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This document has been prepared by the Lehigh Valley Planning Commission/Lehigh Valley Transportation Study in partnership with the Lehigh and Northampton Transportation Authority.

JUNE 2018
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Federal transit law requires that projects selected for funding under the Enhanced Mobility of Seniors and Individuals with Disabilities (5310) and Fixing America’s Surface Transportation Act (FAST) programs be derived from a locally developed, coordinated public transit-human services transportation plan. The development and approval of that plan must include participation by seniors, individuals with disabilities, private and non-profit transportation and human services providers, and the public.

The Lehigh Valley Transportation Study (LVTS) and Lehigh and Northampton Transportation Authority (LANTA) are responsible for planning of future projects resulting from this plan, including development, implementation, management, and any necessary updates. These projects will be developed to meet the needs of public transit dependent individuals and through active participation by public transit users.

A Coordinated Plan

The locally developed, coordinated public transit-human services plan identifies the transportation needs of individuals with disabilities, older adults and people with low incomes. The plan provides strategies for meeting those local needs and prioritizes transportation services for funding and implementation. A coordinated plan must also incorporate activities offered under other programs sponsored by federal, state and local agencies to greatly strengthen its impact.

A coordinated public transit-human services plan identifies the transportation needs of individuals with disabilities, older adults and people with low incomes.

Purpose

The purpose of this coordinated public transit-human services plan is to identify the needs of the transportation disadvantaged and prioritize strategies to meet those needs. Providing adequate transportation to disadvantaged populations promotes equity in mobility and opportunity. This plan also aims to efficiently manage resources by fostering cooperation among agencies and organizations. This benefits stakeholders by filling gaps and preventing confusion for transportation consumers, while maximizing funding for providers.

• Promoting Transportation Equity

In order for disadvantaged populations to enjoy the independent living and equal access to opportunity, it is critical that they are provided diverse and convenient transportation that is designed to meet their needs.
• Managing Resources Efficiently

The cooperation that comes from a coordinated effort can serve to develop strategies that will address gaps in coverage as well as eliminate duplication of service. When possible, it can also allow for the sharing of resources. The increase of efficiency can result in lower operating costs for transportation providers. More importantly, improved service at a lower cost can enhance the quality of life to those most in need of transportation.

• Fostering Cooperation

The coordinated planning process involves the collaboration of human service agencies, transportation providers, workforce development agencies and the public. Communication between these entities helps provide a venue for different perspectives and the specialized expertise that each offers. Communication between stakeholders may also reveal previously unknown funding sources and partnership potential. Finally, a centralized planning effort can help identify available transportation resources and funding sources to stakeholders and the community.

• Creating Economic Opportunities

Improving special needs transportation can create access to employment, job training, shopping and other services for those who otherwise may not have such opportunities. Achieving the goals of the coordinated plan may promote self-sufficiency and equal opportunity for employment of individuals, contributing to the economic health of the entire community.

Background/History

Through the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU), the Federal Transit Administration (FTA) created a requirement for a locally developed, coordinated public transit-human services transportation plan. Initial plans were developed in 2007 as a condition of receiving funding for programs directed at meeting the needs of older individuals, persons with disabilities and low-income individuals. Public participation is a core component of the planning process and must include representatives of the general public, human services agencies, and public, private and non-profit transportation providers. By Federal Fiscal Year 2013, the com-
pletion of updated plans was required and had to include coordination with all existing human services transportation providers.

**Regional Coordinated Planning**

LANTA, as the regional public transportation agency for Lehigh and Northampton counties, coordinates with LVTS on the formation of the Long-Range Transportation Plan (LRTP) and as well as the four-year Transportation Improvement Plan (TIP), which is subsequently updated every two years.

LANTA created and released a document entitled “Moving LANTA Forward” in 2010 to serve as its mission statement, and updated that statement in 2014. LANTA’s mission remains to “provide access and mobility designed to enhance the quality of life within the region through an organizational structure under which a wide variety of transportation services can be delivered.” The mission is met by providing services that “meet basic transportation needs, support desired economic and environmental goals and appeal to an increasing number of people.” Services are meant “to be comprised of a range of types, providing directly or through contract and are provided responsibly and cost effectively within budget.”
CHAPTER 2: INVENTORY OF ASSETS AND PROVIDERS

Lehigh and Northampton Transportation Authority

Governing Structure

LANTA is governed by a ten-member Board of Directors who are appointed. The County Executives from Lehigh and Northampton counties each appoint five members. Each County Executive also appoints one ex-officio, non-voting member. The Board of Directors includes four officers consisting of a Chair, Vice Chair, Secretary and Treasurer. Under LANTA bylaws, the officers of the Board of Directors are to be comprised of two members from each county. Individuals serving as Chair of the board must alternate after two, one-year terms between the two counties.

The Board of Directors also operates four committees which have subcommittee chairs which relate to the four major functions of LANTA’s operations: Finance & Administration; LANTA Van & Special Services; Operations & Maintenance and Planning & Development.

* Fiscal Year 2016
### FIXED-ROUTE SERVICE

<table>
<thead>
<tr>
<th>Area (Square Miles)</th>
<th>Base Cash Fare</th>
<th>Transfer Fare</th>
<th>Persons with Disabilities (All Day Pass)</th>
<th>Free Seniors 65+</th>
</tr>
</thead>
<tbody>
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<td>$2.00</td>
<td>$0.25</td>
<td>$1.00</td>
<td>FREE</td>
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</tbody>
</table>

**HOURS OF OPERATION**

4:40 AM - 12:22 AM

*Photo Courtesy of LANTA*
Inventory of Current Transportation Assets and Coordinated Services Providers

The following is an inventory of transportation services provided by LANTA and other major human service agencies in the region for which data was available. Ridership and trip data shown are for 2016.

LANtaBus

The Lehigh and Northampton Transportation Authority (LANTA), created in March of 1972 by Lehigh and Northampton counties, is charged with operating a transportation system for public use in Lehigh and Northampton counties. A bi-county municipal authority, LANTA, supplements passenger fares and other revenues with county, state and federal funding to support operating and capital expenses.

LANTA operates the LANtaBus system, a network of 28 fixed-bus routes throughout the Lehigh Valley providing daily, evening, Saturday and Sunday services. More than 380,000 people live within walking distance of a LANtaBus route.

LANtaBus

- Number of vehicles in service: 83
- Annual passenger trips: 4,923,795
- Geographic area served: Lehigh and Northampton counties
- Days of service: Monday-Sunday
- Holiday service: No
- Hours of operation: 4:40 a.m.-12:22 a.m.
- One-way trips annually: 4,923,795
- Trip cost: $2 base fare
LANtaVan

LANtaVan is a door-to-door, shared-ride (or paratransit) service, available to riders in Lehigh and Northampton counties who are registered and certified as eligible for sponsorship under various transportation funding programs. The service is public transportation and is shared-ride in nature, meaning that no passenger has exclusive use of the vehicle. People are eligible if there is no LANtaBus fixed-route service nearby or if they have a physical disability. Though open to people of any age for ‘full’ fare, people 65 and older may ride for 15% of the regular fare. The remaining 85% is paid by the Pennsylvania Lottery. People with a valid Medical Assistance (M.A.) ACCESS Card are eligible to use LANtaVan service to go to M.A. reimbursable appointments such as doctor visits, medical tests and treatment, if they meet the Pennsylvania Department of Welfare’s program requirements. Physically disabled people who are eligible under the Americans with Disabilities Act (ADA), and clients of the Northampton County Area Agency and Lehigh County Area Agency on Aging, can also use LANtaVan. More information is available by calling the Area Agency on Aging in each county. LANtaVan serves the entirety of Lehigh and Northampton counties.
SERVICE COVERAGE AREAS
LANtaVan, ARC, GOOD SHEPHERD, VIA, CENTER FOR VISION LOSS, SENIOR LIFE, STEP BY STEP, SHARECARE
ARC

As the Lehigh Valley’s only provider of advocacy services for children and adults with intellectual and developmental disabilities, The Arc of Lehigh & Northampton Counties serves more than 1,500 local individuals and families each year. The Arc provides a variety of quality programs and services and serves as a clearinghouse of information on help that is available for people with disabilities. ARC provides individuals and families the services and support they need to help people with intellectual and developmental disabilities live full and productive lives. ARC provides transportation services for members enrolled within their various programs.

Good Shepherd Rehabilitation

Good Shepherd provides medical and vocational rehabilitation services to people with disabilities. Good Shepherd provides specialized transportation services to its long-term care residents and inpatient and outpatient clients for medical, recreational, social and work related purposes. All rehabilitation hospital patients are registered with LANtaVan, which provides some trips for Good Shepherd clients. Clients with more severe disabilities may require an attendant caregiver to accompany them on their trips.

GOOD SHEPHERD

- **Number of demand-responsive vehicles in service:** Utilize LANtaVan
- **Annual passenger trips:** Demand-responsive
- **Geographic area served:** Lehigh and Northampton counties
- **Days of service:** Not available
- **Holiday service:** Not available
- **Hours of operation:** Not available
- **One-way trips annually:** Not available
- **Trip cost:** Not available

ARC

- **Number of demand-responsive vehicles in service:** 10
- **Annual passenger trips:** Demand-responsive
- **Geographic area served:** Lehigh and Northampton counties
- **Days of service:** Monday-Friday
- **Holiday service:** No
- **Hours of operation:** 8 a.m.-5 p.m.
- **One-way trips annually:** 38,000
- **Trip cost:** No cost for ARC clients
VIA

Via of the Lehigh Valley is a non-profit agency that provides services for children and adults with disabilities such as autism, cerebral palsy and Down syndrome. Serving the community since 1954, Via’s staff and volunteers help individuals and families from birth through retirement to gain life skills, obtain meaningful employment and develop social connections. Via of the Lehigh Valley, Inc. works in partnership with Via Events, Inc. and the Via Foundation, Inc. to accomplish these goals with community partners. Via coordinates a portion of their trips through LANtaVan. The remaining trips are provided to member clients from Via’s 20-vehicle fleet.

VIA

- Number of demand-responsive vehicles in service: 4 vans; 16 private small passenger cars
- Annual passenger trips: 62,400
- Geographic area served: Lehigh and Northampton counties
- Days of service: Monday-Friday
- Holiday service: No
- Hours of operation: 8:30 a.m.-3:30 p.m.
- One-way trips annually: 5,200
- Trip cost: Included in membership

CENTER FOR VISION LOSS

- Number of vehicles in service: 3 (no wheelchair transport capability)
- Annual passenger trips: 1,500
- Geographic area served: Lehigh, Northampton and Monroe counties
- Days of service: Monday-Friday
- Holiday service: No
- Hours of operation: 8 a.m.-3:30 p.m.
- One-way trips: 125
- Trip cost: $3 one-way; $6 round trip

Center for Vision Loss

This non-profit agency, a member of the Pennsylvania Association for the Blind, helps Lehigh, Northampton and Monroe county residents who are blind or visually impaired to lead well-adjusted, rewarding and productive lives. The programs and services available include Vision Rehabilitation, Low Vision Services, Vision Help and Community Outreach. Many clients use the organization’s door-through-door escorted transportation service. This service, using a sighted guide, is unique in the Lehigh Valley and Monroe County. Clients are allowed three round-trip rides per month to essential medical appointments and grocery shopping. A fee of $3 per one-way trip or $6 for a round-trip is charged. Tickets are required and must be purchased in advance and then presented to the driver at the time of the pick-up.
Senior Life

Senior LIFE Lehigh Valley provides comprehensive healthcare-related services that enhance the quality of life for members and their families. Dependable, safe senior transportation service is among the services provided. The agency transports members to and from Lehigh Valley LIFE Center, to and from medical appointments coordinated by the care team and to other places approved by the member’s care team. Members are also transported by ambulance to the hospital emergency room, if needed.

