

1 >>: Good morning everyone and welcome to
2 the accessibility and disability policy webinar series.
3 We are recording this morning. My name is Randi Turner
4 and I am with the Governor's Committee on people with
5 disabilities. I am the accessibility and disability
6 rights coordinator.

7 We have a number of representatives from
8 different types of paratransit systems to talk about
9 paratransit services this idea came about from one of
10 our committee members Richard Martinez. I am going to
11 turn it over to Richard and he is going to make
12 introductions.

13 Thank you so much for joining us.

14 >>: Good morning, everyone. My name is
15 Richard Martinez. As Randi noted, I am a member of the
16 Governor's Committee on people with disabilities but
17 also equally important I am a staff member at via
18 metropolitan transit. The webinar idea came around
19 because at different meetings people who were long time
20 advocates for different disabled communities would ask
21 basic elementary questions. It was obvious that more
22 information needs to be put out there.

23 Thank you again for coming. Basically what
24 this is going to be as far as the webinar goes is it's
25 going to be a primer. We're very fortune to have a

1 number of experts in the field. To begin with I would
2 like to introduce Jeffrey C. Arndt.

3 Jeff Arndt is president and CEO of via
4 metropolitan transit. Via provides transportation
5 services to the fastest growing city of San Antonio.
6 And he's been in the business for over 40 years. He has
7 a broad range of experience in operations, planning, and
8 finance. Since joining Via Mr. Arndt has focused on
9 improving service and introducing innovation. Mr. Arndt
10 holds an MA in public administration from the University
11 of Houston. And BS in Civil Engineering from the
12 University of Notre Dame. Please welcome my boss Mr.
13 Arndt affectionately known as El Hefe as he gives a
14 description of what is paratransit and what separates it
15 from fixed transit. Mr. Arndt, you may continue.

16 >>: All right. So first I would also like
17 to welcome everyone and hopefully you will find this
18 useful. And I also want to tell you Richard reminding
19 people that I've been doing this for more than 40 years
20 implies something about my age. So it would be good to
21 say extensive experience instead. We don't want to
22 quantify that necessarily. I have been in public
23 transportation now going into my 42-year, 25 years at
24 Houston METRO and ten years here at Via. And then in
25 between with Texas Transportation Institute a great

1 deal. My task this morning is to set the table, if you
2 will. So not a lot of detailed information but I'm
3 going to set the table and various additional presenters
4 are going to give you more of the nuts and bolts of some
5 of the pieces, if you will. Let's start with, what is
6 paratransit?

7 If we go to the next slide and we take that
8 paratransit and break it into two words. The transit
9 side refers to at the time this term came up, pretty
10 much all transit was traditional fixed-route, operates
11 on the same route, operates at specific stops, to a
12 specific schedule. So it's a kind of service that you
13 just show up for and vehicle shows up and you get
14 transported.

15 When you put para in front of transit, para
16 means similar but distinct from. Let's talk about the
17 similar but distinct from transit, traditional
18 fixed-route transit. If we go to the next slide and the
19 next slide deals with how it's distinct. Let me start
20 with similar. It's similar because it's a way to
21 provide mobility to the public, obviously. It's a way
22 to get from point A to point B. It's similar in that
23 it's typically operated by a public entity that is going
24 to provide some level of (inaudible) to those kinds of
25 trips.

1 It's fairly similar to your bus system in
2 the area that it covers et cetera, but there is growing
3 exceptions to that. It is distinct from fixed-route in
4 that it requires the customer to interact with the
5 system in order to get the service. It depends on what
6 the conditions of that service are. I think Art Jackson
7 is going to speak about ADA paratransit which is a
8 specific type and the kinds of customer interactions.
9 But because it's not running on a fixed-route or fixed
10 schedule, it doesn't run necessarily to fixed stop, then
11 customers have to do something in order to get the
12 vehicle to show up and take them where they need to go.
13 It also does not limit to the fixed-route stops, a lot
14 more flexibility as to exactly where the vehicle stops.

15 It's a transportation method, a public
16 transportation method but it varies because from the
17 fixed-route perspective, you just shows up. Nobody
18 knows in advance that you're going to show up you just
19 go to the stop and take the vehicle. In paratransit it
20 does require advanced work by the customer to make sure
21 the trip is made.

22 Let's talk about other terms that are often
23 used instead of the term paratransit. That's on the
24 next slide. So this is like a rose by any other name.
25 So the federal transit administration which is the arm

1 of the Department of Transportation at the federal level
2 typically are going to refer to it as a demand response
3 service. And demand response is a very good name for
4 what paratransit is because you're responding to a
5 specific demand that goes back to the fact that the
6 person using the system have to take steps in order
7 to -- in order to get the trip.

8 There is a specific kind of paratransit
9 service, ADA complementary paratransit service and Art
10 Jackson is going to talk a great deal about that. This
11 is paratransit that was made a federal mandate in 1990
12 with the passage of the ADA laws and those law specify a
13 great deal of both eligibility kinds of requirements and
14 operating kinds of requirements. They are limited to a
15 specific audience and that is what makes them distinct
16 from some of the other paratransit services we are going
17 to talk about because one has to meet the requirement
18 that the system places for use of that complementary
19 paratransit service.

20 A growing kind of paratransit service in
21 the transit industry is called Mobility-on-Demand.
22 Mobility-on-Demand works like complementary paratransit
23 service in that one schedules a trip, but unlike
24 complementary paratransit service it's typically
25 available to anybody within the area you're providing

1 the service. So as I describe -- I'm going to talk
2 about the Via version of this shortly but if you think
3 in terms of again demand response through an App or
4 through a phone you ask for trip, a vehicle is
5 dispatched and takes you and perhaps other people on
6 routes to your destination and lets you off.

7 That is like paratransit but the only
8 requirement is that you be within the area itself, we
9 won't go from outside that area. This is a growing type
10 of service that is being used increasingly by transit
11 systems across the United States and it's particularly
12 useful in areas where fixed-route transit, the
13 traditional transit, don't work well.

