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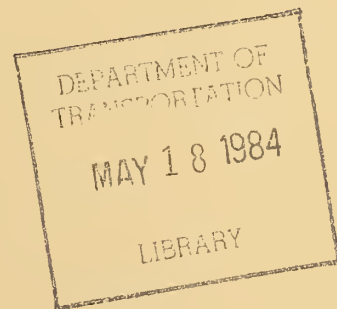


U.S. Department
of Transportation
**Urban Mass
Transportation
Administration**

UMTA-CT-06-0008-83-1
DOT-TSC-UMTA-83-44

HSTC - Consolidation of Human Service Transportation in Bridgeport, Connecticut

**Final Report
December 1983**



**UMTA Technical Assistance Program
Office of Service and Management Demonstration
UMTA/TSC Project Evaluation Series**

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16. Abstract In the context of a larger Service and Management Demonstration of multi-modal transportation brokerage in Bridgeport, Connecticut, an operating model of an effective consolidated elderly and handicapped transportation network was devised and implemented. The resulting system is known as the Human Service Transportation Consortium (HSTC), which has been successfully operating since September of 1980. Several aspects of the project are innovative, including the consortium concept itself, and the role of the Greater Bridgeport Transit District (GBTD), in developing the service. The consortium is built on the model of a private non-profit corporation, which consolidates and maintains member's existing transportation resources and sells services to members at contractually determined rates. GBTD was able to help formulate the consortium by contributing technical assistance and helping in the acquisition of initial capital funding, but was able to maintain an independent advisory role following implementation. Strong support from local health and social service agencies, enhanced by growing financial need, were key factors in the effective consolidation. The consortium transports over 12,000 monthly riders in the Bridgeport region with a fleet of 25 vehicles. Immediately upon implementation, the HSTC realized a doubling of productivity over a pre-existing Coordinated System. The HSTC carries an average of four passengers per vehicle hour. Costs average \$11.80 per vehicle hour and \$2.90 per passenger trip.					
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PREFACE

This Case Study was prepared by COMSIS Corporation under contract to the Transportation Systems Center (TSC) of the U.S. Department of Transportation. The study reports on an innovative transportation service, the Human Service Transportation Consortium, which was conceived and implemented as part of a major demonstration project. The project, known as the Bridgeport Transportation Brokerage Demonstration, has been funded by the Urban Mass Transportation Administration (UMTA) under the Service and Management Demonstration Program.

The author of the report is J. Richard Kuzmyak, who served as Project Manager for COMSIS. COMSIS acknowledges the assistance of several individuals in the preparation of this report. Dr. Bruce Spear, Evaluation Manager for TSC, and Mary Martha Churchman, the Project Manager for UMTA, contributed valuable assistance in the organization and content of the report. Thanks are extended to the staff of the Greater Bridgeport Transit District for their help in supplying the basic information for the report, and for their patience in helping to resolve issues and factually represent project events. These individuals include Lance Grenzeback, the Demonstration Project Manager, Thomas Brigham, Executive Director of GBTD, and Mark Boaz, GBTD's Paratransit Service Manager. Gratitude is also expressed to Carol Mezes, Director of the HSTC, and Ed McLaughlin, Director of the Easter Seals Rehabilitation Center, for their help in clarifying important internal events and for providing data on HSTC operations.

METRIC CONVERSION FACTORS

Approximate Conversions to Metric Measures

Symbol	When You Know	Multiply by	To Find	Symbol
LENGTH				
in	inches	2.5	centimeters	cm
ft	feet	30	centimeters	cm
yd	yards	0.9	meters	m
mi	miles	1.6	kilometer	km
AREA				
m ²	square inches	6.5	square centimeters	cm ²
ft ²	square feet	0.09	square meters	m ²
yd ²	square yards	0.8	square meters	m ²
mi ²	square miles	2.6	square kilometers	km ²
	acres	0.4	hectares	ha
MASS (weight)				
oz	ounces	28	grams	g
lb	pounds	0.45	kilograms	kg
	short tons (2000 lb)	0.9	tonnes	t
VOLUME				
teap	teaspoons	5	milliliters	ml
Tbsp	tablespoons	15	milliliters	ml
fl oz	fluid ounces	30	milliliters	ml
c	cups	0.24	liters	l
pt	pints	0.47	liters	l
qt	quarts	0.95	liters	l
gal	gallons	3.8	liters	l
fl ³	cubic feet	0.03	cubic meters	m ³
yd ³	cubic yards	0.76	cubic meters	m ³

TEMPERATURE (exact)

Fahrenheit temperature	5/9 (after subtracting 32)	Celsius temperature	°C
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Approximate Conversions from Metric Measures

Symbol	When You Know	Multiply by	To Find	Symbol
LENGTH				
mm	millimeters	0.04	inches	in
cm	centimeters	0.4	inches	in
m	meters	3.3	feet	ft
m	meters	1.1	yards	yd
km	kilometers	0.6	miles	mi
AREA				
cm ²	square centimeters	0.16	square inches	in ²
m ²	square meters	1.2	square yards	yd ²
km ²	square kilometers	0.4	square miles	mi ²
ha	hectares (10,000 m ²)	2.5	acres	
MASS (weight)				
g	grams	0.035	ounces	oz
kg	kilograms	2.2	pounds	lb
t	tonnes (1000 kg)	1.1	short tons	
VOLUME				
ml	milliliters	0.03	fluid ounces	fl oz
l	liters	2.1	pints	pt
l	liters	1.06	quarts	qt
l	liters	0.26	gallons	gal
m ³	cubic meters	35	cubic feet	ft ³
m ³	cubic meters	1.3	cubic yards	yd ³

TEMPERATURE (exact)

Celsius temperature	9/5 (then add 32)	Fahrenheit temperature	°F
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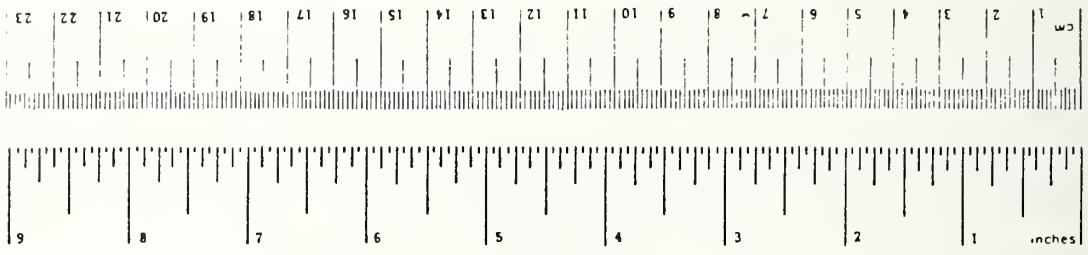


Fig. 1-3-58 (continued). For other exact conversions and approximate values, see NBS Misc. Publ. 280, Units of Weights and Measures, Price \$2.25, SO Catalog No. C13-10-286.

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EXECUTIVE SUMMARY

Since mid-1978, the Greater Bridgeport Transit District (GBTD) has been involved in a demonstration of transportation brokerage. This effort is broad in scope, involving the planning, development and management of a multimodal, integrated regional transit network, encompassing both conventional and innovative public and private travel alternatives. One of GBTD's first successful service development efforts under the demonstration was the establishment of a consolidated elderly and handicapped transportation network, known as the Human Service Transportation Consortium (HSTC). The system, which has been in operation since the fall of 1980, uses the concept of a private, non-profit corporation that legally consolidates the transportation resources of local health and human service agencies, and operates these resources in a centralized, synergistic manner to provide an increased level of service to all participants. The HSTC replaced an existing Coordinated System, which operated largely as a vehicle to secure funding assistance, but, because of its fragmented organization, never functioned as intended. Several aspects of GBTD's role as a broker in helping to formulate the HSTC are noteworthy. GBTD's contributions were in providing technical assistance and continuing liaison and support, and studiously avoided assumption of direct, continuing operational or funding roles. A significant element of the strategy was the packaging of the initial program as a demonstration, and using the demonstration agreements as leverage to secure both capital funding for badly needed new vehicles, as well as genuine cooperation among participants. HSTC members signed the official agency agreements and filed for independent incorporation in the State of Connecticut in January 1981.

Each month, the HSTC transports approximately 12,000 agency and health related trips in both prescheduled and demand responsive mode. The 25-vehicle system carries about 4.5 passengers per vehicle hour, and operates at a cost of about \$12 per vehicle hour, and about \$3 per passenger trip. HSTC productivity is more than twice that of the Coordinated System it replaced, and

its per passenger costs are only about 25 percent of the previous level, without inflationary adjustment.

1. INTRODUCTION AND BACKGROUND

1.1 INTRODUCTION

Since mid-1978 the Greater Bridgeport Transit District (GBTD) has been involved in a demonstration* of multi-modal transportation brokerage. This experiment is distinct in a number of ways. Unlike most prior brokerage efforts, which have concentrated on a small number of special markets or modes, GBTD has taken on the task of systematically rebuilding the entire public transportation network in the Bridgeport region. This region is comprised of the City of Bridgeport, and the neighboring towns of Fairfield, Stratford and Trumbull. It is an area that encompasses some 91 square miles and approximately 280,000 people.

System reconstruction began with the public acquisition and systematic revitalization of a conventional fixed-route bus network, which had been in a state of long-term capital and ridership decline. The goals of the brokerage extend far beyond the deployment of fixed-route transit services, however. The primary goal is to develop an integrated, multi-modal transportation network, drawing upon private as well as public transportation resources, and applying innovative planning methods and management concepts. These planning and management techniques combine extensive community interaction with the most up-to-date planning and operations methods. GBTD is attempting to make use of computerized management information system techniques to design, monitor and improve upon the performance of service components. The demonstration also includes testing of innovative pricing methods, and a direct community and economic development role for the Transit District.

A major paratransit service innovation, and one of the first service development efforts of the Transit District, was the

*Substantial portions of the project have been funded by the Urban Mass Transportation Administration under the Service and Management Demonstrations Program (Section 6 of the Urban Mass Transportation Act of 1964, as amended).

establishment of a consolidated transportation system for the elderly and handicapped from a fragmented network of existing social agency transportation providers. The resulting service, known as the Human Service Transportation Consortium (HSTC), has, in a short period of time, shown itself to be an effective service strategy for this specialized market. The service, as well as GBTD's role in its development, are unique in several respects. Not only does the system function without conflict in an environment traditionally governed by agency self-interest, but it does so without a direct operating or continued funding role on the part of GBTD.

Pooling of social and welfare agency transportation services into a network that gains service and economic efficiency through cooperative sharing of resources is not a new idea; it has been attempted many times without success. Problems such as restrictions on funding, disruption of client service schedules, and even aspects of "turfism" in willingness to share resources have discouraged agencies and impeded most earlier consolidation efforts. Why then was GBTD successful in its endeavor when the same institutional impediments prevailed? The simple answer is that they applied strategic technical assistance, which was enhanced by their emergence as the new and aggressive community transit operator. They leveraged this technical assistance through continuous coordination and liaison, and some initial funding support. However, similar approaches have been applied by other areas without success, again raising the question of what combination of factors caused it to work in Bridgeport. The answer then must be both the process of development as well as perhaps something special about the Bridgeport environment.

This case study has two major purposes. One purpose is to present a profile of the HSTC as a transportation provider, in terms of its operating characteristics and performance. The other purpose is to explore, in sufficient detail through a review of the planning history of the consolidation effort in Bridgeport, those background factors that would allow others to draw the similarities they need to extend application of the consolidation concept in their respective areas.

1.2 BACKGROUND

From the outset of the demonstration in mid-1978, GBTD found itself involved with the subject of elderly and handicapped transportation in the region, because of the importance of the elderly and handicapped market in comprehensive service planning, and as the result of an active prior role that GBTD had acquired with the existing Coordinated System.

From the beginning of the brokerage demonstration and the comprehensive planning process, GBTD's strategy to meet regional elderly and handicapped (E&H) travel requirements entailed a three-point plan:

1. Providing lifts on all Transit District buses
2. Continuation of the existing elderly and handicapped Coordinated System
3. Use of shared-ride taxis as a means of providing support and expansion of more specialized elderly and handicapped (E&H) services.

This approach was contained in GBTD's initial capital grant application to UMTA in September of 1978, and was also to be the basis of the Section 504 Transition Plan prepared by GBTD and the Greater Bridgeport Regional Planning Association and submitted to UMTA in the fall of 1979.

Because the accessible bus and shared-ride taxi components of the E&H plan would not be realized until a later phase in the development of the Transit District, and because the existing Coordinated System was a struggling operation, GBTD devoted its initial E&H service development attention to the Coordinated System. A preliminary 2-week evaluation was conducted by GBTD staff in October of 1978.¹ The purpose of the study was to prepare a status summary of existing system operations, to identify special problems and their impact on service delivery, and to

¹"Status Report: The Coordinated System," Greater Bridgeport Transit District, October, 1978.

recommend near-term improvements to help maximize existing service.

The Coordinated System had been formulated in 1975, representing the first local effort to accomplish integrated delivery of elderly and handicapped transportation services in the Bridgeport region. The primary source of funding for this effort was Title III of the Older Americans Act, matched by local funds or in-kind services. The Title III funding, obtained through the Southwest Connecticut Areawide Agency on Aging (SWConnAAA), carried with it the stipulation that all recipients who used Title III funds for transportation of the elderly actively participate in the Coordinated System. Hence, a cooperative agreement was executed between local fund recipients--the City of Bridgeport, the Towns of Stratford, Fairfield and Trumbull, and the Greater Bridgeport Transit District--to provide the service.

The original Coordinated System was a door-to-door demand responsive service, with a highly decentralized management. Administration of the service was assumed by the respective Departments of Aging in the City of Bridgeport and the Town of Fairfield, by the Commission on Aging in the Town of Stratford, and by the Senior Transit Program in the Town of Trumbull. The Greater Bridgeport Transit District also had a role in the system, serving as overall coordinator and central dispatcher for the service, and through provision of drivers under CETA (Comprehensive Employment and Training Act) funding. Service was offered to eligible residents of the region on Monday through Friday, between the hours of 8:30 A.M. to 4:30 P.M. Eligibility for service varied from town-to-town, but generally use was limited to persons 62 years of age or older, or who could establish eligibility under Title XX (Social Services for Low Income and Public Assistance Recipients Program). Service was scheduled on a 24 to 48-hour advance reservation basis for the initial leg of any trip, with most return trips being dispatched through the GBTD radio dispatch center on a "real time" basis. A total of nine vehicles comprised the service fleet for the Coordinated System:

<u>SUPPLIER</u>	<u>NUMBER AND TYPE OF VEHICLES</u>
City of Bridgeport	2 Lift-equipped vans 2 Non-lift-equipped vans 2 Station wagons
Town of Fairfield	1 Non-lift-equipped van
Town of Stratford	1 Non-lift-equipped van
Town of Trumbull	1 Non-lift-equipped van

Only one of these vehicles had been acquired through Section 16(b)2 funding, the traditional funding source for agency vehicles; all the rest were acquired through local funds. The reason for this was that the State of Connecticut and the UMTA Regional Offices had been very conservative in funding agency-based transportation programs. Virtually all vehicles were several years old, and, because of declining resources, had been poorly maintained. As a result, the vehicles themselves had become very unreliable.

During the period of the initial GBTD study,* the Coordinated System carried approximately 1,480 one-way person trips, or an average of 493 per week. Of these, 58 percent were carried by the Bridgeport Department of Aging, 29 percent by the Fairfield Department of Aging, and 12 percent by the Stratford Commission on Aging. No trips were made into or out of Trumbull during the period and, in fact, the Town of Trumbull was found to have never actively participated in the Coordinated System. Trips made on the Coordinated System were highly concentrated in destination, with most ending in Census Tract #737, the site of the region's major medical facilities located on Bridgeport's East Side.

While private, non-profit social service agencies were not excluded from the Coordinated System, none were actively seeking or obtaining service, although the Easter Seals Rehabilitation Center was known to use the dispatching service of the system from time to time. Several of these agencies had their own vehicle fleets, and supplied service to their own clients.

*First 2 weeks of October, 1978

Restrictions on client eligibility within the Coordinated System, as well as service preference to system members, made the service less attractive for non-member agencies.

Despite the objective of the Coordinated System plan to coordinate the transportation resources of the participating municipalities into a unified, public sector delivery system for the elderly and handicapped, little in the way of service integration was ever achieved. The GBTD analysis cited three factors as responsible for this situation:

- o lack of a unified system identity or operating plan
- o fragmentation in scheduling and dispatching
- o lack of a continuing source of funding.

The primary shortcoming of the Coordinated System was the lack of overall management and coordination. No uniform policy was ever developed to govern system operations, or to establish performance and evaluation guidelines. Nor did a plan exist to direct longer-term service development or system expansion. A separate definition of eligible clients and trip purposes was adopted by each participating agency. Each participant viewed its component (clients, vehicles, manpower) as separate and distinct from other participants, and openly resisted any form of cooperative utilization.

The fragmentation in management and control had a major effect on the quality and efficiency of the delivered service. Scheduling and dispatching remained the prerogative of the respective participants. Each city or town retained the responsibility for client eligibility, initial client contact, and scheduling of the first leg of the user's round trip. All return trips would then be dispatched through the GBTD radio dispatch center. This situation made for inefficiencies on both ends, enhanced by the fact that driver and dispatcher did not communicate regularly. Though all vehicles were radio equipped, little effort was made by the dispatcher to establish vehicle locations or ongoing trip responsibilities, causing considerable deadheading and circuitry as well as poor service to the client. The fragmentation also produced significant problems with labor

reliability. Driver turnover and absenteeism rates were quite high. Drivers often arrived on the job late or not at all, missed scheduled pickups, and freely used the vehicles for personal business.

