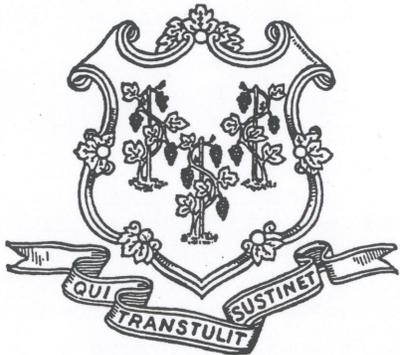


**ELDERLY
TRANSPORTATION
SERVICES**

Connecticut
General Assembly



LEGISLATIVE
PROGRAM REVIEW
AND
INVESTIGATIONS
COMMITTEE

December 1998

**CONNECTICUT GENERAL ASSEMBLY
LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE**

The Legislative Program Review and Investigations Committee is a joint, bipartisan, statutory committee of the Connecticut General Assembly. It was established in 1972 to evaluate the efficiency, effectiveness, and statutory compliance of selected state agencies and programs, recommending remedies where needed. In 1975, the General Assembly expanded the committee's function to include investigations, and during the 1977 session added responsibility for "sunset" (automatic program termination) performance reviews. The committee was given authority to raise and report bills in 1985.

The program review committee is composed of 12 members. The president pro tempore of the Senate, the Senate minority leader, the speaker of the house, and the House minority leader each appoint three members.

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LEGISLATIVE PROGRAM REVIEW
& INVESTIGATIONS COMMITTEE

Elderly Transportation Services

DECEMBER 1998

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KEYPOINTS

ELDERLY TRANSPORTATION SERVICES

- Provision of dial-a-ride services for the elderly is largely driven by local concerns and delivered by municipalities or transit districts.
- The vast majority of towns in Connecticut operate dial-a-ride programs for the elderly; 62 towns offer services through a transit district and 97 towns operate programs directly.
- Only 10 towns are without a dial-a-ride program.
- No state agency has responsibility for program oversight because there is no state mandate for dial-a-ride programs for the elderly.
- No single funding source for dial-a-ride programs exists; instead funding is a patchwork of federal, state, and local monies.
- Multiple delivery models exist making program identification problematic.
- There is no way to determine the exact amount of funding that goes to dial-a-ride transportation.
- ConnDOT provides financial support to some transit districts and towns for the operation of elderly dial-a-ride programs, while other towns rely solely on municipal funds.
- Specifically, 90 towns benefit in some way from federal or state transportation dollars to operate dial-a-ride programs, while 79 towns do not.
- The most recent federal reauthorization of public transportation funds, which was adopted in May 1998, eliminated operating grants for five transit districts in Connecticut.
- The Connecticut General Assembly appropriated \$2.5 million for dial-a-ride during the 1998 legislative session – to cover the loss of operating assistance for the five districts.
- Of the five transit districts that lost operating funds, two provide dial-a-ride transportation to the elderly and persons who qualify under the Americans with Disabilities act (ADA); the other districts to the ADA-eligible population only.
- With the loss of federal transit operating assistance for large urban areas in FFY 99, state transportation dollars are making up an increasingly greater share of funding for dial-a-ride programs.

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- No regional approach to funding or dial-a-ride service delivery can be mandated because no statewide delivery structure exists that covers the entire state.
 - Several legislative mandates giving ConnDOT broad authority over transportation expenditures of other state agencies and directing ConnDOT to coordinate paratransit services have never been implemented by the department.
 - The selection process for the Section 5310 grant program needs to be more formalized, and thresholds for evaluating coordination need to be developed.

Executive Summary

ELDERLY TRANSPORTATION SERVICES

Adequate transportation is important to the well-being of elderly persons. Dial-a-ride programs provide transportation to seniors for a variety of activities including medical appointments, personal shopping, and nutritional programs. Dial-a-ride transportation are typically provided using vans or minibuses, require advance reservations, and offer pick-up and drop-off transportation directly at a person's home. These programs are important for individuals who cannot use more traditional means of public transportation and lack more informal sources of transportation.

The Legislative Program Review and Investigations Committee voted to conduct a study of elderly transportation services in March 1998. The study examined access and availability of publicly funded dial-a-ride programs targeted to the elderly and provided by transit districts and municipalities. Overall, the committee found:

- no state agency has responsibility for program oversight because there is no state mandate for dial-a-ride programs for the elderly;
- no single funding source exists, instead funding is a patchwork of federal, state, and local monies;
- multiple delivery models exist making identification of programs problematic; and
- the provision of dial-a-ride services for the elderly is largely driven by local concerns and delivered by municipalities or transit districts.

The committee found no regional approach to funding or delivery of dial-a-ride services could be mandated because, although there are 15 transit districts in the state, not all towns belong to a district. Furthermore, many are not involved in delivering paratransit services beyond the mandates of the American with Disabilities Act¹ (ADA) and they apply only in certain areas. The committee found of the 15 transit districts, only eight play an important role in delivering dial-a-ride services to the elderly. Furthermore:

- not all towns that belong to a district participate in all of the transportation services a district may provide (thus some members of a transit district operate their own dial-a-ride programs even though the district also offers a program);
- some transit districts let towns that are not members purchase services; and
- transit districts are not required to accept municipalities seeking membership.

The way in which elderly transportation services are provided also varies. An extensive survey conducted by the committee shows transit districts provide dial-a-ride in 62 towns, 97 towns operate their own programs, and 10 towns do not offer a publicly-funded dial-a-ride program to their elderly residents.

¹ Requires public entities operating fixed-route bus transportation provide complementary paratransit service for persons with disabilities unable to use the fixed-route system. Complementary services must be provided within a 3/4-mile corridor of existing fixed-route bus services and must be available during the same days and hours.

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The committee also found the Connecticut Department of Transportation (ConnDOT) provided financial support to some towns and transit districts, for the operation of elderly dial-a-ride programs, while other towns must rely solely on their own funds. Although the use of federal and state transportation funds for dial-a-ride programs in some towns is based on historical funding patterns, this has led to broad funding inequities among towns in Connecticut. Specifically, 90 Connecticut towns benefit in some way from federal or state transportation dollars to operate dial-a-ride, while 79 towns do not.

Further complicating the funding picture is the loss of federal transit operating assistance for large urban areas under the latest reauthorization for public transportation programs (the Transportation Equity Act for the 21st century). To compensate for the elimination of those federal dollars to five of Connecticut's large transit districts, the state legislature passed Special Act 98-6, which included a \$2.5 million state appropriation for FY 99. Each of the five districts was allocated a share – ranging from about \$128,000 in Milford to about \$850,000 in Greater New Haven – to directly offset the losses in federal dollars.

There was no requirement that the transit districts use the state allocation for elderly dial-a-ride. In fact, the committee's study finds the new appropriation of state funds is intended to maintain whatever services would have been impacted by the cuts in federal funds in each transit district, which was not elderly dial-a-ride in two of the districts. Although the money was not earmarked for elderly dial-a-ride, the \$2.5 million appropriation signifies a greater share of elderly dial-a-ride financing is coming from state dollars.

In the absence of a single funding or service delivery model, the committee believes the only viable mechanism to distribute elderly dial-a-ride funds is on a town-by-town basis. The committee's proposal concludes that funding for such a program would have to come from a new legislative appropriation, since state funding already allocated supports a wide variety of transportation services, and could not be redirected to fund elderly dial-a-ride without disrupting services currently in place. In fact, the appropriations for those programs will likely have to continue into the future, and even increase, if the state wants to maintain public transportation at the current level of services.

The committee determined that the recommended state/town matching grant program would also allow towns the flexibility to deliver new or additional elderly transportation services as they wish. Towns may provide the program themselves, pool funding with other towns to provide or purchase services jointly, or purchase them through a transit district.

The committee concluded it would be premature to recommend a state-coordinated service delivery model for elderly dial-a-ride because of the lack of progress made by ConnDOT toward coordinating services in its Waterbury pilot program. It is the only one of three statutorily mandated pilot programs that is operational, and that is in a very limited way, currently serving just ADA-eligible clients.

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Until the effectiveness of the Waterbury coordination program can be evaluated, it is not possible to determine if that model is the most effective way to deliver services to the elderly.

Also, the lack of a transportation delivery structure that covers all towns does not currently exist, thus regional coordination of dial-a-ride is not an option to a great many Connecticut towns.

The committee also found several other legislative mandates giving ConnDOT broad authority over transportation planning and oversight have never been implemented. For example, the commissioner of ConnDOT is required to certify state agencies' expenditures for paratransit services but has not done so. Also, ConnDOT was mandated to conduct a statewide survey of special transportation services and report the results to the committees of cognizance of the Connecticut General Assembly. The committee found although a draft report was written, a final report was never issued.

The recommendations of the committee are aimed at establishing a state/town matching grant program to provide new or additional elderly transportation services in all towns that wish to participate. The proposals also are targeted at improving ConnDOT's planning and oversight of public transportation, especially in the area of paratransit services. Finally, administrative recommendations are made to formalize the selection process for the Section 5310 program, which funds the purchase of vehicles used in paratransit transportation programs, and improve ConnDOT's oversight of the program.

RECOMMENDATIONS

- 1. The Connecticut Department of Transportation should identify public transportation needs statewide, especially those needed by special populations, update transit district membership annually, and determine the type and geographic network of services provided by a transit district, either to members or nonmembers under contract. In addition, the department, as part of its public planning process shall establish statewide objectives for providing paratransit services.*
- 2. The Department of Transportation shall provide a report on progress made in implementing the requirements of C.G.S., Sections 13b-4c and 13b-38n by July 1, 1999 and semi-annually thereafter to the committees of cognizance. The report shall include:*
 - a detailed statement on the implementation status of each statutory mandate;*
 - a methodology to evaluate the effectiveness of the current, and any future, pilot program;*
 - any financial savings generated as a result of the pilot; and*
 - ridership statistics as generated and maintained by the contracted broker or transit district.*

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In addition, beginning with the January 2000 report, using the evaluation methodology established, the report shall include the results of the effectiveness of the current, and any future, pilot program.

3. *The Citizens' Transportation Advisory Council established under C.G.S. Section 13b-38l be merged with the Connecticut Public Transportation Commission established under C.G.S., Section 13b-11a. C.G.S., Section 13b-11a shall be amended to incorporate the functions of the Citizens' Transportation Advisory Council into the Connecticut Public Transportation Commission's functions. In addition, the commission's voting membership shall be expanded from 18 to 19 appointments and include one person aged 60 or older.*
4. *The commissioner of transportation, upon application by a town, shall, within available annual appropriations, make a state-matching grant. The grant shall be expended for demand-response transportation programs available to persons who are aged 60 or older.*

The DOT commissioner shall determine the maximum amount of any such grant a town may be eligible to receive using the following formula:

- *90 percent of appropriated funds shall be apportioned on the basis of the share of the population aged 60 and older in a municipality relative to the state's total population aged 60 and older, as defined in the most recent census or in estimates provided in the five-year interim by the Office of Policy and Management; and*
- *10 percent shall be apportioned on the basis of a municipality's square mileage relative to the state's total square mileage.*

Each town making such application shall provide a 50 percent match to the state's funds. If a town does not apply for funding, that town's portion shall revert to the General Fund.

Not later than 30 days after the Department of Transportation determines the grant amount, the department shall notify towns of the availability of grant funds.

Each town receiving a grant shall submit to the Department of Transportation the following information annually:

- *the number of unduplicated riders;*
- *the number of trips (defined as one-way);*
- *the number of miles traveled;*
- *the number of trip denials; and*
- *the number of hours vehicle is in use annually.*

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The department shall establish a standard form for the submittal of such information from towns.

- 5. Section 7-273n of the Connecticut General Statutes be repealed and replaced with a dial-a-ride grant program as proposed in the previous recommendation.*
- 6. The Department of Transportation should require regional planning agencies (RPAs) to formalize the evaluation process to a ranking system and the department should communicate to the RPAs how to implement it.*
- 7. DOT shall not award future grants to any agency that has not complied with the reporting requirements; DOT shall inform all eligible agencies of this in the notifications of funding availability; and*

DOT shall conduct a random sample of field audits of grantee agencies annually.

ELDERLY TRANSPORTATION SERVICES

The Legislative Program Review and Investigations Committee voted to conduct a study of elderly transportation services in March 1998. The study focus was to examine access and availability of publicly funded dial-a-ride transportation services provided to the elderly, specifically by transit districts and municipalities. For the purposes of this study, dial-a-ride refers to door-to-door transportation provided at the user's request. The terms paratransit, demand response, and dial-a-ride transportation services are used interchangeably throughout the study.

No statewide comprehensive dial-a-ride program for the elderly exists in Connecticut. The provision of dial-a-ride services for the elderly is largely driven by local concerns and delivered by municipalities or transit districts. Funding sources for dial-a-ride programs differ substantially depending on the municipality, with some using a mix of federal, state, and municipal funds, while others rely solely on municipal funds. Until this year, and with the exception of two small grants, the state contributed very little to dial-a-ride programs specifically targeted to the elderly.

Study methodology. A variety of sources and research methods were used in conducting the study of Elderly Transportation Services. Federal and state statutes and budget documents were reviewed. Extensive interviews were held with individuals in the Department of Transportation, as well as with regional transit district members, and individuals in municipalities responsible for administering elderly dial-a-ride programs. The program review committee also held two public hearings to gather additional testimony from interested parties. Furthermore, a detailed survey was sent to all 169 municipalities in Connecticut, as well as the 15 transit districts to determine the extent of their involvement in providing elderly dial-a-ride. The survey solicited information on whether dial-a-ride transportation is provided, and if so, program costs and operations.

Study organization. The report is divided into six chapters. The first chapter reviews the current demographics nationally and in Connecticut of persons aged 65 and older. Chapter Two identifies the role of the various levels of government in the provision of dial-a-ride. Chapter Three explains how federal transportation funds are used by transit districts to provide public transportation. Chapter Four describes a grant program administered by the Federal Transit Administration that provides funding to private providers and municipalities to purchase vehicles, some of which are used to provide elderly dial-a-ride. Chapter Five presents survey results from municipalities and transit

districts. The last chapter contains the committee's findings and recommendations.

Agency Response

It is the policy of the Legislative Program Review and Investigations Committee to provide agencies subject to a study with an opportunity to review and comment on the recommendations prior to publication of the final report. The response from the Connecticut Department of Transportation (ConnDOT) is contained in Appendix A.

DEMOGRAPHICS

Introduction

Adequate transportation is important to the well-being of elderly persons. The provision of dial-a-ride services allows non-driving seniors the opportunity to maintain independence by providing transportation to medical appointments, shopping, nutritional programs, churches, and social events. Dial-a-ride programs are typically provided using vans or minibuses and offer pick-up and drop-off transportation directly at a person's home. Dial-a-ride transportation has been recognized as an important source of transportation for elderly persons who do not drive, cannot reach a bus stop, and are in need of transportation.

Seniors who own and drive a car experience very few transportation problems. However, studies show two factors impact automobile ownership – age and income¹. As age increases, many elders voluntarily restrict their driving, only drive in familiar areas, or give up driving altogether. Elders who have lower incomes also give up driving because a vehicle is too expensive to own.

Although many non-drivers rely on family and friends to meet their transportation needs, for many seniors, this is not always an alternative. Lack of adequate transportation can contribute to medical and nutrition problems, and isolation and loneliness. Thus, availability and accessibility to alternative sources of public transportation, such as dial-a-ride programs, promotes independence and allows elders to function in the community.

Population Demographics

The projected growth in the elderly population in Connecticut over the next 25 years has important consequences for the state because it will have a major impact on the types of services needed. The relatively new concept of “aging in place” advocates services be provided to elders in the community, rather than in an institutional setting. The trend toward public policies that promote “aging in place,” coupled with the aging of the baby-boomer population over the next several decades, requires an array of home and community-based services. As this shift occurs, demand for dial-a-ride transportation services may also increase to adequately address the needs of the population.

¹ Community Transportation Survey. American Association of Retired Persons, 1997.

National trends. In 1990, there were 31,995,000 Americans aged 65 and over living in the United States. By 2025, the number of individuals aged 65 and older is projected to increase to 60,599,000, representing an 89 percent increase over 1990. In 1990, elderly Americans accounted for 12.8 percent of the total U.S. population; by 2025, they will account for 18 percent. Finally, as of 1990, individuals aged 85 or older accounted for 1.3 percent of the total population – by 2025, that age group is projected to increase to 1.9 percent. While comprising a small percentage of the population, this age group is most frail and therefore may have the greatest need for dial-a-ride programs.

State trends. There are two interesting trends noted in the analysis of the state population demographics below. First, similar to national trends, the number of elderly in the state as a proportion of the total state population is increasing. In 1980, people age 65 and older comprised 12 percent of the state population. By 1995, this age group accounted for 14.2 percent and will continue to grow over the next several decades. As a result, demand for many social service programs used by the elderly will likely grow, including dial-a-ride programs. The second trend is the growth in the percentage of individuals over 85 years old. Although dial-a-ride services are used by individuals of all ages, there is a decrease in the number of licensed individuals aged 85 or older, making this age group more likely to need dial-a-ride services.

Connecticut's elderly population (1995). Table I-1 shows the distribution of elderly by age and gender in Connecticut based on 1995 projections calculated by the Office of Policy and Management (OPM). The percent of elderly within each age group is also shown in the table. OPM projected 468,457 individuals aged 65 or older in 1995, with females comprising 61 percent of the total elderly population and 76 percent of those aged 85 and older.

The number of elderly persons aged 75 or older account for 46 percent of the total elderly. The table shows a sharp decline between the number of individuals who are over 75 years old and the number of individuals over 85 years old, with this age group comprising only 12 percent of the total elderly (over 65) population. Although this would be expected, the number of individuals who are 85 years old or more is important. Persons aged 85 or greater, if they live alone in the community, tend to be more isolated than those under aged 85 while having the greatest needs.

<i>Age Group</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>% Total Elderly</i>
65-69	61,010	72,924	133,934	29%
70-74	50,389	68,750	119,139	25%
75-79	37,762	59,517	97,279	21%
80-84	21,987	42,245	64,232	13%
85+	13,170	40,703	53,873	12%
Total	184,318	284,139	468,457	100%

Source: CT Populations Projections, Series 95.1, September 1995, Office of Policy and Management.

Licensed drivers. The program review committee examined the number of licensed drivers in the state who are aged 65 or older. The information was obtained from a Department of Motor Vehicle (DMV) database listing current operators and has a major caveat attached. The number of actual drivers contained in the database is overstated because individuals who die or don't renew their license for other reasons are not removed from the database until two years after their license expires. A license renewal is effective for four years. After that, an individual has two years to reactivate their license without taking the DMV test. Thus, there is a six-year window in which an individual may remain in the database even though they are no longer driving. Because of this limitation in the database, the number of current male operators exceed the total male population as projected by the Office of Policy and Management (shown in Table I-1) for the age groups shown.

Given these limitations, Table I-2 provides a very gross measure of the number of elderly who are licensed. The table shows there are 385,866 individuals aged 65 and older contained in the DMV database of current licensed operators in Connecticut. Of the total licensed individuals aged 65 or more, 29 percent are between ages 65 and 69; while only 8 percent are aged 85 or more. Furthermore, the number of licensed operators drops dramatically as age increases, with the greatest decline (47 percent) occurring between the aged 80-84 and the 85-and-older groups.

<i>Age</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
65-69 ²	55,192	56,367	111,559
70-74	50,528	54,669	105,197
75-79	40,210	44,670	84,880
80-84	26,009	28,955	54,964
85+	14,626	14,660	29,286
Total	186,565	199,321	385,886

¹Includes all elderly listed in DMV current operator database which overstates actual number of drivers.
Source: CT Population Projections, Series 95.1, Sept. 1995, Office of Policy and Management.

Another factor overstating the number of licensed operators presented in Table I-2 is not all licensed individuals actually drive a car. Although there are no concrete data on the number of licensed inactive drivers, there are many reasons seniors may chose to maintain a license. They include:

- as a commonly accepted form of picture identification;
- as a symbol of independence and thus, difficult to relinquish; and
- non-drivers who believe they may drive in the future (i.e. cannot afford to own a car, short-term medical reasons, etc.).

In addition, mobility may be restricted for many other reasons, even among drivers, particularly if they only drive in familiar areas, or at certain times of the day.

Potential demand for dial-a-ride. The demand for dial-a-ride is generated by a combinations of factors including:

- an aging population;
- the loss of ability to drive;
- a growing number of elderly aging in place; and
- as a safe alternative to driving.

Currently, there is no single source of data that indicates the potential demand for dial-a-ride programs. However, some reasons for the decline in the number of licensed individuals include elders who:

- enter nursing homes or other supportive housing and no longer drive;
- voluntarily elect not to renew their license; or
- have their licenses revoked based on court proceedings.

Thus, as age increases, a higher percentage of elders must rely on alternative forms of formal and informal transportation networks. Informal transportation networks include a spouse and other family members, neighbors, and friends. Furthermore, in the absence of family and friends, the need for dial-a-ride programs may be greatest, particularly for individuals aged 85 or older, who usually are the most frail and cannot get to a bus stop or board a bus. In addition, while other types of formal transportation may be available (i.e. bus service and private taxis), this study focuses on one important alternative – dial-a-ride type programs.

Dial-a-Ride Operations

Dial-a-ride programs provide transportation to seniors for a variety of activities including medical appointments, personal shopping, and nutritional programs. Dial-a-ride transportation typically requires advance reservations and offers door-to-door transportation directly at a person's home. These dial-a-ride programs are important for individuals who lack more informal sources of transportation and cannot use more traditional means of public transportation.

ORGANIZATION AND STRUCTURE

Introduction

There is no single state agency responsible for funding, administering, or overseeing a statewide elderly dial-a-ride program for seniors in Connecticut. Rather, an abundance of programs exist at the local and regional level with funding and oversight provided by different agencies both at the state and federal levels. As a result, local providers of dial-a-ride seek funding from a variety of sources and set their own program parameters.

Figure II-1 shows the multiple layers of government involved in dial-a-ride transportation programs for the elderly. The role of each entity identified in the figure is described below.

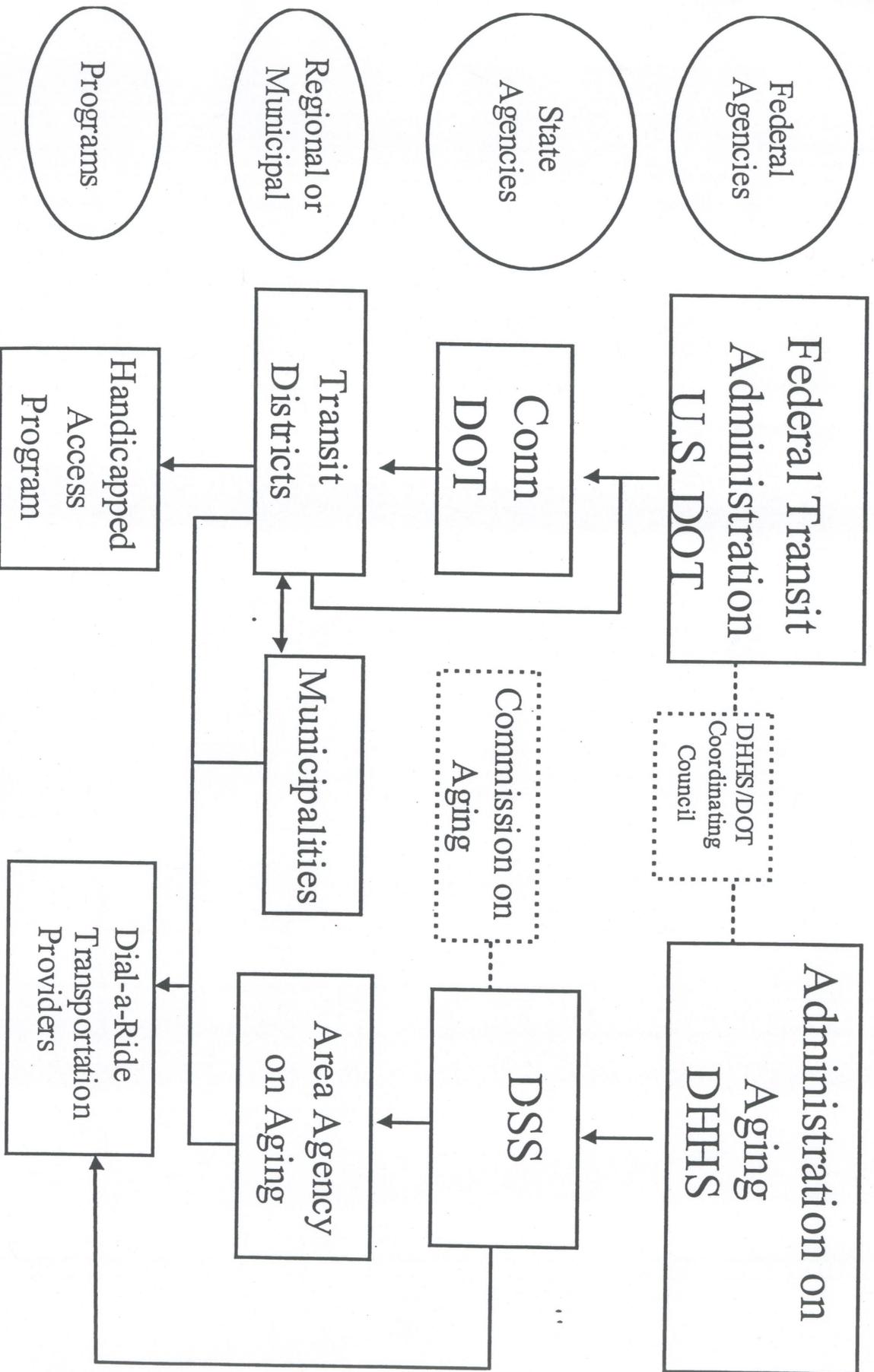
Federal Role

There is no federal law that mandates dial-a-ride programs be provided to the elderly or provides federal funds specifically for this purpose. The U.S. Department of Transportation (U.S. DOT), Federal Transit Administration (FTA), and the Department of Health and Human Services' (DHHS) Administration on Aging (AoA) administer grant programs that may, but are not required to be, used for elderly dial-a-ride programs.

Americans with Disabilities Act. The only federally mandated paratransit (dial-a-ride) services are those provided to eligible recipients qualifying under the Americans with Disabilities Act (ADA) of 1990. Eligibility for dial-a-ride is based on whether an individual has a disability that prevents boarding the bus or getting to a bus stop. For those individuals, the ADA states that every community providing fixed-route bus transit must also offer paratransit services in an equivalent area during the same hours of the day. The ADA paratransit services are door-to-door services that operate within a 3/4-mile corridor of a fixed-route bus schedule. Eligibility criteria contained under the act are based on disability, not age, although certainly many disabled individuals who qualify happen to be elderly. How Connecticut meets the requirements of the ADA is explained in Chapter Three of this report.

Federal Transit Administration. In May 1998, Congress passed the Transportation Equity Act for the 21st Century (TEA-21) authorizing highway, highway safety, transit, and other surface transportation programs for the next

Figure II-1. Role of Government in Elderly Dial-a-Ride.



Source: IPR&IC.

six years. TEA-21 builds on initiatives established in the Intermodal Surface Transportation Efficiency Act of 1991 (ISTEA), which was the last major authorizing legislation for surface transportation. Funding under TEA-21 was continued for three grant programs used to support public transportation and are administered by the FTA.

The grants address broad mass transportation needs. They are for capital purchases (such as vehicles and facilities) and operating expenses (such as bus and rail operations and ADA paratransit services). Although funds may also be used to provide dial-a-ride transportation to the elderly, the grants are not specifically earmarked for this purpose. Specifically, the three grants are the:

- *Section 5311* grant for operating costs and capital projects for mass transportation in rural and small urbanized areas with populations below 50,000;
- *Section 5307* grant for operating costs and capital projects for mass transportation in urbanized areas with populations between 50,000 and 200,000; and capital costs only for urbanized areas with populations between 200,000 and 1,000,000; and
- *Section 5310* grant for capital purchases (such as vans) for nonprofits and public bodies who serve elderly and handicapped populations.

