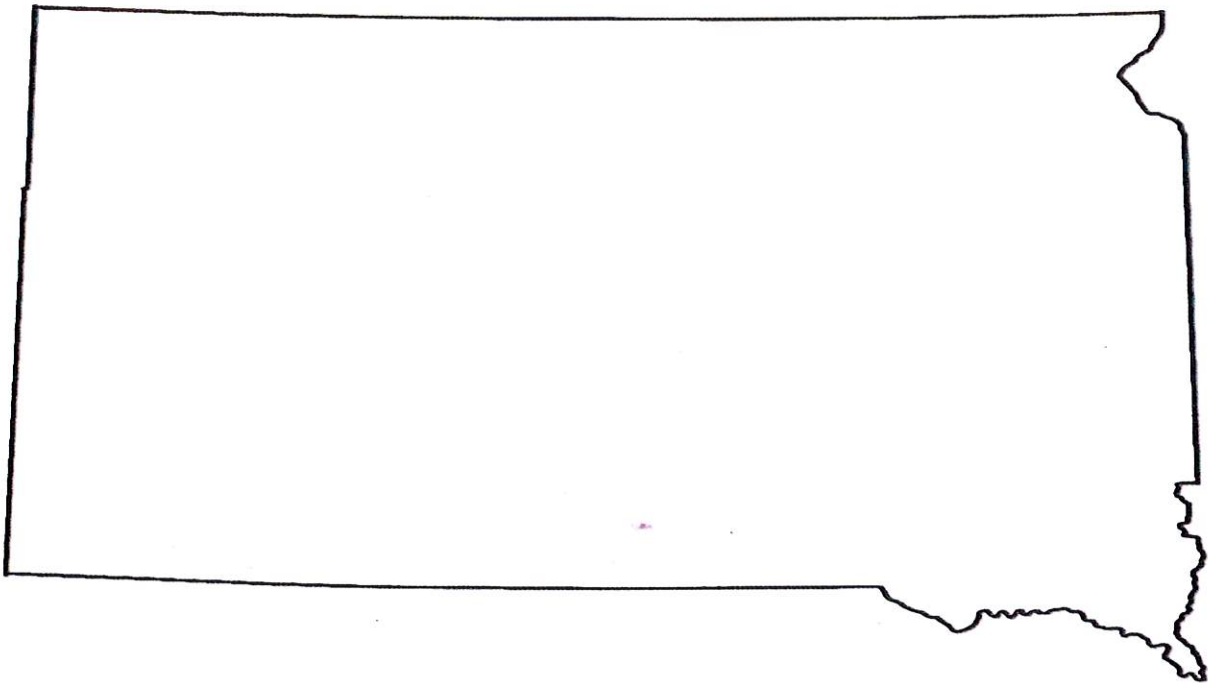


Rural Transit Effectiveness Study

March 31, 2015



South Dakota - The Mount Rushmore State

Rural Transit Effectiveness Study

INTRODUCTION

Transportation is a vital link connecting all people to the social activity, economic opportunity and services of their communities, wherever they live. Whether they are drivers or non-drivers, access to transportation is vital to them being able to fully participate within their communities and access the goods and services that support their independence.

Government provision of transportation services is designed to support the planning of needed services. Such planning needs to focus on providing mobility for all residents, drivers and non-drivers, if we are to create livable communities for all our citizens. Consequently, at the same time that we are planning for the use of federal, state and local funds for roads and highways, we must also be planning for public transportation, bicycle and pedestrian travel programs.

The primary focus of this study is on the effectiveness of rural transit services in a variety of communities in our state. Effectiveness may be defined as “the degree to which objectives are achieved and the extent to which targeted problems are solved.” It may also be defined as “the capability of producing a desired result; it has an intended, expected outcome.” Effectiveness also varies based upon who is being asked to measure it and by what standards.

A critical part of effectiveness is looking at how the provision of rural transit services has evolved in South Dakota in response to the needs of those who rely upon these services to fully participate within their communities and maintain their independence. The services exist in response to the needs of transit-dependent individuals i.e., seniors, people with disabilities, people of low income. Because they are continually evolving, any measure of effectiveness is only a snapshot of effectiveness at the time the evaluation is completed.

Rural Transit Effectiveness Study

BACKGROUND

COORDINATION

In the late 1990s, Governor Janklow initiated an effort to increase the coordination of rural transit services in six identified communities. He also called for leaders of various state departments to meet and explore how funding streams and programs might be better coordinated in order to make the most efficient use of available resources while meeting the greatest amount of needs in the identified communities. At this time, the typical rural transit picture within a given community looked something like this: a senior center had its own vehicle(s), a community program serving people with disabilities, e.g. intellectual, mental, physical had its own vehicle(s), a youth program had its own vehicle(s), churches had their own vehicle(s); and they were operated and maintained independent of one another.

Through many trips, public meetings and hours of work on the local and state levels, eventually the identified communities moved in the direction of developing “community transit” systems. These transitions did not happen quickly nor easily. To give some perspective to the pace of these changes, in 1995 there were 19 “senior only” transit systems in South Dakota. Today only five remain – three have vehicles and two are volunteer systems to access medical services.

