



2021-2024 Coordinated Plan Update for LA County Agency/Service Provider Survey

The following survey questions focus on services provided prior to COVID-19 pandemic protocols (i.e., 2019). A separate section at the end of the survey focuses on current services provided during ongoing COVID-19 pandemic restrictions.

The survey includes five sections with 45 questions and a Project Concept Form with 12 questions. Both the survey and Project Concept Form are important, and, while some information may be duplicative, both are necessary. Please have your operational and budget information available for easy reference.

A. Agency/Organization Information

- a. Name of agency/organization: _____
- b. Department or program: _____
- c. Contact name: _____
- d. Title: _____
- e. Telephone: _____
- f. Email: _____
- g. Mailing address: _____
- h. City: _____
- i. Zip code: _____
- j. Agency website: _____

1. Please provide a brief description of the transportation services offered by your agency/organization (e.g. door-to-door, door-through-door, travel training, mobility management, volunteer driver, travel aide, etc.):

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2. Check the type of agency/organization you represent (check one only):

- Regional public agency
- Local public agency/municipality
- Private, for-profit, transportation
- Private, for-profit, all others
- Private, non-profit, faith-based
- Private, non-profit, all others
- Other, please describe _____

3. Check the delivery method of transportation services provided:

- Operator – transportation provided with full responsibility by agency/service provider
- Contract – transportation, services are contracted out to another entity
- Arrange For – transportation provided by volunteer drivers
- Arrange For – transportation information assistance only, clients responsible for follow-up
- No transportation operated (e.g. informational program)
- Other (please specify) _____

4. Please describe your service area:

- Countywide or
- Specific city or cities (please list):

5. Does your agency/organization coordinate services with another agency(ies) or provider(s)?

- Yes, (please specify): _____
- No

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6. Please provide your service schedule/operating hours (prior to any COVID-19 related changes). If your organization does not provide physical transportation services, please answer N/A:

Day of Week	Operating Hours Please indicate time period (e.g. 7-9am and 5-7pm)
Weekday (Peak Hours)	
Weekday (Off-Peak Hours)	
Saturdays	
Sundays	
24-Hours/Seven a Week	

7. Please estimate the following information (as applicable, prior to any COVID-19 related changes). If your organization does not provide physical transportation services, please answer N/A:

Type of Trips	Weekly	Monthly	Annually
Average number of one-way passenger trips			
Average number of one-way vehicle trips			
Average vehicle miles traveled			
Average number of door-to-door trips			
Average number of door-through-door trips			
Average number of trips assisted by paid travel escorts			
Average number of trips assisted by volunteer drivers			
Average number of trips assisted by volunteer aides			

Note: One-way passenger trips: based on each time a passenger boards/exits the vehicle (round-trip is considered two, one-way passenger trips). One-way vehicle trips: count number of end-to-end trips.

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8. How does your agency/organization assist users with transportation information (check all that apply)?

- Provide users with transit agency passenger guides /schedules
- Refer users to transit agency websites
- Plan trips for users using transit agency guides or websites
- Plan trips for users using Google Transit or an on-line transit trip planner
- Make telephone calls on behalf of users
- Use 211 resources to provide info to users
- Use SAFE/511 resources to provide info to users
- Direct users to travel training resources
- Do not assist or aid users with transportation
- Other _____

9. Is there a fare structure for your transportation services?

- Yes
- No

If yes, how does the fare structure work? _____

One-way peak base fare? \$ _____

One-way off-peak base fare? \$ _____

Discount fares? \$ _____

10. Does your agency/organization subsidize transportation for users by (check all that apply):

- Purchasing transit passes or tickets for users
- Purchasing taxi/Uber/Lyft vouchers for users
- Reimbursing users for mileage
- Providing users with gas cards
- Subsidizing travel training
- Subsidizing travel aides/escorts
- Other _____

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11. Approximately how much did you spend annually on each type of subsidy (in 2019)?

- Transit passes or tickets \$ _____
- Taxi vouchers \$ _____
- Mileage reimbursement \$ _____
- Gas cards \$ _____
- Travel training \$ _____
- Travel aides/escorts \$ _____
- Other: \$ _____

B. Users/Clients Information

12. Number of active users in your program living within LA County:

- _____ Estimated # total users/clients enrolled or on case load lists
- _____ Average # of daily users independently accessing your site
- _____ Average # of daily users needing transportation assistance
- _____ Average # of daily users in wheelchairs

13. Please check population groups that utilize your services and the estimated percentage based on the total number of users/clients (check all that apply, total may exceed 100% due to overlap in groups):

- Seniors, 65+ _____%
- Veterans _____%
- Children & youth _____%
- Persons with limit English proficiency _____%
- Persons with disabilities _____%
- Persons with low income _____%
- General public _____%
- Others _____%

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14. Do any of the following eligibility requirements apply to your transportation service (check all that apply)?