Senior LIFE

- **Number of vehicles in service**: 5 buses; 2 vans (wheelchair lift equipped)
- **Annual passenger trips**: 15,600
- **Geographic area served**: Lehigh and Northampton counties
- **Days of service**: Monday-Friday
- **Holiday service**: No
- **Hours of operation**: 8 a.m.-4:30 p.m.
- **One-way trips annually**: 1,300
- **Trip cost**: Included in membership

STEP BY STEP, INC.

- **Number of demand-responsive vehicles in service**: 25
- **Annual passenger trips**: Not available
- **Geographic area served**: Lehigh and Northampton counties
- **Days of service**: Monday-Sunday
- **Holiday service**: Yes
- **Hours of operation**: 24 hours
- **One-way trips annually**: Not available
- **Trip cost**: Not available

Step By Step, Inc.

Step By Step, Inc., a community-based, human service agency, is committed to enhancing the quality of life and personal growth of those served through support for individual choice and independence. A vast array of services focuses on meeting the needs of individuals, across the lifespan, while maintaining a vision toward each person’s desire, ability, and right to be a productive and valued member of the community. Step By Step provides door-to-door transportation to clients that need it for activities and medical appointments, 24 hours a day, seven days a week, 365 days a year.
ShareCare

ShareCare Faith In Action is a non-profit network of trained volunteers from faith groups and the wider community that provide services to the elderly and those with special needs to enhance their dignity, independence and quality of life. Services provided include door-to-door transportation escort, light chores, visitation, shopping and respite care.

INDEPENDENT TRANSPORTATION NETWORK-LEHIGH VALLEY

- Number of demand-responsive vehicles in service: 23
- Annual passenger trips (demand-responsive): 7,200-8,400
- Geographic area served: Allentown, Bethlehem, Easton and surrounding suburbs
- Days of service: Monday-Sunday
- Holiday service: Yes
- Hours of operation: 24 hours
- One-way trips annually: 600-700
- Trip cost: $4 pick-up charge + $1.50/mile (6 a.m.-9 p.m.); otherwise $8 pick up + $3 /mile

Independent Transportation Network

Independent Transportation Network is a non-profit organization with door-through-door and arm-through-arm service in the Lehigh Valley. Using both paid and volunteer drivers, ITN provides rides 24 hours a day, seven days a week in private automobiles. ITN does not rely on taxpayer-funded revenues and there is no limitations on trip purpose for people 60 years and older or adults with visual impairments. Older adults who join ITN become dues-paying members of a non-profit organization committed to their independence and mobility. Riders pre-fund a personal transportation account, and a monthly statement details all payments and charges. Rides may be booked at any time, with discounts for advance notice. Riders may travel alone or with others, with discounts for shared rides.
Private Providers

There are several private intercity bus providers that operate within the Lehigh Valley. They provide longer services, generally connecting the Lehigh Valley with the New York City Metropolitan area and the greater Philadelphia area. Some providers also take passengers to areas west of the Lehigh Valley into Berks County or the Harrisburg region. These providers are Trans-Bridge Lines, Susquehanna Trailways and Beiber Tourways. While many of these providers have stops at several locations within the Lehigh Valley, they are not typically used by passengers to commute between points in LANTA's service territory.

In addition to these private intercity bus providers, the Lehigh Valley is also serviced by numerous taxi companies. In Pennsylvania, taxi companies are regulated by the Pennsylvania Public Utility Commission (PA PUC). In order to operate within the Commonwealth, these taxicabs are required to be licensed by PA PUC, maintain adequate insurance coverage, charge fees approved by PA PUC and adhere to the PA PUC driver and vehicle safety regulations.
Trans-Bridge at Lehigh Valley International Airport
CHAPTER 3: FUNDING SOURCES

Funding History

When SAFETEA-LU was first introduced and the coordinated public transit-human services transportation plans were first required, there were several federally funded programs that mandated these plans in order to fund projects. These funding programs were the Job Access and Reverse Commute Program (JARC) [Section 5316]; the New Freedom Program (Section 5317) and the Formula Program for Elderly Individuals and Individuals with Disabilities (Section 5310). With the expiration of SAFETEA-LU and the subsequent replacement known as The Moving Ahead for Progress in the 21st Century (MAP-21), which was signed into law in July 2012, these funding programs were eliminated or merged with other existing federal funding programs under the control of the United States Department of Transportation (USDOT). The current federal transportation funding, which was signed into law in December, 2015 is titled Fixing America’s Surface Transportation Act (FAST Act). The FAST Act retained the consolidation of programs introduced under MAP-21.

The JARC program was merged into the Section 5307 Urbanized Area Formula Funding program, the New Freedom program was merged into the Formula Program for Elderly Individuals and Individuals with Disabilities program (Section 5310) which was taken over by the Pennsylvania Department of Transportation (PennDOT).

Section 5310 (Elderly Individuals and Individuals with Disabilities Program)

PennDOT maintains the Section 5310 program in its current state and releases an annual call for projects in order to allocate funding.

The 5310 Program was established in 1975 to serve the transportation needs of elderly people and individuals with disabilities. Private non-profit agencies and public entities that coordinate human services transportation are eligible for funding and may utilize awards for capital projects and operational costs. Projects must appear in the State Transportation Improvement Program (STIP) to be eligible for funding.

Section 5310 is also referred to as Title 49 U.S.C. 5310, which authorizes the formula assistance program for the special needs of elderly individuals and people with disabilities. The FTA, on behalf of the Secretary of Transportation, apportions the funds annually to the states based on an administrative formula that considers the number of elderly individuals and individuals with disabilities in each state. These funds are subject to annual appropriations.

Funds which are appropriated to the states based on these formulas are required to remain within the Urbanized Area (UZA) in which the funds are derived. Therefore, funding which is appropriated to the Allentown-Bethlehem-Easton, PA – Phillipsburg, NJ (Allentown UZA) must remain within this region.
Section 5307 Urbanized Area Formula Funds

The 5307 program provides funding to public transit systems in Urbanized Areas (UZA) for public transportation capital, planning, job access and reverse commute projects, as well as operating expenses in certain circumstances.

Section 5339 Bus and Bus Facilities

Under the FAST Act, the Section 5339 Bus and Bus Facilities program was segmented into a formula program and two competitive funding programs.

The Bus and Bus Facilities Formula Program (5339) provides funding to states and transit agencies through statutory formula to replace, rehabilitate and purchase buses and related equipment, and to construct bus-related facilities.

The Bus and Bus Facilities Formula Program also provides funding through a competitive allocation process to states and transit agencies to replace, rehabilitate and purchase buses and related equipment and to construct bus-related facilities. The competitive allocation provides funding for major improvements to bus transit systems that would not be achievable through formula allocations.

The Low or No Emission Vehicle Program (5339c) provides funding through a competitive process to states and transit agencies to purchase or lease low or no emission transit buses and related equipment, or to lease, construct, or rehabilitate facilities to support low or no emission transit buses. The program provides funding to support the wider deployment of advanced propulsion technologies within the nation’s transit fleet.
**Congestion Mitigation Air Quality**

The Congestion Mitigation Air Quality (CMAQ) Program provides funding to areas in non-attainment or maintenance for ozone, carbon monoxide, and/or particulate matter. States that have no non-attainment or maintenance areas still receive a minimum apportionment of CMAQ funding for either air quality projects or other elements of flexible spending. Funds may be used for any transit capital expenditures otherwise eligible for FTA funding, as long as they have an air quality benefit.

**Medicaid**

The program assists people with accessing medical services, including transportation to such services. The Department of Health and Human Services (DHH) Medicaid funds Non-Emergency, Non-Ambulatory Medical transportation (NEMT) through state Medicaid programs. Medicaid is by far the largest funder of specialized transportation both nationally and statewide. This program includes reimbursement payments for Friends and Family providers, municipal public transit providers, non-profit and for-profit providers. DHH certifies all vehicles in use by non-profit and for-profit NEMT providers.

**Transitional Assistance for Needy Families**

Transitional Assistance for Needy Families (TANF) provides assistance to families with children, including funding transportation needs. The TANF program provides block grants to states to help families transition from welfare to self-sufficiency. States may choose to spend some of their TANF funds on transportation to purchase and/or operate vehicles, as well as reimburse the costs of transportation. TANF also assists individuals with disabilities and provides for a variety of vocational rehabilitation services.
Coordinated Plan Required Elements

Federal law requires transit projects to be derived from a coordinated plan that minimally includes the following elements at a level consistent with available resources and the complexity of the local institutional environment:

- An assessment of available services that identifies current transportation providers (public, private and non-profit).

- An assessment of transportation needs for individuals with disabilities, older adults and people with low incomes. This assessment can be based on the experiences and perceptions of the planning partners or on more sophisticated data collection efforts and gaps in service.

- The implementation of strategies, activities and/or projects to address the identified gaps between current services and needs, as well as opportunities to achieve efficiencies in service delivery.

- Setting priorities for implementation based on resources from multiple program sources, time, and feasibility for implementing specific strategies and/or activities identified.

While regulatory factors do not prevent different social programs from sharing resources, there are practical and programmatic considerations that can make coordination challenging. Some of these are service delivery issues and others relate to administration.

Methodology

Two key sources of information were used to describe the transportation needs and gaps in the Lehigh Valley. Stakeholders identified transportation needs by completing a telephone survey and attending planning workshops. The survey allowed agencies to contribute to the development of the coordinated plan. That afforded them advanced notice of workshop topics and an opportunity to participate for those stakeholders unable to attend. The workshops hosted human services agencies, non-profit organizations, government staff and other stakeholders. The survey responses and feedback provided during the workshop formed the basis for the transportation assessment.
Survey and Public Workshops

In addition to the statistical information provided in the profile of the Lehigh Valley, a number of human services agencies and other service providers were surveyed to describe their needs and current transportation services.

Stakeholders were asked to provide responses to questions that covered the following topics:

- Information about transportation services provided or purchased from transportation providers
- Types of clients and destinations desired
- Days and times for needed services
- Areas of interest with respect to coordination
- Areas of public transportation that need improvement
- New or expanded service needs

The Lehigh Valley Planning Commission (LVPC) and the Lehigh and Northampton Transportation Authority (LANTA) sponsored planning workshops for stakeholders on July 10, 2017 at the Lehigh County Government Center, Allentown PA at 10:00 a.m. and on July 20, 2017 at Easton City Hall at 7:00 p.m. The workshops were held to facilitate discussion about transportation issues and potential strategies to address them. In order to strengthen the coordinated plan, the workshop focused on identifying transportation resources, gaps in service, strategies and priorities.