The third problem facing the System was uncertainty regarding future funding. As of October 1978, Title III funding had expired in Fairfield and was on the verge of terminating in Stratford and Bridgeport. Assistance from other Federal programs was not only competitive and uncertain, but would have imposed strict limits on client eligibility, in particular regarding service to handicapped individuals. The State of Connecticut, up to that time, had denied any capital or operating support for elderly and handicapped door-to-door services.*

Based on the status report's review and findings, GBTD studied a number of options for improving the coordinated system in the short run. First, they felt that significant impacts on efficiency could be made through improved dispatching and consolidation of the dispatching through GBTD. The second recommendation argued for unified service standards. A third recommendation was to conduct a thorough review of available funding sources, and if necessary, to make changes in the present system to take full advantage of these resources. The last recommendation called for the evaluation of services provided by the private sector to supplement the existing system in meeting short-run fluctuations, and as part of the long term expansion program.

Following the October 1978 status report, GBTD began to move on some of the recommendations. The first action was to help upgrade the dispatching service, and by early 1979 the Transit District began to provide scheduling and dispatching services on both ends of the trip, for the City of Bridgeport and the Town of Stratford, and also began assuming management responsibility in the provision of services for these members. The District also

*It was not until 1982 that the State of Connecticut had authorized its Department of Transportation to provide make-up funds for E&H services to replace cutbacks in Title III and other related funding programs.

started giving thought to some form of cooperative organization through which the public and private agencies could work together.

The Transit District at this time became sensitive to its responsibility as a broker as well as one of the participants in the system. Through this interpretation of its role, the District considered submitting a request for UMTA Section 5 funds to help sustain and expand the services of the Coordinated System. Before this request was submitted, however, a second in-house study was conducted to review the implications of the proposed course of action.¹ As a result of this study, occurring in mid-January of 1979, the District began to worry about entanglements that might develop as a result of a direct funding role. In particular, the District was concerned that Section 13(c) organized labor agreements would be imposed upon the operation or maintenance of system vehicles as a result of capital or operating assistance funds received from UMTA. At that time, GBTD was embarking upon negotiations with the Amalgamated Transit Workers Union (ATU) to develop the basic operating pact for its overall system, and was worried that the HSTC considerations might affect their contracting strategy. GBTD wanted to negotiate a contract that would allow them the long-run flexibility to alter any element of its system plan, with either public or privately operated service substitutions. The impact of potential union operatorship on the cost as well as the operating flexibility of the Coordinated System was considered to be relatively severe. Costs of \$15 to \$20 per service hour were believed possible, necessitating subsidies of between \$4 to \$6 per user trip. GBTD feared that if this occurred, many of the area's private, non-profit agencies would not participate in the service. The net result, it was concluded, was that the service would not be enhanced by GBTD if the external assistance they supplied resulted in placing of the service under control of the ATU.

¹"Possible Future Directions for Elderly and Handicapped Services...The Need for a Policy," Greater Bridgeport Transit District, January 1979.

As a result of this assessment, the District resolved to continue its efforts to support and upgrade the Coordinated System by providing additional planning assistance and seeking operational improvements. However, it decided to avoid a financial assistance role unless the resultant services could remain free of 13(c) obligations. It further suggested that a convenient method for channeling funding assistance to social agency transportation programs might be through the provision of shared-ride taxi services, aided by user-side subsidies. However, because GBTD's plans for initiating a shared-ride taxi program also involved capital assistance for vehicles, it was not clear that the alternative approach, with SRT, would itself be exempt from the 13(c) requirement.

By the spring of 1979, the situation gained intensity as the Transit District began to feel pressure from several directions to do something about the service. A number of the service agencies, in particular the Easter Seals Rehab Center, indicated dissatisfaction with the present service. However, most of the urging came from the City of Bridgeport, which was heavily vested in the service, both in terms of resources and public image. The City's Department on Aging was expending a considerable share of its time and financial resources in transportation-related activity, and with a probable budget crisis looming for the coming fiscal year (FY 80), the City was anxious to reduce the role of its Agency. Moreover, it was an open fact that the quality of service being provided was deplorable, and this was bad public relations for the City. The City strongly supported formal takeover of operations of the Coordinated System by GBTD. GBTD was, of course, sensitive to these pressures, but was reluctant to uniformly assume the role of operator for all the aforementioned reasons. The Mayor's Office grew to understand GBTD's position, and indicated an openness to other solutions, provided a solution was in the near future. It was at this time that GBTD began its comprehensive review of the E&H program and alternative courses of action that would ultimately lead to the Human Service Transportation Consortium.

2. PLANNING AND IMPLEMENTATION

This section traces the planning and development process which led to the implementation of the Human Service Transportation Consortium. Major steps in this process are outlined in a chronology presented in Figure 2-1, and their relationship to the service development discussed in the narrative below.

2.1 REVIEW OF ALTERNATIVES

During the summer and fall of 1979, GBTD teamed with the Greater Bridgeport Regional Planning Agency (GBRPA) in conducting a study of elderly and handicapped transportation in the Bridgeport Region. The study provided information from which GBTD reevaluated its 3-point E&H service development plan, which was subsequently submitted to UMTA as the region's Section 504 Transition Plan. Among the information produced by the study was an up-to-date inventory of existing regional E&H transportation resources, results of which are illustrated in Table 2-1.

As the first step in accomplishing the 3-point plan, the Transit District began to review alternative courses of action for major overhaul or replacement of the ineffectual Coordinated System. Beginning in the spring of 1979, GBTD staff worked closely with the existing system, helping to devise more efficient dispatching and operating techniques and generally getting an insider's view of how the system functioned, as well as developing an institutional familiarity with the various participants. This working knowledge and insider role proved to be valuable later on in the service development phase.

After a lengthy review of the flaws in the existing system and the constraints posed by different support roles which could be assumed by the Transit District, the basic ingredients of the alternate framework began to reveal themselves. It was important in any reorganization plan that management be consolidated and individual agency differences and idiosyncracies be put aside if efficiency in a cooperative arrangement was to be realized. It

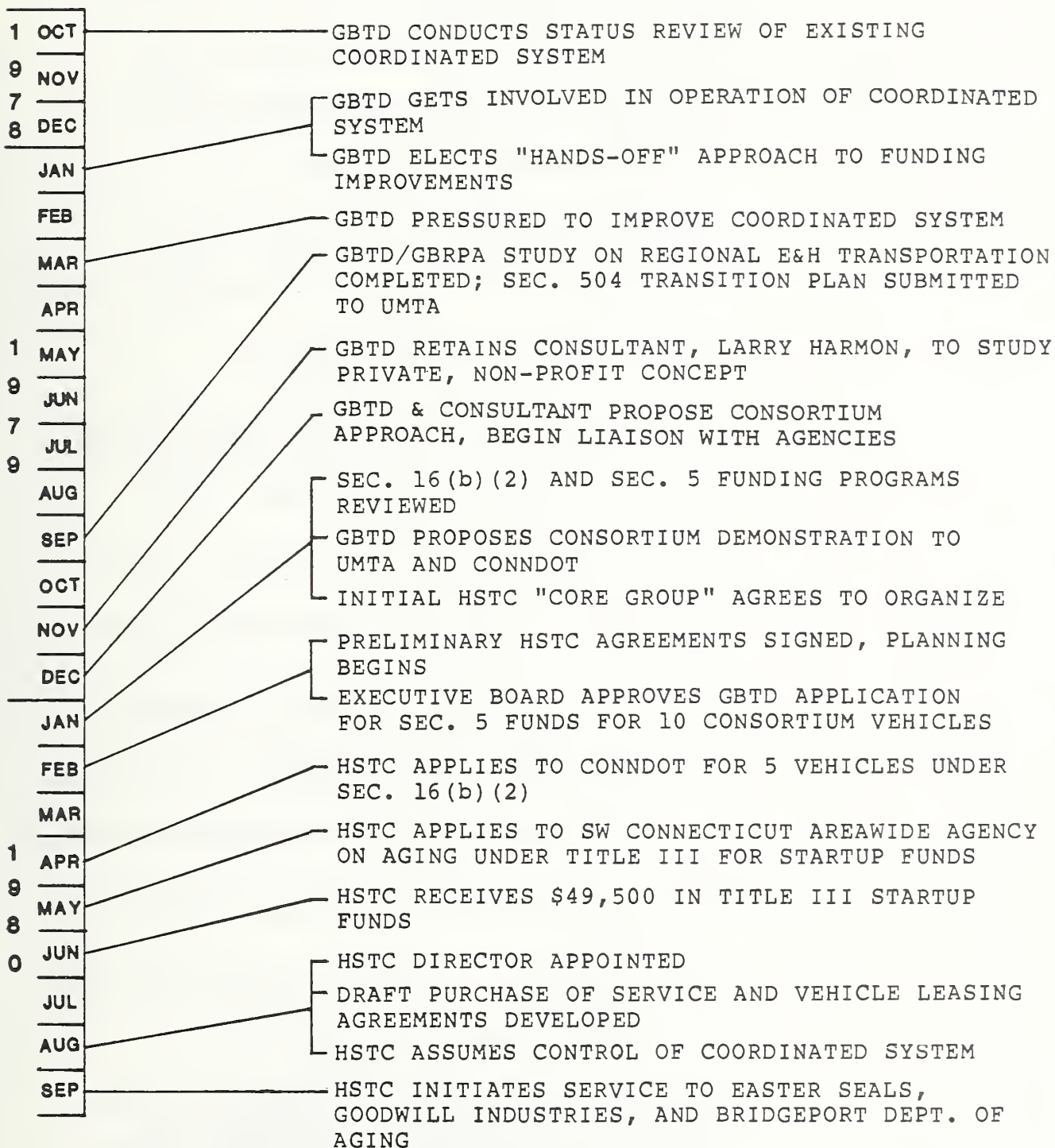


FIGURE 2-1. HSTC DEVELOPMENT CHRONOLOGY

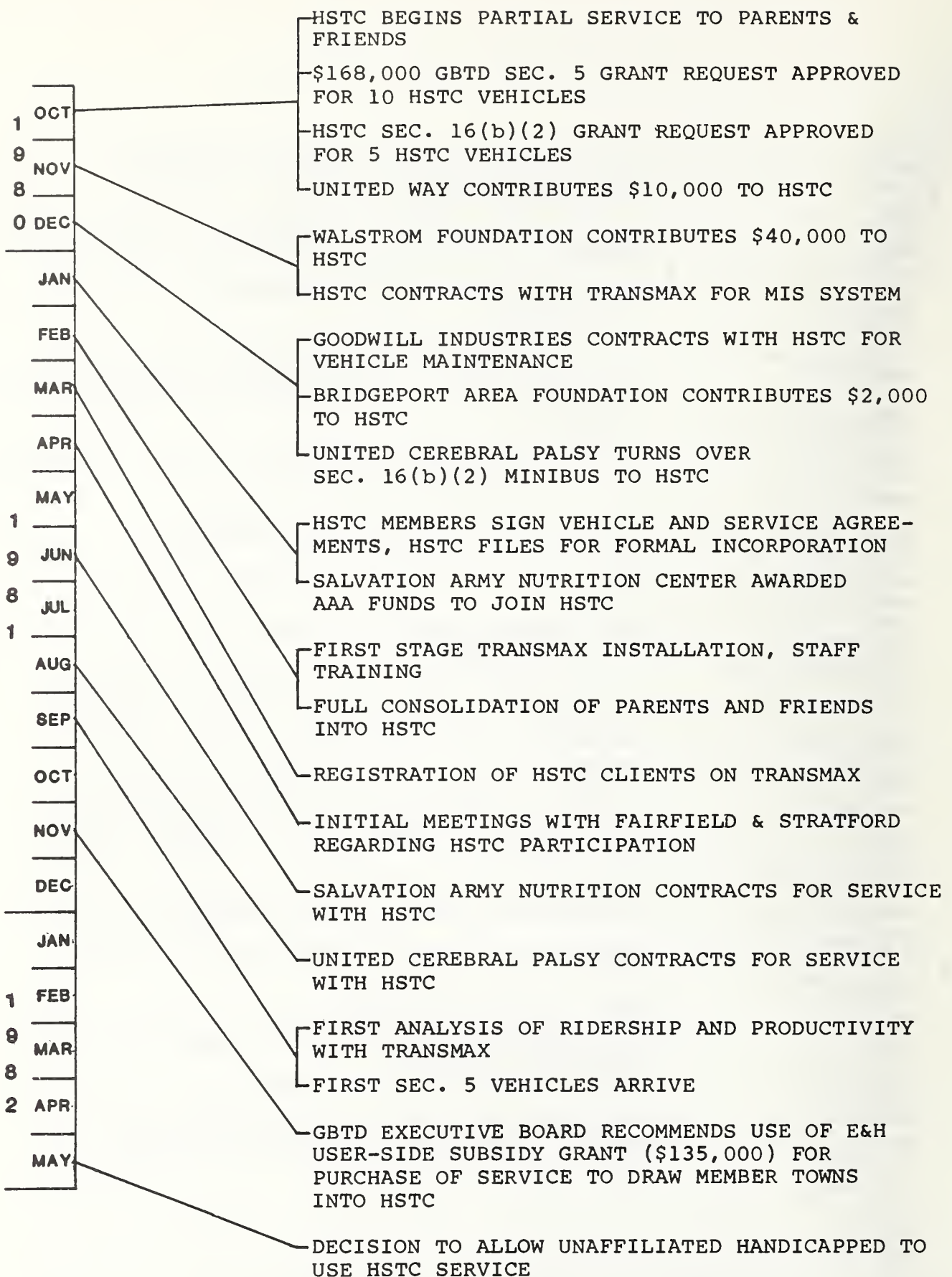


FIGURE 2-1. HSTC DEVELOPMENT CHRONOLOGY (CONTINUED)

TABLE 2-1. SUMMARY OF PRE-EXISTING ELDERLY AND HANDICAPPED TRANSPORTATION RESOURCES
IN BRIDGEPORT REGION

	<u>Van</u>	<u>Lift Van</u>	<u>Station Wagon</u>	<u>Back-Up Vehicle</u>	<u>Elderly Clients</u>	<u>Handi-capped Clients</u>	<u>Monthly One-Way Trips</u>	<u>Unused Service Period</u>	<u>Estimated Annual Cost</u>
COORDINATED SYSTEM									
Greater Bridgeport Transit District	0	0	0	0	0	0	0	N/A	\$ 20,000
Bridgeport Department on Aging	2	2	2	0	500	10	1,700	None	100,000
Fairfield Department on Aging	1	0	0	0	100	Minimal	350	None	18,500
Stratford Committee on Aging	1	0	0	0	400	Minimal	400	None	16,000
Trumbull Committee on Aging	1	0	1	0	400	Minimal	900	None	26,000
SUBTOTAL	5	2	3	0	1,400	10	3,350	None	\$180,500
OTHER SERVICE AGENCIES									
*Federation of Neigh. Councils	0	1	0	0	1,200	90	770	9 to 10 a.m.	\$ 16,700
*Easter Seal Rehab. Center	0	0	2	0	0	500	440	3:30 to 4:30	27,000
*Bridgeport FISH	0	0	0	0	20	0	150	N/A	Donated
*United Cerebral Palsy	1	0	7	1	0	Minimal	4,180	9:30 to 1:00	52,200
*Goodwill Industries	1	0	2	0	Minimal	300	1,500	Minimal	50,000
*Parents & Friends of Retarded Children	7	4	0	0	Minimal	190	4,000	8:15 to 3:15	100,000
*Salvation Army	2	0	2	0	500	100	3,000	Minimal	50,000
*Jewish Community Center	1	0	0	0	200	Minimal	800	Minimal	18,000
*American Cancer Society	0	0	0	0	10	Minimal	10	N/A	Donated
*Pacesetters, Inc.	0	0	0	0	10	Minimal	20	N/A	Donated
Easton Senior Commission	0	0	0	0	10	0	25	N/A	200
Fairfield FISH	0	0	0	0	20	0	100	N/A	Donated
Monroe Com. on Aging	0	0	0	0	10	0	25	N/A	2,500
Monroe FISH	0	0	0	0	10	0	30	N/A	Donated
Stratford Red Cross	0	0	3	0	50	0	200	Minimal	30,000
Stratford Fish	0	0	0	0	10	0	25	N/A	Donated
SUBTOTAL	13	5	16	1	2,050	1,280	15,275	Varies	\$346,600
TOTAL	18	7	19	1	3,150	1,290	18,625	Varies	\$527,100

*Initial candidate agencies for consortium demonstration

SOURCE: Final Report, Elderly & Handicapped Transportation Study, Vol. 4, GBTD and GBRPA.

was also apparent that some infusion of resources would be necessary to satisfy capital needs and to get the system off the ground. GBTD saw itself in a good position to pull these elements together, based on its transportation expertise, institutional relationships, and access to funding, without assuming the role of service operator.

The initial development scheme formulated by GBTD consisted of an organization built around a private, non-profit entity as service operator. As an independent agency, this operator could transcend the normal conflict of interest associated with agency membership by selling services as an impartial broker at agreed-upon rates to subscribing users. As a private, non-profit agency, this operator could presumably operate more efficiently in its smaller size and more restrictive role than GBTD, and would also be able to draw upon a much broader set of funding resources.

GBTD felt this idea was worth developing, and with the approval of its Executive Board proceeded to seek outside expertise to further assess the feasibility of the approach. In November of 1979, GBTD acquired the services of Larry Harmon, an individual with extensive experience in social agency transportation programs, and formerly director of a similar non-profit experiment in Hyannis, Massachusetts. In December 1979 Harmon came to Bridgeport and began meeting with the various agencies in the region to determine their reactions to the private, non-profit proposal, and to establish what interest they would have in helping to set up such an enterprise. In conducting this assessment GBTD found the expected unanimity among the non-profit social service agencies that the Coordinated System was not working. Moreover, GBTD received great encouragement and the promise of support from several of the agencies regarding a major revamp.

Together with Harmon, GBTD began to formulate a profile of the administrative framework that would provide a basis for a consolidated elderly and handicapped transportation network. The

idea that took root was to consolidate all existing transportation resources owned and operated by both public and private-non-profit social agency transportation providers within a consortium made up solely of existing, private-non-profit service providers. The consortium would then operate as an independent, non-profit transportation corporation.