Adoption of TEA-21 in May 1998 eliminated key transit operating assistance funding in large urbanized areas. This change affected five of Connecticut's largest transit districts. Prior to passage of TEA-21, these districts used federal operating assistance to offset deficits for paratransit programs. Specific application of each of the federal grants, as they relate to dial-a-ride delivery in Connecticut, is discussed in the next chapter.

Administration on Aging. The federal Administration on Aging also has funding available for dial-a-ride transportation under Title III-B of the Older American's Act (OAA). Under the act, states are required to spend an adequate portion of their Title III-B funds on three categories:

- Access services such as transportation, outreach, information and assistance, and case management;
- In-home services such as homemaker-home health aide and chore services; and
- Community services such as adult day care and legal assistance.

Thus funds *may* be used for elderly dial-a-ride programs, but, as shown above, are not required to be used for this purpose. In addition, organizations that receive funds under the Older American's Act must follow certain restrictions. Any organization receiving Title III-B funds must serve individuals aged 60 or older. Furthermore, no fee may be charged for services provided, although a donation may be suggested.

DOT/DHHS Coordinating Council for Human Services Transportation. Recognizing there were several areas of overlap between specialized transportation and social services programs, a DOT/DHHS Coordinating Council for Human Service Transportation was

created in 1986. The council was established to coordinate transportation service and reduce federal barriers to coordination. The council meets quarterly.

State Role

As shown in Figure II-1, the state's organization mirrors that of the federal government. Since there is no state dial-a-ride program with uniform funding or eligibility requirements, neither the Department of Social Services (DSS) nor the Connecticut Department of Transportation (ConnDOT) has a comprehensive or lead role. Rather, each oversees limited federal and state funds used by providers in some areas of the state to provide elderly dial-a-ride. Each department monitors use of the funds to ensure they are used in accordance with the grant specifications. In addition, the departments, as part of their broader mandates, are concerned with the adequacy of the transportation system and the ability of individuals to access needed resources.

Connecticut Department of Transportation. The Connecticut Department of Transportation is responsible for the development, maintenance, and improvement of mass transportation systems and receives federal and state funds for this purpose. Connecticut General Statutes 13b-32 states that:

“Improvement in the transportation of people and goods within, to and from the state by rail, motor carrier or other mode of mass transportation on land is essential for the welfare of the citizens of the state and development of its resources, commerce and industry. The development and maintenance of a modern, efficient and adequate system of motor and rail facilities and services is required. The department [of transportation] shall assist in the development and improvement of such facilities and services and shall promote new and better means of mass transportation by land.”

ConnDOT is the state agency with authority to provide or contract for the provision of transit services. The Bureau of Public Transportation within ConnDOT provides oversight for transit functions.

Legislative history. In the early 1980s, the Connecticut General Assembly authorized ConnDOT to fund, within available appropriation, transit districts to provide targeted transportation for elderly and persons with disabilities. Transit districts are local bodies established to provide regional land-based transportation. Public Act 82-420 appropriated \$500,000 to ConnDOT to fund municipal or rural regional transportation programs for the elderly and handicapped, which were partially funded through the federal programs.

The following year, Public Act 83-28 established a state grant program and apportionment mechanism by which the commissioner of ConnDOT provided funds for elderly and handicapped dial-a-ride transportation programs operated by transit districts, if these programs experienced reductions in federal operating subsidies. Called the Elderly and

Handicapped Coordination Program, ConnDOT's role was primarily funding, with limited oversight responsibilities.

As social service programs expanded to include a transportation component, the legislature passed Public Act 85-428. To ensure coordination among programs, the act required the ConnDOT commissioner to study existing elderly and handicapped transportation programs and make recommendations to eliminate duplication and maximize use of funds. In addition, the act prohibits any state agency other than ConnDOT from spending funds on, or providing state property in support of, any transportation program for the elderly or the handicapped unless the Commissioner of Transportation certifies, in writing that:

- he has reviewed and concurs with such expenditure or use;
- such expenditure or use is consistent with the transportation policies of the state; and
- such expenditure or use will not result in unnecessary duplication of service.

Further establishing a lead role for ConnDOT, Public Act 88-177 created a 14-member Citizens' Transportation Advisory Council in the Department of Transportation. The council is responsible for advising and assisting the transportation commissioner, the governor, and the legislature's Transportation Committee regarding public transportation services for elderly and handicapped people. The act requires that each appointee be either 60 years old, have a permanent mobility impairment, and be a regular commuter using rail or bus, or an expert in public transportation issues. The council is required to:

- hold public hearings at least once a year;
- annually compile a list of projections that would further transportation policy for elderly and handicapped; and
- may undertake any studies on transportation for elderly or handicapped.

Americans with Disabilities Act. The adoption of the Americans with Disabilities Act in 1990 shifted ConnDOT's activities from a joint elderly/handicapped focus to one specifically for the disabled: toward ensuring adequate transportation systems were in place to address the needs of persons with disabilities. The Elderly and Handicapped Coordination Program was gradually phased out and was replaced by the Handicapped Access Program (a new program to implement the requirements of the ADA). As this occurred, department resources were transferred to the new program and expanded.

Grant administration. The department plans, funds, and oversees the state's mass transportation system. As part of that responsibility, ConnDOT administers FTA formula grants for transit programs. The grants are for capital purchases (such as vehicles and facilities) and operating expenses (such as ADA-required paratransit services). Specifically, the department:

-
- distributes federal and state grants for public transportation to rural and small urbanized areas with populations under 50,000;
 - oversees federal and state grants for public transportation to urbanized areas with populations 50,000 and over;
 - administers and selects grant recipients for the federal Elderly and Handicapped grant program (for the purchase of vehicles) and provides a state match;
 - oversees and funds the state's Handicapped Access Program; and
 - plans, funds, and administers the state's capital improvement program for mass transportation.

Although none of the department's responsibilities listed above are specifically targeted to elderly dial-a-ride, some grant recipients use grant funds to provide dial-a-ride transportation targeted to the elderly.

Finally, ConnDOT does provide funding to one municipality for elderly dial-a-ride. The department gives the town of Bristol a \$20,000 state grant for elderly shopping. This is the only town receiving funding through ConnDOT specifically allocated for elderly transportation.

Department of Social Services. Public Act 93-262 required the Department of Social Services to continuously study:

“the conditions and needs of the elderly and aging persons in this state in relation to nutrition, transportation, home-care, housing, income...and to coordinate with the state Department of Transportation to provide adequate transportation services related to the needs of elderly persons.”

The act also made the department responsible for the overall planning, development, and administration of a comprehensive and integrated social service delivery system for this population, in cooperation with federal, state, local, and area agencies on aging (AAAs).

The Department of Social Services is responsible for developing a State Plan on Aging. The current plan is valid from October 1, 1997, through September 30, 1999. The 10 highest needs of elderly, identified by a variety of advocacy groups, governmental bodies, and nonprofit associations representing elderly interests, are ranked in the plan. Overall, transportation ranked fifth, however, three of the AAAs ranked transportation needs first. The plan noted that transportation typically refers to expressed desires for access to cost-effective demand-responsive door-to-door transit services.

In addition, DSS, as noted above, receives funding under the Older Americans Act and passes it through to the state's five AAAs. The AAAs fund providers for a variety of elderly-related services, including dial-a-ride transportation.

The Department of Social Services does not control how the funding is spent once it is given to the Area Agencies on Aging. Therefore, each AAA decides the amount spent for elderly transportation. Both the grant recipients and the amount of funding can change yearly. In federal fiscal year (FFY) 97, about \$491,000 was received by 29 providers statewide to operate dial-a-ride programs for the elderly. Grant recipients included private nonprofit providers, transit districts, and municipalities.

The Department of Social Services, like ConnDOT, also funds a single municipal dial-a-ride program. The town of Enfield receives a \$70,000 grant to enhance transportation services for Enfield Senior Citizens' Community Center.

Commission on Aging. The Commission on Aging, located within the Department of Social Services for administrative purposes only, advocates on behalf of elderly persons on issues and programs of concern to them, including transportation. The commission is composed of 11 voting members and the commissioners of social services, public health, mental health and addiction services, mental retardation, economic and community development, transportation, insurance, and labor.

Transit District Role

The Connecticut General Statutes (Section 7-273b) states "private enterprise lacks financial resources necessary to provide such systems of mass transportation, and formation of transit districts are a public necessity." Transit districts are local governmental bodies organized to provide regional land-based transportation and can be the recipients of federal, state, and local transportation grants. They expend these grants to operate their own programs or contract out services with private companies to provide local, commuter, and demand-response service.²

Any municipality may, by itself or in cooperation with other municipalities, form a transit district. Transit districts, by state statute, are given the authority to regulate and supervise the operation of any transit system within their district. Districts also may:

- establish passenger fares;
- establish service standards; and
- order abandonment of uneconomic routes.

Currently, there are 15 active districts in Connecticut. Figure II-2 shows transit district membership, which ranges from a single member town (Middletown Transit District) to 16 towns (Greater Hartford Transit District). As the figure shows, not all towns in Connecticut belong to a transit district. It is a decision of the municipality whether to join a district. Some, but not all, transit districts provide dial-a-ride transportation for the public and/or the

² (ConnDOT, Office of Transit and Ridesharing, Biennial Report 1994-1995, p.7).

elderly. The role of transit districts in delivering elderly dial-a-ride transportation services is explained in greater detail in Chapters Three and Five of this report.

Town Role

Dial-a-ride services for the elderly may be provided directly by a town, or through a transit district. The municipality determines the level of service provided including the days and hours of operation, as well as the population to be served. In Chapter Five, town operations of dial-a-ride are discussed.

Summary

Dial-a-ride services are neither a traditional social service nor a transportation service, but instead require expertise from both fields. In addition, no statewide comprehensive dial-a-ride program for the elderly exists. Rather, the provision of dial-a-ride services for the elderly is largely driven by local concerns and delivered by local providers. For these reasons, both the transportation and social services agencies at the federal and state levels provide funding and some limited oversight on funds, but neither has a lead role in planning, funding, or administering elderly dial-a-ride programs. The next chapter discusses how federal funds are used to provide dial-a-ride programs for the elderly in Connecticut.

FUNDING AND DELIVERY

Overview

There is no state dial-a-ride program for seniors in Connecticut. Rather, dial-a-ride programs vary greatly among municipalities, with the level of service provided dependent on geographic lines, available funding, and local support. Furthermore, some municipalities contract with a transit district to provide dial-a-ride services, while others operate or directly contract for services themselves. In some municipalities, there are no dial-a-ride programs for elders.

Funding sources for dial-a-ride programs also differ substantially depending on the municipality, with some using a mix of federal, state, and municipal funds, while others rely solely on municipal funds. In some communities federal funds dominate dial-a-ride programs while in others the federal share is relatively small or nonexistent.

Eligibility for dial-a-ride services also varies among municipalities with services available to all residents of a transit district service area in some nonurban towns and limited to individuals aged 60 or 65 and older, or persons who are disabled in urban and suburban towns. Finally, program operations also vary by municipality including the hours and days dial-a-ride operates, whether a fee is charged, and trip destinations allowed.

The reason for the wide variation among dial-a-ride programs in Connecticut is primarily historical. Many programs in the state originated in the 1970s and early 1980s at either the local or transit district level. Although transit districts were eligible for limited state and federal funding during the 1980s, many municipal programs set their own program rules. Thus, a variety of different programs evolved, each with different program parameters, often driven by municipal funding limitations, or a desire to design an array of services to best meet a town's own seniors. This pattern has continued throughout the 1990s.

Role of Transit Districts

As described in Chapter Two, transit districts are comprised of municipalities, and *some* districts play an important role in delivering dial-a-ride services to the elderly. It is important to note municipal membership in a transit district does not mean members receive all services provided by the district. For example, some member towns of a district prefer to operate their own dial-a-ride program for the elderly, even though the district may provide it for other members. Furthermore, although not all municipalities belong to a

district, some districts allow nonmembers to purchase services. Other districts only provide services to member towns.

Types of services provided. There are three types of transportation services that may be provided by transit districts or state DOT operations (excluding commuter services). It is important to know the various types of public transportation available in order to establish a framework for dial-a-ride programs that serve the elderly. They include:

- *Fixed-route bus services.* Fixed-route buses transport riders along an established route with designated stops where riders can board and be dropped off. Reservations are not required because the vehicle stops at predetermined times and locations. Fixed-route services usually require payment of a fare on a per-ride basis.

Fixed-route bus service providers include transit districts, Connecticut Transit, and private providers under contract to ConnDOT. Fixed-route bus services are not available statewide. Approximately 83 of the 169 municipalities in Connecticut have a fixed-route bus service operating. The breadth of the fixed-route system varies among towns, with urban areas having the most extensive system.

Fixed-route bus service is available to *anyone* in the state who can get to a designated bus stop. Half-fare rates are offered to the elderly and persons who are disabled. Elderly (65 and older) and disabled represent on average about 6 percent of the total fixed-route ridership, or over 2,000,000 passenger trips per year.

- *Deviated-fixed (or flexible) route.* A deviated-fixed route transports riders along a basic route according to a predetermined schedule but will diverge from the route within a given radius for additional stops as requested (riders may call up and ask that the bus driver look for them at particular locations). Deviated routes typically operate in nonurban or rural areas. In Connecticut, four transit districts operate deviated routes. Services are available to anyone who can get to the predetermined location or who resides within the radius served.
- *Demand-response (dial-a-ride) transportation services.* Demand-response refers to a system requiring advance reservations and offering door-to-door (or curb-to-curb) transportation from one specific location to another at the user's request. In the most rural areas where the population cannot support a fixed-route, or even a flexible route schedule, demand-response is provided to the general population, including the elderly, as part of the public transportation system.

Under federal law, demand-response services **must** be provided within a $\frac{3}{4}$ -mile corridor of existing fixed-bus routes to persons certified as disabled

under the ADA (i.e. those unable to use fixed-route bus service due to a physical or cognitive disability). In addition, demand-response **may** be provided either by a transit district or a municipality to persons aged 60 or 65 and older, but it is not mandated.

Table III-1 shows the type of services provided by each transit district in Connecticut (except for those providing commuter services). Fixed-route service provided through ConnDOT is also identified in the table. In addition, the table categorizes transit districts into two types - those serving urban areas and those serving nonurban areas. Finally, the table separates demand-response services into three categories – ADA-mandated dial-a-ride, elderly dial-a-ride, and dial-a-ride services open to the general public.

ConnDOT is responsible for fixed-route and ADA service through private and public contractors in eight major locations: the four areas reflected in Table III-1, as well as Stamford, Bristol, New Britain, and Wallingford. Furthermore, the Central Connecticut Regional Planning Agency, not a transit district, administers the ADA paratransit program in the Bristol/New Britain area. Finally, there are other areas in the state that do not have fixed-route bus service provided by either ConnDOT or a transit district, but have a dial-a-ride program for the elderly.

Fixed-route, rural, and ADA paratransit services are paid for primarily by the state's Special Transportation Fund. Rural and ADA paratransit services, as well as the provision of elderly dial-a-ride in some towns, are also supported by two grants from the FTA, and a mix of state and local funding as described below.

State funding. Since there is no federal or state mandate for an elderly dial-a-ride program, information on funds used to provide dial-a-ride programs is not discrete and is difficult to collect. Aside from the two state grants that support elderly dial-a-ride programs in Enfield and Bristol, which were mentioned in Chapter Two, no state dollars are earmarked for the provision of elderly dial-a-ride. Special Act 98-6 provided \$2.5 million for dial-a-ride funding but did not specifically require services be provided to the elderly (the recent state budget appropriation is discussed later in this chapter). Many towns fund their own dial-a-ride for the elderly, which is discussed in Chapter Six.

Federal Transit Administration Grants in Connecticut

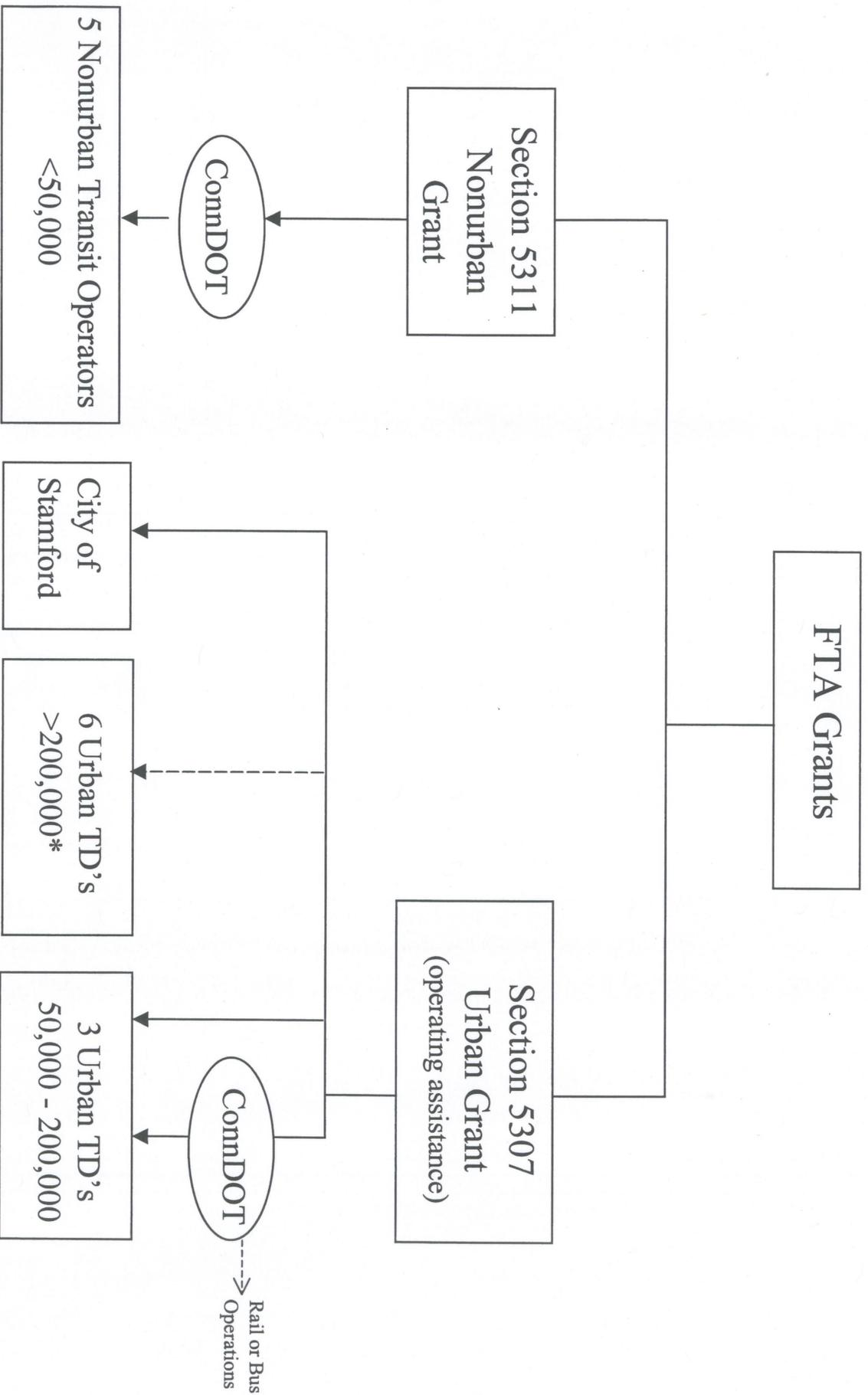
As pointed out in Chapter Two, no federal funds are earmarked for elderly dial-a-ride. Instead, federal funds come into the state to support mass public transportation from the Federal Transit Administration. The allocation of those funds over the past few years has had a direct impact on how services are provided, including elderly dial-a-ride.

The major federal funding sources are the Section 5307 urbanized area grant program and Section 5311 grant program for rural and urbanized areas (referencing Chapter 53, Title 49 of the U.S. Code). The grants' overall funding streams are depicted in Figure III-1. Section 5311 funds services in nonurban areas. In these districts, the governor serves as the designated recipient and the districts apply for federal funding through ConnDOT.

Table III-1. Type of Services Provided by a Transit District.				
<i>Transit District</i>	<i>Fixed - Route</i>	<i>Deviated Route</i>	<i>ADA Paratransit</i>	<i>Elderly Dial-a-Ride</i>
<i>Transit Districts Serving Urban Areas</i>				
Gtr. Bridgeport	Y	N	Y	N
Gtr. Hartford	ConnDOT	N	Y*	Y
Grt. New Haven ¹	ConnDOT	N	Y*	see footnote
Gtr. Waterbury	ConnDOT	N	Y*	N
HART	Y	N	Y	Y
Meriden ²	ConnDOT	N	N**	N
Middletown ³	Y	N	Y	Y
Milford	Y	N	Y	N
Norwalk ⁴	Y	N	Y***	N
Southeast	Y	N	Y	N
Valley	N	Y	Y	Y
<i>Transit Districts Serving Nonurban Areas</i>				
<i>Transit District</i>	<i>Fixed-Route</i>	<i>Deviated Route</i>	<i>ADA Paratransit</i>	<i>General Public Dial-a-Ride</i>
Estuary	N	Y	N	Y
Middletown	N	Y	N	N
Northeastern	N	Y	N	Y
Northwestern	N	Y	N	Y
Windham	Y	N	Y	Y
¹ Greater New Haven provides an expanded ADA program that operates beyond the required ¾ mile corridor, has extended hours, and serves a high number of the elderly certified as ADA eligible. ² Meriden Transit District is responsible only for commuter services. ³ Middletown Transit District serves both urban and nonurban areas. ⁴ The town of Westport contracts with the Norwalk Transit District to provide elderly dial-a-ride. *Transit district provides ADA paratransit under contract to ConnDOT. **ADA service provided by a private provider under contract to ConnDOT. ***Also provides ADA service in Stamford, Greenwich, and Darien under contract to ConnDOT. Source: ConnDOT.				

Section 5307 funds are used by nine of the 11 transit districts serving urbanized areas, as shown in Figure III-1 (The Southeast Area Transit District and Meriden Transit District do not receive grant funds but are funded by the state). Most of the transit districts serving urbanized areas of more than 50,000 population are autonomous and apply directly to the FTA for funding. DOT also receives money for its own purposes through Section 5307. The funds are used by ConnDOT for capital projects, and by transit districts to offset operating deficits for various public transportation programs, including elderly dial-a-ride. How each type of transit district uses their grant is explained below.

Figure III-1. FTA Funding Streams to Designated Recipients.



Source: LPR&IC.

*operating assistance not available as of Oct. 1, 1998.

Urbanized Area Grant Program (Section 5307). The Urbanized Area Grant Program is a major source of federal funds for public transportation services. Grant funds are allocated based on federally defined areas including:

- urban areas with populations 50,000 to 200,000, where the grant is available for both capital and operating projects; and
- urban areas with populations 200,000 to 1,000,000, where the grant is available for capital projects only (under TEA-21, use of the grant to offset operating deficits was eliminated and had a major impact on the five transit districts in Connecticut).

In the small urbanized areas, the grant allocation is based on population and density figures, and the funds are distributed directly to designated eligible recipients. In the large urbanized areas, a formula is used that factors population, population density, and passenger miles. Besides ConnDOT, designated recipients of the grant include six transit districts serving large urban areas, and three districts serving smaller urban areas. The city of Stamford also is a designated recipient and uses their Section 5307 funds for elderly dial-a-ride. ConnDOT receives operating assistance for two other urbanized areas – Norwich and New London (South East Area Transit District) and New Britain/Bristol (no transit district) – but does not pass through funds directly to local operations. Rather, the federal funds are pooled with state operating and capital funds, and these two areas receive their capital needs and operating subsidies from the pooled funds.

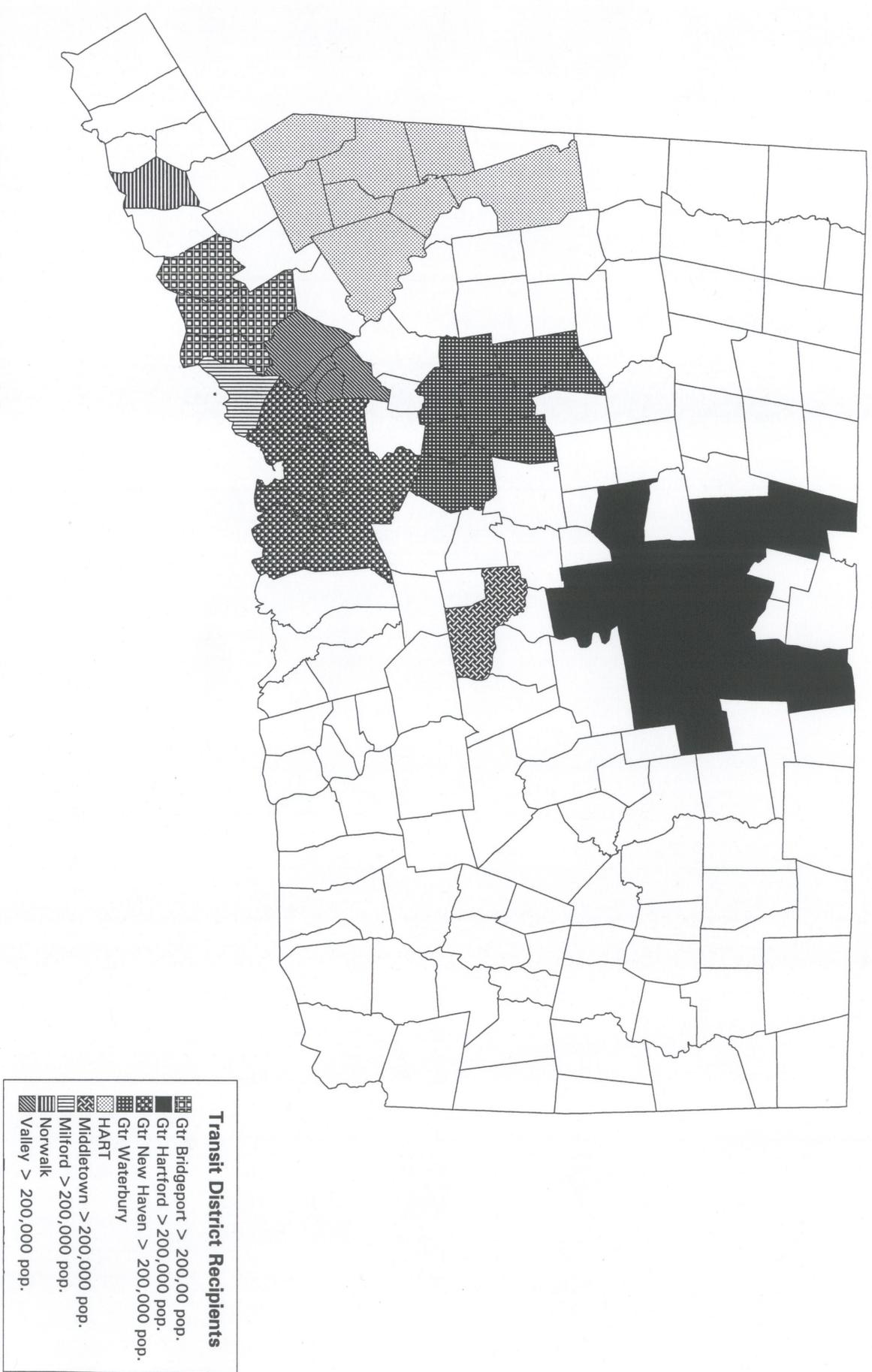
Figure III-2 shows towns who are members of transit districts that receive Section 5307 grants based on their urbanized area. The figure identifies transit districts that serve urbanized areas with populations over 50,000. It is important to remember not all members receive all services provided by the district. Additionally, nonmembers may purchase services from some districts.