Following an introduction of the planning process, attendees helped to compile an inventory of vehicles currently in service and ways to utilize them. Discussions also included existing transportation services and funding resources. As a group, stakeholders developed lists of new needs, gaps and barriers, and identified continued issues from the previous coordinated plan. Stakeholders developed a list of the most significant gaps that should serve as the focus of projects and strategies funded under available FTA programs. The list does not include all gaps in transportation, however the group created strategies to address identified gaps and improve services efficiencies.
CHAPTER 5: REGION PROFILE

Demographic Data

This Coordinated Plan aims to meet the transportation needs of target populations that typically rely on modes other than single-occupancy vehicles. Included in these target populations are people with disabilities, elderly citizens and individuals with low income. All demographic data is derived from the U.S. Census Bureau’s American Community Survey five-year estimates, unless otherwise indicated.

Photo Courtesy of LANTA
Seniors Age 65+

With the baby-boomer generation in their 60s and 70s, a growing elderly population is emerging. Many of these people would prefer to age where they currently live, rather than relocating to denser development or senior living centers that have easier access to services. Affordable transportation alternatives are necessary to replace single-occupancy vehicles, when individuals are no longer able to drive safely.

While the highest concentrations of individuals age 65 and older are within the urban service boundary and near public transit options, there still remains a significant elderly population in urban and exurban areas. Suburban and rural elderly populations are especially at risk of being isolated in their homes as their mobility declines.

People with Disabilities

A person living with a disability may have limited transportation options. The inability to easily and efficiently get around can impede access to education, medical care, human services and employment. Lack of connection to these essential destinations often leads to a disproportionately high rate of unemployment and poverty, and may be a threat to personal health.

The highest concentrations of disabled persons are within the urban service boundary, near to LANTA’s fixed-route bus service and within the regular paratransit service area. There is some concentration in the northern and southern rural areas, where transportation services are typically less accessible and more expensive.

Zero Vehicle Households

In 2010, 8.7% of households in the Lehigh Valley did not possess a vehicle. Between 2000 and 2010, the Lehigh Valley experienced a decline in the amount of zero vehicle households by 0.42%. The 2006-2010 American Community Survey 5-Year Estimates reported that 21,295 households within the region did not possess a vehicle in 2010.

Commuting Patterns

The Lehigh Valley has diverse commuting patterns within the region and beyond. According to the 2009-2013 American Community Survey 5-Year Estimates, 343,392 people were a part of the labor force and 17% of residents worked outside of the region. More than 57,000 Lehigh Valley residents commute outside the region to work each day, to places that include New Jersey, New York and the Philadelphia area.

People with Limited Means (Low Income)

Transportation is a great burden on low-income individuals. The cost of transportation takes up a higher percentage of income for people with low incomes. Public transit is available, but may not stop close enough to destinations or be available for late-night workers. Cabs and other private services can be too expensive to be used regularly. A reliable
source of transportation is essential for maintaining employment. Low-income people also need to access social and human services that often involve appearing in person. Lack of mobility can be related to lack of opportunity, making it more difficult to attain financial security.

Areas where per capita income is $20,000 or less tend to be within the urban service area near fixed-route service. Additional service may need to be provided to ensure all residents have equal access to resources in their community and throughout the region.
CHAPTER 6: IDENTIFIED NEEDS, GAPS AND STRATEGIES/ACTIONS

The development of this plan involved three public meetings to solicit input on transportation gaps and strategies to address those gaps. Meetings were held on June 13, 2017 with the LANtaVan and Accessibility Committee, on July 10, 2017 at the Lehigh County Government Center, and on July 20, 2017 at Easton City Hall. Input gathered during those public meetings forms the basis of identified needs, gaps and strategies/actions as follows. A comprehensive listing of gaps, strategies, actions and participant identified concerns above and beyond those gathered during the public meeting phase appears in the Appendix.

CAPITAL

• New Vehicles
  The coming increase in the number of people aged 65 and older may result in increased demand for revised routes and additional trips. That could require additional buses, vans, personal vehicles (volunteers), and specialized vehicles with the ability to transport people with wheelchairs and oxygen machines. In addition, laws such as the Olmstead Act of 1999 may result in additional demand for vehicles for the disabled population, as housing needs evolve from homes with centralized locations to decentralized dwellings. The Supreme Court held that under the Americans with Disabilities Act, individuals with mental disabilities have the right to live in the community rather than in institutions.

• Replacement Vehicles
  High mileage and worn vehicles will need replaced in order to maintain a reliable fleet.

• Bus Shelters
  The purchase of bus shelters that protect riders from the weather, and include seating and wheelchair areas, would encourage more use of public transit by elderly and disabled individuals.

• Sidewalks and Crosswalks
  Connections between a person’s home and bus stops may not be handicap accessible and may impede the use of public transit. The construction of new sidewalks and crosswalks, and the repair and upgrade of existing sidewalks and crosswalks, may help increase access to public transit.
1. Purchase new vehicles, with preference given for vehicles with wheelchair positions.

2. Purchase replacement vehicles.

3. Fund preventative maintenance activities, such as replacement of worn brakes and tires and oil changes.

4. Purchase bus stop shelters and benches as requested or as needed to encourage transit use.

5. Purchase fuel for use by human service agencies through a joint bid or contract to reduce costs. This could include the use of county fuel purchasing contracts and assistance.

6. Construct additional sidewalks and crosswalks with ADA accessible ramps or other necessary equipment to facilitate the use of public transit at key destinations and activity centers. Work with municipalities and PennDOT to prioritize the construction of sidewalks and crosswalks with ADA accessible ramps to address gaps in the sidewalk/crosswalk network or other necessary equipment to facilitate the use of public transportation at key destinations and activity centers.

7. Purchase automated announcer systems for buses to aid in communicating next stop information.

8. Purchase or develop Intelligent Transportation System (ITS) software and applications that can assist riders in accessing transit schedules.

9. Purchase used vehicles through LANTA auction as a cost savings mechanism.

10. Conduct an evaluation of pedestrian crossings and incorporate audible pedestrian signals at key locations for the visually-impaired.

11. Enact complete streets policies to provide safe mobility for all users, including transit vehicles, bicyclists, pedestrians and motorists.
OPERATIONS

• **Off-Peak, Night and Weekend Service**
  For many clients and seniors, as well as the general public, public transit in off-hours is limited and virtually non-existent. This means that riders may be able to get to workshops, evening clinics and jobs that are along a bus route, but don’t have access to transit for their ride home. That could affect their decision to use public transit. LANTA consistently reviews the service provided within the Lehigh Valley and makes every effort to provide service during non-traditional hours effectively and within budget.

• **Provision of Service/Expansion of Service to Rural Areas**
  The Lehigh Valley is a diverse region with large urban centers and smaller townships and boroughs, amid suburban and agricultural settings. This wide variety and distance between uses, accompanied by smaller population centers in outlying areas, affects the ability to provide cost-effective public transit. In addition, even when transportation service can be secured, clients can experience long trip lengths.

• **Same Day Service**
  LANtaVan trips may be scheduled either up to 14 days before, or the day before a trip is to be taken. There is currently no provision for same day service.

• **Duplication of Services**
  Our review of existing transportation services did not reveal any strict duplication in service. While there are volunteer driver programs and public transportation systems that cover the same geographic areas, they do not provide the same service or duplicate service. In fact, the agencies and individuals have cited capacity issues such as a lack of available drivers and service vehicles and a need for more frequent service – all indicating that more service is needed.
STRATEGIES/ACTIONS

1. Support transportation services for specialized medical care for patients who require life-sustaining frequent treatment such as chemotherapy and dialysis.

2. Expand point-deviated service and paratransit area to one mile or more if deemed operationally feasible.

3. Explore fuel reimbursement for volunteer drivers with preference for those that are outside of bus routes or provide feeder or door-through-door service.

4. Provide systematic reviews of existing bus routes, including an examination for potential service expansions and route modifications. Reviews should be conducted on a regular basis to suggest ways to increase system efficiency and increase ridership.

5. Provide more public transportation in the evening and weekend hours on specified routes.

6. Support operational cost saving measures by human service agencies and transportation providers to include, but not be limited, to group insurance and centralized maintenance of vehicles.

7. Recruit paid and volunteer drivers for human service agencies and public or quasi-public agencies.

8. Investigate the provision of shared vehicles among human service agencies, including the grouping and sharing of trips by agency or agency type.

9. Assist individuals who have Limited English Proficiency in accessing transportation services.

10. Institute swipe card payment, as applicable, in addition to fare tickets.

11. Implement continuous driver/dispatcher training/sensitivity programs where appropriate.

12. Institute a voucher program for same day service on a limited basis. The intent behind the voucher program is to provide same-day emergency service limited to a few times per year.

13. Assist visually-impaired individuals with message notifications regarding trip arrivals.

ACCESSIBILITY AND MOBILITY

- **Lack of Volunteer and Paid Drivers**
  
  Human service agencies, transportation providers and users of the system have voiced concerns that more drivers are needed. Insurance requirements and company policies may require driver candidates to possess Commercial Drivers Licenses, and the ability to perform physical tests and drug monitoring. These additional requirements may hinder potential drivers from seeking to apply for a driver position because of the unfamiliar requirements.

- **Central Dispatching**
  
  LANTA staff receives many inquiries that often include people asking how to use public transit to get to destinations inside and outside of their home county.

- **Limited Hours and Days of Service**
  
  Currently, there are no overnight hours after bus service stops running. Passengers who take a bus to work may not be able to return home if they work after 11:00 p.m.

STRATEGIES/ACTIONS

1. Employ a mobility manager at LANTA to assist with scheduling transportation, educating clients on how to access and ride transit services, and acting as a central dispatch office for interested human service agencies.

2. Upgrade bus schedules to ensure greater understandability of public transit schedules.

3. Assess the interest in identifying a human service agency or transportation provider that is willing to host a central LISTSERV, if deemed valuable by human service agencies. The central LISTSERV would provide a central repository containing information on all transportation services catering to the travel needs of its clientele.

4. Increase the marketing of transportation services by public transit agencies and human service agencies.

5. Investigate the provision for group discounts or shared rides for human service agency clients that use taxi service.

6. Implement online/cell phone trip scheduling as technologies allow to provide greater accessibility for client scheduling needs.

7. Work with medical providers to provide return medical trip scheduling services directly from the health care provider. Coordination at this level results in automatic updates to trip provider scheduling software.
POLICY AND EDUCATION

• Travel Training
Unlike larger cities where a significant portion of the population is familiar and comfortable with using public transportation, the Lehigh Valley is an auto-dependent region. Residents who have never used public transportation may be apprehensive to start using it if they are unfamiliar with the system or perceive that there is a potential for them to be stranded if they misinterpret schedules.

