

GEORGIA DEPARTMENT OF TRANSPORTATION

Transit Planning Services

RURAL AND HUMAN SERVICES TRANSPORTATION STUDY - PHASE I ALTERNATIVES ANALYSIS

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EXECUTIVE SUMMARY

Introduction

This report, entitled the *Identification of Alternatives*, is one of a series of reports that collectively make up the Georgia Rural and Human Services Transportation Plan 2.0. Ultimately, the goal of this overall study is to:

Produce a plan and design an enhanced Rural and Human Service Transportation Model that shall increase coordination among public and human services transportation providers and will expand capacity and improve system efficiency and cost-effectiveness.

With this goal in mind, the study provides the project's sponsor, the Georgia Department of Transportation (GDOT) and other state agencies with recommendations to guide and advance the coordination of RHST throughout the state. These recommendations are based on findings from the Needs Assessment Technical Memo, data collected from two sets of regionally-based workshops held in each of the 12 Regional Commissions, and national research.

Georgia spent approximately \$147 million (FY 2010) in federal and state resources funding the RHST providers and supportive administration. In Georgia, there are three major funders of RHST, referenced collectively as the "Big Three." The largest is the Department of Community Health (DHC - Medicaid), which contributes 56 percent for its services. GDOT provides 27 percent and the Department of Human Services (DHS) provides 18 percent of the total resources going towards RHST in Georgia.

Challenges and Opportunities

Challenges for the customer:

- Rural public transportation does not operate everywhere, is limited in terms of service days and hours, and may not always be available when needed; and
- Many customers across the state are uncertain as to how to find out about available RHST resources.

Challenges and issues related to the service providers:

- In some areas, service providers combine compatible trips funded by different programs. This practice saves costs and expands the availability of service; however, there is no clear guidance about how costs should be shared across funding sources;
- Funding and reporting requirements associated with multiple funding programs are challenging for both service providers and the managing agencies; and
- Some service providers may provide only one or two services of the Big Three funders.

Challenges preventing further coordination of RHST funding and services:

- There has historically not been a forum or an incentive for state agencies that fund RHST to work together (with the exception of GDOT and DHS which have established a good history of cooperation);
- Regional boundaries of RHST funding agencies are different;
- The differing regulations and operating requirements, as well as different administrative approaches, make coordination complicated. For example:
 - DCH contracts with three brokers to cover its five regions in the state. The brokers then handle many of the administrative tasks related to contracting with service providers,
 - In the case of DHS, there are several employees at the state level and regional office level that focus on the administration of different DHS programs. For some regions, the Regional Commission staff handles the administration of DHS and contracting with service providers,
 - GDOT administers Federal Transit Administration (FTA) Section 5311 funding programs via direct contracts with 112 recipients, many of which are county governments.
- The state does not have clear cost allocation policies or guidance on how to share costs when passengers funded by different programs ride together, or how to assign costs when a single trip is eligible for more than one funding program.
- There are regional stakeholder groups, but many of these groups focus on transportation funded by single agencies rather than the broader service network. For example, each DHS region has a Regional Transportation Coordinating Committee (RTCC); however, this committee focuses only on the contract approval and oversight of DHS transportation providers.
- The potential for service duplication exists in several regions. In the Northeast Georgia Region, for example, there are four distinct networks of providers: one for rural public transportation, one for DHS transportation, one for senior transportation, and one for Medicaid Non-Emergency Transportation (NET), with several providers covering the same service area. Eliminating such duplication offers better customer service opportunities as well as the ability to expand or provide new mobility options.
- Rural public transportation does not operate everywhere, is sometimes limited in terms of service days and hours, and may not always be available due to overcrowding or trip purpose. Further, DCH providers service statewide, but GDOT and DHS do not.

Opportunities:

- In several regions, there is service redundancy. Within these regions, there is an opportunity to increase operational and management efficiencies and improve access for the users by creating / strengthening the local and regional mobility management infrastructure and establishing a less duplicative service delivery network.
- Three of the Regional Commissions (RCs) have taken a leadership role in the coordination and administration of RHST services. Other RCs are active with coordination of DHS and GDOT services.
- One RC has successfully coordinated DHS human service transportation, Medicaid (NET), and general public rural transportation programs.
- Although boundaries are different, all funding programs use counties as their basis.
- Georgia recently formed the State-level RHST Committee and Advisory Subcommittee as well as a Technical Coordinating Committee (TCC). The Committee and subcommittee are assigned responsibility to review and

report on the existing and suggested improvements to the current RHST provision. The TCC acts as an Advisory Committee to the State Mobility Manager, making day to day decisions on RHST coordination.

Possible State-Level Actions to Address Challenges

- Focus on Top Down (state-level) actions and Bottom Up (regional-level) actions that work in synch to improve RHST service delivery and coordination.
- Support the RHST Committee and Subcommittee and encourage the TCC to become a broad coalition of agencies with a stake in the delivery and funding of RHST.
- Encourage and strengthen the RCs' role in the administration, oversight, and coordination of RHST statewide by transferring management of the GDOT 5311 and DHS Programs to the RCs in order to promote a coordinated approach to service delivery. Connecting this new responsibility to additional grant funding could be a means of incentivizing the Regional Commission to take on this role.
- Establish Cost Allocation and Cost Sharing Policies that will 1) make it easier to coordinate the service delivery of trips sponsored by different funding sources and ensure funding sources are used effectively and appropriately; and 2) improve program management at both the State and local level.
- Streamline state-level reporting requirements to ensure appropriate and meaningful data is collected that strengthens program management at both the state and regional levels.
- Educate Georgia counties and cities about the potential benefits of coordinated RHST programs and how local governments can participate in the funding and management of existing and/or new RHST services.
- RHST services would be strengthened with a dedicated funding source. Finding a suitable funding source may be explored in the long-term. Further, a common entity managing all the major funding sources would significantly enhance coordinated service delivery.

CHAPTER 1 BACKGROUND

1.1 Overview

This chapter builds upon findings emerging from two sets of regionally-based workshops held in each of Georgia's twelve RCs. The workshops were attended by rural public transportation and human service transportation stakeholders (i.e. public transit operators, private and public service providers, and human service agencies) and were intended to assess the status of RHST within each region, focused on key needs and potential service coordination strategies. As a result, a better understanding exists of 1) how RHST is funded, organized, and delivered in Georgia; and 2) the problems and issues that face RHST coordination, service providers, and funding agencies.

These challenges, as well as opportunities to address these challenges, are described in more detail in this report. Ultimately, the goal of this project is to:

Produce a plan and design an enhanced Rural Human Service Transportation Model that shall increase coordination among public and human services transportation providers and will expand capacity and improve system efficiency and cost-effectiveness.

To implement these goals, guiding principles were developed that provide an approach to:

- Build upon existing regional coordination activities, rather than a "One Size Fits All" approach;
- Support and develop regional leadership and champions;
- Apply a progressive approach towards technology;
- Streamline service delivery activities at all levels;
- Utilize existing RHST resources whenever possible;
- Leverage funding sources to benefit service delivery; and
- Work with existing providers regarding delivery concerns.

Coordination experience across the United States has shown that a combination of Top Down and Bottom Up approach, when undertaken concurrently and in a synergistic fashion, provides the best chance of achieving the aforementioned goal. As implied, Top Down strategies refer to direction or guidance the State of Georgia (GDOT, DHS and DCH among other state agencies) can take to ensure coordination requirements are established and implemented consistently throughout the state. Bottom Up strategies refer to steps that can be taken at the regional and / or local level, recognizing that each region is unique and these regions vary in their current state of coordination.

1.2 The Big Picture: RHST Funding in Georgia

Georgia spends an estimated \$147 million annually (FY 2010) on RHST programs alone. Among the largest funders are the DCH, GDOT and DHS, which are collectively referenced as the Big Three. Of these, the largest is DCH, whose budget represents 56 percent of the \$137 million. GDOT's funding programs represent 27 percent of the \$137 million and DHS' transportation programs represent 18 percent of the \$137 million. These departments and their programs are detailed below:

- DCH is responsible for administering and funding Medicaid Non-Emergency Transportation (NET).
- GDOT is responsible for administering the rural public transportation program funded through the FTA Section 5311 program (as well as other FTA funding programs that support urban public transportation).
- DHS, which is responsible for various human services programs, including senior services and Temporary Assistance for Needy Families (TANF), that fund or sponsor client-related transportation, as well as FTA Section 5310 which contracts transportation services for seniors and persons with disabilities.

Other departments with an RHST role include Department of Labor, Department of Corrections, Veterans Services, and Department of Education, among others. For a detailed breakout of all departments and agencies directing funding to RHST, please see the Georgia Rural and Human Services Transportation Plan 2.0, Needs Assessment Technical Memorandum.

Examples of RHST coordination in Georgia include:

- The DHS coordinated system operates through a series of purchase of service (POS) contracts within each of the 12 regions. Service providers vary from region to region, but generally include a mix of private governmental entities (typically RCs, Community Service Boards [CSB], and/or private entities).
 - In many regions, the RC or another community service provider serves as a prime contractor to the DHS region and provides overall contract management in coordination with the DHS Regional Transportation Coordinator, while holding sub-contracts with additional entities that provide the transportation services to the end user.
 - In some cases, these services are provided through existing 5311 systems located in rural counties throughout the state. Also, DHS transportation service providers also provide transportation funded through the DCH NET program in some areas. As a result, compatible trips from different funding sources may be co-mingled on the same vehicles.
- In the Southwest Georgia, Coastal Georgia, and the Three Rivers Regions, the service delivery network is organized with limited duplication. In these regions, GDOT funding goes directly to the Regional Commission (RC) in which they administer contracts with transportation carriers that provide both DHS-funded service and rural public transportation.
 - In the case of Southwest RC, they are also the Medicaid broker, resulting in a single entity that coordinates service delivery for the three major funding programs.
- In most of the RCs, a group of stakeholders that are acting as a regional coordinating council already exists. Often, this RTCC is centered on DHS service, but in several regions, including Coastal Georgia and Georgia Mountains, the focus is broader to address RHST, in general.

1.3 Challenges and Opportunities

As evidenced from the Needs Assessment Technical Memorandum, there are both significant challenges as well as opportunities in advancing the coordination of RHST in Georgia. These challenges and opportunities are highlighted below.

1.3.1 Challenges

- Rural public transportation does not operate everywhere, is limited in terms of service days and hours, and may not always be available. People who are dependent on RHST have difficulty getting to where they need to go for work or to access other basic services because the services do not operate where or when it is needed most.
- Geographic boundaries are not consistent across transportation programs. DHS works within 12 regions, which coincide with RCs, while DCH has established five, larger brokerage regions. Both use county boundaries as a basis, but the boundaries of the 12 DHS regions do not coincide into the five DCH brokerage regions. Meanwhile, GDOT's service areas tend to focus at the city or county-level and are typically limited by local political boundaries. Although service is provided locally, this difference in regional and service area boundaries does not prevent the coordination of service delivery. However, the difference challenges the development of regional mobility management services.
- In some of the less coordinated regions there are ample examples of service duplication, with three different provider networks covering similar geographic areas (and similar types of trips).
- In some regions where some stakeholders meet to discuss transportation issues, the group is not always inclusive and focusing only on the DHS network, rather than the broader network of RHST services.
- Administration is not consistent within DHS:
 - Some transportation grants go to the DHS regional office and are administered by DHS coordinators; some are transferred to the RCs and administered by RC staff; and some have a combination of both entity administration.
 - Not all DHS transportation programs are included in regional grants and service provider contracts.
 - The service providers' administrative burdens associated with different reporting requirements are challenging (this also applies to those funded by GDOT and Medicaid).
- Some DHS programs (i.e., TANF) reimburse service providers at a higher trip rate than other programs. This results in most providers likely prioritizing higher paying trips over lower paying trips. This practice also creates budget issues for some transportation providers because the provider then relies on a certain number of the higher paying trips to balance budgets. If these higher paying trips were not part of the mix, some transportation providers may struggle to keep in business.
- The service providers in less coordinated regions sometimes have taken on the mantle of coordinating compatible trips funded by different programs. It is these providers who often decide what program(s) to charge for the transportation of a certain trip. On the positive side, this flexibility often enables the provision of transportation services to customers/clients who otherwise wouldn't be transported. On the negative side, these decisions sometimes favor the financial interests of the service provider which can sometimes result in certain customers not being able to access services at desired/needed times.
- GDOT is managing 114 5311 grants which becomes a time consuming and laborious process.