14 The best example of that might be a
15 suburban community with low density -- with
16 discontinuous streets so it's hard to route a bus
17 through. Those are areas where transit has struggled to
18 serve well anyhow. So in some cases you'll take --
19 instead of running those fixed routes, you'll run
20 Mobility-on-Demand.

21 Ride share is another element similar to
22 Mobility-on-Demand but it can include van pool programs,
23 both and subsidized van pools programs and simply
24 matching van pools. Carpool, same deal, same kind of
25 carpool matching. And various systems like Uber and

1 Lyft are in effect a kind of paratransit service.

2 Jitney you have to include because jitney
3 is an idea that has kind of come and gone because so
4 many other services provide the same kind of model of
5 service but jitney would operate informally in
6 corridors. I know that in Houston it required approval
7 of the city council in order to operate jitneys. And
8 Houston metro operated a jitney light service for
9 several years to relieve the peaking on that service.

10 But again this is a service that does not
11 necessarily run fixed-route and fixed schedule. That is
12 what makes it distinct. Those are the general kinds but
13 the most common kind are ADA complementary paratransit
14 service and Mobility-on-Demand services which in rural
15 areas all they provide is Mobility-on-Demand services.
16 I'm going to go to the next couple slides.

17 In urban settings like Houston, Dallas,
18 Austin, San Antonio, Corpus, El Paso, all those systems,
19 if you have fixed-route transit and all those cities do,
20 then you're going to have paratransit because you'll be
21 mandated to cover the ADA complementary paratransit. In
22 those same cities there is a increasing tendency to
23 introduce, at least in some limited areas, another form
24 of paratransit which is the Mobility-on-Demand. In
25 urban settings it's not unusual to have van pool

1 programs, ride share matching, those kinds of things.
2 Those are the forms of paratransit that dominate urban
3 environments. On the next slide in the rural settings
4 there are examples where in some rural settings there
5 are small fixed-route networks but generally rural
6 settings have demand response service that is open to
7 the general public. So you can think of it as
8 Mobility-on-Demand but for a much larger area. Sarah
9 knows 100 thousand times more than I do about providing
10 rural service. She will be joining in a bit to talk
11 about how in rural settings paratransit is used. Next
12 slide.

13 So I said I was going to give you a few
14 examples of what we do at Via. At the top is Via trans.
15 That is our version of ADA complementary paratransit.
16 We operate according to all the rules which I'm not
17 going to go through because that is Art's job. We carry
18 roughly 1.1 million passenger trips a year pre-COVID.
19 It's down, obviously, for COVID. At the bottom -- I'm
20 going to skip to the bottom, we have Via van pooling.
21 This is a third party provider. So someone else owns
22 and operates the vehicles and essentially leases the
23 vehicles. Our primary purpose is to create the van pool
24 itself and to provide some level of subsidy to the users
25 of that van pool.

1 The middle one is Via link. I call Via
2 link Via's version of Uber but at Via's prices and we
3 never charge a surge price. When we have seen special
4 events in San Antonio the surge prices can get up there.
5 Our prices are always going to be the base price of
6 \$1.30. We treat it within specific geographic areas.
7 We have a 17 square mile on the far northeast side of
8 town. And 14 square mile on the northwest side of town.
9 And you don't have to preregister but on an App you ask
10 for a trip anywhere within that zone and it will send
11 back information that looks like Uber-esque, you know,
12 the vehicle number and name of operator. The vehicle
13 will arrive and take you where you're going. About
14 50 percent of the time it picks up other passengers.
15 50 percent of the time it has direct service. When you
16 can also rate the driver on a scale of 1 to 5. Our
17 average rating is between 4.8 and 4.9 out of 5. There
18 is high customer satisfaction.

19 The part of Via link that we make very
20 specific is that if someone wants to travel outside of
21 that zone that we always have a connection point between
22 that zone and the line hall service, the fixed-route
23 service. So if you want to travel from the far north
24 side of downtown, northeast side of downtown, to
25 downtown, you can transfer at a specific point and get

1 on a bus that will continue that trip. And we treat Via
2 link as though it were a bus system. And therefore,
3 since we don't charge for transfers between busses, we
4 don't charge for transfers between Via link and
5 traditional fixed-route services. So those are examples
6 of paratransit type systems and services that Via
7 Metropolitan Transit runs. With that I believe that
8 concludes the basic information and now the geniuses
9 will join us and share with you the specific information
10 about some of those elements. I think the first genius
11 is Art.

12 >>: Thank you, Mr. Arndt. I would like to
13 introduce Arturo Jackson Vice President of Specialized
14 Transit Services. A native Houstonian and a graduate of
15 North Texas, Mr. Jackson serves as vice president and
16 manages contracted paratransit and microtransit services
17 with metropolitan transit authority of Harris county,
18 Houston metro. Having served with Metro for over
19 32 years, Arturo's responsibilities include directing
20 one of the companies largest nonunion departments with
21 over 140 employees. When the subject came up as far as
22 ADA eligibility everybody said Arturo Jackson, he was at
23 the top of everyone's list. So I welcome here and look
24 forward to what he has to share with us.

25 Go ahead, Mr. Jackson.

1 >>: Richard, thank you so much for the
2 opportunity. And thank you, El Hefe, for the kind
3 words. It's always been a pleasure to work with Jeff,
4 his time here in Houston was very beneficial and he was
5 instrumental in the development of our paratransit
6 services. So we would like to thank him. On behalf of
7 the folks here at Houston metro we would like to thank
8 you for being on this call and we are excited about it.

9 Before we jump into paratransit eligibility
10 I would like to tell you about Houston metro and
11 METROLift is our paratransit service here in Houston.
12 We have some of the best customers and riders in the
13 nation. They're very supportive, very instrumental in
14 our program. We have over 20,000 registered paratransit
15 riders pre-pandemic. We provide over 2 million passenger
16 trips each year. We use a dual model for providing the
17 services. We have a contractor that operates about 175
18 METROLift vans with the lifts on them. We have about
19 240 minivans that are operated by a contract provider.
20 And metro is responsible for the dispatching
21 eligibility, the customer service, all those different
22 aspects of the service. Our service area is about 772
23 square miles, 215 which are beyond what is required
24 under the ADA. METROLift began in 1979, eleven years
25 prior to the Americans with Disabilities being signed

1 into law. We have a long history and great expectations
2 by our customers.

