

Readiness Assessment

A Strategic Roadmap for Implementing a 1C1C System in San Antonio

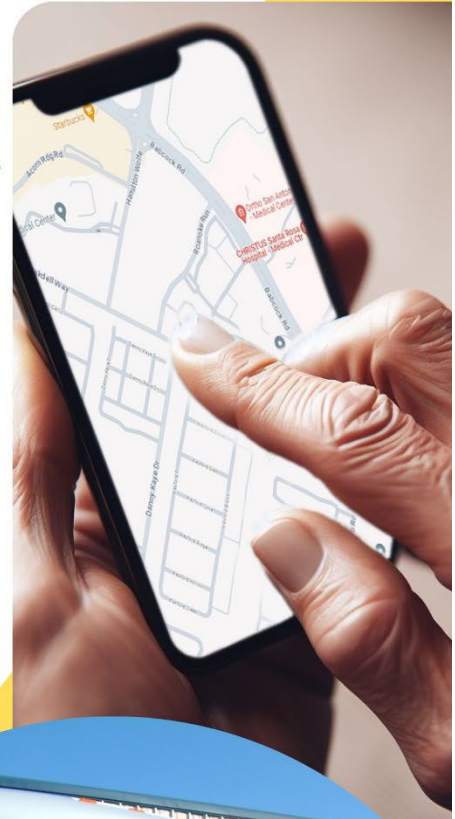
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August 2024



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Executive Summary

This report is the culmination of a year-long effort to assess the readiness of the San Antonio transportation ecosystem for a One-Call/One-Click (1C1C) system. Three previously submitted reports lay the framework for this assessment by identifying essential considerations for San Antonio's 1C1C system through analysis of existing systems in the U.S., the current transportation institutions and infrastructures in San Antonio, and ridership behavior and experiences. This report begins by summarizing the critical findings from past reports.

By analyzing 1C1C systems, we outlined essential considerations for a 1C1C system:

- **Funding:** Most systems use Federal Transit Administration (FTA) 5310 funds for ongoing operations, and state and local funds close the funding gaps created by reliance on competitive funding.
- **Infrastructure and human resource allocation:** Unless the system is the designated paratransit provider for a county, full-time staff are between two and four. While structures vary system-to-system, call centers are the dominant method for information and referrals.
- **Software and technology:** Funding, local relationships, and staff knowledge impact technology decisions. Data standardization is necessary for seamless operation regardless of software type.

The institutional and infrastructure assessment of San Antonio's transportation ecosystem revealed seven challenges that must be addressed:

- **Agency participation:** Increased agency participation and commitment is required.
- **Data management and sharing:** Current providers have inconsistent data collection standards, which will limit information exchange.
- **Geographic and service variability:** Geographic boundaries, pricing structures, physical infrastructure, and services offered vary from provider to provider.
- **Eligibility and equity:** Providers have different eligibility criteria for their services, confusing riders and limiting transferability within a 1C1C system.
- **User Challenges:** Inconsistent information, the digital divide, ride delays, poor service availability, and limited disability accommodations compromise service quality.
- **Community engagement:** Effective communication is vital for increasing public awareness and securing community buy-in for the 1C1C system.
- **Capacity upgrades:** Training and system functionality and capacity are essential for a 1C1C system to meet the ride demands of San Antonio's TD population.

The ridership survey and focus groups of older adults and people with disabilities reveal the following:

- There is an 89% gap between annual rides served and annual rides needed in San Antonio.
- Riders report poorer health, a greater need for mobility aids, and higher utilization of curb-to-curb and door-to-door services, indicating significant mobility challenges.
- Focus group participants shared systemic issues, such as inaccessible bus stops and inadequate coverage of transportation services.

In addition to these findings, the community-based transportation providers experienced a significant disruption during this project with the dissolution of the PRESA coalition in Spring 2024. This change

demonstrates the importance of carefully planning a robust and sustainable 1C1C system through phases of strategic development. Based on our findings from the other reports, invaluable insight from our partners at Ride Connect Texas and the San Antonio Area Foundation, and feedback from older adults and people with disabilities living and traveling in San Antonio, this report concludes with a path toward 1C1C implementation.

We outline three directions for San Antonio's 1C1C system: a centralized call center and brokerage model, contracting an end-to-end service provider system, and a full system. Based on the current situational assessment, a 1C1C call center and brokerage model is recommended. A full 1C1C system would require significant capital and time investment and should be completed in three strategic phases over the next six to eight years:

- Building community and support infrastructure
- Expanding rides and information access
- Providing seamless rides

Additionally, we propose a pilot project, "No Rider Left Behind," which aims to develop and test coordinated ride services in a centralized city council district for ride requests, data sharing, and service delivery through a collaborative agreement between Ride Connect Texas (RCT) and NESA. This will ensure that transportation-disadvantaged (TD) populations have seamless access to transportation services. The pilot will test establishing a fiscal agent, centralizing ride request management, developing data-sharing agreements and ridership profiles, engaging in collaborative service delivery, and advocating with the city for infrastructure improvements.

Abbreviations and Important Concepts

1C1C—One-Call/One-Click Transportation System

3C—Comprehensive, coordinated, and continuous

AAA—Area Agency on Aging

AAMPO—Alamo Area Metropolitan Planning Agency

AACOG—Alamo Area Council of Governments

ACS – America Community Survey (U.S. Census Data)

ART—Alamo Regional Transit

COSA—City of San Antonio

DHS—Department of Human Services as the City of San Antonio

FACTS San Diego—Facilitating Access to Coordinated Transportation in San Diego is the name of the 1C1C system

FPL— Federal Poverty Level

FTA—Federal Transit Administration

GIS—Geographic Information Systems

GRASP—Greater Randolph Area Services Program

IVR—Interactive Voice Response

MOU—Memorandums of Understanding

NCR—National Church Residences

NESA—Northeast Senior Assistance, a community-based transportation provider.

NEMT—Non-emergency medical transportation

PRESA—PRESA describes a geographic region of San Antonio and is the name of a community center that provides various services, including transportation.

RCT—Ride Connect Texas

SAAFdn—San Antonio Area Foundation

SACRD—San Antonio Community Resource Directory

SALSA—Successfully Aging and Living in San Antonio

TDAI—Transportation Disadvantaged Accessibility Index

TD—Transportation-disadvantaged. This designation refers to the population of older people above age 65 and below the federal poverty line and any individual with a disability below the federal poverty line.

VIA—VIA Metropolitan Transit. VIA is San Antonio's designated public transit provider.

VIAtrans—VIA paratransit service

WAVs—Wheelchair-accessible vehicles

1.0 Introduction

1.1 Scope and Content of the Report

Ride Connect Texas (RCT), in collaboration with its SALSA affiliates, has initiated a comprehensive study through a partnership with the University of North Texas at Denton's Department of Public Administration, further extending a sub-award to the University of Massachusetts Boston. This study aims to evaluate the feasibility of developing an advanced mobility management system in San Antonio and Bexar County specifically designed to serve the transportation needs of disadvantaged groups. The proposed system, commonly called a "One Call/One Click" (1C1C) platform, provides a wide range of services. These include door-to-door and door-through-door assistance, professionally trained drivers, the capability for same-day travel arrangements, and a unified approach to scheduling and payments for those facing transportation challenges.

In this report, we combine our existing situation analyses from tasks 3, 4, and 5 with our learnings from case study analyses in task 2 to provide a comprehensive road map for implementing the 1C1C system for San Antonio and Bexar County. This report aims to develop a comprehensive implementation strategy that includes roles, responsibilities, capital investments, resource mobilization strategies, capacity augmentation, phasing of the system, and implementation timeline for the 1C1C system.

The following sub-tasks were carried out in preparation of this report:

Sub-Task 1: Overview of case studies on 1C1C systems

We analyzed 21 existing 1C1C systems using publicly available information to gain a comprehensive picture of system requirements, such as organizational structure, funding, service metrics, and user eligibility. Sub-Task 1 provides an overview of the Task 2 report's key findings on funding, infrastructure and human resource allocation, and software and technology challenges. Additionally, it reintroduces three 1C1C systems with features that should be considered while developing San Antonio's 1C1C system.

Sub-Task 2: Presentation of findings from the institutional readiness assessment

The institutional readiness assessment in Tasks 3 and 4 provides an in-depth evaluation of the current providers and stakeholders in San Antonio's transportation ecosystem. Our evaluation process included interviews with providers and stakeholders and surveys that revealed a dynamic and evolving collaborative environment. Sub-task 2 presents the seven key considerations we identified in the institutional assessment that must be addressed for a successful 1C1C: agency participation, data management and sharing, geographic and service variability, eligibility and equity, user challenges, community engagement, and capacity upgrades.

Sub-Task 3: Presentation of findings from the ridership survey

There is a significant gap between the rides served and those provided in San Antonio. That gap impacts rider behavior and experiences, which we demonstrate using a ridership survey and focus groups. Sub-task 3 presents the trends from the Task 5 report, including excerpts from our focus group interviews and survey findings, such as rider demographics, ride characteristics, and health conditions.