Around this central theme, a set of guidelines was drawn up to govern the initial organization. These were:

1. That the initial consolidation should be made up of private, non-profit corporations (PNP's) currently providing transportation to support human services delivery.
2. That the PNP's selected for the initial consolidation should also be organizationally mature, financially secure, have significant transportation components as part of their operation, and have a history of inter-agency cooperation.
3. That immediate attention must be given by GBTD to the capital needs of the consolidation, since higher rates of usage would also mean more rapid deterioration of existing capital assets.
4. That the success of the initial organizational effort was critical to the long-term viability of the consolidation program, requiring that resources be found to finance the front-end costs of the organizational development.

GBTD received support from the agencies on its initial plan, so it proceeded with the next planning issue, capital replacement, and refined its organizational methodology in the process. As part of its funding strategy, GBTD elected to present the private, non-profit approach to UMTA and the State of Connecticut as a regionwide demonstration on how to coordinate and consolidate elderly and handicapped transportation. The principal reason for taking this route was to improve chances for Section 16(b)(2) funding for vehicles. Section 16(b)(2) of the Urban Mass Transportation Act is the funding statute which has been traditionally used by social service agencies to acquire transportation vehicles, and does not carry with it the 13(c) labor implications of other funding sections under the Act. While Connecticut social service agencies had received relatively

little 16(b)(2) funding prior to that time from the UMTA Region I and Region II offices, GBTD promoted its proposal as a form of cooperation to be encouraged, that would also result in widespread benefit from the 16(b)(2) resources and probably a better maintenance program for vehicle upkeep.

In January 1980, prior to development of the proposal to UMTA and ConnDOT, 10 agencies, all non-profit organizations located in Bridgeport, had been identified as current providers of E&H transportation services and as potential participants in the consortium arrangement. These agencies were listed in Table 2-1 under "Other Service Agencies" (identified by asterisk). This nucleus accounted for over 3,200 clients and about 15,000 monthly trips. Service was provided from a combined fleet of 27 vehicles, comprised of 14 vans (2 lift-equipped) and 13 station wagons. These vehicles were generally old, and because they had not been particularly well maintained, were soon approaching replacement status.

Preparing the consortium demonstration proposal to UMTA and ConnDOT caused GBTD to refine and further detail several features of its organizational plan. First, a concensus was reached to limit initial membership to those agencies having the greatest need and will to participate. A distinction was made between "participating members" and "supporting members." Participating members were the PNP's who currently provided E&H transportation services. Supporting members were either public agencies who were willing to turn over their equipment and operational resources under contract to the consortium, or private-non-profit agencies who provided financial support for E&H transportation, but not transportation services directly. To organize the consortium, participating members were expected to initially join in a binding memorandum of agreement (MOA) and to designate a "lead agency" to manage and provide the transportation services of the consortium members. While it was intended that the consortium would ultimately incorporate itself as a private-non-profit corporation, with participating members as members of the Board of Directors of the new corporation, for ease and speed of implementation it was important that one of the initial members take

the management responsibility during the consortium's incubation period. The initial pact also proposed that consortium members document the previous year's budget expenditures for transportation, and agree to maintain that level of funding to the consortium for the initial year of operation and the immediate planning period (3 years).

As the elements of the organizational plan became more detailed, and the responsibilities of membership became more apparent, individual agencies began to get "cold feet." Several agencies, particularly those with the strongest existing programs, became concerned about risking or compromising their existing freedoms for the consortium. Some grew to suspect the consortium as a ploy on the part of the Transit District or the Director of the Easter Seals Center (whose agency was eventually volunteered for the role of lead agency) to gain control over all transportation and agency services in the region. GBTD's staff and its consultant applied their respective negotiating skills and accumulated goodwill to gradually convince the agency community that the consortium arrangement would work and benefit all of its members. A key element behind GBTD's influence was the UMTA capital assistance for new vehicles, which could only be accessed through a combination of GBTD sponsorship and a credible consortium proposal indicating a unified agency front. This was an important factor to all agencies since the existing vehicles were seen as old and unreliable, and short in number, while funding sources were drying up. Another key element in rallying support was the behind-the-scenes promotional work by the directors of two of the major agencies, the Easter Seals Rehabilitation Center and Parents and Friends of Retarded Citizens.

These deliberations resulted in the agreement in late January 1980 of a core group of agencies to enter into contract and attempt the consortium demonstration. This group was comprised of the Easter Seals Rehab Center, Goodwill Industries, Parents and Friends of Retarded Citizens, and the City of Bridgeport Department of Aging (DOA). The DOA, while not a non-profit and by definition not an organization eligible to take a role as a

full participating member in the consortium, nevertheless was included among the core group of signees. The DOA's interest in cooperation was viewed as important support for the demonstration, even though technically they could not be involved in management of the consortium.

GBTD subsequently obtained favorable reception from UMTA and ConnDOT on the demonstration proposal, and proceeded to explore funding opportunities for the consortium. Capital funding for five vans to replace equipment in the consortium fleet was sought under the Section 16(b)(2) program, and an application for this funding was submitted to ConnDOT by Easter Seals on behalf of the consortium in April 1980. Meanwhile in early February 1980, GBTD began to think that it could provide financial assistance to the consortium without significant pressure from the labor union, because more important labor issues were under consideration at that time, and were creating a "smokescreen" effect. GBTD subsequently asked and received permission from its Executive Board to amend its Section 5 capital grant to request 10 replacement vans for the consortium fleet. The Transit District's plan was to make these vehicles available to the consortium under nominal long term lease, with the HSTC absorbing the maintenance responsibility for the vehicles.

The consortium pact evidently carried weight, because ConnDOT and the Boston Regional Office of UMTA eventually approved the request for five Section 16(b)(2) vehicles. Only one vehicle had been received from this program in the previous 5 years. In a simultaneous review process the New York Regional Office of UMTA (as part of GBTD's membership in Tri-State) reviewed and approved GBTD's capital grant amendment for the 10 replacement vans. The Connecticut Department of Transportation also agreed to provide the 20 percent non-Federal share for this capital grant.

To provide "seed money" for the organizational development of the consortium, Easter Seals, again on behalf of the HSTC, applied for \$54,650 under Title III of the Older Americans Act from the Southwest Connecticut Areawide Agency on Aging (SWConnAAA). The application, submitted in May 1980, requested

assistance to pay for the start-up costs of hiring a director for the consortium, and the purchase of software for a computerized management information system to control transportation operations. The application was approved by SWConnAAA in June of 1980 in the amount of \$49,500.

Thus, the two important prerequisites for development of the Human Service Transportation Consortium--funding for capital replacement and start-up costs--had been met, and the formal organization and implementation of the HSTC got underway.

2.2 IMPLEMENTATION

With initial funding and organizational matters resolved, GBTD and the consortium moved forward toward implementation of the service. The implementation strategy was to take an incremental, business-like approach in the early operation, and let the service sell itself on its own merits. A two-phase program was subsequently devised. The objective of the first phase was to organize the operations of the small group of core participants and develop credibility and efficiency in planning, managing and operating these services before moving to expand consortium membership, the goal of Phase II. GBTD felt this capability would be demonstrated if the consortium were to deliver an operation with consistently higher levels of service and productivity, and possess management systems sophisticated enough to demonstrate these achievements.

The first phase was itself to be conducted in two parts. The first organizational step effectively consolidated the City of Bridgeport's Department of Aging E&H operations and that of Goodwill Industries into Easter Seals' demand-responsive health care transportation unit, comprising a system with an 11-vehicle fleet and 10 drivers. This organization, which is depicted by Figure 2-2, consisted of Easter Seals in the role of lead agency, with Goodwill and the City of Bridgeport serving respectively as "participating" and "supporting" members. The second part of Phase I, beginning in October 1980, was then to incorporate the

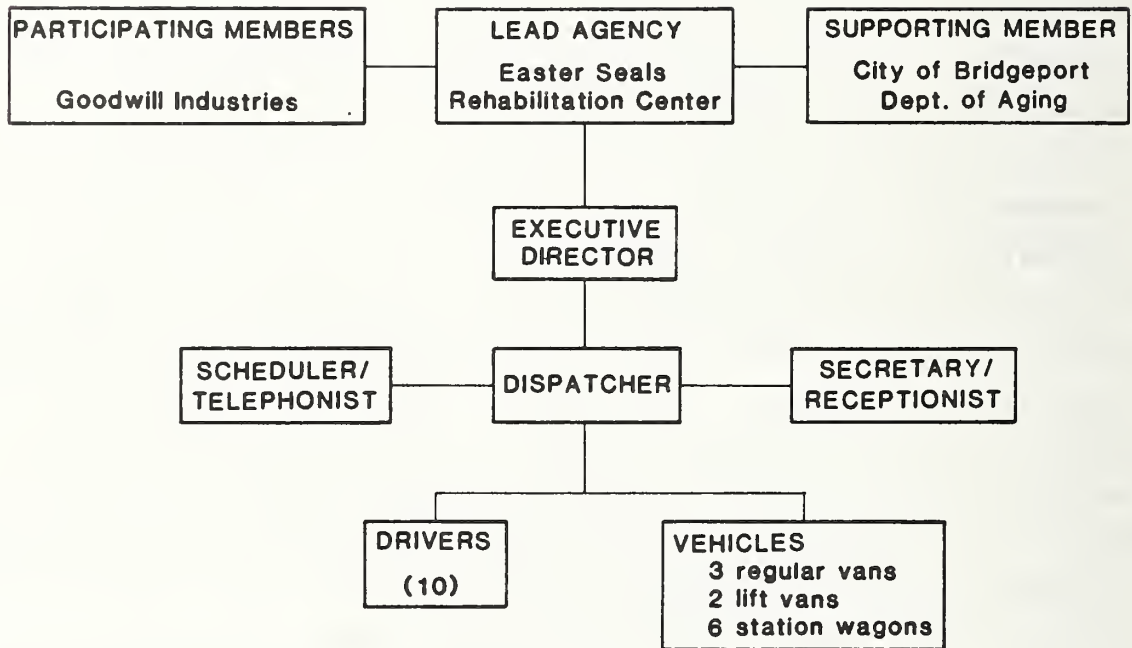


FIGURE 2-2. HUMAN SERVICE TRANSPORTATION CONSORTIUM ORGANIZATIONAL CHART (PHASE 1A: 9/2/80 TO 10/1/80)

substantial resources of the Parents and Friends of Retarded Citizens. This Phase IB organization is shown in Figure 2-3. Because of the magnitude of the Parents and Friends (P&F) program, the consortium planners decided it would be best to phase P&F into the HSTC slowly, so that the consortium could both enjoy an orderly growth and buy time until the new vehicles arrived. The initial set of vehicles available to the consortium, particularly those obtained from the City, were in very worn and unreliable condition. As a gesture of its commitment to the consortium, Parents and Friends made its vehicle resources available to the HSTC as of October 1980, to tide over the consortium until its new vehicles were to arrive in early 1981. P&F was itself not due to become a member receiving service until February 1981. Because P&F's clients were typically transported during the morning and evening to regularly scheduled workshop activities, the vehicles were made available during the midday when they were unused.

By late August 1980, GBTD and the other organizers of the consortium began the process of formally exposing the consortium concept to the public and obtaining community involvement. Several strategies were employed. A general public meeting was held by GBTD on September 12. Invitees to the meeting were notified through a special letter from GBTD Chairman Michael Gratt which endorsed the consortium (see Appendix A). Consortium organizers also began to hold smaller meetings with other human service agencies and public bodies to explain the concept and describe ways to participate in the program. At this time a Board of Directors and an Advisory Council were established. The Board of Directors was defined as the representatives of the "participating" private non-profit agencies (Easter Seals, Goodwill and Parents and Friends). The Council was structured to include one representative each from GBTD, the HSTC Board of Directors, the Commission on Aging, the Commission on Handicapped, and the Southwest Connecticut Agency on Aging. It also was to include a representative from each agency executing a Purchase of Service Agreement with the consortium, and one elderly and one

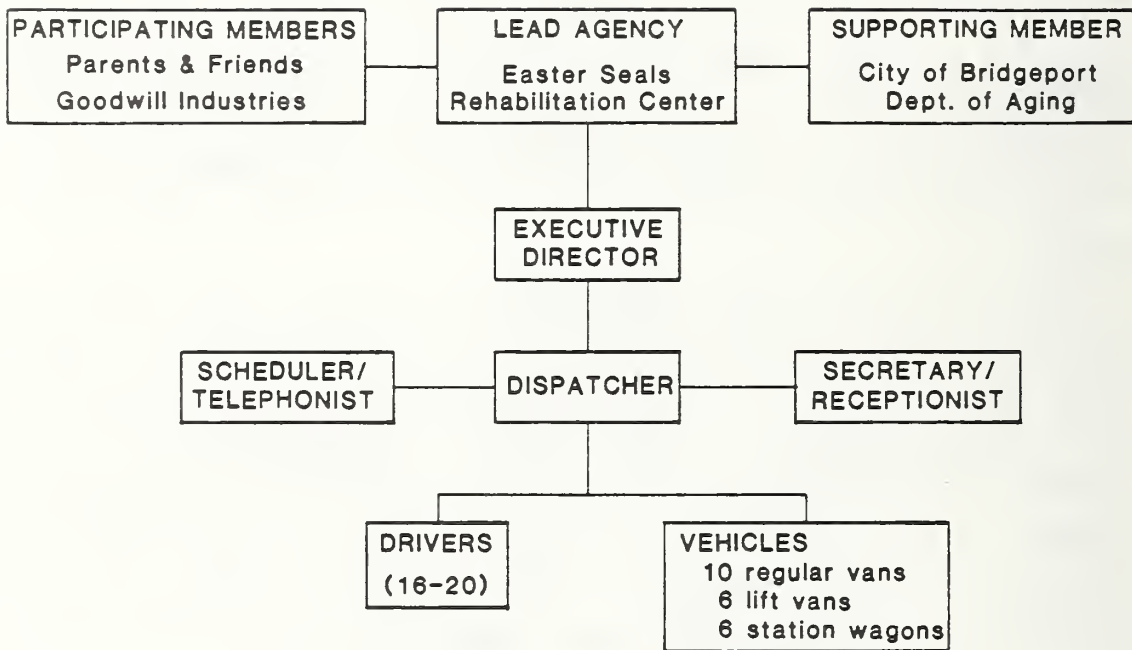


FIGURE 2-3. HUMAN SERVICE TRANSPORTATION CONSORTIUM ORGANIZATIONAL CHART (PHASE 1B: 10/80 TO 1/81)

handicapped consumer nominated by Council representatives. The purpose of the Advisory Council was to ensure active community involvement in the continuing development of the organization and operation of the HSTC. The goals and responsibilities of the Advisory Council may be seen in the by-laws agreement in Appendix B. The Council's composition and place within the HSTC program is illustrated by Figure 2-4.

One of the first tasks facing the consortium and its first Executive Director, who was appointed on August 11, 1980, was to conduct a fresh inventory of core participant's transportation resources. This inventory compiled information on all existing vehicles, including year, make, model, and carrying capacity, and assessed their general operating condition. The inventory was designed to help the consortium establish its current transportation capability, as well as define its present and future capital needs.

Following the inventory, several legal, budgetary, and administrative tasks had to be accomplished prior to initiation of service. First, it was necessary to devise a lease agreement in order for members to turn over their vehicles to the consortium. The Lease of Vehicle Agreement is shown in Appendix C. Under the agreement, the participating agency would turn over (lease) its vehicles to the consortium for a nominal (\$1) sum, along with all expenses and responsibility for maintenance and operation in return for an agreement that the vehicles would be used for ridesharing services with every effort made to reduce the leasing agency's expenditures for transportation.

A related but separate legal agreement also had to be developed to cover purchase of services, so that members could turn over their financial resources to the consortium and establish their service privileges. This Purchase of Service Agreement is shown in Appendix D. The vehicle leasing and purchase of services agreements were drawn up in August of 1980, although they were not signed until the filing for incorporation in January of 1981.