This initiative drew to an end in 2000, and at that time tours of various communities were completed to assess what difference transit services were making in the lives of South Dakotans who chose to use rural transit services to participate in their communities. Coordination outcomes to date were:

- 38 different transit providers were combined into 14 transit providers.
- Expansion of hours of service occurred in 14 communities, opening up opportunities for transportation to employment, medical services, etc.
- New transit services became available in smaller communities, which provided access for non-drivers e.g., older individuals, persons with

Rural Transit Effectiveness Study

disabilities to community services i.e., medical services, shopping, nutrition sites.

- Six communities moved from specialized services to public transportation services – ridership including children, older individuals, persons with disabilities, TANF recipients, etc.

In 2007, South Dakota Department of Transportation received funding through the Federal “United We Ride” Program, and at that time a statewide assessment of coordination efforts was completed, as well as an assessment of how community members felt about available transit services within their communities. The major activities completed under this grant were:

- Surveys of key State level stakeholders;
- Surveys of community members;
- Surveys of community transit providers;
- Reviews of reported SD DOT data from transit providers;
- Face-to-face conversations with community members; and
- Participation on the Sioux Falls “Accessible Transit for All” study group.

At that time the following consensus points were found to exist in communities statewide:

- Transit services were highly valued.
- If current services were not available, many people would not be able to participate fully and independently in community life.
- Some groups struggled to make existing services work e.g., getting to/from work; getting children to and from school/childcare.
- Coordination occurred when a specific need arose.
- Coordination did not occur as a part of regular planning.
- Community based agencies continued to provide a majority of transit support services to those they served, having limited coordination with the community’s public transit agency.

Rural Transit Effectiveness Study

- A barrier to coordination was the different methods by which transportation services were funded and related costs were reported to various State/Federal departments and agencies.

Action steps identified in the United We Ride Report were:

- DOT will coordinate regular meetings at the state level involving other state entities, public and private, that serve targeted populations.
- DOT will contact state level veteran related agencies, private and public, and invite them to participate in transit coordination efforts at the state and local levels.
- Explore the possibility of bringing Easter Seals Project ACTION staff into South Dakota to work with a specific number of community teams to develop coordination plans for their communities.
- Meet with the Department of Social Services to develop a means by which transit rides can be dropped directly into the Medicaid system, as a means of increasing efficiency and lessening time dedicated to processing of payment for these rides.
- Encourage community transit providers to develop and implement at least one public input meeting annually, as one means of providing riders and others with the opportunity to share input into services and to learn about the operation of services.
- DOT will gather “travel training” approaches and share them with community transit providers. Transit providers will be encouraged to develop and implement a travel-training program, if one doesn’t currently exist, that will ensure an individualized approach will be utilized for passengers needing such training.
- DOT will support community transit providers in developing and implementing a needs assessment process, which will result in a broader picture of community transit needs and potential approaches to meeting those needs.

Rural Transit Effectiveness Study

FUNDING/RIDERSHIP/TRIP PURPOSE

In order to have a full understanding of the workings of rural transit in South Dakota, it is also important to have some perspective of the funding history of these services, as well as ridership numbers and trip purpose related data.

From 1998 – 2012 State funds directed to transit services ranged from a low of \$225,000 in 1998 to a high of \$695,000 in 2012. Older American Act Funds (federal funds also known as Title IIIB funds) ranged from a low of \$319,457 in 1998 to a high of \$410,130 in 2011 and \$409,305 in 2012. Local funds (fares, city, county and other) in support of rural transit services rose from under \$1,000,000 in 1998 to \$5,610,550 in 2012. Federal funds in support of these services went from approximately \$700,000 in 1998 to a high of just over \$6,000,000 in 2011 and back to \$5,023,961.

In 2013, SD Department of Transportation Office of Public Transit FFY2013 data reported that Title III-B Funds (Older American Act Funds) were at \$329,429 (3%), State funding was at \$695,000 (6%), local funding was at \$4,785,646 (40%) and Federal funding was at \$6,086,549 (51%) of the total \$11,896,634.

In 1998 total ridership numbers were 718,503. Ridership numbers hit an all-time high in 2012 reaching a total of 1.76 million rides. In 2013, SD DOT reported total ridership numbers were at 1.69 million. In terms of ridership characteristics, with the evolution of transit services from specialized services to public services, there has been a shift in the types of individuals relying on rural transit more so than in the area of trip purposes.

Initially, trip purposes were primarily for access to education, employment and medical services, followed by shopping, social/recreational and nutritional services. Generally the reasons people are accessing rural transit services have not shifted dramatically. From year to year there have been some increases and decreases; yet the same primary trip purposes have remained constant.

Rural Transit Effectiveness Study

During this same timeframe, the passenger characteristics have shifted primarily in two areas. The main characteristics identified are elderly, person with a disability, youth and general public. In 1998, rider characteristics of the 718,503 total rides were primarily made up of older individuals and persons with disabilities.

In 2012, of the 1,765,143 riders youth and public made up the highest percentage of rides – both at 27% of total rides. These were followed by elderly making up 24% of the total rides and persons with disabilities making up 22% of the total rides. In terms of the trip characteristics in 2012, the number one type of trip was education, followed by employment, social, medical, shopping, other and nutrition.