3 As Jeff pointed out it all starts with the
4 eligibility process. That's what I am going to talk
5 about right now. Next slide, please. One of the
6 questions people ask is how is paratransit eligibility
7 determined? The key thing we need to help people
8 understand as they apply for paratransit eligibility
9 that we're not making a determination as to whether or
10 not a person has a disability.

11 >We're trying to assess whether or not an
12 applicant paratransit service can utilize or has the
13 availability to ride the local fixed-route bus system.
14 We're not making a determination whether a person has a
15 disability, we almost accept that as a fact, what we're
16 trying to do as a transit agency is assess whether or
17 not a person has the ability to use the local accessible
18 fixed-route bus service. Next slide please.

19 Again, one of the things that the federal
20 transit administration, the Department of Transportation
21 let us know is that we want to as a transit agency is
22 work with the local communities to look at what that
23 eligibility process looks like. The eligibility process
24 is not always the same from city to city. People do it
25 a little bit different from city to city and it evolves

1 over time as with the consumers. Years ago we would
2 accept an application, review it, and make a
3 determination as to whether or not the person was
4 granted eligibility on the paratransit service. Over
5 time we started conducting in-person interviews, using
6 metro staff to conduct those. And now it's evolved
7 further where we conduct in person interviews and
8 functional assessments and now we use healthcare
9 professionals to be a part of that. One of the key
10 things we want to encourage is give as much information
11 as possible. Next slide please.

12 So there are different eligibility
13 categories that the ADA spells out for us. That is what
14 guides how we formulate the process and guidelines that
15 oversee it. The categories include the person cannot
16 navigate the system independently. The second category
17 would be the person -- the applicant needs an accessible
18 vehicle. Third, there are obstacles which prevent the
19 person from accessing the bus or rail system. In most
20 cities -- in Houston the second is not really an
21 obstacle because all of our local fixed-route bus
22 systems are accessible. But years ago when the ADA
23 first came about not all of our busses were wheelchair
24 accessible for people with mobility devices but over the
25 years all our busses are now wheelchair accessible with

1 ramps or lifts on them. Now we primarily focus on the
2 person cannot navigate the system independently or there
3 are there obstacles which prevent the person from
4 accessing the bus or rail system. Next slide, please.

5 So what are the types of eligibility that
6 are granted by the local transit agency? Unconditional
7 eligibility. A person has a -- with unconditional
8 eligibility you can take trips under all circumstances,
9 you have full access to the service. Or you have
10 conditional eligibility. Some folks may have a
11 disability that impacts them under certain conditions
12 and a transit agency has the ability to set certain
13 conditions and grant conditional eligibility under these
14 conditions a person can utilize the service. There is
15 also temporary eligibility where you have a situation
16 where a person may break their ankle or break their leg
17 skiing or something and need temporary eligibility
18 because of the broken leg. After their leg heals and
19 they're back to being able to move around, they no
20 longer need eligibility. Let's go to the next slide.

21 What we provided is the METROLift
22 application. There are several pages to that
23 application. We want information from the customer.
24 Next slide. So we get a lot of information. Tell us
25 about yourself, tell us about the mobility devices, tell

1 us about where you catch the bus, where you want to go.

2 The intent of this is not be burdensome to
3 the applicant. Again, we just want as much information
4 as a transit agency as to -- so that we can make the
5 best possible decision so we can identify what type of
6 service best meets this person's needs. Next slide.
7 And so again -- next slide. And so we also rely on
8 information from the healthcare professional. It
9 doesn't have to be a doctor but it does need to be a
10 healthcare professional that can give us more
11 information. Again, we're not making a medical
12 determination but we do need information about the
13 person's disability. What are they able to do, what are
14 they not able to do. So we collect all that information
15 through the in -- through the application process, send
16 us the information, have your doctor send us the
17 information also, and then we set up what's called an in
18 person interview and a functional assessment. Next
19 slide.

20 So the purpose of a in person interview and
21 functional assessment. We provide the transportation
22 for a person to come in and meet with folks. As I
23 mentioned before, based on our community's feedback here
24 at Houston metro they ask us to consider utilizing
25 healthcare professionals to be a part of that process.

1 So we have partnered with Memorial Herman here in
2 Houston and they have offices here in Houston and they
3 provide the in person interviews and functional
4 assessments. We bring customers into our offices here
5 at metro's headquarters located in downtown Houston, we
6 meet with each individual personally and we talk about
7 the different services that metro offers. We talk about
8 the local bus and we talk about the rail and we talk
9 about our paratransit services and we share information
10 and get information from the customers. Next slide,
11 please. And what we're doing is on the functional
12 assessment is we're talking to the customers, we're
13 explaining how the service works. One of the advantages
14 that Houston metro has is that because our
15 headquarters -- adjacent to our headquarters on the left
16 we have a picture of our downtown transit center. So
17 customers have an opportunity to navigate the transit
18 center and interact with the busses and see the
19 accessibility of our busses.

20 On the right hand side of the presentation
21 we have a picture of our rail line. So, again, people
22 are able to go and go out on the rail platform. And the
23 person that is conducting the in-person interview and
24 functional assessment all the time is sharing
25 information, gaining information, and at the end of the

1 day Memorial Herman takes all that information and they
2 provide the metro staff with a recommendation and we
3 take a look at that recommendation. Next slide, please.

4 The majority of people who apply for the
5 paratransit services are granted eligibility. However,
6 there is a process if a person is denied service. You
7 have a appeals process. We have an appeals officer.
8 They will review a person's information and gain more
9 information. And the applicant has an opportunity to
10 say, well, the Memorial Herman and Metro didn't consider
11 this. And whatever decision that that hearing officer
12 makes in the appeals process, Metro abides by that.
13 That person is independent, if they gain more
14 information, if they feel that metro hasn't made the
15 proper decision, then again, we respect the hearing
16 officer. If they uphold Metro's decision then we accept
17 that also and we ask that our customers accept that
18 decision also. If there is a change in the person's --
19 in applicant's condition, they are welcome to come back
20 and reply for Metro lift services at a later time. Next
21 slide, please.

