A.</b> Recommended Strategies For Evaluation By Advisory Committees <b>B.</b> Strategy Scoring Matrix
<b>Changes from Committee</b>	

## Background

The planning team has spent the past several months collecting input from the public and stakeholders with respect to both deficiencies with, and potential improvements to current accessible transportation delivery systems in Contra Costa County. The team’s outreach included public surveys, interviews, focus groups, a telephone town hall, and presentations as well as input from the plan’s technical and policy advisory committees. Despite the physical limitations of outreach efforts resulting from health mandates brought on by the COVID-19 pandemic, the planning team feels strongly that the outreach efforts yielded significant, multifaceted input and direction with regard to existing conditions and gaps in service availability and delivery.

Based on this outreach several strategies have been developed to address issues identified by the planning team during the process. Strategy development came from needs which were identified from all outreach (survey, stakeholder interviews, focus groups, committee input), analysis of maps and other

service statistics, and from local and national best practices. More detail on the outreach efforts and formulation of the strategies will be provided in the draft report.

The purpose of today's meeting is to discuss and evaluate the proposed strategies which are provided in Attachment A. A scoring "matrix" is provided as Attachment B. Instructions are provided in Attachment A as to how to score strategies based on criteria provided including:

- Financial – cost, cost per beneficiary, funding availability and sustainability, leveraging other resources
- Implementation – implementation time frame, staging, coordination
- Transportation Benefits – problems and trip types, number of beneficiaries, unserved needs, measurable benefits
- Community – community support, acceptability, acute needs, unserved groups

The financial and implementation criteria will primarily depend on planning team input but it will be discussed at the meeting. It is suggested that TAC members focus on the transportation and community benefits when "scoring" the strategies.

Preliminary scoring of strategies would be ideal so that group discussion can provide direction to the planning team to develop final strategy recommendations in the ATS Plan report. The Policy Advisory Committee reviewed the strategies at its December 10, 2020 meeting.

## RECOMMENDED STRATEGIES FOR EVALUATION BY ADVISORY COMMITTEES

The Accessible Transportation Strategic Plan will recommend strategies to:

- A. Facilitate large-scale transportation coordination efforts, and
- B. Address specific transportation gaps through mobility strategies.

The PAC and TAC began addressing A in November; the latest summary of the Draft Recommendation for Coordination Structure will be available on [www.atspcontracosta.com/project-documents](http://www.atspcontracosta.com/project-documents). In December, the committees are requested to address and prioritize mobility strategies. Criteria are described below, followed by mobility specific strategies for evaluation. These can be scored on the attached scoresheet.

### Transportation Strategy Evaluation Criteria

The following criteria are intended to be flexible, so that differences among different stakeholders in Contra Costa County can be taken into account. The order of presentation does not correspond to order of importance—no one category is considered more important than the others.

There are four groups of evaluation criteria: financial, implementation, transportation benefit, and community criteria.

Financial Criteria		
Cost	Is the overall cost within a range that can realistically be funded with available sources, taking into account sales tax funds, grants from the private or public sector or user fares/fees?	
Cost per beneficiary	A broad range of a small to a large number of beneficiaries is compared to the cost of a program. Even though a program's total cost is low, if it reaches very few people it might still have a high cost per user. This would not necessarily eliminate a project from consideration if it ranked highly on other criteria, including those listed under "Transportation Benefits Criteria" and "Community Criteria." Similarly, even though a program's total cost is high, if it reaches many people it might still have a low cost per beneficiary.	
Funding availability and sustainability	To the degree possible, strategies and related projects should have stable sources of funding to cover match requirements. In the case of pilot, demonstration, or capital projects, there should be reasonable likelihood of continued funding for operations. It is recognized that continued funding can never be guaranteed, as it is subject to budget processes, as well as decisions and priorities of funders.	
Leveraging resources	It is desirable for strategies and projects to help tap into other funding sources, especially new sources not previously available. Displacing existing funding is discouraged.	
<b>Ranking</b>	<b>Score</b>	<b>Definition</b>

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Highest ranking	5	Lowest cost to implement (under \$50,000), most cost effective and financially feasible
High ranking	4	Low cost to implement (\$50,000 to \$100,000), cost effective and financially feasible
Medium ranking	3	Medium cost to implement (\$100,000 - \$250,000), moderately cost effective and feasible
Low ranking	2	High cost to implement (\$250,000 to \$750,000), high cost per beneficiary
Lowest ranking	1	Highest cost to implement (over \$750,000), highest cost per beneficiary

