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EASYRIDE

LOWER MANHATTAN TRANSPORTATION SERVICE
FOR THE ELDERLY AND DISABLED

BACKGROUND SUMMARY REPORT

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August, 1981

I. EASYRIDE - As a Concept and Pilot Project

This section provides an overview of EASYRIDE operations and financing arrangements from June 1976 when the pilot phase began, through the end of the first year of operation, June 1, 1977.

A. Planning EASYRIDE

EASYRIDE was developed by the Vera Institute of Justice to test the feasibility, cost-effectiveness, and impact of operating a community based, demand/response, door-to-door transportation service for the transportation handicapped.¹ A secondary goal was to determine how well rehabilitated ex-offenders and ex-addicts could handle the responsibilities of demanding human service jobs.²

The Vera Institute invested the full time of one planner and several others on a part-time basis to develop the EASYRIDE model and to secure funding. The basic project design which evolved included the following components:

- non-profit base
- multi-purpose service
- community based service
- fleet of wheelchair accessible and non-wheelchair vehicles
- manual scheduling system
- automated record keeping system
- no or low fares

¹"Transportation handicapped" is the phrase most commonly used by transportation planners to describe those who because of physical or mental impairments cannot use regular public transit services.

²The Vera Institute has been experimenting since 1968 with various employment programs for ex-alcoholics, ex-addicts, and ex-offenders. The largest of these is the Wildcat Service Corporation--a supported work program for ex-addicts, ex-offenders, delinquent youth, and welfare mothers. Many EASYRIDE staff members have been selected from the ranks of Wildcat graduates.

- multiple funding sources
- specially trained staff
- high quality, personalized service
- close contact with community agencies

The chief difficulty at the outset was obtaining agreement from funding sources to integrate funds so that a multi-purpose service could be offered. Some agencies pay only for certain kinds of trips or for persons meeting specific eligibility criteria, the result being that separate systems develop for different trip purposes by different types of persons. The U. S. Administration on Aging, through its Title III Model Projects' program, agreed to provide \$200,000 in support of EASYRIDE over the course of two years. As negotiations with other funding sources became protracted, AOA agreed that this entire demonstration grant could be used to cover the start-up period of June 1, 1976 through May 31, 1977.

B. EASYRIDE Operations

In June 1976, EASYRIDE began operations with a staff of three drivers, one attendant, one reservation clerk, and an operations manager using three leased vehicles. Office space was rented at 125 Delancey Street, a location in the center of the service area. The six major settlement houses³ which had been instrumental in helping to plan the service provided the first out-reach efforts for the service. Social workers at these agencies registered clients particularly in need of EASYRIDE's services. During the pilot period, special emphasis was given to group trips for recreational purposes, since the small number of vehicles limited the number of individual trips which could be handled efficiently.

The pilot phase provided an opportunity to test out registration forms, trip request forms, driver logs, as well as the actual scheduling

³ Henry Street, Grand Street, University, Education Alliance, Chinatown Planning Council, and Hamilton-Madison House.

procedures. Another important activity during this period was the establishment of formal mechanisms for obtaining community and governmental input. To this end, two committees were formed: a Consumer Advisory Committee and a Steering Committee.

The Consumer Advisory Committee membership meets every six weeks and is open to any social service or health agency workers or consumers who are interested in the transportation problems of the target population. The Consumer Advisory Committee has been particularly interested in the fare structure and in group trip arrangements. The consensus of the Consumer Advisory Committee was that some fare should be charged for the EASYRIDE service. Many consumer and agency representatives felt that a "free" service would be perceived as a "welfare" service by many elderly people who resist government welfare programs. It was agreed that a 15-cent fare would be suggested, but that those who were unable to pay the fare would ride free.

The Consumer Advisory Committee recognized the need for EASYRIDE to be available for group trips and worked out a method of allocating buses for group trips and agreed to limit destinations to those within 100 miles of New York City.