The Section 5307 grant may be used in urbanized areas between 50,000 and 200,000 population to cover capital, as well as operating expenses. Eligible capital projects receive 80 percent federal funds; the remaining 20 percent is matched by the state. Federal operating assistance can provide up to 50 percent of a system's operating deficit, with the remainder provided by non-federal funds from the state, transit district members, and/or municipalities served by the district. Transit districts use the operating assistance funds to subsidize dial-a-ride services for:

- individuals certified as ADA-eligible;
- the elderly; or
- both ADA-eligible persons and the elderly.

Compliance with Transportation Improvement Programs. Before the FTA allows designated recipients to draw down grant funds, ConnDOT, the transit district, and the Metropolitan Planning Organization must sign a "sub-area allocation agreement" for the Urbanized Area. Metropolitan Planning Organizations (MPOs) were created by federal statutes to develop long-range transportation plans and allocate federal transportation funds in metropolitan areas. The agreement between the parties specifies the total apportionment

Figure III-2. Transit Districts Receiving Section 5307 Grants.



*The city of Stamford is also a designated recipient.

and the amount agreed upon to be allocated between operating assistance and capital projects among the various designated recipients in the urbanized areas. ConnDOT and the designated recipients allocate the Section 5307 capital apportionment based on the capital needs identified in the twenty-year Transit Capital Management Plan, the State Transportation Improvement Plan and the local MPO's Transportation Improvement Program (TIP). The Transportation Improvement Program is a list of transportation projects that have been established through the planning process and are scheduled to be implemented within three years of the plan's development.

While the agreement is negotiated, ConnDOT has considerable control over the process, as well as the amount of funds allocated. Although much of the formula funding is generated by ConnDOT-owned bus and rail services, ConnDOT allows transit districts to use the amount identified in the agreement for operating assistance, with some districts using the entire operating assistance apportionment for their urbanized areas, and others using only a small share. The entire capital apportionment is used by the department to pay for capital projects contained in the TIP and operating assistance not allocated to transit districts is used by the department to pay for state-operated rail and bus operations. For example, the Waterbury urbanized area received a \$901,000 apportionment in FFY 97. However, only \$305,000 was received by the Waterbury Transit District to provide ADA services, with the remaining amount used by DOT for their rail operations.

Total apportionment. Figure III-3 shows the total apportionment (operating and capital) received by Connecticut under the Section 5307 grant program from FFY 92 to FFY 98. In FFY 92, the total apportionment was \$28,541,403 and grew to \$36,660,660 in FFY 98, a 21 percent increase. Thus, the overall apportionment for the Section 5307 grant increased over the last four years. However, in FFY 92 the apportionment allocated to capital expenses represented 52 percent; by FFY 98 it increased to 85 percent. In other words, the federal government has gradually reduced its financial commitment to fund operating assistance and shifted those funds to pay for capital projects.

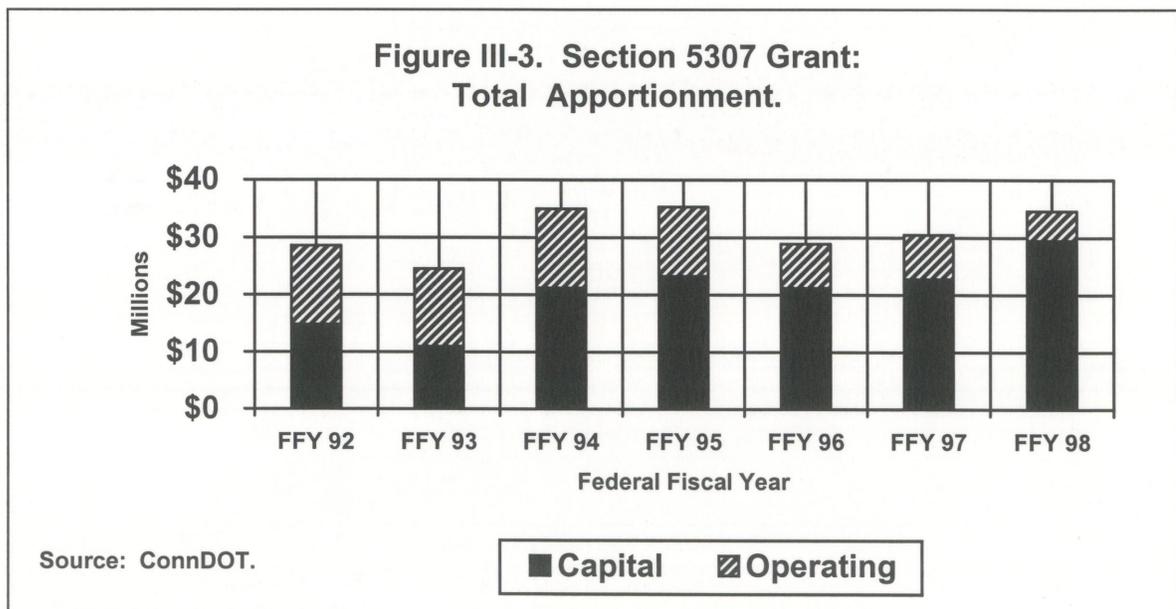
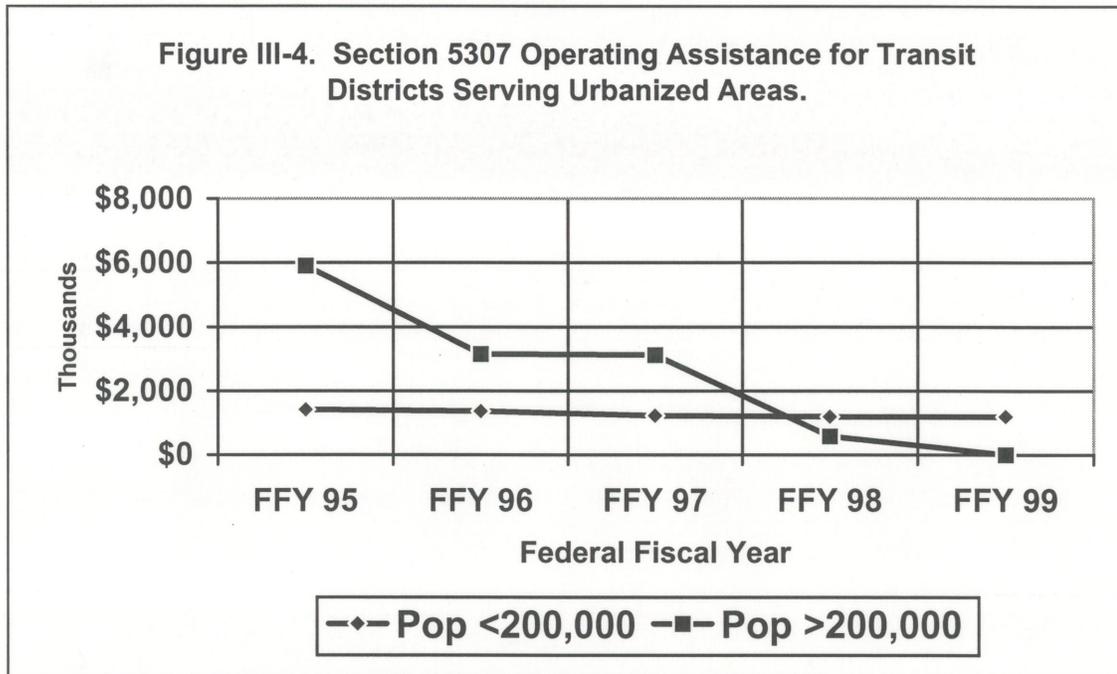


Figure III-4 shows the actual operating assistance received by the various transit districts under the sub area allocation agreements since FFY 95. The figure separates funding into two categories – operating assistance provided to urbanized areas over and under 200,000 population. As shown, operating assistance for both types of transit districts decreased between FFY 95 and FFY 99. However, transit districts serving urbanized areas with populations over 200,000 (Greater Bridgeport, Greater Hartford, Middletown, Milford, and Greater New Haven) were severely impacted. Middletown and Milford Transit Districts are part of the Hartford and Bridgeport urbanized area respectively and therefore are affected by changes in the funding formula for areas with populations over 200,000.



In addition, the most recent federal reauthorization of the Section 5307 grant (the Transportation Equity Act for the 21st Century) completely eliminated operating assistance for urbanized areas with populations over 200,000, impacting five transit districts in Connecticut were impacted (Greater Bridgeport, Greater Hartford, Middletown, Milford, and Greater New Haven Transit Districts). The act also contained several changes for transit districts serving smaller urban areas (populations between 50,000 and 200,000). The changes are described in detail below.

Impact of the Transportation Equity Act for the 21st Century. Federal funding for transportation is dependent on periodic federal authorizations. The current authorization, the Transportation Equity Act for the 21st Century (TEA-21), was adopted in May 1998. The act has several consequences for state-owned transit operations and transit districts in Connecticut.

As anticipated under the act, operating assistance for designated recipients who serve urbanized areas with populations of 200,000 or more is no longer provided as of FFY 99.

This provision of the act seriously impacted the five transit districts named above. To compensate for the loss however, the act revised the definition of “capital” to include preventive maintenance. Thus, the act permits preventive maintenance costs, which previously had been considered an operating expense, to be considered an allowable capital expense. However, ConnDOT must also approve the change and the department has not yet determined if it will allow it, since any funds designated as preventive maintenance would draw down against federal capital funds and would require a 20 percent non-federal match.

TEA-21 also made two other important modifications impacting current transit district services. These include:

- small urbanized areas – those with populations under 200,000 – can use all grant funds for capital needs or operating needs; and
- up to 10 percent of funds in the large urbanized areas can be used for the provision of non-fixed route paratransit service required by the Americans with Disabilities Act but only for grant recipients in compliance with the ADA requirements.

Implementation of these changes would require ConnDOT approval. According to the department, allowing grant dollars to be used for operations could have a negative impact on capital projects. In addition, if federal funds are used to provide operating assistance, state dollars may be needed to complete capital projects listed in the State Transportation Improvement Plan.

Action by the Connecticut General Assembly. During the 1998 legislative session and prior to passage of TEA-21, the Connecticut General Assembly appropriated \$2.5 million for dial-a-ride programs within ConnDOT. Although the appropriation equaled the actual loss of federal operating assistance during federal fiscal year 1998 compared to federal fiscal year 1997, under TEA-21, the Appropriations Act contained no explicit instructions on how ConnDOT should allocate the appropriation.

An earlier bill (Raised Bill 322) which proposed funding to transit districts for elderly and handicapped demand-response transportation programs helped create initial confusion over how the funding contained in the appropriations act should be allocated. Raised Bill 322 was reported out of the Aging and Transportation Committees with a funding level of \$5 million. However, the bill was not reported out of the Appropriations Committee.

The final Appropriations Act, however, contained an appropriation for \$2.5 million. In addition, Section 50 of the act stated if any federal funds were received for dial-a-ride through June 30, 1999, the state appropriation should be reduced by the amount of federal funds received. Because of this provision, ConnDOT interpreted that the legislative intent was to cover the loss of operating assistance for Bridgeport, Hartford, and New Haven urbanized areas since the level of funding provided by the appropriation matched the federal funds to be eliminated. (Passage of TEA-21 didn't occur until late May 1998, almost one month after the adjournment of the Connecticut General Assembly). The Office of Policy and Management concurred with this interpretation. ConnDOT also believed the legislative

intent of state funding was to maintain the existing level of service provided in the five districts most directly impacted by the federal funding cuts.

Table III-2 shows how the \$2.5 million state appropriation will be allocated among the five transit districts affected by the elimination of FTA funding for operating assistance. In the first and second columns of the table, the federal operating assistance provided in FFY 97 and FFY 98 is shown and the third column shows the amount of the reduction between the two years. In addition, and not shown in the table, is that for FFY 99 federal operating assistance is eliminated altogether. As a result, ConnDOT estimates a state appropriation of \$3.1 million would be necessary in SFY 2000 to maintain existing services.

<i>Transit District</i>	<i>FFY 97</i>	<i>FFY 98</i>	<i>Difference</i>	<i>New State Funding for Dial-Ride</i>
Greater Bridgeport	\$786,583	\$145,800	(\$640,783)	\$629,084
Greater Hartford	\$925,263	\$171,700	(\$753,563)	\$740,835
Greater New Haven	\$1,063,014	\$197,384	(\$865,630)	\$851,654
Middletown	\$186,831	\$34,675	(\$152,156)	\$149,612
Milford	\$159,967	\$29,855	(\$130,112)	\$128,815
Total	\$3,121,658	\$579,414	(\$2,542,244)	\$2,500,000

Source: ConnDOT

It is important to note each district scheduled to receive state funding operates a very different program and serves a different population. For example, Greater Bridgeport and Milford Transit Districts use the Section 5307 funds to operate dial-a-ride programs almost exclusively for ADA-eligible individuals. Conversely, Greater Hartford Transit District uses the Section 5307 grant to operate a three-town consortium for elderly, as well as to provide funds to 26 towns for operation of their own elderly dial-a-ride programs. State funds, and not federal, are used for the ADA program in the Hartford area. Greater New Haven Transit District operates an expanded ADA program that has liberally applied ADA criteria to qualify a large number of elderly persons. This district also goes beyond the 3/4-mile corridor required by the ADA and has extended hours of operation. Finally, Middletown Transit District provides both ADA and elderly dial-a-ride.

Thus, the new appropriation of state funds to the transit districts is intended to maintain whatever services would have been impacted by the cut in federal funds in that district, which are not elderly dial-a-ride in all cases. Furthermore, state funding will need to continue into the future and increase if the state wants to sustain the current level of services.

Nonurbanized Area Grant Program (Section 5311). The Federal Transit Administration apportions funds to states according to a statutory formula based on each state's population in rural and small urban areas. This program authorizes grants to public transit systems in nonurbanized and small urban areas (under 50,000 population) for capital and operating projects. The funds initially go the governor and then are allocated by

ConnDOT among the five transit districts serving nonurban areas (Middletown, one of the five, serves both urban and nonurban areas). The towns that are members of the five transit districts receiving funds under the Section 5311 grant are identified in Figure III-5, although additional towns purchase transportation services.

The Section 5311 funds are used to provide fixed-route, deviated route, and dial-a-ride services to the general public, including the elderly. Dial-a-ride services are open to the public because it has been determined to be the most efficient way for a district to provide public transportation given its more rural character.

Table III-3 shows operating assistance provided to nonurban transit districts for state FY92 – FY99. The amounts shown do not separate dial-a-ride funding from other transportation services provided in the district.

Table III-3. Aggregate Transit District Expenditures Serving Nonurban Areas

<i>Fiscal Year</i>	<i>Federal (Section 5311)</i>	<i>State</i>	<i>Local</i>	<i>Total</i>
FY 92	\$518,160	\$776,708	\$355,099	\$1,649,967
FY 93	\$754,903	\$576,985	\$383,890	\$1,715,778
FY 94	\$686,475	\$550,674	\$378,222	\$1,615,371
FY 95	\$807,685	\$457,669	\$356,885	\$1,622,239
FY 96	\$807,685	\$451,968	\$355,717	\$1,615,370
FY 97	\$871,243	\$515,526	\$355,717	\$1,742,486
FY 98	\$872,685	\$516,968	\$355,717	\$1,745,370
FY 99	\$901,129	\$520,206	\$380,931	\$1,802,266

Source: ConnDOT.

Transit districts are reimbursed for deficits generated as a result of operating and administrative expenses consistent with their annual budgets previously approved by DOT. Currently, reimbursement is based on a 50 percent federal; 33 percent state; and 17 percent local match except for the Northeastern Transit District that contributes a greater local share, causing aggregate totals to be skewed.

Total funding provided to the districts increased only 9 percent from FY 92 to FY 99, from \$1.6 million to \$1.8 million. The largest increase was in the federal share (74 percent) which grew from \$518,160 in FY 92 to \$901,685 in FY 99. The local share increased only 7 percent over the eight years examined. At the same time, there was a 33 percent decrease in state funding, dropping from \$776,708 to \$520,206.

It should also be noted that the Section 5311 grant apportionment is intended to be used for both capital and operating assistance. Operating deficits are funded first, then any funds left over are used for capital projects. Any remaining capital needs are then funded by allocating Section 5307 (urban) funds to the Section 5311 (non-urban) program.

Delivery of dial-a-ride to the elderly. Thus, type of transit district, geographic area served, and how the transit district uses its federal funding all shape the delivery of public

compares the number of individuals aged 60 or older with the total number of individuals certified.

For the districts in which data were available, the table shows the Handicapped Access Program is an important source of transportation for the elderly. Fully 74 percent of the individuals certified as eligible for paratransit transportation are 60 or older. Seniors eligible for this program would also be eligible for any town-sponsored dial-a-ride program, if the town provides this service. Additionally, since the fare for paratransit services under the Handicapped Access Program is twice the fare of the regular fixed-route for the area, many seniors would rather use a town dial-a-ride because it is usually free.

Table III-4. ADA Certified by Provider.

<i>Program Operator</i>	<i>Total Number Certified</i>	<i>Number of Total Aged 60 or Older</i>	<i>% Aged 60 or Older</i>
Central Connecticut Paratransit Service	964	598	62%
Greater Bridgeport Transit	3,563	2,756	77%
Greater Hartford Transit	1,300	780	60%
Greater New Haven Transit	8,605	6,853	80%
Greater Waterbury Transit	1,241	760	61%
Housatonic Area Regional Transit	321	n/a	n/a
Middletown Transit	650	520	80%
Milford Transit	443	275	62%
North East Transportation: Meriden Wallingford)	504 188	n/a n/a	n/a n/a
Norwalk Transit (serves Stamford, Norwalk, and Westport)	2,783	2,038	73%
Southeast Area Transit	201	56	28%
Valley Transit	404	289	72%
Windham Region Transit	26	11	42%
TOTAL	21,193	14,936	74%

The table also shows the Greater New Haven Transit District has the greatest number of certified individuals. This transit district operates an expanded ADA service and has aggressively conducted public outreach, which resulted in a large number of individuals – including elderly – being certified. As mentioned above, the district is currently revising its program to better identify the ADA and non-ADA elderly populations.

Funding. Similar to dial-a-ride for the elderly, funding for the ADA paratransit services is comprised of a mix of federal (Section 5307), state, and local funds. Expenditures for the Handicapped Access Program over the past four years are shown in Table III-5. Over the period examined, state expenditures increased considerably while federal expenditures decreased, even though the program is federally mandated. This trend shows

the waning financial commitment of the federal government to provide operating assistance under the Section 5307 grants which some transit districts use to operate the program.

In FY 95, federal and state funds accounted for an almost equal portion of total expenditures, but by FY 98 the state share was 68 percent. In addition, under TEA-21, the federal share will be further reduced since two of the transit districts (Greater Bridgeport and Greater New Haven) have used their Section 5307 operating assistance to pay for the Handicapped Access Program.

Table III-5. Funding Sources for the Handicapped Access Program (FY 95 – FY 98).

Funding Source	FY 95	FY 96	FY 97	FY 98
Federal	\$3,321,516	\$3,024,223	\$2,936,511	\$2,608,880
State	\$3,117,708	\$5,353,765	\$6,047,602	\$6,255,003
Local	\$319,370	\$300,545	\$349,941	\$368,412
Total	\$6,758,594	\$8,678,533	\$9,334,054	\$9,232,295

Source. ConnDOT.

Some transit districts use their entire Section 5307 grant, as well as state funds, to pay Handicapped Access Program operating expenses. Others use state funds to pay for the program and use their federal grants to provide elderly dial-a-ride. For example, the state pays 100 percent of the Handicapped Access Program in the Greater Hartford Transit District, while the district spends its Section 5307 monies on elderly dial-a-ride programs. Conversely, Greater Bridgeport Transit District applies its entire Section 5307 grant, as well as state funds, toward operation of the Handicapped Access Program.

However, beginning in FFY 99, with the elimination of federal funding under TEA-21 for these transit districts, the state will cover the cost of the elderly and Handicapped Access Program in Greater Hartford. In the Greater Bridgeport Transit District, the state will continue to pay only for the Handicapped Access Program, since elderly dial-a-ride has historically been provided and paid for at the municipal level in this geographic area.

Summary

Transit districts provide a number of transportation services, including dial-a-ride. Depending on the geographic area, some provide dial-a-ride only to persons eligible under the ADA, others to the general population, and still others to elderly exclusively. Funding varies from district to district also, with some receiving federal, state, and municipal funding, and others receiving municipal funding, with little to no support from the federal or state funding. A major rationale for this mixture of services and funding appears to be historical.

elderly dial-a-ride, not in the type of transportation provided, but to whom it is provided, as well as the geographic boundaries of operation. In addition, while most dial-a-ride programs for the elderly do not charge a fare, the Handicapped Access Program charges twice the fare of the fixed-route bus route in most areas of the state. However, since the incidence of disability is high among the elderly, many elderly are eligible for this program, as well as their own town dial-a-ride program.

Federal requirements. The Americans with Disabilities Act (1990) requires that public entities operating fixed-route transportation services provide complementary paratransit service for individuals unable to use the fixed-route system. Regulations issued by the U.S. Department of Transportation specify to whom and under what circumstances this service is to be provided. In addition, regulations require public entities subject to the paratransit requirements to develop and administer a process for determining if individuals requesting this service meet the criteria for eligibility.

Access to fixed-route transportation services is the main goal of the transportation provisions for the ADA. Although Connecticut mandated that all fixed-route buses be wheelchair accessible by September 30, 1996, the ADA recognizes that some persons with disabilities are not able to use fixed-route services even if these services are fully accessible. Complementary paratransit service is required by Section 223 of the ADA to serve those persons whose needs cannot be met by fixed-route systems.

There are six basic provisions to the ADA requirements. They include:

- **service area** - comparable services must be provided within a ¼-mile corridor of existing fixed-bus routes. The ¼-mile band exists on both sides of each route;
- **response time** - a rider can call to reserve a trip as late as one day prior or as early as 14 days in advance;
- **fares** - a fare cannot be more than twice the fixed-route fare;
- **trip purpose** - service providers may not restrict or prioritize trips based on purpose (i.e. a medical trip cannot take precedence over a shopping trip);
- **hours and days of service** - paratransit services must be available during the same days and hours that fixed-route service is in operation; and
- **capacity constraints** - entities required to provide ADA service cannot use lack of capacity as a reason for not meeting the first five requirements.

Connecticut's program. Transit districts, the Central Connecticut Regional Planning Agency (RPA), and other providers under contract to ConnDOT operate services funded by the Handicapped Access Program. Each program operator is responsible for certifying individuals as eligible for paratransit service. Furthermore, the program is unavailable in most nonurban areas since there are no fixed-route services in these areas.

Although dial-a-ride services are not mandated for the elderly, many have been certified as disabled under the ADA criteria, and therefore are eligible for the mandated Handicapped Access Program. Table III-4 shows the name of the program operator and

transportation services, including elderly dial-a-ride. Figure III-6 shows how Section 5307 and Section 5311 funds are used by transit districts to provide elderly dial-a-ride.

The figure shows four transit districts (Greater Hartford, Housatonic Area Regional Transportation, Middletown, and Valley) that serve urbanized areas operate elderly dial-a-ride programs. All of these districts use Section 5307 funds to pay for the programs, except for Valley which uses Older Americans Act, state, and local funds. In addition, the Greater Hartford Transit District passes through Section 5307 funds to 26 towns in the Capital Region so those towns may operate their own elderly dial-a-ride program. Thus, a total of 46 towns are served by urbanized transit districts.

Furthermore, the Greater New Haven Transit District operates an expanded ADA paratransit program that serves a much higher number of elderly than other districts, and the hours of operation as well as the geographic area covered go beyond the mandates of the ADA. This service is available in six towns, with more limited service in 13 other towns. According to ConnDOT, the district liberally interpreted the ADA criteria, and certified as eligible, individuals who would not be if stricter program criteria were applied. As a result the district is currently revising the program, so while it continues to operate a program that serves the ADA and non-ADA elderly populations, it must track and financially account for the two populations separately.

Four districts serving nonurban areas (Estuary, Northeastern, Northwestern, and Windham) operate dial-a-ride programs open to the general public, but they are mostly used by elderly and disabled people. The four districts use Section 5311, state, and local funds for the programs. Forty-five towns receive dial-a-ride services through these districts.

As noted above, each district operates independently, leading to broad differences in how elderly dial-a-ride services are provided throughout the state. Some districts directly operate an elderly dial-a-ride service, some contract with private providers for the service, some pass through funds to municipalities, which in turn provide dial-a-ride, and some do not provide dial-a-ride specifically for elders at all. As part of the study, the program review committee surveyed all Connecticut towns to determine:

- if dial-a-ride services are provided in their town;
- how services are provided;
- the cost of services; and
- the number of users.

The survey results are analyzed in Chapter Five of the report.

The Handicapped Access Program

The Handicapped Access Program, Connecticut's program to fulfill the complementary paratransit requirements of the ADA, subsidizes demand-response transportation to individuals certified as eligible under the ADA. The program differs from

Chapter Four

Funding for Capital Expenditures for Elderly and Disabled

One of the important elements of operating any transportation program is the vehicle or vehicles in the fleet. Beyond the funding through Sections 5307 and 5311 for urban and non-urban areas, a primary source of public financing for used vehicles in Connecticut comes from a federal grant program under Section 5310 (Title 49, U.S.C.). The program, formerly known as the Section 16 program, is aimed at funding vehicles that will be used by disabled and/or elderly persons, which could include those served by elderly dial-a-ride programs.

Begun in 1975, the program provides funds to the states -- typically through each state's agency designated for transportation -- based on a formula that considers the elderly and disabled population in each jurisdiction. The program operates under a matching grant system, whereby no more than 80 percent of the funds can come from the federal government; the rest must be made up from non-federal (i.e., state) sources. As the program is structured in Connecticut, each grant provides up to a maximum total of \$30,000 per vehicle. If the vehicle purchased exceeds that limit, the balance must come from local or private sources. Up to 10 percent of the federal grant may be used for administration by the state agency overseeing the program. Since 1975, the state received a total of \$11.8 million in federal funding under this program, and the state's matching portion has been about \$3 million.

The Connecticut Department of Transportation, the state-designated agency for this program, performs several responsibilities:

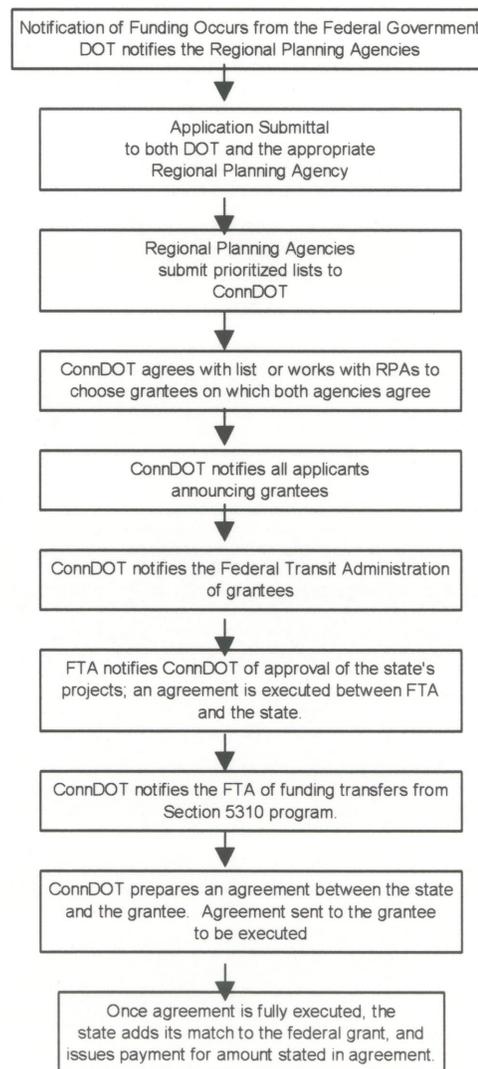
- develops a state management plan for the administration of the program;
- notifies eligible entities of available funding;
- determines whether applicants are eligible, and develops selection criteria;
- accepts applications and selects projects for funding;
- ensures all funding recipients comply with federal program requirements;
- monitors the local projects, and ensures all program activities are included in the Statewide Transportation Improvement Program (STIP); and
- oversees project audits and closeouts and annually certifies to the Federal Transit Administration that the state and program grantees are meeting all federal requirements.