- In the invoicing or rate calculation process, with the exception of the Coastal Georgia and Southwest Regions, there is no consistent way in which costs are allocated/shared in cases where trips funded by different funding streams are co-mingled.

1.3.2 Opportunities

The good news in striving to meet the ultimate goal and conform to the guiding principles is that there are many best practices, building blocks and precedents within the state that can be harnessed. Numerous best practice examples from other states can also help shape the next steps for Georgia. It will be a key priority to set up a clear pathway to a sensible statewide coordination infrastructure.

As mentioned previously, most successful statewide coordination efforts have benefited from both a Top Down (state) and Bottom Up (regional/local) components. In the next chapter, we identify and explore a number of opportunities for the State of Georgia to consider pursuing in order to address the problems and issues identified above, with the ultimate goal in mind. These include:

- Expand the State-Level coordinating councils;
- Establish a coordination infrastructure design'
- Manage the 5311 program through a regional structure;
- Establish a Cost Allocation/Cost Sharing Model and policy controls on Cross-subsidization;
- Streamline required reporting and software system roll-out;
- Develop an educational/awareness campaign aimed at local governments; and
- Explore options for innovative dedicated state funding.

Chapter 2 STATEWIDE TRANSPORTATION COORDINATION OPPORTUNITIES IN GEORGIA

Consistent with our Top Down and Bottom Up approach, coordination opportunities will first focus on potential coordination activities at the state level. These include recommendations to:

2.1 Expand the State-Level Coordinating Councils

As of 2004, at least 38 U.S. states had established state-level inter-agency councils or advisory committees focusing on the coordination of community transportation services, while 25 states (some of them overlapping with the 38 states above) had either established Memoranda of Understanding (MOUs) or informal agreements between the State Department of Transportation and the State Department of Human Services. In addition, 19 of those 38 states had also established statutes or legislation requiring some level of coordination of community transportation services.¹

As a result of HB 277, Georgia is an example of a state that has established state level oversight of RHST coordination through the Georgia Coordinating Committee for Rural and Human Services Transportation (RHST Committee) and the State Advisory Subcommittee of Rural and Human Services Transportation (RHST Subcommittee). The RHST Committee is comprised of five individuals appointed by the Governor, noting that the GDOT Commissioner is an ex-officio member of this committee. The RHST Subcommittee has the following composition:

- Chair - Commissioner, Department of Transportation (GDOT);
- Governor's Development Council (GDC);
- Commissioner, Department of Community Health (DCH);
- Commissioner, Department of Human Services (DHS);
- Commissioner, Department of Labor (DOL);
- Commissioner, Department of Community Affairs (DCA);
- Superintendent, Georgia Department of Education (DOE); and
- Commissioner, Department of Behavioral Health & Developmental Disabilities (BHDD).

Prior to the legislatively-ordained formation of this subcommittee, two other departments were considered for the subcommittee:

- Commissioner, Department of Economic Development (GDEcD); and
- Commissioner, Department of Veterans Service (VS).

Most other states have also included division heads under the DHS; this might include the Division of Aging Services, the Division of Services for Persons with Developmental Disabilities and the Division of Vocational Rehabilitation, to name a few. Still other states have included representatives from private non-profit organizations that have a role or interest in

¹ Transportation Research Board, TCRP Report 105, Strategies to Increase Coordination of Transportation Services for the Transportation Disadvantaged, 2004.

funding RHST services (e.g., United Way) as well as advocacy organizations (e.g., AARP and Independent Living Centers). Some states have also sought membership from the business community under the premise that improved/expanded mobility increases the sustainability of a community/region. Table 2.1 illustrates examples of SCC memberships from other states.

The gray cells in the chart provided in Table 2.1 highlight the commonalities between Georgia's RHST Subcommittee and the SCCs from these other selected states. However, the other states' coordination councils are more representative than Georgia's. It is recommended that the State of Georgia expand the RHST subcommittee to include DHS division heads (or designees) as well as representatives for private non-profit organizations that have a statewide stake in RHST transportation and possibly representatives from the business community as well.

Table 2.1: SCC Membership from Other States

	Georgia	Florida	Idaho	Iowa	New Hampshire	North Carolina	Ohio	Washington
FEDERAL								
Federal Transit Administration				X				
STATE DEPARTMENTS/AGENCIES								
Governor's Office			X					X
Agency/Governor's Commission on Persons with Disabilities/ Developmental Disabilities	X	X	X	X	X	X	X	
Commission on Indian Affairs						X		
Department of Children and Families		X					X	
Department of Commerce						X		
Department of Community Affairs	X							
Department of Health and Human Services/Welfare/Community Health/Medicaid	X	X	X		X	X		X
Department of Human Rights				X				
Department of Education	X		X	X	X	X		X
Departments/Divisions of Elder Affairs/Aging		X	X	X			X	
Department of Labor/ Workforce Development/ Employment Security	X	X		X		X		
Department of Public Health/ Mental Health				X			X	
Department of Transportation	X	X	X	X	X	X	X	X
Division of Vocational Rehabilitation			X					
Rural Development Council	X							
NON-GOVERNMENTAL AND SEMI-PUBLIC ORGANIZATIONS								
Advocacy/Service/Community-based organizations (i.e. Easter Seals, Independent				X	X			

	Georgia	Florida	Idaho	Iowa	New Hampshire	North Carolina	Ohio	Washington
Living Centers, United Way, AARP)								
Educational Agencies (i.e. Head Start, Association of School Boards, or similar)			X	X		X		X
Transportation Association (i.e. Public Transit Association, Community Transportation Association, etc.)			X	X				X
Veterans Affairs		X		X				X
COUNTY/LOCAL REPRESENTATION								
Business Community representatives		X			X			
Community Colleges						X		
County Administrator/Manager/ Commissioners or other		X		X		X		X
Consumer Representatives (seniors, persons with a disability, etc.)		X						X
MPO/RC Representatives				X	X			X
Transit Agencies					X			

KEY

Potential additions for GA

2.1.1 Lessons Learned/Applicability to Georgia

Membership in the state-level council should be as inclusive as possible in order to get multiple perspectives and widespread buy-in. All of the states reviewed include representation from key state agencies. Some of the councils also include the Department of Education, Head Start, and the Association of School Boards. Three of the state-level bodies also have representations from additional stakeholder organizations such as an Association of Counties or County representative, a League of Cities, the state's Public or Community Transportation Association, Veterans Service, and United Way.

Most importantly, the SCCs in all these states have the ability to make decisions regarding coordination policies and the coordination infrastructure. While all provide – either directly or indirectly – significant technical assistance, it is the councils that provide incentive/seed funding and/or require coordination (with the power to withhold funding for non-compliance) that have successfully overseen the establishment of coordination efforts on the local/region level.

In order to be most effective, a SCC should also have resources it needs to staff and house the council. Often, the staff is provided through the state's DOT, but other options are possible as well. Furthermore, the SCC should establish and regularly update an agenda to identify priority projects and an action plan to carry them out.

2.2 Establish a Coordination Infrastructure Design

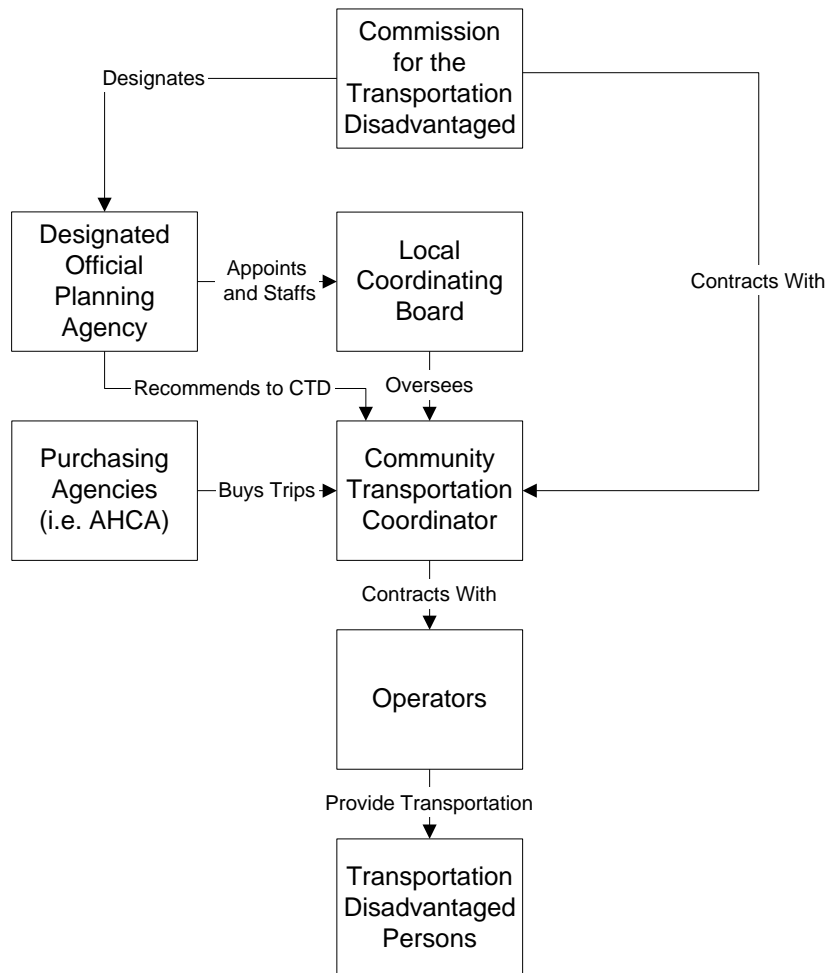
Most states considered as best practices in the field of RHST have 1) instituted local coordination on a county-based or regional level; and 2) have instituted this kind of framework for coordination with a legislative act or an Executive Order. Coordination infrastructures have been established by legislation in Florida, Iowa, Maine, and Pennsylvania, and by Executive Order in Kentucky, Maryland, and North Carolina.

2.2.1 Florida

One of the major functions of the state-level Commission for the Transportation Disadvantaged (CTD) is to designate the official Planning Agency for each county or region which in turn appoints and staffs the Local Coordinating Board (LCB). The official planning agencies include 24 MPO/TPOs, six regional planning commissions, and seven other entities. The LCBs are staffed by a member of the official Planning Agency. The LCBs along with the official Planning Agencies recommend Community Transportation Coordinators (CTC) to the CTD, which then contracts with each CTC for the provision of transportation in their respective areas.

Currently, there are 49 CTCs covering 67 counties; hence, while most cover a single county, there are some that cover a multi-county region. Once the CTCs are established, sponsoring agencies may purchase service for their clients through the CTD or directly from the CTC. The service delivery structure varies by county. Most of the CTCs directly provide transportation or sub-contract operations, or both. In some counties/regions, ADA paratransit service goes through the CTC. In other counties, it is a separate system.

Figure 2.1 Organization of Florida's Coordinated Transportation Program



2.2.2 Iowa

The state legislation that established the State-Level Transportation Coordinating Council also 1) established 16 regions, each with designated transit agency to lead the coordination efforts in that region; and 2) required that all agencies spending public funds for passenger transportation (including Medicaid-sponsored NET, but excluding school transportation) must coordinate or consolidate that funding with the lead coordinator in their region. Thus, these lead transit agencies must coordinate planning for transportation services at the urban and regional level by all agencies or organizations that receive public funds and that purchase or provide transportation services.

The State-Level Transportation Coordinating Council has also been instrumental in the formation of regional Transportation Action Groups (TAGs) that basically function as a regional coordinating council, with the metropolitan planning organization (MPO) that covers the region (in some regions there is more than one) driving the planning process.

2.2.3 Kentucky

In 1999, the Kentucky State legislature mandated that community transportation services be coordinated through a brokerage structure that covered the entire state. Vested with the responsibility to set up this structure, the Kentucky

Transportation Cabinet (KYTC - the equivalent of the State DOT) established 16 regions, and would select brokers through a competitive procurement process. Of the 16 current brokers, 11 are transit agencies/providers, three are taxi companies, and two are private brokers – one for-profit and one non-profit. The state departments of Medicaid and Families & Children purchase service through these brokers, with rates established for each region. The brokers, many of them providers themselves, all have a network of sub-contracting operators, who they also use for service delivery. For Medicaid, the brokers also perform the gate-keeping function and are paid a per-capita rate. The general structure of this is very similar to Georgia's DCH program.