• Olmstead Act and Deinstitutionalization
After a recent court action requiring the enforcement of the 1999 federal act, federal and state governments are promoting the integration of clients into apartments and competitive work environments, as alternatives to group homes, larger residential facilities and day rehabilitation programs. This is expected to shift the responsibility of transportation, in some respects, to family members and local governments.

Naturally, the provision for public transportation is more easily achieved if residential uses occur along transportation corridors, but this cannot be guaranteed. In addition, if individuals are located along a bus route, other considerations may result in the need for specialized transportation. The future may reveal that some form of specialized bus transport may be needed.

• Liability
Human service agencies are not necessarily opposed to sharing vehicles and rides. However, the insurance and legal industries have raised responsibility and liability concerns which results in lack of collaboration.

• Medicaid Identification
Some clients must carry Medicaid identification to receive transportation services. Parents and guardians may be hesitant to allow a disabled family member to use public transit out for fear that the identification documents will be lost or stolen.

• Residential Driveway Turnaround Restrictions
Buses and vans are not authorized to turn around in or back down driveways. Those with mobility issues, such as inability to walk to the end of their driveway, may be unable to use available transportation services.

• Mobility Assistance
LANTA buses permit no more than four shopping bags per person. People carrying packages frequently have no help getting on or off the bus.

• Promotion of Proximity to Transit
People who are in the market for a home or apartment need to know how close public transit is to a listing. LANTA has an app and website that allows people to see all bus stops on every route operated by the Authority, allowing people with internet access the ability to determine the stops closest to their home.
STRATEGIES/ACTIONS

1. Form a subcommittee of the LANtaVan and Special Services Committee that includes representatives of human service agencies and transportation providers that can become more familiar with the transportation issues of the elderly and disabled. The subcommittee should meet two to three times a year to review relevant issues that can be brought to the technical committee for discussion.

2. Continue to provide travel training and develop travel training materials that can be distributed to those who need it.

3. Attend periodic human and aging services agency’s meetings to better understand the transportation needs of human service agencies and their clients. Information from those meetings can be brought back to the subcommittee.

4. Ensure that public transit information is accessible to people with disabilities and the elderly. This would pertain to both printed materials and online information.

Photo Courtesy of LANTA
Implementing many of the strategies will require a dedicated effort from multiple stakeholders. Because the LVTS is not an operating agency, its primary role will be the development and maintenance of data sets pertaining to coordinated planning and updating the coordinated plan. It can also host relevant meetings, and when feasible, facilitate program coordination efforts among stakeholders.

This coordination will involve identifying projects from the plan that can be implemented, based on need and availability of funding. Stakeholders and the LVTS will assist in developing roles and responsibilities to participating entities as appropriate.

LANTA and other service providers are responsible for implementing the plan and improving coordination between human service providers in order to assess the challenges and actions facing transportation-disadvantaged individuals in the region.

Implementing this plan and improving coordination between human and aging services providers is important in order to assess the challenges facing transportation-disadvantaged individuals in the region. The challenges to implementation include the following:

### Regional Connectivity

Connectivity refers to the customer’s perception of ease and convenience when traveling on a public transportation system. From the rider’s perspective, a trip on a well-connected transportation network will feel seamless. Schedules and transfers both within one system and between multiple systems are intuitive, predictable and easily planned. By contrast, a trip on a poorly connected network will be at best frustrating and at worst costly, time-consuming and a possible deterrent to future use.

These issues are exacerbated for transportation-disadvantaged populations, especially for persons who rely on the public transportation system for most or all of their travel needs. Such riders may have non-traditional trip purposes such as medical or non-peak hour employment trips, and unique limitations on time and resources. They may also have a far more difficult challenge navigating a complicated system. From an operator perspective, poor connectivity may lead to an inefficient and undesirable system, as well as increased rider reliance on an expensive paratransit system or for-profit ridesharing entities.

### Physical and Temporal Barriers/Infrastructure

Physical barriers describe those impediments that may prevent access to or from a public transportation stop, or prevent entrance into or exit out of a vehicle or facility. Such impediments may be located at the facility itself, such as obstructions or inadequate boarding space for wheelchairs, or in the area approaching the facility, such as gaps in the sidewalk or insufficient curb ramps and pedestrian crossings. Vehicles may have inadequate or inoperative accessibility equipment, such as wheelchair lifts or tie-downs. For
the physically impaired, these impediments can range from being an inconvenience to being a serious safety hazard. Eliminating these barriers often requires extensive coordination between a transit agency and municipal public works or streets department, or with PennDOT.

Temporal barriers occur when a rider must take a trip when service is either infrequently available or not available at all. In order to maximize the efficiency of their service, most providers concentrate the bulk of their frequent service during peak hours, such as rush hours, and reduce or eliminate service during off-peak times, such as late at night. Unfortunately, this strategy, though sensible from an operational standpoint, is a disadvantage to a small number of riders, such as those who work non-traditional hours.

**Transportation Options**

While the fixed-route network or its complementary paratransit operation covers most urbanized areas in the region, some less densely populated urban, suburban and rural areas may fall outside of this service area. Special needs
populations living or traveling to those areas may lack sufficient transportation options or rely on options outside of traditional public transit service.

Because fixed-route service may not be an option for transportation-disadvantaged people, the gaps may have to be filled by other modes, such as paratransit, for-profit rideshares, taxi, bicycling, walking or van service from human service agencies. These modes have their own challenges, such as lack of funding, lack of accessible vehicles, requirements for 24-hour trip notification, lack of infrastructure, rider eligibility, lack of intermodal coordination, and limited capacity due to lack of available resources.

Data

Responsible and useful planning requires reliable data. This can include accurate information and updated data on service and fleet characteristics, ridership, community demographics and demographic trends, employment centers, and travel patterns. The data informs where there are gaps in service, where resources can be used more efficiently, where people who need transportation reside and where they are trying to go. It also allows for the tracking of performance measures.

Unfortunately, collecting data that can be used for coordinated planning brings with it a unique set of challenges. In many cases, the data does not exist in a useful form and may be prohibitively expensive to collect. In other cases, the data does exist, but whether through its proprietary nature or a lack of coordination between agencies and organizations, it is too decentralized to allow for any structured planning effort.

Financial Gaps

Issues surrounding funding remain one of the primary obstacles to implementing coordinated human services transportation. As demand for public transportation rises in the region, the costs of fuel, maintenance, insurance and other necessities have caused a similar rise in the cost of operating public and human and aging services transportation. At the same time, grant funding for human and aging services transportation has either not kept up with demand or has been reduced.

In addition to securing grant funding, identifying a dedicated and recurring source of local match presents a challenge, particularly for smaller systems. Operating costs under many Federal Transit Administration programs require a 50% local match, and in the case of larger providers or within certain grant programs, operating costs may not be eligible for funding. Providing effective human and aging services transportation in the region will require identifying funding sources and matching opportunities, and setting up a system to track how that money is being used.
CHAPTER 8: PERFORMANCE MONITORING PLAN

Performance Measures are quantitative, and in some cases qualitative, indicators used to measure progress toward an identified goal or objective. These measures serve to:

- Demonstrate the effectiveness of strategies toward meeting outcomes.
- Provide a format to report progress in human services transportation to the public and decision-makers.
- Demonstrate to stakeholders and decision-makers the value of projects and planning.

Ideally, performance measures are tied numerically and directly to the strategies of a plan. However, because the coordinated plan is a vision for human services transportation in the region, and not an operations plan, the following indicators are geared more to measure the progress of general goals and objectives, rather than specific quantitative outcomes.

LANTA, LVPC and partnering agencies shall collaborate to capture data needed to establish baseline performance conditions. Future data shall also be collected and utilized to gauge the performance of general goals and objectives related to this plan.
GOAL 1: IMPROVE ACCESSIBILITY AND MOBILITY

Objective: Make improvements to fixed-route services
Performance Measures:
- Number of elderly (65+) residents within 1/4 mile of all fixed-route service
- Number of low-income residents within 1/4 mile of all fixed-route service
- Number of disabled residents within 1/4 mile of all fixed-route service

Objective: Make improvements to paratransit and demand-response services
Performance Measures:
- Number of same-day paratransit trips provided
- Amount of trips provided by FTA 5310 funded service

Objective: Improve accessibility to and from transit stops
Performance Measures:
- Enactment of complete streets policies adopted region-wide
- Number of ADA accessible curb ramps built per municipality
- Number of transit stop accessibility improvements

Objective: Expand innovative connections
Performance Measures:
- Number of accessible taxi and for-profit rideshare vehicles cabs by region.

GOAL 2: IMPROVE SYSTEM RELIABILITY

Objective: Improve on-time performance
Performance Measures:
- Number of vehicle no-shows
- Number of client no-shows
- Number of vehicle late arrivals

GOAL 3: IMPROVE SYSTEM SAFETY

Objective: Make improvements to paratransit and demand-responsive services
Performance Measures:
- Number of injuries
- Serious injury rate
Paratransit and fixed-route riders need access to shops and businesses, appointments, medical facilities and other public spaces. Paratransit and fixed-route service stops should therefore be planned and designed to consistently provide a dignified transportation option to its users with special needs. This can be achieved by improving visibility, accessibility and comfort at service locations, which can be addressed through simple design solutions. At some transit stop locations in the Lehigh Valley, these elements are either an afterthought or are absent. Although LANtaVan services use specific and sometimes irregular locations, such as individual residences, some of the more frequently serviced locations are in close proximity to LANtaBus fixed-route stops.

The following strategies show how to improve visibility, accessibility and comfort at those stops:

**Visibility**

Ideal service stops should be easily recognizable from a distance as a point of transportation. This could be achieved with prominent signage or other visual cues on the sidewalk or street to aid those with visual impairments. Maps and information should also be visible at every stop to help riders understand available routes and schedules without the need for electronic devices or internet service.

**Accessibility**

A bus stop that can’t be easily accessed doesn’t serve its essential purpose to provide alternative transportation and increase regional accessibility. Many bus locations in the Lehigh Valley are along roads that include busy arterials without sidewalks or crosswalks, making the journey to the bus stop uncomfortable, unpredictable and unsafe. Some stops are not located on flat land or can only be accessed by crossing through landscaping or walking directly on the street. These stops also typically lack curb cutouts to aid people in level changes as they step onto the bus. Wheelchair users or those with other disabilities may find these stops difficult to access, particularly during inclement weather or during periods of darkness. Their access is therefore restricted to only the services or stops that can physically accommodate their particular capabilities.
Comfort

If the bus experience isn’t comfortable for the rider, some will be dissuaded from considering bus transportation as an option. A few small adjustments to improve comfort could counteract the perception by some that buses are an undesirable choice. Because of the limited frequency of some fixed-service routes, riders may have to wait for long periods of time before a bus arrives. A seating option should be available, particularly at stop locations along busy roads with higher ridership. Bus stops with a shelter or overhang are ideal, particularly to offset discomfort during months of extreme heat, cold or rain. Elements such as benches, textured surfaces, lighting, planter boxes and the restriction of smoking can contribute to a more pleasant experience. Ultimately, considerate design of bus stops helps the rider feel a sense of pride in their choice of transportation.