CURRENT ASSESSMENT

INTRODUCTION

In September 2013, SD Department of Transportation entered into an agreement with the South Dakota Coalition of Citizens with Disabilities to go out to sixteen identified communities, as well as a few additional smaller communities, to once again assess how community members felt about available transit services, as well as to review how existing services were operating now in comparison to the last time similar community assessments had been completed. The communities identified were: Spearfish, Sturgis, Pierre, Rosebud, Aberdeen, Huron, Sturgis, Mitchell, Yankton, Vermillion, Brookings, Watertown, Eagle Butte, Brandon, Dell Rapids, Groton and Sisseton. Smaller communities of Kimball, Winner, Britton and Milbank were also included in the assessment activities.

Community visits were completed by Shelly Pfaff, Executive Director of the South Dakota Coalition of Citizens with Disabilities, and Jim Severson, SD Department of Social Services, Division of Adult Services and Aging. Since many of the transit providers had recently hosted public meetings in preparation for submission of

Rural Transit Effectiveness Study

their coordination plans, to which we had access, transit provider directors were invited to determine the best approach for gathering community feedback. In some communities this involved public meetings, in others it was participation in the provider's board meeting, and in others it was meeting with invited community members representing a cross-section of the community.

Additional SD Coalition of Citizens with Disabilities staff time was spent reviewing State and Federal data from previous years, researching studies and articles relating to the provision of rural transit services and reviewing policies impacting the delivery of rural transit services.

SUMMARY OF COMMUNITY INPUT

The next portion of this report will provide a summary of input received from each community, as well as a comparison of data reported to SD DOT for FYs 2007 and 2013. These years were chosen since 2007 is immediately following the time of the United We Ride Report findings, and 2013 is the latest year of reported data available via SD DOT.

The report author cautions readers to remember that at best, data provides a snapshot of realities at the time of the reporting. Thus any conclusions or recommendations resulting from the review of this information, combined with the information gathered while in the communities, will be more general in nature. Such conclusions or recommendations are made in the spirit of encouraging new ideas that will build upon the successes of the past and continue to respond to the changing needs of non-drivers who seek to continue living independent lives within their communities.

The author also cautions readers from comparing data and findings from one system to another. Each system is unique to the territory it covers, how it is managed, the communities it serves and the people accessing its services.

Rural Transit Effectiveness Study

Aberdeen Ride-Line

	<u>2007</u>	<u>2013</u>
Total Rides	118,145	112,454 ↓5%
Rider Characteristic		
Elderly	25,232	16,429 ↓
Disabled	52,105	43,782 ↓
Youth	26,165	34,061 ↑
General Public	14,643	18,182 ↑
Ride Type		
Medical	15,017	14,822 ↓
Employment	28,345	19,475 ↓
Nutrition	1,062	373 ↓
Social/Recreation	7,866	13,161 ↑
Education	55,483	56,685 ↑
Shopping	7,408	7,938 ↑
Other	2,964	0 ↓
Local Funds % of Total Funds	43.91%	43.39% ↓

Findings: Available services are valued by community members; most requested additional services are 24-hour service and weekend service; very limited marketing has been done, and more is needed on a wider scale; they do not have contracts for advertising on vehicles; there presently is not a board for Aberdeen Ride-Line; due to the presence of taxi companies in the Aberdeen community, Ride-Line faces some unique barriers to providing services; agencies e.g., nursing facilities, assisted living facilities are purchasing their own vehicles and providing service to the people they support; youth ridership is the area of greatest increase.

Rural Transit Effectiveness Study

Brandon City Transit

	<u>2007</u>	<u>2013</u>
Total Rides	8,438	11,591 ↑37%
Rider Characteristic		
Elderly	2,721	2,811 ↑
Disabled	216	876 ↑
Youth	4,939	7,797 ↑
General Public	562	107 ↓
Ride Type		
Medical	453	586 ↑
Employment	188	752 ↑
Nutrition	0	91 ↑
Social/Recreation	707	1,411 ↑
Education	5,039	7,238 ↑
Shopping	1,367	1,472 ↑
Other	684	41 ↓
Local Funds % of Total Funds	34.56%	43.49% ↑

Findings: Twenty-four hour advance notice negatively impacts many older riders who would like to use the service for needs such as sudden illness trips to the doctor; ‘charter’ regulations negatively impact the amount of usage day cares and pre-schools can access; services are more widely seen as public than in the past, and services are highly valued within the community; system receives city support, but due to their coverage area being limited to within the city limits, there is no county support for the system; more work can be done in meeting the needs of Veterans seeking to access services through the VA medical system in Sioux Falls.