Application Process

Eligibility. Until 1992, only nonprofit agencies were eligible for funding. In 1992 the federal program rules changed to allow public entities to apply as well. Each agency applying for funds must submit the application to the regional planning agency (RPA) for that area. The RPA has a role in this grant process because in the state's Transportation Improvement Program the RPAs are given responsibility for approving projects before they receive state funding.

The full application process, which takes about a year to complete, typically follows the steps outlined in Figure IV-1:

Figure IV-1. Section 5310 Application Process



Selection criteria. There are no uniform federal guidelines on how to select grantees to receive federal funding. ConnDOT, as part of its state management plan to administer this program, has developed seven criteria, which the department and the regional planning agencies use to evaluate applications. The criteria assess:

- how the equipment will be used, including coordination and maximum usage;
- demonstrated need including a lack of current available transportation services;
- sufficient ridership;
- assurances that the service will be primarily for elderly and/or disabled;
- past experience of the applicant;
- sufficient operating funds to use the equipment; and
- priority is given to replacement of vehicles presently used in service to the elderly and disabled versus a new service.

In some regions the planning agencies have a formal rating system where they give a certain number of points for categories under each criteria, and then rank the applications by score, while other RPAs are less formal. Once the RPA has prioritized the applications, the list is sent to DOT. According to DOT staff, there is usually agreement between the department and the RPA regarding the ranking of the applications, but in some cases the two entities must discuss the grantees and applications before reaching a consensus.

Once there is agreement on the grantees, letters are sent to all applicants informing them which agencies will receive the grants, and ConnDOT applies to the Federal Transit Administration for program funding.

Applications and Awards

Applications. Table IV-1 indicates the number of applications for the Section 5310 program filed for the four years between FY 95 and FY 98. As the table shows, 179 applications have been made for funding under this capital program, with a consistent number of applications, between 44 and 46, filed each year through the various RPAs.

On behalf of agencies in their areas, all 15 regional planning agencies have submitted applications at least once during the four-year period from FFY 95 through FFY 98. Table IV-1 shows, as might be expected, that RPAs including large cities --for example, South Central includes New Haven, and the Capitol Region includes Hartford -- have more applicants than the more rural planning areas of the state.

The table does not show the individual applicants, but the vast majority of agencies that apply are nonprofits. The number of municipal or town senior center applications ranged from two to nine annually. Of the 179 applications received during FFYs 95-98, only 22 towns applied, while another 14 senior clubs or senior centers (typically run under the auspices of a municipality) filed applications. Further analysis of applicants by agency type is presented in Chapter Six.

The nonprofits that have applied vary in nature from nursing homes to community action agencies, but the most common are organizations serving mentally retarded people, like area associations for retarded citizens. Typically, these agencies provide transportation services for disabled individuals to and from vocational rehabilitation programs or job sites.

<i>Region</i>	<i>FY 95</i>	<i>FY 96</i>	<i>FY 97</i>	<i>FY 98</i>
South Central	10	9	6	7
Central Naugatuck Valley	8	4	5	6
Southwest	6	3	6	2
Capitol Region	5	9	11	12
Greater Bridgeport	3	1	3	6
Litchfield Hills	3	2	1	1
Southeast	1	3	0	0
Central Connecticut	2	4	6	6
Northeast	2	1	0	2
Valley	1	1	1	0
Ct. River Estuary	1	2	1	1
Midstate	3	3	2	3
Housatonic Valley	--	1	2	0
Northwest	--	1	0	0
Windham	1	1	0	0
Totals	46	45	44	46

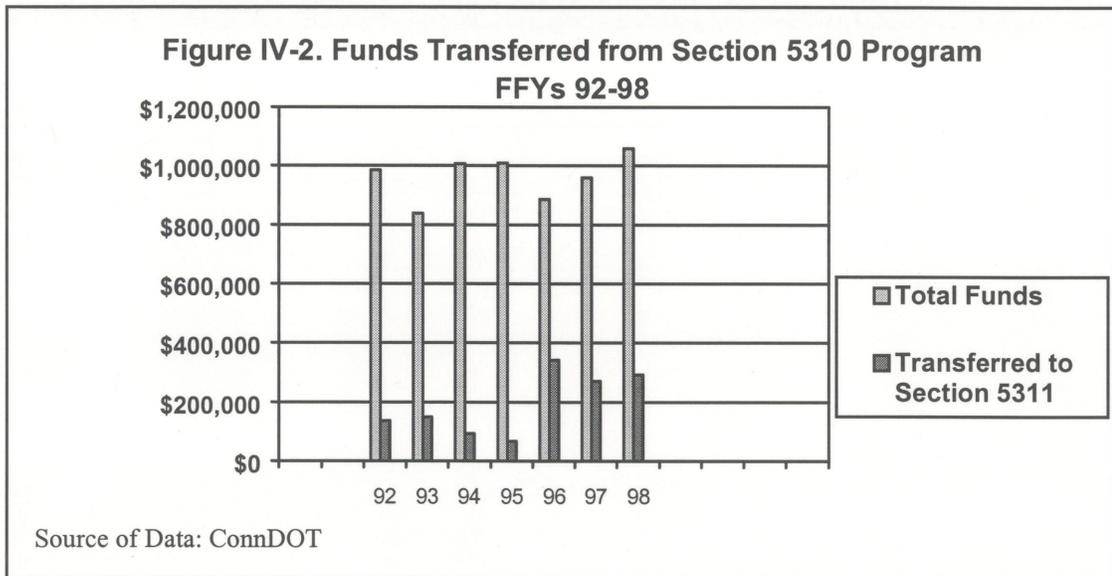
Source of Data: Connecticut Department of Transportation

Awards. Since 1987, a total of 287 vehicles have been purchased through this federal/state-matching program. Table IV-2 outlines the amounts of funding for the program -- from the federal government as well as the matching state amounts -- and the number of vehicles purchased. Chapter VI contains analysis of awards by geographic area and agency distribution.

<i>Year</i>	<i>Federal Funds</i>	<i>State Funds</i>	<i>Grant per vehicle</i>	<i># Grantees -- # of Vehicles</i>
1987	\$512,632	\$128,158	28 @ \$20,596	28 grantees – 28 vehicles
1988	\$513,880	\$128,470	26 @ \$22,235	26 grantees – 26 vehicles
1989	\$511,404	\$127,859	23 @ \$25,000	21 grantees rec'd 1 vehicle; 1 grantee rec'd 2
1990	\$511,433	\$127,859	23 @ \$25,000	12 grantees rec'd 1; 4 grantees rec'd 2; 1 rec'd 3
1991	\$512,096	\$128,024	23 @ \$25,000	21 grantees rec'd 1; 1 rec'd 2
1992	\$787,723	\$196,931	28 @ \$27,500	18 grantees rec'd 1; 2 rec'd 2; 2 rec'd 3
1993	\$670,249	\$167,562	22 @ \$27,500	12 grantees rec'd 1; 2 rec'd 2; 2 rec'd 3
1994	\$805,020	\$201,255	28 @ \$29,000	18 grantees rec'd 1; 3 rec'd 2; 1 rec'd 4
1995	\$807,471	\$201,868	29 @ \$29,000	25 grantees rec'd 1; 2 rec'd 2
1996	\$709,569	\$177,392	15 @ \$30,000	13 grantees rec'd 1; 1 rec'd 2
1997	\$767,109	\$191,777	20 @ \$30,000	20 grantees – 20 vehicles
1998	\$847,523	\$211,881	22 @ \$30,000	22 grantees – 22 vehicles

Source: Connecticut Department of Transportation

Fund transfers from program. Since FFY 92, program rules have allowed the designated agency to transfer funds from the Section 5310 program to other federally funded transportation programs to purchase capital equipment for nonurbanized areas (Section 5311 program) or urbanized areas under 200,000 population (Section 5307 program). Figure IV-2 below shows the combined total of federal and state funds earmarked for the 5310 program, and the amount transferred to the Section 5311 program for FFYs 92-98. As the graph indicates, after FFY 95 there has been a noticeable increase in the amount of funds being transferred out of the program. According to DOT staff, all worthwhile applications are funded under the 5310 program, and rather than fund applicants whose need is not well demonstrated, the department allocates the funds, as allowed under the program, to the Section 5311 nonurban program, which also provides service to the elderly.



Program Management and Oversight

Once the vehicle has been ordered, the agency or town must, within four months, submit to DOT proof of purchase for the vehicle, including an invoice that the bill has been paid in full. Each grant recipient must submit monthly operating reports, which are required to include: ridership data; service hours; purpose of trips; mileage reports; and vehicle maintenance reports.

According to DOT staff, grantee compliance with the reporting requirements is spotty, and the information provided not always reliable. The department's management plan for the van purchase program indicates ConnDOT will conduct field reviews on the grantees. However, according to DOT staff, no recent field reviews have been done. Currently, the department has one person assigned approximately half time to the 5310 program. In the past, the department employed summer interns, co-op students, or other

temporary help to conduct these field reviews, but hiring interns or other summer help has not been permitted in the past two years.

The DOT is responsible for overseeing the use of the vehicle for its "useful life", defined as four years or 100,000 miles for vans, and five years or 125,000 miles for small buses. DOT maintains a database of all vehicles during their useful life, and, as of August 1998, there were 129 vehicles, purchased with FFY 96 or prior funds, listed on the database. Vehicles bought with FFY 97 grant monies had not yet been put on the list, and FFY 98 monies had not yet been used to purchase vehicles.

ConnDOT reports annually on the 5310 program to the Federal Transit Administration, and the program is audited every three years as part of a larger federal audit of all DOT's transit operations. The last audit was done in August 1998.

Chapter Five

SURVEY OF MUNICIPALITIES AND TRANSIT DISTRICTS

In its evaluation of elderly transportation programs, the program review committee surveyed all Connecticut municipalities to collect information on publicly funded dial-a-ride transportation programs operating in their towns. The survey was mailed to 169 towns in July 1998 and 141 (83 percent) were returned. The survey contained 27 questions. The survey instrument is contained in Appendix B.

All transit districts (15) were also surveyed and asked similar questions about dial-a-ride operations, participating towns, ridership statistics, program costs, and sources of funding (see Appendix C for survey instrument). All but one transit district responded, resulting in a response rate of 93 percent. This chapter describes and evaluates results of both surveys.

Municipal Survey

Survey purpose. No central source of information exists that provides a comprehensive picture of dial-a-ride programs operating in the state. Thus, the purpose of the committee's survey was to collect information on a town-by-town basis to determine:

- the availability of dial-a-ride transportation for the state's elderly;
- how services are provided;
- the cost of services; and
- ridership and vehicle usage.

Survey limitations. Given the lack of uniform program data among towns, confusion on what constitutes a "dial-a-ride" program, and differences in how dial-a-ride programs are funded, several caveats are attached to the survey results. First, the program review committee, based on information from other sources, identified several inaccurate survey responses from municipalities. Twenty-five towns stated in their survey responses that no dial-a-ride programs were available to their residents. However, through telephone calls and other sources of information, the committee ascertained that dial-a-ride programs are provided in fifteen of those towns and therefore, committee staff corrected the survey responses of those towns.

In addition, although the municipal response to the survey was high, many towns were unable to answer several key survey questions. Municipalities were surveyed about program ridership, vehicle usage, and operating costs over a three-year period. This information was requested to compare measures of cost-per-passenger-trip and cost-per-vehicle-mile among programs. However since responses in these areas were low (only 23 towns

were able to answer all ridership and cost questions), these calculations were not performed.

In addition, 88 of the 131 towns that had dial-a-ride programs were unable to complete survey questions about program costs and funding sources. Reasons cited by the survey respondents included:

- financial information is split among different departments within the town and difficult to access;
- dial-a-ride transportation is contained within a much larger program budget (such as social services or elderly services) and specific dial-a-ride costs are not separated out; and
- in-kind services are used and are difficult to quantify.

Furthermore, although 43 towns provided *some* limited cost and total revenue data in their survey response, cost comparisons among these programs could not be performed for two reasons. First, there is wide variation among towns as to what is included in a town's transportation budget. For example, some town budgets include one-time van purchases, insurance, maintenance, fuel costs, and administrative expenses; other towns include only some of these items. Also, some municipalities stated their programs are entirely town-funded, but an independent check by committee staff identified them as recipients of federal transportation funds. Thus, cost comparisons based on the information provided would be misleading.

Also, 11 towns that belong to transit districts did not fill out the municipal survey; instead they referred the committee to the survey responses completed by their transit district. For these cases, the information from the transit district survey was used to make the municipal information more complete. Finally, program review committee staff telephoned all municipalities who did not submit a survey response to verify the existence or absence of a dial-a-ride program in each town. Their responses, in combination with the town surveys are presented at the end of this chapter to provide a "complete picture" of dial-a-ride availability statewide.

The limitations cited above were exacerbated by the absence of any uniform program definitions and reporting standards among towns. The shortcomings of the responses pose problems in analyzing the survey results and illustrates the difficulty in trying to amass accurate and comprehensive information on programs that, for the most part, are local.

Survey highlights. Of the 141 towns responding to the survey, responses were complete in terms of providing descriptive information on program operations and adequacy, and types of outreach conducted. The survey results indicate:

- 131 towns operate dial-a-ride programs
- program operations vary, with some programs operating only one afternoon per week, while others operate seven days per week;

- 46 percent of the towns operate dial-a-ride programs directly, 37 percent contract with a transit district, 11 percent with a private provider, and 6 percent use another approach;
- 93 percent of the programs provide dial-a-ride transportation to persons aged 60 and older; only 7 percent limit it to persons aged 65 and older;
- 24 towns charge fares to use the program ranging from \$.25 to \$2.00 per ride;
- 64 towns request a donation with the suggested amount ranging from \$.25 per ride to an annual donation of \$60.00.

Towns without programs. According to survey responses, telephone follow-up by committee staff, and information provided by transit districts, only 10 towns (Table V-1) do not have a dial-a-ride program. The majority of these towns are in suburban and rural areas, with two notable exceptions – Bridgeport and New Haven.

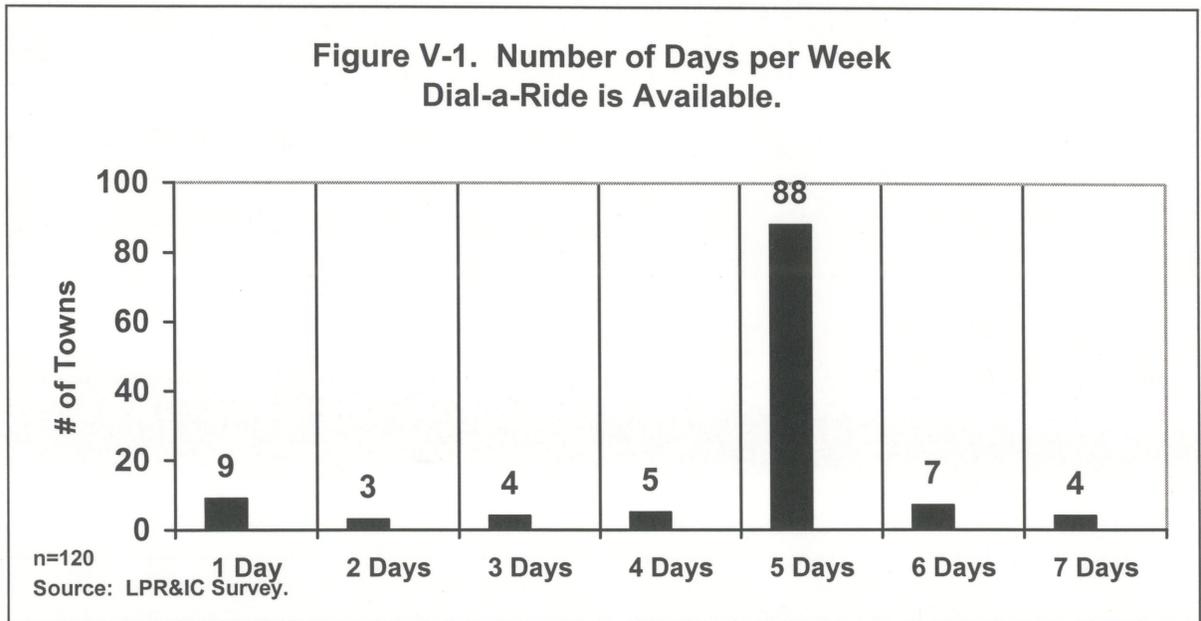
Bridgeport	North Stonington
Bridgewater	Oxford
Canterbury	Pomfret
Hartland	Roxbury
New Haven	Union

Source: LPR&IC Dial-a-Ride Survey.

Although the city of New Haven does not operate a dial-a-ride program, many other transportation options for seniors exist. Several senior centers provide transportation solely to and from their facilities. In addition, the Community Action Agency also provides limited dial-a-ride transportation to elders and other eligible clients, with funding from the South Central Area on Aging and the Hill Health Center, not the city. Finally, the Greater New Haven and Bridgeport Transit Districts provide dial-a-ride transportation for all individuals meeting the criteria under the Americans with Disabilities Act (ADA). As discussed in Chapter Three, the Greater New Haven Transit District broadly interpreted ADA eligibility criteria, which resulted in a high number of elderly qualifying for the program (6,853 elderly eligible compared to Greater Bridgeport at 2,756 and Greater Hartford at 780).

It is important to note the program review committee was unable to determine the extent other organizations, not supported by either federal or state transportation dollars, provide dial-a-ride transportation in the towns listed in the table.

Days of operation. Although dial-a-ride programs operate in most towns in Connecticut, the level of service provided differs among towns. Of the 120 towns responding to a survey question, only four have dial-a-ride programs available seven days a week. The majority (88 towns) operate programs five days per week. In general, the extent to which the municipality chooses to fund the program determines the hours and days of the week the program is available. Figure V-1 aggregates the total number of towns that fall within each category.



Regardless of the number of days a program may operate, some serve only specific destinations on particular days of the week. For example, a program may operate five days per week but on Monday restrict trips to in-town medical appointments, Tuesday to grocery shopping, Wednesday for out-of-town medical appointments, and so on. In addition, all towns responding to the survey indicate reservations need to be made, usually at least one day in advance.

Types of trips allowed. Most dial-a-ride programs can be used for a variety of trip destinations. Figure V-2 shows the number of programs providing transportation by each trip category. Of the 122 towns responding to the survey question, almost all towns provide dial-a-ride transportation for shopping (98 percent), medical appointments (94 percent) and lunch programs (87 percent). As shown in the figure, most programs do not provide transportation to church services. The likely reason for this is because church services are typically held on weekends when many programs do not operate. The “other” category includes trips to the library, hairdresser, post office, banks, and to visit relatives and friends in local nursing homes. In addition, the majority of programs (79 percent) prioritize trips, with the highest priority given to individuals with medical appointments or traveling to lunch programs at nutrition sites.

Geographic boundaries. There is also wide variation among towns as to the geographic boundaries within which their dial-a-ride programs operate. Some programs will travel townwide to pick an individual up at home but will only provide trips to specific areas in town (for example, the local grocery store), while other programs provide broader destination options. These broader destinations may include border towns and major hospitals. Table V-2 categorizes towns by their program boundaries.

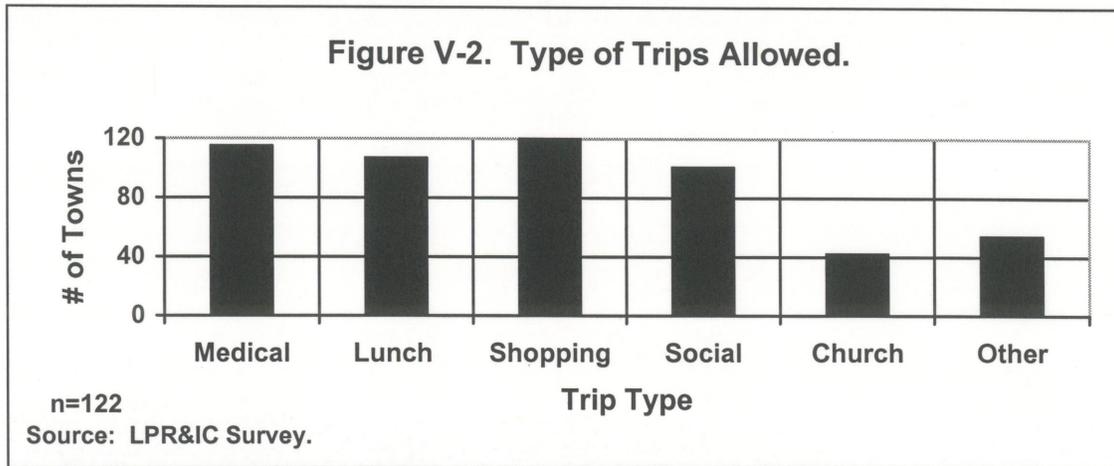


Table V-2. Geographic Boundaries Served by Dial-a-Ride Program (n=116).

<i>Geographic Boundary</i>	<i>Number of Towns</i>	<i>Percent of Towns</i>
Within Town Area	48	41%
Townwide	85	73%
Border Towns	71	61%
Urban Hospitals	28	24%
Suburban/Rural Hospitals	31	25%
Other Destinations	45	38%

Source: LPR&IC Survey

Service denials. The vast majority of municipalities rarely refuse rider requests for trips. Figure V-3 shows the frequency of trip refusals. About 9 percent of programs indicate they never have to deny a trip. However, for those that must deny a trip, more than two-thirds indicate it happens only once a year.

In addition, Figure V-4 shows the three most common reasons for denying trips to riders are: the request is outside the program's geographic boundaries, the program doesn't operate on the day service is requested, or insufficient capacity exists to accommodate the rider.

Program sufficiency and gaps. Municipalities were surveyed on whether they felt their dial-a-ride programs were sufficient. Of the 106 towns that responded to the question, slightly more than half (53 percent) said their programs were sufficient. However, 82 towns (including 36 towns that stated their programs were sufficient) identified delivery gaps in their dial-a-ride programs. An even larger number of municipalities (91 towns) identified specific delivery gaps. Table V-3 shows the number (and percent) of municipalities that positively responded to the specific gap listed. Lack of transportation to medical specialists in large cities and towns, followed by lack of service on weekends, received the greatest responses.

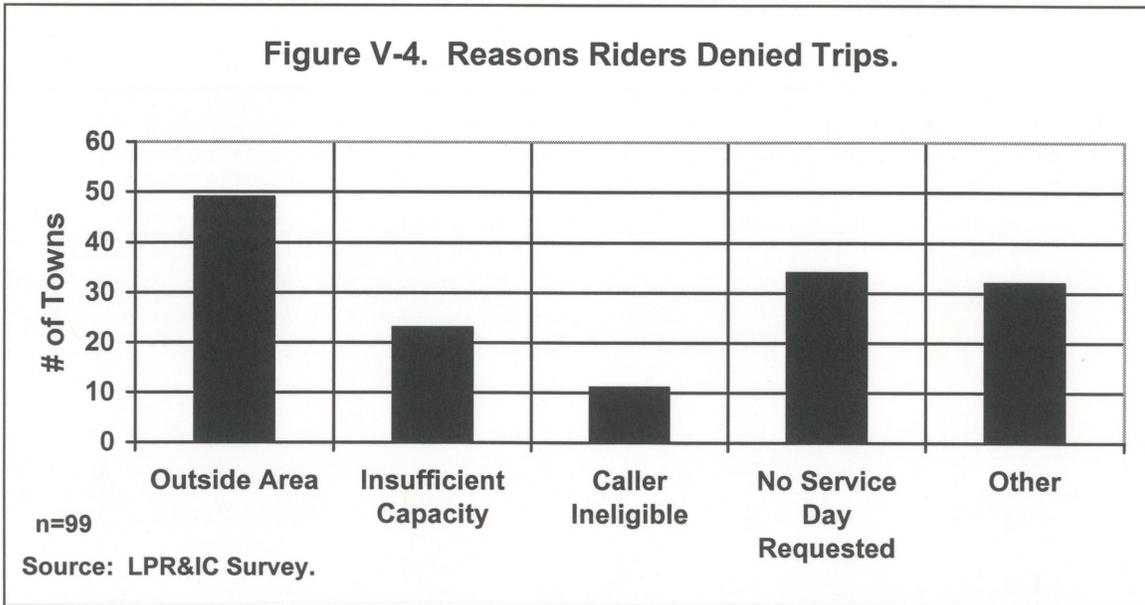
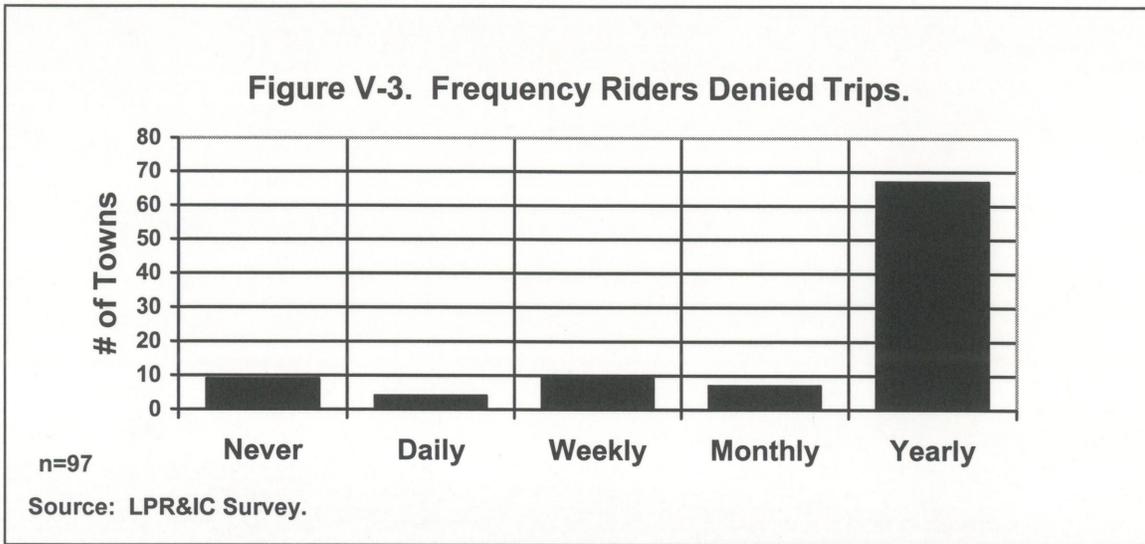


Table V-3. Type of Service Delivery Gap Identified by Municipalities (n=91).

<i>Program Gap</i>	<i>Number of Towns</i>	<i>Percent of Towns</i>
Lack of transportation to urban hospitals	27	30%
Lack of transportation to medical specialists in large towns/cities	46	51%
Weekend service needed	41	45%
Night hours needed	27	30%
Cannot serve all eligible people	19	21%
Door-to-Door service needed	10	11%
Door-through-Door service needed	20	22%
Other	18	20%

Source: LPR&IC Survey.

Program outreach. The majority of municipalities have several techniques for ensuring seniors are aware of the dial-a-ride program available in their towns. Program outreach includes program discussions at town meetings, direct mailings, brochures, newsletters, senior center presentations, and a variety of other approaches.

Ridership statistics. The program review committee requested each town provide the number of registered riders, the number of annual one-way trips, and the number of annual miles traveled for the past three fiscal years. The reason for this request was to identify whether demand for dial-a-ride was growing. However, complete information was submitted by only 28 towns and for only one fiscal year – FY 97. Table V-4 summarizes ridership for the 28 towns, and while certainly not a complete picture of all municipalities, the information illustrates the wide variation among the programs.

Table V-4. Ridership Statistics in FY 97 (n=28).