Implementation Criteria		
Implementation time-frame	Strategies that will produce results quickly are preferred, as long as they are also sustainable. Projects with long-term payoffs should have some form of measurable accomplishments in the short run.	
Staging	Can the improvement be implemented in stages?	
Coordination	Strategies that involve coordination, for example multiple organizations working together to address a need, would be prioritized.	
Ranking	Score	Definition
High ranking	4-5	Short term (1-2 years), or capable of being implemented in stages, potential for coordination increases likelihood of implementation
Medium ranking	2-3	Medium term (3-4 years), less coordination potential
Low ranking	1	Long term (5+ years), may require large upfront fixed costs, least coordination potential

Transportation Benefits Criteria	
Number of problems and trip types	Strategies that address multiple problems and serve multiple customer groups and trip purposes are preferred, with an emphasis on those that facilitate coordination in the county.
Number of beneficiaries	In general, improvements that benefit many people are preferred to those that benefit few. However, the needs of relatively small groups might be considered particularly critical based on criteria under the heading "Community."
Unserviced needs	Projects are preferred that address gaps left by other services rather than duplicating, overlapping with, or competing with other services. Note that the

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	relative importance of various needs is a matter for local priorities as addressed under “Community.”	
Measurable benefits	As much as possible, there should be ways to measure how a strategy is benefiting target groups (seniors, veterans, people with disabilities), whether in terms of numbers of people served, numbers of trips provided, improved measures of service quality, user-friendliness for end user and their aides etc.	
<b>Ranking</b>	<b>Score</b>	<b>Definition</b>
High ranking	4-5	Large number of residents benefit, addresses multiple concerns, growth potential
Medium ranking	2-3	Moderate number of residents benefit, addresses multiple concerns
Low ranking	1	Small number of residents benefit, addresses one concern

Community Criteria		
Community support	Community support may take the form of formal endorsement by organizations and individuals, support by elected governing bodies, a potential project sponsor (“champion”) with staff or vehicles, and connections to adopted plans to carry out the strategy. Input from community outreach and stakeholder interviews conducted in Spring/Summer 2020 will be taken into account.	
Acceptability	While a strategy may look good “on paper”, there may be more subtle reasons – for example, cultural, practical, or financial – that would result in it not being successful if implemented. The strategy must be acceptable to the target population. That is, will the target population actually use this service being offered?	
Acute needs	The importance of needs will normally be reflected in community support, but also in priority designation in locally-adopted plans or policies. Acute needs may include needs of small groups who have been left unserved by other programs due to expense or other difficulties.	
Unserved groups	Identifiable groups that are not able to use existing services may include people who face language and cultural barriers.	
<b>Ranking</b>	<b>Score</b>	<b>Definition</b>
High ranking	4-5	High community support and serves greatest need
Medium ranking	2-3	Moderate community support and serves greatest need
Low ranking	1	Low community support

## Potential Strategies

Below you will find the various strategies being considered for recommendation by consultants and staff. Descriptions are in the first column, the second column ties strategies and the origin or support from previous studies are noted in the second column.

In some of the strategies below, ADA paratransit is used as a comparison. This comparison is used because ADA paratransit is the most longstanding service of this type and provides the large majority of trips. However, ADA requirements are **only** a minimum. Other than funding and leadership, there is no reason why improved service beyond these minimums can't be provided, and indeed are being provided in some cases already by both transit agencies and non-profit providers. This would begin to bring some equity to accessible transit relative to other sectors of the transportation system which go through continual cycles of improvement and expansion.