2.2.4 Maine

In the late 1970's, Maine passed a law requiring the Departments of Transportation and Human Services and the former Department of Mental Health and Mental Retardation to coordinate the planning of transportation. Taking the lead, the Maine DOT designated nine Regional Transportation Providers (RTPs). Some of the regions cover single counties; others cover multiple counties. (There are 16 counties in Maine.) Various funding sources for community transportation (30 to 40 in all) are funneled through these RTPs, including DCH NET services, which comprises about 80 percent of all transportation funding in Maine and is coordinated through the RTPs. Other agencies sponsoring large volumes of trips include Child Development Services, MH/MR, and senior programs.

Of the nine RTPs, some are transit agencies, while others are community action agencies. All have fleets of vehicles, subcontracts with taxi companies, and a volunteer driver program. The planning functions are the responsibility of the counterpart regional planning agencies.

2.2.5 New Hampshire

In New Hampshire, the SCC was charged by the enabling legislation to establish a regional infrastructure, with each region guided by a Regional Coordinating Council, which in turn will designate a Regional Transportation Coordinator or lead agency. In New Hampshire, the suggested regions from the 2006 Statewide Coordination Plan were adopted, with some minor changes. Some of the regions are consistent with county boundaries; however, most are not and straddle county boundaries and planning district boundaries. Instead, the boundaries of the 10 Community Transportation Regions were largely based on the service "reach" of the existing community transportation providers, some of which were already coordinated in some fashion, and many of which had historical funding relationships with towns in their catchment areas. To date, nine of the 10 regions have Regional Coordination Councils, designated lead agencies, and action plans for strategies that will be funded with some 5310 funding made available by the NHDOT for contracting. Some of the lead agencies are transit agencies (public and private, as well as non-profit), some are Community Action Programs, some are senior centers, and some are regional planning commissions.

2.2.6 North Carolina

In North Carolina, a county-based coordination structure was established by the same Executive Order which created the North Carolina Human Service Transportation Council. There are 100 counties in North Carolina.

North Carolina DOT created a block grant program that consolidated community transportation funding, and that each county must have in place a coordination plan in order to be eligible for those block grants. Three additional pre-requisites for block grant eligibility are: 1) a transportation advisory or governing board must be established; 2) there must be a lead coordination agency designated; and 3) the lead agency must have a Memorandum of Understanding (MOU) with each of five core agencies which include the Departments of Social Services, Aging, Mental Health, Health, and Vocational Rehabilitation.

In most of the 100 counties, the lead coordination agency is a department of the county or an independent transit agency. In a handful of counties, a private non-profit agency serves as the lead coordination agency. Note that the

block grant is provided to the lead coordinating agency. Capital and project administration activities associated with local coordination projects are among the costs that can be covered by these block grants. It is also important to note that NCDOT is currently offering incentives for counties wishing to regionalize.

2.2.7 Lessons Learned/Applicability to Georgia

In all of the examples above, and several other states, a formal infrastructure for coordination has been established. As mentioned in the previous section, this has typically involved a bi-level oversight structure with 1) a state level transportation coordinating committee to put policies in place to either foster coordination or to put into practice coordination requirements that have been ordained by Executive Order or the State legislature, and 2) county or regional-based coordinating councils to put these policies into practice and to otherwise foster, implement, and oversee coordination activities on the regional/local level.

In many cases, it has been the state-level coordinating council or one of its member agencies (typically the DOT) that specifies the regional/local infrastructure design. In many cases, the basic building block for the infrastructure design has been the county, especially if most community transportation funding flows through county departments and/or if counties are particularly strong in that state. Often in such structures, the formation of multi-county efforts are left to the counties themselves and/or encouraged through the use of incentives. Resulting regional efforts may follow along the lines of dominant inter-county travel patterns or other linkages (to the provision of non-transportation services). In these cases, the multi-county efforts occur organically, rather than through an imposed regional structure.

Some states have defined community transportation regions that cover the state, much like the 12 DHS regions and the five DCH broker regions in Georgia. The premise for regionalization is: 1) it takes into account -- and better addresses -- where people need to go, particularly the need for and provision of inter-county trips that depend on community transportation; 2) it simplifies statewide administration and technical assistance; 3) it takes advantages of existing coalitions and stakeholder councils and provides a closer examination for prioritizing projects; and 4) it is easier to identify a local/regional champion and lead agency. Whether local coordination is organized at the county or regional level is not as important as the fact that a local or regional coordinating council be established to help figure out what coordination efforts make sense for their area and how coordinated service delivery might be accomplished.

Both DCH and DHS have regionalized the management of their respective transportation programs, DCH through its five broker regions and DHS through its 12 regions. It makes more sense to utilize the 12 RC regions as the initial building block for regional infrastructure for Georgia's coordination for the following reasons:

- GDOT already contracts with the RC in the 3 of the 12 regions.
- In most cases, DHS programs are already aligned with and incorporated into the Regional Commission institutional infrastructure.
- As a result of the SAFETEA-LU coordination planning efforts, the State Public Transit-Human Services Transportation Coordination Plan focused on these 12 regions, as has the current study by way of regional workshops. Indeed for many of these 12 regions, there is also a lead agency (in many cases a RC) who has taken the lead in coordinating RHST in their region as well as an advisory committee of key stakeholders that has been established.
- Groups of regional stakeholders have already been formed for most of these 12 regions. These groups would form the nucleus of the Regional Coordination Council for each of the 12 regions. However, because the focus of several of these groups is on DHS funded transportation services; their focus would need to be broadened to also include rural public transportation.

These 12 regions could then be renamed “RHST” regions; however, DHS Region 3 (Atlanta) does not have an abundance of rural transportation. A suitable alternative would be to name the regions “Community Transportation Regions” following a trend across the U.S. to lump all human service transportation and public transportation services under the moniker “community transportation.” In order to foster inclusivity for the same reasons as was suggested for the state-level, and to pave the way for more funding participation on the local level, it is suggested that the coordination efforts be guided by a Regional Coordination Council (RCC), and the RCC, in conjunction with the SCC (or GDOT and DHS), would designate an RHST (or Community Transportation) Mobility Manager, defined as an individual, or a Regional Community Transportation Coordinator, a lead agency, whose responsibilities would be to establish an efficient, non-duplicative service delivery structure for its funding agencies. Several of the existing RCs have already taken this step and can serve as models for other regions who wish to follow suit. In the establishment of these regions, either by legislative enactment or Executive Order, it should be made clear that the coordination of RHST service within each Community Transportation Region will be the responsibility of the RHST Mobility Manager or Regional Community Transportation Coordinator.

With this regional infrastructure in place, GDOT could regionalize the administration of its 5311 program as discussed below. Looking toward the future and the possible integration of Medicaid into this infrastructure it might make sense to revise the boundaries of the 5 DCH regions so that they follow along the boundaries of the Community Transportation Regions.

2.3 Manage the 5311 Program through the Regional Structure

2.3.1 Short Term Approach

With a regional coordination infrastructure in place, GDOT would have the opportunity to greatly simplify the administration of its 5311 program. With the RC recognized as the coordination entity, GDOT could have 12 contracts with the RHST RTCs in each of the 12 regions instead of the current 114 service contracts it currently administers. This would simplify the administrative burden for GDOT while allowing GDOT to maintain its responsibilities and its mission. GDOT also has more direct control over the outcome.

2.3.2 Long Term Approach

This technical memorandum also submits for consideration that either approach paves the way for yet an entirely new model of managing RHST transportation in the State of Georgia. That is, the creation of a RHST office that oversees RHST funding, the network of RCCs and RTCs, and ultimately the delivery of coordinated RHST service. This model is suggested based on the organizational experience of two states: Florida and Massachusetts.

- **Florida.** By legislative statute, Florida created the Commission for the Transportation Disadvantaged (CTD), a public state-level entity which now coordinates much of the funding for RHST in Florida. This includes some FLDOT funding, AHCA (Medicaid) funding, some other state-level human service agency funding, and funding dedicated to the CTD to help sponsor customers whose trips are not subsidized by one of its funding partners. The CTD then contracts directly with the Community Transportation Coordinator (lead coordinating agency) in each region/county.
- **Massachusetts.** The Commonwealth of Massachusetts’ Executive Office of Health and Human Services (EOHHS) established a Human Service Transportation (HST) office in 2001 to manage and coordinate human service transportation through a network of regional brokerages managed by Regional Transportation Authorities (RTAs). The three funding agencies are 1) MassHealth which funds DCH NET and transportation associated with day habilitation (DayHab) programs; 2) the Department of Developmental Services (DDS) which funds transportation associated with supported employment workshops and residential supports; and 3) the Department of Public Health (DPH) which funds transportation associated with early intervention programs for children and families. While there is no MassDOT funding that runs through the HST office, the regional

brokerages are all MassDOT-funded regional transit authorities, and hence, with the HST office contracting with each regional RTA/broker, the coordination of HST funding occurs at the state level, while the coordination of rural public transportation and HST service delivery occurs at the regional level.

If a joint GDOT/DHS office of RHST were to be established, it would 1) oversee the funding; and 2) oversee the regional coordination structure and regional partners. In this model, GDOT and DHS would get equal footing. The RHST office would contract with each of the RTCs. The SCC would in effect be the RHST office's board of directors. And, such an office paves the way for merging in DCH / Medicaid in the future, as was done in both Florida and Massachusetts.

Such a strategy would likely require a legislative action or Executive Order. While posed as a long-term approach, only because it may take longer to institutionalize, there is no reason why the State of Georgia could not opt to adopt this strategy from the get-go, assuming, of course, that it has the support of both GDOT and DHS for such a strategy.

2.4 Establish Cost Allocation/Cost Sharing Policies and Controls on Cross-Subsidization

2.4.1 The Importance of Cost-Sharing

The importance of cost allocation and cost-sharing policies to coordinated transportation programs cannot be underestimated. All participants (and especially funding organizations) must have a common understanding and agree upon a fair way to share the costs of a coordinated system. Without such a methodology, prospective funders with a choice may not be inclined to participate in such a system, as there would otherwise be few assurances that these sponsors' funding is not being used to cross subsidize another sponsor's trips.

Whenever there is a situation in which two or more customers are being transported in a vehicle at the same time and those customers are sponsored by different organizations/programs, each sponsoring organization is interested in making sure that it only pays for its share of the service and that it is not subsidizing the transportation of the other riders. As mentioned above, this concern can be a major obstacle to an organization participating in the coordinated system, at the state or regional level. More often, a lack of such a cost-sharing policy or practice, a policy or practice that appears to favor one sponsor over the other, and/or a policy that is inherently flawed or inaccurate can prove to be a stumbling block in creating a coordinated system. This is why most coordinated systems – and a few states – have developed some policy or practice to split or apportion the cost of providing shared service to customers sponsored by different organizations.

Note that cost-sharing applies more to dedicated service, where a vehicle is exclusively used in the coordinated system for a certain period of time during the day, and less to non-dedicated service providers (such as taxis and most volunteer drivers), which are used to augment the dedicated service and typically provide exclusive rides. Also, it is important that a state-wide cost allocation and cost sharing policy/model be flexible enough to accommodate regional differences and an array of common rate structures – both for invoicing agencies and paying service providers.

2.4.2 The Importance of Having a Statewide Policy for Cost Allocation and Cost Sharing

It is suggested here that it would be in Georgia's best interest to have a statewide policy for cost-sharing for two very practical reasons:

- **Agency Buy-In.** Rather than have each region develop its own model, it only makes sense to have a model that each state level funding partner has approved of. This will also facilitate any state agency auditing that may be required. Conversely, if each Mobility Manager/Regional Community Transportation Coordinator has its own way of cost-sharing, it will be a challenge for state officials to validate the accuracy of costs.

- **Software Support.** GDOT is in the process of a software system procurement to support coordinated paratransit and mobility management. It would be easier and less costly for the software vendor to develop/support one cost allocation/cost sharing approach as opposed to 12 different approaches (one for each of the 12 regions).

Both Florida and North Carolina have a statewide model that is used by regional/local coordinated systems to develop a unit cost and rate pertinent to each sponsoring agency. These are described below. New Hampshire is also currently considering the adoption of a statewide model.

- **Florida.** The Florida CTD's statewide cost allocation method/model (that has been blessed by AHCA) is based on grant accounting principles used in the TD Program. The method is built upon three years of both historical and projected budget data, and provides fully allocated rates with local ability to adjust rates in mid-period.
- **North Carolina.** In North Carolina, the statewide cost allocation method/model is based on grant accounting principles used for the Coordinated Transportation Program, and is built upon historical data (from an analysis of service) and projected budget data. This end product is a fully allocated rate for demand responsive service, noting that the locals have the ability to adjust the rate based on subsidy considerations.