<i>Ridership Statistics</i>	<i>Minimum</i>	<i>Maximum</i>	<i>Average</i>	<i>Total</i>
Annual Registered Riders	14	850	292	8,181
Annual Trips	560	28,522	9,995	279,871
Annual Miles	4,347	105,282	37,537	1,051,036
Source: LPR&IC Survey.				

Transit District Survey Analysis

Background. As was pointed out in Chapter Four, transit districts are local governmental bodies organized to provide regional public transportation. Any municipality may, by itself, or in cooperation with another municipality, form a transit district. (See Figure II-2, p. 14 for a map of towns in transit districts.) However, towns cannot be required to join a transit district, nor are transit districts required to accept towns as members. Instead, districts form whatever structure best suits the locale and provide services as participating towns wish.

Even if a town is a member of a district, it may not receive the same level of services as others in the district. The town and the district agree upon the type and level of transportation services as well as the costs and payment. Further, towns that are not members of a transit district may purchase services from the district through a contract, if both parties agree. In examining the results of the transit district survey it is important to note the number of towns comprising a district vary, and services provided by the districts are not uniform and, except for Americans with Disabilities Act (ADA) requirements, not mandatory.

Survey limitations. Fourteen of the 15 transit districts responded to the survey.³ Many of the caveats noted for the municipal survey discussed earlier also apply to analysis of the transit district questionnaire. Further, because there are just 15 transit districts in the state, with only seven providing non-ADA dial a-ride services, it is difficult to compare or

³The Northeastern Transit District did not respond, despite repeated calls from committee staff.

draw conclusions about the programs in terms of how many elderly are served, how well demand is met, or how efficiently they are run. The analysis of the transit district survey instead should be viewed as descriptive of the few transit districts that operate elderly dial-a-ride programs.

Americans with Disabilities Act services. The first few questions on the survey asked about each transit district's American with Disabilities Act paratransit operations. As indicated in Chapter Two, while the ADA transit services are not part of the scope of this study, there is a recognition that many disabled served by the program are also elderly. The ADA program is mandatory in all areas that have fixed-route bus service. Eleven of the 14 transit districts operate an ADA program.

Eligibility. Transit districts use a variety of ways to verify a person is eligible for ADA demand-response services, and some use more than one method. According to the survey responses:

- nine of the 11 districts use a self-declaration by the ADA applicant;
- six districts contact a physician, four in combination with the self-declaration; and
- six districts require the applicant to submit documentation from a physician (or health professional) verifying the disability.

User recertification for program eligibility is infrequent. Three districts recertify program registrants every two years, four every three years, and two districts stated they never recertify.

Age of ADA registrants. As reported in the briefing, about 21,000 individuals are certified for the program statewide; 75 percent are aged 60 or older. The Greater New Haven Transit District accounted for more than one-third of all certified ADA individuals. Until recently, the district was operating an expanded ADA program and aggressively sought registrants, which resulted in over 8,600 individuals (80% are elderly) being certified.

Non-ADA dial-a-ride transportation programs. The majority of survey questions pertained to dial-a-ride programs available to individuals aged 60 or older – the focus of the study. Seven of 14 transit districts responding to the survey indicated they provide dial-a-ride services to the elderly.⁴ The analysis of the survey results, based on the responses from those seven districts shows:

- five of the seven districts contract with private providers to operate their dial-a-ride programs;
- two districts provide it directly; and
- one district does both.

⁴ Greater Bridgeport's non-ADA program is limited to an add-on service for Fairfield's ADA clients, allowing them to receive extended services beyond the mandated ¾-mile fixed route corridor. Because the program offers services only to clients already in the ADA program, it was not included as part of the analysis.

Populations served. Table V-5 lists the seven districts with non-ADA dial-a-ride services and shows all offer services to persons aged 60 and over; and none restrict it to aged 65 and older. In addition, all districts except Middletown also serve disabled residents. The general population is served by transit districts operating in nonurban areas, although some of these districts provide it only when space is available or as an add-on service to a town.

Eligibility determination. Three districts indicate no rider registration or proof of eligibility is required to use the dial-a-ride service. The remaining four districts with non-ADA services require some type of proof. Of the districts that require determination of eligibility, two districts perform it themselves, one has the provider determine eligibility, and one has the provider as well as the district conduct it.

<i>Transit Districts</i>	<i>Aged 60+</i>	<i>Aged 65+</i>	<i>Disabled</i>	<i>All Town Residents</i>
Estuary	•		•	• (when space available)
Greater Hartford	•		•	
Housatonic	•		•	• Town of Redding residents
Middletown	•			
Northwest	•		•	•
Valley	•		•	•
Windham	•		•	• (when space available)

Source: Analysis of Transit District Survey Responses.

Service areas. Geographic areas served by transit districts providing non-ADA dial-a-ride services vary as follows:

- four districts provide rides anywhere in the region;
- two transport riders town-wide to particular towns within the district as well as those bordering that municipality; and
- one indicates only part of the town is served by the district.

Trip types. Almost all districts with a non-ADA dial-a-ride program provide a variety of trips including medical, lunch site, shopping, social, church, and banking. One district offers all but rides to church services, and one district does not offer church or social trips.

Only two of the transit districts prioritize trips, where riders taking medical trips are given a higher priority over those taking a social trip, if space is limited. All districts require reservations; six require a one-day minimum reservation notice and one district asks for a two-day notice; and all allow up to two weeks maximum.

Days and hours of operation. All seven districts offer coverage during the workweek, but hours vary. In more rural districts (e.g., Northwest) some towns receive service only one or two days a week. The total number of hours of daily coverage for Monday through Friday range as follows:

- six hours in the Northwest district;
- eight hours in Windham, Estuary, and Middletown districts;
- 10 hours in Greater Hartford; and
- 12 hours in the Valley and Housatonic districts.

Only two districts operate elderly dial-a-ride services on weekends: Housatonic operates for seven hours on Saturday only, while Greater Hartford offers services for nine hours each weekend day.

Fares. Three transit districts charge a fare for non-ADA service. (ADA paratransit service requires a fare). For the seven districts that offer non-ADA service, Table V-6 shows whether a fare is charged and the fare amount. The table also indicates if a donation is suggested and the amount.

<i>District</i>	<i>Fare Required</i>	<i>Amount</i>	<i>Donation Suggested</i>	<i>Amount</i>
Estuary	No		Yes	No Suggested Amount
Grtr. Hartford	No		Yes	\$20. (Per Year)
Housatonic	Yes	\$.75	No	
Middletown	No		Yes	No Suggested Amount
Northwest	Yes	\$1.00	No	
Valley	Yes	\$1.00	No	
Windham	No		Yes	\$1.00 (Per Ride)

Source: Analysis of Transit District Survey

Sufficiency of service. Three of the transit districts – Middletown, Valley and Housatonic – stated their dial-a-ride services were sufficient to accommodate the elderly population in their area. Five of the responding districts stated they never, or almost never, have to refuse a ride. However, three of these five also indicated they refuse requests for rides outside the service area or during times no service is offered. Two other districts state they refuse rides on a daily basis: Housatonic Transit District, because of lack of capacity; and Greater Hartford, because some ride requests are outside the service area.

Ridership. Four transit districts supplied information on individual riders in the non-ADA dial-a-ride programs. As with other measures, ridership varies depending on the district. In total, the number of all individuals served by the four transit districts programs for FY97 was 7,139. By district ridership ranged as follows:

- 453 in Windham Region (which serves the general population);
- 653 served by the Estuary Transit District;
- 1,733 persons served in Middletown; and

- 4,300 individuals served by the Greater Hartford Transit District (for Hartford, Wethersfield and East Hartford).

Only two transit districts provided a breakdown of the individuals who use dial-a-ride by categories of disabled, elderly, and the general population. In Middletown all are elderly, although 31 percent are also considered frail elderly; in Windham 45 percent are elderly.

Usage. Transit districts were also surveyed about program usage. Because some districts are more rural than others, the survey asked questions about rides provided as well as miles covered. The number of one-way trips provided was a measure all eight transit districts with non-ADA programs reported. The numbers for fiscal years 96, 97, and 98 are presented in the table below.

<i>Transit District</i>	<i>FY 96</i>	<i>FY 97</i>	<i>FY 98</i>
Estuary	37,298	34,002	34,500
Grtr. Hartford (3 towns only)	n/a	98,982	101,861
Housatonic	60,289	65,253	62,621
Middletown	45,110	73,661	75,065
Northwest	32,959	35,322	36,500
Valley	113,299	108,548	110,000
Windham	61,550	54,143	52,558

Source: LPR&IC Survey of Transit Districts.
(GHTD's number for FY 96 is not reported because during that year it did not serve two of the three towns it now serves).

For FY 98 trips only, Valley Transit, which serves all populations in Ansonia, Derby, Seymour, and Shelton, provided 110,000 trips, the highest number of the transit districts that reported. Greater Hartford Transit District provided almost as many trips, about 102,000, during FY 98. Estuary provided the fewest trips, 34,500.

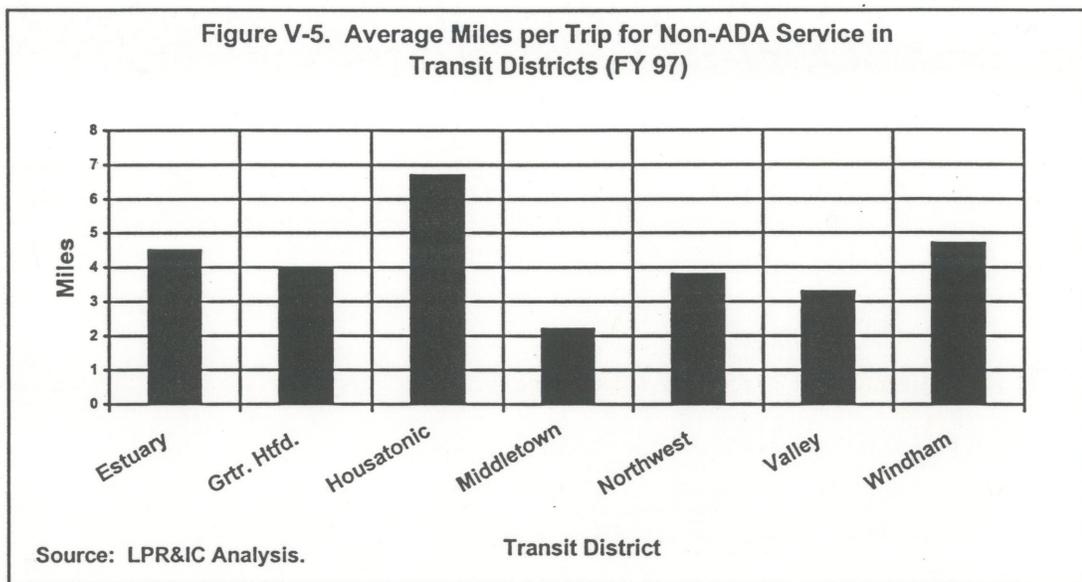
Four districts provided fewer trips in FY 98 than in FY 96 or FY 97, while the other three increased their trips. Transit districts were not asked on the survey to explain increases or decreases in the number of trips from year to year. However, at the committee's public hearing on this study, various representatives of transit districts discussed their service situations and offered the following plausible reasons for the trends in rides:

- for Windham, service cutbacks were due to potential or actual decreases in funding;
- competition with ADA services have impacted elderly ridership (because elderly may not get reservations, their use of the system dropped from 57 percent of rides to 40 percent of rides in the Housatonic district);⁵

⁵ Public Hearing Testimony of October 1, 1998. Windham TD stated ridership decreased in FY 97 and FY 98 because of potential forecasted deficits, so service was streamlined. Housatonic TD stated that the level of service is insufficient to accommodate all demand, and that reservation system had become very competitive. Ridership among the elderly has dropped as a result, and may have decreased the overall number of non-ADA rides.

- Greater Hartford indicates it has been able to provide more rides with fewer dollars by becoming more efficient; and
- Middletown believes its FY 96 numbers were probably higher than reported and the district also began using a more efficient reservation system.

The total number of miles traveled per year was also reported by all seven transit districts offering non-ADA dial-a-ride programs. For FY 97, it varied by district from 132,605 in the Northwest area to 405,409 in the Housatonic district. To better compare districts, committee staff computed a ratio of the total miles traveled to the number one-way trips to arrive at the average miles traveled per-trip in FY 97. The results are graphed in Figure V-5.



Funding. Transit districts were also asked about funding and funding sources. For a number of reasons, the information provided was not comprehensive or reliable enough to be useful. For example, two districts indicated no federal Older Americans Act funding, but committee staff had other documentation stating the districts had received such funding. Another district indicated it had no municipal funding, but when the committee attempted to clarify the survey financial data, it was determined that towns in that district are paying since they assessed for any operating deficits.

The period for which transit districts were asked to provide financial data -- FY 96 through FY 98 -- was an unstable one because of the threat of loss of federal funds in some areas, and the actual loss in others. The loss of federal funds in Greater Hartford and Middletown Transit Districts was absorbed by those districts during FY 98. The legislature appropriated \$2.5 million during the 1998 session to compensate for the loss in federal funds for FY 99, however. Some of the transit districts completed the survey before knowing that

state funding was authorized or what portion individual districts would get, so result in an inaccurate picture. Finally, breakdowns of overall transit district funding do not readily identify the portion that went for dial-a-ride.

Vehicles. The seven transit districts providing non-ADA dial-a-ride service use a total of 90 vehicles. The range of vehicles is indicated below:

- five in Estuary Transit District;
- eight in Windham;
- 10 each in Northwest and Middletown;
- 14 in the Housatonic Transit District;
- 15 in Greater Hartford; and
- 18 in Valley Transit.

Generally, districts with the highest number of vehicles also provided the most trips; districts with fewer vans made a lower number of trips. For example, Valley and Greater Hartford had the most vans and the highest trip numbers, while Estuary had both the lowest number of vans and trips.

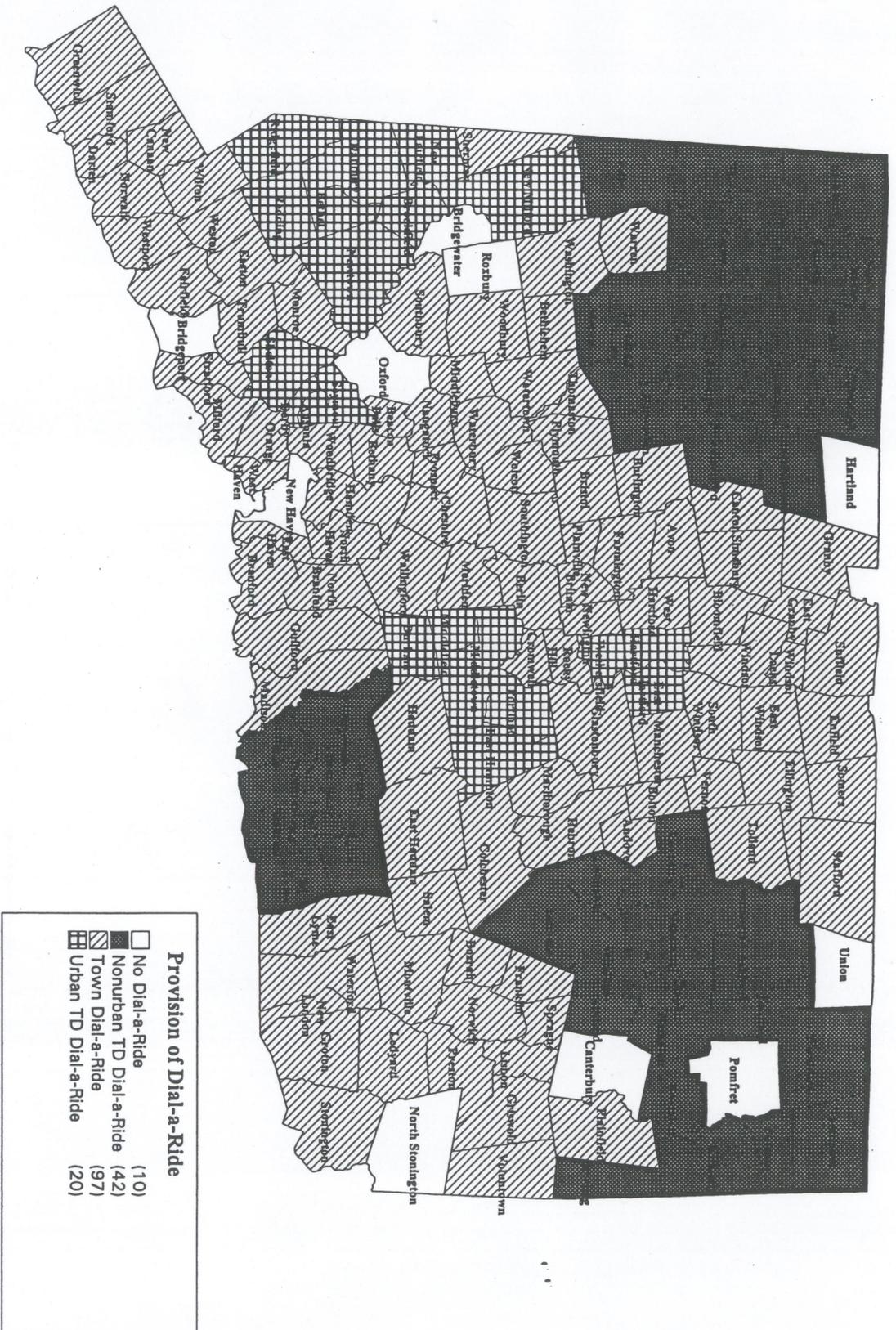
Dial-a-Ride Availability

Figure V-6 is a map that presents the availability of publicly funded dial-a-ride programs on a statewide basis. As shown in the figure, rural transit districts provide dial-a-ride in 42 towns, urban districts in 20 towns, and 97 towns operate their own programs. In addition, 10 towns do not offer a publicly-funded dial-a-ride program to their elderly residents.

Conclusions

The survey responses indicate the vast majority of towns provide some version of a dial-a-ride program, either directly or through a transit district. The results also show wide variations among programs, with each town determining the extent of program operations. The survey, however, was unable to capture information on trends in demand for dial-a-ride transportation, or how cost-effective any of the existing programs are. Because programs are operated at the local or regional level, data are not collected in a consistent fashion, if at all, making analysis of program measures virtually impossible. In the absence of a state-led effort to develop a model for collection and evaluation, comparing dial-a-ride programs and determining program adequacy will continue to be problematic.

Figure V-6. Availability of Dial-a-Ride Programs in Connecticut.



FINDINGS AND RECOMMENDATIONS

The program review committee found a broad array of publicly funded dial-a-ride programs exists for the elderly at the local and regional level with the role of federal and state government largely limited to funding. *Overall, the program review committee found:*

- *programs vary greatly among municipalities, with the level of service provided dependent on geographic lines, available funding, and local support;*
- *funding sources for programs differ substantially depending on the municipality, with some using a mix of federal, state, and municipal funds, while others rely solely on municipal funds;*
- *program operations also vary by municipality including the hours and days dial-a-ride operates, whether a fee is charged, and trip destinations allowed.*

As noted in the previous chapter, the committee had great difficulty in collecting information on the availability of dial-a-ride programs on a town-by-town basis. Insufficient data and differences in how the term “dial-a-ride” is used, services are defined, and information is collected often mean data are not comparable. In fact, because of the scarcity of and inconsistencies among data, the program review committee found simply identifying towns with dial-a-ride programs required numerous follow-up telephone calls to municipalities. *The committee found there are several reasons for the absence of uniformity among programs including:*

- *no state agency has responsibility for program oversight because there is no state mandate for dial-a-ride programs for the elderly;*
- *no single funding source exists, instead funding is a patchwork of federal, state, and local monies; and*
- *multiple delivery models exist making program identification problematic.*

Thus, the committee finds the provision of dial-a-ride services for the elderly is largely driven by local concerns and delivered by municipalities or transit districts. In the absence of a state-led effort, there will continue to be an abundance of municipal dial-a-ride programs delivered in many ways and using whatever funding sources are available.

This report contains recommendations in three areas. The goals of the recommendations are: to strengthen planning and oversight by ConnDOT; identify funding inequities for dial-a-ride programs among towns; and propose a method to lessen the disparities. Recommendations to formalize the selection process for the Section 5310 (Title 49, U. S. Code) grant program are also presented.

Planning and Oversight

Public transportation focus. As described in Chapter Three, public transportation programs include fixed-route and deviated fixed-route bus services, and paratransit (dial-a-ride) services. At both federal and state levels, the purpose of public transportation is to provide mobility to places and services for people who lack transportation. Connecticut's public transportation policy, as stated in C.G.S. Section 13b-32 declares:

"Improvement in the transportation of people and goods within, to and from the state by rail, motor carrier or other mode of mass transportation on land is essential for the welfare of the citizens of the state and for the development of its resources, commerce and industry. The development and maintenance of a modern, efficient and adequate system of motor and rail facilities and services is required. The department shall assist in the development and improvement of such facilities and services and shall promote new and better means of mass transportation by land."

Although a clearly articulated public transportation policy has been defined by the state, no definitive measures exist that delineate the extent of the state's responsibility in ensuring access and availability to public transportation. Rather, given the financial costs involved in providing public transportation, the scope and breadth of a state's public transportation network are primarily dependent on fiscal concerns.

With the exception of rural public transportation delivered by transit districts, (where dial-a-ride transportation is open to the general public), ConnDOT has historically viewed municipal elderly dial-a-ride programs as a human service program rather than a public transportation program for a special population. Town provision of dial-a-ride services and ConnDOT's view of dial-a-ride as a social service and not a transportation program results in ConnDOT having limited knowledge about where elderly dial-a-ride programs are available.

Although the program review committee recognizes there is no state dial-a-ride program, nor mandate for ConnDOT to collect data on existing dial-a-ride programs for the elderly, the committee believes the department's interpretation of its public transportation planning responsibilities is too narrow. *The committee found although the Connecticut General Assembly has placed responsibility for elderly and handicapped transportation in the department since the early 1980s, there has been little effort by ConnDOT to identify the types of transportation services available to special populations, such as the elderly, other than that provided as part of the Americans with Disabilities mandate.*

The committee believes part of ConnDOT's responsibilities should be to identify gaps in the state's transportation system. A statewide approach by the state agency responsible for public transportation planning is necessary, particularly for towns not represented by transit districts. The program review committee found this approach is currently absent from ConnDOT. At the start of the program review committee study, the department was unable to initially identify:

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- transit district membership;
 - all services provided by districts to members;
 - nonmember municipalities who purchase services from districts; and
 - the use and amount of state and federal funds to support elderly dial-a-ride programs.

The committee believes the department, as part of its responsibility to oversee and provide funding for public transportation should know on a statewide basis: types of publicly funded transportation services delivered, cost of services, and the population groups are primarily served. Therefore, the program review committee recommends:

The Connecticut Department of Transportation should identify public transportation needs statewide, especially those needed by special populations, update transit district membership annually, and determine the type and geographic network of services provided by a transit district, either to members or nonmembers under contract. In addition, the department, as part of its public planning process shall establish statewide objectives for providing paratransit services.

The Department of Transportation is already responsible for planning, funding, and overseeing a large part of paratransit services provided in the state. This includes the Handicapped Access Program, which is federally mandated where fixed-route bus services exist, and demand-response transportation available in nonurban transit districts, where this serves as a method of public transportation. A broader planning perspective would allow the state to better determine the presence or absence of adequate public transportation.

Coordination of paratransit services. Although the committee study focused on elderly dial-a-ride programs, the program review committee found broader ConnDOT deficiencies impact dial-a-ride for the elderly. *The program review committee found several legislation mandates directing ConnDOT to coordinate paratransit services have never been implemented by the department.* These include:

- *Public Act 85-428 (C.G.S. Section 13b-4c) requires DOT examine state agency paratransit expenditures, prohibits any state agency other than DOT from spending funds on, or providing state property in support of, any transportation program for the elderly or the handicapped unless the Commissioner of Transportation certifies, in writing that: he has reviewed and concurs in such expenditure or use; such expenditure or use is consistent with the transportation policies of the state; and such expenditure or use will not result in unnecessary duplication of service;*
- *Public Act 92-68 (C.G.S. Section 13b-m) requiring a statewide survey of special transportation services be conducted and the results reported to the committees of cognizance of the Connecticut General Assembly. (The committee found although a draft report was written, a final report was never issued); and*
- *Public Act 92-68 (C.G.S. Section 13b-38n) requires the commissioner of ConnDOT:*

-
- *establish transportation service regions to coordinate and broker the purchase of special transportation⁶;*
 - *designate three or more transportation service regions by January 1, 1993, to participate in a pilot program;*
 - *in each pilot, the commissioners of ConnDOT and the agency funding special transportation services, contract with one or more transit districts in the region to serve as the broker of state and federal funding and to develop a plan for the coordination of such services.*
 - *designate by January 1, 1994, a transit district in each transit service region not served by a broker to develop a plan for the coordination of special transportation services;*
 - *establish an operations advisory committee in each transportation service region served by a broker; and*
 - *allows the commissioner of DOT to reimburse municipalities who contract with a transit district serving as a broker of special transportation services to the extent funds are available, for any matching amounts required to obtain state or federal funds. (See Appendix D for full text of C.G.S. Section 13b-38n).*

As noted in the Chapter Two, ConnDOT has been given widespread statutory authority over state agency paratransit expenditures since 1985. Subsequent legislation has increased the department's authority and responsibilities. However, the department has not implemented the statutes, nor has the department sought legislative modification of the mandates.

In response to Public Act 92-68, ConnDOT began studying the issue of paratransit services across the state and in 1994 selected three regions to participate in a pilot program to establish a brokerage for paratransit services – Greater Hartford, Middletown/Meriden, and Greater Waterbury. The intent was to have a regional broker manage the paratransit service network for state agencies by scheduling all trips. This would allow for transportation resources to be used more efficiently and therefore, provide for cost savings. However, by 1996, the department reconsidered the magnitude of the undertaking, scaled back the project, and selected only a single pilot – Greater Waterbury. *In the opinion of the committee, the department should have sought legislative approval to narrow its legislative mandate.*

A consultant was hired by ConnDOT to evaluate the feasibility of establishing a paratransit brokerage in the Greater Waterbury Transit District and a final report was issued in December 1997. According to the report⁷, the original intent of the pilot was to demonstrate how to coordinate Medicaid non-emergency medical transportation with publicly funded paratransit services through a single transportation brokerage. A later act however, (Public Act 96-268), exempted the Department of Social Services from having to participate in the pilot programs to purchase nonemergency transportation for its Medicaid clients. The Department of Social Services has since created its own regional brokerage system.

⁶defined to include “transportation services for persons with disabilities or the elderly, transit services for persons receiving assistance pursuant to Title XIX (Medicaid) and services under the ADA of 1990.

⁷ Multisystems, Greater Waterbury Paratransit Coordination Study, December 1997.

The program review committee finds that, to date, very limited progress has been made by the department toward coordinating paratransit services in the Waterbury pilot program. Although an independent transportation broker was selected in the summer of 1998 (not the transit district as mandated by statute), the only population being served by the broker are individuals eligible under the Americans with Disabilities Act. Furthermore, no state agency, as required by statute, has participated to date in the pilot.

Given the specificity of the legislation, and the decision by ConnDOT to modify the statutory charge without legislative approval, the program review committee believes the legislature needs to be kept apprised of the department activities toward implementing the statutes cited above. Therefore, the committee recommends:

The Department of Transportation shall provide a report on progress made in implementing the requirements of C.G.S. Sections 13b-4c and 13b-38n by July 1, 1999 and semi-annually thereafter to the committees of cognizance. The report shall include:

- **a detailed statement on the implementation status of each statutory mandate;**
- **a methodology to evaluate the effectiveness of the current, and any future, pilot program;**
- **any financial savings generated as a result of the pilot; and**
- **ridership statistics as generated and maintained by the contracted broker or transit district.**

In addition, beginning with the January 2000 report, using the evaluation methodology established, the report shall include the results of the effectiveness of the current, and any future, pilot program.