22 One of the things that we do offer here in
23 Houston for riders with disability, people with
24 disabilities, if they want to learn more about the local
25 bus service, some people with disabilities are capable

1 of utilizing Metro's bus system but they just need a
2 little help. They need travel training. And we have a
3 travel training department that operates one-on-one.
4 They come out to your home and map out where you want to
5 go, they will take a look at whether or not it's
6 feasible for a person to utilize the local bus service,
7 they will ride with the customer and work with the bus
8 operator. And they will go out and ride with a person
9 on trips that the person may be taking, going to and
10 from a doctor's office, going to and from work, wherever
11 they want to go. So we work very close with individuals
12 with disabilities to teach them how to utilize the local
13 bus and rail system. Next slide please.

14 Again on the screen you have pictures of
15 individuals, travel trainers, mobility coordinators. We
16 even go out with groups of individuals. If you have a
17 group of seniors that would like to go out and learn how
18 to utilize the bus and rail system, we will go over to
19 facilities and we'll take groups out on group outings
20 and teach them how to utilize the local bus system and
21 rail system. Again, some people do not have that
22 knowledge or experience. For many people with
23 disabilities it's a process where many people were
24 independent for years and years and never had a need for
25 public transportation and now they find themselves in

1 different situations and public transportation is
2 something they need to become familiar with. Well,
3 that's our job is to help them become familiar and
4 confident how to utilize the local system. That talks
5 about the eligibility process, the different options.
6 Next slide, please.

7 One of the things we want to encourage
8 people with disabilities that may be participating in
9 this webinar is to -- the importance of being engaged
10 with your local transit agency. We can't emphasize
11 enough -- and I know that our CEO chief Tom Lambert
12 really listens to our customers. And I know having
13 worked with Jeff for many years -- El Hefe as he likes
14 to be referred to for many years, he likes to interact
15 with customers and wants them to be a part of decision
16 making process. Here at Houston metro we have several
17 different opportunities for individuals with
18 disabilities to participate in different -- different
19 groups and to share their experiences. We have a
20 METROLift advisory committee which is open to the
21 public, it is open to our riders and they're able to
22 share ideas concerns, suggestions on ways to improve,
23 things they like or don't like. We have a METRO
24 Accessible task force which works on facilities and the
25 local bus and rail system. And they provide feedback as

1 to how things are going, what is the infrastructure, bus
2 stops, the transit centers, all of those facilities,
3 what do we need to do to improve upon that. When we're
4 about to make changes they give feedback. We have a
5 community leaders briefing team where we have
6 representatives from different organizations. The
7 lighthouse, the -- different places will definitely give
8 us feedback as far as the community leaders briefing.
9 It's something that we've amplified during this pandemic
10 where we bring people together and share all the
11 different things we're doing during this COVID pandemic
12 period and we listen to their feedback also. Finally --
13 next slide.

14 You know, it's not unheard of people with
15 disabilities serving on the board. Pictured here to the
16 left in a blue shirt we have Metro's president and CEO
17 Tom Lambert and he's talking to a gentleman in a red
18 shirt in a motorized wheelchair, Dr. Lex Fridman, one of
19 the authors of the American with Disabilities Act and
20 one of the best advocates that you can have as a person
21 with a disability. He serves on METRO's Board of
22 Directors. He was appointed to the METRO board several
23 years ago. And under chief Lambert's leadership and
24 Dr. Fridman and the METRO board, guess what METRO's
25 number one priority is, METRO's number one goal in

1 Houston? Universal accessibility. After 32 years in
2 the transit industry to have as your number one priority
3 universal accessibility, accessibility for all, not only
4 meeting the requirements of the ADA but going above the
5 requirements of the ADA is Houston METRO's top priority.
6 And that benefits people with disabilities here in
7 Houston and across the region. With that I'll turn it
8 back over to Richard. Thank you.

9 >>: Arturo, thank you very much. That was
10 a really great presentation. I'm glad you recognized
11 Dr. Fridman. As you know, the Governor's Committee on
12 People With Disabilities presents a special award every
13 fall to those companies that hire people with
14 disabilities. And as the architect of the ADA it's
15 awesome he sits on your board of trustees. Again,
16 Arturo, thank you very much. The next person I would
17 like to introduce is Sarah Hidalgo-Cook. Sarah has over
18 32 years of rural transit experience. She is from a Sul
19 Ross Lobo family. Not only is she a graduate of Sul
20 Ross, her parents graduated from Sul Ross, as well as
21 her daughter. So she is definitely about the Lobo
22 community. Sarah is well-recognized as a leader in
23 rural transit -- in fact, southwest area regional
24 transit district which she serves was one of six transit
25 providers nationwide that received a connecting rural

1 communities award from the FDA. Sarah has probably one
2 of the greatest quotes from COVID. And that is, COVID
3 forced SWART the agency she works for to be a little
4 creative in their approach. Sarah, I turn it over to
5 you, as you know Texas has a great many rural
6 communities and if you could please share with our
7 listeners a little bit about your agency and your
8 experience and provide some more information that will
9 be useful for folks to know. Take it away, Sarah.

10 >>: Thank you, very much, Arturo.
11 Southwest Area Regional Transit District is located in
12 the middle Rio Grande region of Texas. We cover eight
13 counties in this region. And that is about as rural as
14 you can get. Our furthest community or county has to
15 travel three and a half every single day to get to San
16 Antonio for doctor's and appointments and dialysis and
17 so forth. So this is extremely rural in our area. And
18 so what I wanted to say a little bit about SWART is that
19 we've actually been providing services in this region
20 since 1981. First under a community action agency and
21 then in June of 2012 we became a stand alone transit
22 district. The history of rural transit dates back 30
23 plus years. And my quote that Arturo referred to is not
24 just that we were creative during the pandemic, I think
25 we're more creative during the pandemic, but those of

1 you that know me and that have been around me for many
2 years I've always felt and referred to the fact that
3 rural transit systems in Texas have to be creative to
4 survive. I will explain that a little bit.