Rural Transit Effectiveness Study

Brookings Area Transit Authority

	<u>2007</u>	<u>2013</u>
Total Rides	92,857	103,579 ↑12%
Rider Characteristic		
Elderly	8,515	17,238 ↑
Disabled	22,041	14,473 ↓
Youth	47,277	28,033 ↓
General Public	15,024	43,835 ↑
Ride Type		
Medical	4,898	7,918 ↑
Employment	18,037	23,831 ↑
Nutrition	2,602	7,886 ↑
Social/Recreation	37,446	33,911 ↓
Education	23,296	23,945 ↓
Shopping	6,578	6,015 ↓
Other	0	73 ↑
Local Funds % of Total Funds	37.78%	43.83% ↑

Findings: Provides 'same day' service – available to everyone if taxi service is not available; available to people with disabilities needing accessible vehicles at all times if the taxi service does not have accessible vehicles available to meet the need; fare for same day service is higher than one-day advance notice rides; being a Medicaid provider is worth the time and effort both in terms of serving people and providing funding to the system; contracts are in place with some community agencies – not a growing sector of business; staff involvement within the community is critical to success of transit; value and purpose of coordination understood by transit and still potential for greater coordination if others see value in it; emphasis on coordination at all levels seems to have waned.

Rural Transit Effectiveness Study

Community Transit - Sisseton

	<u>2007</u>	<u>2013</u>
Total Rides	88,492	91,737 ↑4%
Rider Characteristic		
Elderly	60,771	44,935 ↓
Disabled	2,802	8,461 ↑
Youth	18,472	28,452 ↑
General Public	6,447	9,889 ↑
Ride Type		
Medical	9,680	9,424 ↓
Employment	1,757	4,651 ↑
Nutrition	26,563	21,110 ↓
Social/Recreation	3,774	4,849 ↑
Education	18,676	28,746 ↑
Shopping	23,158	16,201 ↓
Other	4,884	6,756 ↑
Local Funds % of Total Funds	28.14%	23.77% ↓

Findings: Met with staff and community representatives from three communities – Britton, Milbank and Sisseton.

Britton – Service greatly needed and valued; bi-monthly trips to Aberdeen/Langford; monthly trips to Fargo; nutrition program makes use of available services; different rate charge for medical trips; some financial contributors are the city, senior center and Hortons.

Rural Transit Effectiveness Study

Milbank – Serve around 800 children a month during the school year; provides some service to individuals residing at the communities two nursing facilities; Being a Medicaid provider is a significant source of income for the system; also a central contact for IHS related transportation needs; sell advertising on vehicles.

Sisseton – A daily trip to Watertown is run in support of individuals served by the local community support provider; trips to Morris, MN and Fargo, ND to connect with other transportation modes and needed services – these trips cost more; contract with school to provide needed services; Is a Medicaid provider and Medicaid is a major source of revenue for the system; tribal funds go into the system in support of services for tribal members; a couple of local businesses provide rides for customers in order for them to access their goods and services; city, county and two foundations also provide financial support to the system.

AARP Transportation and Mobility Principles

- **Create transportation options.**
- **Promote affordable transportation options.**
- **Ensure the transportation system is accessible.**
- **Promote healthy communities through sustainable transportation infrastructure.**
- **Foster coordinated transportation services and assets.**
- **Strengthen federal leadership in transportation.**

(Source: AARP Policy Book 2013 – 2014/Livable Communities/Chapter 9)

Rural Transit Effectiveness Study

Dell Rapids Transit

	<u>2007</u>	<u>2013</u>	
Total Rides	2,589	5,083	↑96%
Rider Characteristic			
Elderly	1,650	2,864	↑
Disabled	5	64	↑
Youth	852	1,902	↑
General Public	82	253	↑
Ride Type			
Medical	260	331	↑
Employment	0	5	↑
Nutrition	28	502	↑
Social/Recreation	180	385	↑
Education	868	1,920	↑
Shopping	1,146	1,910	↑
Other	107	30	↓
 Local Funds % of Total Funds	 25.01%	 31.66%	 ↑

Findings: Currently runs one accessible van; when used for a Sioux Falls trip, leaves a gap for services in Dell Rapids; have a 14 passenger bus – interested in swapping out this vehicle for one that better fits their needs e.g., ADA accessible van; usual ridership is three or four people daily; currently not a Medicaid provider; lack of community outreach/marketing; lack of community understanding of available transit services; would welcome peer to peer networking to learn how they might broaden and strengthen services; services perceived as for elderly and people with disabilities, not public; nursing facility has own vehicle; have considered whether a community such as Brookings might be able to help them provide better services; also aware of a nearby community – Baltic – that is seeking some level of transit services to and from Sioux Falls.

Rural Transit Effectiveness Study

Palace Transit - Mitchell

	<u>2007</u>	<u>2013</u>	
Total Rides	121,678	86,445	↓29%
Rider Characteristic			
Elderly	21,546	18,973	↓
Disabled	32,875	23,423	↓
Youth	31,650	36,269	↑
General Public	35,607	7,780	↓
Ride Type			
Medical	17,977	10,646	↓
Employment	22,227	23,543	↑
Nutrition	1,301	7,229	↑
Social/Recreation	41,695	16,046	↓
Education	30,830	28,762	↓
Shopping	4,812	1,921	↓
Other	2,836	388	↓
Local Funds % of Total Funds	33.35%	42.77%	↑

Findings: Public transit runs M – F / 7:30 a.m. to 4:30 p.m.; Transit Express runs M – F / 7:30 a.m. to 4:30 p.m., Sat. / 5:30 a.m. to 8 p.m., Sun. / 7 a.m. to 8 p.m., and provides service to the Mitchell and Sioux Falls airports; fares vary; local community support provider relies heavily on the system; attempted designated fixed routes to K-mart/Walmart/didn't have needed ridership to continue; previous day advance notice is an issue; estimate 30 calls a day that fall out of that timeline, e.g., someone falls ill, forgets to call ahead and has an appointment; do not complete rider surveys/public forums regularly; positive relationship with taxi service; no county support provided; paid advertising on the vehicles; contracts are a large source of revenue to the system.