Sub-Task 4: Develop key ideas and strategies for implementation

Implementing a comprehensive 1C1C system that reduces transportation barriers for the TD population starts with cultivating trust within the current ecosystem and then building on that foundation with strategic tasks to establish an improved framework for a successful 1C1C system. Sub-task 4 defines the strategic tasks, discusses three possible directions for San Antonio, and outlines development phases for one of the directions.

Sub-task 5: Pilot project development

The final sub-task presents a pilot project concept, No Rider Left Behind. The pilot project aims to develop and test a coordinated process for ride requests, data sharing, and service delivery between two community transportation providers.

1.2 Project Update

In September 2023, this project was initiated by creating an Advisory Group that consisted of community groups and transportation providers. The Advisory Group attended a Kick-Off Event on November 3, 2023, at the San Antonio Area Foundation. During the event, we shared our initial findings from Task 2's review of national 1C1C systems with the attendees. Additionally, the attendees participated in exercises to identify gaps in San Antonio's existing transportation network and potential funders for 1C1C system.



Image 1 1C1C Kick-off event

We completed and shared the draft of the Task 2 report, titled "The Dynamics of One-Call/One-Click Transportation Systems," with Ride Connect Texas and Advisory Group members in November 2023. We presented the Task 2 findings to Advisory Group members over Zoom on December 11, 2023. Subsequently, we received feedback from Ride Connect Texas and the San Antonio Area Foundation on January 4, 2024, and submitted the final report for Task 2 by the end of January 2024.

To prepare for the report covering Tasks 3 and 4, titled "Towards Implementation of a One-Call/One-Click System in San Antonio," we received surveys from twelve San Antonio institutions in December 2023. These surveys helped us determine institutional capacity, identify gaps in capacity, and assess institutional interest in a 1C1C system. In January 2024, we visited San Antonio to conduct in-person interviews with transportation service providers, planning agencies, and philanthropic organizations. Due to scheduling conflicts, we conducted six in-person interviews and two over Zoom. The Advisory Group received a draft of the Task 3-4 report on 03/31/24 and presentations covering the report on 04/09/24 and 04/30/24. The research team received feedback from the Advisory Group and submitted the final report on 05/31/24.

Simultaneously, we collected census track data, GIS shapefiles, and origin-destination data from ride providers to create maps that address the distribution of transportation-disadvantaged populations in San Antonio and city walkability to further analyze institutional capacity.

In cooperation with SALSA, the research team developed a ridership survey. Widespread distribution of the survey, including English and Spanish translation options, began in October 2023 with English and Spanish translation options. In February 2024, the research team conducted six in-person focus groups in San Antonio: four hosted at senior centers and two at Connectability. While in San Antonio, Task 5 activities and the project's overall timeline were discussed during a meeting with Ride Connect Texas and the San Antonio Area Foundation. Ride Connect Texas and the San Antonio Area Foundation proposed using additional methods to increase ridership survey participation during March 2024, including hosting pizza parties at senior centers and distributing the survey through local businesses. The ridership survey closed on March 31, 2024. The Task 5 report, titled "Ridership and Focus Group Assessment," was submitted to the Advisory Group on July 5, 2024, and included the ridership survey and focus group findings with transportation disadvantaged groups.

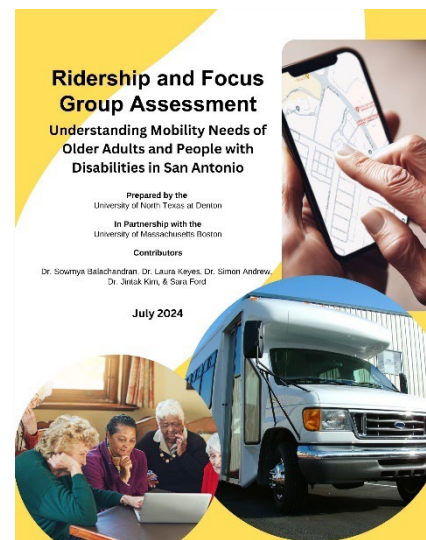
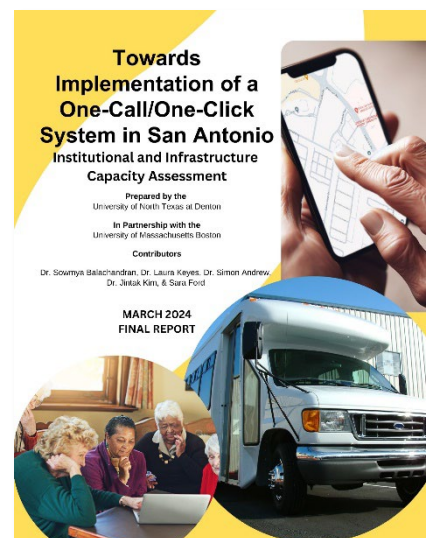




Image 2 In-person focus group at San Antonio Senior Center.

The final task for this project includes an overall readiness assessment for implementing a 1C1C system in San Antonio. To prepare for the final assessment, we carefully reviewed our past reports, including the case studies of other 1C1C systems, the institutional readiness assessment, findings from the ridership survey and focus groups, and Advisory Group comments on previous task report presentations. The final readiness assessment presented in this Task 6 report includes a summary of the prior reports, a strategic roadmap to 1C1C implementation, and a small-scale pilot project, No Rider Left Behind, to test key elements of collaboration, data sharing, and ride management.

The findings and outcomes of this report were presented to the SALSA network partners on August 23rd, 2024. In general, there is widespread agreement among the SALSA members, including the new SALSA leadership, to support this work. The VIA representative also informed us that District 1 will have considerable transportation investment by implementing the green line. Our research team finds this a promising direction to get traction for implementing the pilot. Following this workshop and feedback obtained, a revised final report is presented here.

2.0 Key Findings from the Project Assessment

2.1 Guidance from the case studies

The data gathered from the case study findings aid San Antonio's development of a comprehensive one-call one-click (1C1C) transportation planning system. These findings inform of opportunities for San Antonio to tailor its approach to meet the unique needs of its transportation-disadvantaged populations, ensuring a more efficient, inclusive, and sustainable transportation network. By analyzing 21 nationwide systems, the research provides a robust foundation for understanding best practices and common challenges in implementing 1C1C systems. This includes insights from systems funded by the National Center for Mobility Management, NCHRP reports, and the Veteran's Transportation Community Living Initiative grants.

The research team collected data from websites, reports, business plans, and budgets on system features including:

- Functionality,
- User eligibility,
- Organizational structure,
- Technology,
- Funding, and
- Service metrics

Additionally, we conducted semi-structured interviews with seven systems:

- Hopelink (WA),
- Atlanta Regional Commission (GA),
- FACTS San Diego (CA),
- Access Services LA (CA),
- Vermont DOT,
- Dane County (WI), and
- City of McKinney/Collin County (TX).

The results of these interviews provide insights into administrative challenges and future opportunities for developing a 1C1C system.

We found that 1C1C systems provide access to information and services with varied levels of functionality. Differences included websites versus call centers, populations served, eligibility, booking/payment capabilities, vehicle and driver types, and services (i.e., information only versus provision of rides). None of the systems in this analysis offered comprehensive integration of all transportation modes for the disadvantaged. Further, web-based platforms do not guarantee high-quality or error-free information.

Key findings on funding 1c1c Systems:

- Most systems were launched with the Federal Transit Administration's VTCLI demonstration funds in 2011 and 2012. Only a few systems received additional FTA demonstration funds for technological upgrades.
- Systems tend to compete locally for Enhanced Mobility of Seniors and Individuals with Disabilities program (5310) funds for ongoing operations.
- The City of McKinney's My Ride Dallas utilizes FTA 5307 funds due to its location in the urbanized area.
- Systems with access to state and local funds close the funding gaps created by reliance on competitive funding, such as FTA 5310 funds.

Key findings on infrastructure and human resource allocation:

- Systems typically have 2-4 full-time staff, except Access Services LA, the designated paratransit provider for LA County, which has 75 staff.
- Call centers are the dominant method for information and referrals, with variations in structure.
 - FACTS contracts out call center support during non-business hours.
 - Systems like Hopelink and the City of McKinney use apps and Integrated Voice Recognition for cancellations and information.
 - Mobility managers provide call center support, offering callers travel training, trip support, information, and referrals to other options.

Key findings on software and technology challenges:

Technology decisions depend on funding, local relationships, and skilled staff. Some key aspects of technology decisions include:

- No system integrates with 211 but is recognized as possibly beneficial.
- Data standardization is necessary for seamless operation regardless of software type.
- Open Source, like General Transit Feed Specification (GTFS) Flex, is low-cost but complex for smaller providers, who may face HIPAA compliance issues.
- Dane County uses expensive and outdated proprietary software that proves challenging to update.

Below are highlights from three systems with features for consideration in the development of a San Antonio 1C1C Transportation System Plan:

- **FACTS – Vendor Development and Subsidies** (Access Services LA and Dane County also do Medicaid Reimbursement):
 - FACT (Full Access and Coordinated Transportation) started in 2005, incorporated in 2006.
 - Functions as a transportation brokerage and one-call dispatch service for individuals not served by ADA paratransit.
 - Coordinates over 300 daily rides through partnerships with 10+ transportation providers.
 - Operates without owning dedicated vehicles.
 - Uses Ecolane software for ride dispatching.
 - Developing a new platform for real-time ride dispatch to dedicated vehicles.
 - Supported by over \$2 million initially from VTCLI and other revenue streams.

