Paratransit in Rural Operating Environments

The image of public transit for most people is a Baltimore city bus or the MTA mobility buses. I present the following view of Maryland's rural public transit opportunities to support the need behind the proposed study.

Harford Transit LINK provides 1.3 million miles annually, more than 200,000 provided with paratransit services. This year we are on course to exceed pre-pandemic ridership by more than 15%. In addition to fixed route service, we provide ADA Complementary paratransit within ¾ of a mile of fixed routes for qualified riders and Demand Response services outside of the ¾ of a mile, with assistance through SSTAP. These services require operating longer distances to reach our riders and transport them to their medical appointments, work, and other services. The nature of the trips is the same as city transportation, but the challenges of a rural environment add to the cost of operating.

In a city, residents may be able to walk or use a taxi to reach their destinations. In rural areas, our residents cannot easily walk to their desired destinations, with many living surrounded by or on farms. As our residents age, more are losing the ability to drive. Their children have moved away, and Transit is their only support system. We have been requesting more welfare visits as we know the riders well enough to note a decline in physical, mental or emotional health. A growing population are seniors who are primary caregivers for their children with developmental delays and disabilities who will also need our services. They are trying to secure transportation for their children as they know they will not always ne able to care for them.

<u>Aging in Place</u> has a cost associated with it. In rural transit operations, the distances are longer to reach the riders, increasing the cost of providing the trips. Clients are declining without family present, resulting in more non-ambulatory trips and a greater need for lifts and increased mobility device positions. We not order 18 passenger small Ford buses with 4 wheelchair placement to accommodate this increase. There are corresponding costs for the programs that support these seniors with wrap-around-services. We are everyone's "low-cost option" to reassign transportation responsibility to us.

<u>Health Department</u> is incentivized not to provide trips for eligible clients, instead stating public transit is the "lowest-cost option" and sends riders to public transit. Additionally, we cannot bill for these services but provide they trips they decline. The lowest cost is the riders lowest cost, not the operators lowest cost. Revisiting the ability to allow transit to bill for services provided to MA eligible clients is an area we would see as beneficial.

<u>The Developmental Disabilities Administration (DDA)</u> provide programs and supports clients within home and community-based services. Under the fee for services model, transportation is not an eligible billable item. In group home setting, when a car or van is available for resident's use, the care providers are opting not to provide the trip, directing their clients to paratransit services. They are motivated to do so because they would have to pay a nurse/aide to drive the vehicle and fund another person to remain in the home to maintain the resident's level of care. It is cheaper and easier to direct the rider to public transit paratransit services. For many of our cognitively impaired clients, we will be providing service to them for their whole lives.

<u>Medical services</u> including Dialysis and Cancer treatments are the largest trip purpose we serve. The largest subsection is dialysis. In Harford County we service all five Dialysis centers, making up approximately 30% of our trips. Though Safe Harbor is stated as a reason they cannot offer financial compensation, these services are specifically noted as not eligible. Additionally, the closing of the Christiana Cancer center in Cecil County has resulted in an increase in riders coming into our county in need of transportation to seek treatment at the Kaufmann Center. We try to accommodate these requests, but it is very difficult with limited funds, varying request times, and varying individual needs. From the hospitals to the small family practices, the pandemic created a decline in the health of Marylanders. Long haulers and others who could not be seen are now our riders.

Paratransit is not a declining ridership segment of public transit. In our operations, we have see New rider

Applications for service have increased from 10 a month, pre-pandemic to 10-15 per week now. A demand we simply cannot keep up with without stable and supportive funding. The State provides Harford County $170,371 dollars to provide these SSTAP trips. An amount that has not increased for over two decades, though demand and the cost to provide these services has increased. Jurisdictions must increase local funding if they are committed to fully fund these services and support the aging in place populations. The County provides $1.5 million to fully fund the service. This year, the SSTAP clients will contribute more than the state towards this service.

In transit, we are all problem solvers… it's what we do every day. We view challenges as opportunities and strategize how to resolve with the best possible outcomes. We care about our riders and serving our residents. Please consider some of these opportunities when you develop the scope of this study. Locally Operated Transit systems, the rural systems are all available to assist you with this process. Partnering is how we accomplish our greatest successes. We care about our riders and serving our residents. We are dedicated transit professionals who need your help.