5 We have challenges as rural transit systems
6 compared to the METRO systems like Via or capital METRO
7 or Houston METRO. We don't receive funding the same way
8 as they do, we do not have a dedicated source of funding
9 like a tax base like most metropolitan transit systems
10 do. Although we are federally and state-funded we have
11 to raise our own local match, 50 percent of that match
12 for our federal dollars. So because of that that is
13 forced rural transit districts over the years to become
14 extremely creative as possible. And so for us our
15 challenge in our area for many years has been the fact
16 that we have to compete against salaries or wages of the
17 oil shell, and we also have the issue of an influx of
18 immigration that comes through our borders in Del Rio
19 and Eagle Pass as well as other rural transit systems
20 that lay on the border or Texas and Mexico. Because we
21 have been creative throughout the years I think we've
22 been able to be successful because we've been able to
23 form partnerships. That's how we survive. SWART for
24 instance has partnerships over 35 different partnerships
25 throughout our region that allow us to provide the

1 service that we do with their support. And their
2 support can come in the form of service contracts or
3 rental income, these are all ways that we can raise our
4 local match that is required. SWART raised about
5 \$400,000 on an annual basis to match its federal dollars
6 to provide rural transportation in our region. Other
7 services that we do to raise money we also have referral
8 contracts as well and that is very important as well for
9 our region. We also provide a avenue or platform for
10 special population groups to speak about transportation
11 and their needs. We actually host several focus group
12 meetings throughout the year with special populations
13 like the ADA writers as well as those that are suffering
14 with mental health, veterans as well and of course one
15 of our biggest groups is the renal care facilities. A
16 good majority of our transportation is trying to access
17 renal care facilities, not only within our region but
18 outside our region to San Antonio and Laredo which are 2
19 to 3-hour one way trips, so those are long distance.
20 One of the things about SWART is that we're going to be
21 encountering in the next year or so is transitioning in
22 Eagle Pass Texas into a small urban transportation
23 system. And with that that is for SWART to look towards
24 other experts within the field to help us plan for that
25 transition. We have been working on that transition or

1 planning of that transition for close to about six years
2 now. So hopefully it won't be as much as a painful
3 transition as we think it might be. But with small
4 urban transportation that is going to force us to look
5 at paratransit services with fixed-route services in
6 Eagle Pass much like what was discussed earlier by Jeff
7 and Arturo but in the scheme of things we still are
8 committed to public transportation in the rural areas.
9 To give you an idea of what our drivers go through on a
10 daily basis, our drivers begin their pretrip at
11 2:30 a.m. By 3 o'clock in the morning they're already
12 out in the different ranches and colonias in our region,
13 picking up clients to get them to dialysis by 5 a.m., 6
14 a.m., or even to a doctor appointment in San Antonio by
15 7:00 a.m. or 8:00 a.m. Much of these routes last more
16 than 12 or 13 hours. It's just something that the rural
17 areas have to do to access healthcare or access work or
18 access shopping, although we do provide local
19 transportation in our larger communities, the smaller
20 communities really struggle to access all the things
21 that everybody else is really fortunate to be able to
22 access like being able to go buy a carton of milk or to
23 get a haircut or visit a friend or to go do a
24 specialized healthcare facility.

25 With that said, I do want to mention that

1 one of the reasons why SWART has been so successful is
2 not only the support that we have with the 35 different
3 agencies that we have partnerships with but also the
4 understanding of our board of directors which are the
5 county judges that we serve but then also a 17 member
6 regional advisory committee that is very active in the
7 support of transportation. They are our biggest
8 advocates within our region because many of the
9 clientele that they serve are also the same clientele
10 that we serve. We all have the same goal and that is to
11 enhance the quality of life for those that live in rural
12 communities. And if you've not ever been out to a very
13 rural area of Texas, which I'm sure most of you might
14 live in a rural area, you understand that the
15 infrastructure that we have in the rural part of Texas
16 is, you know, not up to par. Many of our roads are not
17 paved, many of the roads do not have signs or lights.
18 So you can imagine how difficult it is for drivers at
19 3 o'clock in the morning to be picking up clients,
20 trying to get them to where they need to go on very --
21 as safe as possible, as quickly as possible, trying to
22 battle not only deer and others on the highway but also
23 when they get to San Antonio and Laredo having to battle
24 traffic. Drivers have the most important job even more
25 important than a brain surgeon because a brain surgeon

1 operates on one life at a time, and they have up to 20
2 to 25 people on their vehicles at one time trying to get
3 them where they need to go and get them home safely. I
4 want to go ahead and discuss one of our champions that
5 has ridden SWART for many years. I think if you could
6 bring up that picture. This is Jennifer. Jennifer has
7 ridden our services now for more than 20 years. This is
8 a picture of her at the airport in San Antonio and I
9 will give history about Jennifer. Jennifer began riding
10 our services once she graduated from high school. She
11 wanted to access transportation to college to attend
12 Southwest Texas Junior College. So every day she would
13 ride our services to Southwest Texas Junior College.
14 And within two years she received her Associate's
15 Degree. Upon receiving her Associate's Degree she felt
16 that she did not want to attend my alma mater
17 (inaudible) Rio Grande College which is an extension
18 here in Uvalde. She wanted to go to St. Mary's
19 University in San Antonio. So we decided to go ahead
20 and help her out by providing her transportation
21 services three times a week to St. Mary's University.
22 And she within two years received her Bachelor's Degree.
23 Jennifer decided to continue on with her education and
24 she continued on at St. Mary's and earned her Master's
25 degree within another two years. And then four years