Visualizations have been included in this plan to demonstrate how bus stops might increase their appeal in a variety of settings that include shopping centers, a medical marijuana facility and a business park adjacent to medical services. These particular locations are serviced by LANTaVan and are in close proximity to a LANTaBus fixed-route stop.
Before

Trexler Mall, 6900 Hamilton Blvd, Trexlertown
Incorporating wayfinding techniques makes bus stops more accessible to people with visual impairments and makes them more visible to those seeking transit from different points in a large commercial center.
Before

Whitehall Square Shopping Center, 2180 MacArthur Road, Whitehall
Visible signage or branding is important, especially in locations that offer multiple services or are in an in-between space that is easy to overlook.
Before

New Direction Treatment Services, 2442 Brodhead Road, Bethlehem
After

The addition of a curb cut, access path and bus stop seating are used to increase accessibility for pedestrians and wheelchair users who may want to access the bus stop from the business park.
Before

Mission Pennsylvania medical marijuana dispensary, 2733 West Emmaus Avenue, Allentown
The design of bus stops doesn’t have to be one-size-fits-all. Context-specific details and materials can create a harmonious and pleasant experience for the transit user and add value to adjacent properties.
Before

B’nai B’rith Apartments for senior citizens, 1616 Liberty Street, Allentown
Consistency in the designed comfort of a bus stop improves the experience and expectations of the user. If a high level of design and shelter has been implemented on one side of the street, the bus stop immediately opposite should offer that same experience.
Human service agencies serve a critical role in providing transportation to their clients. Often, this service bridges the gap that standard public bus service cannot fill. It allows older people to age in place, and gives individuals with special needs safe, convenient access to transportation. Human services transportation gives disadvantaged people greater opportunity to live, work and recreate. As the population ages and measures are taken to decentralize housing and work locations to promote independence for people with disabilities, the LVTS and LANTA expect to see an increase in the need for specialized transportation services in the near future. We will continue to interact and exchange ideas with human service agencies and transportation providers to better understand local transportation needs and offer solutions when possible.
The development of this plan involved three public meetings to solicit input on transportation gaps and strategies to address those gaps. Meetings were held on June 13, 2017 with the LANtaVan and Accessibility Committee, on July 10, 2017 at the Lehigh County Government Center, and on July 20, 2017 at Easton City Hall. The following Needs/Gaps/Participant Identified Concerns and Strategies/Actions represent a comprehensive listing developed from input obtained during public outreach efforts, as well as input developed from research and analysis of existing human service operating challenges.

**Listing of Transportation Needs/Gaps/Suggestions/Participant Identified Concerns**

- Long trips between starting point and destination
- Long waiting periods for paratransit service
- Insufficient service on holidays and Sundays
- Inadequate late night service for 3rd shift workers
- Lack of regional connectivity between services and agencies
- Specialized/discounted services for low-income and disabled use many different forms and criteria to qualify, causing overlap and confusion
- Lack of service for those not qualified for the specialized subscription-based services in the area. (younger than 60+, not disabled, low income)
- Lack of information for temporarily disabled
- Navigation of online maps & map app sometimes difficult for users
- Misinformed or uninformed of route changes
- Information sometimes difficult for visually-impaired
- Surrounding infrastructure (ex: curb cuts, concrete pads) sometimes does not support wheelchair access to stop; Sidewalk connectivity
- Lack of door-to-door and door-through-door services
- Need for food delivery services or transportation services to local grocery stores
- Increase service options before and after regular business hours
- Transportation to human services agencies
- Services to accommodate part-time and shift workers
- Individuals transitioning into work
- Demand for dialysis transportation
- Attending court-ordered classes and therapies
- Lack of vehicle variety to meet the needs of disabled customers
- Handicapped parking spaces
- Challenges of decreased state and federal transportation funding
- Transportation services for daily activities
- Wheelchair ramps construction
• Hospital transportation home return
• Customer assistance inside the homes
• Lack of accessible taxis
• Driver training
• Dispatcher/scheduler etiquette
• Trip optimization for multiple trips from same origin
• Lack of one-stop transit information resource (mobility manager)
• Notification of trip arrive for visually-impaired
• Lack of online/cell phone trip scheduling capability
• Fleet augmentation (expansion) through used vehicle acquisitions
• Same-day service
• Lack of audible pedestrian signals at key locations

Listing of Strategies/Actions/Suggestions to Address Needs/Gaps/Participant Identified Concerns
• Coordinate operations between service providers to share resources.
• Encourage medical facilities to better coordinate with service providers for patient transport.
• Address safety, security and emergency preparedness in the planning process.
• Establish performance measures to evaluate the success of the strategies outlined in the plan.
• Implement a “one stop shop” system for informing the public about all transportation services that are available. This could include easily remembered phone number (e.g., 511) or a single website or even a physical location for customer service. Then, initiate a public education campaign about all the transportation services available.
• Extended operational hours and days
• Add vehicles to increase overall capacity, especially lift-equipped vehicles
• Install mobile data terminals in each vehicle to allow for automatic schedule adjustments
• Construct handicap ramps and make homes more accessible for elderly and disabled
• Create a voucher program for human services agencies
• Develop a loop transit system with stops throughout region
• Hire attendants to accompany the elderly, disabled and children
• Offer vouchers to expand evening and weekend transportation options
• Incorporate volunteer and travel training programs into the mobility management program
• Reconsider the variety of vehicles in transit provider and agency fleets
• Find volunteers/sponsors for a program that builds/leases handicapped accessible ramps
• Establish a transportation call center with a toll-free number
• Coordinate transportation services with faith-based organizations
• Explore grants and partnerships for a loop transit system
• Increase use of vanpool program
• Add destinations for shopping, pharmacies and errands
• Provide affordable options for elderly, low-income and uninsured individuals
• Provide dependable transportation services to work and job interviews
• Increase assistance to human services agencies
• Add same-day service for medical and out-of-region trips utilizing a voucher system
• Provide transportation options for veterans traveling to health care facilities
• Add door-to-door service and transit stops
• Create posted signs of pick-up/drop-off locations, schedules, and destinations
• Provide more frequent service options
• Add convalescent transport to free up ALS ambulances
• Add more handicap accessible vehicles to transit fleets
• Provide funding for medical trips and general transportation funding
• Increase same-day paratransit service
• Coordinate with Compete Streets and municipal policy to implement regional standards
• Install bicycle and pedestrian amenities in support of transit stops
• Maintain GIS database of demographic data
• Maintain data on regional employment and activity centers

• Track performance for FTA funded human services projects
• Facilitate partnerships among providers and between providers and user groups
• Identify, track, and utilize funding and local matching opportunities
• Promote community outreach and marketing
• Coordinate land-use and mobility management policy
• Encourage the expansion of accessible taxi fleets into the region
• Future coordination with automated vehicle services
• Institute/expand use of swipe card payment technologies
• Implement regularly-scheduled driver training programs as needed
• Incorporate audible pedestrian signals for visually impaired at transportation hubs and key locations
• Capital asset repurposing – acquisition of used vehicles from partner organizations
• Implement/enhance online and cell phone trip scheduling capabilities
• Implement trip arrival notification system for visually impaired
• Encourage medical facilities to schedule return appointments
• Utilize/expand trip scheduling optimization software
• Implement/enhance dispatcher/scheduler sensitivity training programs
Coordinated Public Transit - Human Services Transportation Plan Presentation at LANtaVan & Accessibility Committee Meeting Minutes on June 13, 2017

**Attendees:** LANTA Board Members Present: Cordelia Miller, Holly Edinger, Fred Williams, Freddy Lutz, Becky Bradley, Matt Malozi, Kevin Lynn (ex-officio), Kent Herman (Solicitor)

**LANTA Staff Present:** Owen O’Neil, Brendan Cotter, Melissa Gemelli, Kelly Sokol, AnnMarie Ganchoso

**Easton Coach Company (LANtaVan operators) Staff Present:** Tracy Deater, Dave Batchelor

**Public Present:** Jodie Steiner, Deb Rozier, Donna Hartman, Becky Hartman

**Comments Provided:**

**K. Lynn** – Current LANtaBus system map shown in the presentation is outdated and should be updated. (Note: B. Cotter will provide an updated system map after the June 2017 operating board is effective as a new route will be added)

**K. Lynn** – Are there any places in the northside or southside of Bethlehem City which could hold a meeting for the public outreach? Allentown City and Easton City are having meetings, but nothing in Bethlehem City.

**H. Edinger** – Sidewalks are very important for mobility and addressing the gaps between bus stop locations and access points is key.

**K. Lynn** – There is a current bus stop location on Cata-sauqua Road which has a bus shelter, but the opposing stop on the other side of the street is located where there is a “no pedestrian crossing” sign. This is an impediment to accessible transit.

**F. Lutz** – It is good that you can push on the new developments to include sidewalks for accessibility, but how do you drive home that same point to property owners/developers for any properties that are being redeveloped?

**F. Williams** – Difficulties are present where sidewalks do not exist to access transit. Need to have good bus stops and bus shelters to improve the transit system. There needs to be sidewalks to access the stops. Need to engage the industrial parks so that they plan for transit access and use. Even if the transit doesn’t come right away, if they plan for it at the beginning it will make it easier to bring transit.

**M. Malozi** – Power lies within local municipalities when it comes to installation of sidewalks and ensuring that developments install them. They hold the power in approving sidewalks. Continued outreach that LANTA has been performing from the Planning & Development Department with municipalities, engineers and developers is key to bringing transit supportive land use.

**B. Bradley** – Comments made regarding the MOU that exists between LVPC and LANTA and the upcoming Bike/Ped Plan.

**K. Lynn** – Airport Road is a busy roadway within the Lehigh Valley that has transit access. There are no sidewalks which makes being a transit user along that corridor difficult.

**H. Edinger** – There needs to be community support for those that chose an active lifestyle. You see more people walking places now more than ever.

**K. Lynn** – More people are walking now, because there is more development.
Meeting Sign In Sheet

Date: June 13, 2017

Please sign in:  
(Check if you would like to comment at meeting)

1. Jodie Steiner  
2. Den + Virgil (dog)  
3. Donna Hartman  
4. Rebecca Hartman  
5.  
6.  
7.  
8.  
9.  
10.  

Signed:  

Comment: X

Mr. Donchez introduced himself and stated that the reason for this meeting is to gather input on an update to the Coordinated Transit Plan. We will be having three meetings. This is the second meeting. The first meeting was held at a LANtaVan & Accessibility meeting. The third meeting will be held at Easton City Hall on July 20, 2017 at 7:00 pm to make it more convenient for those that cannot attend these meetings during the day.

Mr. Donchez gave a PowerPoint presentation on the Coordinated Transit Plan and opened the floor for comments. Ms. Beck stated that she would like to see the Planning Commission use “person first” language that has been widely used for many years. The term “the disabled” is less frequently used. We would like to see the term “persons with disabilities” used instead. I’d love to see us be leaders wherever we can be in the use of “person first” language.