Both of these similar models enables a regional Mobility Manager/Regional Community Transportation Coordinator or service provider to 1) itemize all of its costs; 2) apportion those costs to each funding sponsor based on historic ridership of that sponsor and the extent to which those trips are co-mingled with trips sponsored by other organizations; and 3) develop a unit cost per each sponsor (e.g., a rate per trip, per hour, vehicle mile, or passenger mile) for invoicing purposes. Examples of alternative approaches to cost sharing and invoicing are discussed below.

For the purposes of this discussion, it is important to distinguish between establishing costs that pertain to each sponsoring agency and invoicing each agency for those costs. Examples of each are found in Appendix A.

2.4.3 Applicability to Georgia

Either the Florida or North Carolina cost allocation / cost sharing model could be adopted by the State of Georgia. This alone should eliminate any issues that GDOT may have about cross-subsidization. Adoption of a statewide model would also pave the way for the integration of DCH / Medicaid into the RHST structure.

2.5 Streamline Required Reporting and Software System Roll Out

One of the major issues identified in the workshops by service providers is the administrative burden required to track service and produce reports for funding agencies. As each program requires its own reporting requirements the burden increases. Even within the DHS, each different program requires its own set of reports and reports in different formats, which can discourage potential providers. For those service providers that are providing 5311-funded rural transportation and are in the DHS network and contract with the regional Medicaid broker, the administrative burden can be enormous. Service providers request a common reporting format that accommodates the requirements of each funding sponsor. The goal of a common reporting format is explicitly intertwined with the software that is used to support and track service data. GDOT is in the process of acquiring software in order to support paratransit/demand-response service functions and other mobility management functions of its 5311 providers.

As lead agency for procurement and implementation of the new software, GDOT should give careful thought as to how best to initiate its use and how to tailor its capabilities for each region. Given some of the organizational and infrastructure actions suggested above, GDOT may wish to directly consult with DHS, the RCs, and the providers to develop a plan on how the software system might best be rolled-out, especially because 1) some of the prospective RCs

and current providers in the network are using other software packages; 2) many of the stakeholders are unaware of what GDOT is planning; and 3) the state and the software users would benefit from consistent training.

A Task Force composed of representatives of transportation providers who handle reporting, RC staff involved in reporting, and staff from relevant state agencies who work with reports could be established to accomplish three objectives: 1) to develop a common, streamlined reporting format that accommodates the reporting needs of all (or the Big Three) funding sponsors; 2) to produce a business model for how a common software product will be used by the various Mobility Managers/Regional Community Transportation Coordinators and service providers (and sponsoring agencies, depending on what entities are responsible for determining client/customer eligibility); and 3) to develop a plan for implementation. The business model is especially important as it identifies what collective set of functions are undertaken by each entity (noting that this will vary from region to region), how the software product supports these functions or does not support these functions, who is responsible for each function (including hardware/software maintenance), and whether the software product's current reporting capabilities will be able to track the data required for the common report and whether it can produce the common report. For example, an ad-hoc report capability may need to be added to the software.

2.6 Develop an Educational/Awareness Campaign Aimed at Counties and Cities

One of the findings from the workshops was that those counties with 5311-funded rural public transportation service in place find the services to be needed and well-used, but many other counties without such rural public transit see very little need to start up and maintain such service and expend the resources to do so. However, it is through the coordination of DHS and rural public transit that efficiencies can be achieved and savings on service can be translated into more rides, more destinations served, and longer hours of operation.

Education is one of the key elements of encouraging more buy-in by counties. There are several components to the education process, which are dependent upon the region's existing level of coordination. Educating elected officials regarding the growing need for transit, the opportunities for leveraging funding, and the need for funding to better coordinate services where public transit does exist are three priorities in generating support for services.

Providing information on the significant and growing need for rural public transit to elected officials in cities, but especially in counties without 5311-funded service currently, would significantly aid in the expansion of such services within the state. At one workshop, attendees suggested that a component of the third phase of this study be a symposium, taking place at the monthly Regional Council Meeting, at which a County Commissioner representing each county within the region is present. During this symposium, data on the population projections for those groups most needing this service would be provided. Attendees agreed that laying this information out for public officials would help to "sell" transit. There would also be a presentation on rural public transit from an in-region county with well-functioning service, which would serve as a good peer testimonial as to the importance of creating and maintaining public transportation.

One of the major hindrances to starting up rural transit service cited by many workshop participants is that of generating the local match to establish and maintain the service. Some regions or counties within regions have determined how to leverage non-5310 DHS funding to serve as a local match for 5311, reducing the amount the county or city must provide. In certain instances, a private provider has covered the local match so that service can be set up. Addressing concerns elected leaders have about the financial requirements of transit service and providing detailed information regarding the creative approaches other counties and regions have utilized will be helpful in bringing more counties into rural public transit service.

The final component in increasing awareness of the importance of transit service is making sure that those counties who do implement rural transit, or those who have it currently, allow and encourage the coordination of this service with DHS transportation (and DCH NET, if possible.) The greatest cost savings, which can then be utilized to serve more trips, can be achieved through coordinated service. This education is particularly important for those counties that already have 5311-funded transit in place, as many do, but which have not elected to coordinate this service. At a symposium similar to the one described above, the financial benefits of coordination can be shared. For those regions that are fairly sophisticated in their level of coordination, concrete guidance can be shared regarding establishing a sub-regional transit system, such as Three Rivers Transit, with a presentation from that organization.

One final aspect of an education campaign, which could be incorporated as appropriate, is the need for improved public awareness of rural public transit services, which was shared by attendees at a workshop. Utilizing a Bottom Up Approach in generating among the general public an understanding and recognition of need for coordinated RHST in the counties and region can put the political pressure from voters on elected officials to make the money available for such services. The specifics of such a campaign would depend upon the level of coordination within the region and the resources available for such an effort.

2.7 Explore Options for Innovative Dedicated State Funding

Clearly, states that have a dedicated funding source for coordinated community transportation are more likely to sustain services long term, and are in a better position to expand and enhance services. The Florida Transportation Disadvantaged Fund, discussed above, provides a dedicated funding source for transportation-disadvantaged persons whose trips are not sponsored by another federal or state program. Three other dedicated funding programs – from Pennsylvania, New Jersey, and Oregon -- are discussed in Appendix B.

2.7.1 Lessons Learned/Applicability for Georgia

As a first step, it is suggested that a Coordination Fund be established, either by legislative action or Executive Order, similar to the Transportation Disadvantaged Fund in Florida, or others discussed above. A “Coordination Fund” was also established in the State of New Hampshire by legislation, but without a dedicated funding source to populate it.

The Coordination Fund should be overseen by the RHST Committee or Subcommittee or, if an RHST Office is established, by the RHST office. The initial purpose of the Coordination Fund would be to help the regions by providing supplemental local match money to leverage federal and local funding required by them to implement regional strategies designed to enhance the coordination of RHST services (e.g., the consolidation of call-taking functions at the regional level and a one-stop regional access point for information) as well as other mobility management strategies (e.g., using Coordination funds to develop a volunteer driver system and/or to match county/local funding for a taxi subsidy or flex voucher system).

A longer-term purpose of the Coordination Fund could mirror that of Florida’s Transportation Disadvantaged Fund to subsidize the trips of Georgia residents who are dependent on HST funding but who “fall through the cracks” and, specific to the proposed Georgia system, for those who also fall outside the rural public transit service area.

Chapter 3 REGIONAL TRANSPORTATION COORDINATION OPPORTUNITIES IN GEORGIA

The previous chapter identified and discussed possible actions that could be taken at the state level to advance human service coordination activities. At the same time, a Bottom Up approach focuses on the strategies more appropriately developed and implemented at the local level. This chapter discusses potential Bottom Up Actions that each of the regions – or specific groupings of regions -- can also undertake to achieve the goal of improving mobility and access for persons dependent on RHST service in their regions -- through better coordination and harnessing the resulting efficiencies and leveraged funding to expand service and/or introduce new mobility options. The first part of the chapter is dedicated to discussing the role of a Mobility Manager/Regional Community Transportation Coordinator in implementing further coordination efforts in each region. The second part of the chapter discusses twelve potential pilot projects, including one with a Mobility Manager approach, under consideration for the next phase of the Study.

3.1 Mobility Manager Approach

In Chapter 2, this technical memorandum introduced the concept of an RHST Mobility Manager (or Regional Community Transportation Coordinator, which would be a lead agency) that would be designated by the Regional Coordination Council (RCC) in conjunction with the State Coordination Council (SCC) or RHST Office. This Mobility Manager/Regional Community Transportation Coordinator would be the focal point of organizing the coordination of RHST service delivery in the region, much like is done by the regional DHS office in some regions for DHS transportation and the RC in other regions for DHS transportation or DHS/rural public transportation, and in one region for DHS transportation, rural public transportation and DCH NET.

The RHST Mobility Manager/Regional Community Transportation Coordinator would also be the focal point for other mobility management services that the RCC wishes to pursue. This could range from putting together, disseminating, and maintaining a regional directory of RHST services to implementing new mobility options such as a volunteer driver program or flex voucher system to helping orchestrate joint procurements and/or shared support functions among the region's service providers.

The study suggests three key areas of focus:

- **Administration**
 - Reporting
 - Regulations
 - Program Information
 - Client Referrals
 - Directory of Services
 - Service Standards
 - Billing
 - Insurance
 - Fuel Purchasing
 - Vehicle Purchasing
 - Vehicle Compliance

- Driver Training
- **Service Delivery:**
 - Purchase services from provider(s)
 - Central Trip Booking
 - Trip Scheduling
 - Trip Brokering
 - Direct Operations
 - Dispatching
 - Maintenance
 - Software
 - Vehicle Sharing
 - Volunteer Drivers
- **Funding**
 - Bundling Funds
 - DOT - 5311 Funds
 - DHS - 5310 Funds
 - DHS - Other Funds
 - DCH - Medicare Funds
 - Other Fed/State Funds
 - Leveraging Funds
 - Taxi Subsidy
 - Voucher Program
 - Eligibility Processing

In short, it is these regional Mobility Managers/Regional Community Transportation Coordinators in conjunction with the RCCs that represent the best way to foster coordination on the region level. As discussed above, it makes sense to build upon the Regional Commission structure already established to broaden this regional infrastructure to include the 5311 program. For a more detailed discussion of the Mobility Manager Approach, see Pilot Project 12 in the next section of this Chapter.

Because the 12 regions are so different in terms of demographics, and scope, span, and level of coordination of their respective RHST services, it make sense to develop an Action Plan of suggested strategies for each of the regions. At the same time, there are some commonalities in terms of level of coordination that suggests the following groupings:

- **Regions with a High Level of Service Delivery Coordination** – Mobility Manager/Regional Community Transportation Coordinator can “back-fill” with additional mobility management options, and possibly consolidate certain functions (a one-stop access point) at the regional level.
 - Region 10 – Southwest Georgia RC
 - Region 12 – Coastal RC

- **Regions with a Moderate Level of Service Delivery Coordination** – Can move forward with additional service delivery coordination and implement new mobility options with Mobility Manager/Regional Community Transportation Coordinator assistance.
 - Region 4 – Three Rivers
 - Region 5 – Northeast Georgia RC
 - Region 7 – Central Savannah River Area RC
 - Region 8 – River Valley RC
 - Region 11 – Southern Georgia RC
- **Regions that need additional discussion** to determine whether a Mobility Manager/Regional Community Transportation Coordinator approach can assist regional coordination.
 - Region 1 – Northwest Georgia RC
 - Region 2 – Georgia Mountains RC
 - Region 3 – Atlanta RC
 - Region 6 – Middle Georgia RC
 - Region 9 – Heart of Georgia RC

As a next step, it is suggested that key members of the consulting team, together with GDOT and DHS staff, meet with the senior management team of the prospective regional Mobility Managers/Regional Community Transportation Coordinators (in most cases, the Regional Commissions) to discuss 1) the findings and suggested state-level actions that are included in this document; 2) their interest in becoming the Regional Community Transportation Coordinator; and 3) their vision for advancing human service transportation coordination within their Region and how their vision is similar to or differs from the Southwest and Coastal Georgia models. Based upon these regional senior staff meetings, recommendations would be finalized to move forward.