Because of the lack of progress made by the department, the program review committee believes it is premature to recommend coordination for town-operated dial-a-ride programs. First, until the effectiveness of the Waterbury coordination pilot program can be evaluated, it is not possible to determine if a brokerage is the most effective way to deliver services to the elderly. Second, a regional transportation network covering every town in Connecticut does not currently exist. Regional coordination therefore, is not an option for the majority of Connecticut towns.

Paratransit coordination in other states. Dial-a-ride services provided in Florida and Rhode Island are profiled in Appendix E. These states, as well as the general literature, support the coordinated provision of paratransit services as a way to provide more efficient use of transportation dollars. Other states have formed cabinet-level councils to foster cooperation among state agencies and accomplish coordination of paratransit services. The cabinet determines:

- how to structure the system;
- methods for financing;

-
- implementation of paratransit services; and
 - distributing risks and liabilities among agencies.

In the opinion of the committee, ConnDOT may need to propose a cabinet-level approach if coordination among state agencies funding or providing paratransit services, even on a pilot level, is to be achieved.

Advisory council. Public Act 88-177 established a 14-member Citizens' Transportation Advisory Council in the Department of Transportation. The council is responsible for advising and assisting the transportation commissioner, the governor, and the legislature's Transportation Committee regarding public transportation services for elderly and handicapped people. The act requires each appointee be either 60 years old, have a permanent mobility impairment, and be a regular commuter using rail or bus, or an expert in public transportation issues. The council is required to:

- hold public hearings at least once a year;
- annually compile a list of projections that would further transportation policy for elderly and handicapped; and
- may undertake any studies on transportation for elderly or handicapped.

The committee found there has never been an active advisory council since all appointments to the council were never made. Thus, the council has not held an official meeting because a quorum has never existed. Instead, members who had been appointed to the council attended meetings of the Connecticut Public Transportation Commission (CPTC). The commission is composed of 18 members (10 specific representatives appointed by the governor and eight non-specific representatives by legislative leadership) who are appointed for four-year terms. According to the current chair of CPTC, the commission addresses council members' concerns. Evidence of this is provided, in the commission's 1997 Annual Report and Recommendations, which recommended:

continued and enhanced coordination among the Commission on Aging, the Department of Transportation, the Transit districts, and other providers of transportation services for the elderly.

The program review committee believes public transportation issues affecting persons who are elderly can be addressed within the Connecticut Public Transportation Commission. However, although CPTC appointments require that one member be an individual who has a permanent mobility impairment there is not a similar membership requirement for elderly representation. Therefore, the program review committee recommends:

The Citizens' Transportation Advisory Council established under C.G.S. Section 13b-38l be merged with the Connecticut Public Transportation Commission established under C.G.S. Section 13b-11a. C.G.S. Section 13b-11a shall be amended to incorporate the functions of the Citizens' Transportation Advisory Council into the Connecticut Public Transportation Commission's functions. In addition, the commission's

voting membership shall be expanded from 18 to 19 appointments and include one person aged 60 or older.

The committee believes expanding CPTC membership can adequately address the public transportation concerns of the elderly. In addition, there are still two other forums that allow for input to ConnDOT on transportation issues relevant to the elderly. The Commission on Aging is mandated to advocate on behalf of elderly persons on issues related to transportation and ConnDOT is a commission member. The Department of Social Services also is required to coordinate with ConnDOT to provide adequate transportation services related to the needs of the elderly.

Dial-a-Ride Program Funding

The program review committee found ConnDOT has provided financial support to some transit districts and towns for the operation of elderly dial-a-ride programs, while other towns must rely solely on their own funds. The current pattern of funding elderly dial-a-ride programs is depicted in Figure VI-1. The committee found 90 Connecticut towns benefit in some way from federal or state transportation dollars to operate dial-a-ride, while 79 towns do not.

Eighty-one Connecticut towns benefit from state transportation funds provided by ConnDOT to either have a transit district provide or to operate dial-a-ride programs directly. Specifically:

- 42 towns benefit because the state matches federal funding to their nonurban areas transit districts;
- 29 towns in the capital region receive funding or service delivery through the Greater Hartford Transit District, as a result of its share of \$2.5 million state funding to replace the loss of federal transit funds;
- five towns in the Middletown Transit District also lost federal transit funding and receive a portion of the \$2.5 million state funding
- four towns receive direct transportation funds through their Valley Transit District; and
- the town of Bristol receives a ConnDOT grant.

In addition, Housatonic Area Regional Transit (HART) uses federal transportation funds to provide dial-a-ride to its eight towns, as does the city of Stamford. Thus, 69 towns (41 percent) must rely solely on municipal funds to operate their dial-a-ride program. The remaining 10 towns do not operate programs with public money.

The program review committee also found state transportation dollars are funding an increasingly greater share of dial-a-ride programs. The reason for this, as described in Chapter Three, is because the most recent federal transit reauthorization (TEA-21) eliminated operating assistance for public transportation in urbanized areas with populations over 200,000. The Appropriations Act, passed by the Connecticut General Assembly in May 1998, contained an appropriation for \$2.5 million to cover the loss of federal transportation

Figure VI-1. Funding Sources of Dial-a-Ride Programs.

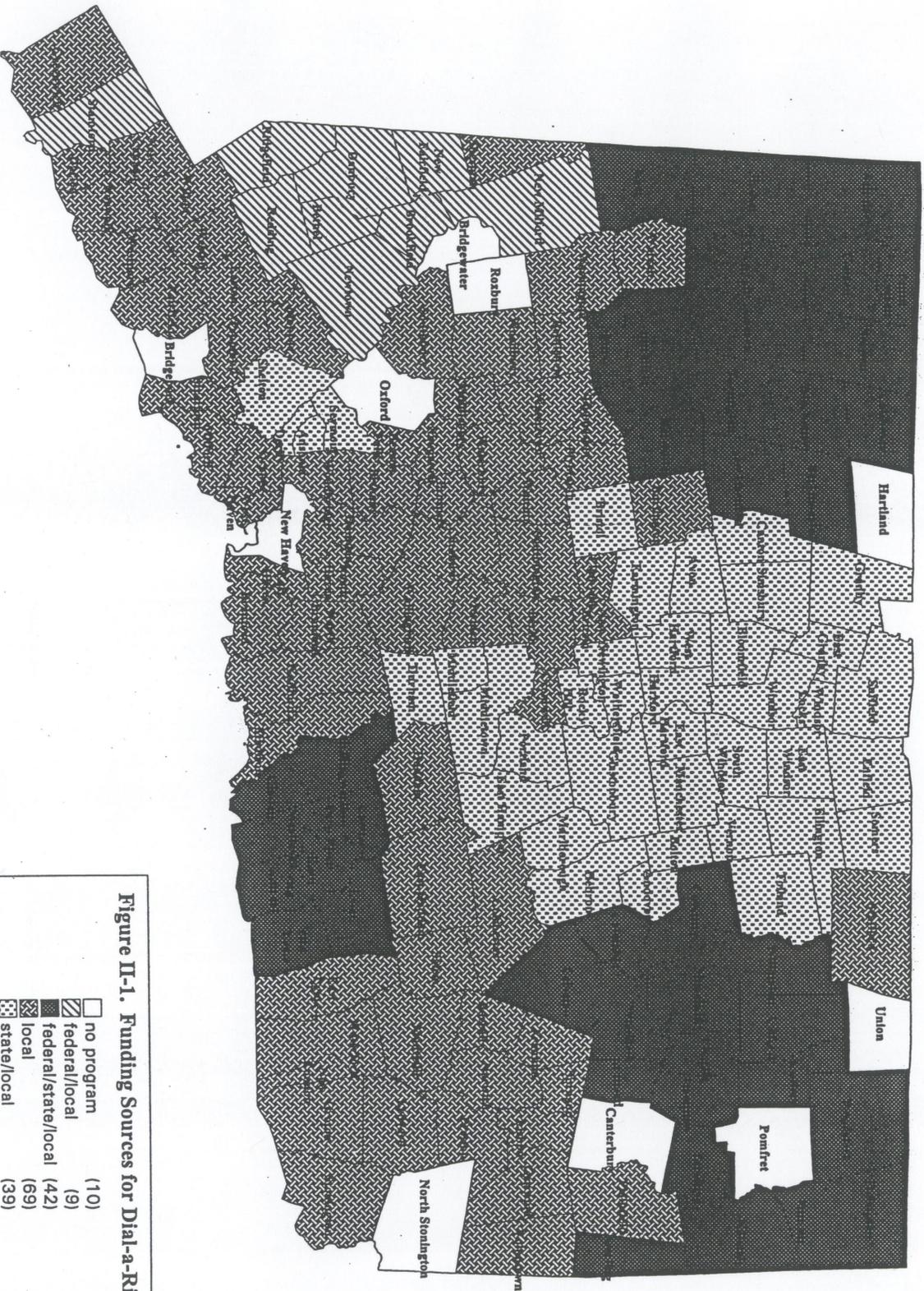


Figure II-1. Funding Sources for Dial-a-Ride

□	no program	(10)
▨	federal/local	(9)
▩	federal/state/local	(42)
▧	local	(69)
▦	state/local	(39)

funds for five transit districts, of which two transit districts (Greater Hartford and Middletown) use the funds to operate or fund elderly dial-a-ride programs. The other three districts use the funds to operate the Handicapped Access Program.

The committee finds there is no way to determine the exact amount of funding that goes to dial-a-ride services in the absence of a state mandate, and lack of a discrete program with funding attached. Instead, elderly dial-a-ride funding is typically funneled through federal and state monies that support transportation generally. Thus, while accurate and complete information on funding for elderly dial-a-ride is lacking, it is clear the current funding patchwork is unfair to some towns that receive neither federal nor state transportation funds.

Delivery models. Recognizing that public transportation is a public necessity, legislation was adopted that allowed municipalities to form transit districts. However, as pointed out in Chapter Two, there are 15 transit districts in the state and not all towns belong to a district. Furthermore, many transit districts are not involved in delivering paratransit services beyond the mandates of the American with Disabilities Act and they only apply in certain areas. Of the 15 transit districts, only eight play an important role in delivering dial-a-ride services to the elderly. Furthermore:

- not all towns that belong to a district participate in all of the transportation services a district may provide (thus some members of a transit district operate their own dial-a-ride programs even though the district also offers a program);
- some transit districts let towns that are not members purchase services; and
- transit districts are not required to accept municipalities seeking membership (and thus share in the benefits of federal and state transportation grants).

Many dial-a-ride programs in the state originated in the 1970s and early 1980s at either the local or transit district level. Although transit districts were eligible for limited state and federal funding during the 1980s, many municipal programs set their own program rules. A variety of different programs evolved, each with different program parameters, often driven by municipal funding limitations, or a desire to design an array of services to best meet the needs of a town's own seniors. This pattern has continued throughout the 1990s.

As noted in Chapter Five of this report, of the 169 towns in the state, the program review committee found 97 operate their own dial-a-ride programs; 62 contract with a transit district to provide dial-a-ride; and 10 towns have no programs. Depending on the type of transit district, the elderly population may be served with a separate program, or in rural districts, dial-a-ride programs serve the general population, including the elderly. Further, towns operating their own dial-a-ride may be benefiting from federal and/or state monies, while other towns may not.

The committee concluded that no regional approach to funding or delivery of service could be mandated. This is because:

-
- funding inequities have grown up over the past 20 years and program operations are well-established, making redistribution of existing funds difficult;
 - existing delivery models are a result of funding patterns related to population and geographic service areas and have also developed historically;
 - no statewide delivery structure exists that covers the entire state – transit districts don't have to accept towns and towns don't have to join; and
 - an antiquated funding model, which already exists in state statute, is neither current nor functional.

In the absence of a single funding or service delivery model, the committee believes the only viable mechanism to distribute funds more fairly would be on a town-by-town basis. **Therefore, the committee recommends a new town-based grant program to be implemented as follows:**

The commissioner of transportation, upon application by a town, shall, within available annual appropriations, make a state-matching grant. The grant shall be expended for demand-response transportation programs available to persons who are aged 60 or older.

The DOT commissioner shall determine the maximum amount of any such grant a town may be eligible to receive using the following formula:

- 90 percent of appropriated funds shall be apportioned on the basis of the share of the population aged 60 and older in a municipality relative to the state's total population aged 60 and older, as defined in the most recent census or in estimates provided in the five-year interim by the Office of Policy and Management; and
- 10 percent shall be apportioned on the basis of a municipality's square mileage relative to the state's total square mileage.

Each town making such application shall provide a 50 percent match to the state's funds. If a town does not apply for funding, that town's portion shall revert to the General Fund.

Not later than 30 days after the Department of Transportation determines the grant amount, the department shall notify towns of the availability of grant funds.

Each town receiving a grant shall submit to the Department of Transportation the following information annually:

- the number of unduplicated riders;
- the number of trips (defined as one-way),
- the number of miles traveled;
- the number of trip denials, and
- the number of hours vehicle is in use annually.

The department shall establish a standard form for the submittal of such information from towns.

Antiquated formula. In the 1980s, as a method of dealing with declining federal funds, a discretionary grant program exists in statute (Section C.G.S. 7-273n) for elderly and handicapped transportation services was established. This grant program pre-dates the mandated Handicapped Access Program. *The committee finds the grant distribution formula is outdated, limits allocation of grants to transit districts that operate programs for the elderly and handicapped, and excludes town-operated programs.* **Thus, the committee recommends:**

Section 7-273n of the Connecticut General Statutes be repealed and replaced with a dial-a-ride grant program as proposed in the previous recommendation.

A local grant program would equalize funding among towns that already have dial-a-ride programs and provide an opportunity for dial-a-ride services to be offered in towns where they are not currently available. The grant formula outlined in the committee's recommendation also requires a town to provide a 50 percent match to state funding, thus sharing in program delivery costs. The grant formula is heavily weighted toward ensuring grant dollars are allocated on the basis of a municipality's aged-60-or-older population, but takes into consideration the special needs of rural areas. Although rural areas do not have a large population base, residents in those communities must travel greater distances, which increases service costs. The program review committee applied the formula and calculated a municipality's share, if \$2.5 million were appropriated. The results are shown in Appendix F.

Town options. Although coordinating services among all populations eligible for paratransit transportation is often cited as a delivery model, the committee chose the town grant option for several reasons. First, as pointed out earlier, no coordinated transportation model exists in the state. Second, the committee believes not enough is currently known about the travel patterns of elderly who use dial-a-ride. A coordinated, regional approach may work for some populations or in rural areas, but, if the vast majority of trips currently used by the elderly occur within their town or border towns, using a coordinated model of service delivery might expand service areas and increase costs. Third, towns historically have modeled their programs on what best suits their seniors. Finally, the recommendation would not prevent municipalities from contracting with a transit district to provide dial-a-ride services (as some towns now do), pooling their grant dollars to operate a multi-town program, or contracting with a private provider for services.

ConnDOT administration. There are several reasons the program review committee believes responsibility for a grant program should be placed within ConnDOT including:

- responsibility for the previous elderly and handicapped transportation grant program in the 1980s was located in ConnDOT;

-
- ConnDOT already funds and oversees the Handicapped Access Program to meet the requirement of the Americans with Disabilities Act of 1990;
 - transportation provided in nonurban areas to a large degree is dial-a-ride, and is mostly used by elderly and persons who are disabled; and
 - other states give primary responsibility to their transportation departments.

Since transit districts do not provide statewide coverage (either because municipalities do not want to become members or transit districts will not let them), in many cases, provision of elderly dial-a-ride has been left up to towns to directly provide. Thus, there is a mix of delivery and funding models used to provide dial-a-ride. As a result, the committee believes the only structure to distribute funds more fairly would be on a town-by-town basis.

Funding for Capital Expenditures for Elderly and Disabled

Section 5310 program summary. As pointed out in Chapter Four, one of the primary sources of capital equipment funding for transportation programs serving elderly and/or disabled persons is the federal Section 5310 program. Nonprofit organizations have always been eligible for the program, and since 1992, municipalities may also apply. The program, which was begun in 1975:

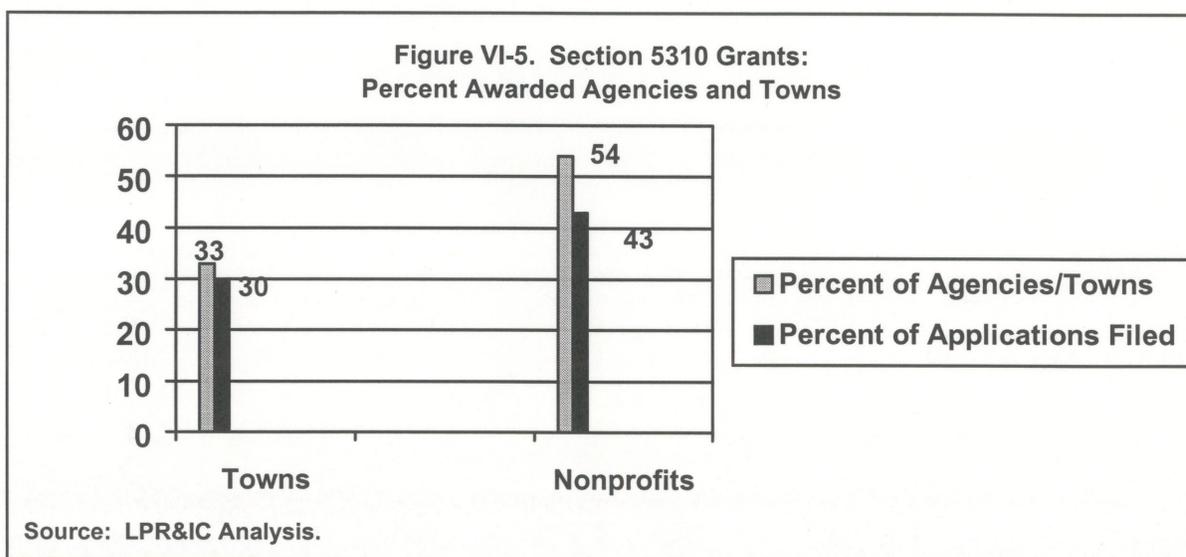
- provides 80 percent federal funding with a 20 percent match from other sources;
- in Connecticut, the 20 percent match has come from ConnDOT;
- each individual grant has a cap of \$30,000 – if the vehicle costs more, grantees must pay for additional costs;
- almost \$15 million has been spent on the program since 1975 -- \$11.8 million in federal funds and \$3 million in state funds;
- currently, program funding is about \$1 million annually;
- since 1987, (when ConnDOT began maintaining data on vans) the program has funded the purchase of 287 vehicles for elderly and disabled residents.⁸
- about 44 applications are received each year, and about half get funding;

Analysis of applications. To obtain a better sense of which organizations apply, which areas of the state they represent, the size of each agency's fleet, and which applicants were successful in obtaining a grant, program review committee staff reviewed all of the 134 applications DOT received for the past three years (FFYs 96-98). The state map in Figure VI-2 shows the distribution of the applicants geographically by town over the three-year period. Appendix G provides a breakdown of applications filed and awarded by town.

⁸ Of course this program is not the sole source of funding for vehicles that transport elderly and disabled populations. Information collected from applications indicated that the 81 applicant agencies alone had 566 vehicles in their fleets. Some of the sources used to purchase vans were the Section 5310 grants, DMR, former Department on Aging, Community Development Block Grants, or municipalities. There are other sources for the lease or purchase of vans that may not be used by these applicants such as: transit districts; Section 5307; or Section 5311 funds.

Applications awarded. Figure VI-2 shows the geographic distribution of grants through the Section 5310 program. In addition to the geographic distribution, the committee also examined awards to towns and to nonprofits, both by recipient type and by number of applications filed by recipient type. The results presented in Figure VI-5 show nonprofit agencies are more successful in being selected as grantees than towns (i.e., 54 percent of nonprofits compared to 33 percent of towns; and 43 percent of applications filed by nonprofits compared with 30 percent submitted by towns).

There are a number of reasons why nonprofits are more likely to obtain a grant. First, as noted above, more nonprofits than towns apply. Nonprofits also frequently apply year after year, while towns do not. Second, program objectives favor replacement of vehicles already funded through prior grants over expansion or addition services. Thus, because nonprofit agencies have always been eligible for the program while towns could apply only since 1992, nonprofits are more likely to have a vehicle that needs replacing. In fact, only 16 percent of the applications indicating an expansion or additional service were approved compared to 35 percent of the applications indicating replacement of a vehicle. Finally, from staff review of applications, those received from towns appear to indicate less coordinated services, and are therefore less likely to receive funding.



Selection Process

The program review committee believes the framework of the selection process outlined in Chapter Four (see page 36) to be a good one in that:

- it is a regionally based selection process through the regional planning agencies (RPAs);
- all nonprofits and towns serving elderly and/or disabled are eligible;
- there are notification requirements regarding availability of funding; and
- there are criteria developed by ConnDOT to help evaluate applications.

ConnDOT, as explained in Chapter Four, has developed seven criteria which the RPAs use in evaluating and prioritizing the applications. How each RPA uses the criteria, however, is not clear. Applications the committee reviewed indicated some funding of grants that did not appear to coordinate services well. *Aside from the established framework, the program review committee finds the evaluation and selection process is very informal and its implementation varies greatly among regions.* For example, only two RPAs appear to use a formal point system to evaluate the criteria and rank the evaluations; the rest indicate their priorities via letter to DOT without stating how their prioritized list was developed.

To ensure the selection process is consistent among the RPAs, **the program review committee recommends the Department of Transportation require regional planning agencies to formalize the evaluation process to a ranking system, and the department should communicate to the RPAs how to implement it.**

Two RPAs, Central Naugatuck Valley and Central Connecticut, have developed formal evaluation processes that could be used as guides. Formalizing the selection process by requiring a numerical ranking would improve the system in a number of ways:

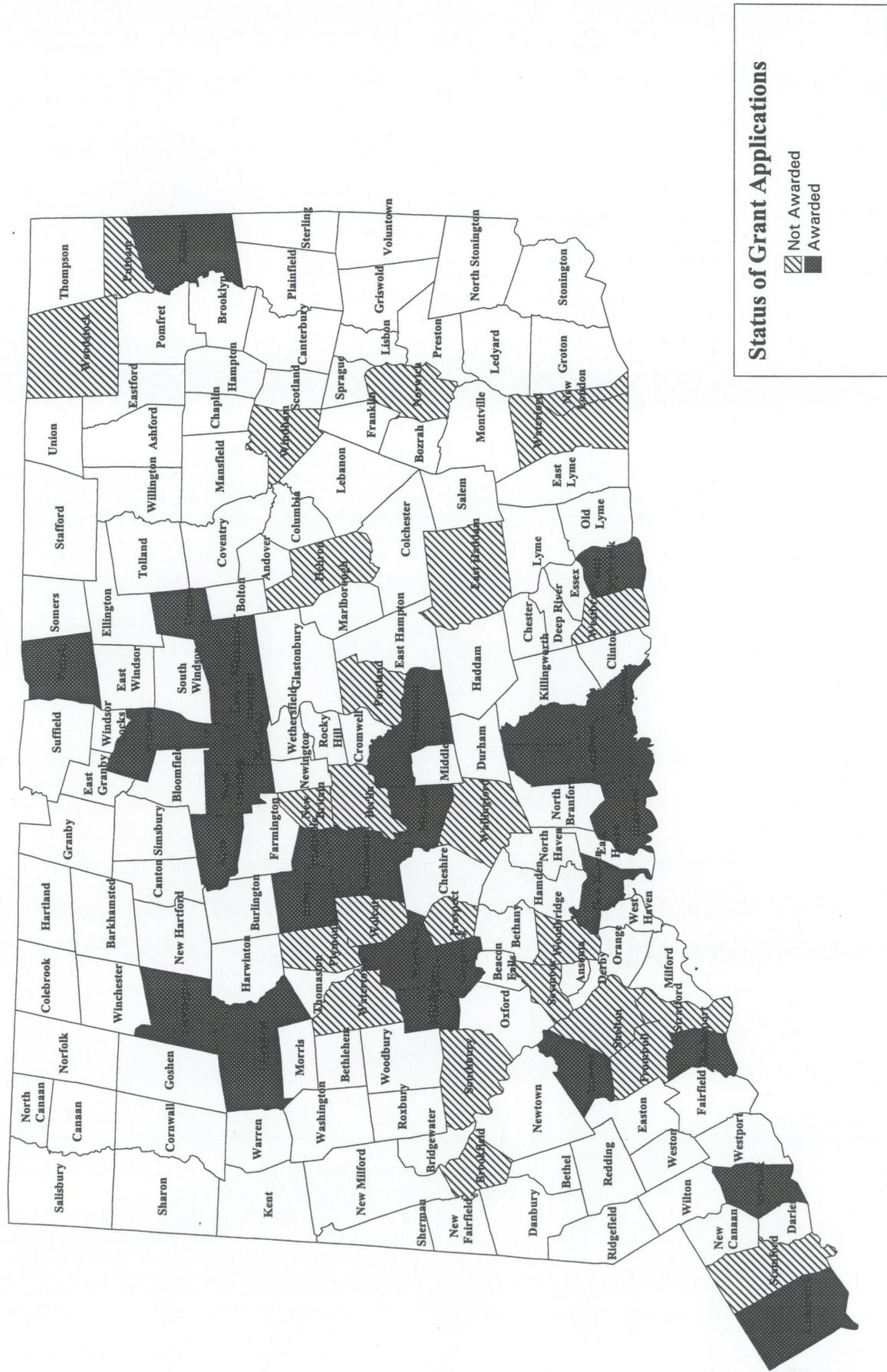
- as justification why one application was selected over another (the highest numbers receive grants etc.);
- as a quantifiable indicator of need – (such as only applications above a certain number are considered needy); and
- a numerical evaluation and ranking system leaves the RPAs and ConnDOT less open to criticism of subjective decision-making and favoritism.

Coordination. One objective of the grant program, and an evaluation criterion, is to award grants to those agencies whose applications demonstrate coordinated services. However, *the committee finds the determination of whether an agency coordinates service is subjective. No formal measures of coordinated service or no thresholds such as number of rides given, number of hours of service each day, or per-trip or per-hour costs, exist for evaluating applications.*

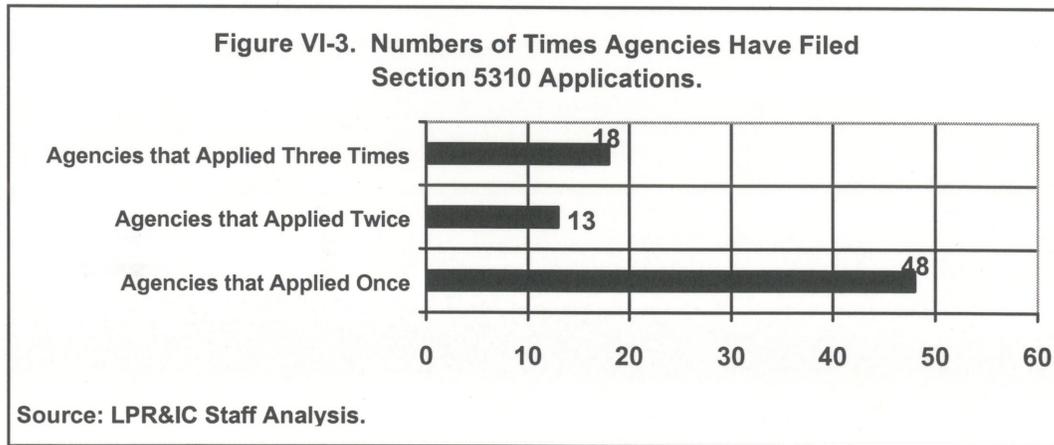
The program review committee found it difficult to determine how DOT evaluates if coordinated services exist since many applications do not clearly state how they will achieve that objective. On the other hand, the program review committee also found applications it believes are good examples of coordination effort. For example, the Waterbury Association of Retarded Citizens uses its vans during the day to transport its clients to jobs and vocational rehabilitation placements, but makes the vehicles available to Easter Seals of Greater Waterbury for its second shift.