START OF COMMENT SESSION

Ms. Beck (Lehigh Valley Center for Independent Living) stated that one of my suggestions is the need for accessible taxis in the Lehigh Valley. There just are no options for someone who needs the accessible features of a paratransit vehicle if you have an emergency. Let’s say your brother is on life support at the hospital and you have to get there today. So if you can’t use the fixed-route bus, there is no option for you. Reading has had accessible taxis for quite a while, Harrisburg is getting them, and I think that we really need accessible taxis and I don’t know how to make that attractive. Those are all questions that I don’t have answers for. Mr. Donchez inquired if accessible taxis constitute private operators that might have an accessible vehicle. Ms. Beck replied that recently there is more movement toward Uber and Lyft bringing more accessible vehicles in and that could be a side entry or rear entry vehicle. I have seen accessible vehicles from New York City bringing people back to the Lehigh Valley. Now you have to contract out at an enormous rate through something like the ambulance crews that have the wheelchair assist vehicles. Mr. Donchez replied that Uber and Lyft are two organizations that we have on our radar screen. We are going to try to get some input from them on the development of this plan. There can be a symbiotic relationship between Uber/Lyft and public transit services.

Mr. Wittman introduced himself as from the Disability Friendly Network and referred to an article that addressed the situation in Philadelphia. There, Uber and Lyft need approval because Philadelphia is a first class city so they operate differently that the rest of the state. The state got involved in some licensing renewal and put a mandate on those two ridesharing companies, as well as regular taxi companies, to increase accessible vehicles by a few. I think it was about 70 in a system that has many thousand vehicles. There is an example of where the state legislature is mandating things to happen. It sounds like a pretty tough, in this legislative environment, to require statewide legislation. But it occurs to me what you are going to see in rapid fash-
ion is a lot of activists creating that environment through lawsuits. I can say from the Disability Friendly Community standpoint, I don’t have any answers for you but that is the most consistent complaint. We have meetings every other month on a variety of topics and some are well attended and some are less well attended. I could tell you we could fill this room if all we did was have meetings to complain about transportation services in the Lehigh Valley. Frankly, we are a little scared of the issue because it could take our organization in a direction which we don’t want to go. We are trying to foster a good relationship with LANTA to see what we can all accomplish together.

Ms. Favier introduced herself as from Independent Transportation Network Lehigh Valley. Ms. Favier cautioned that Uber/Lyft business model is unsustainable. They lose millions of dollars every quarter operating the way they currently operate. The goal of these ridesharing companies, such as Uber and Lyft, is to build a market for the time when self-driving vehicles are going to come on-line and that is why, if you start looking at what these companies are doing, they are partnering with Google, with General Motors, with Volvo, who are developing self-driving vehicles. Their ultimate goal is to build that market share and move those people over to self-driving vehicles. So that is a word of caution. If you are going to think about a long-term relationship with them, I would throw that out. We (ITN) are a ridesharing service. Do we offer paratransit service? We do not. Do we offer service for people in wheelchairs, transport chairs where they can take a step or two into the front seat? Yes. Do we offer transportation for people with walkers, canes, sight impairment? Yes. So I feel that many times we don’t even exist. We are not part of the picture when people talk about options for transportation service. Again, we are not paratransit. But for persons with disabilities, we are there. Is there a cost? Yes. You know and I know transportation is expensive. So for every ride we deliver, we have to fundraise for half the cost of that ride. Or we have to depend on government money, Section 5310 funding, whatever is out there to fill that gap. But we are here. We have an office, we have people, we have drivers. If there is a problem you call us. You don’t call some 800 Uber number that is in Seattle and hope that someone will address your issue. So I guess my bottom line is that we should look at our resources that are here and how we might be able to build on that to partner with each other, to fill gaps with LANTA and LANtaVan. Are there ways that when that van is overloaded, can we as a small organization, step in and fill those gaps and work with you to figure out a way to do that. Ms. Beck interjected how can we help to make the community aware of the rest of their options. Ms. Favier stated that costs are a big issue. Are their ways that we can find funding sources so that we can work with you to fill some of those gaps? Mr. Donchez stated that there might be a disproportionate cost associated with a LANtaVan trip versus a trip provided by your organization. Ms. Favier stated that maybe we (ITN) could provide the trip a little cheaper not knowing what LANTA’s trip costs are. We are real life people. You can call and yell at us if you want. I think that is important. People like to think about organizations in their community and support those organizations, especially in the Lehigh Valley. We are very homegrown here. We like things that we developed that we have a connection to. And I think that is probably true everywhere. So why not build on that kind of relationship with people who are providing that type of small transportation services.

Mr. Donchez stated that to speak to an earlier point on vehicle automation, all the major vehicle and truck manufacturers are and have been actively engaged in developing autonomous vehicles. We anticipate autonomous vehicles hitting the market largely from the freight side first because
of the potential to cut costs. The first vehicles we are likely to see on the road are freight vehicles, the tractor trailers, the box trucks, before it migrates down to passenger cars. One of the issues we are seeing is the technology is developing faster than the policy. The policy aspects as to how to legislate this to allow it to happen are lagging behind the technology to develop these autonomous vehicles. The point being that it is in the future and will have some impact on future transportation services.

Ms. Favier stated that it will happen before your next 10-year plan (Coordinated Transit Plan) is done. Technology today is not like it was 30-years ago where some new thing came out every two years. Some new thing is coming out every two months. They tested self-driving vehicles in Pittsburgh. Did they work completely? No. But it is happening and in cities that are progressive looking to implement new things, it will happen sooner rather than later.

Mr. Donchez asked if there are certain times of the day where you see that there is a demand for transit services that cannot be met with the supply. Ms. Favier stated that the 3:00 pm to 5:00 pm timeframe is always a busy time. The other times that are busy are around 10:30 am to 12:00 pm. So we are trying to figure out how we accommodate them. We do rideshares so we don’t need to send a driver to each separate location. We do offer evening service with 9:00 pm generally being our limit.

Mr. Donchez inquired about attendant care that might be needed on trips. Ms. Favier stated that attendant caregivers (personal assistants) travel at no cost.

Mr. Yingling introduced himself from the Center for Vision Loss. Most of our constituents who are blind or visually impaired, the combination of the ADA rides and the Persons with Disabilities covers our clientele. That is a good thing because in the area I worked before, we didn’t have that luxury. I think the fact that the Lehigh Valley has a comprehensive service that doesn’t section people off depending upon where they live, that works pretty well. I don’t understand the funding stream, but the time that I have been in the Lehigh Valley there has never been a threat of funding cuts. This service is very important so I hope that whoever is making these decisions will continue to fund the service. Most of our folks are in favor of swipe card payment. They feel it would make it would make it a lot easier for the consumer and more accessible because people don’t have to worry about getting tickets. Most of the feedback I get is that they would love going to that sort of a system. Driver training is something we have addressed a couple of times as has the Center for Independent Living. That would be something to put into a more established schedule because we find that drivers that have training are better equipped to handle riders. We are willing to be a partner in those things. I think it is kind of haphazard now so maybe a procedure where we can help in some of those ways. I know this is a touchy subject – the subject of same-day service. People can have an emergency. Would it be possible to build in a voucher where a ride could use same-day service once or twice per year? You can’t always plan in advance. If a family member goes into the hospital just for emergency services. If the riders know I could bank a ride this coming year for same-day service, that would be great. Mr. Donchez responded that the way paratransit service works now is that a client can call Easton Coach up to 14 days in advance of the scheduled trip, and they can call up to 4:30 pm the day before their actual trip to schedule it. Mr. Yingling stated that same-day service would make the system more accessible. Mr. Yingling mentioned an instance where a person need dialysis on July 4th and the dialysis service did not operate that day. That is a concern. What do people do if it is a holiday and they can’t get to dialysis? It would be
great if at least the transportation hubs, or an evaluation of the complexity of crossings, could include audible pedestrian signals at key locations so that a blind individual can access crossing the street safely. I know it is probably not feasible to do everywhere but think about priority locations and where those might be. Could there be a way that transportation agencies that are in the business could benefit from some used vehicles that are going off-line for you but could still be valuable to an agency like ours? I know you probably auction them off and I don’t know when that happens. But if a non-profit partner is providing transportation, maybe it is worth more than what you might get at auction to help a provider if it is a serviceable vehicle. The Center for Vision Loss is a transportation provider and we do a lot of rides mainly in the medical area. So, we like ITN, provide a lot of rides for people who are blind in the Lehigh Valley.

Mr. Donchez spoke on the topic of funding. There is a document that we update every two years called the Transportation Improvement Program. This is a federally mandated document that lists highway, bridge and transit projects within the two-county region. It actually covers a 4-year timeframe but is updated every two years. We obtain a new financial mark from PennDOT with every update. The $600,000 plus in Section 5310 funds will be available for a two year period. After that, another financial mark will be issued by PennDOT. That mark has actually grown over the years. Back in the early 2000’s, the LVPC was actually involved in the 5310 program. We would review applications in the Lehigh Valley and provide a recommendation to PennDOT for funding applications given our financial constraints. I recall the mark being much smaller back then than the $600,000 available now. The financial mark back then was enough to fund three paratransit vehicle purchases, which amounted to about $150,000 to $200,000 dollars.

Mr. Donchez inquired if there were issues related to provision of transit service or logistics associated with providing that service. Are there any issues with site accessibility, meaning being able to get a paratransit vehicle on a site? Are there receiving areas, or do you find a lack of receiving areas for paratransit vehicles? Do you find that certain establishments might not want vehicles on their site? I know this might apply more to the fixed-route system. I am not so sure it applies to the paratransit system. Are you aware of any such limitations? Ms. Beck stated that drivers learn which sites are difficult to serve. I am aware that certain retail establishments do not like to have fixed-route buses on their site and actually shun transit services.

Ms. Beck stated that many riders would like the ability to schedule their trips from an online website. I think there is a great opportunity there, not knowing the limitations of the software. I know the software has the capacity to text someone when the ride is being held up. Perhaps getting to the point of using the full capacity of the software. My doctor is always texting reminders. People are getting used to that.

Mr. Whitman inquired about cell phone scheduling. It can be done off of a computer but can be awkward doing it from a cell phone. Ms. Beck replied that would be great too. Mr. Donchez inquired if home computer use is still more prevalent that cell phone use. Ms. Beck stated that many LANTA riders have cell phones with data. People with disabilities are at a greater risk of not having computers or connections to the internet due to income restrictions. But I think by the time these changes happen more people will have cell phones. Newer versions of software might not be able to do that but future versions should. Mr. Cotter added that the current software does not allow it, but future versions should be more likely to allow it.

Mr. Yingling stated that one of the challenges your drivers face when taking a rider to a community place, let’s say
WalMart or Lehigh Valley Hospital, so in my case the person with vision loss is sitting there, and the drive pulls up to the lobby with 50 people and sometimes that connection is not made. So how do you connect and how does the patron know the driver is there. So it would really help if they could get a message saying the ride is here to connect those two people at that time.