- Competes for 5310 funds every two years, highlighting the unstable nature of transit funding.
 - Its customers submit their requests through the call center; based on customer characteristics, rides are dispatched as public or NMET rides to contracted medical services.
 - Most of the fare for public rides is subsidized through state and federal funding sources; the rider pays a minimal fee based on the requested distance.
 - Ride fares with contracted medical services are set at a negotiated fee-for-service rate.
- City of McKinney, Texas – **Outsource of 1C1C APP and Call Center, ease of eligibility determination:**
 - Serves transportation disadvantaged populations in six cities within Collin County. Covers Celina, Lowry Crossing, McKinney, Melissa, Princeton, and Prosper.
 - Managed by the City of McKinney, Collin County MPO.
 - Eligibility: Residents over 65, federally designated disabilities, or income below 150% FPL. Does not extend beyond Collin County boundaries.
 - Funded by FTA 5307 Urbanized Area Formula Funding.
 - Offers 6,000 monthly rides via DART vehicles, contracted services, and subsidized Lyft rides.
 - Currently, McKinney Urban Transit District funds the app and website.
 - SPARE Labs handles technology and third-party contracts, including integration with Lyft.
 - Purchased three licenses to use DART GoPass app for flexible and real-time ride scheduling.
 - Contracts with the SPARE Labs Platform for call center and IVR automation.
 - Integration with ride-sharing services like Lyft and Uber.
 - Annual expenses projected at over \$2 million for 2024.
 - Primary funding from 5307 funds, with a 50/50 match from local and TXDOT formula funds.
 - Cost per ride varies: \$72 for dedicated fleet, \$32 for WAV minivans, \$16 for Lyft.
- HopeLink – **Coordination among multiple providers under one umbrella centralized 1c1c system:**
 - Hopelink, a Multisectoral nonprofit with an elite board that includes past mayors and state representatives, operates a Find a Ride system in King, Snohomish, and Pierce Counties in the state of Washington. It offers public transit, special needs transportation, community shuttles, and NEMT.
 - Hopelink also coordinates the Community Van and VetsGo system for veterans and service members.
 - Mobility Manager on staff
 - Other staff includes customer service reps, project managers, network system support, data standardization managers, and executive directors.
 - Its Mobility Management program offers travel training and manages a local coalition of transportation providers to update trip data. The mobility manager assists approximately 1,300 clients in trip planning monthly.

- Software and technology consist of OpenTripPlanner with a One-Click overlay for eligibility-restricted transportation options and employs GTFS and GTFS-flex feeds of area transportation providers for trip planning.
- Receives FTA funding and Medicaid reimbursements but lacks dedicated funding for web system development.
- Struggles with financial constraints, costing approximately \$73 per ride while fulfilling only a fraction of regional needs.
- Faces data management and service expansion challenges due to insufficient funding and state agency support.

The key findings from the case studies offer insights that can influence and guide the development of San Antonio's one-call, one-click (1C1C) transportation planning system. The variability in functionality across different 1C1C systems highlights the need for a tailored approach that accommodates the unique needs of San Antonio's populations. Differences in service delivery methods, such as websites versus call centers, and variations in eligibility criteria, booking/payment capabilities, and types of vehicles and drivers, emphasize the importance of flexibility and inclusivity in system design.

Funding challenges underscore the necessity of securing diverse and stable funding sources beyond initial Federal Transit Administration (FTA) demonstration funds to ensure sustainable operations. Additionally, reliance on small, dedicated teams and the strategic use of technology, such as Integrated Voice Recognition (IVR) and mobile apps, showcase effective human and technological resources management methods. Addressing software and technology challenges, such as data standardization, is needed for seamless operations. By considering successful features from systems like FACTS' vendor development and subsidies, the City of McKinney's outsourced app and call center, and Hopelink's coordinated multi-provider structure, San Antonio can develop a robust and adaptable 1C1C transportation system that meets the needs of its most vulnerable residents.

2.2 Institutional Readiness Assessment

The universe of transportation providers in San Antonio is extensive and diverse, comprising multiple organizations that collectively serve the mobility needs of the city's residents, particularly older adults and individuals with disabilities. Key players include:

- Department of Human Services (DHS), which operates senior centers and ensures food security and social engagement for older residents.
- Alamo Area Metropolitan Planning Agency (AAMPO), which coordinates regional transportation planning.
- VIA Metropolitan Transit, providing extensive public transit and paratransit services. Alamo Regional Transit (ART).
- Area Agency on Aging (AAA) enhances accessibility through specialized transportation and comprehensive support services.
- San Antonio Area Foundation (SAAFdn) bolsters these efforts by strengthening nonprofit capacities and fostering collaborations like the Successfully Aging and Living in San Antonio (SALSA) initiative.

- Ride Connect Texas (RCT) and PRESA Community Center offer volunteer- and faith-based transportation solutions.
- Northeast Senior Assistance (NESA) focuses on personalized care through volunteer drivers.
- National Church Residences extends housing services with transportation support.
- ComfortCare Transportation, no longer in operation in San Antonio, provided non-emergency medical transportation.
- Vibrant Works aids the visually impaired with orientation and mobility training.
- Greater Randolph Area Services Program, Inc. (GRASP) provides transportation and essential community services, highlighting the collaborative network essential for addressing San Antonio's varied transportation needs.



2.2.1 Evolving Collaborative Environment

The recent changes in collaboration among San Antonio's transportation service providers significantly impact the vision of a one-call one-click (1C1C) transportation planning system. The withdrawal of Ride Connect Texas and GRASP from the PRESA coalition signifies a shift in the landscape of transportation services for the disadvantaged. This move necessitates a reassessment of the coordination and delivery of transportation options for riders, as the independence of these organizations could lead to gaps in coverage and accessibility for certain populations.

The departure of key service providers raises concerns about San Antonio's readiness to develop a centralized 1C1C system to streamline transportation requests and placements. This system relies heavily on the collaboration of multiple agencies, and the recent changes highlight potential challenges in achieving the necessary level of coordination and cooperation. It is recommended that the SA Advisory Group identify a lead agency, either existing or new, to champion and facilitate collaboration among these diverse providers.

The transition of transportation services to individual organizations underscores the importance of enhancing capacity to meet riders' needs. With Ride Connect Texas and GRASP now independently managing their rides, it is crucial to assess and address any emerging gaps in service coverage to ensure equitable access across the city. This situation also highlights the critical issue of collaboration versus competition among providers. Discussing how to centralize services without causing fear of losing riders to competing organizations is essential for the success of an effective 1C1C system.

Despite these challenges, there are opportunities for collaboration and resource-sharing. For instance, Ride Connect Texas might explore the potential to take on additional riders from Comfort Care, which is downsizing its services. Similarly, the acquisition of Conviva Health by Cano Health presents new contracting possibilities that could benefit both parties and expand transportation options for riders, particularly as Cano Health seeks drivers and vehicles to meet demand.

The uncertainty surrounding the status of the PRESA proposal for transportation services funded through VIA public transportation also highlights potential gaps in understanding its role in the 1C1C system under new leadership. While PRESA remains mentioned in the report, this information will guide the final readiness assessment, ensuring that San Antonio can effectively navigate these changes and move towards a cohesive, integrated transportation system.

2.2.2 Key Considerations of Institutional Readiness for Implementing a 1C1C system

Several challenges must be addressed to ensure its success before implementing a coordinated One-Call/One-Click (1C1C) transportation system in San Antonio. Key issues include:

Agency Participation: Increased agency involvement is crucial. Initial commitments, such as distributing the ridership survey, have seen low follow-through. Scheduling interviews and obtaining data have also been challenging, underscoring the need for building trust among agencies. Establishing a central administrative entity, like an independent nonprofit, could streamline processes and manage a centralized database.

Data Management and Sharing: Inconsistent data collection among providers limits integration within a 1C1C system. Different software platforms further complicate data sharing. Agreements protecting client confidentiality while facilitating information exchange are necessary to overcome reluctance to share client information.

Geographic and Service Variability: Providers operating across multiple counties face challenges adapting to centralized systems like VIA. Pricing structures vary, complicating a unified system. Geographic disparities in service areas, along with inconsistencies in provider accessibility standards, restrict options for riders and make it difficult to find suitable transportation. Improving community infrastructure, such as sidewalks and bus stop shelters, is also essential.

Eligibility and Equity: Varied eligibility criteria among providers create confusion and limit service transferability. Addressing inconsistencies in wait times and coverage gaps, especially during non-standard operating hours, is critical for improving system efficiency and equity in service allocation.

User Challenges: Riders face inconsistent access to transportation due to missing or incorrect service information, and the digital divide prevents some users from utilizing digital services effectively. Issues like delays, inadequate service availability, and limited disability accommodations compromise service quality. Specialized support is needed for unique riders requiring additional assistance.