In addition, Consumer Advisory Committee meetings have become an avenue for explaining reservation and scheduling procedures to the community, responding to their particular needs, and advising them of operational charges.

The second advisory group formed was the Steering Committee. The Steering Committee included representatives from the regional office of the U.S. Urban Mass Transportation Administration, the New York State Department for the Aging, New York City Special Efforts Task Force on Elderly and Handicapped Transportation, the Institute for Rehabilitation

and Medicine (Rusk Institute), the Tri-State Regional Planning Commission, Metropolitan Transportation Authority, and the Association for the Lower East Side Settlements. The Steering Committee met for the first time in October, 1976. The purpose of the Steering Committee was to forecast how EASYRIDE would develop as a model for the transportation of the elderly and handicapped in New York City and how the financial base of EASYRIDE could be solidified.

A major effort during the pilot phase was to secure additional funding. To this end, negotiations for a Medicare waiver⁴ begun in May 1975 with the Public Health Service and the Social Security Administration were continued. In August 1976, a Service and Methods Demonstration grant from the Urban Mass Transportation Administration was awarded. Also, in August 1976, UMTA agreed to permit Vera to purchase the vehicles under the approved UMTA 16(b)(2) grant directly (after the arrangements for state purchasing had caused long delays). This necessitated a review of existing vehicles, discussions about specifications with handicapped and elderly groups, bid solicitation and award. The contract for the vehicles was let to Grumman Industries, after which much time was spent in discussions with the manufacturer, and a visit to the factory to check on the manufacturing process to make sure that vehicles were being built according to specifications.

Negotiations were conducted during the latter part of the pilot period with insurance carriers to obtain the desired coverage at the lowest rates. Finally, in December 1976, a package including five layers of coverage was assembled by the broker. As a small operator, the Vera Institute could not afford to self-insure its vehicles--the approach

⁴ A waiver would permit reimbursement by Medicare to EASYRIDE for a service previously not covered by Medicare (i.e., transportation).

which public carriers take, and as a non-profit community minded project, we were concerned that adequate coverage be obtained. (NYS DOL requires limits of only \$300,000 for 15 passenger vehicles. We sought limits of \$3 million. The final package included two foreign carriers, due to the fact that no American carrier could be found for those layers.)

The major regulatory problem encountered was the issue of whether or not EASYRIDE should be registered as an Invalid Coach pursuant to New York State Public Health Law Article 30. This statute passed in 1975 establishes an Emergency Medical Service (EMS) Council in each metropolitan region in New York State. The EMS council is charged with determining the need for any new invalid coach service in the state. (All operators in existence in April 1975, were "grandfathered" in; no determination of need was made.) The statute prescribes minimal safety regulations and no fare regulation. It was the opinion of EASYRIDE project management that Article 30 was intended to cover for-profit, single purpose (medical) transportation carriers, thus making it inapplicable to EASYRIDE. It was uncertain as to how for-profit operators who sit on the EMS Council would view EASYRIDE due to its non-profit status and its purpose of developing a more cost-effective alternative to present invalid coach operations.⁵ EASYRIDE's viewpoint was upheld in mid-'79 in a decision by the New York State Appellate Division limiting the authority of the Health Department to emergency vehicles (e.g., ambulances) and granting the New York State Department of Transportation jurisdiction

⁵ Invalid coaches are reimbursed through Medicaid at a present (1978) one-way trip rate of \$16.50 and have some business from individuals who pay for transportation to and from work, generally rates of \$50-75 per week.

over non-emergency para-transit vehicles.⁶ Legislation has now been introduced to the State Legislature to codify this decision (1981).

EASYRIDE's drivers meet the requirements for bus drivers spelled out in Article 19A of the New York State Vehicle and Traffic Law. Article 19A prescribes physical health standards, a defensive driving written test, a behind the wheel examination, and a review of official driving records.