Rural Transit Effectiveness Study

People's Transit - Huron

	<u>2007</u>	<u>2013</u>
Total Rides	149,124	85,019 ↓43%
Rider Characteristic		
Elderly	56,309	24,098 ↓
Disabled	43,443	21,269 ↓
Youth	32,437	26,248 ↓
General Public	16,935	13,404 ↓
Ride Type		
Medical	30,594	18,770 ↓
Employment	33,995	18,802 ↓
Nutrition	3,649	429 ↓
Social/Recreation	18,659	16,168 ↓
Education	32,080	22,009 ↓
Shopping	19,480	4,889 ↓
Other	10,667	3,952 ↓
Local Funds % of Total Funds	36.15%	36.30% ↑

Findings: Taxi service on/off – presently off; city and transit beginning dialogue with stakeholders on whether a different approach may be taken to make the most effective/efficient use of available resources; general community views system as providing awesome service; board and a few others know it as a “public” service; general public still see it as service for seniors and people with disabilities; presently contracts with a variety of human/social service providers; contracts vary dramatically/working to address this reality; community has a large presence of people of Karen descent; county does not provide support/city does; not presently selling advertising on vehicles – is a priority to do so; provide very good benefit package for employees in order to compete with other employers.

Rural Transit Effectiveness Study

River Cities Transit - Pierre

	<u>2007</u>	<u>2013</u>
Total Rides	252,154	371,007 ↑47%
Rider Characteristic		
Elderly	19,401	43,071 ↑
Disabled	48,788	46,141 ↓
Youth	75,353	81,723 ↑
General Public	108,612	200,072 ↑
Ride Type		
Medical	25,937	33,819 ↑
Employment	39,536	62,470 ↑
Nutrition	1,935	6,284 ↑
Social/Recreation	9,167	84,079 ↑
Education	87,248	85,109 ↓
Shopping	22,473	25,704 ↑
Other	65,858	73,542 ↑
Local Funds % of Total Funds	49.67%	49.53% ↓

Findings: Provides both transit and taxi service, thus they provide services seven days a week, 24 hours a day; different fares for same day trips vs 24-hour (one-day) advance notice trips; separate fares for trips to areas outside of city limits; as well as being a Medicaid provider, also provide medical trips to other communities e.g., Sioux Falls, Mitchell, Rapid City, Fort Mead, Huron, Aberdeen – separate fares have been established for these trips; arrangements in place with Boys & Girls Club and YMCA to support their programming/services and those being served; as larger employers come to area, see potential growth in supporting their employee base; also see potential growth in support of growing medical services e.g., hospital discharges, veterans, hospice are recipients.

Rural Transit Effectiveness Study

Rosebud Sioux Tribe Transportation - Rosebud

	<u>2007</u>	<u>2013</u>
Total Rides	68,141	59,439 ↓13%
Rider Characteristic		
Elderly	11,504	6,264 ↓
Disabled	549	0 ↓
Youth	402	697 ↑
General Public	55,686	52,478 ↓
Ride Type		
Medical	8,778	999 ↓
Employment	28,031	19,267 ↓
Nutrition	1,389	139 ↓
Social/Recreation	381	77 ↓
Education	402	447 ↑
Shopping	1,505	4,211 ↑
Other	27,655	34,299 ↑
Local Funds % of Total Funds	43.49%	41.17% ↓

Findings: A trip/visit was not completed to Rosebud.

Rural Transit Effectiveness Study

Vermillion Public Transit

	<u>2007</u>	<u>2013</u>
Total Rides	76,145	65,544 ↓14%
Rider Characteristic		
Elderly	17,993	8,494 ↓
Disabled	31,037	35,001 ↑
Youth	3,574	3,084 ↓
General Public	23,541	18,965 ↓
Ride Type		
Medical	2,013	3,187 ↑
Employment	36,048	31,885 ↓
Nutrition	1,511	1,301 ↓
Social/Recreation	6,040	4,860 ↓
Education	2,878	2,834 ↓
Shopping	27,424	20,970 ↓
Other	191	507 ↑
Local Funds % of Total Funds	34.78%	34.85% ↑

Findings: Same-day services; provide “safe ride” on Th/Fr/Sat nights for college students; attendees had questions about how services operated, funded; VIP ticket \$50/month – someone uses the system often, a more cost-effective way to purchase rides; tickets \$75/ semester for children to get to/from pre-school; local businesses purchase tickets for customers who may need rides home; vehicle maintenance coordinated with local community support provider; need to broaden general public perception – most see it for people with disabilities and seniors, not “public”; advertise via local access channel, brochures; more trips between Yankton and Vermillion would be beneficial; SESDAC provides management; first public meeting; encouraged holding them on a regular basis.