Community Engagement: Effective communication is vital for increasing public awareness and securing community buy-in for the 1C1C system. Regular outreach campaigns and addressing digital literacy and language barriers are necessary.

Capacity Upgrades: Training on HIPAA regulations, technological proficiency, and system functionality is essential for staff. Risk management training is also crucial to ensure client safety. Utilizing and attracting volunteer drivers and standardizing fare structures are important for accessibility and reliability.

Willingness to participate in the coalition and implement a 1C1C system entails collaborating on various fronts. Among the community providers, the following is the outcome of a survey of willingness-to-participate. Further details can be found in Tasks 3 and 4 report.

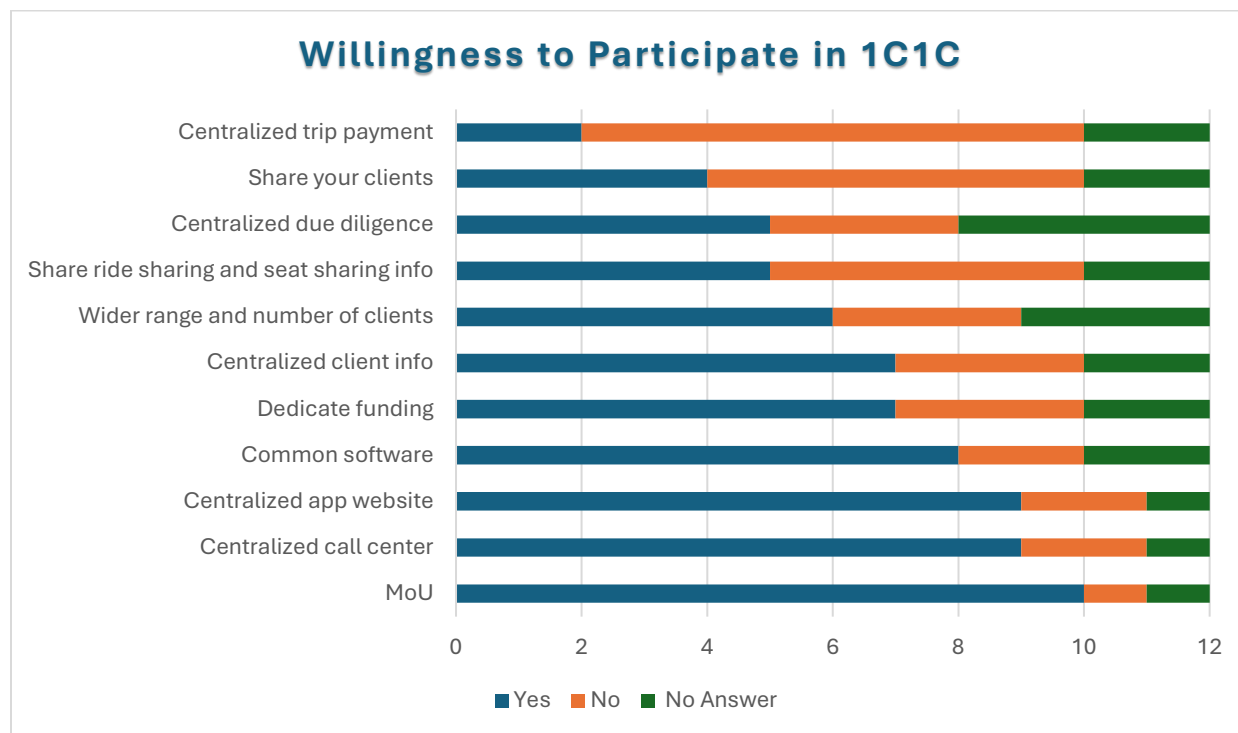


Figure 1 Willingness to Participate in 1C1C by Activities

At this juncture, no clear lead host has emerged. There is considerable work to be done to build mutual trust and collaboration. In addition, the coalition must come together to advocate for greater involvement of the city and the MPO in the decision-making for the One Call One Click System implementation.

2.3 Assessment of Riders in San Antonio

Among the significant issues is the unmet demand in San Antonio. The service area coverage is not uniform across the urbanized areas of San Antonio and Bexar County. Discussions with ride providers show wide temporal variation in rides offered. For example, NESA increased its rides from 4 to 8 per day. PRESA shows an annual 20,000 rides on its website, almost double that of the data collected during the survey. Ride Connect of Texas recently terminated its partnership with PRESA and this could lead to further discrepancies in the rides provided. Based on the information, we estimate a maximum of 2.04 million rides provided by on-demand transportation. Therefore, although the spatial coverage of on-

demand transportation is extensive, the rides provided fall significantly short, covering only about 11% of the annual demand for 18.5 million on-demand transportation rides.

The report provides an in-depth analysis of older adults and people with disabilities in San Antonio and Bexar County, focusing on their socio-economic characteristics, travel needs, and current travel behavior. The data, gathered from 538 survey responses and six focus groups with over 60 participants, highlights their significant reliance on public transportation and their various challenges.

Table 1 Ride operations by provider

Service provider	Total TD populations in service area	Calls received per day	Rides provided per day	Area Served	Origin Destination data available	Number of days of service per week	Approximate Annual Rides Provided	Approximate annual number of calls unserved
RCT	54,093	37	8	PC	YES	5	2,130	7,490
NESA	15,922	15	8	PC	YES	5	2,080	1,820
VIATrans	70,114	1,400	3,346	COSA, PB	YES	7	1,217,967	
ART		450	222	PC, PB	YES	5	57,590	59,410
PRESA		50	40	PB	NO	5	10,428	2,572
Comfort Care	73,363	3,500	2,507	COSA, Bexar	NO	5	651,775	258,225
Senior Center	68,790		395	PC	NO	5	102,700	

Table 2 Rides served and rides needed

Total TD Population in SA	63,257	Daily Trip Rate	0.68
Total TD Population in Bexar	11,230	Approximate annual ride needs (daily trip rate x total TD population x 365)	18,487,673
Total TD Population	74,487		
Total number of annual rides served	2,044,670		
Approximate gap between annual rides served and rides needed			89%

Key: **PC** – Parts of the City, **COSA** - City of San Antonio, **Bexar** – Bexar County, **PB** – Parts of Bexar outside COSA

2.3.1 Rider Experiences in San Antonio

Older adults and people with disabilities heavily rely on public transportation, with higher proportions of riders over 60 with disabilities compared to non-riders. Riders report poorer health, a greater need for mobility aids, and higher utilization of curb-to-curb and door-to-door services, indicating significant mobility challenges. Focus group discussions emphasize that reliable and accessible transportation is crucial for participation in community life and accessing essential services. Participants shared systemic issues, such as inaccessible bus stops and inadequate coverage of transportation services. These challenges cause inconvenience, pose safety risks, and violate the Americans with Disabilities Act.

Reliable and accessible transportation is central to supporting an individual's ability to participate in community life, access employment and education, healthcare, and other essential daily living needs. A recent focus group participant of this project shared a scenario describing a systemic issue:

"I rode the bus to Ingram Mall and got off the bus, but there was no way to get over the curb. The bus stop was located on a median surrounded by a curb without any curb cuts. Someone in a manual chair was able to bounce over the curb. I wasn't going to do that [in my electric wheelchair]. I got back on the bus, and the bus driver wouldn't drop me off at the driveway [10 feet past the median] to exit the bus safely and access the mall. He said it was not allowed and was a liability issue. VIA and the mall blamed each other for the issue. I had to just take the bus back to my home."

Another focus group participant shared the experience they face due to insufficient coverage of transportation:

"I live on the edge of the service area. The nearest bus stop is a mile and ½ away. This area does not all get covered because. They have told me I need to walk a mile away to be able to actually get paratransit. I am in a donut between 2 major bus routes, but I am in the city, and they tell me I am not eligible. They told me to go to the Shell station inside 1604, and they would pick me up. Not covering a wide enough service area."

These gaps tend to affect the transportation disadvantaged disproportionately. Addressing this issue and similar experiences is fundamental to creating an efficient and sustainable 1C1C centralized transportation system for San Antonio, which requires seamless cooperation and better resource allocation among all transportation providers.

The survey reveals key demographic disparities among respondents:

- Individuals aged 65-74 with disabilities are overrepresented, while those aged 75 and older are underrepresented, highlighting the survey's focus on those likely to use community-based transportation.
- The racial composition includes 45% Hispanic (lower than the 66% in San Antonio but higher than the Hispanic 65+ population), 36% White (higher than the 19% in the broader population), 9% Black (slightly lower but aligned with the 65+ demographic), and 10% Multi-racial (slightly higher than the broader population).
- Income data show an overrepresentation of individuals with household incomes under \$25,000 and an underrepresentation of higher-income households. Among those aged 65+, 36% have incomes less than \$25,000 (vs. 28% of the population), 28% have incomes between \$25,000–\$50,000 (vs. 23%), 9% have incomes between \$50,001–\$75,000 (vs. 17%), and 14% have incomes over \$75,000 (vs. 32%).
- The survey also overrepresents adults over 65 and those with disabilities but underrepresents adults under 65 with disabilities, with 44% of respondents being adults over 65 (vs. 33% of the population), 19% adults under 65 with disabilities (vs. 43%), and 37% adults over 65 with disabilities (vs. 23%).