In 1977 the New York City Council passed a bill delegating regulatory authority over wheelchair accessible vehicles operated for hire within New York City to the Taxi and Limousine Commission. EASYRIDE participated in the comment process on proposed rules and regulations which were promulgated by TLC in August 1979. TLC's jurisdiction overlaps that of the New York State Department of Transportation (with respect to inspection of vehicles) and of the New York State Department of Motor Vehicles (with respect to driver qualifications). EASYRIDE requested and obtained approval of TLC to submit reports of its compliance with DOT and DMV regulations to the Taxi and Limousine Commission rather than duplicating regulatory compliance.

⁶ Medicab v. NYS Emergency Medical Services Council and Commissioner of Transportation of NYS, 1/23/79.

II. Current Operations: Lower East and Lower West Side

EASYRIDE's objectives have not changed significantly over its 5 years of operations and can be re-stated as:

- ° Determining the performance/characteristics and user-transportation impacts of a high quality specialized transportation service operating in an urban area.
- ° Determining the cost impacts of agency transportation coordination (both at a local and federal level) attributable to the demonstration service and relating those impacts to the overall demonstration cost impacts.
- ° Assessing the impact of EASYRIDE on the total human service delivery capability of the participating agencies, including the potential for savings in the total cost of health care.
- ° Evaluating the performance of ex-offenders and ex-addicts in delivering the transportation service and the reaction of users and other members of the community to their performance.

A. Performance and User Impacts

EASYRIDE's specific performance goals included increasing hourly vehicle productivity; continuing to register new passengers, especially those most in need of this service; regularizing vehicle maintenance procedures; instituting new and modifying automated data collection and billing procedures.

The Passengers

Registrants at the end of May 1981 totalled 5,500. This represents an average monthly increase in registration of 50. Beginning May 1, 1978,

EASYRIDE's registration guidelines were changed slightly. Previously, EASYRIDE was available to any target area resident over 60 or over 18 with a handicap attested to by a doctor, nurse, or social worker. EASYRIDE's goal is to service those least able to travel by other means. The increasing demand for EASYRIDE services meant that the project needed to institute a restrictive registration policy which would achieve that goal. For this reason registration is limited to those who require the use of a mobility aid, i.e., a wheelchair, walker, crutch or cane. If a person does not use such an aid but feels she/he needs the service, she/he may seek approval of the EASYRIDE manager. Request of this nature are handled on a case by case basis.

Highlights of the registration data are provided here and represent service-to-date records. Most new registrations (91%) are made by individuals, 5.4% are made through Medicaid, and 3.5 by other means. Thirty-seven percent of the registrants are male and 63% female. The typical registrant is quite elderly:

<u>Age</u>	
18 - 60	8.4%
61 - 74	35.7%
75 and over	55.8%

Thirty-four percent of the EASYRIDE registrants live alone; twenty-five percent live with spouse; ten percent live with a relative or friend.

EASYRIDE's 1981 registrants have physical disabilities which require:

Trans. Disabled without wheelchair	62.5
Wheelchair	18.9
Other Trans. Disabled	14.7
In Need of Escort	3.9

The combined effect of these disabilities produces a registrant population of which only 23% report they can go outdoors without difficulty, yet almost half can with assistance. Only 2% reported a total inability to go outdoors. (These individuals require a great deal of assistance to go out).

Stairs would appear to be the chief physical barrier to going outdoors; only 17% of EASYRIDE's registrants can climb stairs without difficulty.

Trip Activity

The chief indicators of EASYRIDE's productivity are the total number of trips delivered and the average number of trips per hour. With an average 9.8 vehicles in service, during the hours of 8 a.m. to 6 p.m., the number of trips per vehicle per day for the month of July 1981 was 30. During that month, 6,592 trips were delivered. This represents a steady increase of individual trips. In some previous months the high number of trips reflected a large number of group trips taken to evening meal program.

Hourly productivity (trips per vehicle hour) was 4.20, a rate which is comparable to or higher than that of other demand/response systems around the country. This level of productivity was achieved with nineteen percent of all trips being made by persons confined to wheelchairs—trips with require more time because the passenger requires more assistance.