1 after that she received her PhD in psychology from GTSA
2 in San Antonio. All by riding SWART 2 or 3 times a week
3 to San Antonio. It made a long day for her but she did
4 it. Jennifer lives cerebral palsy. She's the most
5 active and most confident person I have ever met in my
6 entire life. Jennifer not only uses SWART to go by
7 groceries or pay her bills or to visit friends, she
8 actually utilizes SWART to access other transportation
9 modes like air to travel all over the United States, by
10 herself I would mention. Recently I assisted her to
11 access Houston METRO, she traveled -- flew to Houston
12 METRO to a conference. And then Houston METRO picked
13 her up at the airport and took her where she needed to
14 go. And then she road another service we assisted her
15 with to access and went to Galveston. And while she was
16 in Galveston she went parasailing. Jennifer has also
17 been to Florida and has drove a NASCAR, she went high
18 sky diving, she's been to the Boston marathon to watch
19 it. This picture that you see is when she was flying to
20 Las Vegas last year to go and join her first trip to Las
21 Vegas. She does this with SWART services. Jennifer is
22 the reason why SWART actually implemented its mobility
23 management department. Several years ago our mobility
24 specialist actually help our riders access different
25 modes of transportation from start to finish, they also

1 provide travel training like what was mentioned that
2 Houston METRO does, we pretty much do everything else
3 that those larger metropolitan areas do, or even smaller
4 or larger urban areas, but on a smaller scale but just
5 as important to the riders and residents that we provide
6 services to as any other major transportation agency.
7 Jennifer also has spread her wings out in politics. She
8 has ran for mayor and is currently running for city
9 council. She also sits on our 17 member advisory
10 committee for regional planning as the ADA
11 representative. You can see her wherever there is an
12 event going on, whether it's something on the square or
13 its the Palomino Fest, football games, you name it.
14 This is what we want our riders to see as an advocate
15 for transportation, not just those that are living with
16 some type of paralysis or some type of disability but
17 also for anybody else that utilizes our services to
18 travel to work or school or to travel to visit a friend.
19 Sometimes transportation to rural areas are not just
20 locally, we do have to take them out of town like I
21 mentioned and they travel long hours. But that's just
22 the way it is in our area and so people have become
23 accustomed to this. Rural transportation is very
24 specialized. Our needs are different. Our resources
25 are different but at the end of the day it's about

1 making sure we provide affordable, safe, accessible
2 transportation to the people that live in our area.

3 The last thing I want to mention about
4 transportation in general is we make an economic impact
5 within the communities that we live in. And so SWART
6 the economic impact that we make in our region is over
7 six million dollars. So that is important especially
8 when we're trying to garner support from other
9 organizations within the region to let them know that
10 because of transportation especially whether or not it's
11 rural or urbanized, it does impact the economic -- the
12 economy of each community. And so that is what makes
13 public transportation like SWART, Via, Houston METRO,
14 anywhere else across the United States important.
15 That's all I have to say about rural transportation in
16 Texas.

17 >>: Thank you, Sarah. As a dialysis
18 patient myself I appreciate you sharing everything you
19 do for people with renal failure. One of the saddest
20 things I see is people ride after dialysis exhausted,
21 trying to find somebody to give them a ride home. What
22 you do is fantastic. Thank you.

23 >>: Thank you so much.

24 >>: Our next guest I guess could very
25 easily be described as my boss' boss. Athalie Malone is

1 originally from the Virgin Islands a place known for
2 beautiful beaches and warm-hearted and beautiful people.
3 She moved to San Antonio in 1980 and attended
4 Bethune-Cookman University where she studied business
5 administration. Due to health issues she was not able
6 to continue and finish her last year. She has worked in
7 the private sector and medical center of San Antonio.
8 She lost her vision in 2007. She is a past president
9 and current member of the National Federation of the
10 Blind. She is also a past board member and current
11 secretary of San Antonio lighthouse. She has co-chair
12 at the national level for White Cane Awareness Day. She
13 is chairperson for Disability Accessibility Advisory
14 Committee. And please congratulate her as last night
15 she was named secretary of the Via Board of Trustees.
16 Yay! If you would please share your experiences as a
17 paratransit rider, I'm sure everybody would like to know
18 the stories you could tell us.

19 >>: One correction, Richard. The
20 Lighthouse -- it's not the lighthouse -- it's the
21 Lighthouse Lion's Club.

22 >>: Thank you for the distinction.

23 >>: All I can tell you is this. I have
24 always ridden Via from the start. When I came to San
25 Antonio I finished high school here riding Via. So I

1 was pretty much familiar with using transit organization
2 but in 2007 losing my sight and realizing I could no
3 longer really just get out there and ride, I had to use
4 paratransit. And I am here to say there is not much
5 difference, it's just the same as riding the regular bus
6 service. The only difference is you make a reservation
7 and you go straight to where you're going. Yes, there
8 are others on the ride with you so you may have to stop
9 before you get where you need to get to but it is so
10 smooth it's just like riding a bus with no problems.
11 From 2007 to now it has improved. You know, services
12 are improved, they take very good care of you. They
13 have opened it up to more areas, more things, and
14 definite open times that you can get around. I will say
15 this to brag about Via. In San Antonio I have been -- I
16 wouldn't say all over this country but mostly in the
17 northeast and other than Washington DC, no other
18 paratransit system compares to Via's in San Antonio.
19 They do not come up to their standard. Via makes sure
20 you're on time for whatever you're going to, be it a
21 doctor, be it dialysis, be it even just going to grocery
22 store, or to meet a friend. Their on-time accuracy is
23 excellent. Some may say because I'm a trustee I'm
24 saying this. No, I'm not. I only got on the board two
25 years ago and they were doing this long before I got on

1 the board. The care and level that people -- the
2 employees give to the paratransit system is what makes
3 it perfect. Like Ms. Hidalgo was talking about, the
4 southwest rural area, how they came up with mobility
5 management team to get members to where they need to for
6 such long distances is a reflection of people who care.
7 And that is what Via does, they care. And they make
8 sure that their clients are well taken care of. If
9 there was not paratransit in any shape or form it would
10 be a hindrance to the disabled community and would cause
11 a lot of us a lot of us not to be able to do the things
12 that we do or want to do. Thank you.

13 >>: Thank you, Ms. Malone.

14 >>: One of the things that the committee
15 on people with disabilities always encourages people to
16 do is apply to different boards and commissions. Not
17 always those that are just exclusive to people with
18 disabilities but also sorts of boards, the parks boards,
19 obviously the transit authorities but if there is any
20 words of encouragement that you could give our audience,
21 I would really appreciate that.