The Transportation Association of Greenwich's (TAG) application provides another good model of coordinated services. That organization provides transportation services to clients of a number of different agencies serving the disabled and elderly – the Association of Retarded Citizens of Greenwich, the Greenwich Adult Daycare, the Greenwich Red Cross, the YWCA; the Special Olympics Summer Camp, the Easter Seals Rehab Center and at least one nursing home. TAG contracts with these agencies to provide transportation for a fee.

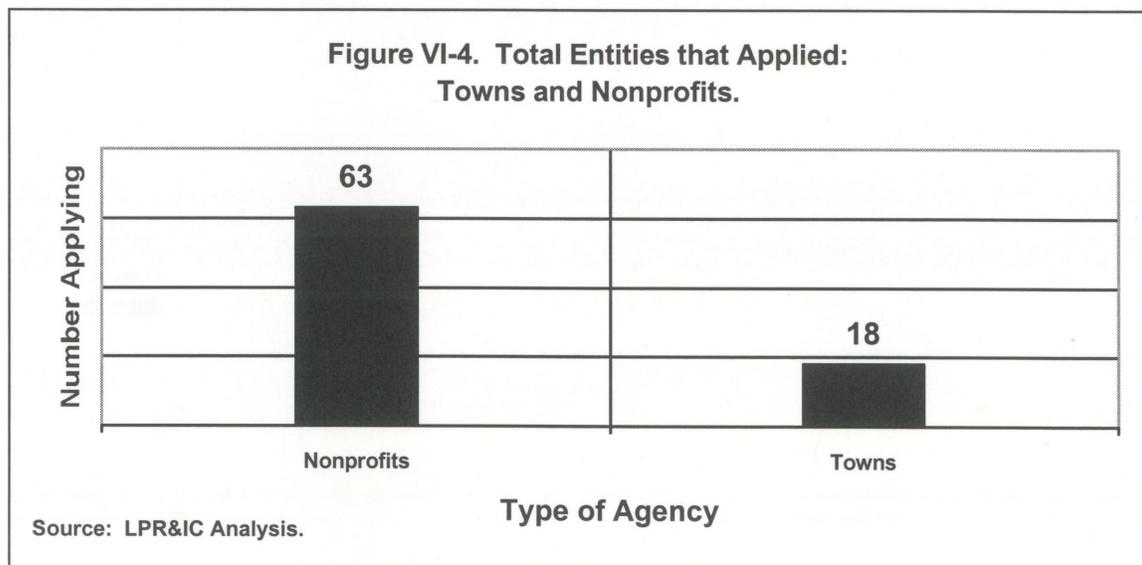
Figure VI-2. Geographic Distribution of Section 5310 Applicants.



Agencies and applications. Eighty-one separate agencies filed 134 applications. The distribution by the number of applications filed is shown in Figure VI-3 and indicates that: 48 agencies applied only once; 13 applied twice; and 18 applied three times.



Even though both nonprofit organizations and towns are currently eligible for grants under the program, nonprofit organizations are much more likely to apply. Only 18 towns applied for the program compared to 63 nonprofit agencies, as shown in Figure VI-4. Of the 134 applications submitted, 78 percent were filed by nonprofit agencies. Applications received from senior centers that appear to operate under the auspices of the town are included in the town numbers. Review of the applications indicated, in general, nonprofit agencies are more likely to serve disabled populations while towns and senior centers provide transportation to primarily an elderly population.



Rather than these separate agencies each requesting a van, hiring separate drivers, and the like, one agency coordinates and delivers their transportation services. Thus, the special transportation needs of the elderly and disabled are met in a coordinated manner.

The committee believes coordination should be given a high priority in evaluating applications. *DOT could use the Section 5310 program as a way of fostering better transportation coordination, by ensuring that only applicants with proposals indicating well-coordinated services will be funded.*

There are a number of actions the program review committee believes could elevate the level of coordination among agencies. *First, DOT should communicate to eligible agencies and to the Regional Planning Agencies that coordination of services, as well as agency need will be carefully evaluated. Second, ConnDOT should develop thresholds of coordinated service for evaluating applications for the Section 5310 program.*

The thresholds ConnDOT develops -- for example, number of hours per week a van will be used -- should be flexible enough to meet both urban and rural area needs, but give agencies an incentive so that if the thresholds can't be met by one agency alone, there will be an incentive for organizations to join and submit a common application. The committee believes a higher priority should be given agencies whose applications meet coordination thresholds over those seeking only to replace a vehicle or that have resubmitted applications frequently.

Not every application will be funded, of course. Historically, about half the applications received awards. Section 5310 program funding has not increased over the years. In fact, after two years of declining funds, FFY 98 levels are about equal to those in FFY 95. In addition, as discussed in Chapter Four, ConnDOT has the authority to transfer funding from this program to other federally funded transportation programs. DOT's ability to transfer funding is enhanced through the new federal reauthorization, TEA-21, because now the department can transfer funds at any time during the fiscal year rather than in the 90-day window at the end of the fiscal year, which had been a previous limitation.

Stagnant funding, and DOT's ability to move money out of the program more easily, will likely lead to even fewer applications being funded. With no increase in number of grant awards, and coordination of services receiving increased emphasis in evaluating grants, applicants should see the benefit of joining together to submit a coordinated application.

Program management and oversight. As noted in Chapter Four, each grant recipient must submit monthly operating reports, but DOT staff indicate compliance is problematic. Also, oversight of grantees through DOT field reviews has not been conducted recently. The program review committee believes DOT should hold grantees more accountable to ensure the services being provided with the van match the description of services contained in the grant application. Therefore, the committee recommends that:

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- 1) **DOT shall not award future grants to any agency that has not complied with the reporting requirements; DOT shall inform all eligible agencies of this in the notifications of funding availability; and**
 - 2) **DOT conduct a random sample of field audits of grantee agencies annually.**

Implementation of these recommendations will improve accountability of grantee agencies by first ensuring a DOT field presence, even if a limited one. Agencies also will be put on notice they may be subject to a field audit, and future funding will depend on compliance with monthly reporting and other program requirements.

APPENDIX A

AGENCY RESPONSE

**Legislative Program Review and Investigations Committee
Elderly Services Report
Department of Transportation Response**

The Department of Transportation appreciates the opportunity to offer a response to the Elderly Services Report. We have prepared individual comments to address certain concerns or suggestions we have about specific points and recommendations raised in the report. Those comments follow this brief introduction.

Many of the comments relate to the funding arrangement among the state, the federal government and the transit operators. It may clarify the overall issue if we explain the nature of that funding relationship.

The state funds 98% of the operating deficit of the public transportation system in the state and all of the non-federal share of capital projects. In addition to the \$150 million in operating subsidies and capital funds that are appropriated by the General Assembly annually, about \$70 million in federal operating and capital funds are also appropriated annually to Connecticut. The federal funds are allocated by urbanized areas.

For many years, the Department has "pooled" federal funds for operating and capital assistance, without regard to which urbanized area or which transit operator "earned" those funds. The agreement that was reached in the 1970's with the service providers was that they could claim federal operating funds for whatever deficits they had in excess of the approved state program (basic level of services), up to the federal maximum. The state would then retain the remaining federal operating funds to help offset the subsidies of the state-owned bus and rail operations. Over the years, the overall level of federal operating assistance has declined, with the state operations absorbing all the decline until two years ago, when the declines began to affect urbanized areas where the state had already allowed the local transit districts to use all the federal operating money.

On the capital funding side, virtually all the capital needs of the bus and public paratransit systems in the state are met through the cooperative development and implementation of the Transit Capital Management Plan. Developed in a constrained funding "envelope," the Plan uses all the available state and federal capital money to insure that the capital needs of bus and paratransit systems around the state are met. The projects are funded when needed, even though an operator in a specific urbanized area might not have enough federal funding available from its own allocation, thereby drawing on the statewide pool of funds. ConnDOT also overmatches federal capital. Fully 34% of capital funds used in transit are state funds; far in excess of the 20% required non-federal match. There is no local transit capital funding. Thus, many projects at the "bottom" of the Capital Plan are funded with pure state dollars.

Understanding this pooling concept of federal funding is important in understanding some of the concerns we express later in this section.

Department of Transportation Response, page 2

The other major area of concern we had with the recommendations related to the structure of the recommended new program of town grants for elderly transportation services.

Connecticut has a diversity of transportation services available to its residents, and a diversity of mechanisms for the delivery of those services. The Department feels that, to the extent possible, we need to build on and support the network of services we have now. We should only create new service infrastructures when effectiveness can be proven and demand warrants it. A totally new grant program, and a program without mandates to force coordination with existing programs, is problematic for us.

Over the past twenty-five years, a cooperative operating and funding environment has evolved for public transportation in the state of Connecticut. The network of state-owned bus and rail services, locally-controlled bus and paratransit services, municipal dial-a-rides and private for-profit and non-profit providers provides a complex backdrop for the delivery of public transportation services to the community of Connecticut. Because of this diverse environment of services and providers, "stock" solutions won't always work. Given a clear vision and a collaborative environment, solutions can be designed to utilize the current providers and the current publicly-funded services to their best effectiveness. However, we also must realize that expansion of services, even through improved coordination, will, at some point, cost more money and may require some fundamental rethinking of how services are delivered and funded in Connecticut.

Department of Transportation Response, page 3

Page 24, Paragraph 1.

The statement is made that “**only** \$305,000 was received by the (Greater) Waterbury Transit District to provide ADA services, with the remaining amount used by DOT for their rail operations.” (Emphasis is ours.) This statement does not acknowledge the state role in operating and funding bus, rail and paratransit services in the greater Waterbury region.

First, all the transit operations in the greater Waterbury area are state-owned: the urban bus service operated by Northeast Transportation Company under contract to ConnDOT; the mandated complementary ADA paratransit service operated by Greater Waterbury Transit District under contract to ConnDOT; and the Waterbury branch of the New Haven Line rail service operated by MTA Metro-North under contract to ConnDOT.

The bus and paratransit services operate at a deficit of approximately \$2.8 million annually. Even including the \$305,000 of federal funding that is allocated to subsidize the ADA services, the remaining \$2.5 million of deficit is fully funded by the state. This does not include the share of the New Haven Line operating deficit that is attributable to the Waterbury Branch which adds about an additional \$1 million to the state deficit payments.

Second, the federal funds require a 50% non-federal match. There is **no** local funding in the GWTD, urban bus or rail budgets. Therefore, in order for more federal money to be allocated to GWTD for ADA services, more non-federal money would need to be provided as match. With no local financial involvement, the money would have to be state money. Thus, it is a zero-sum game. No matter which pocket you pull the money from, there will be \$3.5 million or more of state funding in the area. ConnDOT will still be obligated, as the fixed-route operator in the region, to provide ADA paratransit services at our expense, regardless of how much federal funding is allotted to the GWTD for ADA paratransit.

Based upon the above, we feel the tone of the statement in the report is unwarranted and the example is not a good illustration of the point the writers were trying to make. ConnDOT has for years pooled the federal funds for capital and operating, but has allocated it in cooperation with the local transit operators and the regional planning agencies in a way that has maximized the benefit for all partners. As stated earlier in the “Response” section, the local transit operations were always held harmless for the years of federal operating assistance cuts until the most recent two years.

Department of Transportation Response, page 4

Page 25, Figure III-4 and paragraph 2:

The Figure and the narrative ignore the loss of operating assistance to the state over that time period. The state-owned bus and rail systems took a reduction of \$1,611,162 over that time span. If you go back one more year to federal fiscal 1994, the state lost an additional \$2,334,478 in federal operating aid. These federal operating assistance funds had formerly gone into the Special Transportation Fund to help offset overall transit operating deficits. The state, however, received no increase in funding to offset that reduction. The emphasis on transit district impacts ignores the impact on state-owned transit and paratransit operations. In a zero-sum financial situation such as the statewide pooling of federal and state transit operating funds, any loss to the pool reduces the ability to fund new or existing programs, whether they be transit district-owned or state-owned.

Page 25, last paragraph through Page 26, mid-page:

These paragraphs discuss the flexibilities offered by TEA-21 for capitalizing preventive maintenance and using 10% of total funding in large urbanized areas for ADA services. The Department has opposed both of these concepts to date. We feel capitalizing maintenance or operating expenses is an inappropriate use of capital funds when capital funds are limited.

As stated earlier in the "Response", the policy of ConnDOT has been to pool federal and state capital and operating funds for the overall benefit of the statewide network of public transit services. As effective as the pooling concept is, it is still a zero-sum game. Any reallocation of capital dollars to capitalize maintenance or operating expenses for state- or district-operated services would mean less money would be available for the remaining capital purchases in the Transit Capital Management Plan. Either more pure state dollars would need to be added to fund projects in the capital program, or, in the alternative, projects would need to be dropped off the Capital Plan listing. But this would be unwise since the Plan is already oversubscribed, meaning that there are projects that should be funded but cannot appear on the Plan because of lack of federal and state capital funding.

Page 26, Final paragraph

In the fourth sentence, the report states, "(Passage of TEA-21 didn't occur until late May 1998, almost one month after the adjournment of the Connecticut General Assembly.)"

Department of Transportation Response, page 5

The implication of this statement appears to be that we interpreted legislative intent for the funding provided in Section 50 of the Appropriations Act after the General Assembly had already adjourned and before the federal bill had passed. In fact, the majority of the federal fiscal 1998 transit appropriation was already known, having been passed as part of a short-term extension of the former transportation authorization known as ISTEA (Intermodal Surface Transportation Efficiency Act) in late 1997. The federal fiscal 1998 appropriation included a reduction in operating assistance to the state of approximately \$2.5 million. The Appropriations Act chose \$2.5 million as the proposed funding level precisely because we knew the amount of the federal funding reduction. We also knew that with the lag in receiving federal funding, the impact of the federal fiscal 1998 reduction in operating assistance would not be felt until state fiscal 1999.

The passage of the final version of TEA-21 in late May, 1998, authorized the remainder of the federal fiscal 1998 transportation appropriation, formalizing the total transit spending for the 1998 federal fiscal year, and eliminating any last hope that the \$2.5 million reduction in operating assistance might be restored by Congress.

Page 34, paragraphs 2-4:

The descriptions included in these two paragraphs and the summary paragraph allude to inequities in how services are funded. The final sentence of the chapter suggests that a major rationale for the mixture of services and funding is historical.

The Department would like to point out that attempting to compare these programs and expecting uniformity will be fruitless. Part of the reason is historical, but we believe the "major rationale" for the differences in services and funding is the different roles the different services play. For example, Greater Hartford and Greater New Haven transit districts provide mandated ADA services under contract to the state and addressing the state's legal mandate for complementary service. Greater Bridgeport Transit Authority provides ADA service as part of their own legal mandate. Therefore, comparing the amount or portion of state funding among the different programs is truly an "apples and oranges" comparison.

The valid historical aspect is that the services in these three areas developed before ADA mandates, and their current services reflect this origin, with a mix of elderly and disabled services offered. The funding streams also evolved somewhat differently. With the Hartford area and New Haven area ADA services paid by the state, these districts could get into different programs using the federal funding allocated to them. Greater Bridgeport received substantial but not total ADA funding from the state, so their ability to expand beyond ADA was less. These differences will make a "one size fits all" solution almost impossible.

Department of Transportation Response, page 6

Page 39, Program Management and Oversight

Since the interview with Program Review Committee staff, the Bureau reorganized certain functions and has assigned an employee to work about three-quarter-time on the program. The objective will be to update the State Management Plan for section 5310, manage the annual application process which is underway, and conduct comprehensive field reviews. Six comprehensive field reviews have been conducted since November.

Page 56, paragraph 2

It is rather simplistic to say that the “scope and breadth” of the public transit system in the state is driven solely by fiscal concerns. As with most governmental programs, we are constantly balancing the effectiveness of our services and the availability of financial resources.

Page 56, paragraph 3

The statement is made that “ConnDOT has historically viewed municipal dial-a-ride programs as a human service program rather than a public transportation program for a special population.” That is a correct statement. ConnDOT is in the public transportation business until our mandate is expanded to go beyond transportation expenditures of state agencies. As such, services that are provided for the exclusive use of any special population are not, by definition, public and are not within our mandate. The only exception to this is ADA paratransit which is a complementary service for the disabled who cannot use public transportation and which is mandated for any fixed-route transit provider.

Page 56, 57: ConnDOT expanded role

The report presents a recommendation that ConnDOT should be broadening its planning perspective to include identifying services, needs and gaps statewide, including examining transit district services and municipal services as well as transportation services funded by other governmental agencies, state and local. If the state is going to assume that role, there needs to be a reasonable possibility that if gaps are found, there is a mechanism to provide services to fill the gaps, and funding will follow to address the gaps. Right now, there is no reasonable prospect of significant growth in public transit spending, and even if the money is there, no agent exists to provide service in towns without transit districts and towns where local powers never saw the need or justification for service.

Department of Transportation Response, page 7

Presumably, one of the purposes of the transit district Statute and the mandate for regional planning agencies was to decentralize certain planning and operational responsibility to the local level. In addition, the state would be assuming a transit planning role that is ordinarily assumed by the regional planning agencies. Clearly, there will be a financial and staffing commitment needed in order for the state to assume the roles traditionally performed by the regional transit and planning bodies.

Page 59, Finding on Waterbury Pilot Program; Progress in Implementing P.A. 92-68.

ConnDOT made sincere efforts to implement PA 92-68. To the extent that cooperation was received from other state agencies, a draft statewide survey was prepared. It was never issued as final because significant information gaps existed due to sketchy data from other agencies. Still, the DOT pursued the mandated pilot projects, but was unable to implement the pilots due to specific directives from the legislation that the Department felt could not be met with three pilot programs. Thus, one pilot region was selected – Waterbury. Even after the Department of Social Services (DSS) exempted themselves from the legislative brokerage mandate (PA 96-268), the two departments still worked together on the pilot brokerage until DSS dropped just weeks before start-up. Despite having lost the DSS Medicaid clients from the brokerage, DOT proceeded with an implementation, and is now at the point where other human service agencies are asking to enter the brokerage. In addition, as part of welfare reform, the brokerage will be handling trip planning and brokerage for the DSS, Department of Labor and Federal Transit Administration job access programs.

The report states that the brokerage was not implemented by the transit district as mandated by the legislation, but rather by an independent broker. That broker was selected through a competitive procurement process by the transit district. The district's board voted to hire a broker rather than operate the brokerage in-house. We feel this is totally consistent with the intent of the legislation. Not every transit district has the capabilities to implement such a program internally.

Page 59, Coordination of town dial-a-rides

The report states that it "is premature to recommend coordination for town operated dial-a-ride programs" due to the unproven effectiveness of the brokerage in Waterbury, and the lack of a regional transportation network that covers the entire state.

First, we do not need to wait for the Waterbury brokerage to prove success. As the report notes, other states and regional agencies around the country have implemented successful brokerages. The concept of Connecticut brokerages was to see if such coordinated activities could be modeled in the state given the state and transit district

Department of Transportation Response, page 8

governance structure here. What is likely to be revealed is that the brokerage will not work as designed by the legislature with the transit districts taking the lead around the state, since the districts do not cover the entire state, nor are they all equally capable of performing the brokerage function. This leads to the next point raised by the report.

We also feel that, while transit coverage of the state has many holes, there may be a mechanism for distributing transit services to all 169 towns. As a by-product of welfare reform in the state, regional partnerships were formed to plan and implement transportation services to job sites for those welfare recipients and low-income working poor who needed access to jobs. These regional partnerships now cover the entire state. The membership includes transit operators, job developers, human service agencies and the state departments of transportation, social services and labor. Their mission is to identify service gaps, plan services to meet those gaps, and subcontract with transportation service providers to deliver the services. These groups may be one possibility for delivering dial-a-ride services around the state.

Page 60, Cabinet-level Approach

The committee recommends that ConnDOT propose a “cabinet-level approach” to paratransit coordination.

ConnDOT believes the report should recommend that the Office of Policy and Management propose such a cabinet-level approach. A similar group met on welfare reform and job access. But it is not the role of ConnDOT to propose such a process.

Page 64, Town-Based Grant Program

We see several problems with the town-based dial-a-ride grant program.

1. There will be a tremendous administrative effort required to implement a program with potentially 169 grantees, monitoring their efforts after award, close-outs of contracts, audit reviews, etc. Then, it all starts again for the new year.
2. A per capita distribution of funds will not address past inequities of funding; it will only assure a fair distribution of these particular funds.
3. Given the difficulty of determining current financial involvement of the towns, it will be difficult to insure that new state funds are not simply replacing former town funds.

Department of Transportation Response, page 9

4. The report selects an illustrative amount of \$2.5 million for an elderly dial-a-ride services program. Given the scope of perceived service needs, it can also be illustrative to see how large a state grant program will need to be in order to buy a significant amount of service statewide. For example, at the \$2.5 million funding level, New Haven would receive \$66,807 of state money and would need to match it with \$66,807 of City money. New Haven does not financially support the current extensive dial-a-ride program of the Greater New Haven Transit District. Will they support this new program? This money would buy perhaps 6,000 trips a year at the rate the transit district gets from their contractor. This is a very minimal expansion of the current program that serves thousands of the city's elderly and provides more than 50,000 trips annually in New Haven already. On a smaller scale, what will the Town of Union be able to buy with \$1,913, no transit district serving them and no current town dial-a-ride program?
5. Finally, the whole concept of 169 towns applying separately, and potentially operating separately for a restricted population of customers, flies in the face of all the discussion of coordination in other places in the report.

Page 65, Town Options

The report states there are no coordinated transportation models in the state. ConnDOT would maintain that the Waterbury brokerage is proving itself viable. State transit programs are coordinated by ConnDOT, centralizing transit services and management under a single management structure. The report cites a Department of Social Services brokerage for Medicaid. The transit district system itself is a coordinated system among its member towns. The welfare-to-work partnerships are proving that transportation needs assessment, service planning and service provision can be accomplished on a regional and coordinated basis.

The report then states that coordination could result in trips outside the single-town service area, and a coordinated service "might expand service areas and increase costs." ConnDOT would question the basis for this statement and its validity.

Page 70-71, Coordination

ConnDOT can give higher priority to Section 5310 applications that exhibit coordination. Perhaps the ultimate in coordination could be fostered by only giving section 5310 vehicles to regional brokerages. Then agencies and towns could purchase services from the brokerages.

Department of Transportation Response, page 10

We would like to state in response to the statement in paragraph 3 on page 71 that frequency of applications has no bearing on the relative likelihood of being funded.

Unlike the statement in paragraph 4 on page 71, DOT's ability to transfer funds from section 5310 has not been significantly altered. Whether we can transfer funds once a year or four times a year has no bearing on whether and why we would do it at all.

The statement in paragraph 5 on page 71 that "...DOT's ability to move money out of the program more easily, will likely lead to even fewer applications being funded" is totally without basis. Rarely do we get beyond the top 20 applications and still have good, justifiable, well-written grant requests from agencies capable of providing the services they claim. However, as long as we receive good applications, we will fund section 5310 applicants, regardless of the ease of funds transfers.

Page 72, Program Management

DOT would suggest that the regional planning agencies get involved in monitoring the agencies in their area. Then they may be better prepared to review applications when they come in. Further, in the upcoming revision of the State Management Plan, a guideline will be included that about 50% of the recipient agencies be field-audited each year. While not final, a goal of that scope will be included. The sample of agencies may be random, or may be more effective if they are stratified samples that focus on agencies that need the assistance.

Appendix E – Profile of Other States

The examples cited in the review of programs in other states presents service options and administrative options that are very different from the "169-town" option recommended in this report. Most of the state programs reviewed use the county governmental structure to manage their programs. Maryland pools federal and state money, similar to the way Connecticut does it, but more so. In Pennsylvania, municipal programs are rare because they run most of the services through regional brokers. Rhode Island has a statewide brokerage – coincidentally operated by the same broker we are using in Waterbury. If we respect the research on the activities of other states, we would suggest that a 169-town grant program is not consistent with the concepts implemented by these other states.

Appendix B

Legislative Program Review and Investigations Committee Connecticut General Assembly

MUNICIPAL SURVEY

NAME OF MUNICIPALITY _____

1. Are dial-a-ride transportation services for the elderly available in your municipality?
_____ yes _____ no

If you answered no to question #1, please do not complete the rest of the survey, but return it in the envelope provided. If you answered yes, please complete the survey.

2. How does your municipality provide dial-a-ride services?
_____ the municipality directly operates the dial-a-ride program
_____ the municipality contracts with a private provider to operate the dial-a-ride program
_____ the municipality contracts with a transit district to operate the dial-a-ride program
_____ other (specify) _____
3. Identify the populations served by your municipality's dial-a-ride program (check all that apply):
_____ aged 60 or older _____ aged 65 or older _____ persons with disabilities
_____ all town residents _____ other (specify) _____
4. Does your dial-a-ride program provide service to:
_____ local nursing homes _____ local elderly housing
_____ local assisted living facilities _____ local senior centers
_____ local congregate housing sites _____ local congregate meal sites
5. Identify the geographic boundaries served by your municipality's dial-a-ride program (check all that apply):
_____ within an area of the town _____ town-wide _____ border towns
_____ urban hospitals _____ suburban/rural hospitals
_____ other (please specify) _____
6. Indicate what types of trips are allowed (check all that apply):
_____ medical _____ lunch program _____ shopping _____ social
_____ church _____ other (please specify) _____
7. Is priority given for certain types of trips (i.e. medical, lunch programs, shopping)?
_____ yes _____ no

8. If yes, please rank in order of trip priority (1 being first priority):
 _____ medical _____ lunch program _____ shopping _____ social
 _____ church _____ other (please specify) _____
9. Is a fare charged?
 _____ yes _____ no
10. If yes, what is the fare per ride _____
11. If no fare is charged, is a donation requested?
 _____ yes _____ no
12. If yes, what is the suggested donation amount _____
13. Are reservations required?
 _____ yes _____ no
14. If yes, how much advance notice is necessary to use the dial-a-ride program:
 _____ minimum (specify hours or days)
 _____ maximum (specify hours or days)
15. Indicate the type of pick-up and drop off service dial-a-ride provides (check one):
 _____ curb-to-curb _____ door-to-door _____ door through door
16. Indicate hours and days of week the dial-a-ride program operates:

Hours of Operation for Dial-a-Ride Program							
	<i>Mon.</i>	<i>Tues.</i>	<i>Wed.</i>	<i>Thurs.</i>	<i>Fri.</i>	<i>Sat.</i>	<i>Sun.</i>
<i>Begin</i>							
<i>End</i>							

Program Statistics

17. Please complete the information concerning ridership in the table below.

Unduplicated Individuals In Your Municipalities Using Dial-a-Ride.			
<i>Riders</i>	<i>FY 96</i>	<i>FY 97</i>	<i>FY 98</i>
Number of Unduplicated riders (i.e. registered riders)			
Annual number of one-way trips (A trip is defined as one-way: ex, a round trip by 2 passengers is 4 total trips).			
Annual number of miles traveled			
Annual number of denied trips			

18. How frequently are riders refused a trip (check one)?
 _____ daily _____ weekly _____ monthly _____ rarely
 _____ never

19. What is the primary reason riders are refused:
 _____ ride request is outside of service area _____ insufficient capacity
 _____ caller is ineligible for program _____ no service on day requested
 _____ other (specify) _____

Program Funding and Costs

20. Please indicate in the table below the total annual cost for dial-a-ride services in your municipality for each fiscal year listed (July 1 – June 30).