Seventy-six percent of all trips are standing orders, that is, regular trips taken to work, hospitals, etc. Group trips account for .5% of all trips in this period with demand response totaling 23.3%. Cancellations, usually due to ill health or poor weather, are 12.3%; and no shows are 3.2%.

Day of week distribution is fairly even, with Monday and Friday being the lowest activity days (18% and 17% of total respectively) and Tuesday, Wednesday, and Thursday having 20%, 23% and 22% respectively. The peak hours of service delivery are mid-day with 59% of total rides-- a fact which reflects the high use of EASYRIDE for transportation to senior center lunch programs. Twenty-four percent of the trips are made in the early morning period (8-11 a.m.) and 5% in the later afternoon.

For most trips, both the pick-up zone (69.1%) and drop-off zone (67.6%) are in the Lower East Side--a fact which indicates that EASYRIDE registrants are unable to manage even short distances on foot or public transportation and to a lesser extent (based on first hand impressions) that public transportation is poor within the Lower East Side. Only .2% of the trips originate or terminate outside of Manhattan.

Trip purposes are shown below:

Nutrition program	53.8%
Medical facility or physician	27.6%
Social Service	1.1%
Recreation	7.0%
Shopping	.4%
Training/employment	7.4%
Other - and victim witness	2.7%

Prior to the initiation of EASYRIDE, the only trips which might have been reimbursable were medical trips--and those only for riders who

were Medicaid eligible. To the extent that EASYRIDE is not a substitution for other forms of transportation (a fact which cannot be determined absolutely) the high proportion of trips to other than medical facilities probably represents a net increase in trips made.

(Note: some recreation trips were previously paid for by Social Service agencies but these were very limited.)

The registrant and trip data provides a basis for inferring that EASYRIDE is serving a very old, handicapped population transporting them to a fairly wide range of destinations. Some insight into user impacts is gleaned from a study completed in March 1978 on EASYRIDE's effect on agencies whose clients are served by EASYRIDE. This study concludes that EASYRIDE enables social service and health agencies to maintain contact with an increasingly older client population who might otherwise become isolated and homebound, if not institutionalized; to arrange for health visits without having to expand an agency staff member's time to accompany the client; and to arrange recreational trips for small (15 or less) groups rather than the large, less manageable groups dictated by the size of large (45 passenger) buses -- the only other vehicle available for day charters.

Initial studies of the target population conducted by the Vera Institute prior to the EASYRIDE service underscored the severe lack of adequate transportation for the elderly and handicapped. Many people contended that they would use a bus service like EASYRIDE if it existed. A year after EASYRIDE had begun, these people were approached again. Their responses were encouraging: 82% of those who said they would use the service once a month or more had done so; 15% of those who thought they would use it less than that had actually used it once a month or more. Most of these respondents, (81%) had used EASYRIDE for a medically

related trip. And 24% of these trips, according to the respondents, would not have been taken without EASYRIDE.

This study also revealed the effect of the EASYRIDE service on the lives of its clients. Of those in wheelchairs or with chronic ambulatory difficulties, 93% said that if EASYRIDE were to stop running it would make a difference in their lives; 84% of those who have difficulty negotiating stairs claimed the same thing. Most mentioned that without the EASYRIDE service they could not get to the doctor. More dramatically, some people stated that without EASYRIDE, they would die.

B. Vehicles

EASYRIDE took delivery of ten Grumman buses in January and February of 1977. Although the vehicles basically conformed to specifications, a number of problems were encountered. These problems included, the delivery of the vehicles without seat belts, adjustments to doors and to the lift capacity of cylinders used to raise wheelchair passengers, and various problems with the buses electrical systems. Difficulties were also encountered because of the multiplicity of warranties, eight in total, for any single vehicle. Grumman assumed responsibility only for body problems. Trouble with the vehicles' body was minimal.