22 >>: Well, like I said, you heard Richard
23 list all the different committees and so forth that I'm
24 on. It was about three or four years I think that I
25 decided I wanted to get on the Via Board and it wasn't

1 because they were doing anything wrong, I just felt that
2 they needed another aspect to, you know -- insight more
3 to the disabled community. I felt if they had someone
4 on there that was disabled it could be well utilized.
5 It took two years for me to finally go through the
6 process and be named. September of 2019 is when I
7 walked on to the board. And I must say it has been a
8 learning experience for me and I believe it has been a
9 learning experience for them also too. I encourage
10 anybody, I don't care whatever board it is, go for it!
11 You never know what you can bring to a board or to a
12 commission until you step onto that board or commission.

13 >>: Thank you very much, Ms. Malone.

14 Again, congratulations on being named secretary. I'm
15 very very proud to know you.

16 >>: Thank you.

17 >>: Randi, if we could move onto
18 questions?

19 >>: We have a couple. Anyone interested
20 post a question in the QA box. If you're connected as a
21 presenter or panelist, please open your microphone or
22 camera and you can chat with us. One of the questions
23 came up and I -- Art, you might be able to answer this
24 but probably it affects any area was the question about
25 professionals, healthcare professionals determining

1 eligibility. And sometimes it might be somebody like an
2 orientation mobility trainer that might have a better
3 idea of exactly what that individual needs. Can you
4 talk about that Arturo and your perspective on that and
5 how Houston handles it.

6 >>: Thank you so much for the question.
7 And I apologize if I wasn't quite clear. Healthcare
8 professionals here in Houston METRO play a part in the
9 decision making process. They conduct the interviews
10 and functional assessments but they are providing
11 information as well as the applicant's healthcare
12 professionals providing information, and then we take
13 all that information and make a final determination. We
14 will send folks to -- if there is some question as to
15 the person's abilities we will send that person to
16 outside individuals for -- to help us gain even more
17 information in order to make a proper decision.

18 Again, we just want to match the individual
19 with the proper services that METRO has to offer. I
20 think the person also asks should every person with a
21 disability who is kind of new to a disability be granted
22 eligibility? Again, that type of broad statement isn't
23 what most transit agencies go by. We want to work with
24 each individual to assess their ability so we can't say
25 all people with disabilities should be granted

1 eligibility. Thanks, Randi.

2 >>: Sure. I'm curious -- kind of related
3 to that I was thinking if somebody becomes disabled like
4 physically disabled where it's obvious they will have
5 difficulty and maybe it's a new injury or condition, is
6 that escalated in any way to -- or is it just you have
7 to go through the same application process as everybody
8 else?

9 >>: Great question. The process both in
10 Via and in Austin and across the different entities is
11 we try to process the applications as quickly as
12 possible. Here at Houston METRO we offer permanent
13 eligibility. So if a person has a disability that is
14 not likely to change or improve or give the individual
15 the availability to utilize the local bus service, we
16 will grant eligibility so the person doesn't have to
17 come back in. But we work really hard to -- as soon as
18 we get that application -- actually, the ADA talks about
19 that you have a certain period of time to respond to the
20 individual and to make a decision. So, yes, we try to
21 get everybody in as quickly as possible.

22 >>: Very good. Thank you. We have
23 another question. Is there a penalty on no-shows on the
24 ridership use of paratransit.

25 >>: So let me start with that and Art I'm

1 sure you can add the Houston perspective. That's going
2 to vary by first of all the way no-shows are handled is
3 going to vary by agency. Every agency has their rules.
4 I can share with you from our online document what it
5 has to say. First of all, no show is when a customer
6 fails to board the vehicle within five minutes after it
7 arrives or they violate the ADA policy such as refusing
8 to pay a fair or when they cancel trip less than one
9 hour before the scheduled pick up time. If they cancel
10 trip with more than one hour that's a cancellation but a
11 no-show then there is not much time to redirect that
12 vehicle, if you will. If a passenger has four or more
13 no-shows in a month and so that is in a full month, then
14 they would be considered in violation of the policy.
15 And the penalties are progressive. So the first month
16 that that happens is simply you get a warning. And then
17 it proceeds from there to have suspension of service
18 from one week to three weeks actually when you get to a
19 fourth and fifth month. We may have an occasionally
20 suspension the second month, I don't think we get past
21 that because our customers understand that the resources
22 out there need to be fully used. And that if they don't
23 show up for a trip there is somebody else that may have
24 been able to avail themselves of a better trip time.
25 That is the way our system works you may want to talk

1 about similarities you have or differences with vias'.

2 >>: Thank you, Jeff. A couple of quick
3 points. We recently implemented -- well not recently,
4 it went through and revamped our system. We implemented
5 a no-show and late cancellation policy. And customers
6 realize that no shows and late cancellations have a
7 negative impact on service when a driver is knocking at
8 a door and the customer comes to the door in their PJs
9 and elect not to call. Then that slows down the service
10 and impacts the timeliness of the service. So we have a
11 slightly -- we have a process in place where we ask the
12 customers to cancel at least two hours in advance of
13 their trip. We give a person five excused no shows or
14 unexcused no-shows and late cancellations in a month.
15 The other part of it is it has to have -- it has to
16 represent at least ten percent of the person's trips.
17 Again, you want to make sure that its not just an
18 occasionally no-show. You want it to be a pattern. If
19 someone has a pattern of no-shows and late cancellations
20 that's when we address it. Again, as Jeff pointed out,
21 very similar. The first situation in a month's time, we
22 give a written warning. Then if it happens again during
23 a twelve month period, then there is a five, ten,
24 fifteen day suspension progression. Again, what's
25 really important about that is this policy was

1 formulated based on community engagement. The community
2 was very informed and involved in establishing this. So
3 that's important.

4 >>: Sarah, would you like to chime in on
5 that too since you have a different perspective of being
6 in a rural community?