- ADA eligibility
- Age
- Agency membership
- Income Level
- Medical condition
- Place of residence
- Medi-Cal enrollment
- Medicare
- Unemployed
- Other (please specify)

15. For the following trip types, how often do users communicate difficulty meeting their transportation needs (rate all that apply)?

Type of Trips	Often	Sometimes	Rarely or Never
Work/commute trips (7-9 am; 5-7 pm)			
Midday trips (11 am-2 pm)			
Evening trips (7-10 pm)			
Late evening trips (after 10 pm)			
Saturday trips			
Sunday trips			
Essential shopping (groceries, drug store, etc.)			
Medical trips/local doctor or clinic			
Medical trips/regional doctor or clinic			
Dialysis trips			
College or adult education trips			
Middle or high school trips			
Making same day reservations/immediate needs trips			
Escorted door-to-door assistance			
Escorted door-thru-door assistance			
Bus driver courtesy and assistance			
Other (please specify) _____			

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16. How often do your users communicate barriers in terms of access/mobility in transportation services?

Barriers	Often	Sometimes	Rarely or Never
Accessibility/path of travel to bus stop			
Transfers between transit routes and systems			
Trips outside Access Service boundaries			
Long trips within LA County			
Trips outside local service boundaries			
Trip planning and trip information			
Accessibility in/out of the vehicle			
Safety			
Other barriers issues (please specify) _____			

17. Please describe barriers your agency/organization faces in providing transportation services to older adults, persons with disabilities and other target populations (prior to any COVID-19-related changes).

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18. How often do your users communicate difficulty when using technology or a new type of transportation service?

Concerns/Issues	Often	Sometimes	Rarely or Never
Obtaining information			
Instruction on how to use			
Costs			
How complicated it is to use			
Type of apps needed			
Detailed instructions			
Frequency of service			
Travel time			
Connections/access			
Safety			
Other (please specify) _____			

19. Please identify and rank (one as most important and 12 to least important) the following strategies, activities, and projects that you think are important to address gaps in transportation services for target populations over the next four years (2021-2024).

- Ranking #
- _____ New software/technologies
 - _____ Technology assistance programs
 - _____ Supplement current Access Services
 - _____ Procuring new and/or replacement vehicles
 - _____ Capital procurements for equipment, facilities, etc.
 - _____ Operating assistance for programs
 - _____ Mobility management programs
 - _____ Reimbursement programs
 - _____ Information programs
 - _____ Travel training
 - _____ Infrastructure access improvements
 - _____ Safety
 - _____ Other (please specify) _____

C. Operational Information

You're about halfway done! Keep in mind, the following survey questions are focused on services provided prior to COVID-19 pandemic protocols (e.g., 2019). If your organization does not provide physical transportation services, please answer N/A under the question.

20. In terms of your fleet inventory, how many vehicles does your agency/service provider have:

Number of total vehicles: _____

How many of these are owned by your agency? _____

How many are vehicles are leased or rented (available under contract)? _____

21. List the number and type of vehicles:

_____ Large Articulated Bus (> 80 passengers)

_____ Standard Bus (40-60 passengers)

_____ Shuttle Bus (25 passengers)

_____ Van/Cutaway (up to 15 passengers)

_____ SUV or Mini-Van (up to seven passengers)

_____ Sedan or Car (up to four passengers)

_____ Other (please describe passenger capacity) #

_____ Lift or ramp equipped vehicles in your fleet

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22. Please provide the following information based on your vehicle fleet:

Type of Vehicle	Oldest Vehicle Year	Newest Vehicle Year	Average Current Mileage on Vehicles	Average Annual Vehicle Mileage	Average Seating Capacity Per Vehicle	Number of Wheelchairs or Other Mobility Devices that can be Accommodated Per Vehicle
Large Articulated Bus						
Standard Bus						
Shuttle Bus						
Van/Cutaway						
SUV or Mini-Van						
Sedan or Car						
Other						

a. Describe any agency restriction on the use of services and assets (e.g. limited to one target population, not open to the general public, etc.) _____

b. How many vehicles may need to be replaced in the next one to four years:
 _____ more than five years old or exceeding 100,000 miles
 _____ more than six years or exceeding 150,000 miles
 _____ more than 8 years old or exceeding 200,000 miles