1. Key Trends in the Ride Characteristics of On-Demand Riders

- On-demand riders are predominantly Hispanic (45%), followed by White (32%), Black (12%), and Multi-racial (11%).
- There is a high demand for transportation services among older adults, particularly those between 66 and 75 years old.
- Individuals over 60 with a disability constitute a significant portion of riders (50%) compared to non-riders (39%).
- Riders are more likely to live alone or with roommates (13% of riders vs. 3% of non-riders living with roommates), indicating a higher need for independent transportation options for those without immediate family support.
- Riders are more likely to own basic cell phones (24% vs. 17% of non-riders), which could impact their ability to access digital transportation services.

2. Key Trends in the Health Condition of On-Demand Riders:

- Riders generally report poorer health than non-riders, with only 4% rating their health as excellent and 11% as very good, compared to 11% and 22% of non-riders.
- Riders' abilities to walk for more than fifteen minutes vary, with 39% sometimes able to do so compared to 22% of non-riders, highlighting the need for flexible transportation options that can accommodate different levels of mobility.
- Mobility aid usage is higher among riders, especially those over 60 with disabilities. Riders use walking support (25% vs. 17% of non-riders) and wheelchairs (7% vs. 3% of non-riders) more frequently.
- Riders, especially those over 60 with disabilities, have a greater need for specialized transportation services. They utilize curb-to-curb services more (26% vs. 18% of non-riders) and more door-to-door and door-through-door services.

3. Key Trends in Isolation and Financial Strain of On-Demand Riders

- Riders are more likely to live alone (45% vs. 31% of non-riders), whereas non-riders more frequently live in two-person households (47% vs. 30% of riders). This indicates that many riders may lack immediate household support.
- Both riders and non-riders report a high monthly housing cost-to-income ratio above 51%, with 73% of riders and 72% of non-riders in this category. This highlights significant financial strain related to housing costs among both groups.
- Riders are more likely to have very low (0-5%) or very high (25%+) transportation costs relative to their income, whereas non-riders are more evenly distributed across mid-range costs (6-10% and 16-20%). This suggests that riders experience more extreme variations in transportation costs.

4. Key Trends in the Trips and Travel Characteristics of On-Demand Riders

- All riders under 60 with disabilities report **missing work** due to ride costs, and over 50% of riders under 60 with disabilities miss work due to ride unavailability. This group lacks affordable transportation options to support employment.
- Riders and non-riders under 60 with disabilities frequently **miss non-medical trips** due to ride costs (30% and 36%, respectively) and unavailability (32% and 29%, respectively), with Hispanic individuals within this group facing a higher incidence of missed trips.
- High missed non-medical trip rates are also reported among adults over 60 with disabilities, especially riders (53% vs. 59% for non-riders).
- Over 61% of riders over 60 with disabilities miss medical trips due to costs, and 64% miss them due to unavailability.
- Riders make slightly more medical trips per week (0.6) than non-riders (0.5) and have longer travel times for non-medical and medical trips, indicating potential inefficiencies in current transportation options.
- Riders rely more on friends or family members (40%) and public transit (20%) for non-medical trips and for medical trips; 34% of riders depend on friends or family, 28% use vehicles or cabs, and 19% use public transit. This indicates a high dependency on informal networks and public transit.

Focus Group Findings

The focus group findings provide qualitative depth to the quantitative data from the Ridership Assessment Survey. The themes below align with and complement the findings from the Ridership Assessment Survey, enhancing the understanding of the transportation needs and barriers these populations face.

1. Daily Trips and Frequency:

- Many focus group participants reported relying heavily on transportation services to senior centers, with some traveling daily for various activities, including medical appointments, grocery shopping, and volunteering.
- The variation in travel frequency indicates that some individuals make multiple weekly trips, primarily for essential services.

2. Reliance on Family and Friends:

- A significant reliance on family and friends for transportation was noted, highlighting the limited availability or awareness of community-based transportation services.
- Participants often depend on family members for grocery shopping and other errands, emphasizing the need for more accessible and reliable transportation options.

3. Neighborhood and City Mobility:

- Focus group participants expressed challenges related to neighborhood mobility, including poor sidewalk conditions, safety issues with loose dogs, and long distances to bus stops.

- Issues with city mobility included difficulties with bus transfers, long wait times, and the lack of accessibility features such as ramps and sheltered bus stops.

4. Weather and Accessibility:

- Weather conditions, particularly extreme heat and rain, significantly impact the use of public transportation. Participants reported that unsheltered stops and the lack of adequate seating make waiting for buses challenging.
- Accessibility issues such as inadequate bus ramps and insufficient driver assistance for boarding were frequently mentioned.

5. Health and Mobility Aids:

- Riders reported poorer health compared to non-riders, with higher needs for mobility aids like walking supports and wheelchairs. This aligns with the survey finding that riders have significant mobility challenges and a greater reliance on transportation services.

6. Housing and Household Composition:

- Riders are likelier to live in communal or multi-family living arrangements, whereas non-riders predominantly reside in single-family homes. This reflects the survey finding that riders depend more on community-based transportation services.
- Household size also plays a role, with riders more likely to live alone, indicating a potential need for more supportive transportation options for individuals without immediate family assistance.

7. Service Area and Safety:

- Participants living on the edge of service areas face difficulties accessing transportation services. Safety concerns during late-night travel and unreliable pick-up services were also significant issues.
- The focus groups revealed a strong desire for safer, more reliable transportation options that extend to underserved areas.

8. Financial Barriers:

- Both focus group participants and survey respondents highlighted financial constraints as a significant barrier to accessing transportation. The cost of rides often limits their ability to travel for non-medical purposes, such as social or recreational activities.

The focus group themes help to confirm the Ridership Assessment survey results, showing that older adults and individuals with disabilities face significant mobility challenges, financial barriers, and a reliance on family for transportation. The detailed personal accounts from focus groups highlight the need for an inclusive and accessible one-call/one-click transportation system that addresses these barriers and improves the overall quality of life for San Antonio's transportation-disadvantaged populations.

3.0 Key Steps Towards Full Implementation

After multiple conversations with the SALSA coalition, we understand the difficulties of implementing a full system at once. Building a foundation of trust among nonprofit providers is essential for successfully implementing a One-Call, One-Click system that can be sustained and truly reduce barriers for the transportation disadvantaged. Therefore, a phased approach based on benchmarking characteristics of transportation quality is the most feasible direction for San Antonio.

The coalition must make it their goal to achieve improved mobility for the TD populations. This means achieving the following performance metrics:

Performance Metrics to Lower Mobility Barriers

1. Reduce wait time for trip booking – Start with one week or less, then 48 to 72 hours, then 24 hours, then real-time
2. Make the interface simple. Integrate end-to-end services, including payment and subsidy, and streamline eligibility determination criteria and processes.
3. Make seamless travel possible across the region through interoperability across systems – especially between VIA paratransit and community-provided systems.
4. Improve convenience in navigating the city – enhance pedestrian and ADA infrastructure
5. Make travel safe by enhancing mobility management services, travel training for passengers, and driver training
6. Make travel affordable by expanding the reach of paratransit, improving the efficiency of community operators, and expanding funds for travel subsidies.

To achieve improved mobility for TD populations, implementing a 1C1C system alone cannot help achieve the above-mentioned performance metrics. From the various components of this project, we identified three clear strands of tasks that can improve the quality of on-demand transportation in San Antonio:



Figure 2 Planning tasks for the pilot project

Improve City Infrastructure- As our qualitative data shows, the base infrastructure, including pedestrian walkways, sidewalks, crossings, and bus stop areas, needs significant improvement to ease access to paratransit and other community-based on-demand transportation. The MPO has funding for a comprehensive pedestrian infrastructure assessment and the potential for bond financing to fund some

of the infrastructure upgrades. We recommend that a detailed scope of work be developed to undertake a study that prioritizes the travel sheds of the transportation disadvantaged in the city and region.

VIA's upper leadership has not been an active participant in this process. However, the institutional readiness and ridership assessments clearly show that the sheer volume of unmet demand requires a city-led response. Expansion of paratransit reach is paramount to address mobility concerns of TD populations in San Antonio.

Implement 1C1C Infrastructure—Implementing a One-Call, One-Click approach requires a multifaceted approach and simultaneous progress on multiple tasks and subtasks, as shown in the figure below. The One-Call One-Click system can significantly enhance efficiency for community-based providers to supplement paratransit trips effectively through mobility management, trip provision, and other value-added services for older adults and people with disabilities based on their more specific needs.