3.2 Possible Pilot Coordination Projects

As a result of the two rounds of workshops, and in view of various local/regional coordination efforts that have been successful both in Georgia and elsewhere across the U.S., the following possible pilot coordination projects are offered for consideration by local and regional stakeholders.

While the current statewide coordination project provides for the detailed design of three pilot projects, this memorandum provides a total of twelve pilot projects for consideration. And, should some of these project ideas not wind up as part of this statewide project, it is put forth that other regions might consider implementing projects from this “menu” of pilot projects via other means. The twelve pilot projects include:

- Pilot Projects 1, 2, 3: Decentralized, Centralized, and Statewide Consolidation of Call Center Functions and Services
- Pilot Project 4: DCH NET Broker Use of ADA Paratransit and/or Rural Public Demand Response Transit (DRT) Services
- Pilot Project 5: Consolidated Policies and Practices, Rates and Reporting
- Pilot Projects 6 & 7: Coordination of Support Services and Staff, and Joint Procurements
- Pilot Projects 8 & 9: Taxi Subsidy and Travel Voucher Programs

- Pilot Projects 10 & 11: Volunteer Driver and Bus Buddy Programs
Pilot Project 12: Mobility Manager/Regional Community Transportation Coordinator Approach

Each of the thumbnail sketches below provides a description of the pilot project and, in some cases, some national examples. Their applicability in Georgia is also discussed.

3.2.1 Pilot Projects 1, 2, & 3: Decentralized and Centralized Consolidation of Call Center Functions and Services and Statewide One-Call Number

Pilot Projects 1 and 2 both focus on reducing the redundancy of service delivery within a region, so that there are not multiple providers providing duplicative service. This is generally accomplished in one of two ways, noting that both approaches involve first consolidating funding from state-level agencies (GDOT, DHS, and maybe eventually DCH) with one regional entity (e.g., the Regional Commission).

- **Decentralized Consolidation.** This design model involves the responsible regional entity contracting with one primary carrier for each county or set of counties (a sub-region) to serve all trips from different funding programs. In a decentralized environment, there is typically one carrier responsible for the trips of customers living in a geographic zone. Thus, if a customer lives in a particular county or sub-region, the customer would call the carrier assigned/contracted for that county or sub-region. Each carrier intakes trips requests for customers from their region, checks on client/trip eligibility as needed by the funding program, performs scheduling, dispatching, operations, maintenance (although this could be sub-contracted), reporting, invoicing, etc. Trips with destinations in other subregions/regions could be served directly if efficient, or through transfers with neighboring carriers.
- **Centralized Consolidation.** This design model involves the responsible regional entity establishing a one-stop call center for the entire region, in comparison with the above where there is one number to call for each sub-region. In such an effort, the reservations and scheduling (and sometimes the dispatching as well) are centralized on a regional basis with one entity. Organizationally, these functions could reside with the RC, acting as a broker (in contracting with carriers), or the RC could retain a broker or a call center manager to perform these functions. In the latter case, the difference between a brokerage manager and a call center manager is that the broker contracts with the service providers, while in the case of the call center manager, the RC contracts with the service providers.

Regardless of the organizational options, the reservations intake and scheduling are centralized for the region with the RC, or its brokerage or call center manager. There would not have to be zoned carrier assignments as there is in a decentralized environment. Thus, two compatible trips that would be called into two different entities under a decentralized environment and would be scheduled onto two different vehicles, would likely wind up on the same vehicle in a centralized environment.

- **Statewide One-Call Number** – A further consolidation of the “one-stop” call center would be the development of a single number for the entire state of Georgia that anyone could call from any location within the state to access information about available transportation resources if not to access the transportation services themselves. The former would involve staffing an information and referral line, possibly harnessing the 511/211 program that is already in existence as an initial point of contact. Yet another model would be to provide one 800 number that automatically distributes calls – based on the area code and exchange of the caller – to the reservations intake point of the region that the caller is calling from. Creating this kind of system would simplify the RHST services from a consumer perspective, allowing people to easily schedule a trip, even if they are visiting a friend in a different RC region from their home, and are unfamiliar with services in that area.

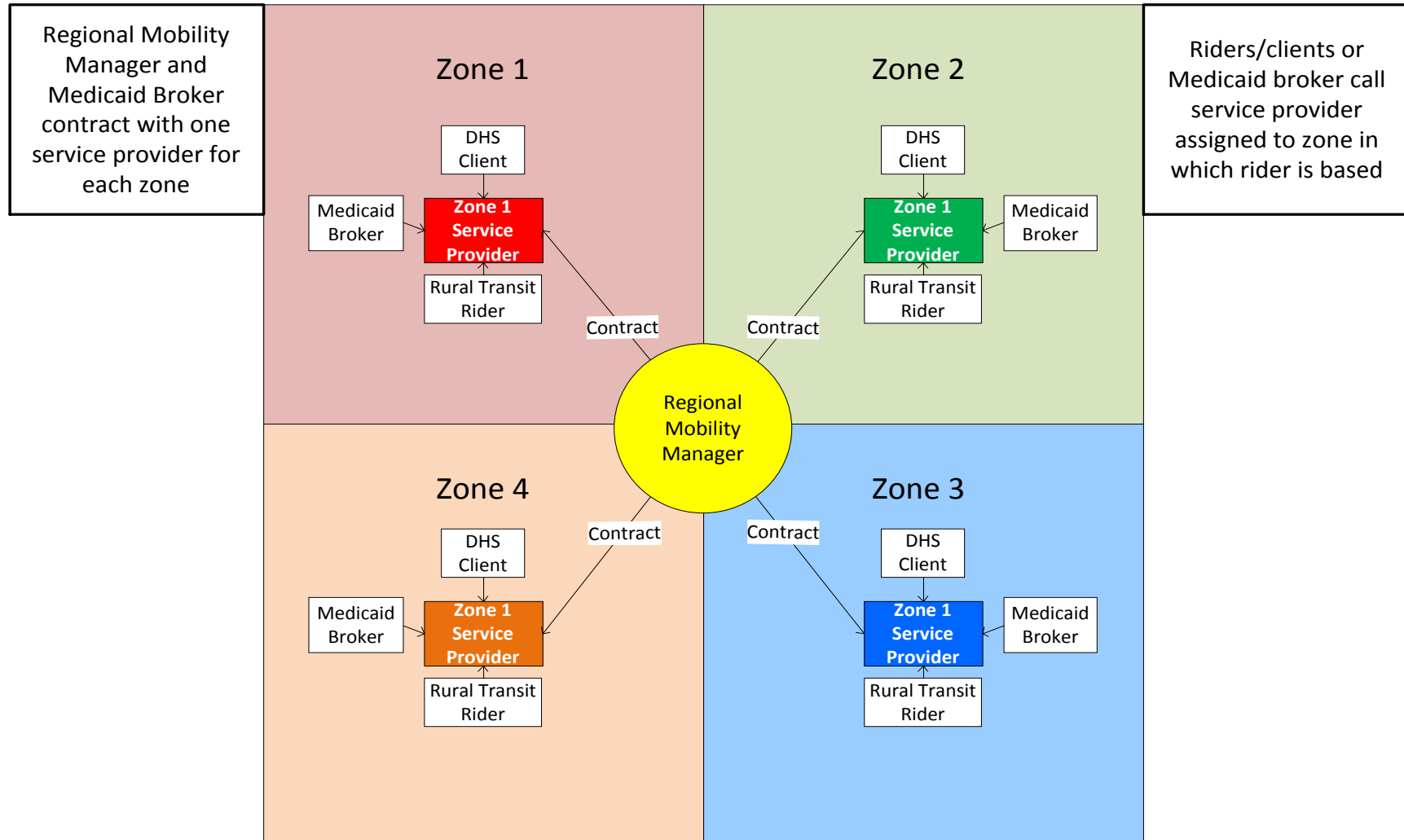
3.2.1.1 Pilot Project 1 – Decentralized Consolidation – Applicability in Georgia

This pilot project represents a way for regions that are not quite ready for a regional broker or call center to organize their service delivery network in a non-duplicative manner. In the Needs Assessment phase of the Georgia Rural and Human Services Transportation Plan 2.0, it became clear that many regions had transportation providers with overlapping service areas. Often times, this was the result of each transportation provider serving trips under one program; hence, in uncoordinated regions, you might have three (or more carriers) respectively serving rural public transportation trips, DHS program trips, and DCH NET. The opportunities to serve compatible trips are, therefore, nonexistent.

Southwest Georgia offers a good example of how such a pilot program might be organized. The Southwest Georgia RC not only contracts with the regional DHS to organize DHS program transportation in the region; it also contracts with GDOT to administer the rural public transportation funds. In addition, the Southwest Georgia RC is also the DCH NET broker for a region that encompasses the Southwest Georgia region, and actually intakes NET trip requests and assigns trips to carriers. Beyond this organizational structure, the Southwest Georgia RC contracts with one carrier to serve trips funded by these three programs in each subregion (and to intake non-NET RHST trip requests) from customers in that specific area. With this structure, there is no service duplication (Figure 3.1).

Figure 3.1: Pilot Project 1

Pilot Project 1: Decentralized Consolidation (Zones)



Thus, in a sense, the goal of Pilot Project 1 is to get less coordinated regions to implement a design model that is similar to Southwest Georgia. By contracting with one primary service provider in a sub-region, it establishes one carrier for RHST customers (excluding DCH NET). Additionally, the RC would have one contract with each carrier to encompass (and allow the co-mingling of) trips from different programs. Moreover, in regions where there is a different DCH NET broker, there might be a way for the DCH NET to tap into the RC's non-duplicative service network, either by going through the RC or by contracting directly with the RC's carriers.

Regions for Potential Pilot Project 1:

- Region 1 – Northwest RC*
- Region 2 – Georgia Mountains RC*
- Region 6 – Middle Georgia RC*
- Region 7 – Central Savannah River Area RC*
- Region 8 – River Valley RC*

3.2.1.2 Pilot Project 2: Regionally Centralized Consolidation – Applicability in Georgia

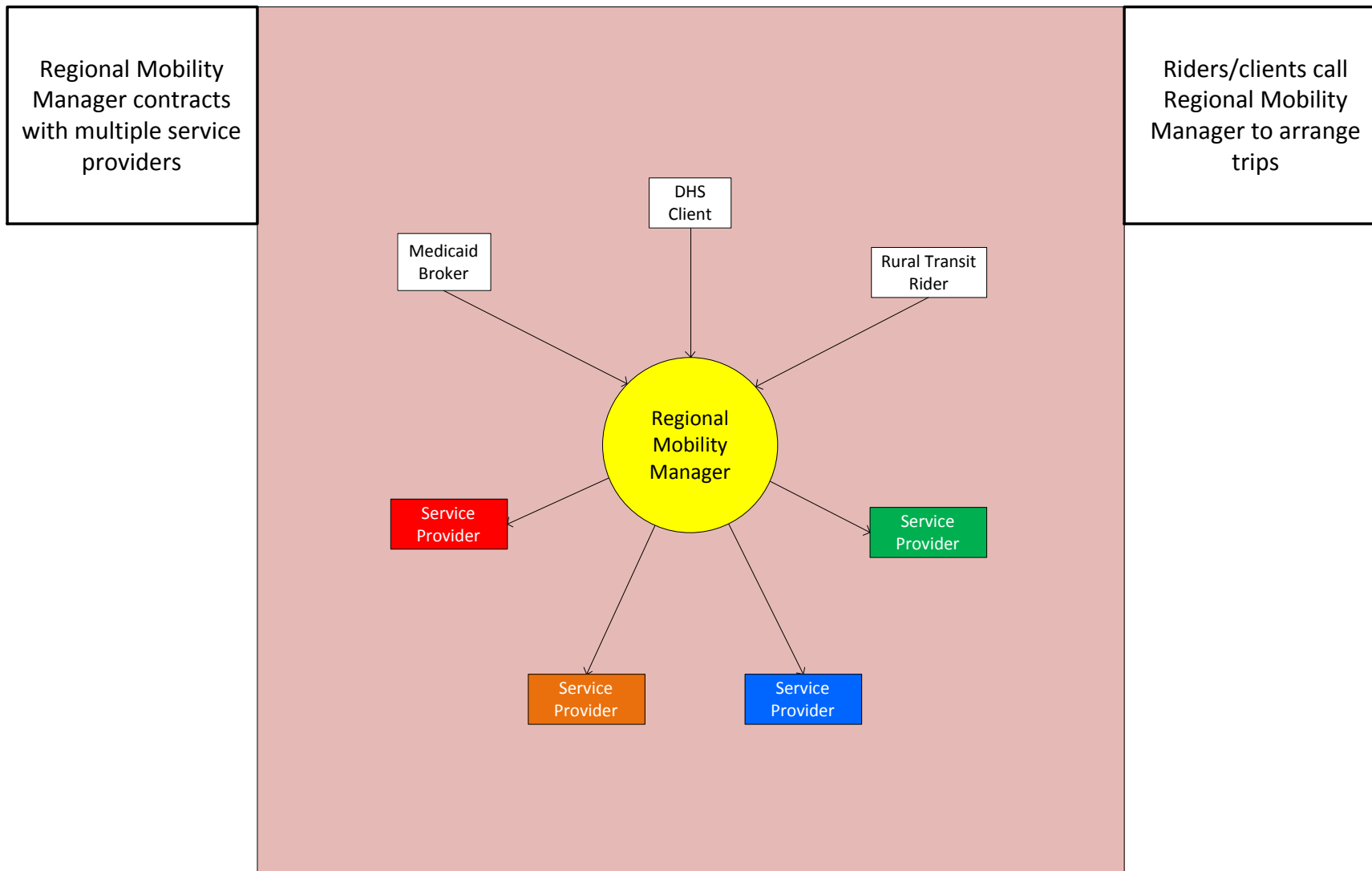
As mentioned above, this design model involves the responsible regional entity establishing a one-stop call center for the entire region. Thus, a rural public transportation customer requesting a trip on a demand-responsive rural public transportation service, a DHS customer also requesting a trip, and perhaps eventually a Medicaid recipient as well, would all call the same one-stop call center to arrange transportation (Figure 3.2). The staff that focuses on this intake of trip requests could also serve to provide information on other transportation resources that could be available beyond their network of services. Regardless of who holds the contracts with the service providers, trips can be scheduled with dedicated service providers or assigned to non-dedicated service providers in such a way that maximizes efficiency.