As the basic agreements which transferred resources to the consortium were developed, it became clear that a special

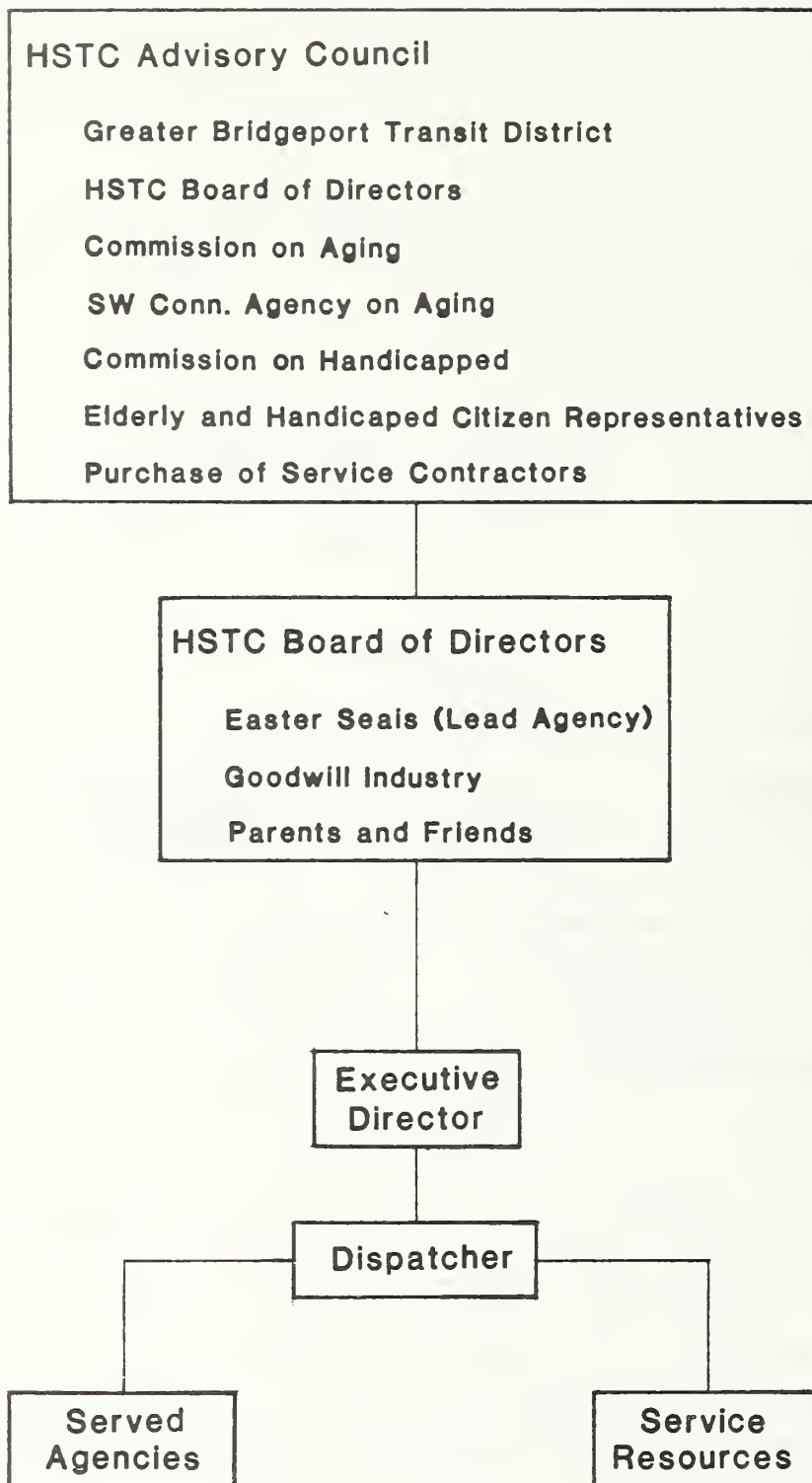


FIGURE 2-4. HUMAN SERVICE TRANSPORTATION CONSORTIUM BOARD OF DIRECTORS AND ADVISORY COUNCIL

accounting system would be necessary in order for consortium managers to know systematically what resources were available to them and how they could be used as input to the development of capital and operating budgets. This was a concern that promised to become even more pronounced as the HSTC matured and became more diversified in terms of clientele and funding. An effort was subsequently made to develop a general procedure to account for the channeling of the various funding sources into HSTC program activities. Figure 2-5 illustrates the matrix which resulted from this accounting analysis. This matrix pairs each of the available funding sources (confirmed and proposed at the time) with the individual line items in the work program, as controlled by restrictions on the various funds.

Another important administrative consideration in planning the HSTC was the development of a formal operating policy for the transportation services of the consortium (Appendix E). Lack of such a policy was one of the major factors cited in the failure of the Coordinated System. The draft HSTC operating policy statement, prepared in mid-September, set forth the operating periods for the service, procedure for scheduling and cancellations, eligibility, and priorities in trip scheduling.

On other administrative matters, the HSTC organizers also gave thoughtful consideration to firm and equitable treatment of employees, and established uniform personnel policies. This reaction was both out of sensitivity to the goals of Equal Employment Opportunity, as well as to ensure the most harmonious possible operating environment. Employee dissatisfaction and poor performance were major impediments in the former Coordinated System.

The consortium established its central operations facility on August 20, 1980, simultaneous with assuming control of the Coordinated System from City of Bridgeport Department of Aging. Along with the Coordinated System, the HSTC inherited the two-way radio systems of the Bridgeport Department on Aging and the Greater Bridgeport Transit District's E&H communication system, after transferring the existing dispatching function that was being operated at GBTD. As a first step in the transfer of

operations, the consortium then put into place its own consolidated scheduling and dispatching system. This step alone accomplished a doubling of productivity over the previous system in the first month of operation. This early period was also used as an opportunity to streamline the record-keeping systems on clients and trips.

By October and November of 1980 most of the financial resources necessary to start the consortium began to fall into place quickly. Not only did Parents and Friends begin to make available its vehicle resources to the consortium in early October, but on October 17 GBTD was awarded its \$168,000 grant from UMTA for purchase of 10 vans for the consortium. On October 29, the United Way approved \$10,000 worth of financial support for the HSTC. This was followed in November 1980 by approval of \$40,000 to the consortium by the Walstrom Foundation, and \$2,000 in December from another local foundation. The capital and operating resources available to the HSTC as of the late fall, 1980 are summarized in Figures 2-6 and 2-7. With these resources in hand and a free rein in operating the system, the HSTC was making notable progress.

In November, steps were taken to develop the management information system capability viewed as essential for efficient management and operation of the HSTC, as well as a tool to help sell the service during the Phase II expansion. The founders believed that it was important for an organization like the HSTC to actively demonstrate efficiency and equity in its allocation of service and cost. A computerized MIS was seen as the best strategy for achieving these service objectives and for making the results visible to members.

After a review of several systems, receiving help from GBTD's consultant and in-house specialists, the HSTC decided to purchase a software package assembled and marketed by TRANSMAX®, Inc. TRANSMAX® had many of the monitoring and accounting features they were looking for as part of its standard package. HSTC entered into contract with TRANSMAX® in November of 1980, began installation of the system and initial training of staff in February 1981, and began using the system for registration of

HSTC FY81
WORK PROGRAM

TRANSPORTATION
OPERATIONS

S O U R C E O F A S S I S T A N C E

OAA 7. III B Area Agency on Aging	Easter Seal Rehabilitation Center	Parents & Friends of Retarded Citizens, Inc.	City of Bridgeport Department on Aging	Greater Bridgeport Transit District Section 3	UMTA 16(b) (2)	American Red Cross Fairfield County	United Cerebral Palsy
	2 Wags 1 Lift Van	4 Vans	2 Vans 2 Wags 2 Lift Vans	10/81 Convert Vans	5/81 Convert Vans	2 Wags	1 Lift Van
1 Base Radio 10 Mobile Radio Units				10 Mobile Radio Units			
		No Capital	Requirements				

Elderly & Handicapped
Transportation

Service Integration
(Dispatching &
Maintenance)

Planning & Management

FIGURE 2-6. PHASE 1 CONSOLIDATION - AVAILABLE CAPITAL RESOURCES

FY 80-81 Phase I

<u>Funding Source</u>	<u>Amount</u>
Easter Seals Rehab Center	\$ 32,500
Parents & Friends	73,776
City of Bridgeport	40,000
Greater Bridgeport Transit District	5,488
Senior Aides OAA TV	11,352
CETA	8,602
Wahlstrom Foundation	40,000
OAA T IIIb AAA	47,900
United Way	<u>10,000</u>
A. TOTAL	\$269,618
In-Kind	
SPACE (Easter Seals Rehab Center)	\$17,760
SALARY (Easter Seals Transp. Coordinator)	<u>13,513</u>
B. TOTAL	\$31,273
TOTAL A AND B	\$300,891

FIGURE 2-7. HUMAN SERVICE TRANSPORTATION CONSORTIUM OPERATIONS BUDGET

clients by March of 1981. There are four separate modules in the TRANSMAX® package, not all of which have been fully implemented. In addition to client registration, the system is currently being used to store and process information on ridership and costs, and to assist in billings. It is also being used to print scheduling orders, although it is not yet used for real-time dispatching functions. TRANSMAX® will have the capability to allow study of service impacts, usage patterns, productivity, and cost allocation, when these features are fully on-line. As an example of its capability, data for several of the displays in the discussion of impacts in Chapter 4 were extracted from TRANSMAX®.

In December 1980, the HSTC filed for independent incorporation under Section 703C in the State of Connecticut. At that time, the members of the agency core group provided their signatures to the various legal documents: the Memorandum of Agreement, the Purchase of Services Agreement, and the Lease of Vehicles Agreement. These agencies were Easter Seals, Goodwill, and the City of Bridgeport. On February 17, 1981, Parents and Friends of Retarded Citizens also signed the agreements and was formally consolidated into the HSTC. When fully consolidated under Phase I, the consortium was able to claim 20 to 22 vehicles and 16 to 20 drivers under its direct control.

The HSTC has realized steady growth since its organization in August 1980, in terms of ridership, services provided and affiliated agencies. To assist the HSTC in maintaining an orderly and steady development, GBTD and its consultant formulated a critical path schedule to guide the consortium through Phases I and II of its implementation. This schedule is shown as a task-by-time chart in Figure 2-8. The consortium has been able to roughly keep to this schedule. No firm target date was established for the completion of this development plan. The final tasks in the plan--recruitment of additional PNP's, and recruitment of the public human service agencies--were expected to be long term growth activities.

Acknowledged delays which have been experienced in implementing the development plan are partially attributed to delivery

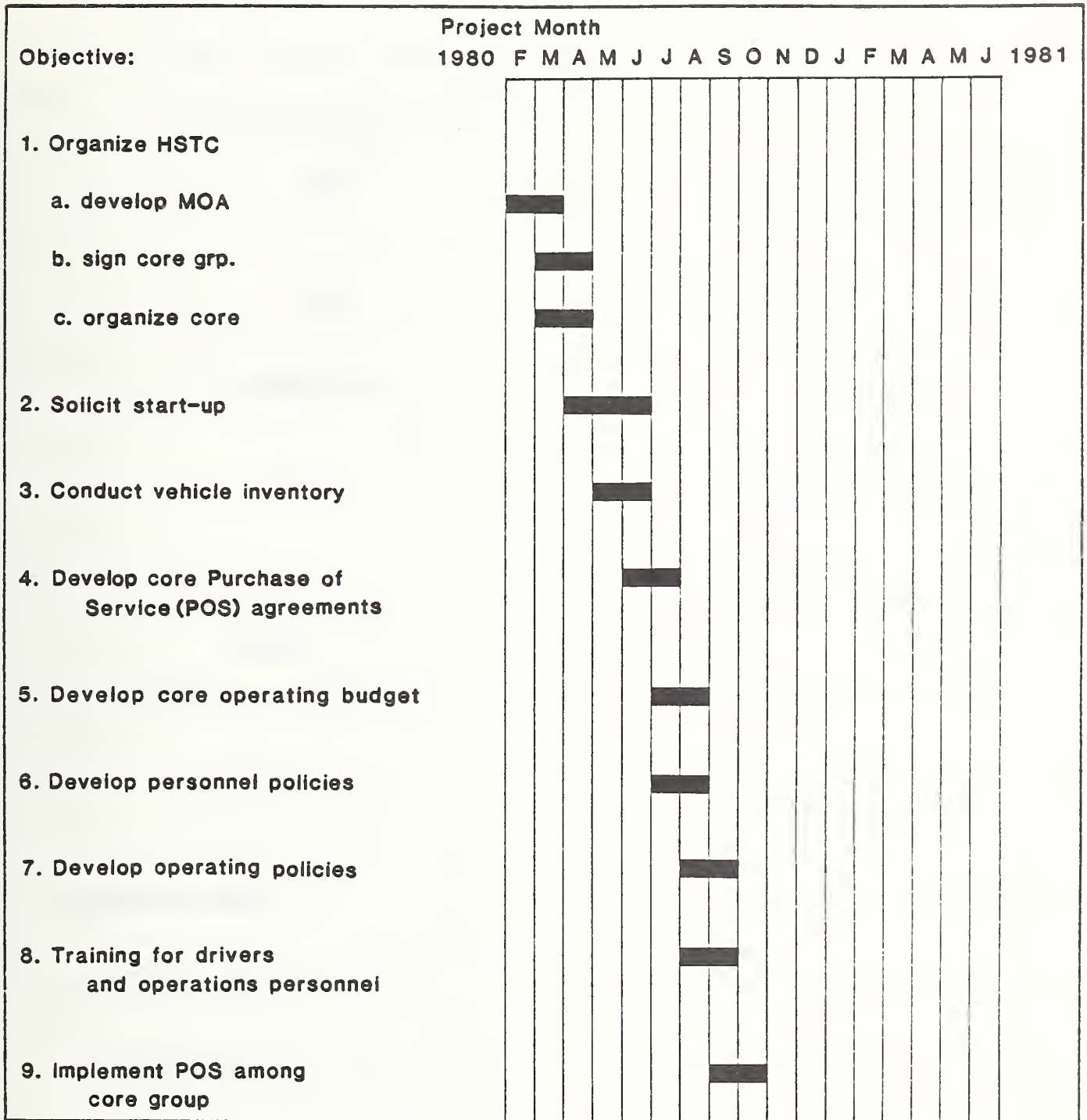


FIGURE 2-8. HUMAN SERVICE TRANSPORTATION CONSORTIUM TASK-BY-TIME CHART FOR IMPLEMENTATION OF PROGRAM OBJECTIVES

quirks in the replacement vehicles. It was initially expected that the new consortium vehicles would be received in mid- to late-1980, and represent the threshold for an aggressive service expansion program targeted at remaining PNP's and the local towns. The new vehicles requested by GBTD under Section 5 funds began arriving in October of 1981, about 1 year behind schedule. Meanwhile, the 16(b)(2) vehicles ordered through the consortium itself and expected in June of 1980 had still not arrived by the end of 1981, due to an administrative tie-up with the State of Connecticut. Without the new vehicles the HSTC has not actively pushed its expansion plans, and in fact, extension of Service to Parents and Friends in early 1981 occurred before HSTC had acquired its desired vehicle capability.

Thus far under Phase II, the HSTC has expanded its membership to include three additional PNP's: the Salvation Army, for travel to nutrition centers, and Cerebral Palsy and United Way/Walstrom's, for whom trips are provided to sheltered workshops. Also, in the summer of 1982, service was made available for the first time to unaffiliated handicapped individuals.*

To date the HSTC has not brought in the human service agencies managed by the adjacent towns: Fairfield, Stratford, and Trumbull. While the agencies themselves are interested in HSTC participation, the respective town governments have been indifferent. Until recently, the HSTC has itself been indifferent because of its service capability limitations. Beginning in early 1982, however, active efforts were initiated to encourage and accelerate the participation of the towns.

GBTD, under direction of its Executive Board, is encouraging a general broadening in the role of the HSTC in the regional transportation system. The original plan of the Transit District

*Based on a strong lobby by a local activist for the handicapped community, the HSTC agreed in June of 1982 to make available HSTC service to handicapped residents who are not affiliated with a member agency. Service is provided to these individuals on a demand-response basis, similar to that enjoyed by the City of Bridgeport's DOA, at a cost of \$8 per trip.

was to address regional elderly and handicapped travel requirements through a three-step plan, which included accessible fixed-route buses, coordinated services, and shared-ride taxi. The shared-ride taxi component of this plan was refined during 1981 to be basically an extension of the HSTC. Shared-ride taxi was envisioned as a service option to be brokered through the HSTC to satisfy flexible demand. This service was to be supplied to HSTC on a contract basis, and encouraged through use of user-side subsidies. GBTD had actually acquired \$135,600 in Section 5 funds in October 1980 to support an elderly and handicapped shared-ride taxi and user-side subsidy program. These funds had been awarded, but remained unused for some time in the absence of a specific program for their application.

By the end of 1981, however, GBTD's Executive Board indicated that they were not supportive of efforts to use the local taxi industry in GBTD programs, owing to its tarnished image. Instead, the Board recommended that the Section 5 resources be used to support expanded use of the existing HSTC structure. The specific plan was to distribute the Section 5 monies among the member towns to be used as subsidies as an inducement to the towns to support and use the consortium. UMTA has approved the use of the funds for this purpose, and as of summer 1982, GBTD was working on a formula for fund distribution. As yet, however, the member towns themselves have shown little interest in participation, seeming to prefer the security of administrative control over their own systems.

3. OPERATIONAL CHARACTERISTICS

3.1 INTRODUCTION

The purpose of this chapter is to describe how the HSTC service actually operates, now that some experience has been gained and the service has stabilized into a routine. The discussion summarizes current resources, scheduling procedures, policies for handling passengers, use of drivers, and vehicle maintenance procedures.

3.2 RESOURCES

As of June 1982, the HSTC employed 30 individuals--5 administrative staff and 25 drivers. Collectively, these individuals operate a transportation fleet of 30 vehicles. Composition and organization of this staff is shown in Figure 3-1.

The administrative staff of the HSTC consists of a director, a dispatcher, a scheduler, a clerk, and a secretary. All administrative staff are full time employees, though only the director is salaried. A sixth employee--an operations manager--is expected to be hired within the next several months. The director of the consortium is responsible for overall management of consortium activities, ranging from medium- and long-range program planning and development to overseeing daily operations. The director's policy through this early stage has been to stay very close to the actual operations to try to spot areas for operational improvements and efficiencies. On occasion she has conducted routing analysis, and changed operating policy in order to build efficiency. The roles of the dispatcher and scheduler are more readily described in a later section on operating policy. The consortium's clerk is the individual in charge of record-keeping, and in particular, for entering data into the TRANSMAX® computer MIS system. The clerk is not a data analyst, however, and it is this function that the new operations manager is expected to fill.