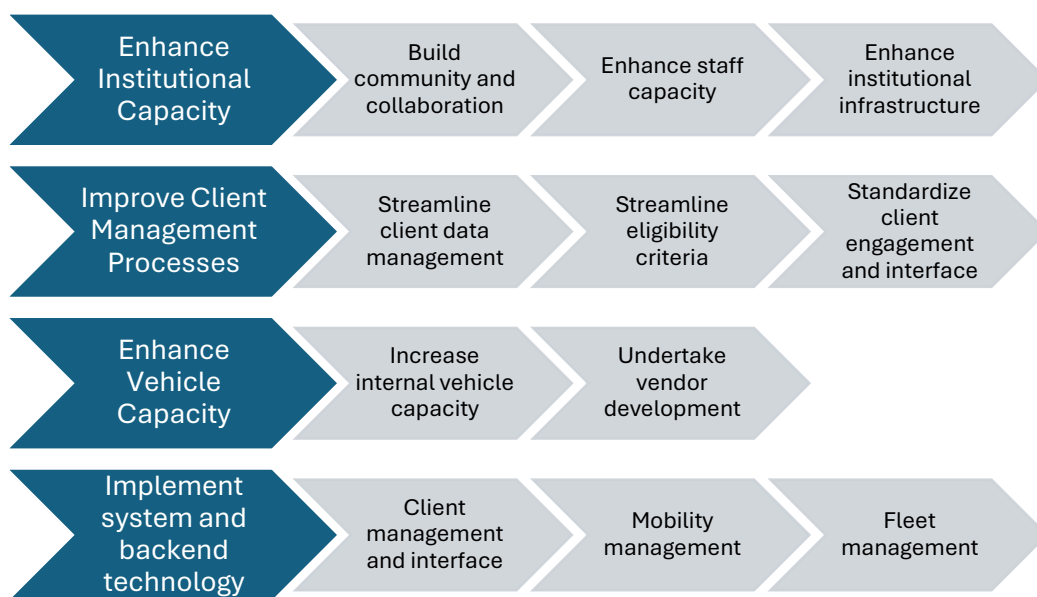


Figure 3 Tasks and subtasks for developing a 1C1C infrastructure

Reduce Demand-Side Access Barriers—Affordability is a primary concern for transportation-disadvantaged (TD) populations. Addressing this issue requires a city-led response that focuses on expanding paratransit services and improving demand-side solutions. Cities nationwide have successfully implemented travel vouchers and special needs funds, often supplemented by local taxes, to facilitate rides from community-based providers. Additionally, cities can collaborate with the SALSA coalition to advocate for hospital contributions to these funds.

Significant gaps exist in access to information and digital literacy among TD populations. Language barriers are also prevalent, especially in areas with large immigrant communities. We recommend a joint strategy between the city and the SALSA coalition to launch an Information, Education, and Communication (IEC) campaign. A separate needs assessment should complement this campaign. Community outreach through these campaigns should be conducted periodically to address the dynamic nature of transportation disadvantage, as individuals may move in and out of this status over time.

3.1 Three Directions for San Antonio

Under the prevailing institutional readiness context, the following alternate models are possible:

Option 1: A Centralized Call Center and Brokerage Model

This option involves establishing a centralized call center managed by an independent non-provider organization and brokerage model, akin to FACTS in San Diego. The center would have a centralized data management portal that includes GTFS feeds from paratransit for mobility management. The independent non-provider organization could manage multiple contracts for business-hour and non-business-hour call centers.

In this model, ride requests that paratransit cannot fulfill are redirected to community-based on-demand transportation providers based on service coverage area, trip urgency, subsidy availability, and vehicle capacity. If existing nonprofit providers cannot fulfill a trip, the request is forwarded to a panel of third-party taxi vendors or, as a last resort, to Uber and Lyft providers.

Pros:

- Allows ride providers to maintain independent client databases and serve their clientele, requiring lower levels of data sharing.
- Suitable for the initial phase when community agencies may be less willing to collaborate.
- A non-service provider-managed call center may be perceived as less threatening.
- Off-the-shelf software like Ecolane can facilitate ride requests, reducing expenses.

Cons:

- Not a true One-Call-One-Click model, as clients may need to make multiple calls.
- Nonprofit providers must have the capacity to respond to requests.
- An independent non-provider organization will need substantial investment to enhance capacity for raising resources to integrate ride subsidies.
- Requires direct arrangements with hospitals to purchase rides, similar to FACTS San Diego.

Option 2: Contracting an End-to-End Service Provider

This option modifies Option 1 by contracting an end-to-end service provider like SPARE Labs or Feonix Mobility Rising, with expertise in this travel segment.

Pros:

- Established expertise in this service segment ensures smoother implementation.
- Potentially fewer operational issues due to the provider's experience.

Cons:

- Specialized software solutions may lead to dependency and sustainability issues, especially during necessary upgrades.
- High reliance on Integrated Voice Response and automation could exclude TD populations with digital literacy gaps in San Antonio.

- May require greater capital investment.
- Needs careful evaluation of pros and cons through interactions with established agencies like SPARE Labs.

Option 3: A Full System

If innovation grants are available for capital-intensive funding, a system like Hopelink can be established. In this model, each service provider would enhance their capacity to manage more rides and a more complex data management system. These system feeds would then be aggregated in real-time by a centralized call center with a backend system capable of locating ride providers, enabling interoperability and seamless travel, and improving efficiency with seat sharing. This could significantly reduce customer waiting times. The system would also include a fully centralized client intake, eligibility determination, and database management system and could offer several additional features, including services similar to 211. Under this scenario, community outreach, driver training, and certification would be expanded. Furthermore, this model could benefit from AI integration if substantial funding is available.

Pros:

- Real-time data aggregation and a centralized system could significantly reduce customer waiting times and improve ride management.
- Seamless travel and seat sharing would be facilitated, optimizing resource use and service delivery.
- A fully centralized client intake, eligibility determination, and database management system would streamline operations and improve user experience.
- Potential AI integration could further enhance system efficiency and service delivery.

Cons:

- This model requires significant capital investment, making it dependent on the availability of substantial one-time and recurring funding. Maintaining such an advanced system could be costly and require ongoing investment, raising concerns about long-term sustainability.
- Upgrading the capacity of each service provider and integrating a centralized system is a complex process that may encounter various logistical and technical challenges. Further, since there isn't a clear lead and host emerging from the multiple stakeholder conversations and mutual trust building may take time, we believe this would not be a feasible approach for San Antonio

Based on the current situational assessment, we recommend Option 1 as the way forward for San Antonio. To achieve a full system, we recommend breaking the implementation into three or four phases over 6 to 8 years. Financial limitations within the current funding landscape pose a significant challenge. Most providers rely on FTA 5310 funds, highlighting the need for alternative funding sources, such as

donor support. Recognizing the competition for limited resources among nonprofits, securing sustained funding is essential.

3.2 Phase 1 Building Community and Support Infrastructure

3.2.1 Initiate Early Wins

For this work, here, an early win refers to a strategic action or project that can be implemented by the city, transportation providers, public agencies, or other work groups or committees to yield immediate results and benefits for the community. An early win typically requires minimal resources and is designed to generate buy-in and support from community members and leaders. An early win is defined by a short time frame. We recommend a 6-24 month to build momentum among community partners, residents, and leaders and realize impact.

1. Develop a logo to build community awareness for a one-call, one-click system that all partners will use publicly on vehicles, websites, and other appropriate locations.
2. Establish a provider network and schedule regular meetings and workshops to set goals and targets or service improvements and one call one click system development.
3. Conduct a needs assessment to understand the specific travel information and training needs of the transportation disadvantaged and identify barriers to accessing current transportation information and digital tools.
4. Identify key locations for outreach activities, such as senior centers, community centers, and libraries, and schedule events to share information about transportation providers and a one-call one-click transportation system for target audiences.
5. Invest in a large-scale travel training program at senior centers and community locations to teach people how to ride transit and paratransit. Passenger training is needed due to the limited capacity of community-based transportation partners.
6. Fund a needs assessment to survey and map the current state of sidewalks and bus stops, perform an accessibility audit at locations, and identify and prioritize areas with the highest need for improvement.
7. Convene a task force to explore options for fare and data standardization across transportation providers.
8. Schedule a series of workshops to bring together transportation providers and community leaders to facilitate discussions on existing eligibility criteria, pain points, and potential solutions.
9. Launch a marketing campaign to promote the one-call one-click logo and other outreach activities using social media, local media, newsletters, and other community partners.
10. Fund marketing to support a large-scale volunteer driver recruitment strategy to expand door-thru-door service at area transportation provider agencies.
11. Fund and launch a pilot (Section 4) to test and address current system hurdles, improving accessibility and streamlining the user experience.

3.3 Phase 2 Expand Rides and Information Access

3.3.1 Establish Information management

- Form a dedicated software management team to manage and integrate the software suit for a one-call one-click system. Using reading available solutions like Ecolane or Feonix Mobility Rising¹ can streamline the integration process.
- Incorporate GTFS feeds to include VIA transit information in the call center database, enhancing trip planning capabilities. This will help capture real-time data on schedules, routes, and service updates.
- Develop and maintain a centralized database for rider registration and information. This database should include all relevant details to facilitate efficient ride matching and service delivery and eventually establish a rider profile to be shared among all providers in the system as appropriate.

3.3.2 Set up Call Center and Mobility Management Team

- Establish a Mobility Management Team focused on trip planning and customer assistance. This team will help riders plan their trips and connect them with community resources and referrals.
- Develop and implement a robust call center infrastructure plan to handle ride requests, provide information, and coordinate with mobility management. This will ensure seamless communication and service provision.