In Georgia, there are two types of regions for this pilot project: 1) those regions that already have a non-duplicative, decentralized service delivery structure that want to evolve to the next level of coordination; and 2) those regions that have service duplication but are ready to move to a centralized consolidated environment.

Organizationally, the RC could hire staff to perform the call center functions, and could contract with service carriers; thus, acting as broker. Or, as mentioned above, it could hire a call center or brokerage manager, and choose to contract directly with the service providers or vest that function with the broker that it retains.

In either case, it is likely that multiple carriers will still be used, simply because each region is fairly large and there is not an existing carrier that can handle the entire region, and there is something positive to be said about utilizing the existing carriers, rather than trying to attract a national carrier who might be able to serve the entire region (but out of multiple facilities). On the latter point, using existing carriers would maintain a level of competition which can always be used to influence good quality of service and/or competitive rates.

Figure 3.2: Pilot Project 2
Pilot Project 2: Centralized Consolidation



Regions for Potential Pilot Project 2: *Region 4 – Three Rivers RC*
 Region 5 – Northeast Georgia RC
 Region 9 – Heart of Georgia Altamaha RC
 Region 11 – Southern Georgia RC

3.2.1.3 Pilot Project 3: Statewide Centralized Consolidation – Applicability in Georgia

A statewide approach to consolidating transportation resource information, referrals, and trip intake would be a significant undertaking. Despite this administrative challenge, the infrastructure on the state level is already in place through the 511/211 systems. The 511 number provides real-time transportation information for travelers throughout Georgia, while the 211 program, operated by the United Way, offers resources for callers regarding food, housing, employment, health care, and more. Utilizing these resources to staff an information and referral service would take advantage of existing services, noting that the level of detail needed for a staff person to decipher exactly what service is needed for a particular trip is not the normal level of detail that the current program staff is trained. The next logical step from information and referrals would be trip planning, where a staff person would help the caller make contact with the correct service, almost like a travel agent (Figure 3.3).

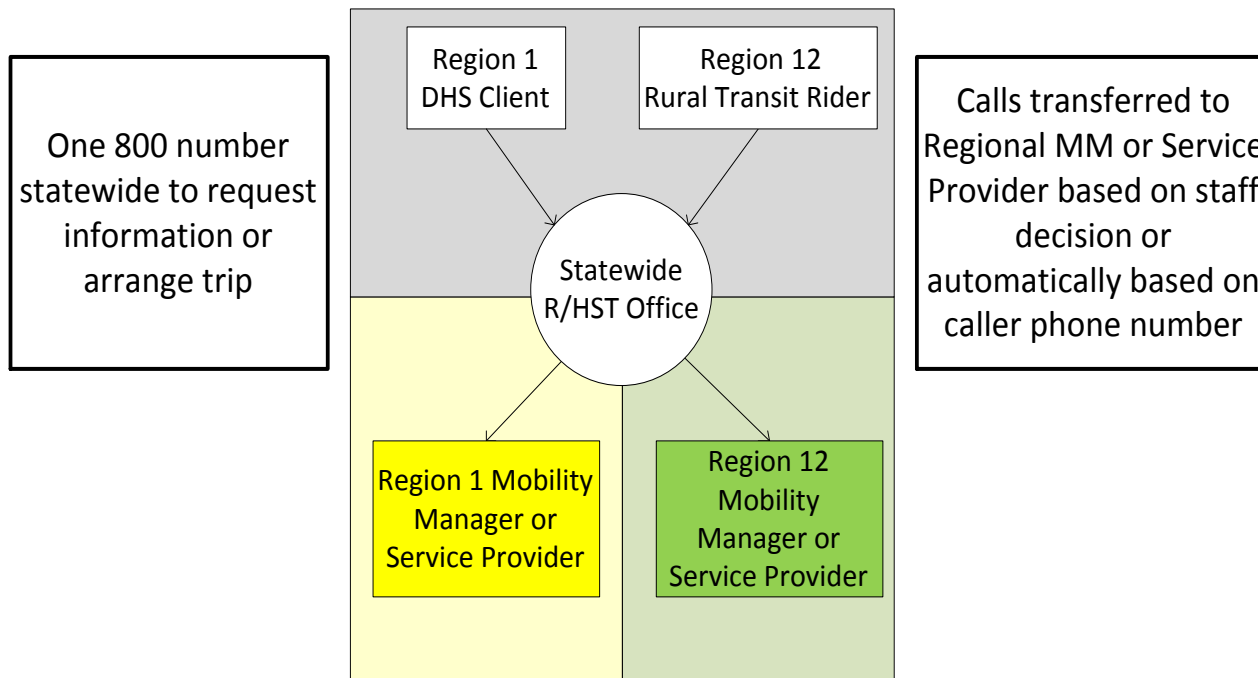
An alternative model is to set an 800 number that automatically routes the call to the correct call center based on the location from which the call is made, and perhaps with some additional automated “triage” questions that will help route the call to the right service providers in regions where there is more than one regional call center. For example, based on the area code and exchange of the caller, the call could be routed to the Region X call center or a specific carrier, if the region is well-coordinated. In a less coordinated system, some additional questions might serve to route the call to the rural public transportation system, the DHS system, a senior transportation provider, or the DCH NET provider.

Piloting this project as part of the centralized call center is probably the simplest way to initially implement the system, and then scale it up to a statewide level once the systems are in place to accommodate requests. As such, it makes sense to follow the model of Pilot 2, with expansion to neighboring regions to grow the system.

Regions for Potential Pilot Project 3: *Region 4 – Three Rivers RC*
 Region 5 – Northeast Georgia RC
 Region 9 – Heart of Georgia Altamaha RC
 Region 11 – Southern Georgia RC

Figure 3.3: Pilot Project 3

Pilot Project 3: Statewide Centralized Intake



3.2.2 Pilot Project 4: DCH NET Broker Use of ADA Paratransit and/or Rural Public Demand-Responsive Services

This pilot focuses on incentivizing the DCH NET program to utilize urban and rural public transportation agency services as a resource, noting that some DCH NET brokers already do this with some transit agencies.

There are two ways in which brokers can utilize transit agency services:

- Buying or reimbursing fares or passes on fixed route services
- Contracting for demand-response services

The first way provides brokers with a comparatively inexpensive option for transporting Medicaid recipients who are able to use fixed-route public transit services to get them to the medical facility.

However, some brokers have attempted to do the same with ADA paratransit or rural demand-respond services. Transit agencies have been reluctant to participate as such because paratransit and other demand-responsive service are inherently more expensive to operate per trip. The transit agencies are reluctant to use their scarce funding to subsidize the cost of what they see as human service trip. In other states, there is not much a transit agency can do but to accept the trip request from ADA customers who are also Medicaid recipients for a trip to the covered medical service, if the customer requests the trip him/herself. However, if the Medicaid office or broker arranges for the trip, it is acceptable for the transit agency to negotiate a rate with the Medicaid office or broker, and presumably the rate would be one that covers the cost of providing the service (a fully-allocated cost). This would be attractive to the Medicaid office or broker only if the alternative is to use a higher-priced for-profit vendor.

For the transit agency, the purchasing of service at their fully-allocated rate will be beneficial, as more trips and especially ones that do not have as sporadic a trip pattern as ADA paratransit can only increase the service productivity. This increase in productivity will result in a lower unit cost, which in turn enables more ADA and rural public trips to be served with the funding available, and also will potentially allow the transit agencies to offer an even lower shared-ride rate to the Medicaid office or broker. Moreover, a transit agency, like any other Medicaid carrier has the option to say no to an assigned trip especially if the trip is not compatible with its service area, service times, etc.

3.2.2.1 Applicability in Georgia

Under the current DCH NET brokerage structure, providing a lower-cost alternative benefits the broker (because its out-of-pocket expenses in purchasing service are less), but does not immediately benefit DCH. This is because brokers are paid an amount per year, based on a negotiated rate per Medicaid-eligible residents within the region. Therefore, the broker is getting a fixed-fee for its service, and the less it pays to purchase service from carriers, the more profit it makes.

While the brokers might be in favor of this pilot project as a less expensive alternative to purchasing exclusive-ride service from a for-profit carrier; however, there may be limited benefit for DCH. One possibility might be to introduce an incentive program to address this discrepancy. The incentive would be to split the savings that results from an arrangement which DCH is able to negotiate with a transit agency. Thus, both DCH and the broker would benefit.

With the growing Medicaid-eligible population, this approach is a realistic means of controlling costs without an upheaval to the current brokerage contract and contract structure. In fact, with the upcoming procurement of brokers for another five years, DCH could add a provision for incentive plans into the procurement document and ensuing contract.

As indicated below, one of the real potential applications for Pilot Project 4 is the Atlanta Region with a robust number of ADA paratransit services. However, this memorandum suggests that this pilot be initiated in a more medium-sized urban area first, prior to piloting the idea in Atlanta.

Regions for Potential Pilot Project 4:

- Region 1 – Northwest Georgia RC (Rome Transit service area)*
- Region 2 – Georgia Mountains RC (Hall Area Transit service area)*
- Region 3 – Atlanta RC*
- Region 4 – Three Rivers (Three Rivers Transit System)*
- Region 5 – Northeast Georgia (Athens Transit service area)*
- Region 6 – Middle Georgia (Macon Transit Authority service area)*
- Region 7 – Central Savannah River Area (August Transit service area)*
- Region 8 – River Valley (METRA – Columbus service area)*
- Region 10 – Southwest (Albany Transit service area)*
- Region 12 – Coastal Georgia RC (Liberty-Hinesville and/or Chatham Area Transit Authority service areas)*

3.2.3 Pilot Project 5: Consolidated Policies and Practices, Rates, and Reporting

One of the most common concerns voiced at the Needs Assessment workshops was the administrative challenge of differing reporting requirements. This burden was voiced by carriers who held multiple contracts. For example, throughout the regions, there are carriers who are contracted by a county to provide rural public transportation. That same carrier may also contract with the RC or with the regional DHS office to provide DHS trips in that county. Further, that same carrier may also be a Medicaid carrier under contract to the DCH broker. Therefore, that carrier is faced with three different sets of reporting requirements (requiring the tracking and collecting of different data points).