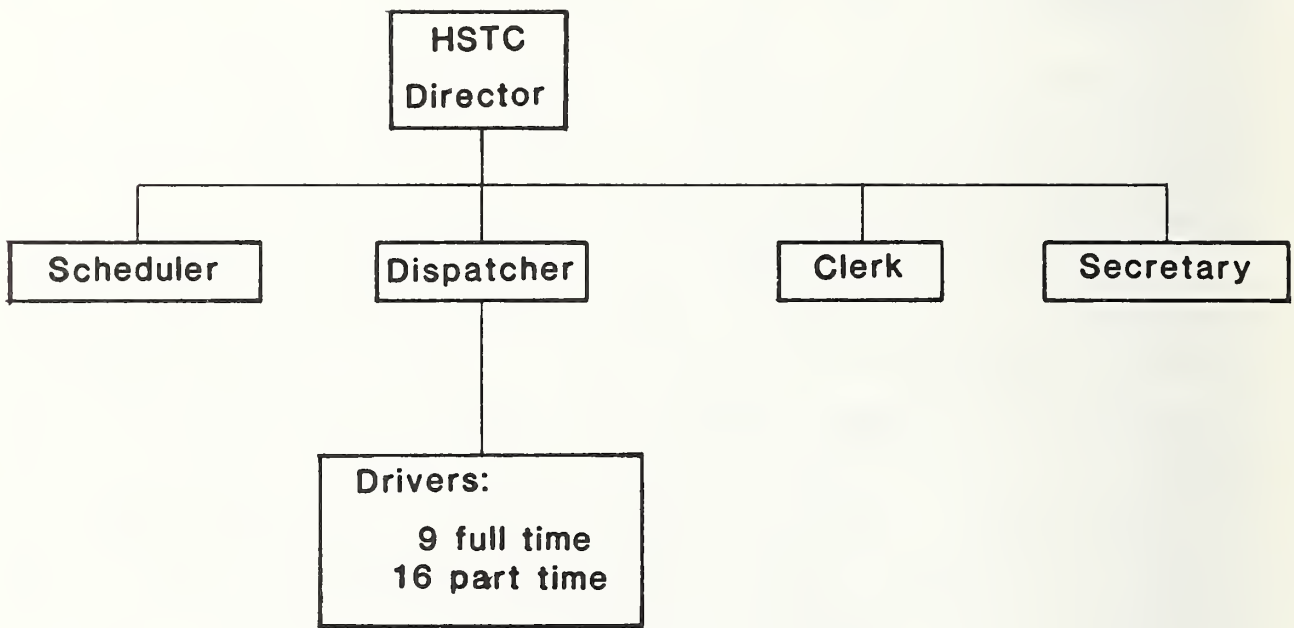


FIGURE 3-1. HUMAN SERVICE TRANSPORTATION CONSORTIUM
STAFF ORGANIZATION (JULY 1982)

The consortium operating staff consists of 25 drivers. Nine drivers are full-time employees and work a 40-hour week, while the remaining 16 are part-time employees, working generally 20- to 30-hour weeks. All drivers are paid an hourly wage. Most consortium drivers take a personal interest in their work, which compliments the specialized training they receive, and the final result is a high level of dedication and professionalism. As evidence of this satisfaction, driver turnover is fairly low. Over half of all drivers have been HSTC employees for over a year. Driver satisfaction, reliability, and turnover were major problems in the earlier Coordinated System. The reason for this satisfaction with the new wave of drivers is chiefly a more concerned and involving attitude on the part of management.

3.3 VEHICLES

The consortium vehicle fleet as of May 1982 consisted of 30 vehicles, 5 of which do not see active duty. This fleet is described in Figure 3-2, along with some of the basic ownership and utilization characteristics.

The current fleet is comprised of 16 regular vans (ranging in age from 1 to 6 years), 7 lift-equipped vans (2 to 6 years), and 7 stationwagons (4 to 6 years). The fleet includes the 15 new vehicles obtained through GBTD and the State of Connecticut, as a result of the HSTC formation, and 2 from an earlier date. All GBTD/State of Connecticut vehicles are vans. The remaining vehicles were contributed by Easter Seals Rehab Center (2 station wagons), United Cerebral Palsy (5 station wagons and 1 van), Parents and Friends (4 vans), and Salvation Army (1 van). All lift-equipped vans in the HSTC fleet were acquired from outside sources (GBTD or State of Connecticut).

Vehicles are maintained both through service contracts and through the aid of current staff. The HSTC maintains contracts with local garages for the largest share of maintenance work. Certain minor maintenance tasks are performed by drivers who have mechanical experience. The drivers are paid at their regular

Vehicle Description	Passenger Capacity	Avg. Daily Hours per Client						Total
		E & H Dem. Resp.	Sheltered Workshop	E.S. Rehab. Center	Sal. Army Nutr. Ctr.	United Cerebral Palsy		
1979 Buick S/W (ESR)	5	TEMP.	OUT	OF SERVICE				
1979 Buick S/W (ESR)	5	1.0		3.0			4.0	
1977 Ford S/W (UCP)	7		OUT	OF SERVICE				
1978 Ford S/W (UCP)	7			1.0		2.5	3.5	
1979 Ford S/W (UCP)	7			1.25			1.25	
1977 Ford S/W (UCP)	7					6.0	6.0	
1978 Ford S/W (UCP)	7		SPARE					
1981 Ford Lift Van (GBTD)	7/2					5.75	5.75	
1979 Superior Lift Van (STCT)	12/2	1.75		1.25		5.0	8.0	
1981 Ford Van (GBTD)	10	3.0	2.0	2.0			7.0	
1978 Dodge Van (SA)	14		3.5		4.5		8.0	
1980 Dodge Van (P&F)	14		4.0				4.0	
1980 Dodge Van (P&F)	14		5.5				5.5	
1977 Dodge Van (P&F)	14	2.0	3.0	1.0			6.0	
1977 Dodge Van (P&F)	14		SPARE					
1981 Ford Van (GBTD)	10		SPARE					
1981 Ford Lift Van (GBTD)	7/2	3.75	1.5	2.5		.25	8.0	
1981 Ford Lift Van (GBTD)	7/2	2.0		2.0			4.0	
1981 Ford Van (GBTD)	10	1.0	1.0	1.0		5.0	8.0	
1981 Ford Van (GBTD)	10		4.0				4.0	
1981 Ford Lift Van (GBTD)	7/2	1.0	4.75	2.25			8.0	
1981 Ford Lift Van (GBTD)	7/2		3.25			1.75	5.0	
1981 Ford Van (GBTD)	10	2.5	3.0	2.5			8.0	
1978 Dodge Van (UCP)	14		4.0				4.0	
1981 Ford Van (STCT)	14		4.0				4.0	
1981 Ford Van (STCT)	14		4.0				4.0	
1981 Ford Van (STCT)	14		3.5		4.5		8.0	
1981 Ford Van (STCT)	14		4.0				4.0	
1982 Ford Van (STCT)	14					4.0	4.0	
1977 Dodge Lift Van (HSTC)	4/2					3.5	3.5	
TOTAL HOURS		18.0	55.0	19.75	9.0	33.75	135.5	
% of Total		13%	41%	15%	6%	25%	100%	

FIGURE 3-2. HSTC VEHICLE INVENTORY AND UTILIZATION SUMMARY
MAY 1982

hourly rate for this work. Major maintenance problems are deferred to the vehicle dealers.

Despite the acquisition of the 15 new vehicles into the consortium fleet during the startup phase, the consortium faces further capital needs in its medium- to long-range growth plan in order to replace the older existing vehicles, and eventually to assist the consortium in service expansion. GBTD advisors have worked with HSTC management to develop a long-range capital replacement plan. In developing this plan, the expected service life of each vehicle in the current stock was assessed, and a realistic replacement schedule was proposed. Probable funding sources to accomplish the replacement were inventoried relative to the likelihood of their availability. The plan suggested Section 16(b)(2) funds as the most logical route, with the option of acquiring Section 5 monies again through GBTD if the first alternative was not effective. The third alternative called upon the agencies themselves to contribute funds for vehicle acquisition.

There is little concern about the consortium's near-term capital requirements. At the present time there appears to be surplus capacity with the existing vehicle stock relative to current use patterns. Major new demands on the service, should they arise, would come from the respective local communities. However, their participation in the HSTC is still expected to be some distance off. Should this growth occur in the near future and threaten to swamp the current HSTC fleet, the planned remedy is to bring the respective agencies' own vehicles into the consortium.

3.4 TRAVEL SCHEDULING AND VEHICLE DISPATCHING

The consortium serves two basic types of trips: prescheduled and demand-response. The great majority of trips are prescheduled, which considerably simplifies tour planning for HSTC staff. Demand-response trips require sufficient advance notification so that they, too, can be scheduled into efficient vehicle tours.

Approximately 89 percent of all trips are prescheduled. These include all of the trips of Parents and Friends to sheltered workshops, therapy visits for clients of United Cerebral Palsy, and daily trips to meal sites by clients of the Salvation Army Nutrition program. These trip patterns are fairly stable, and are typically very separable by participating agency in terms of geography and time of day. Sheltered workshops run from 9 a.m. to 3 p.m. every weekday; hence, HSTC service for these trips operates from 7 to 9 a.m. and from 3:20 to 5:15 p.m. Similarly, travel to Salvation Army meal sites occurs between 10:30 to 11:30 a.m., and 1:30 to 2:30 p.m. on weekdays. Travel to Cerebral Palsy therapy sessions occurs between 6:15 to 8:30 a.m. and 1:30 to 4:15 p.m.

To date, owing to both the geographic and temporal separation of demand, client transportation services do not overlap. While a given vehicle may serve more than one agency's clientele in a day, these clients are not served simultaneously. In fact, as may be seen in Figure 3-2, in many cases vehicles serve but one prescheduled client group a day, and are idle for the remainder of the day. Eleven of 22 vehicles that serve prescheduled travel serve only one client per day, and all but two of these operate 4 hours or less per day.

Driver tours for prescheduled service runs are established in a manner to maximize efficiency in pickup and delivery. Drivers are provided with a schedule sheet which is run off the computer, though the computer as yet is not used to perform the actual scheduling. A sample driver schedule sheet is shown in Figure 3-3. The sheet tells the driver where and when to pick up the client, dropoff location, fare information, the condition of and other special remarks on the client. Because of the stability of these orders, most prescheduled service drivers simply proceed with their daily schedule unless notified otherwise by the dispatcher.

Transportation service to remaining HSTC clients is provided on a demand-response basis. The HSTC's use of the term demand-response is something of a misnomer, since these trips are also,

DAY	DATE	SCH. NO.	BUS NO.	START ODOM	STOP ODOM	NO. OF PASS	REMARKS
MON	02/08/82					14	
ETA: 08:40	MAP: U29A4	ADDR: 22 MCPADDEN DR	STFD				REMARKS:
REQ: :	TRPID: 01381	INST:					
ATA: :	PAX: 1000	NAME:					SMTWTFS!
ODOM: :	PAX:	FARE: A G E N C Y *	AMB				DAYS: SSSSS!
ETA: 08:50	MAP: U30A4	ADDR: 696 STRATFORD RD.	STFD				REMARKS:
REQ: :	TRPID: 10611	INST:					
ATA: :	PAX: 1000	NAME:					SMTWTFS!
ODOM: :	PAX:	FARE: A G E N C Y *	AMB				DAYS: SSSSS!
ETA: 08:55	MAP: U30A3	ADDR: 136 FIFTH AVE.	STFD				REMARKS:
REQ: :	TRPID: 10621	INST:					
ATA: :	PAX: 1000	NAME:					SMTWTFS!
ODOM: :	PAX:	FARE: A G E N C Y *	AMB				DAYS: SSSSS!
ETA: 09:05	MAP: S28A1	ADDR: P&F	184 GARDEN ST	PRNTS&FRNDS			REMARKS:
REQ: 09:00	TRPID: 04671	INST:					
ATA: :	PAX: -1	NAME:					SMTWTFS!
ODOM: :	PAX:	FARE:	AMB				DAYS: SSSSS!
ETA: 09:05	MAP: S28A1	ADDR: P&F	184 GARDEN ST	PRNTS&FRNDS			REMARKS:
REQ: 09:00	TRPID: 04701	INST:					
ATA: :	PAX: -1	NAME:					SMTWTFS!
ODOM: :	PAX:	FARE:	AMB				DAYS: SSSSS!
ETA: 09:05	MAP: S28A1	ADDR: P&F	184 GARDEN ST	PRNTS&FRNDS			REMARKS:
REQ: 09:00	TRPID: 04711	INST:					
ATA: :	PAX: -1	NAME:					SMTWTFS!
ODOM: :	PAX:	FARE:	AMB				DAYS: SSSSS!
ETA: 09:05	MAP: S28A1	ADDR: P&F	184 GARDEN ST	PRNTS&FRNDS			REMARKS:
REQ: 09:00	TRPID: 04751	INST:					
ATA: :	PAX: -1	NAME:					SMTWTFS!
ODOM: :	PAX:	FARE:	AMB				DAYS: SSSSS!
ETA: 09:05	MAP: S28A1	ADDR: P&F	184 GARDEN ST	PRNTS&FRNDS			REMARKS:
REQ: 09:00	TRPID: 04721	INST:					
ATA: :	PAX: -1	NAME:					SMTWTFS!
ODOM: :	PAX:	FARE:	AMB				DAYS: SSSSS!
ETA: 09:05	MAP: S28A1	ADDR: P&F	184 GARDEN ST	PRNTS&FRNDS			REMARKS:
REQ: 09:00	TRPID: 04741	INST:					
ATA: :	PAX: -1	NAME:					SMTWTFS!
ODOM: :	PAX:	FARE:	AMB				DAYS: SSSSS!
ETA: 09:05	MAP: S28A1	ADDR: P&F	184 GARDEN ST	PRNTS&FRNDS			REMARKS:
REQ: 09:00	TRPID: 04761	INST:					
ATA: :	PAX: -1	NAME:					SMTWTFS!
ODOM: :	PAX:	FARE:	AMB				DAYS: SSSSS!
ETA: 09:05	MAP: S28A1	ADDR: P&F	184 GARDEN ST	PRNTS&FRNDS			REMARKS:
REQ: 09:00	TRPID: 04771	INST:					
ATA: :	PAX: -1	NAME:					SMTWTFS!
ODOM: :	PAX:	FARE:	AMB				DAYS: SSSSS!

FIGURE 3-3. SAMPLE DRIVER'S SCHEDULE

in effect, prescheduled. The major difference is that demand-response trips are generally not repetitive, nor are the return times always predictable; hence unique schedules must be drawn up for each tour. Users of the demand-response service, which includes Easter Seals and Bridgeport Department of Aging clients, as well as the unaffiliated handicapped, must request service from HSTC 3 days in advance of the trip. Of course, this requirement helps the HSTC schedule efficient tours. To maximize control over scheduling, the HSTC also requires 3 hours advance notice for cancellations (otherwise the user is charged), and advises the traveller to be ready for pickup up to 1 hour in advance of the scheduled pickup time.

Drivers of the demand-response service pick up their scheduling order at the dispatch office on the morning of the tour. Once out on tour, the driver then maintains radio contact with the base, regarding schedule adherence, no-shows, and to learn of schedule revisions from the base. The driver is permitted a maximum wait time of 5 minutes at the pickup point, after which the trip is classified as a no-show and the tour continues. Individuals with ambulatory difficulties are, of course, given greater flexibility. Once a pickup is made, the driver tries to ascertain the return time for the trip, in the event it is not known or may have changed. The driver then relays this information back to the base, where it is transformed into a scheduling order. In no case is the driver permitted to make scheduling decisions on his own.

As in the case of prescheduled service, demand-response clients do not receive integrated service. Clients are kept separate in vehicle tours. A vehicle may be used to serve more than one agency client group in a given day, but these services are provided sequentially. There appears to be enough surplus capacity in the HSTC fleet and enough flexibility with part-time drivers that service efficiency objectives are still satisfied with this sequential processing of clients. The many-to-one character of most of these trips is the driving reason for pursuing efficiency through client segregation. A quantum jump in dispatching capability may be required when and if the HSTC

client load reaches the threshold where client integration is necessary.

3.5 VEHICLE UTILIZATION

Some interesting observations may be drawn from Figure 3-2 regarding use of HSTC vehicle resources to supply travel needs, and how these usage patterns are affected by vehicle type, client, dispatching policy, and other factors.

Figure 3-2 shows first that 5 of the 30 HSTC vehicles were inactive in May 1982. Three of these were being held as spares, and two were out of service for other reasons. Distribution of the usage rates of all vehicles is summarized below:

<u>Daily Service Hours</u>	<u>Number of Vehicles</u>
<1	5 (All Inactive)
1-1.99	1
2-2.99	0
3-3.99	2
4-4.99	9
5-5.99	2
6-6.99	2
7-7.99	1
8 or more	<u>7</u>
	30

The data show that the average (active) vehicle is used 5.4 hours per day. Only 7 of the 25 vehicles are used for a full 8 hour day, while 12 of the 25 are used for 4 hours or less. Drivers are paid as either full or part time employees. Part time drivers are paid only for the hours they work; the HSTC has no minimum work week policy. Typically drivers are assigned to a particular vehicle, and their hours reflect the usage of that vehicle. It is not common for drivers to switch vehicles during the day.

The most heavily utilized vehicles are the lift-equipped vans. All 7 of the lift vans owned are in active use, and

average 6 hours of usage per day. The lift vans account for only 23 percent of all HSTC vehicles, but make up 31 percent of all service hours. Lift vans are used 61 percent of the time for prescheduled service and 37 percent for demand-responsive.

The next most heavily used vehicles are the regular vans, 14 of 16 of which are in active service. Active regular vans are used an average of 5.6 hours per day, and also spend about 61 percent of their time serving prescheduled trips.

The station wagons are the least used of HSTC vehicles, both because they are the oldest and the least adaptable to their special needs clientele. Only 4 of the 7 wagons are in active use, and these are used an average of only 3.7 hours per day. Demand-response service accounts for 43 percent of station wagon service hours.

3.6 SUMMARY

Consortium operations to date characterize a first stage of development of a consolidated system. The long-range ideal of a consolidated network is to have the capacity to broker service to a diversified market in a manner that cuts across agency or geographic lines in order to maximize level of service to users and productive use of resources. As reflected by the data in this chapter, a dynamic, integrated system does not yet exist. The fundamental components exist for this capability to develop, in terms of the institutional cooperation and data management systems. However, the need has not yet been sufficient to move up to integrated, dynamic service scheduling and fleet operations. The time-of-day and geographic concentration of existing clientele has discouraged service integration and dynamic dispatching. Moreover, the HSTC currently has more than adequate vehicle supply and sufficient control over the working hours of drivers that a higher level of optimization has not been necessary. According to HSTC management, clients are still quite pleased with the improvements in service over the previous Coordinated System. Vehicle productivities, also, are considerably higher than they were under the Coordinated System.