3.3.3 Build a Community of Ride Providers

- Strengthen Memorandums of Understanding (MoUs) with ride providers to enable system transfers and ridesharing. This will improve service coverage and reduce duplication of efforts.
- Foster a collaborative environment among ride providers through regular meetings and workshops. Set goals and targets for service improvements and system development.

3.3.4 Expand Staff Capacity and Vehicle Capacity in Ride Providers

- Aim to reduce client wait times by expanding the staff and vehicle capacity of ride providers. This may involve recruiting additional drivers, procuring more vehicles, and enhancing scheduling efficiency.
- Invest in training programs for staff, including all drivers, to ensure high-quality service delivery and effective use of technology.

3.3.5 Expand Vendor Development for Taxicab Providers and Entrepreneurship

- Develop partnerships with taxicab providers and support entrepreneurial ventures in the transportation sector. This will diversify the available transportation options and create opportunities for local businesses.
- Establish and maintain high standards for service quality and safety among all vendors to ensure a reliable and pleasant experience for riders.

¹ [Home - Feonix](#)

3.3.6 Institutionalize a Community Information and Education Campaign

- Continue to build brand awareness around the SA one-call, one-click logo to be used by all providers participating in the system.
- Launch comprehensive community information and education campaigns to promote the one-call, one-click system. To reach a broad audience, use various media channels, including social media, local news, newsletters, and community events.
- Organize outreach activities at key locations such as senior centers, community centers, and libraries to educate the public about the new system and how to use it.
- Conduct large-scale travel training programs to teach people how to use transit and paratransit services. Focus on areas with limited transportation options and high demand for travel training.

3.4 Phase 3 Provide Seamless Rides

3.4.1 Expand Information Management to Integrate Payment and Subsidies

- Develop and implement an integrated payment system for seamless transactions across ride providers. This system should support various payment methods, including subsidies for eligible riders, ensuring that financial transactions are streamlined and efficient.
- Establish a comprehensive subsidy management framework to handle different subsidy programs and effectively apply them to reduce transportation costs for disadvantaged populations. This includes integrating existing subsidies and exploring new funding sources.
- Enhance the real-time data integration capabilities to include financial transactions, ensuring the system can accurately track payments and subsidies in real-time.

3.4.2 Implement 1C1C website

- Develop a user-friendly one-call, one-click website that provides comprehensive information about transportation services, trip planning, and payment options. The website should be accessible to all users, including those with disabilities.
- Incorporate advanced trip planning and booking functionalities into the website, allowing users to plan their trips, book rides, and make payments in one place. The system should be capable of integrating with various ride providers to offer a seamless booking experience.
- Ensure the website supports multiple languages to cater to San Antonio's diverse population and enhance accessibility and usability for non-English speakers.

3.4.3 Expand Call Center and Mobility Management Capacity

- Expand the call center's capacity to handle a higher volume of calls, offering extended hours of operation to accommodate the needs of all riders. This includes hiring and training additional staff and enhancing the technology infrastructure.
- Increase the mobility management team's capacity to offer personalized trip planning and assistance, leveraging technology to offer real-time support and using data analytics to optimize service delivery.
- Establish a coordinated process for collecting and integrating customer feedback to improve call center and mobility management services, continuously identify areas for improvement, and ensure high customer satisfaction.

3.4.4 Continue Vendor Development

- Maintain and expand relationships with existing vendors and seek out new partnerships to diversify the pool of transportation providers. This includes regular meetings and workshops to discuss service improvements and innovations.
- Implement stringent quality assurance measures to ensure all vendors adhere to high service delivery standards. This includes regular audits, customer feedback analysis, and performance reviews.
- Provide support for vendors' growth and development, including training programs, financial assistance, and resources to help them scale their operations. This will ensure a robust and capable network of transportation providers.

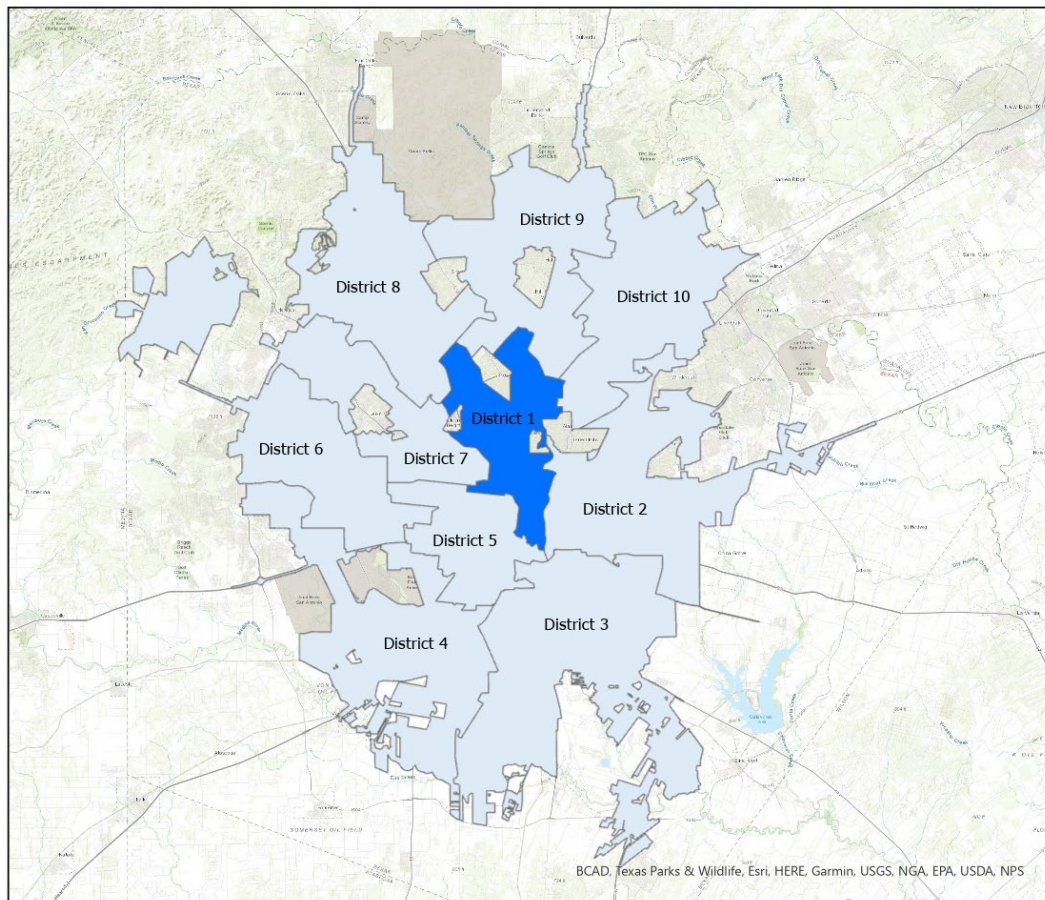
4.0 Pilot Project – No Rider Left Behind

4.1 Objective

The objective of a "No Rider Left Behind" approach focuses on collaboration between Ride Connect Texas (RCT) and Northeast Senior Assistance (NESA) within a designated area in San Antonio. This pilot aims to develop and test a coordinated process for ride requests, data sharing, and service delivery, ensuring that transportation-disadvantaged (TD) populations have seamless access to transportation services.

4.2 Pilot Site Selection

We propose targeting the area within the circle boundary on the map below. This area, primarily within District 1, has a TD population range of 8,996 individuals, making it a manageable yet impactful location for the pilot. The goal is not to overwhelm service providers while effectively testing collaboration strategies. This site has three service providers – VIA trans paratransit, NESA, and RCT. Based on a daily trip rate of 0.68, the TD populations require approximately 2 million rides annually. About 212,049 rides are served annually within District 1, putting the unserved rides at about 83.4%.



Map 1 Proposed district for the pilot project

4.3 Considerations for Pilot Implementation

After evaluating different areas, we concluded that starting in a region with a lower TD population will be more beneficial for the long-term goals of a 1C1C system. This controlled environment will allow RCT and NESAs to focus on:

- Developing a robust data-sharing agreement.
- Managing eligibility differences between providers.
- Agreeing on a dispatch method for rides.

This approach will enable innovation and troubleshooting without being overwhelmed by high demand, ensuring the pilot's success and scalability.

Pilot Goals and Processes

The pilot aims to create a seamless, collaborative approach to handling ride requests and service delivery within the chosen area. Key processes to be developed and tested include:

1. **Establish a Fiscal Agent**
 - Have a tripartite between RCT, NESAs, and a third party to undertake call center contracting for the purposes of the pilot. Depending on the experiences of the pilot, this can transition into a new entity.
2. **Centralized Ride Request Management:**
 - Organize a process to provide a centralized mobility management service with two call center staff taking turns to receive calls during business and non-business hours. District 1 has several youth organizations and faith-based organizations that may be able to partner to provide these services.
 - Mobility managers will receive calls, provide some level of travel training, and connect passengers to paratransit. If paratransit is not an option, they will connect the rider to RCT, NESAs, or a third-party contracted ride provider. If there is no other option, they will connect the rider to Uber or Lyft.
3. **Data Sharing and Ridership Profiles:**
 - Mobility managers will develop and maintain centralized data on caller profiles and ride requests.
 - Extremely low-mobility callers will be sent to NESAs for eligibility determination after preliminary phone-based scanning.
 - Low to moderate mobility callers will be prepared by the mobility managers to meet the RCT and paratransit eligibility criteria. If RCT revisits its criteria to be as closely matched as possible with the city's criteria, it could improve experiences for the customers.