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STRATEGY	SOURCE	PRIOR RECOMMENDATIONS AND SUPPORT
<b>Increase Local and Regional Mobility</b>		
<p><b>1. Expand the current one-seat ride pilot program - improve connectivity between paratransit programs/eliminate transfer trips.</b> At the time of this writing, the three Contra Costa-based suburban transit systems plus LAVTA have embarked on a pilot program to eliminate transfers between their service areas. This strategy would ensure the continuity of this program beyond the pilot stage and pursue the possibility of expanding the one-seat ride program to adjoining counties, emphasizing incorporating East Bay Paratransit into the program. This approach to eliminating transfers is an alternative to consolidating service areas has advantages and disadvantages. The one-seat ride approach is relatively quick to implement but relies on non-binding agreements which may not survive long term. As opposed to the merging of service areas, this approach leaves in place geographic service silos in which each transit agency operates. These silos compromise ability to build shared trips which are critical to achieve cost savings, greenhouse gas reductions, and are the very definition of “public transit”. As stated above, the one-seat ride program is a brand-new demonstration project, which does not yet cover the entire county, and effectiveness is to be determined.</p>	<ul style="list-style-type: none"> <li>• Need identified in surveys and focus groups</li> <li>• Strategy based on proposed pilot program and other regions’ best practices</li> </ul>	<ul style="list-style-type: none"> <li>• <b>2013 Mobility Management Plan:</b> The recommendation of the 2013 Plan eliminated the need for transfer trips.</li> <li>• <b>Measure J (2004) Transportation Expenditure Plan:</b> “...<i>facilitation of countywide travel and integration with fixed route and BART specifically, as deemed feasible.</i>”</li> <li>• <b>2004 Paratransit Study:</b> “<i>Establishment of a Separate Operating Entity to Coordinate Transfers</i>”</li> <li>• <b>1990 Paratransit Plan:</b> “<i>Longer-term recommendations included... Removal of local service area boundaries;...”, “Investigate Feasible Options for Consolidating Operations into Subregional Entities”</i> (Staff Note: This recommendation went on to contemplate merging Transit and City operations in to a CTSA with the “subregions” being west county and east/central), “<i>Meeting attendees also emphasized the need for increased opportunities for travel between service areas and across County lines...</i>”</li> </ul>

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STRATEGY	SOURCE	PRIOR RECOMMENDATIONS AND SUPPORT
<p><b>2. Same-day trip programs (including wheelchair-accessible service).</b> Allows users to travel without needing to reserve a day in advance, as required on ADA paratransit. Most commonly, same-day service is provided using taxis and/or Transportation Network Company (TNCs (e.g. Lyft/Uber)), so wheelchair-accessibility and (for TNCs) access for people without smartphones (concierge/phone-order service) are issues to be addressed. Expanding a program like Go San Ramon! is one way of approaching this strategy. This need was also identified as a priority by more than 22% of the survey respondents.</p>	<ul style="list-style-type: none"> <li>• Need identified in surveys, stakeholder interviews, and focus groups</li> <li>• Strategy based on other regions' best practices</li> </ul>	
<p><b>3. Volunteer driver programs.</b> Volunteer drivers can provide a degree of personalized service that paratransit programs cannot. Typically, volunteers driving their personal vehicles provide one-on-one service, taking individuals to and from medical appointments, often with assistance to and from doctors' offices ("escort" service). Wheelchair-accessible service requires adding some agency-owned vehicles to the mix, usually small vans that do not require a commercial driver's license. Programs can be traditional (staff matches the volunteer and rider and schedules the trip), reimbursement-based (riders recruit their own drivers), and/or utilize some paid drivers. Volunteer programs require a long build up time and have capacity constraints. A well-established volunteer driver program will offer cost-savings from ADA paratransit. One option could be expanding existing programs like Mobility Matters with better penetration in areas such as portions of West and East County. From the project survey, 29% of the respondents mentioned that they rely on similar volunteer programs.</p>	<ul style="list-style-type: none"> <li>• Need identified in surveys stakeholder interviews and focus groups</li> <li>• Strategy based on other regions' best practices</li> </ul>	<ul style="list-style-type: none"> <li>• <b>2013 Mobility Management Plan:</b> <i>"Expand volunteer driver programs throughout the County as an inexpensive means of serving difficult medical and other trip needs for seniors and persons with disabilities."</i></li> <li>• <b>1990 Paratransit Plan:</b> <i>"Support for developing a County-wide volunteer escort service."</i></li> </ul>