A major role in the evolution of a dynamic scheduling capability will be played by the TRANSMAX® MIS system. At present, TRANSMAX® has not been fully installed and debugged, hence, it is being used chiefly by HSTC for records storage, not as an operations management tool. Use of TRANSMAX® for scheduling and routing tasks was one of its principal design purposes, and as the HSTC matures TRANSMAX® will undoubtedly play a major role in enhancing service management and delivery.

4. IMPACTS

4.1 RIDERSHIP IMPACTS

The Human Service Transportation Consortium has realized a steady increase in ridership since it began providing service in September 1980. Figure 4-1 illustrates the trend in monthly person trips from October 1980, the first full month of operation, through the end of August 1982. Ridership has reached several plateaus, explained by the incorporation of additional clients. Total monthly trips averaged about 2,000 through the first 4 months of operation and then increased significantly to about 8,000 with the full incorporation of Parents and Friends of Retarded Citizens in March 1981. It held this level until July 1981, when it rose to about 9,000 with the incorporation of Salvation Army and its nutritional program. The latest surge in ridership came from the full incorporation of United Cerebral Palsy in January 1981, which pushed the monthly total to between 12,000 and 13,000 trips.

The number of unduplicated monthly passengers* has also increased steadily during the initial growth period, but began to decline after March 1981 due to higher usage rates of the clients joining after that time. The clients of Parents and Friends and United Cerebral Palsy are different from the earlier clients in that they attend regularly scheduled workshops or therapy activities. Regrettably, data on unduplicated passengers after August 1981 are unavailable due to changes in the HSTC's record-keeping system. However, if they were available, it is probable that they would indicate a leveling-off or drop in unduplicated passengers relative to total trips carried. Monthly passengers grew from between 250 to 350 during the first 4 months of service to about 600 after the addition of Parents and Friends, and then declined gradually to about 400. This corresponds to a change in average trip rate from between 4 to 7 monthly trips per passenger

*Number of unique individuals using service during the time period.

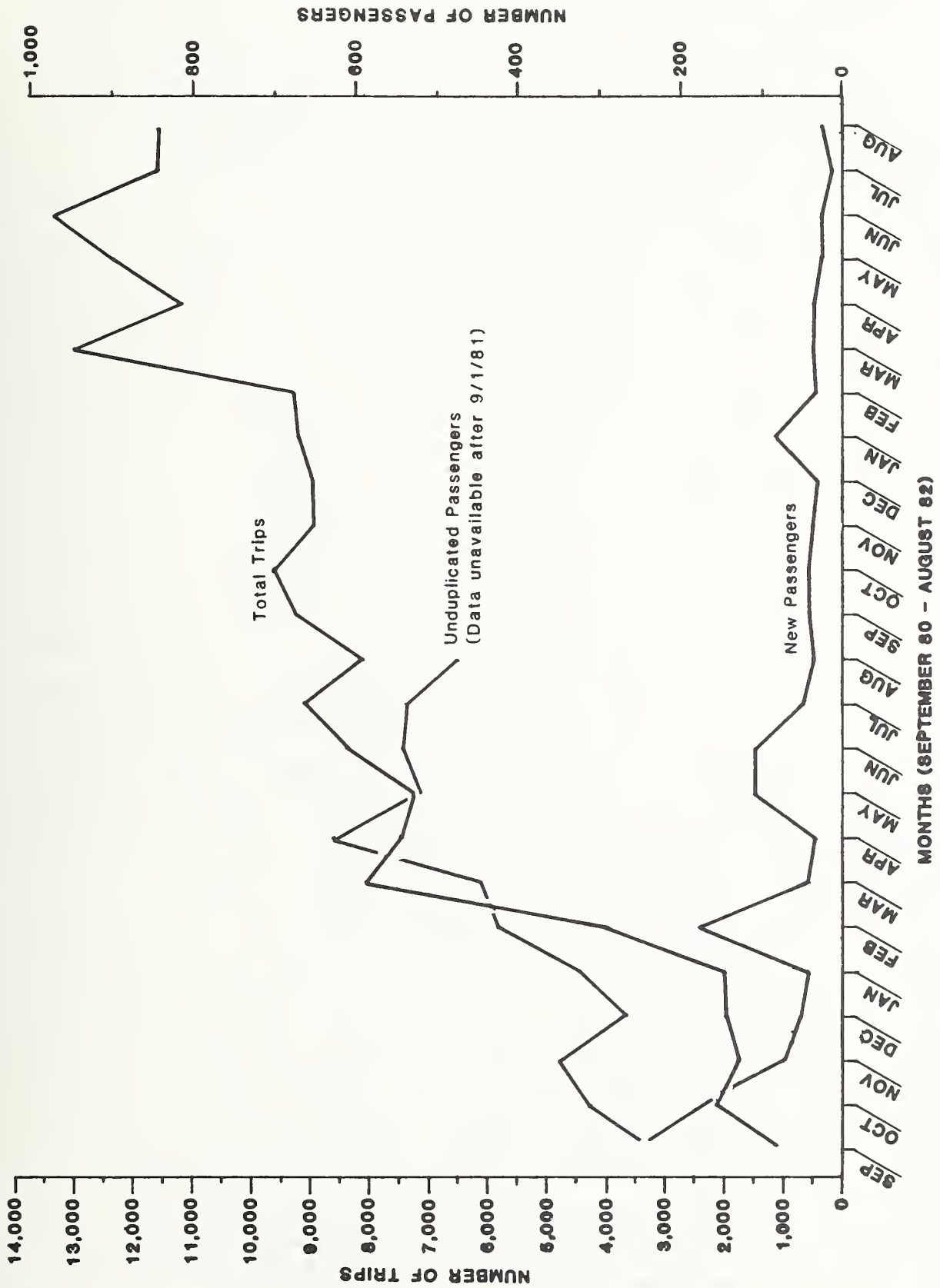


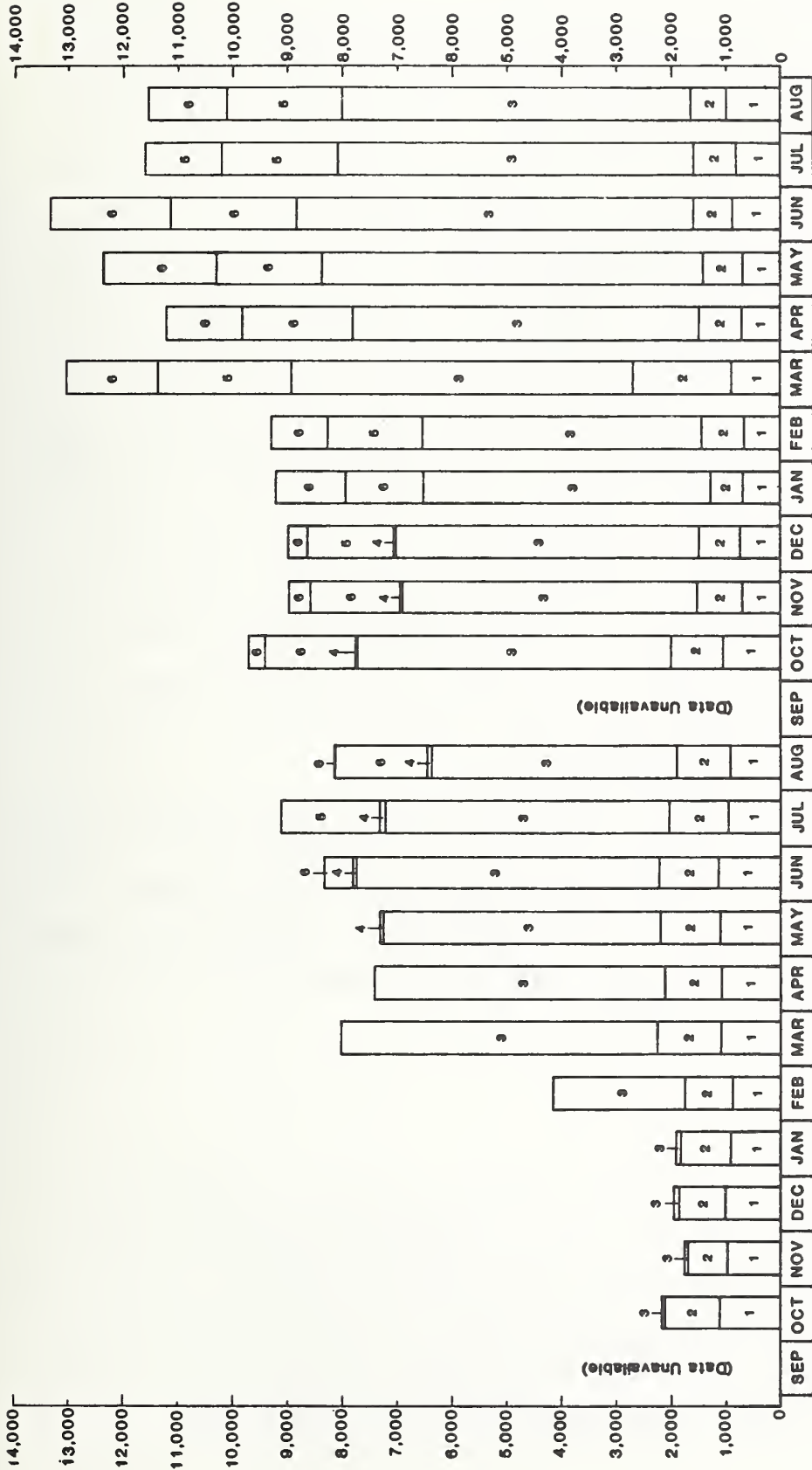
FIGURE 4-1. HSTC RIDERSHIP

in the beginning to as much as 18 monthly trips per passenger after the entry of Parents and Friends.

Of course, as new client groups enter the system, the percent of riders who are first-timers or "new passengers" picks up and then diminishes as a travel history is developed. This trend is reflected in the bottom line of the Figure 4-1 graph.

The composition of HSTC's monthly passenger load by individual client over time is made more clear by Figure 4-2. During the first 4 months of service the monthly trip total was shared almost evenly between Easter Seals Rehab Center and Bridgeport's Department of Aging (DOA). However, when Parents and Friends entered the consortium fully in March 1981, they accounted for over 70 percent of all trips, while as a share, Easter Seals and the DOA fell to less than 15 percent each. Clients of the Salvation Army, when that organization joined fully in July 1981, accounted for about 20 percent of monthly trips. United Cerebral Palsy joined in fully in January 1982, at almost the same use rate as Salvation Army. In the last month shown in Figure 4-2, August 1982, Parents and Friends was still the heaviest HSTC user, with over 55 percent of all trips, followed by Salvation Army with about 18 percent, United Cerebral Palsy at 12 percent, and the DOA and Easter Seals at 6 and 8 percent, respectively. Service was opened to unaffiliated handicapped residents of the region beginning in May 1982. However, to date only about 10 trips are made by these individuals in an average month.

The agencies who purchase HSTC service represent client groups with different types of travel situations. Parents and Friends, Cerebral Palsy, United Way/Walstrom's, and Salvation Army all procure exclusively pre-scheduled, subscription-type service for their clients to attend regularly scheduled activities. About half of the Easter Seals Rehab Center's clients are also on a fixed schedule. These activities consist of therapy sessions for Easter Seals clients, sheltered workshops for Parents and Friends clients, special education classes for Cerebral Palsy clients, and travel to nutrition sites for Salvation Army clients. Because these trips occur within a relatively concise time period and involve many repeat users, HSTC service



MONTHS (SEPTEMBER 80 - AUGUST 82)

- 1-Bridgeport Department of Aging
- 2-Easter Seals Rehab. Center
- 3-Parente and Friends of Retarded Citizens
- 4-United Way / Walstrom
- 5-Salvation Army Nutrition
- 6-Cerebral Palsy

FIGURE 4-2. NUMBER OF MONTHLY TRIPS BY CLIENT GROUP

is most efficiently provided on a dedicated service hour basis. Bridgeport Department of Aging clients, on the other hand, comprise a constantly changing group of users in terms of frequency of use, origin/destination, and distribution of trips over the day. These individuals are ambulatory and non-ambulatory elderly residents (age 60 and over) who receive assistance from the City primarily in accessing periodic medical appointments. Because of the erratic scheduling behavior of this group, service is provided on a demand-responsive basis. About half of Easter Seal's clients travel to the Center for evaluation on irregular treatment, and hence are also furnished demand-responsive service.

An analysis of trip rates, as summarized by Table 4-1, shows that the majority of HSTC users are handicapped, which is consistent with the stated primary usage of HSTC for travel to sheltered workshops and therapy sessions. In June 1982, about 76 percent of all trips made were by handicapped persons (15% of which are elderly handicapped, or 11% overall), and 24 percent by able-bodied elderly. About 54 percent of all tripmakers are female, and over 71 percent are white (remaining 29% comprised of black, 12%, and Spanish-speaking, 17%).

Table 4-1 further describes tripmaker characteristics by individual agency. As expected, all the clients of Cerebral Palsy and Parents and Friends are classified as handicapped. The majority of Easter Seals' clients (60%) are also handicapped, while the majority (64%) of the users from the Bridgeport Department of Aging are elderly.

4.2 SERVICE DELIVERY

HSTC users may be grouped into two classes: demand-responsive and prescheduled service users. Demand-responsive customers are required to schedule trips with 3 days advance notice, and must be ready for pickup within 1 hour of the scheduled pickup time. Prescheduled travellers are simply picked up at the same time and taken over the same route virtually every day.

TABLE 4-1. CHARACTERISTICS OF TRIPMAKERS BY AGENCY
(June 1982)

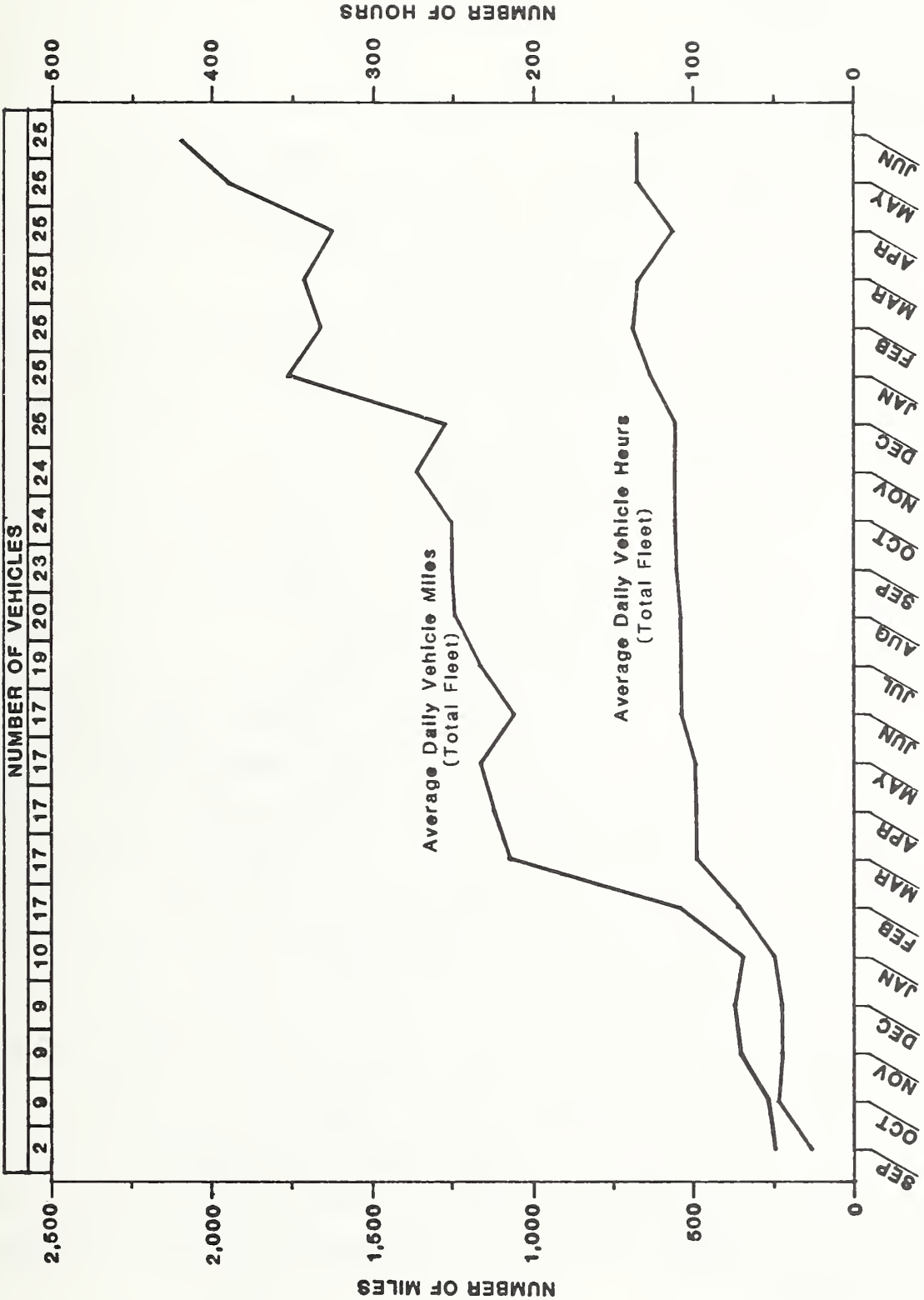
<u>Agency</u>	<u>% Handicapped</u>	<u>% Elderly</u>	<u>% White</u>	<u>% Female</u>
Bridgeport Dept. of Aging	36.1	63.9	72.3	79.9
Easter Seals Rehab	60.2	39.8	68.1	76.8
Parents and Friends	100.0	—	86.0	46.9
United Way/Walstroms		Insufficient Data		
Salvation Army Nutrition	—	100.0	41.9	79.4
United Cerebral Palsy	<u>100.0</u>	<u>—</u>	<u>91.5</u>	<u>34.8</u>
All Members	75.8	24.8	71.2	53.6

Unfortunately, relatively little information exists to describe the quality of the HSTC service from the point of view of the user. Internal studies of wait time, reliability, travel time or circuitry have not yet been made to determine how well the service is being provided.