In June of 1977, to address maintenance problems, two-part time mechanics were hired. Presently, EASYRIDE has 18 vehicles in operation. The vans were purchased through a matching grant from the New York State Department of Transportation 16(b)(2) program. The vehicles are now housed in two garages and maintained by one full-time mechanic. Marked improvements have been made in vehicle functioning since the institution of this preventive maintenance program.

C. Computerization: Management Information System (MIS)

When EASYRIDE began operations in June 1977, central operations (i.e., registration, reservations, scheduling) were conducted with a

manual system for detailed recording of trip and passenger data; then information from passenger registration forms and trip logs were coded and processed semi-monthly by a data processing service vendor. While a manual system was adequate for billing purposes when the program's sole third party payor was Medicare, it was not capable of handling the more complex billing requirements of multiple payors.

The complexity of billing procedures and the increased registration, data collection, billing and scheduling required by expanding EASYRIDE to the Lower West Side prompted EASYRIDE to develop computer software for a comprehensive package of record-keeping, billing and scheduling systems.

Currently, in New York and elsewhere, each agency which reimburses transportation expenses requires its own forms. The multiplicity of forms may be of little concern when transportation providers deal independently with each agency. But, if the cost-efficiencies of multi-purpose transportation systems are pursued, various management information and cost benefits would be derived from the institution of uniform procedures and forms to authorize and pay for the purchase of such services.

EASYRIDE's computerized management information system enables reservation, scheduling and research personnel to utilize on-site terminals linked to the computer at the Vera Institute. All hardware, including four terminals and a printer, were in place in July 1980. The system became fully operational in the fall of 1980.

D. Capital Improvement: Two-Way Mobile Radios

In May 1980, the EASYRIDE fleet was equipped with two-way radios which connect to a base station in the central office.

Two-way radio communications provide the EASYRIDE system with a critical (and heretofore unavailable) degree of flexibility. Radios

allow for the most efficient dispatching and scheduling procedures, by enabling updated information to be relayed to drivers on the road. This eliminates wasteful deadheading time and improves the responsiveness of the system. The mobile radio system was purchased through the Urban Mass Transportation Administration.

E. EASYRIDE's Financing

From June 1, 1976 through December 31, 1976, EASYRIDE was financed through an Administration on Aging Model Projects' Grant. Since that time, EASYRIDE's financing sources have multiplied and are reflective of service demands.

Beginning in January 1977, EASYRIDE costs were borne by four funding sources: U.S. Administration on Aging, U.S. Urban Mass Transportation Administration, and grants from the Helena Rubinstein Foundation and Citibank. In March 1977, Henry Street Urban Life Center contracted with EASYRIDE to provide transportation of approximately 60 persons per night to an evening nutrition program (through September 30, 1977). In May 1977, a contract was signed with the New York State Department of Mental Hygiene for daily transportation of mentally retarded persons (who also had physical handicaps) to training programs.

Negotiations to obtain a Medicare waiver were successfully completed in June 1977, and a waiver of relevant sections of Title XVIII of the Social Security Act was granted for a two-year period to pay for trips to Medicare beneficiaries. This waiver was extended for an additional six months in June 1979 and for an additional year in December, 1979.

The chief current source of EASYRIDE funding is the Urban Mass Transportation Administration (Sections 5 and 6). Medicaid, Office of Vocational Rehabilitation, Community Development Block Grant funds, and Community Services Act monies through the New York City Department for the Aging account for the remainder. Fares (suggested 35 cents per trip)

and philanthropies serve as a small supplement to existing revenues.

In 1981, EASYRIDE's revenue sources are:

UMTA	Section 5	\$200,000
UMTA	Section 6	\$200,000
DFTA		\$120,000
Medicaid		\$100,000
OVR		\$ 10,000
CD		\$100,000
Other contracts		\$ 50,000
Fares and philanthropies		\$ 30,000
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		\$810,000