**Mr. Donchez** inquired if trip lengths are found to be challenging. Are there certain trips you client have to take that are strenuous on your system due to a lack of system capacity/vehicle inventory and thus the long trips result in the potential to serve fewer clients? **Ms. Favier** stated that we do get five or six calls per month from people who live in the outlying service areas. We basically serve Allentown, Bethlehem, and Easton and the surrounding communities. We go as far as Alburdis. We do not go up to the Slate Belt. So we do draw lines. The reason is because you are tying up a driver for an hour just to go out and get the client, and that is assuming we have someone out in that direction. So I try to recruit drivers from all areas of the Lehigh Valley so that I am not sending a driver from Easton to pick up someone in Zionsville. But yes, the longer trips are very necessary for many people for medical appointments. But in our case it is cost prohibitive because, first, we charge like a taxi, and second, because we are paying a driver for one pick up and then having to get the client back home is challenging. So right now we are not doing it. But I would like to figure out a way to do that because for many of these people they have no other option. They would have to get an ambulant service or limo at more than what it would cost to use a service like ours. **Mr. Donchez** inquired if the driver then stays on site to wait for the return trip. **Mr. Favier** stated that they try not to do that. The driver gets their rider to point A, then I’ll send the driver 3 or not more than 5 miles for the next pickup. Now that rider is at their appointment for generally an hour. So my goal is to have that driver do at least two pickups in that hour if not three. And sometimes we can do that depending on how close the pickups are. If they are not going to Zionsville, then you have a better option of doing that.

**Mr. Donchez** inquired as to whether there are options to share resources among agencies. If an agency’s capability to provide service is stretched thin during a certain portion of the day, is there an opportunity to partner with another agency that might have capacity during that time? **Ms. Heiney** (ShareCare) stated that we do escort services where they actually take people to their scheduled appointments or grocery shopping to help get the items off of the shelves if they are too frail to do so, and then take them back home. We do help people in the Slate Belt and we just expanded into Carbon County. People in Carbon County have to travel all the way to Bethlehem and Allentown for doctor’s appointments and we were lucky to get them there. One of the things we are seeing is people moving into the Lehigh Valley from other areas and now they want to stay with their doctors in Quakertown and Philadelphia. We do accommodate some of those trips. One of the things I researched was having a one-stop shop where all partners in transportation are actually under one area or website where people can sign up and have someone on the other end that could find out what transportation options work for that person, i.e. do they need escort services. If they don’t, then they can use ITN if they want next day service. We would like to concentrate on serving low income individuals and people that need that one-on-one assistance. Then refer others to other sources, which we do. If we could minimize the amount of people that can get other means of transportation, then we can concentrate on those that really need
that volunteer to be with them.

Ms. Beck stated that if we are going to one or more locations that low income riders need to go with someone who doesn’t need assistance, if we knew that, then the driver can make that stop along the way and get client #1, client #2, to do that type of trip chaining. We don’t have a way to do that now. Mr. Donchez stated that one of the items that came out of the last Coordinated Transit Plan was the development of a new position, a Mobility Manager position. The Private Industry Council had a person that served as the Mobility Manager to try to coordinate all the transportation logistics for people that needed transportation. That position stayed in existence for a few years until that staff person left for another job opportunity. I don’t believe that position was ever filled since. That position was in place for several years and it was a good position for aiding those who don’t know what their transportation options are. Ms. Beck replied that is a very good idea and would be very useful.

Ms. Heiney stated we are looking at having doctor’s offices schedule return appointments that our software has the ability to tie into. The doctor’s office can schedule the return appointment and our software gets that appointment immediately. We are starting to work out the logistics with that. What happens is sometimes the client forgets to schedule the trip. If that can happen automatically at the doctor’s office for the next appointment, that would be great. Mr. Donchez replied that the challenge there is getting that scheduling capability in every doctor’s office. Ms. Heiney stated that we carry a lot of people going to the same place. They are doing this in Texas. Ms. Beck stated that there are privacy issues and they follow HIPAA rules.

Mr. Cotter commented that on the fixed-route side, what we can control are where there are gaps in service. We all are aware that we can’t do everything regardless of what our limitation are. Are there service gaps from your organizations viewpoint that we can’t get to on the fixed-route side? Those are some of the things I would be interested in hearing if you have any of those thoughts. Every organization has a great goal and mission and if you are able to come together into one collective or overarching organization, or even infrequent or informal meetings to discuss how to work together, that would make your organizations more powerful because you are not spinning your wheels. If there are organizations with clients that you can transport or vice versa, then you can allocate your resources accordingly. It seems like that would be important in the Lehigh Valley. I don’t know if that is something that is being pushed from our organizational standpoint or if it is something from the non-profit side. Ms. Beck stated that it could also be beneficial from funding purposes that we could all say we are all working for the same mission, getting people where they could go through partnerships. With each of in our own silos trying to grab grants here and there, it is very time consuming. And you are right, there is so much duplication of service. Mr. Cotter commented that if you look at your individual items collectively, you are more powerful. I echo your sentiment when seeking the funding you will look stronger. Mr. Donchez commented that in your individual funding application if you can show a level of coordination among agencies, it would probably give more credence to you individual applications.

Mr. Donchez inquired if there were any other thoughts. I have business cards available so please take a business card. If you have any additional thought or if anything pops into your mind, please send me an email or give me a call. I might be calling you to follow up on some of these items to further explore your thoughts and ideas to help in the development of this plan. Thank you all for coming.
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A public meeting for the Coordinated Transit Plan was held on Thursday, July 20, 2017 at 7:00 pm at Easton City Hall.

Attendees: John Mehler (Northampton County Assistance Office), Melissa Gemelli (LANTA), George Kinney (LVPC), Michael Donchez (LVPC)

Public Meeting Minutes

Mr. Donchez talked about updating the Coordinated Public Transit Human Services Transportation Plan. The last time this was updated was back in 2007. As per federal requirements, this plan must be updated every 10 years. This public meeting is to help gather input on the public transit plan, and is one of three meetings being held for that purpose. A coordinated transit plan is a locally developed plan that looks at specific transportation needs for the elderly, disabled and low-income. The plan will look at what the existing transportation services are for those segments of society and will create an inventory of what currently exists through the various providers out there. As the plan gets updated, those transportation agencies will be called to try to establish a baseline for what is the existing services that are out there like how many vehicles are in their fleet, what hours do they run, what geographic areas they cover, etc. Strategies will be provided to meet the needs that were identified through the public outreach meetings that were conducted. An important tie-in for this plan is a program that PennDOT has called the Section 5310 Grant Program which funds the purchase of small paratransit vans and associated equipment. A lot of these agencies, including LANTA, rely upon that for their services. This is important because in order to acquire the 5310 funding, the projects need to be identified under the Coordinated Transit Plan. The projects need to fill a gap identified in this plan. For the 5310 program, annually there is $653,000 available which could vary every two years when there is a TIP update or financial allocation comes out. For 2017-2020, there is $653,000 available through that program for funding for small vehicle purchases and associated equipment. Applicants will apply for the money, they are awarded funds for the purchase of vehicles and the remaining balance of that funding goes to LANTA so they can continue to replace their paratransit fleet. The LVPC is the primary author of the Coordinated Transit Plan but is also working with LANTA on the update. It will go through LANTA’s board and then ultimately go through LVTS. There were three outreach meetings, the first one at LANTA on June 13th, the second one at Lehigh County Government Center on July 10th, with the third one happening now. Mr. Donchez showed some PowerPoint slides on Trends Affecting Transportation, Increasing Population Growth, Population, Demands on our Transportation Infrastructure, Housing Development, Diversified Housing Types within the Lehigh Valley, Homeownership, map of LANTA’s Fixed-Route System, Original Sidewalk Inventory, map showing LANTA’s Ridership over the years, LANtaVan Ridership. Next step is to compile feedback from the public meetings, conduct interviews and develop the gaps list and strategies on addressing those gaps. Mr. Donchez then opened up the floor for any com-
Ms. Gemelli commented that there are people that may need transportation who don’t live near a fixed-route stop. They are not elderly, they are not disabled. So how do they get from one of the outlying areas to their jobs. If they don’t have reliable transportation, they obviously can’t get a job. The nearest bus stop might be two miles away from their home. They are not elderly and they are not disabled so they don’t qualify for LANtaVan. But they need some type of transportation to get to a job and other places. That is the gap that we always hear about. Why can’t you transport me because I want to go to work. Mr. Donchez commented that they are outside the fixed-route service area. These persons don’t qualify for LANtaVan because they don’t have any disability, they are not elderly, it is just they chose to live two miles from a bus route and they don’t have a car, so they have no way to get to a job. Mr. Donchez inquired if LANTA receives a lot of those service requests. Ms. Gemelli stated that they get two or three per year. I think most people understand unless they have a disability, they are not going to have that type of service in the outlying areas. Sometimes we hear from the lower-income housing tenants that they get placed in the outlying housing systems first. Then as they move up in seniority and apartment units become available, they move closer to transit services. Mr. Mehler added that is it similar to housing choice vouchers, the old Section 8 program. There is not a lot of development type low-income housing outside the urban area. Ms. Gemelli stated that we have a handful of inquiries from people that ask how they can get to work.

Mr. Donchez stated that before LANTA had current software and LVPC was the repository for any Geographic Information System date, we would regularly field calls from LANTA staff seeking assistance in locating client addresses and determining distances to LANTA routes. Ms. Gemelli stated that every time LANTA has a fixed-route change, we send the KML files to the developer and they overlay them within Ecolane. That automatically tells us that both ends of the trip are within ¼ mile from a fixed-route bus stop. That has probably cut down on the calls to you. Mr. Donchez replied that it has been years since we entertained those calls.

Mr. Donchez commented that a few years ago we were seeing development that was really more suited for the urban core rather than in suburban areas such as senior centers and residences for elderly being located in areas where there is no transit service. We did not see a whole lot of that but we did see development proposals come through our office. We had to flag those development proposals by commenting that this type of land development is really more suited in an area where transit service exists for those individuals. This was an attempt to try to minimize the occurrence of those gaps in transit service.

Mr. Mehler commented that we don’t see a lot of deployment request due to the age group we work with. We see a certain number of people who call us looking for transportation medical trips. They are scared to death of being late for the doctor or having to wait an extended period (more than one and one-half hours) for a return trip from a doctor’s office. A lot of these request are from the more rural areas of Northampton County, such as the Slate Belt for trips to Saint Luke’s Hospital, Lehigh Valley Hospital Center, or doctors in Allentown. They are looking for alternatives from the LANtaVan system for fear that they might be late, the doctor won’t see them and they will have traveled for nothing, or they will be stuck for a period of time. Ms. Ge-
melli commented that it is a long trip to make in a car and when you are on a shared ride service, it is even longer. Mr. Mehler commented that it is a long trip to make in a car and these folks don’t have cars.