Data limitations force a more qualitative review of the HSTC service from the standpoint of volume of service. Trends in the amount of service provided are summarized in Figure 4-3, which illustrates the number of vehicles in service, and the corresponding average total daily hours and miles of service provided.

The consortium got underway in the fall of 1980 with a fleet of first 2 and then 9 vehicles, which collectively provided an average of about 252 miles and 26 hours of service a day. In February 1981, the pending addition of Parents and Friends increased the consortium fleet to 17 vehicles, and average daily service grew (by March) to over 1,000 daily miles and about 100 vehicle hours. Service capability was further augmented in June 1981 by the addition of Salvation Army, and in August 1981 by the inclusion of United Cerebral Palsy. This increased fleet size first to 19, then to 20 vehicles, allowing for retirements. Then, of course, the 15 vans requested by GBTD and the consortium arrived in the fall of 1981, bringing the total fleet size to 25 vehicles active and in service, following retirements. As of August 1982, the consortium fleet provided 1,776 daily miles and 121 daily hours, amounting to 71 miles and 4.8 hours daily per vehicle.

It is interesting to look at changes in the rates of vehicle usage accompanying the change in number and composition of vehicles in the fleet. Under the early 9-vehicle system, the older vehicles were used at a rate of only 2.9 hours per day and 9.7 miles per vehicle hour. The upgraded 17-vehicle fleet in early 1981 saw usage rates of 5.9 hours per day and 10.0 miles per vehicle hour. With the 15 new vans incorporated in the 25-vehicle fleet of fall 1981, average hours per vehicle fell slightly to 4.8 hours per day, while mileage increased, to 14.6 miles per vehicle hour. The presumed reason for this shift to



MONTHS (SEPTEMBER 90 - JUNE 92)

FIGURE 4-3. QUANTITY OF SERVICE

higher mileage rates relates to change in client composition, specifically transport of workshop participants to locations outside the district.

4.3 PRODUCTIVITY

This subsection discusses the costs and efficiencies associated with operating the HSTC, and how these have changed over time as the organization has grown, modernized its physical plant, and developed operating experience.

It is first useful to examine the characteristics of HSTC demand as a basis for understanding the productivity potential of the service. Figure 4-4 provides a time series on several variables that are important in achieving scheduling and operating efficiency. These include the proportion of trips served which are one-way only, and the volume of service requests which become cancellations or no-shows. A related measure, which indicates more how the service is able to meet its demand, is the proportion of trip requests which cannot be served.

One very important characteristic of demand that aids efficiency is the proportion of the trips served that are prescheduled. To the extent that the system can develop itself around a baseload of prescheduled/subscription trips, as in the case of workshop and therapy visits, an efficiency advantage in both scheduling and productivity should be realized. Regrettably, equivalent monthly data on the number of HSTC trips which are prescheduled are unavailable after May 1981. However, an estimate of the prescheduled travel can be derived from individual client trip rates. It was noted earlier that only the trips of Bridgeport Department of Aging clients and roughly half those of Easter Seals Rehab Center are demand response, while the remaining are prescheduled. Using the trip volumes of August 1982 as a basis, this means that about 89 percent of all HSTC trips are prescheduled, which is an advantage right now in scheduling efficiency.

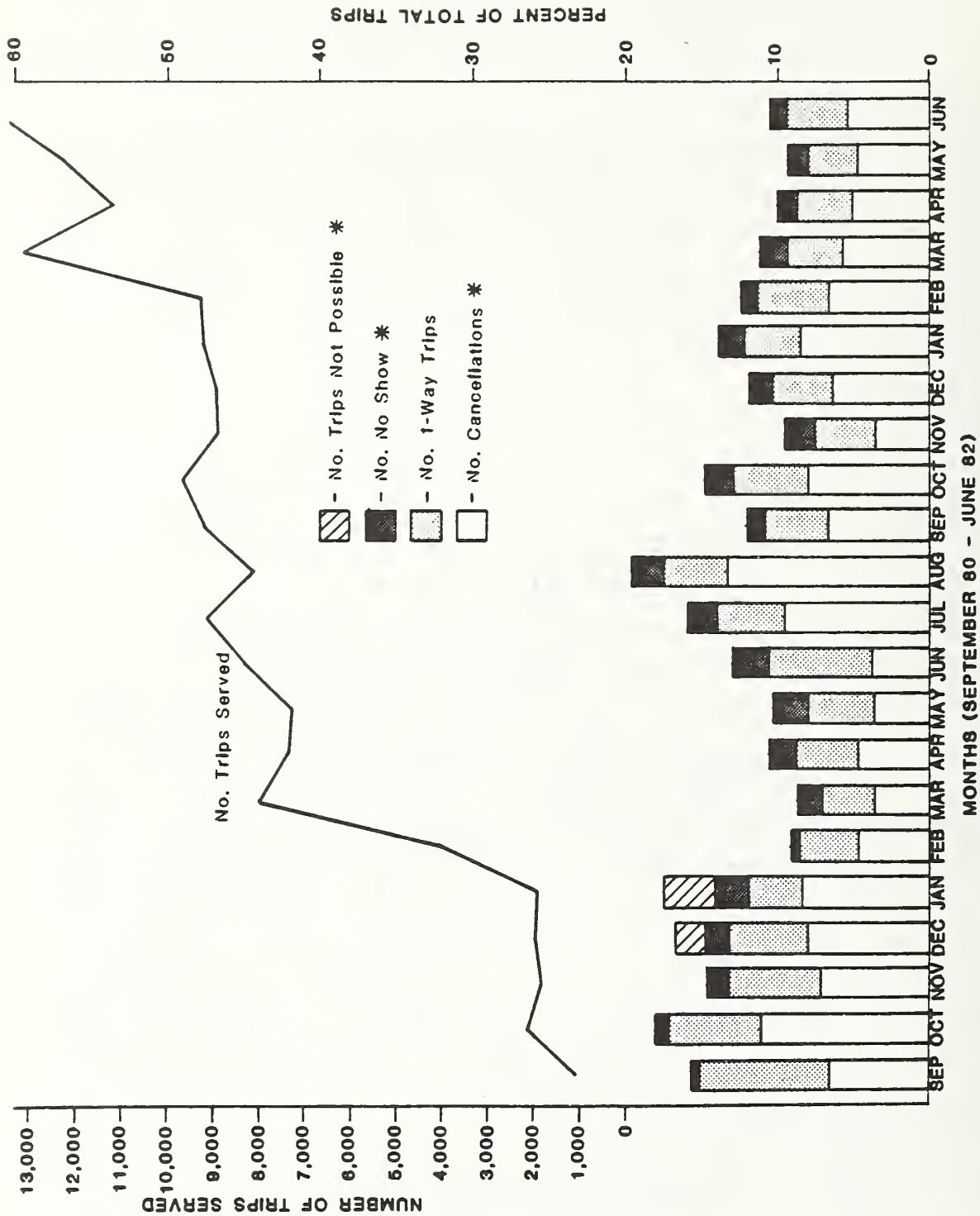
Two-way trips also help build both productivity and scheduling efficiency, particularly when tied into prescheduled routines where a many-to-one and one-to-many pickup and delivery schedule can be adhered to. Of course, most prescheduled trips are two-way trips. Figure 4-4 indicates that the proportion of HSTC trips which are not two-way has averaged 5 percent or less since January of 1980.

No-shows and cancellations are detrimental to efficiency. Cancellations, which are presumably less burdensome than no-shows, provided the vehicle is not already en route, have never been greater than about 13 percent of the number of monthly trips served (August 1981), and have averaged about 5 percent. No-shows have generally been less than 2 percent of the total trip volume served.

Finally, it appears that HSTC has seldom had to turn riders away for lack of available service. There were only two periods when service requests could not be filled, December 1980 and January 1981, and these lost riders never amounted to more than about 3 percent of realized monthly ridership.

HSTC's performance in filling client trip requests may be gauged through the productivity measures in Figure 4-5. The most basic productivity measure is the number of person trips carried per vehicle hour. Figure 4-5 shows that ridership productivity practically doubled between January and March 1981 from about two trips per hour to around four trips per hour. This was accomplished largely through the addition of Parents and Friends and their substantial prescheduled client profile. Productivity then held rather steady until late 1981, the time of the entry of United Cerebral Palsy (UCP). A slight decline in productivity was realized for a time during the phase-in of UCP, but then began to pick up by March 1982, and has now reached a level of almost five trips per vehicle hour.

The average number of vehicle miles travelled for each passenger trip has been relatively steady through the life of the service. The addition of Parents and Friends reduced average trip mileage to under 3 miles, where it remained until the incorporation of UCP, January 1982, after which it increased to over 3



* For illustration, expressed as percentage of total trips actually served.

FIGURE 4-4. SERVICE SCHEDULING CHARACTERISTICS

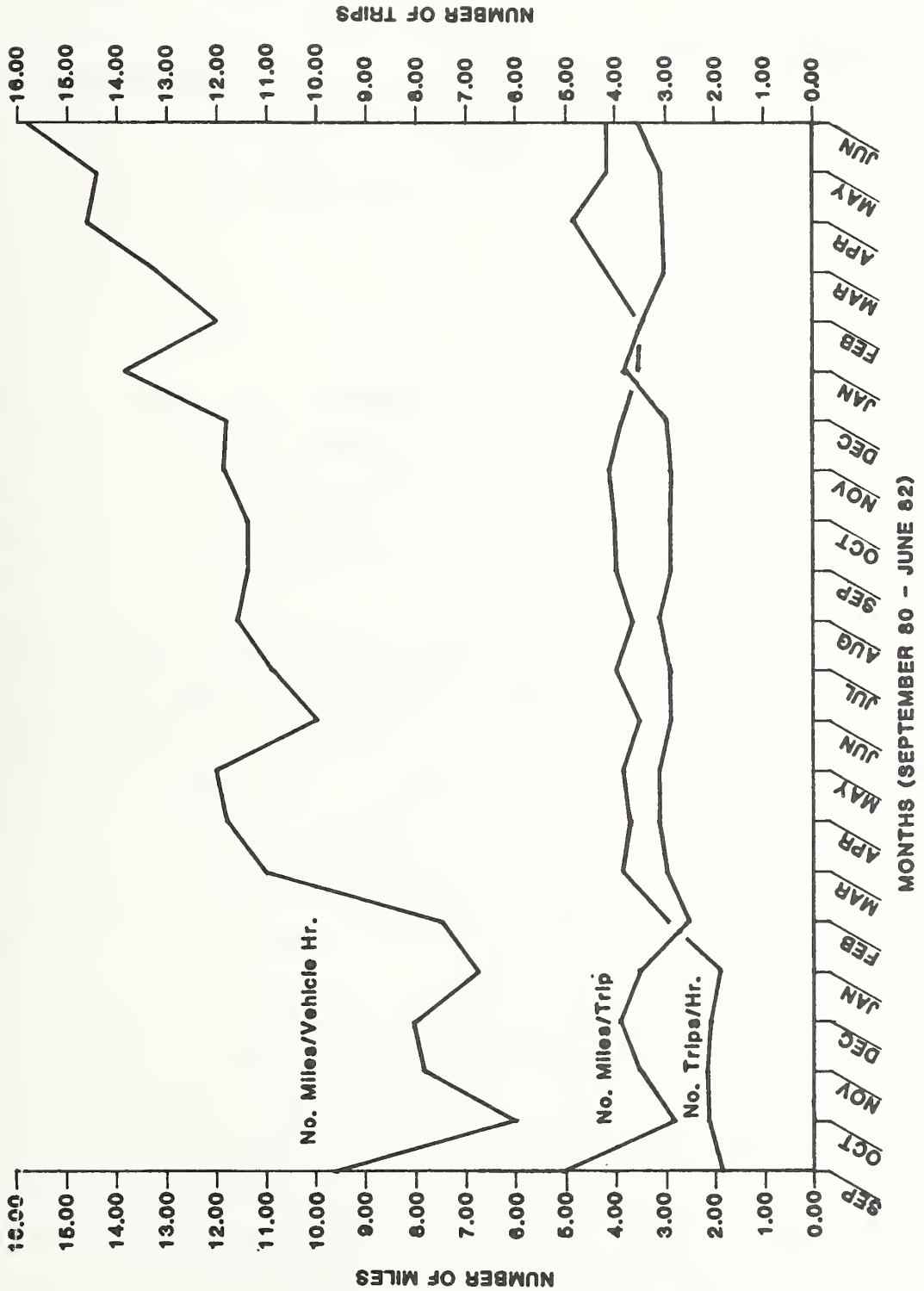


FIGURE 4-5. HSTC PRODUCTIVITY CHARACTERISTICS

miles. It is believed that this increase in per trip mileage is due to transport of a number of UCP clients on long trips outside the area, some as far away as Stamford.

Lastly, it will be noted that the usage of the vehicles themselves has increased considerably, from 6 miles per vehicle hour in October 1980 to about 16 miles per vehicle hour by June 1982. This is due to scheduling improvements which allow more rapid processing of trips, to continued expansion of the client service area, and to upgrading of the vehicle fleet with equipment that can withstand heavier usage.

4.4 COSTS

Data on HSTC costs is also relatively weak, from the standpoint of an ongoing cost accounting system. This is a capability ultimately expected from TRANSMAX[®] which has not yet been realized. The lack of accurate cost data has, in fact, affected the HSTC's credibility with members in the course of annual budget negotiations.

All that is known for certain are annual program expenditures, which totalled \$300,891 in FY81 and \$367,380 in FY82. Expenditures include only operating expenses, since all capital equipment was acquired through grants. This represents a cost per service hour of \$11.80 in FY82 compared to \$16 in FY81, the first year of operation, and an estimated \$20 per hour under the Coordinated System. Cost per passenger trip averaged \$2.90 in FY82 compared to \$4.90 in FY81 and an estimated \$12 per passenger trip under the Coordinated System.

The credibility problem related to budgeting occurred in the course of developing the FY82 consortium budget. Planning the consortium's operating budget is something of a dynamic process. Individual agencies are assessed an annual charge or contribution level that reflects the cost to the consortium of providing the particular service. This cost is estimated from a forecast level of usage tied to an estimated rate based on the type of service received. Individual agency assessments are determined by the HSTC Board of Directors, with assistance from GBTD, based on

historical data and judgment. After the nominal assessment, there is generally some negotiation with participants to reach a final number. The FY82 budget which resulted from such a planning process is listed below.

<u>Member Agency</u>	<u>Annual Assessment</u>
Easter Seals Rehab Center	\$ 53,944
Bridgeport Department on Aging	67,891
Salvation Army/Nutrition	29,498
United Cerebral Palsy	100,039
Parents & Friends of Retarded Citizens	<u>116,008</u>
Total Operating Budget	\$367,380

In developing the FY82 budget, the HSTC used a rate of \$8 per trip in budgeting demand response travel and \$14 to \$16 per service hour in budgeting prescheduled travel. This makes the effective rate per person trip for prescheduled users (i.e., all except the City of Bridgeport DOA) as low as \$2.30 to \$2.90 per trip. This has caused some bad feelings with the City, particularly since the data for estimating the rate were rather sketchy. The HSTC is hoping for assistance from TRANSMAX\ in subsequent deliberations.

5. SUMMARY AND CONCLUSIONS

5.1 OVERVIEW

The Human Service Transportation Consortium has been a successful first step in a comprehensive plan of the Greater Bridgeport Transit District to provide effective transportation service to the region's elderly and handicapped population. As the first step, the HSTC was a strategic service development aimed at maximizing the capability of the existing social service agency transportation network, as a leading action in a plan to eventually bring a choice of services to regional users, with different services supplying different travel needs with commensurate price and level of service. The development of the consortium exemplifies application of the principles of transportation brokerage in terms of strategic and enlightened planning, entrepreneurship and coordination, and creative use of financial resources.

Many urban areas have hoped to capitalize on the resource of a social service agency transportation network to expand mobility for special groups. The Coordinated System which existed in Bridgeport prior to the HSTC was the typical result of such efforts. It demonstrates that simply developing regulations or offering encouragement to a network of diverse, autonomous providers, whose business is not running a transportation service, is likely to miss the mark if the expected result is a cost-effective, integrated transportation network. Even under financial pressure, as existed in Bridgeport, such efforts lack the nucleus from which to organize and grow.

The Greater Bridgeport Transit District's role in organizing the Human Service Transportation Consortium must be viewed as a substantial success, both from the standpoint of a service model and as an application of the principles of brokerage. GBTD not only visualized an innovative service approach, but then provided the nucleus for growth while avoiding becoming the permanent operator or financier of the service. These two aspects--creative identification of a service model, and

effective brokering of the service--are intrinsically linked to any explanation of why the HSTC concept worked.

To the extent they may be generalized, the following are the key ingredients in development of the HSTC service model in Bridgeport.

1. Financial Constraints--Bridgeport's social service agency programs were seriously threatened. The State of Connecticut was not providing money to these programs, and Title III funding was running out, confronting the agencies with strict compromises on clients and services. In addition, vehicle resources were old and deteriorating.
2. Credibility of the Broker--GBTD developed respect among the agencies not only as a progressive transit agency with innovative ideas, but by its demonstrated interest in improving the agency transportation network, including short run efforts to improve the dispatching system.
3. Creative Resource Management--the use of modest amounts of external funding as leverage to elicit cooperation.
4. Technical Skills--the application of the appropriate planning, organizational, management, and operating expertise in designing a credible service model.
5. Coordination and Liaison--despite the many attractions of the consortium concept, the idea must be sold to a diverse and skeptical audience, and countless details must be resolved in a timely and reassuring fashion. GBTD staff applied great energy to cause the concept to coalesce among participants. Directors of several of the agencies also played key advocacy roles in building and sustaining support for the effort.