Rural Transit Effectiveness Study

Watertown Area Transit

	<u>2007</u>	<u>2013</u>	
Total Rides	42,004	50,361	↑20%
 Rider Characteristic			
Elderly	16,127	10,551	↓
Disabled	13,747	9,705	↓
Youth	5,417	22,940	↑
General Public	6,713	7,165	↑
 Ride Type			
Medical	2,530	4,551	↑
Employment	20,522	14,096	↓
Nutrition	1,652	1,171	↓
Social/Recreation	7,100	6,164	↓
Education	5,597	22,979	↑
Shopping	4,603	1,400	↓
Other	0	0	
 Local Funds % of Total Funds	 39.10%	 41.75%	 ↑

Findings: Fares vary based whether ride provided within “immediate Watertown service area” or “outlying Watertown service area”; valued by the community; seen as “public transit”; presently have three contracts with other agencies/ organizations; not a Medicaid provider; other entities don’t understand how public transportation operates – once explained, encouraged to try it; have an agreement with local PR firm to sell advertising on vehicles; services needed in support of people accessing medical services, employment; questions about how some systems provide “same-day” service at a higher rate; negative impact of “charter rule” on ability to broaden services; seeking ideas on how to meet the needs of people supported by mental health center, community support provider.

Rural Transit Effectiveness Study

West River Transit Authority (2007) – Prairie Hills Transit (2013)

	<u>2007</u>	<u>2013</u>	
Total Rides	117,234	107,420	↓8%
 Rider Characteristic			
Elderly	36,639	30,015	↓
Disabled	21,678	14,216	↓
Youth	30,057	30,402	↑
General Public	28,860	32,787	↑
 Ride Type			
Medical	16,872	16,766	↑
Employment	28,341	29,292	↑
Nutrition	8,303	5,265	↓
Social/Recreation	17,039	10,968	↓
Education	29,953	29,003	↓
Shopping	11,757	15,958	↑
Other	4,969	168	↓
 Local Funds % of Total Funds	 46.67%	 39.37%	 ↓

Findings: This system serves a wide area and a number of communities. The two communities identified for dialogue and exploration were Sturgis and Spearfish.

Sturgis – Provides demand response service requiring 24-hour advance notice; have an agreement with the taxi service to provide “same day” service for people using wheelchairs or other power devices due to the taxi service not being able to meet their needs; contracts with others agencies have plateaued; seniors use the services for medical appointments and shopping; school age youth are not presently a large part of their ridership; day-care and pre-school age are a group showing a major need for transit services to and from services/programs; work

Rural Transit Effectiveness Study

needing to be done for people to understand that it is “public transit” vs. transit for seniors and people with disabilities; people still desiring more services on weekends and in the evenings; 2014 was the 1st year the city budget included a line item for transit; county does not provide support at this time.

Spearfish – Again a demand response service with regular hours and days of service in town, as well as out-of-town trips to Rapid City four days a week and scheduled shopping days in town with differing destinations; growing senior population in the community and anticipating this impacting the services; community, in general, still does not see this service as “public transit”; contracts with some other agencies in the community; local groups do a good job of referring people to the service; currently no planned approach to funding on a city/county basis – consequently the amounts can vary significantly from year to year; sustained marketing effort is needed designed to help the “community” recognize the service as a public service for all.

Twenty percent of people age 65 and older live in rural areas, where public transportation services are more limited. The distances between rural residences and necessary services, such as health care, grocery stores, and senior centers exacerbate the transportation challenges of nondrivers, particularly the one in four chronically disabled rural residents who live in households with no vehicle. People age 60 and older make up 31 percent of all rural transit trips; people with disabilities make 23 percent of these trips.

Rural residents need access to local services and larger urban centers, where regional health and retail facilities are located. Well-designed and adequately funded public transportation can fill this need.

(Source: AARP Policy Book 2013-2014/Livable Communities/Chapter 9)

Rural Transit Effectiveness Study

Yankton Transit

	<u>2007</u>	<u>2013</u>	
Total Rides	124,420	126,726	↑2%
Rider Characteristic			
Elderly	17,025	29,673	↑
Disabled	57,279	50,542	↓
Youth	41,144	41,741	↑
General Public	8,972	4,770	↓
Ride Type			
Medical	20,929	20,292	↓
Employment	31,967	31,640	↓
Nutrition	7,247	11,598	↑
Social/Recreation	14,945	17,505	↑
Education	39,392	37,461	↓
Shopping	5,893	7,805	↑
Other	4,047	425	↓
Local Funds % of Total Funds	44.47%	37.11%	↓

Findings: Community agencies/organizations primarily refer passengers and some enter into a contract for service; services are valued; there is a desire for more services in evenings and on weekends; on-time performance is an issue; there is taxi service; it is not affordable for some; need to explore how the taxi and transit can better work together; marketing needed so people know what is available, how it is accessed, how it operates; want to make trip reservations on-line; community members would use services more if arrival times were more reliable and pick-up times were shorter waits; a willingness of involved stakeholders to expand/ enhance public transportation services; interest in

Rural Transit Effectiveness Study

exploring regional transportation structure to include i.e., Vermillion, Sioux Falls. River Cities Transit provides management services for the system.