Mr. Donchez inquired if there were any concerns with time of day service. Are there certain times of day where there is more demand that can’t be met through paratransit services? Mr. Mehler commented that prime time for Northampton County is usually first thing in the morning to the afternoon. We don’t hear a lot from older persons who want to go out right now in the evening. That might not be true for the people in the disability community but it is true for the people we serve. It is early morning to mid-afternoon that people are looking at medical appointments and senior citizens center trips, so I am sure that is crunch time.

Mr. Donchez stated that at our last public meeting, the concept of resource sharing among agencies was addressed. If an agency has a fleet of vehicles that aren’t being used to their capacity at a particular point in time, to explore options to provide trips to other agencies that might not have the capacity to deliver trips that they need. That concept received warm support to try to maximize the existing vehicular infrastructure among agencies. That might be a gap identification/solution to address in the plan.

Mr. Donchez stated that the Private Industry Council funded a Mobility Manager position, which was a one-stop shopping resource for all things transit related. If someone was looking for a trip to employment and they didn’t know how to use the bus, the Mobility Manager could provide vouchers to help them get used to using the bus. The Mobility Manager could orient the client to the routes, where they went, and where the bus stops were located. The Private Industry Council funded that position for a number of years. Then the person in charge of the position took another job in another location. It was not funded since then.

Mr. Mehler commented that another item we hear about anecdotally, and this is more consistent than the issue of doctors’ visits and concerns about timelines, is multiple vehicles trips for multiple clients from the same location at the same time. I had a women yelling at me about this the other day on the phone. She has friends who live in a townhouse development for older adults off of Livingston Street near Freemansburg Borough and Bethlehem. Two individual women were going to a senior center and two vans arrived ten minutes apart to take each one of them. She asked why wouldn’t they just send one. I did not have an answer for them. I take that it is probably an issue with the computer system. Ms. Gemelli responded that it is actually with the users. When they call, they are either giving different times they need to be picked up or they are giving different times they need to be dropped off. So what the system does every night is optimize all of the trips that were entered. So if I say that I want to arrive at the senior center at 9:00 am, and you say that I don’t care what time I get to the senior center but you have to pick me up by 8:30 am, that results in two different vans. We used to hear that a lot more, especially before we put in Ecolane. We heard that a lot more. Either it was anecdotal, or was “I called two weeks ago and you just called last night”. So they wouldn’t be able to optimize your trip and put it maybe where it should be they still want to give you the trip. Ecolane seems to be doing a much better job with that. So if that is happening, they should probably book their trips together.

Mr. Donchez inquired if ontime performance was an
issue. Ms. Gemelli responded no. The van is 93% on time and fixed-route buses are 87% on time. So the van is doing much better. The one thing that we hear about quite often when we are talking about late trips, and it is a perception issue, is if you say I have a doctor’s appointment from 9:00 until 10:00, and I want to be picked up at 10:00, and the doctor doesn’t see you until 9:45, we show up at 10:00 and you are not ready, we don’t have to come back for you but we would never strand you. But that doesn’t mean that you can call us and say ‘I’m ready come get me. So you might have to wait an hour, and people will say they are late picking me up. Mr. Donchez inquired if the bus driver has any way of knowing if a patient is in with the doctor late, and if so, would the bus driver wait or continue the trip. Ms. Gemelli stated that the bus driver would wait 5-minutes and call the dispatcher. The dispatcher then tries to make contact with that individual. If they are in with the doctor, 9 times out of 10 as soon as they walk out they are on the phone to us. Then Easton Coach’s scheduler gets that and puts it in as quickly as they can. Mr. Donchez inquired if that additional trip to pick up that client gets scheduled as another shared-ride trip. Ms. Gemelli replied yes. That is why people sometimes have to wait an hour. The new software has really helped with that because before we almost manually had to assign that trip. So we would have to look at someone’s route and make a determination that it probably fits there. Now the computer does that. We just put it in and the computer will shoot it out to whoever has the room where it makes the most sense. Mr. Mehler commented that TransView software could not do that. Ms. Gemelli stated that LANTA went live with Ecolane in November 2015. The other thing Ecolane does is it schedules to the appointment. So we try to tell everybody we need to know what time you have to be there. So don’t tell us you want to be picked up at 8:00 because you might not get there on time or too early. The way it is set up is it won’t schedule you to be late. So it will make sure it backs you up enough that you get there early. Not that late trips don’t happen. Transview would let you schedule late.

Mr. Donchez inquired if there was much increased demand for Sunday service. Ms. Gemelli stated that the issue had died off since we changed the fixed-route service. Paratransit runs the same hours as the fixed-route. So since we are running on Sunday on the fixed-route, we are pretty much able to accommodate those Sunday morning fixed church trips. Mr. Donchez commented that years ago that was a problem. Ms. Gemelli acknowledged that it was a problem. We probably had about 15 people every Sunday wanting a church trip and we couldn’t give it to them because we weren’t operating that early. Mr. Donchez commented that is a good example of how a gap was addressed.

Mr. Donchez stated that at the last public meeting, an item that came up was a voucher system for medically necessary trips. The way LANtaVan works now is a client may call up to 14-days in advance to schedule a trip and as most recently as 4:30 pm the day before to schedule a trip. However, there is no same-day service, should a person have a medical necessity where they have to get to the doctor, there is no provision for them to pick up the phone and call requesting an immediate trip. One of the items that came out of the last meeting was a medical voucher that may be used for medically urgent same-day type service.

Mr. Donchez inquired if there were any issues associated with trips that require an attendant caregiver present on the trip. Are there any logistics present with that making that service more challenging? Mr. Mehler commented that he
has not heard anything on that and that there are provisions in the program that LANtaVan has. Ms. Gemelli stated that we have not heard any issues yet. DHS changed their standards and guidelines. Now they are saying that if you need a true medical attendant, that MATP does not pay for that and you must go through the County assistance office. We do have some children we transport that the parents are telling us that the personal care attendant is a nurse. We may not be able to transport them anymore under medical assistance. There might be another funding source, ADA might pay for that, but medical assistance might not. So if they only qualify for medical assistance, we might not be able to do those trips. Mr. Mehler stated that we see more personal care assistant trips and that is provided for. Ms. Gemelli stated that for the people we currently have in the system, we are not going out and saying is this a true medically-licensed nurse or is this just a friend acting as a nurse. We are not making that distinction. But if it is that they require a nurse because they have a tracheotomy and it is a small child, that might be an issue where we can’t transport them.

Mr. Donchez inquired about Uber services and how that might potentially impact or augment transit service. Mr. Gemelli stated that it is a great idea for medical trips, the urgent care trips. Mr. Donchez stated where can Uber or Lyft fill some of the gaps that exist. Their trips are provided in personal vehicles. So there will be persons with disabilities that have accessibility issues. Mr. Mehler commented that those are some of the issues with Independent Transportation Network or ShareCare services. They don’t have the accessible vehicles and that can be an issue.

Mr. Donchez inquired if there were any issues with driver training, driver sensitivity issues with regard to how they handle client trips. Mr. Mehler stated that everyone we heard from, in terms of older adult population, they are very complimentary of the drivers. It is the dispatchers and schedulers that get the criticism, it is not the drivers. Ms. Gemelli stated that we have looked at that. Easton Coach Co. samples calls. They do a sample of the calls that go into the dispatch and schedulers offices. Sometimes, unfortunately what happens is, they are in the heat of battle where the call takers and drivers have all the time in the world to speak nicely and really cater to the individuals. If someone calls to cancel their trip in the middle of the afternoon, the scheduler is just going to say ok, thanks. So we are looking at that. Let’s be a little nicer with phone etiquette. Easton Coach does sensitivity training with the drivers. I know that they have used the Center for Independent Living for that. I think they do a good job of that and we do sensitivity training as well with the fixed-route drivers. Mr. Donchez stated that most of what he has heard over the years has been how appreciative the clientele is. I really don’t hear negative remarks in that regard. Ms. Gemelli stated that we just addressed that before the last meeting in June. We spoke to Easton Coach about that. There were two incidents where people called to complain about what they perceived as rudeness. We listened to it and I don’t know if we would call it rudeness but they were very terse. Mr. Mehler stated that he thinks of it the same way as health care providers. Most people will give their primary care providers and doctors high marks. When you get into the offices of some specialists, things tend to deteriorate very quickly because it is a different kind of relationship. People who are going to senior centers and regular medical appointments, they see these drivers all the time. They know them as people. You don’t know who you are talking to on the other end of the phone when you call Easton Coach Co. I think that is part of it. Ms. Gemelli stated
that we are addressing that because they can be very abrupt. Mr. Donchez inquired about requests for transportation during holidays. Ms. Gemelli stated that they have heard that along with dialysis. Dialysis centers are closed on the major federal holidays. But, for some reason, at Christmas and Thanksgiving, they always want to shift the schedule. For some reason, dialysis centers want to rearrange the entire two weeks before and two weeks after the holiday. We stopped doing that last year and it seems to have settled down. So they did not request it and it seems to have worked out better. One of the things we analyzed was we would go through all these gyrations to move someone who was Monday, Wednesday, and Friday, we would move them to Sunday, Tuesday, and Thursday and it would really disrupt everyone’s schedule, including the people who were sharing rides with them. The no-show rates for those days was 75% or higher for those going to dialysis. So we have heard it, but I think again that it might be a little more anecdotal. Mr. Donchez commented that a lot of this data can be difficult to quantify how much of an impact it has.

Mr. Donchez inquired if there were any other gaps, challenges, obstacles, barriers or issues that might be appropriately addressed through this coordinated transit plan update. Ms. Gemelli asked how long are we accepting comments. Mr. Donchez replied that we don’t have a formal cut-off date and will accept comments as they are received. Ms. Gemelli stated that she will email me if she thinks of any other topics in the coming days. Mr. Kinney inquired about driver recruitment and retention. Ms. Gemelli stated that on the LANtaBus side, we want to recruit and retain drivers. We either lose them before five years, or they stay forever. On the LANtaVan side, there is a lot more turnover. It seems like there are two distinct groups that are attracted to that job. They are either retirees who will stay for as long as they are able to drive, or very young 22 or 23 year olds. They get into the job thinking that it will be more like driving for the fixed-route that I don’t have to do anything, until they realize it is a lot of work to transport the elderly and persons with disabilities. They are not just sitting behind the wheel. They need to get on and off and operate the lift. They never seem to have a hard time getting people, the turnover is just high. Mr. Donchez commented that the older drivers would probably provide a better service the elderly and disabled. Ms. Gemelli commented that the older drivers are much more tolerant. Mr. Kinney commented that you need a commercial drivers license (CDL) for the larger buses. Ms. Gemelli stated that you do not need a CDL for the paratransit vans. Mr. Mehler stated that we find that in human services when you are hiring and you get people in their twenties, it is much less likely that they are going to stay around for a long time.

Hearing no further comment, Mr. Donchez adjourned the meeting.
**SIGN IN SHEET**

Coordinated Public Transit Human Services Transportation Plan Public Meeting  
Easton City Hall  
123 South Third Street, Easton PA 18042  
Thursday, July 20, 2017  7:00 PM

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