Each of these factors was vital in the formation of the Bridgeport HSTC. There must be some external pressure, presumably financial, which creates a need to consolidate as a means to stretch capability and access additional resources. Technical

assistance is vital in designing and implementing the program. However, this in itself is not enough to produce effective consolidation. Energetic and enlightened entrepreneurship and coordination are necessary to develop and maintain a cooperative attitude. These are the factors that produced a successful consolidation in Bridgeport.

5.2 FUTURE ROLES OF THE BRIDGEPORT HSTC

To date, the Human Service Transportation Consortium has successfully managed the capital and operating resources of a variety of public and private non-profit social service agencies into a consolidated service delivery system and, based on these achievements, is confidently charting its future evolutionary course.

The continued success of the consortium is expected to rest in its ability to move from its role as a simple provider of transportation services for the elderly and handicapped clients of a few agencies to that of a more diversified and resourceful transportation agent. To accomplish this, the consortium will need to continually define and redefine its mission in collaboration with the agencies, the governments and the public of the region it supports. The mission for HSTC comprises several roles, as: 1) the primary provider and integrative mechanism for specialized elderly and handicapped transportation services; 2) the major focus of policy development concerning specialized transportation services for the region's elderly and handicapped; 3) the center for the dissemination of elderly and handicapped transportation information and marketing aids.

5.2.1 Integration of Service Delivery

To date, the primary focus of the Human Service Transportation Consortium has been on consolidating the transportation programs of individual agencies into a unified service delivery system, which operates at a higher level of reliability and cost-efficiency than the previous coordinated system. In order to

accommodate its expected growth in a cost-effective manner, the consortium is expected to progress beyond its narrow role of direct service provider, to comprehensive manager of internally and externally provided services. In time, the consortium is expected to find that its pre-grouped, regularly-scheduled service consumes the capacity of the vehicles it operates directly. Ambulatory and semi-ambulatory demand-responsive trips, as well as add-ons to pre-scheduled group trips, will then become increasingly difficult to serve efficiently, and will need to be handled through expansion of current operations or through external service contracts. The HSTC will need to conduct the appropriate analysis at that point to ensure that it increases its capability in the most cost-effective manner. Worked in concert, direct and contract services should effectively match vehicle capacity and cost-of-service delivery with the demand characteristics of the respective market segments.

The specialized service contracts are expected to significantly utilize existing local taxi operators with shared-ride taxi services. To the extent that the consortium is successful in integrating shared-ride taxi services into the regional E&H transportation system, it may also play a major role in stimulating the development and defining the scope of general public, shared-ride taxi services within the Greater Bridgeport Region. GBTD hopes to reinforce these innovations, both within HSTC and the GBTD region, through the simultaneous application of user-side subsidy incentives and comprehensive regulatory reform.

5.2.2 Resource Broker and Policy Formulator

As an independent agency and broker of specialized elderly and handicapped transportation services for the region, the consortium's responsibilities include seeking out funding sources, identifying groups whose needs are not met by existing transportation services, defining barriers to the use of all existing E&H services, and initiating policy to affect these issues. The policy board of the consortium is made up of public and private-non-profit agencies who purchase service through the consortium, as well as representatives of elderly and handicapped user

groups. Since these agencies represent the major transportation and E&H social service providers within the region, the policy board has significant power to affect regional policy toward the elderly and handicapped. Because of this link, the consortium is in a key position as information broker with power to initiate and define policy.

5.2.3 Information and Marketing Services Provided Through Consortium

It is suspected that of the region's many elderly and handicapped individuals abandon or delay travel to work, shopping or medical opportunities because they lack adequate information on available transportation options. Many social service agencies defer provision of transportation services to potential service requests because they lack knowledge of the types of transportation services available within the community, methods of purchasing services from existing providers, and the types of funding which may be available to help offset the cost of these services.

One important service provided through the consortium is that of information and technical assistance to individuals or agencies in need of transportation services. The consortium not only brokers information pertaining to availability and use of its services, but also those services provided through the regional public transit system, private, intra-regional transit carriers, taxi and livery companies and the suburban rail system. As the consortium becomes better known within the community, more agencies and individuals seek to use it. The consortium cannot respond with service to many of these demands, either because of limitations in its funding or charter (i.e., the person or group is unaffiliated), or the given request is logistically hard to handle. In these cases the HSTC gives information on the most acceptable alternative. Referral to other transportation providers or the appropriate member agency is the standard short run solution. As longer run solutions, the consortium attempts to identify sources of funding to cover specific types of client

trips and makes available model purchase-of-service agreements and contracts for service delivery to agencies desiring to sponsor service for their client groups. In the future these services, as well as the transportation services provided directly through the consortium, will be marketed directly through comprehensive regional advertising programs.

APPENDIX A
LETTER OF ENDORSEMENT



greater bridgeport transit district FAIRFIELD BRIDGEPORT STRATFORD

September 2, 1980

Ms. Edith Serke
Southwestern Connecticut
Areawide Agency on Aging
276 Park Avenue
Bridgeport, CT 06604

Dear Edith:

The Greater Bridgeport Transit District will sponsor an open meeting on September 11th to provide information on the newly established Human Services Transportation Consortium. The Consortium will provide door-to-door transportation services, including wheelchair lift equipped vans, to elderly and handicapped citizens in our region. These services will replace similar services now provided by the Greater Bridgeport Coordinated System and by individual social service agencies in the area. The reorganization of these services under the private, non-profit Consortium will solve many of the problems of finance and coordination which have troubled the Coordinated System and the agencies. We believe that this new approach will result in better service for critical medical trips and, in the future will make possible expanded service to the elderly and handicapped for shopping and recreation trips.

The services offered by the Consortium will not replace our existing bus services. We are extending our regular bus routes and providing more frequent service. We also are replacing our old buses with new "kneeling" buses equipped with wheelchair lifts in order to better serve our elderly and handicapped citizens.

If you are interested in the Consortium, we invite you to attend the September 29th information meeting. Staff from the Consortium and the Transit District will be present to discuss transportation services for the elderly and handicapped and answer your questions.

Please contact Miss Verna Bash at 366-7070, ext. 24, to let us know if your organization will be sending a representative to this meeting.

The meeting will be held:

Monday, Sept. 29th

12 pm

Public Meeting Room
Bridgeport Public Library
925 Broad Street
Bridgeport, Ct.

Thank you for your continued support.

Sincerely,

Michael Gratt
Chairman

APPENDIX B
HSTC ADVISORY COUNCIL BY-LAWS

HUMAN SERVICE TRANSPORTATION CONSORTIUM (HSTC)

ADVISORY COUNCIL

BY-LAWS

A. Statement of Purpose:

The purpose of the HSTC Advisory Council is to provide advice, consultation and support in the planning, development and operation of specialized transportation services for elderly and handicapped persons of the Greater Bridgeport area.

B. Goals of the Advisory Council:

1. To create and promote the development of a specialized transportation system for the elderly and handicapped of Greater Bridgeport
2. To demonstrate to agencies the benefits of using consolidated transportation services
3. To assure that elderly and handicapped persons are informed and given full opportunity to utilize specialized transportation services

C. Responsibilities of the Advisory Council:

1. To provide an organized system of obtaining information and advice on transportation needs, concerns and interests
2. To advise the Project Director and Board of Directors on all significant matters relating to local program policies. This may include, but is not limited to: project changes, project operations, program development and community relations.
3. To evaluate the effectiveness of the project
4. To provide constructive relationship with key individuals and agencies in the community
5. To assist the Project Director in obtaining additional local support

D. Membership:

1. The Advisory Council shall consist of one representative from each of the following organizations: Greater Bridgeport Transit District, HSTC Board of Directors, Commission on Aging, Commission on Handicapped and Southwestern Connecticut Agency on Aging.
2. It shall also include a representative from each organization which establishes a Purchase of Service Agreement with the Consortium.
3. Council membership will include one handicapped and one elderly consumer. They shall be named by the board of Directors through nomination by Council representatives.

E. Officers:

1. The officers of the Advisory Council shall consist of the Chairperson, Vice-Chairperson and the Secretary.
2. Duties of Officers
The Chairperson shall preside at all meetings of the Advisory Council. It shall be the responsibility of the Chairperson to work with the Project Director of the HSTC to further the goals of the program.

A Vice-Chairperson shall preside at any meeting of the Advisory Council at which the Chairperson is not present.

The Secretary shall record all minutes of the Advisory Council, shall issue and receive any correspondence relating to the Advisory Council business and shall issue notice of all meetings to all members. In addition, the Secretary shall take attendance of all those present at any meeting scheduled of the Advisory Council and send out such notices as may be required.

3. Officers shall serve for a 2-year term. All officers may be re-elected once. An officer may be renominated after a 1-year lapse.
4. The Director of the HSTC shall service ex-officio to the council.

F. Meetings:

1. The HSTC Advisory Council shall meet quarterly. Special meetings of members may be called upon by the written request of four members. The purpose of calling a special meeting shall be stated in the request.

APPENDIX C
HSTC LEASE OF VEHICLE AGREEMENT

HUMAN SERVICE TRANSPORTATION CONSORTIUM

LEASE OF VEHICLE AGREEMENT

This Agreement, by and between _____ hereinafter referred to as the "Lessor" and the Human Service Transportation Consortium hereinafter referred to as the "Lessee", shall govern certain activities carried out by the parties hereto as defined herewith.

The term of the Agreement is from _____ to _____.

1. The Lessor agrees to let, rent and lease the vehicles listed in Attachment A to Lessee for the consideration of one dollar (\$1.00) for the term of this Agreement. Lessee agrees to receive and take possession of said equipment in its present physical condition

2. Lessee agrees to provide and maintain adequate insurance of all vehicles listed in Attachment A as required by State Law or regulation for the protection of its fleet, riders and personnel.

3. Lessee shall maintain vehicles listed in Attachment A and shall be responsible for all expenses incurred regarding maintenance of said vehicles.

4. Lessee shall maintain records relating to use of vehicles listed in Attachment A, such as mileage, ridership and operating expense. Lessee may place an insignia motto and phone number on any vehicle so listed in Attachment A, providing that each vehicle so listed, upon termination of this Agreement, shall be returned to the Lessor with the body style and paint scheme which that vehicle had at the effective date of this agreement.

5. It is agreed that each vehicle leased herewithin may be used in ride sharing and time sharing modes, with the understanding that such service shall act in all cases to reduce Lessor's expenditures for transportation.

6. Either party may terminate this Agreement by giving sixty (60) days written notice to the other party. This agreement may be amended at any time. Such amendments being written and attached to this document and signed by the duly authorized representative of each party.

7. This Agreement, with attachments, constitutes the entire Agreement by and between these two parties regarding vehicle leases, and is to take effect as soon as it is signed by the duly authorized representative of both parties hereto.

Agency (Lessor)

Human Service Transportation
Consortium (Lessee)

By: _____ Title _____ By: _____ Title _____

Attest: _____ Attest: _____

Date: _____ Date: _____

APPENDIX D
HSTC PURCHASE OF SERVICE AGREEMENT

HUMAN SERVICE TRANSPORTATION CONSORTIUM

PURCHASE OF SERVICE AGREEMENT

This Agreement entered into on this _____ day of _____ 1980, by and between the Easter Seal Rehabilitation Center of Eastern Fairfield County, Inc., a corporation organized and existing under the laws of the State of Connecticut, and acting on behalf of the Human Service Transportation Consortium.

WITNESSETH:

WHEREAS, The Human Service Transportation Consortium hereinafter referred to as the HSTC has been formed by the Easter Seal Rehabilitation Center, Parents & Friends of Retarded Citizens, and Goodwill Industries.

WHEREAS, the intent of the HSTC is to provide specialized transportation services to the elderly and handicapped persons of the Greater Bridgeport Area.

NOW THEREFORE in consideration of the foregoing and of the mutual provisions herein, it is agreed by and between the parties as follows:

(1) The HSTC at the request of _____ agrees to provide transportation services to clients, patients or constituents of _____ who reside in the Greater Bridgeport Area.

(2) _____ referrals will be accepted by the HSTC if the HSTC determines that there are adequate vehicles and personnel to provide needed transportation services. Where the HSTC determines that its transportation resources are not adequate,

_____ will make alternative plans to accommodate for their transportation needs.

(3) The HSTC will be responsible for scheduling and grouping trips to achieve the most efficient use of vehicles. Trips to health services are limited to non-emergency services only.

(4) Transportation services will be in operation Monday through Friday 7:00 A.M. to 6:00 P.M. with the exception of the following holidays: New Year's Day, Washington's Birthday, Good Friday, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day and the day following, and Christmas Day and the day before.

(5) The Agency will provide the HSTC with pertinent information of individuals to be transported at least seventy-two (72) hours prior to such transportation being provided.

(6) The HSTC is to keep and maintain good and proper business records for all services and charges provided for under this Agreement. All books and records maintained by the HSTC pertaining to this Agreement, will be open and made available to the Agency or its representatives for the purposes of inspection or audit during normal business hours and upon reasonable notice.

In addition, and as part of its monthly statement, the HSTC will provide the Agency with a report that will include, but is not limited to, the total number of vehicle hours provided to said Agency and number Agency clients transported by the HSTC. The report shall also include a breakdown of the hours of services, and number of clients provided to all who are under contract to HSTC.

(7) The Agency will reimburse the HSTC for transportation services rendered to the Agency, as herein provided, based on the following:

Transportation between the hours of _____ and _____ at \$ _____ per vehicle hours, or \$ _____ per passenger trip.

(8) The HSTC will submit to the Agency on or before the tenth (10th) day of each month, a statement based on the rate stated for the cost of transportation services rendered to said Agency during the previous month.

If client does not go on an authorized dispatched trip, and the trip was not cancelled with adequate notice, the Agency will be billed for the vehicle time involved. "Adequate Notice" is defined as three hours in advance of the scheduled time.

(9) Agency agrees to reimburse the HSTC for transportation services rendered within thirty (30) days of the date the monthly statement is submitted by the Consortium.

(10) The HSTC agrees that all personnel will be properly trained and supervised.

(11) All services provided under this contract will be in compliance with Title VI of the Civil Rights Act of 1964 and H.E.W. regulations promulgated under the statute, which provide in general that no beneficiary or recipient of the services provided by this contract shall be discriminated against on the basis of race, color, creed, national origin, age, ethnic background or sex.

(12) The HSTC agrees to provide and maintain adequate insurance coverage as required by State law or regulations for the protection of its fleet, riders and personnel. All insurance claims or inquiries shall be handled directly through the Consortium. The Easter Seal Rehabilitation Center and Parents and Friends of Retarded Citizens shall also be named as co-insured until such time as the vehicles will be owned and operated by the Consortium.

(13) Any liability on the part of the HSTC to adequately or properly perform this contract based on any of the following events or occurrences, is hereby waived by the participating Agency.

- a. adverse weather conditions that would create hazardous driving conditions
- b. unforeseen vehicle shortage
- c. shortage of fuel beyond control of the HSTC
- d. interruptions to service caused by labor disputes

(14) Any modification or amendments to this Agreement shall be in writing, and when signed by both parties shall be made a part thereof. This Agreement may be terminated by either party upon thirty (30) days written notice to the other.

Human Service Transportation Consortium (HSTC)

Agency

By: _____
Title

By: _____
Title

Attest: _____

Attest: _____

Date: _____

Date: _____

APPENDIX E
OPERATING POLICIES OF HSTC

OPERATING POLICIES

HUMAN SERVICE TRANSPORTATION CONSORTIUM

Section 1 Purpose:

The purpose of this project is to develop an area wide demand-responsive and pre-scheduled sub-system of public transportation for elderly and handicapped persons to priority community services.

Section 2 Definitions:

- A. Area Wide - means the six towns of Eastern Fairfield County: Bridgeport, Stratford, Fairfield, Monroe, Easton and Trumbull.
- B. Demand-responsive - or dial-a-ride service, is where scheduling of routes is initiated by the patron on an advance reservation basis. As such it is a form of para transit ultimately supporting a fixed route public transportation system.
- C. Prescheduled - scheduling of clients is provided through the agency or group who require a specified number of trips to that area over a period of time for a special need. Service can be grouped on one vehicle or distributed through many.
- D. Elderly - meaning 60 years of age or older
- E. Handicapped - means severe physical, mental or emotional disabilities which make use of available transportation difficult or impossible.
- F. Priority community services - these presently include transportation to
- Health Care Facilities
 - Sheltered Workshop
 - Special Education Facilities

Patron should make a reservation for an escort with the dispatcher when they make their own reservation.

Section 8 Identification of patron

While elderly and handicapped persons will not be denied service, patrons should be able to have available some proof of age or handicapped status.

Section 3 Service Hours:

The Service will operate Monday thru Friday 7am - 6pm, ten hours a day with the exception of legal holidays of the State of Connecticut.

Section 4 Scheduling:

A. Prior to 72 hours before the day of the trip reservations will be accepted from elderly and handicapped patrons requesting transportation to priority community services. Any changes or additions in prescheduled transportation must be made 72 hours in advance of requested date and time.

Section 5 Cancellations:

A. Client

Cancellations must be made at least three hours in advance of the appointed time or charges will be made to the appropriate agency the client represents.

B. Weather

Cancellations because of inclement weather will correspond to public school closings in the individual towns. There will be no service to towns who's schools have been closed due to snow or hazardous driving conditions.

Section 6 Appointment Times:

All clients are expected to be ready for their appointments at the scheduled time. Clients will be notified immediately as to any delay or cancellations of service.

Section 7 Escorts

HSTC will attempt to accomodate escorts or attendants to health care facilities if required by the patron and seats are available.

APPENDIX F
REPORT OF NEW TECHNOLOGY

No new innovations or techniques were used in this evaluation. All methodologies employed are available in the open literature.

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UMTA- 83-4
Kuzmyak, J.

HSTC, consol
service tran

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