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STRATEGY	SOURCE	PRIOR RECOMMENDATIONS AND SUPPORT
<p><b>4. Service beyond ADA service areas and regular service times.</b> Since ADA paratransit is required only where and when fixed-route transit operates, more rural areas in East County are not served, and many areas lack service evenings and weekends. The most common means of filling this gap is using taxis or TNCs, but other service types can also be used. Options include premium fare paratransit service, first mile/last mile shuttles, micro-transit, zonal dial-a-ride services that connect to BART or fixed route buses. A variation on service beyond ADA service areas would be directed to specific trip types (like dialysis) that commonly require travel early in the morning or late into the evening. Options include using taxis or TNCs.</p>	<ul style="list-style-type: none"> <li>• Need identified in surveys, stakeholder interviews and focus groups</li> <li>• Strategy based on other regions' best practices</li> </ul>	<ul style="list-style-type: none"> <li>• <b>2004 Paratransit Study:</b> <i>"The menu of recommendations is... Lifeline services beyond ADA service area including the joint use of vehicles..."</i></li> <li>• <b>1990 Paratransit Plan:</b> <i>"Longer-term recommendations included... Removal of local service area boundaries..."</i> (Staff Note: This recommendation may be referring to transit districts not ADA boundaries)</li> </ul>
<p><b>5. Subsidized on-demand programs.</b> A popular means of providing same-day service, typically including service at times when paratransit does not operate, is to subsidize taxi and/or TNC usage. Mechanisms can involve scrip, tickets, vouchers, debit cards, or accounts maintained by the subsidizing agency. Since taxis and TNCs typically do not operate wheelchair-accessible vehicles, some means of filling this gap needs to be included. In the case of TNCs, which usually require a smartphone, a concierge/phone-order option is also needed.</p>	<ul style="list-style-type: none"> <li>• Need identified in surveys, stakeholder interviews and focus groups</li> <li>• Strategy based on neighboring county program</li> </ul>	<ul style="list-style-type: none"> <li>• <b>2020 Measure J Transportation Expenditure Plan:</b> <i>"CCTA will develop an Accessible Transportation Strategic Plan to implement a customer-focused, <u>user-friendly, seamless coordinated</u> system..."</i></li> </ul>

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STRATEGY	SOURCE	PRIOR RECOMMENDATIONS AND SUPPORT
<b>Improve Coordination Among Providers and Community Stakeholders</b>		
<p><b>6. Shopping trips with package assistance.</b> As an alternative to ADA paratransit, a shopping shuttle may be more convenient for riders and less expensive to operate. Shuttle trips usually connect senior apartments with major shopping centers. A variety of living and shopping locations may be served on a rotating schedule, with each route operated (for example) once a week. Options could include assisting low-income residents with grocery delivery, ensuring that trips or food deliveries could be provided without the need for a computer.</p>	<ul style="list-style-type: none"> <li>• Need identified in survey, and stakeholder interviews</li> <li>• Strategy based on neighboring city programs</li> </ul>	
<p><b>7. Hospital discharge service.</b> Following hospital treatment, a person may be newly disabled, or temporarily disabled and require assistance beyond that which a taxi or TNC can provide. In addition, hospital rules may not allow a patient to be discharged to these transportation services. Since the person is not certified as eligible for ADA paratransit and cannot become so on short notice, high-priced medi-van service is often the only option. A lower-cost option would be desirable. A program might offer resource information, assistance with applying for transportation services, and the trip upon discharge. Options could include systematic education of hospital discharge planners about transportation options.</p>	<ul style="list-style-type: none"> <li>• Need identified in stakeholder interviews</li> <li>• Strategy based on neighboring county program</li> </ul>	