23. Method used to acquire rolling stock, equipment or facilities (e.g. leased, purchased, grant, donated, etc.) _____

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24. Please list the number of drivers at your agency/organization:

- _____ Dedicated employee drivers
- _____ Contracted drivers
- _____ Employees who drive in addition to other duties
- _____ Volunteer drivers

25. Regarding coordinated services with other agencies/organizations, is your agency doing, or is interested in the following (Yes or No):

Types of Services	Now Providing?		Interested In?	
	YES	NO	YES	NO
Shared use of vehicles				
Brokered trip dispatching				
Shared maintenance				
Back-up transportation				
Staff training				
Joint procurement				
Coordination of client trips				
Travel training				
Other (please specify)_____				

26. Does your transportation service use travel escorts or travel aides? Yes/No (If yes, list number of staff, volunteers, etc.)

- _____ Dedicated staff (this is their only job)
- _____ Contracted aides or escorts
- _____ Agency staff with other duties
- _____ Volunteers

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D. Capital and Operating Budgets

27. What was your annual operating budget in FY 2019 to provide transportation services?

\$ _____

28. What was your capital budget in FY 2019 to purchase new vehicles, equipment, assets, facilities? \$ _____

29. Is the annual budget amount listed for the total agency/organization or for a particular program/department?

- Total agency
- Program or department

30. What amount of the transportation services were directly funded and/or operated by a public agency in FY 2019? \$ _____ or _____% of overall budget

31. What amount of the transportation services were directly funded and/or operated by a private entity/contractor? \$ _____ or _____% of overall budget

32. What types of funding supports the transportation services/programs? (check all that apply and indicate the corresponding %)

- Federal funds % of total funding _____
- State funds % of total funding _____
- Local funds, not fares % of total funding _____
- Donations/fares % of total funding _____

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33. How did transportation expenses change from FY 2018 to FY 2019?

- Increased
- Decreased
- Little or no change

34. Does your agency/organization anticipate expanding its transportation program (after COVID-19 pandemic restrictions are lifted)?

- Likely to expand
- Maintain services
- Unsure

35. Would your agency/organization participate in a Regional Mobility Management Program for LA County (similar to travel training provided by Metro and Access Services, and coordination provided by 211 LA)?

- Yes
- No
- Unsure/do not know

Why or why not?

36. During the next four years (2021-2024), is your agency/organization planning on applying for Federal 5310 program funds or other funds to support your transportation services/program?

- Yes
- No
- Unsure/don't know

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If we require more detail expense and funding information for your transportation services, who should we contact:

Name: _____ Title: _____
Phone (_____) _____ Email: _____

E. COVID-19 Impacts

Note that, unlike the previous sections of this survey, the following survey questions focus on current services provided **during COVID-19** pandemic restrictions and protocols.

37. Has the delivery method of transportation services changed due to COVID-19 restrictions?

- Yes
- No

If yes, please describe how your service has changed: _____

38. Once COVID-19 restrictions are lifted, do you anticipate returning to pre-COVID-19 transportation services **or** develop a new program for the next five years?

- Return to same services, similar to FY 2019 (pre-COVID-19)
- New program for next four years (after COVID-19 restrictions are lifted)
- Unsure/do not know

Please explain: _____

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39. During COVID-19 restrictions, please provide your service schedule/operating hours:

Service Schedule	Operating Hours
Weekdays (Peak Hours)	
Weekday (Off-Peak Hours)	
Saturdays	
Sundays	
24-Hours/Seven Days a Week	

40. During COVID-19 restrictions, please estimate the following information (as applicable):

Type of Trips	Weekly	Monthly	Annually
Average number of one-way passenger trips			
Average number of one-way vehicle trips			
Average vehicle miles traveled			
Average number of door-to-door trips			
Average number of door-through-door trips			
Average number of trips assisted by paid travel escorts			
Average number of trips assisted by volunteer drivers			
Average number of trips assisted by volunteer aides			

41. Please list the number of drivers currently at your agency/organization during COVID-19 restrictions:

- _____ Dedicated employee drivers
- _____ Contracted drivers
- _____ Employees who drive in addition to other duties
- _____ Volunteer drivers

42. How has your agency/organization's expenses changed during the COVID-19 restrictions?

- Increased
- Decreased
- Little or no change

Please explain: _____

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43. Please describe the greatest barriers your agency/organization faces in providing transportation services to older adults, persons with disabilities, and other target populations during the COVID-19 restrictions.

44. How could you better serve your users/clients during the COVID-19 restrictions?

45. Do you think there are any gaps in service that the Coordinated Plan Update should include related to COVID-19 ?

END OF SURVEY

THANK YOU FOR COMPLETING