7 >>: As I mentioned, you know we are
8 looking a lot transitioning into a small urban system
9 and so we're hoping that we don't have to run into a lot
10 of no-show issues. Currently our no show rate is less
11 than one percent. It's been on the low side but I
12 attribute a lot of that to our dispatchers and making
13 sure that they follow up with our riders, they confirm
14 their appointments, you can understand its difficult for
15 a driver to drive out hours and get to the door and
16 there is a no show at the door, cancellation at the
17 door, or someone doesn't show up, so it's costly.
18 That's a costly trip for us. I think a lot of it has to
19 do with communication, follow up. And then the riders
20 themselves, just making sure they're responsible.
21 Technology makes things easier now. They can cancel on
22 an App. We have an app where they can locate where
23 their ride is at and how soon it will be there, they can
24 cancel on that app and request a reschedule. So
25 technology has made things easier in the form of dealing

1 with no shows.

2 >>: Thank you, Sarah. We have another
3 comment. At CCRTA we utilize and OT side, I'm assuming
4 occupation therapist, and COTA -- I don't know what that
5 is, to assist with interviews and functional assessment
6 process. So I think that ties back into what Arturo was
7 saying about they get information not only from the
8 medical people but from the individual as well. And
9 they can bring in other assessments. We've got another
10 question here. If a person is on dialysis and spikes a
11 fever or heart rate goes up and the person is asked to
12 stay until stable and misses their ride back home, is
13 that counted as a no-show and what can be done on
14 transportation back home?

15 >>: Jeff, would you like me to answer
16 first?

17 >>: Yes, please.

18 >>: Okay.

19 >>: I mentioned that it needs to be
20 unexcused no-shows or late cancellations. As transit
21 agencies we recognize there are unforeseen circumstances
22 and that situation that you described is definitely
23 beyond the customer's control. In that case it would
24 not be counted against the individual. We want to keep
25 in mind that PJ example that Sarah and I give you where

1 somebody just doesn't call in, that is not good for the
2 service. We also if a person misses their ride we have
3 a no-strand policy, we will definitely send back for any
4 customer under any circumstances we won't strand anyone
5 away from home. Thanks.

6 >>: I will simply say our process is
7 extremely similar. No one would ever punish someone
8 because they were not well or oftentimes people have
9 doctor's appointments and the doctor's are running
10 behind. That's, again, outside the passenger's control.
11 So many times when people -- we have an on -- kind of an
12 on-demand return trip procedure. So if you're going to
13 the doctor you don't necessarily book your return trip.
14 You notify us and then we send a response at that point.
15 But if you did book a time, especially like dialysis
16 patients they are going to typically do that and
17 something happened, obviously we're not going to count
18 that as a no show. And we're going to simply say,
19 please notify us when you are ready to be transported
20 and we'll send something for you.

21 >>: Any difference with you, Sarah?

22 >>: No, not so much. Again, we have a
23 good communication with our riders as well as with
24 dialysis centers and doctor's offices and so forth. The
25 communication has to be open the other piece to it I do

1 want to mention is that its very important for the
2 transit agency to ensure that healthcare facilities
3 understand how rural public transportation works or
4 paratransit transportation works. Because if they
5 understand how the system works and the time it takes to
6 get from one place to the other, how the time it takes
7 to board or unboard somebody in a wheelchair or has a
8 walker or whatever, if they understand the process then
9 that's also have the battle, when the healthcare
10 facilities understand that. I myself am visually
11 impaired and so you know one thing that I've learned
12 with -- over the years with living with my disability is
13 that it takes time. You don't go as quickly, you don't
14 move as quickly, and so you know paratransit
15 transportation is a time consuming service. One thing
16 that is important is everybody from family members to
17 healthcare facilities, to those that are going to
18 employment, whatever it is, understand that this is not
19 like a taxi that is going to pick you up right away and
20 get you there right away. It's a time consuming service
21 but it's so vital and so it's important.

22 >>: All right. Thank you, Sarah. I
23 appreciate that. We have an additional comment about
24 being automatically found eligible. And the individual
25 says that my thinking was that perhaps paratransit could

1 work with an individual and their cane travel instructor
2 to figure out when that individual has truly reached the
3 point where they are ready to take on a fixed-route
4 system. So my real question is, do most paratransit
5 agencies take this approach or is that something the
6 disability community would work with agencies to
7 integrate into the process?

8 >>: Do you want to go first?

9 >>: I'll simply say that we have -- we
10 partner with a number of agencies for that kind of
11 assistance and we'll partner with anyone else who is
12 willing to partner with us. Because as Sarah said, at
13 the dialysis center, if they understand how the service
14 works they can be more helpful to the customer. If
15 things are not going well with the customer, they can
16 notify Via for that matter. We're always working with
17 partners to assist with things like travel training, how
18 to navigate the system, those kinds of issues. And I
19 know Art you talked about you have a travel training
20 program, right?

21 >>: Yes, Jeff. Again, it's really
22 important to know that as Jeff pointed out, we're
23 here -- we're in the transportation business. Our goal
24 is to provide transportation to individuals. Again the
25 overwhelming majority of people with disabilities

1 qualify for the paratransit system, they go through it,
2 those individuals that don't, we work with those
3 individuals to truly assess whether or not they're able
4 to utilize the local fixed-route system. When Jeff and
5 his team provide 1.2 million passenger trips and they're
6 providing 2 million, if we have to provide a few more
7 for a customer that may be questionable, we're always
8 going to work to err on the side of the customer and
9 provide those services to the customer until such time
10 they're ready to transition to local fixed-route
11 service. I hope that answers your questions.

12 >>: I see no other questions. So I'm
13 going to thank you all for joining us today. It looks
14 like we finished a tad early. There is one question
15 that just popped up. Oh, she says thanks. Sounds like
16 you did answer the question, Arturo. Thank you.

17 Thank you all for being here today Athalie,
18 Arturo, Jeff, Sarah and Richard. I hope you have a good
19 rest of the day. We will post this recording to our
20 website. You will get an e-mail after the session with
21 the link for that location and the training materials as
22 well as the realtime captioning transcript. I wish you
23 all a happy holiday. Thank very much and have a good
24 rest of the day.

25 >>: Happy holidays to everyone.

1 >>: Stay safe.
2 >>: Congratulations, Ms. Malone.
3 >>: Thank you, panel!
4 >>: Congratulations!
5 >>: Thank you.
6 (End of webinar.)
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