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STRATEGY	SOURCE	PRIOR RECOMMENDATIONS AND SUPPORT
<p><b>8. Customized guaranteed ride home programs for people with disabilities.</b> A guaranteed ride home program usually is intended to encourage use of transit and carpooling/vanpooling by providing an alternative means to get home if the participant needs to work late or return home early due to an emergency. Usually, taxi or TNC rides are provided. A program geared to people with disabilities would need to provide wheelchair-accessible options. In order to address equity issues, options could include arranging for the 211 information and referral service set up accounts with GoGoGrandparent (or other concierge services), to provide subsidized trips for emergency situations.</p>	<ul style="list-style-type: none"> <li>• Need identified in surveys, stakeholder interviews, and focus groups</li> <li>• Strategy based on other regions' best practices</li> </ul>	
<p><b>9. Means-based car-share including accessible option.</b> Improved access to car share services for low-income individuals, including veterans and those with mobility issues, could provide access to essential destinations such as medical facilities, grocery stores, and other services. Car sharing could be subsidized and could be modeled on or operated by GetAround or another, similar vendor.</p>	<ul style="list-style-type: none"> <li>• Need identified in stakeholder interviews</li> <li>• Strategy based on other regions' best practices</li> </ul>	
<p><b>Increase Awareness of Existing Services</b></p>		
<p><b>10. One-call / one-click; information &amp; referral (I&amp;R).</b> These programs connect people with all of the available transportation services for people with disabilities and seniors in their area. Programs with trained staff that help callers figure out the best service for them are sometimes called "travel navigator" programs. The name "one-call / one-click" suggests that callers are immediately connected to the service they need, while "information &amp; referral" may simply provide information. One-call / one-click programs have some combination of personnel who take calls ("one-call") and a searchable database on a website ("one-click").</p>	<ul style="list-style-type: none"> <li>• Need identified in surveys, stakeholder interviews and focus groups</li> <li>• Strategy based on other regions' best practices</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ATS Plan: Public Input:</b> The one-call/one-click strategy is responsive to testimony by advocates which call for a "single point of entry".</li> <li>• <b>2013 Mobility Management Plan:</b> While the 2013 Plan didn't specifically recommend one-call/one-click it recommended the creation of CTSA that would be a single point of entry.</li> <li>• <b>1990 Paratransit Plan:</b> "Establish a convenient information and referral system."</li> </ul>

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STRATEGY	SOURCE	PRIOR RECOMMENDATIONS AND SUPPORT
<p><b>11. Travel training (including inter-operator trips).</b> Travel training is usually intended to help people learn to use fixed-route transit effectively. Group training sessions can be helpful for some people, but many riders need intensive one-on-one training, either by qualified trainers or sometimes by “peers”, i.e. other seniors, people with disabilities, or veterans. Travel between transit operator service areas can be particularly challenging and could be part of a travel training program. Efforts should include partnerships with educational programs for disabled youth and adults. West County has been piloting travel training.</p>	<ul style="list-style-type: none"> <li>• Need identified in surveys, stakeholder interviews and focus groups</li> <li>• Strategy based on pilot program and other regions’ best practices</li> </ul>	<ul style="list-style-type: none"> <li>• <b>2013 Mobility Management Plan:</b> “...specific strategies proposed for Contra Costa County...Travel training: Create a program to teach bus riding skills on all county transit systems.”</li> <li>• <b>2004 Paratransit Study:</b> “Recommendation 7.5 Demand Management Strategies: 7.5.1 Travel Training”</li> </ul>
<p><b>12. Real-time information (paratransit vehicle location, BART elevators, wheelchair spaces on buses).</b> ADA paratransit programs increasingly offer riders real-time information about vehicle location, usually with a smartphone app. Real-time information about fixed-route accessibility features would be an innovation.</p>	<ul style="list-style-type: none"> <li>• Need identified in surveys, focus groups, and stakeholder interviews</li> <li>• Strategy based on other regions’ best practices</li> </ul>	<ul style="list-style-type: none"> <li>• <b>2004 Paratransit Study:</b> “Recommendation Category: 7.3 Technology Plan”</li> </ul>
<p><b>13. Programs for disabled/senior veterans.</b> Aging veterans and those with disabilities may benefit from travel training conducted by other veterans (“peer training”). Programs for veterans may also address specific issues related to travel for treatment at Veterans Administration hospitals, which can involve long distances across jurisdictional boundaries. Options could include filling in the gaps of programs currently offered by the VA so that veterans’ discharge status does not impact their mobility, or services can be provided to non-medical and non-VA facilities.</p>	<ul style="list-style-type: none"> <li>• Need identified in stakeholder interviews and focus groups</li> <li>• Strategy based on programs used in other regions.</li> </ul>	