One of the underlying reasons for the different tracking methods of service information is related to the payment rate:

- If dedicated service is being procured, it is not uncommon for the rate to be based on the number of revenue vehicle hours operated. But, even revenue vehicle hours are often defined differently. Some define it from garage to garage; others from first pick-up to last drop-off. Some include breaks; others do not. And often, breaks are defined as having a different minimum and maximum.
- If non-dedicated service is being procured, many different types of rates are used, including per trip, per passenger-mile, and zonal surrogates for distance. And, in the case of passenger-miles, the rate could be based on actual vs. the street (or airline) distance between the origin and destination. Actual passenger-miles can be a function of whether the trip is shared with another passenger, and whether the passenger's trip is funded by the same or a different funding source. There is also a myriad of ways in which the cost of co-mingling can be calculated. As numerous are the ways in which average per trip rates are calculated from historic data to come up with a rate for the ensuing year.

The other underlying reasons for the need of collecting different types of data relate to different service quality and safety standards as well as incentives and penalties that are tied to those standards. In three different contracts, there can be three or more different definitions of on-time, and three or more different definitions of what level of on-time performance is acceptable. The same is true of late trips, missed trips, compliant frequency ratios, accident frequency ratios, etc.

The key to this pilot project is the development of common sets of definitions, policies, contracting and invoicing rates, sets of data to be tracked, and reporting requirements among transportation programs of the Georgia DOT, DHS, and

DCH. Not only will this help out the carriers with multiple contracts immediately, but it paves the way for enhanced coordination under the models discussed in Pilot Projects 1 and 2. The pilot project itself would involve a review of the departmental manuals and guidelines related to all these contractual provisions and reporting, and how those could be streamlined and organized into one report for transportation providers to complete that would collectively provide all information needed by each of the three state agencies. By focusing one pilot on lessening this administrative burden, providers can concentrate more attention and resources on providing more trips, and can potentially increase their hours of operation or the locations they serve.

Regions for Potential Pilot Project 5: State-level project (including three-contract providers)

3.2.4 Pilot Projects 6 & 7: Coordination of Support Services and Staff and Joint Procurements

There are some uncoordinated regions which may not yet be ready for coordinated service delivery. However, there are some low-level coordination efforts that involve ways in which service providers can work with each other to reduce their own respective costs of support services (and staff) and common products that they all acquire. In addition, in the case of driver training, a common program not only provides the opportunity to raise the bar for the training itself (which in turn improves service quality but if all the drivers for various providers are trained the same way), but it also opens up the opportunity for a more seamless coordination/consolidation of service delivery in the future.

- **Coordination of Support Services and Staff.** This strategy involves the shared purchase and/or use of resources such as vehicles and facilities; support services such as software, driver training, drug testing, program management; and policies and procedures.
- **Joint Procurement of Support Products and Services.** Joint purchasing focuses on coordinating functions commonly undertaken by multiple organizations as a way to achieve greater cost efficiency and eliminate redundant activities. Service operators could consolidate the purchase of vehicle maintenance (if it is not provided in-house), vehicle and general liability insurance, driver training services, substance abuse testing services, hardware and software (and maintenance thereof), communication equipment, and fuel. Through group purchasing of common products or services, participating entities may increase purchasing power, and receive preferential service and prices.

The secondary benefit of these types of coordination effort is that they provide opportunities for providers and other stakeholders to work together, therein building working relationships will serve them well in – and pave the pathway toward – ensuing, more complex coordination efforts in the future.

3.2.4.1 Applicability in Georgia

Opportunities in Georgia for sharing support resources (and staff) and joint procurements are wide-open, especially among agencies that are funded by common sources. In the case of sharing support resources (and staff), multiple programs can share vehicles and facilities, as well as share staff that provide driver training and drug testing. For example:

- **Vehicle Sharing.** In Dakota County, MN, a private, non-profit operator called DARTS shares the operation of a Section 5310 vehicle with the City of Farmington Senior Center and St. Michael's Church. DARTS applied for the 5310 vehicle, paid the local match, and pays insurance and maintenance costs. DARTS operates the vehicle Monday through Thursday. The City of Farmington Senior Center operates the vehicle on Fridays and for special after hours and weekend events, providing the driver and paying for fuel and a maintenance and insurance fee. St. Michael's Church operates the vehicle on weekends using volunteer drivers; they pay for the fuel. All drivers operating the vehicle must complete DARTS drivers' training program and be certified by DARTS.

- **Driver Training.** There are many examples of consolidating driver training programs. The concept behind this strategy is that all operators must train their drivers and they all have different driver training programs. If the best elements of the different driver training programs were to be consolidated into one program that would be provided throughout the region (or state), this would result in 1) training that collectively meets any funding source requirements; 2) better-trained drivers and hence, enhanced service quality; and 3) seamless service should any coordinated/consolidated service occur in the future.

Specific joint purchasing strategies that are applicable to both human service agencies and rural transportation systems may include the purchase of bulk fuel and/or group insurance, and the consolidated provision of maintenance. For example:

- **Fuel.** The Kanawha Valley Regional Transit Authority (KRT) in Charleston, West Virginia implemented a bulk purchase fuel program that allowed tax exempt private and public non-profit entities receiving FTA funds to purchase lower cost fuel from KRT. KRT administers the program for qualified eligible recipients.
- **Insurance.** In Washington State, the Non-profit Insurance Program (NPIP) administers a Joint Insurance Purchasing program. NPIP members jointly purchase insurance and claims adjustment, risk management consulting, and loss prevention services. Primary benefits are lower insurance premiums and stable access to the insurance market.
- **Maintenance.** DARTS (from above) also established a Vehicle Maintenance Services (VMS) subsidiary that maintains vehicles for 80-90 organizations. DARTS recognized the need for reasonably priced, high quality maintenance services and in an effort to offset internal maintenance costs, marketed maintenance services to other community transportation providers.

*Regions for Potential Pilot Projects 6 & 7: Region 1 – Northwest Georgia RC
Region 3 – Atlanta RC
Region 5 – Northeast RC
Region 10 – Southwest Georgia RC*

3.2.5 Pilot Project 8 & 9 – Taxi Subsidy and Travel Voucher Programs

A significant challenge facing many transportation providers throughout Georgia is having a limited number of vehicles by which to transport RHST riders. At workshops throughout the state, many providers cited a small fleet and/or a limited capacity as a reason they are unable to serve more trips.

Moreover, most ADA and rural public demand-response transportation services require next-day advance requests, and in some cases involving rural public transportation services, the capacity of the service is consumed even further in advance.

These pilot projects involve harnessing existing additional transportation resources in the region to supplement the other RHST services that are already being provided. By offering taxi or travel vouchers to select customers whose trip cost an entity wishes to partially subsidize, the entity provides an additional mobility option that enables same-day if not immediate travel, and reduces the subsidy for that trip if it is able to divert paratransit trips from the higher cost ADA or rural DRT service to this new program.

- **Taxi Subsidy Program.** This pilot project is limited to more urban settings or where any taxi service exists. The basic type of taxi subsidy program involves a customer purchasing a book of vouchers for nominal amount (e.g., \$2.00 per voucher, or \$20 for a book of 10 vouchers). The subsidizing organization decides which customers can participate in this program, and how much of a subsidy per trip the voucher provides. For example, the voucher could be good for up to a \$12.00 trip on the taxi meter; thus, the subsidizing organization is willing to subsidize \$10.00 per trip (since the customer has already paid \$2.00). If the trip is longer, the customer pays the overage in cash. Armed with the vouchers, the customer calls a participating taxi company directly, and hands the voucher to the driver as fare. The taxi company pays the equivalent of the voucher (or the metered fare if lower) to the driver, and the taxi company then submits the voucher to the subsidizing organization for reimbursement (Figure 3.2.5.1.1).

There are numerous ways that such a program can be designed. Built-in fraud control elements are a must. For example, while most such programs involve the use of vouchers; voucher-less programs can work with centralized call centers that already exist for ADA paratransit or rural public transportation. The more flexible the program, the more subsidizing organizations can participate. The more participating sponsors, the higher the volume of trips, and the higher volume of trips, the more taxi companies will be interested in participating. The interest of taxi drivers (as independent contractors) will be directly impacted by design elements which minimize paper work and ensure that they do not lose financially (e.g., in terms of tips).

Accessibility for persons with disabilities must be addressed as part of this pilot. This can be accomplished in one of two ways: As part of such a pilot project, the participating taxi company must have or purchase one or more accessible taxicabs. The sponsoring organization could also obtain such a vehicle and lease it to the participating taxi company or companies and/or DCH NET service providers could also participate in this pilot.

- **Travel Voucher Programs.** This pilot project is much broader than the taxi subsidy programs and can be implemented in areas without taxi service available. The concept works much the same way as the taxi subsidy program above; however, customers with travel vouchers can use any resource available, such as buses or even family members, and hence are not limited geographically.

Both types of programs fill temporal and geographic gaps in fixed-route transit and demand-response services and can offer a means of employment transportation for individuals requiring access to jobs in areas not served by public transportation or during hours when those services are not in operation. They also provide a mobility option for customers who have a same-day or immediate need, who must to go to a destination that is beyond the service area boundary of an ADA paratransit or rural public transportation service, or will be traveling during a time that is after hours or on a day when an ADA paratransit or rural public transportation service is not provided. In such a pilot project, a sponsoring agency can also establish the daily, monthly, or annual ceiling on the budget for such a program; this would then translate into a daily number of trips available on a first- come, first-served basis.

3.2.5.1 Pilot Project 8 – Taxi Subsidy Program – Applicability in Georgia

Taxi subsidy programs, as part of municipal dial-a-ride services, are a staple in urban settings in several states. While not as prevalent, there are a growing number of human service agencies tapping into such programs as well. Exemplary programs are available in metropolitan areas like Chicago, Houston, and Denver. In Georgia, taxi companies, livery services, and DCH NET providers represent potential participating resources, especially if the subsidy program can deliver a steady stream of business and where the administrative requirements are not overly cumbersome for the driver and the company.

It is envisioned that the Regional Commission would manage such a program, noting that the RC could manage the program on behalf of multiple sponsoring organizations (Figure 3.4). As mentioned above, the RC may wish to involve taxi companies or other service providers that already have accessible taxicabs or chair cars, or could acquire one or more accessible vehicle(s) and provide them to the companies that agree to participate in the program. Such a program can make demand for wheelchair-accessible cabs more obvious to taxi company owners. In other programs in both urban and rural settings, the demand for accessible service that has been generated by such programs has convinced the service provider to acquire more accessible vehicles.

Regions for Potential Pilot Project 8:

- Region 3 – Atlanta RC*
- Region 10 – Southwest Georgia RC*
- Region 12 – Coastal Georgia RC*

Figure 3.4: Pilot Project 8a

Pilot Project 8a: Taxi Subsidy Program (Decentralized Management/Intake)