Groton Community Transit

	<u>2013</u>
Total Rides	9,784
Rider Characteristic	
Elderly	917
Disabled	325
Youth	7,887
General Public	665
Ride Type	
Medical	540
Employment	317
Nutrition	5
Social/Recreation	1,183
Education	7,349
Shopping	390
Other	0
Local Funds % of Total Funds	27.65%

Findings: System runs M – F from 8 am to 5 pm; employ two part-time dispatchers, one full-time director; all volunteer drivers; service to Sunday and evening church services, if requested/drivers available; “community owns the system”; school does not contract for services – a verbal agreement between transit and school – school does not have an accessible vehicle; serve a great deal of youth i.e., pre-school, daycare, private lessons, sporting practices; trips to

Rural Transit Effectiveness Study

Aberdeen for medical appointments – must be made 48 hours in advance; provides support to Senior Meals program; currently not a Medicaid provider; city donates utilities; businesses advertise on vehicles; need for succession planning i.e., if volunteer drivers are less available, how will the system operate since the use of volunteers enables it to operate as efficiently as it presently does.

Kimball Community Transit

Services are managed by ROCS; presently run about 32 hours of service a week; an average of three to four riders a day; when providing specific trips e.g., out-of-town, they advertise a minimum number of riders needed for the trips to be viable – they are for medical, shopping, etc.; if minimum number of riders are not scheduled, the trips do not occur; local board struggles to get information from management; could benefit from a smaller vehicle that would not require a CDL and passenger endorsement; have one driver and one back-up driver; ridership includes taking children to school, people to the Senior Center for dinner; deliver meals; service is primarily seen by community as “senior transportation”.

Communities Not Visited

Eagle Butte – Due to ongoing dialogue between River Cities Transit and the Cheyenne River Sioux Tribe leadership, it was decided not to explore the effectiveness of transit services in this community/area at this time. Winner - Several attempts were made to work with management and local community leaders to schedule an opportunity to talk about available services and community needs. We were not able to schedule such an opportunity prior to the end of the grant agreement. Rosebud – A trip did not get scheduled to Rosebud.

Rural Transit Effectiveness Study

Additional Communities

We also examined the remaining eight rural transit systems' data between 2007 and 2013, specifically looking at changes in total ridership, local percentage of total funding and amount of funding from fares and donations.

From 2007 to 2013, seven out of eight reported a decrease in total ridership. The highest decrease was 52.5% and the lowest was 12.4% with an average of 36%. One system reported an increase of 1.3%.

In that same timeframe, the local percentage of total funding decreased for six out of eight systems. The highest decrease was 31%, the lowest was .17% and the average was 12.19%. Two systems reported increases of 7.2% and 2.6%.

The amount of revenue in these systems from fares and donations increased for four systems and decreased for four systems. The average increase was 25.5% and the average decrease was 32.25%.

All people need access to a variety of safe, affordable, dependable, and user friendly travel options. Community transportation systems are a practical alternative to private vehicles. They offer older adults access to needed services and social opportunities, connect the poor and unemployed to jobs and training facilities, and ensure mobility for people with disabilities to remain independent and self-sufficient and to participate fully in the life of their community.

Rural Transit Effectiveness Study

OBSERVATIONS

- Transit services continue to be highly valued within their communities.
- Some communities have made progress in the area of community members seeing the services as “public transit”; many communities still battle community members seeing the services as only for older people and people with disabilities.
- Services are seen as professional yet people oriented e.g., safe vehicles; good drivers; friendly, helpful staff.
- Issues identified as barriers/challenges in some communities i.e., 24 hour advance notice – one day advance notice vs. same-day service; impact of taxi service presence in community.
- When it comes to city and county support of transit systems/services there is a wide variance from no support to substantial support. In the majority of cases, support is not a “line item” in their respective budget, thus it varies from year to year.
- Between 2007 and 2012, the level of local funds as a percentage of funding has decreased in seven communities, remained stable in two and increased in five.
- Between 2007 and 2012, total ridership numbers have decreased in six communities, increased in seven and no comparison data in one.
- The use of contracts between transit systems and other community agencies/organizations has seemed to plateau in many communities.

Rural Transit Effectiveness Study

- In some communities agencies/organizations e.g., nursing facilities; assisted living facilities are purchasing their own vehicles and supporting those they serve directly rather than using public transit.
- Systems that are Medicaid providers generate a fair amount of revenue for their systems through this funding source.
- A few of the systems are not Medicaid providers.
- Emphasis on coordination at all levels – state and local – seems to have waned.
- There’s been a gap in regular meetings between transit providers and State DOT staff – providers have missed these opportunities to network with one another, as well as connect with DOT staff.
- Planning for rural transit services and the needs of non-drivers is not on the table at the local and state levels when leaders talk about “infrastructure” – rather roads, bridges and other types of infrastructure are the focus.
- Funding for rural transit services designed to meet the needs of non-drivers is not considered at the same level of priority at local and state levels when leaders talk about infrastructure.
- Several smaller systems have entered into “management” contracts with larger systems (with varying terms). In most cases these arrangements have been seen as positive.
- Many systems have some type of board, advisory council or other body overseeing their operations, but there is not a uniform approach to how these operate or how frequently they meet.