<i>Costs</i>	<i>FY 96</i>	<i>FY 97</i>	<i>FY 98</i>
Annual Costs			

21. Please complete the funding information requested in the table below for each fiscal year.

Funding for Dial-a-Ride Programs			
<i>Operating Revenue</i>	<i>FY 96</i> <i>(July 1 – June 30)</i>	<i>FY 97</i> <i>(July 1 – June 30)</i>	<i>FY 98</i> <i>(July 1 – June 30)</i>
Federal Funds (identify source) _____ _____			
State Funds (identify source) _____ _____			
Municipal funds			
Donations			
Other (specify): _____			
Total Revenues			

22. Is your dial-a-ride service sufficient to accommodate the elderly population?
 _____ yes _____ no

23. If you answered no to question #22, please provide reason(s):

24. Have you identified any gaps in service? yes no

25. If yes, what is/are the gap(s)?

- lack of transportation to hospitals in urban areas
- lack of transportation to medical specialists in large towns/cities
- weekend service needed but not provided
- night hours needed but not provided
- cannot serve all the people who would like to register for the program?
- door through door service needed but not provided
- door to door service needed but not provided
- other (specify) _____

Outreach/Public Awareness

26. What types of outreach and public awareness activities do you conduct to make residents aware of the town's dial-a-ride program?

- newspapers brochures newsletter
- town meetings direct mail radio
- local cable tv internet local directory
- Infoline service list senior center presentations
- other (specify) _____

27. Do you survey your riders to evaluate their satisfaction with the service?

- yes no

IF YOU HAVE ANY BROCHURES DESCRIBING YOUR SERVICES, PLEASE MAIL OR FAX THEM BACK WITH THE SURVEY BY AUGUST 7, 1998

<p><i>Please feel free to provide additional comments below or on a separate sheet of paper and return the survey by fax (860) 240-0327 or in the envelope provided by August 7, 1998. Thanks again for taking the time to fill out this survey.</i></p>
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Appendix C

Contact _____
Phone _____
Fax _____

Legislative Program Review and Investigations Committee Connecticut General Assembly

SURVEY OF TRANSIT DISTRICTS

NAME OF TRANSIT DISTRICT _____

The first three survey questions concern paratransit services provided under the Americans with Disabilities (ADA) act.

1. Please indicate the number of individuals currently certified in your transit district as ADA eligible:
_____ the number of ADA certified individuals aged 60 years or older
_____ the number of ADA certified individuals aged 59 or younger
_____ none – the district does not provide ADA paratransit services
2. What steps are taken by the district to verify eligibility for ADA mandated service (check all that apply):
_____ self declaration of disability by applicant
_____ physician (or other health professional) is contacted to verify disability
_____ applicant must submit information from a physician (or other health professional) documenting disability.
3. How often is recertification performed
_____ never
_____ annually
_____ every two years
_____ other (please specify) _____

Please refer to the instructions to determine if you should answer questions #4 - #32. The remainder of the survey asks questions about non-ADA Dial-a-Ride Transportation Services. Eligibility for dial-a-ride may include all residents within a geographic area, or may be restricted to elderly individuals (aged 60 or 65 and older), and those with a disability. Non-ADA Dial-a-Ride programs do not have federally mandated requirements and therefore, differ from ADA paratransit services in many ways, including eligible populations to be served, hours and days of operation, and fees charged.

4. How does the transit district provide non-ADA elderly dial-a-ride services (check those that apply):
_____ the district directly operates a non-ADA dial-a-ride service
_____ the district directly contracts with providers for dial-a-ride services
_____ other (please specify) _____

Please attach a list of municipalities in which the transit district operates or is responsible for contracting for non-ADA dial-a services.

5. Does your transit district combine the provision of dial-a-ride service for ADA eligible and non-ADA eligible individuals?

yes

no

6. Identify the populations served by the non-ADA dial-a-ride program (check all that apply):

aged 60 or older

aged 65 or older

persons with disabilities

all town residents

other (specify) _____

7. Does the rider have to prove he/she is eligible to use non-ADA dial-a-ride services:

yes

no

8. If proof of eligibility is required, who is responsible for determining it:

transit district

municipality

provider

other (specify) _____

9. Identify the geographic boundaries served by the non-ADA dial-a-ride program (check all that apply):

within a town area

town-wide

border towns

other (specify) _____

10. Indicate what types of trips are allowed (check all that apply):

medical

lunch program

shopping

social

church

other (please specify) _____

11. Is priority given for certain types of trips (i.e. medical, lunch programs, shopping)?

yes

no

12. If yes, please rank in order of trip priority:
 medical
 lunch program
 shopping
 social
 church
 other (please specify) _____
13. Is a fee charged?
 yes
 no
14. If yes, what is the fee _____
15. If no fee is charged, is a donation requested?
 yes
 no
16. If yes, what is the suggested donation amount _____
17. Are reservations required?
 yes
 no
18. If yes, how much advance notice is necessary to use the non-ADA service:
 minimum (specify hours or days)
 maximum (specify hours or days)
19. Indicate the type of pick-up and drop off service you provide for non-ADA dial-a-ride (check one):
 curb-to-curb
 door-to-door
 door through door
20. Indicate hours and days of week the non-ADA dial-a-ride program operates (if the hours and days differ from town to town, please identify the name of the town and the hours/days of operation on a separate sheet of paper):

Hours of Operation for Dial-a-Ride Program							
	<i>Mon.</i>	<i>Tues.</i>	<i>Wed.</i>	<i>Thurs.</i>	<i>Fri.</i>	<i>Sat.</i>	<i>Sun.</i>
<i>Begin</i>							
<i>End</i>							

Funding and Annual Cost for Program Operation: *As part of the program review committee study, the committee is seeking information on the source of funds used and total funds expended to operate non-ADA dial-a-ride programs that serve the elderly. Questions 20 and 21 request information on funding and costs. If you do not know the exact amount, please provide the best estimate available and indicate if estimates are used.*

21. Please complete the table below for each fiscal year listed.

Funding for Non-ADA Dial-a-Ride Programs			
<i>Operating Revenue</i>	<i>FY 96 (July 1 – June 30)</i>	<i>FY 97 (July 1 – June 30)</i>	<i>FY 98 (estimate) (July 1 – June 30)</i>
Cash Fares			
Donations			
Federal Section 5307 Funds (formerly Section 9)			
Federal Section 5311 Funds (formerly Section 18)			
State funds			
Municipal funds			
Older Americans Act Title III Funds			
Other (specify): _____ _____			
Total Revenues			

22. Please indicate in the table below the total annual cost (operating and capital) involved in providing non-ADA dial-a-ride for each fiscal year?

Annual Costs for Non-ADA Dial-a-Ride Program.			
<i>Annual Costs</i>	<i>FY 96</i>	<i>FY 97</i>	<i>FY 98 (estimate)</i>
Operating			
Capital			

Vehicle Information

23. Please indicate the number of vehicles used to operate your non-ADA dial-a-ride program:

24. Please indicate the total seating capacity of the vehicles used _____

Program Statistics: Questions 26 and 27 request information about ridership over the last three years.

25. Please complete the tables below.

Total Number of Unduplicated Individuals Using Non-ADA Dial-a-Ride.			
<i>Riders</i>	<i>FY 96</i>	<i>FY 97</i>	<i>FY 98 (estimate)</i>
Disabled			
Elderly			
General Population			
Total			

26. Please complete the below table.

Other Ridership Data			
<i>Annual Statistics</i>	<i>FY 96</i>	<i>FY 97</i>	<i>FY 98 (estimate)</i>
Annual number of one-way trips – (A trip is defined as one-way: ex, a round trip by 2 passengers is 4 total trips).			
Annual number of miles traveled			
Annual number of denied trips			
Annual number of cancelled trips			
Annual number of no shows			
Annual number of hours vehicle in service			

27. How frequently are riders refused a trip (check one)?

- _____ never
- _____ daily
- _____ weekly
- _____ monthly

28. What is the primary reason riders are refused:
- ride request is outside of service area
 - insufficient capacity
 - service doesn't operate on particular day requested
 - rider is ineligible based on program criteria
 - other (specify) _____

29. Is your non-ADA dial-a-ride service sufficient to accommodate the elderly population?
- yes
 - no

30. If you answered no to question #28, please provide reason(s):

Outreach/Public Awareness

31. What types of outreach and public awareness activities do you conduct to make eligible individuals aware of the non-ADA dial-a-ride program?

- newspapers
- brochures
- newsletter
- town meetings
- direct mail
- radio
- cable television
- internet
- other (specify) _____

32. Do you survey your riders to evaluate their satisfaction with the service?

- yes
- no

Please feel free to provide additional comments below or on a separate sheet of paper and return the survey by fax (860) 240-0327 or in the envelope provided by July 10, 1998. Thanks again for taking the time to fill out this survey.

Appendix D

Section 13b-38n. Contracts for the regionalization and coordination of special transportation services. (a) The Commissioner of Transportation shall divide the state into transportation service regions based on any recognized or estimated traffic patterns of special transportation services in order to establish a regional framework for the planning and coordination of such services. On or before January 1, 1993, the commissioner shall designate three or more transportation service regions, established pursuant to this subsection, to participate in a pilot program for the coordination and brokerage of special transportation services.

- (b) In each transit service region participating in the pilot program, the Commissioner of Transportation and the commissioner of the agency providing or funding the special transportation services shall contract with one or more transit districts in the region to serve as the broker of state and federal funding for special transportation services and to develop a plan for the coordination of such services. The Department of Social Services shall be exempt from entering into such contracts for the provision of special transportation services. The Departments of Mental Health and Addiction Services and Mental Retardation shall enter into such contracts on or before July 1, 1993. All other state agencies identified as providing or funding special transportation services, pursuant to section 13n-38m, shall enter into such contracts on or before July 1, 1994. Prior to entering into any contract pursuant to this subsection, the Commissioner of Transportation shall consult with operators and consumers of special transportation services to obtain their recommendations on matters related to such contracts.
- (c) On and after July 1, 1993 the commissioner of Transportation and the commissioner of the agency providing or funding the special transportation service regions not participating in the pilot program established pursuant to subsection (a) of this section may contract with transit districts in transportation service regions to serve as a broker of state and federal funding for special transportation services and to develop a plan for the coordination of such services. On or before January 1, 1994, the Commissioner of Transportation shall designate a transit district in each transit service region not served by a broker to develop, with the assistance of any regional planning agency organized under the provision of chapter 127 in such region, a plan for the coordination of special transportation services.
- (d) In each transportation service region designated to be served by a broker under contract with the Department of Transportation, the commissioner shall establish an operations advisory committee composed of representatives of the regional planning agencies, transit districts, contracting state agencies Department of Public Health, operators and consumers of special transportation services to make recommendations for the development of plans and contracts and to review operating programs.

(e) Any transit district serving as a broker of special transportation services may contract with a municipality to provide transportation services to residents of that municipality. The Commissioner of Transportation may reimburse such municipalities, to the extent of appropriated funds, for any matching amounts required to obtain state or federal funds.

(f) For the purposes of this section "special transportation service" shall include, but not be limited to, transportation services for persons with disabilities or the elderly, transit services for persons receiving assistance pursuant to Title IXI and transportation services provided pursuant to the Americans with Disabilities Act of 1990.

(g) The provisions of this section shall not apply to vehicles furnishing emergency medical services, provided a state agency may include in the pilot program and emergency vehicle furnishing nonemergency medical services.

(h) Nothing in this section shall preclude the Department of Social Services from purchasing medical transportation services pursuant to section 17b-276.

Appendix E

Profile of Other States

The program review committee conducted a telephone survey of selected states to examine how dial-a-ride services to the elderly are delivered. Three states (Florida, Pennsylvania, and Rhode Island) are considered models in terms of how specialized transportation services, such as dial-a-ride, are coordinated. Maryland was also surveyed. There is wide variation among the states in delivery and funding of dial-a-ride services to the elderly. A brief narrative of the states selected is presented below.

Florida

Florida's legislature created the Transportation Disadvantaged Program in 1979 to coordinate paratransit services for the state's transportation disadvantaged (TD) population. The program was established to provide cost effective and efficient services by reducing fragmentation and duplication among state agencies that purchase demand-response transportation services. Under Florida law, if any state or local agency receives local, state, or federal funds for the transportation of TD persons, the agencies must participate in the appropriate coordinated transportation system. State agencies that purchase services include the Departments of Education, Elder Affairs, Children and Families, Labor and Employment Security, Veteran's Affairs, and the Agency for Health Care Administration.

Transportation disadvantaged individuals may qualify for assistance through multiple agency programs. Persons are considered transportation disadvantaged when physical or mental disabilities, low-income status, or old age makes them unable to transport themselves or purchase alternative transportation. Simply being elderly may not qualify an individual to be eligible for the program. As a general rule, an individual must be 60 or older and be disabled or low-income in order to receive services under the program.

The Commission for the Transportation Disadvantaged administers the program at the state level. The commission is composed of 27 members, representing social service agencies, including the Department of Elder Affairs, who purchase transportation services for their clients. Also represented on the commission is the Department of Transportation, a public transit association, citizens' advocacy groups from rural and urban areas, and transportation providers. The commission employs 12 full-time staff.

The responsibilities of the Commission include:

- establishing statewide objectives;
- assisting communities in establishing coordinated systems, and
- developing standards for covering the coordination, operation, costs, and use of the transportation disadvantaged services.

The provision of dial-a-ride services occurs at the regional level. The commission contracts with regional Community Transportation Coordinators (CTCs) upon the recommendation of the state's purchasing agency for transportation services and the Metropolitan Planning Organizations (MPOs) within the region. Community Transportation Coordinators (CTCs) are responsible for coordinating transportation services within a designated area. The CTCs may contract with local operators to deliver transportation services or they may directly provide the service. Local Coordinating Boards within each region, that parallel the state commission, oversee the operations and performance of each CTC.

The CTCs are responsible for determining the level of service provided depending on service demand in their area and based on the different agreements with the various state agencies purchasing services. Thus, demand-response services vary among service areas. A service area may include one county or multiple counties.

In addition, each CTC must submit a report to the Commission each September, which includes funding issues, demographics of passengers served for the year, and the number of trips provided. There are also surveys conducted of the riders and ride-along observations.

Ridership. Transportation Disadvantaged persons may use the program for a variety of trip purposes, depending on the funding source and restrictions of each state agency's program. For example, clients of the Department of Veterans' Affairs clients may only be able to use transportation for medical appointments while clients of the Department of Mental Retardation may be transported to shopping, church and medical appointments. Medical appointments however, are considered to be top priority in all areas along with transportation to education/training or employment.

In FY 97, 632,454 riders used the program. There were 5.7 million trips provided to elderly clients, including 2.7 million trips provided to disabled elderly, and 2.9 trips provided to elderly with low incomes.

Funding. In FY 97 the commission reported \$6.8 million dollars was provided to the CTCs for operating and capital expenses related to the provision of transportation services for clients of the Department of Elder Affairs.

Maryland

In Maryland, federal and state funds are pooled together at the state level under the state Department of Transportation and disbursed to 24 counties to provide a variety of public transportation services. Because the state combines federal and state transportation funds before disbursing the money, the services provided in an area must meet the federal and state mandates attached to each funding source. In order to receive transportation funds a county must contribute a 25 percent funding match.

Although dial-a-ride services are mandated for eligible individuals under the Americans with Disabilities Act (ADA), there is no similar mandate that requires the state to provide elderly dial-a-ride. However, although no mandate exists, the state provides funding for elderly and handicapped transportation programs. The programs operate in almost every area of the state and services offered range from fixed-route bus service to dial-a-ride to taxi-voucher programs.

The state-funded program for transportation services for elderly and handicapped individuals is known as the Statewide Specialized Transportation Assistance Program (SSTAP). Under state statute establishing the program, elderly and handicapped transportation services may include any "option or mix of options that may include paratransit or fixed-route service" needed to accommodate the county's elderly and handicapped population. Exceptions to this are dial-a-ride programs operated using only municipal funds.

The Maryland Department of Aging, which oversees elderly affairs, including elderly transportation, works in conjunction with the transportation department to deliver appropriate services to the elderly and handicapped populations. The State Department of Transportation, however, has the lead role of authority and oversight with regard to actual delivery of service, the quality of services and disbursement of federal and state transportation funds that may be applicable to dial-a-ride services.

The state Department of Transportation allocates federal and state funds to the counties based upon a formula that includes the total population of the county and the total number of elderly and disabled population of the county. Older Americans Act dollars are disbursed on a formula based on the total population of the area, the population of 60 and older, and the total number of poor, minority elderly in the area.

Funding for the SSTAP began in 1985 with a legislative appropriation of \$2.2 million dollars. In 1991 funding was decreased to \$1.8 million. In 1995 funds were again increased to \$2.3 million and for the past four fiscal years state funding has remained stagnant at \$2.4 million dollars.

Transportation providers who receive funding through the SSTAP must provide trips for *any* purpose, may not restrict its transportation service to clients of social service agencies, may establish reasonable fares, and may permit persons other than the elderly and handicapped to use transportation services to the extent capacity is available. Under the program, transportation services for the elderly and persons with disabilities are primarily offered as a curb-to-curb or door-to-door service, however, adult day care centers may expand this to include door through door for certain individuals. Paratransit services mandated under the Americans with Disabilities Act provide curb-to-curb service while a county receiving SSTAP funds must provide door-to-door service.

Ridership. Seniors and persons who are disabled may use dial-a-ride transportation services for medical appointments, shopping, nutrition programs, and

social visits. Any person aged 60 and older is considered eligible for elderly transportation services.

The state Department of Transportation has performance measures for the elderly and handicapped fixed-route and demand-response services. For demand-response services there are four measures used to assess the cost-effectiveness and quality of the services provided including:

- farebox recovery amount;
- operating cost per mile;
- subsidy per passenger; and
- number of passengers per mile.

Based on the measures reported by the county, the state may alter the amount of funding the county receives and make recommendations regarding the type of service being provided in a particular county. In addition to these four performance measures, every five years the state produces an extensive Transit Development Plan. The four performance measures stated above, along with surveys of actual riders and data collected during observer ride-a-longs, are used to revise and replace services as needed and to anticipate services for the future. This information is also used to assist counties and municipalities in making decisions to extend/reduce or alter current services.

The state of Maryland is currently undergoing an extensive Mass Transportation Study that includes demand-response services. A primary focus of the study is the funding overlap for particular transportation services.

Pennsylvania

Pennsylvania offers two transportation programs for the elderly - the Free Transit Program and the Shared-Ride Program for Older Adults. The Pennsylvania Department of Transportation (PennDOT) administers both programs. The Free Transit Program for seniors was initiated in 1973 and provides free rides to those seniors who use fixed-route systems during off peak hours. The Free Transit Program primarily benefits elderly individuals who reside in urban areas.

The Shared-Ride Program for Older Adults provides demand-response transportation to meet the needs of residents age 65 and older, who do not reside in areas where fixed route bus services operate or cannot physically access the fixed route services. The program was established in 1980 and enables senior citizens to ride at reduced or free fares on shared-ride demand responsive systems. The program is funded through the Pennsylvania Lottery. Due to the generous funding provided through the state lottery fund, municipalities generally do not fund or operate a supplemental dial-a-ride service.

In 1991, Act 36 provided for an 85 percent fare reduction for senior citizens using the Shared-Ride Program. In addition, the act required the Department of Aging, in

cooperation with the Department of Transportation, to conduct periodic administrative studies. Since 1993, the last time a study was conducted, no major changes to the program have occurred.

Ridership. There are no restrictions on trip purpose. An individual may use the service for medical appointments, shopping, or social trips. However, if a social service agency, such as an Area Agency on Aging, is paying the 15 percent co-pay on behalf of its elderly client, the agency may place restrictions on trip destinations

The Shared-Ride Program requires advance reservations of 24 hours. Although riders from the general public are eligible to use the program, they are charged a full fare. The Shared-Ride Program is available in every county of Pennsylvania but the delivery of service may vary.

Funding. State lottery funds are disbursed to the Pennsylvania Department of Transportation. PennDOT then distributes those funds directly to the public and private transportation providers of the shared-ride services throughout the Commonwealth. The Lottery Fund reimburses providers 85 percent of the fare for senior citizens that ride the shared-ride service. The remaining 15 percent may be paid by the elderly individual or by a third party, such as an Area Agency on Aging.

In FY 97-98 \$61.1 million was appropriated for the Shared-Ride for Senior Citizens Program and \$56 million was expended. In its annual report, PennDOT reported 6.5 million one-way trips, making the cost per trip about \$8.60. The \$61.1 million appropriation remained the same for FY 98-99.

Rhode Island

In Rhode Island, the Departments of Transportation, Elderly Affairs, Human Services, Mental Health and Retardation, and Rhode Island Public Transit Authority (RIPTA) contract with a centralized broker for the provision of demand-response services. The broker is responsible for all trip reservations and vehicle scheduling duties. The Governor's Paratransit Task Force consisting of representatives from the participating agencies, oversees the program.

The program, known as "The Ride," operates throughout the entire state according to five different zones and 11 transportation providers. Only four types of trips are allowed under "The Ride" including (in order of priority):

- daily trips to adult day care facilities;
- trips provided to individuals in need of dialysis, cancer treatment, and other serious medical treatment;
- trips to daily congregate meal sites; and
- trips to routine doctor appointments.

The program is funded through specific budget allocations for elderly transportation, in addition to one cent of the gas tax. Municipalities may also fund their own dial-a-ride transportation program for use by its residents. The majority of municipalities who fund programs do so to accommodate trips "The Ride" does not provide, such as shopping, social trips and errands. Municipalities may also supply additional funding to the statewide system in order to receive additional services rather than funding their own programs.

Ridership. Statewide, about 14,000 individuals use "The Ride;" 80 percent are elderly. The Department of Elderly Affairs expends about \$2.8 million a year to fund the program. Individuals qualify for the program if they are aged 65 or older, and/or receive Social Security disability.

A 1991 study was done on the transportation system that was operating in Rhode Island at the time. Since then the centralized brokerage was implemented. The state is currently undergoing another review of the program.

Appendix F

State Grant Allocation Based on \$2.5 Million Appropriation.			
<i>Town</i>	<i>Grant</i>	<i>Town</i>	<i>Grant</i>
Andover	\$2,019	East Haven	\$22,139
Ansonia	\$14,646	East Lyme	\$11,631
Ashford	\$3,512	East Windsor	\$7,901
Avon	\$11,527	Eastford	\$2,245
Barkhamsted	\$3,590	Easton	\$5,918
Beacon Falls	\$3,281	Ellington	\$7,238
Berlin	\$14,973	Enfield	\$32,621
Bethany	\$3,757	Essex	\$6,668
Bethel	\$9,962	Fairfield	\$47,789
Bethlehem	\$2,964	Farmington	\$17,203
Bloomfield	\$19,982	Franklin	\$2,063
Bolton	\$3,334	Glastonbury	\$21,100
Bozrah	\$2,511	Goshen	\$3,803
Branford	\$23,250	Granby	\$6,878
Bridgeport	\$85,914	Greenwich	\$49,167
Bridgewater	\$2,005	Griswold	\$7,475
Bristol	\$44,537	Groton	\$23,387
Brookfield	\$8,359	Guilford	\$14,790
Brooklyn	\$5,816	Haddam	\$6,048
Burlington	\$4,539	Hamden	\$48,820
Canaan	\$2,353	Hampton	\$2,252
Canterbury	\$3,987	Hartford	\$61,869
Canton	\$6,144	Hartland	\$2,651
Chaplin	\$2,000	Harwington	\$4,964
Cheshire	\$18,408	Hebron	\$4,031
Chester	\$3,178	Kent	\$4,528
Clinton	\$7,695	Kiillingly	\$12,695
Colchester	\$8,806	Killingworth	\$4,804
Colebrook	\$2,569	Lebanon	\$5,624
Columbia	\$3,491	Ledyard	\$9,044
Cornwall	\$3,455	Lisbon	\$2,729
Coventry	\$6,757	Litchfield	\$9,740
Cromwell	\$10,012	Lyme	\$3,429
Danbury	\$40,303	Madison	\$13,369
Darien	\$13,177	Manchester	\$39,387
Deep River	\$3,676	Mansfield	\$10,669
Derby	\$10,874	Marlborough	\$3,333
Durham	\$4,302	Meriden	\$42,379
East Granby	\$3,529	Middlebury	\$5,873
East Haddam	\$6,797	Middlefield	\$3,740
East Hampton	\$6,788	Middletown	\$26,128
East Hartford	\$41,444	Milford	\$39,076

<i>Town</i>	<i>Grant</i>	<i>Town</i>	<i>Grant</i>
Monroe	\$10,135	Simbusry	\$15,608
Montville	\$12,051	Somers	\$6,459
Morris	\$2,541	South Windsor	\$13,134
Naugatuck	\$18,670	Southbury	\$21,565
New Britain	\$56,238	Southington	\$27,721
New Canaan	\$14,168	Sprague	\$2,314
New Fairfield	\$7,807	Stafford	\$9,522
New Hartford	\$4,882	Stamford	\$74,971
New Haven	\$66,807	Sterling	\$2,496
New London	\$16,417	Stonington	\$15,830
New Milford	\$14,325	Stratford	\$48,298
Newington	\$27,130	Suffield	\$10,538
Newtown	\$14,076	Thomaston	\$5,084
Norfolk	\$3,828	Thompson	\$8,731
North Branford	\$8,892	Tolland	\$6,205
North Canaan	\$3,826	Torrington	\$30,489
North Haven	\$22,375	Trumbull	\$28,664
North Stonington	\$5,319	Union	\$1,913
Norwalk	\$54,298	Vernon	\$19,997
Norwich	\$28,971	Voluntown	\$2,955
Old Lyme	\$7,105	Wallingford	\$31,641
Old Saybrook	\$10,636	Warren	\$2,204
Orange	\$12,534	Washington	\$4,760
Oxford	\$5,825	Waterbury	\$81,976
Plainfield	\$9,980	Waterford	\$19,715
Plainville	\$12,935	Watertown	\$15,722
Plymouth	\$8,702	West Hartford	\$64,664
Pomfret	\$3,860	West Haven	\$38,324
Portland	\$7,731	Westbrook	\$5,705
Preston	\$5,415	Weston	\$5,486
Prospect	\$6,149	Westport	\$20,594
Putnam	\$7,873	Wethersfield	\$29,737
Redding	\$5,994	Willington	\$3,829
Ridgefield	\$13,242	Wilton	\$11,348
Rocky Hill	\$13,041	Winchester	\$9,707
Roxbury	\$2,701	Windham	\$15,688
Salem	\$2,736	Windsor	\$20,991
Salisbury	\$7,162	Windsor Locks	\$10,825
Scotland	\$1,455	Wolcott	\$10,512
Seymour	\$11,257	Woodbridge	\$7,549
Sharon	\$5,747	Woodbury	\$7,278
Shelton	\$26,706	Woodstock	\$7,038
Sherman	\$3,247	Total	\$2,500,000

Source: LPR&IC Analysis.

APPENDIX G
Applications Filed and Granted by Town
FFY 96-98

Town	Applications Filed	Applications Granted	Town	Applications Filed	Applications Granted
Avon	3	1	Norwich	1	0
Berlin	1	0	Old Saybrook	3	3
Branford	4	2	Plainville	1	1
Bridgeport	6	2	Plymouth	1	0
Bristol	2	2	Portland	3	0
Brookfield	2	0	Prospect	1	0
East Haddam	1	0	Putnam	1	0
East Hartford	3	2	Seymour	1	0
Enfield	4	3	Shelton	2	0
Greenwich	3	2	Southbury	1	0
Guilford	2	1	Southington	3	2
Hartford	7	1	Stamford	1	0
Hebron	2	0	Stratford	1	0
Killingly	1	1	Torrington	1	1
Litchfield	2	1	Trumbull	1	0
Madison	1	1	Vernon	3	1
Manchester	5	1	Wallingford	3	0
Meriden	3	1	Waterbury	9	5
Middlebury	1	1	Waterford	1	0
Middletown	4	1	Watertown	1	0
Monroe	2	1	Westbrook	1	0
Naugatuck	1	1	West Hartford	3	1
New Britain	7	0	Windham	1	0
New Haven	8	6	Windsor	2	2
New London	1	0	Wolcott	1	0
Norwalk	7	7	Woodbridge	1	0
			Woodstock	1	0
Source: LPR&IC Staff Analysis					