4. Collaborative Service Delivery:

- Contract with one or two third-party ride providers with at least two to four vehicles.
- Outsource rides to Uber or Lyft as needed to ensure coverage and efficiency.

5. Advocacy with the city

- Work with the city to organize additional fixed route shared-ride paratransit shuttles for non-medical trips during weekdays and weekends for recreation and shopping at \$2 per ride
- Improve sidewalk and crosswalk infrastructure near the following high-fatality intersections

Table 3 High-fatality intersections

Street Name	From Street	To Street
Vance Jackson	Gardina	Greenlawn
St. Marys	Travis	Commerce
St. Marys	Commerce	Travis
Martin	Comal	Flores
Zarzamora	Cincinnati	Guadalupe
Flores	Euclid	El Paso
West	Gilbert	Hermosa
Fredericksburg	De Chantle	Babcock
San Pedro	Laurel	Euclid
Callaghan	Horizon Hill	Rock Creek Run
Commerce	Main	Bowie
Commerce	Smith	Santa Rosa
Wurzbach	Sid Katz	IH 10
Hildebrand	Jerry	Breeden
Market	St. Mary's	Alamo
Cypress	Maverick	Main
San Pedro	Rampart	Nova Mae
Mc Cullough	Dewey Place	Cypress
Fredericksburg	Gardina	Agarita
Vance Jackson	Freiling	Gardina
Fresno	Capitol	Michigan
Blanco FM 2696	West	Mt Perkins
Blanco	Oblate	Jackson-Keller
Fredericksburg	Magic	Lakeridge
Blanco FM 2696	Parliament	West
Vance Jackson	Loop 410	Trudell
Fredericksburg	Sandoval	Laurel
San Pedro	Myrtle	Euclid
Hildebrand	Brad	Neer
Zarzamora	Ruiz	Poplar
Culebra Spur	28 th	Calaveras
Commerce	Alamo Plaza	Bowie

Street Name	From Street	To Street
Culebra	General McMullen	Navidad
Fredericksburg	Sandoval	Laurel
Blanco	Edison	Fresno
San Pedro	Rector	Rampart
Flores	Dolorosa/Market	El Paso/Arsenal
Martin	Frio	Soledad
Fredericksburg	Bluemel	Winnetka

4.4 Strategic Advantages

1. Visibility and Tangibility:

- Focusing the pilot in a specific area allows for visible and tangible infrastructure and service coordination improvements.
- Improvements can include street and pedestrian infrastructure enhancements and better paratransit services.

2. Political and Community Support:

- A successful pilot will demonstrate to city council members and the mayor the city's significant role in making this project successful.
- The pilot can garner political support, encouraging further investment and expansion.

3. Holistic Solution:

- By showcasing a holistic solution that involves multiple service providers and city infrastructure improvements, the pilot can set a precedent for systemic changes across San Antonio.

Potential Expansion Areas

While District 1 is the initial focus, we recognize the potential to expand to other districts with denser TD populations for future phases. These districts include:

- **District 3:** Council Member Phyllis Viagran (existing Ride Connect relationship)
- **District 4:** Council Member Dr. Rocha-Garcia (board member with Jane)
- **District 5:** Council Member Teri Castillo (inner city, targeted zip codes)
- **District 6:** Council Member Melissa Cabello Havrda (co-chair of the MPO advisory committee)

4.5 Next Steps

1. Community Engagement:

- Engage with community members and stakeholders in District 1 to gather input and support for the pilot.
- Raise resources for a year-long pilot. The capital costs could include 2 FTE staff, phones and laptops, office space, and a pool of funding for contract arrangements.

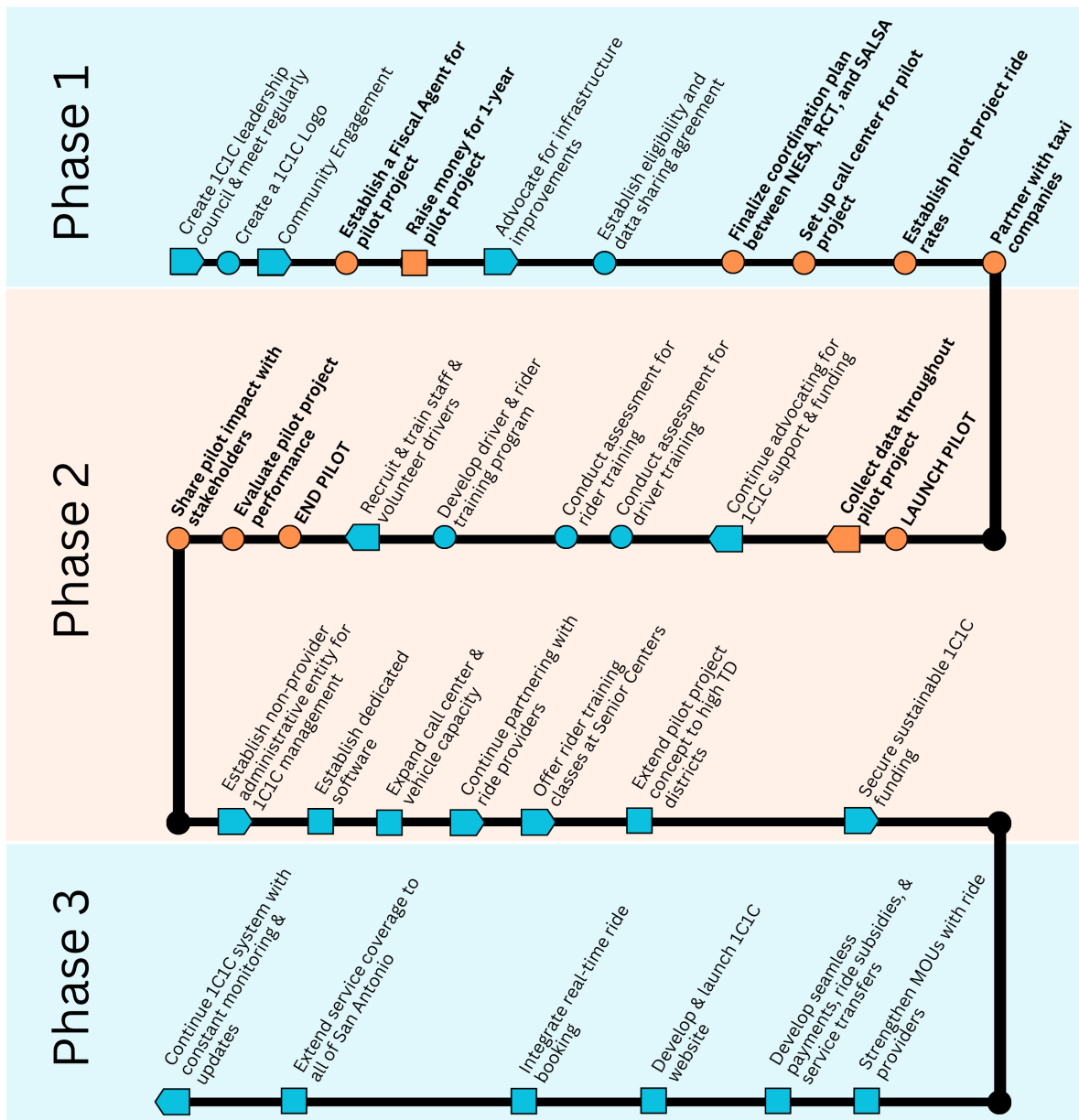
2. Partnerships and Coordination:

- Set up a call center and provide mobility management training to two staff.
- Collaborate with RCT and NESA to finalize the service coordination plan.
- Request RCT and NESA to dedicate at least one vehicle each for the duration of the pilot.
- Empanel taxicab providers and add at least four vehicles. Establish mileage and rate.

3. Pilot Launch and Evaluation:

- Launch the pilot and continuously monitor its progress. Have mobility managers take requests with waiting periods of not more than one week.
- Establish fee rates for customers. We suggest this be kept easy and manageable for the rider so that TD populations do not compromise on essential rides – suggested rates are \$5 per ride per direction within 3 miles, \$1 per additional mile within San Antonio, and \$3 per mile outside San Antonio similar to the GoZone of Denton. These rates are also comparable to those we noted from the different case studies.
- Collect data on ride requests, service delivery, and user satisfaction to evaluate the pilot's success and make necessary adjustments.

4.6 Proposed Timeline for Pilot Project and 1C1C System Development



Pilot Project Items

1C1C System Development Items

- Indicates a short-term task lasting 1-3 months
- Indicates a medium-term task lasting 3-6 months
- Indicates a long-term task lasting 6 months to the lifetime of the 1C1C system

Figure 4 Proposed timeline