Rural Transit Effectiveness Study

- Universally, marketing is an area that needs ongoing attention and support if the system is to continue and thrive locally and statewide.
- Most communities have a desire for increased services e.g., evening hours, weekend services; yet there is a greater realization of what it takes to increase services – dollars, staff...
- Older American Act funds going into transit systems have remained relatively stable for many years; Department of Social Services determines how much of the total Older American Act funds gets allocated to transit services.
- Not all systems sell advertising on their vehicles; for those who do, it has been a fair revenue source for their systems.
- Transit staff appreciate when SD DOT staff have contact for purposes other than monitoring e.g., problem solving, brainstorming, sharing best practices.
- The State of South Dakota has not made a major new investment of State dollars in transit services for many years.
- Costs related to the provision of transit services have risen over the covered timeframe e.g., fuel, insurance, personnel – funding levels have not.

RECOMMENDATIONS

The difficulty in evaluating the effectiveness of rural transit services now, or at any time, is that effectiveness is impacted at various levels of government, by policy decisions, funding decisions, as well as by decisions made by local communities, transit providers and local community members. Consequently, it is easy to look at others and see “their” decisions as the reason for the ineffectiveness; if indeed that is what we choose to call the inability to meet a growing need for accessible, affordable rural transit services for all non-drivers.

Rural Transit Effectiveness Study

The following recommendations are brought forward in an effort to point out areas where it appears work is needed if “we” are to move beyond the current capacity to meet the growing needs.

- Advocacy efforts must occur at the federal level for needed investment in the rural transit infrastructure that will support non-drivers having equal access to community life.
- South Dakota needs to establish a coordinating council to bring together representatives of state agencies with a stake in coordinated human services transportation, as well as representatives of councils of governments, transportation providers, non-profit organizations to serve as a focal point for advocating for better transportation through coordination. Examples of responsibilities for this council could be conducting needs assessments, determining how gaps should be filled and creating inventories of services.
- Planning bodies e.g., city, county must take steps to incorporate planning for safe, affordable, dependable and user friendly travel options for non-drivers, at the same time that they are planning roads and other community infrastructure.
- Federal and State leaders must develop and implement ways to incentivize coordination in ways that “it pays” to coordinate beyond current approaches.
- Advocacy efforts must occur at the state level for needed dedicated investment in transit services that will demonstrate the State’s commitment to all citizens having access to affordable and safe travel options, thus supporting them in accessing the goods and services available within their communities.
- The Older Americans Act is due for reauthorization, advocacy efforts must occur to support reauthorization of the Act, as well in support of increased

Rural Transit Effectiveness Study

funding to support our older citizens continuing to live independently within their homes and communities through the provision of rural transit services.

- Based on the growing older population of our state, DSS must be challenged to put more Older American Act dollars towards providing greater access to transit services for our aging citizens.
- State and Transit leaders need to work with leadership of groups such as SD Municipal League, SD Association of County Commissions to explore how they might work together to promote dedicated funding of community transit systems at all levels.
- DOT should establish a Peer-to-Peer program, inviting transit providers to learn from each other, especially pairing systems that have identified barriers for which other systems have found solutions, e.g., same-day service; successfully working with taxi services; use of volunteer drivers.
- DSS and DOT should work towards all providers becoming Medicaid providers and offer assistance to do so.
- DOT should develop and provide marketing materials to rural transit providers that they can utilize and “personalize” for their respective systems.
- Restart coordination efforts at the State level to identify policies, practices and funding mechanisms that are promoting inefficiencies and limiting services and develop new approaches that will lead to greater needs being met with existing and new resources.

Rural Transit Effectiveness Study

CONCLUSION

It was stated earlier that individuals who rely on rural transit are primarily older individuals, people of low-income and persons with disabilities. The Census has estimated that from 2010 to 2035 the number of people 65 and older will increase by 71%, while the State Data Center estimates growth of that population during that timeframe to be 89%. The rate of disability occurring in the general population has remained fairly stable. What has changed is the significance of the level of disability a person may experience due to medical and lifesaving advancements.

At the same time, many federal and state programs have been moving, and continue to move in the direction of supporting people with disabilities and older individuals living in their own homes as long as possible, rather than having to transition into some type of institutional setting. In doing so, people seek to continue to be active participants in their communities, participating in activities of daily life which are a part of their communities' social and economic picture.

At a time when demographics, and the shift in service delivery models, are showing a growing need for rural transit services, the planning of and funding strategies for these services do not seem to be moving in a direction that will provide the needed resources to meet the growing demand. It is imperative that Federal, State and Local leaders take steps to implement planning and funding strategies that will support meeting the needs of future transit users so that they, too, may be full participants in community life and a part of the social and economic life of our towns, counties and state.