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STRATEGY	SOURCE	PRIOR RECOMMENDATIONS AND SUPPORT
<b>Develop Partnerships for Supportive Transportation Infrastructure</b>		
<p><b>14. Administer a uniform countywide ADA paratransit eligibility certification.</b> The different transit operators could develop a joint application process, including a uniform paper application, and an agreed methodology for certification (e.g. interview, functional assessment, etc). Riders could be provided a single point of contact to apply for ADA paratransit anywhere in the County.</p>	<ul style="list-style-type: none"> <li>• Need identified in stakeholder interviews and focus groups</li> <li>• Strategy based on other regions' best practices</li> </ul>	<ul style="list-style-type: none"> <li>• <b>2013 Mobility Management Plan: Improved ADA Eligibility Process:</b> <i>"Institute a refined countywide ADA eligibility process, possibly an in-person assessment approach, to improve the accuracy of the eligibility determinations."</i></li> <li>• <b>1990 Paratransit Plan:</b> <i>"Establish consistent County-wide eligibility criteria".</i></li> </ul>
<p><b>15. Fare integration.</b> The different ADA paratransit operators could develop a joint fare structure and payment mediums. East Bay Paratransit is currently investigating options in this area for contactless payment and to better prepare for the next phase of Clipper.</p>	<ul style="list-style-type: none"> <li>• Need identified in surveys, stakeholder interviews and focus groups</li> <li>• Strategy based on other regions' best practices</li> </ul>	<ul style="list-style-type: none"> <li>• <b>1990 Paratransit Plan:</b> <i>"Establish standardized fare structure"</i></li> </ul>
<p><b>16. Procure joint paratransit scheduling software.</b> Regionally there have been many recent discussions on scheduling software as providers try to get ready for the next phase of Clipper. Procuring joint software would allow the County providers to potentially obtain better software and support via economies of scale. This would support other listed strategies, such as the one-seat ride pilot program, and uniform certification.</p>	<ul style="list-style-type: none"> <li>• Need identified in stakeholder interviews</li> <li>• Strategy based on other regions' best practices</li> </ul>	<ul style="list-style-type: none"> <li>• <b>2004 Paratransit Study:</b> <i>"Recommendation Category: 7.3 Technology Plan"</i></li> <li>• <b>Measure J (2004) Transportation Expenditure Plan:</b> <i>"...establishment and/or maintenance of a comprehensive paratransit technology implementation plan..."</i></li> </ul>

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STRATEGY	SOURCE	PRIOR RECOMMENDATIONS AND SUPPORT
<p><b>17. Safe Routes for Seniors/Safe Routes for All.</b> Access to services, including public transit, is sometimes limited by lack of sidewalks, poor sidewalk condition, lack of curb cuts, and obstructions on sidewalks. Typically, cities rather than transit agencies are responsible for sidewalks. By targeting sidewalk improvements in locations near transit stops that serve key facilities and residential locations, accessibility for people with mobility impairments and wheelchair users may be significantly improved. Consumers could be provided a phone (e.g. 311) or app option to report barriers.</p>	<ul style="list-style-type: none"> <li>• Need identified in surveys and focus groups</li> <li>• Strategy based on other regions' best practices</li> </ul>	
<p><b>18. Means-based fare subsidy.</b> Operators of transportation services for seniors and people with disabilities (potentially fixed-route, ADA paratransit, and some community programs) could provide reduced or free fares for low-income qualified riders. Most likely, such a program would be based on some other existing means-tested program like Medi-Cal, SSI, general assistance, etc. Options could include programs like that offered by Redi-Wheels in San Mateo County and new Clipper Start.</p>	<ul style="list-style-type: none"> <li>• Need identified in surveys and focus groups</li> <li>• Strategy based on Clipper pilot program</li> </ul>	
<p><b>19. Wheelchair breakdown service.</b> Wheelchair users who use public transportation can find themselves stranded away from home if their wheelchair malfunctions or is damaged. In this case, they require urgent help getting home and getting their chair repaired. This need may be addressed by an accessible same-day trip program or it could incorporate a repair element (e.g. Easy Does It pilot in Alameda County).</p>	<ul style="list-style-type: none"> <li>• Need identified in stakeholder interviews</li> <li>• Strategy based on neighboring county program</li> </ul>	

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STRATEGY	SOURCE	PRIOR RECOMMENDATIONS AND SUPPORT
<b>20. Accessible Bikeshare.</b> Establish small programs in urbanized centers in the county. Oakland and San Francisco recently offered adaptive bike share programs, with trained staff on-hand to fit, train and assist riders on how to use the adaptive bikes.	<ul style="list-style-type: none"><li>• Need identified in surveys and focus groups</li><li>• Strategy based on neighboring county program</li></ul>	