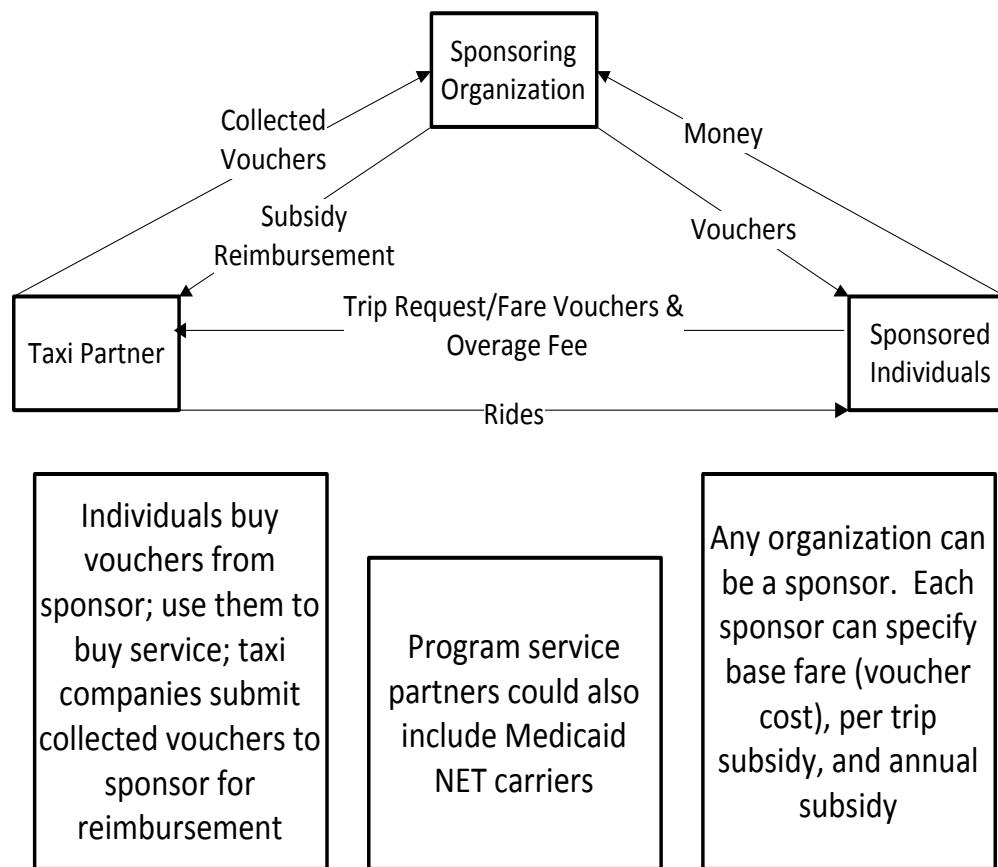
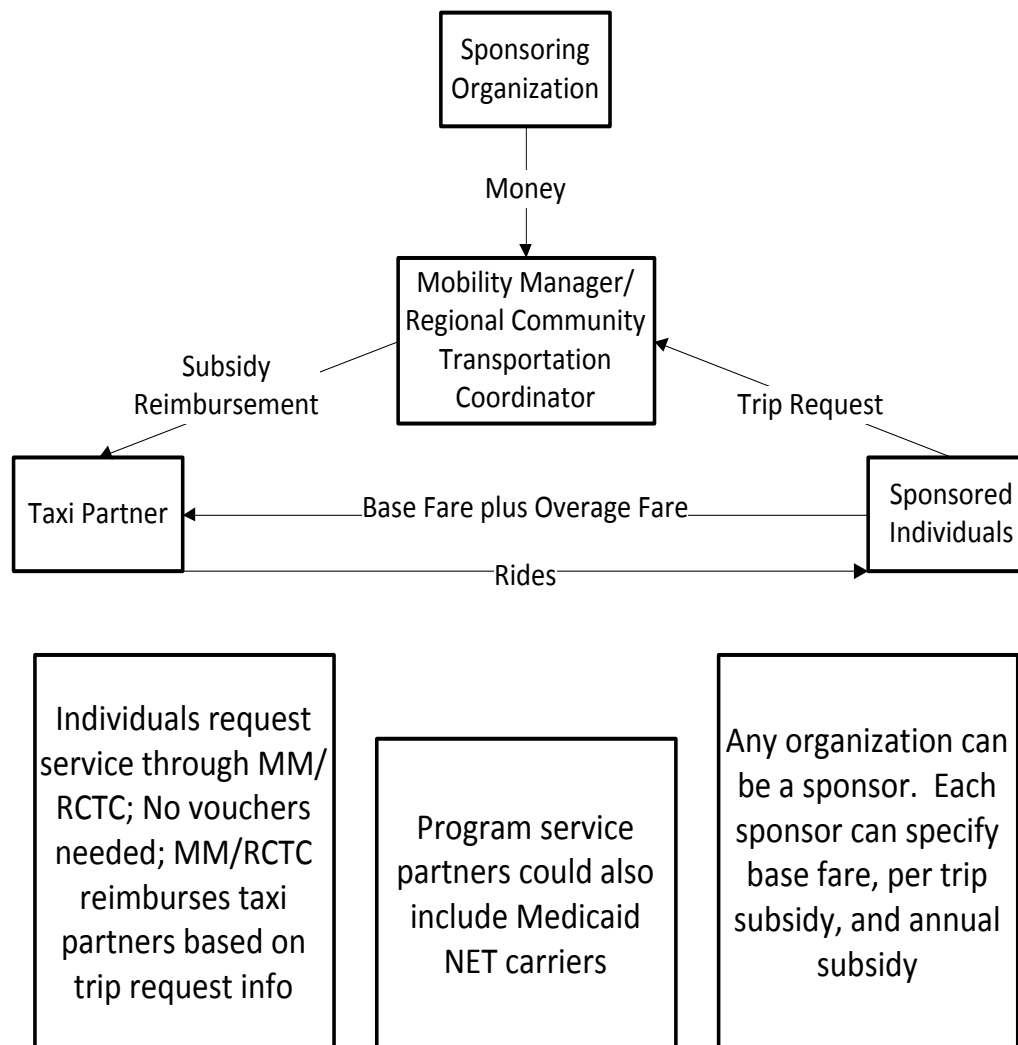


Figure 3.5: Pilot Project 8b

Pilot Project 8b: Taxi Subsidy Program (Centralized Management/Intake)



3.2.5.2 Pilot Project 9 – Travel Voucher Program – Applicability in Georgia

In this pilot project, a RC takes on the management of the travel voucher program, issuing or selling vouchers to eligible individuals, and reimbursing service providers based on the mode and specifics of the service rendered. The cost for the voucher/subsidy could be uniform for all trip types, or it could vary based on trip type rider needs. Riders in regions with several options for transportation, particularly taxis, could utilize the voucher to take the form of transport they prefer. Additionally, for riders who rely upon family members or friends for transportation, a voucher can be given to that driver to help cover the cost of the trip.

The Rehabilitation Services Administration of the U.S. Department of Education, the Association of Programs for Rural Independent Living (APRIL), and the University of Montana’s Rural Institute have developed a model program and provided technical and financial assistance for the creation of voucher programs in ten areas across the county, including Fall River, Massachusetts and Camp Hill, Pennsylvania. In each area, APRIL’s Traveler’s Cheque model program features a sponsoring agency to determine eligibility and establish other policies and assist with the provision of insurance coverage; a community transportation coordinator, who identifies a network of transportation providers and consumers and manages the operation of the program; and the development of an individual transportation plan for each program participant. With a focus on employment and independent living transportation for persons with disabilities, the ten Traveler’s Cheque programs provided nearly 93,000 trips to fewer than 600 individuals during the first four years of program funding.

Other voucher programs based on the APRIL model are in operation by Western Community Action and the Southwestern Center of Independent Living in Marshall, Minnesota and the American Council of the Blind of Nebraska.

Regions for Potential Pilot Project 9:

- Region 1 – Northwest Georgia RC*
- Region 4 – Three Rivers RC*
- Region 9 – Heart of Georgia Altamaha RC*
- Region 11 – Southern Georgia RC*

3.2.6 Pilot Projects 10 & 11 – Volunteer Driver and Bus Buddy Programs

These projects enlist the services of volunteers to expand the capacity of RHST providers and improve the utilization and familiarity of riders with RHST services, particularly rural public transportation. As was identified in workshops throughout Georgia, the demand for transportation services is often greater than the service capacities of providers to meet those needs, i.e., the demand is exceeding the supply. With limited funding and a limited number of vehicles, those involved in RHST have to look beyond traditional provider services to meet the ever-growing need, or to divert trips from demand-response services to fixed-route services.

- **Volunteer Driver programs.** This type of pilot program would enable an expansion of a service area and/or service times at a very reasonable cost, and reduce the unit cost of service by diverting low-productivity trips (such as those in very rural areas) to volunteer drivers; all without having to acquire new vehicles or paying additional drivers. Volunteer drivers typically use their own cars, but based upon the structure of the program, can be reimbursed for mileage associated with the trips they serve. Some HST transportation programs provide the vehicles but utilize volunteer drivers, noting that (paid) driver labor wages and fringe benefits often reflect up to 70 percent of the cost structure.
- **Bus Buddy programs.** For people who lack experience riding public transit, understanding, much less navigating and riding a fixed route service can be challenging if not intimidating, and can sometimes prevent that rider from utilizing the system. Like a volunteer driver program, a Bus Buddy program relies upon the time and

participation of volunteers to serve as escorts to new/prospective riders, helping them understand the system so they might ultimately use the system alone. In an urban environment, these programs can reduce demand for paratransit services by increasing paratransit consumer knowledge in using and independently navigating a fixed-route system. The program also builds good community will through the establishment of a corps of volunteers who act as advocates for the transit system.

3.2.6.1 Pilot Project 10 – Volunteer Driver Program – Applicability in Georgia

Volunteer driver networks are likely most appropriate in the more suburban and rural parts of the Georgia, where there are fewer public transportation options and a need to travel longer distances, and potentially cross county boundaries. One of the ways of creating a pilot with relative ease would be expanding upon an existing volunteer driver program already present in a region. If reimbursement for mileage is not already a component of that program, it could be incorporated as part of this pilot. A statewide solution to facilitating insurance coverage of volunteer programs could also be sought as part of the pilot effort.

In addition to structures from Georgia, there are a variety of best practices upon which the pilot could be modeled:

- **Independent Transportation Network (ITN), Maine.** ITN was first established in Portland, Maine as a means of providing seniors with rides in exchange for trading in the cars they rarely used. The value of the donated car is credited to the senior's debit account, which is drawn on each time a ride is requested (averaging \$8 per ride). The account can be contributed to by family members or friends through cash donations, volunteering their time or donating their own cars. Seniors who are still able to drive may volunteer and receive credit for future rides when they are no longer able to drive themselves, a sort of "transportation social security." The rides may be used for medical appointments, shopping trips, social visits, or events. Maine has enacted legislation that enables ITN to sell its surplus vehicles and reinforces an earlier law prohibiting insurance companies from raising premiums for volunteer drivers.
- **Community Inclusion Driver (CID).** The Community Inclusion Driver strategy was developed for Easter Seals Project ACTION as a way to make use of volunteer drivers in a rural setting. While the CID strategy focuses on increasing mobility for persons with disabilities in rural areas, the approach could be used for seniors and persons with disabilities in urban areas as well. The CID strategy involves a partnership between a transportation provider, a customer, and individuals who are willing to act as volunteer drivers. The provider establishes program and eligibility guidelines, information materials, training, record-keeping, and reimbursement payments. The customer is responsible for identifying suitable volunteer drivers (although the transportation provider may assist or recruit drivers themselves). The volunteer driver is responsible for providing proof of a valid license and a properly registered and insured vehicle.

For this pilot, the Regional Commission could administer the volunteer driver program as part of its management of contracts with transportation providers. Another option would be to utilize a model similar to the Community Inclusion Driver program for Easter Seals Project ACTION which would accommodate a transportation provider or another non-profit managing the volunteer driver program.

Regions for Potential Pilot Project 10: All (except Region 3 – Atlanta)

3.2.6.2 Pilot Project 11 – Bus Buddy Programs – Applicability in Georgia

Successful Bus Buddy programs exist throughout the country to help introduce new riders to RHST services. Two prominent examples could serve as models for a pilot in Georgia:

- **Lane Transit District (Eugene, Oregon) Bus Buddy Program.** The Program teaches seniors how to ride the bus by breaking down barriers and building confidence. Lane Transit District (LTD) recruits regular bus riders to serve as volunteers, known as Bus Buddies, and partners with local senior centers to match individual seniors with these volunteers. Bus Buddies teach seniors about the LTD transit system, as well as how to plan trips and navigate routes. The senior and his/her Bus Buddy then ride the bus together. Afterward, the pair discusses the trip and the Bus Buddy answers any remaining questions about using public transportation in Eugene.
- **Paratransit, Inc. Mobility Training Program.** Paratransit, Inc. operates a Mobility Training Program that offers specialized training for seniors and people with disabilities who may have difficulty traveling on Sacramento Regional Transit (RT) buses and light rail vehicles. Training is usually provided in a one-on-one setting, but is also done in small groups for facilities such as senior housing complexes. Training includes familiarization with the Sacramento RT system, route planning, use of wheelchair lifts and securement devices, landmark identification, bus rules, and safety issues. The agency has six full-time trainers who teach hundreds of individuals each year how to ride the bus and use light rail.

For a pilot in Georgia, the program will differ based on the local transportation services available, but the managing entity can be the same, regardless of the geographic location. The Regional Commission can manage the bus buddy program, particularly in concert with its responsibilities related to the Area Agencies on Aging and volunteer programs associated with senior centers and similar services. Depending upon the strength and interest of other non-profits in the region, another option would be working through an existing non-profit that currently provides or utilizes RHST services in the region, to incorporate into its volunteer activities a Bus Buddy program.

Regions for Potential Pilot Project 11: All

3.2.7 Project 12 – Mobility Manager /Regional Community Transportation Coordinator Approach

Hiring or designating a Mobility Manager/Regional Community Transportation Coordinator to support service coordination is a relatively new concept that has developed as part of the SAFETEA-LU transportation legislation. Using New Freedom and JARC funds, many areas have funded Mobility Managers to support community transportation services. A Mobility Manager could be an individual, while the Regional Community Transportation Coordinator would be a group of individuals or an organization that provides mobility management functions for consumers and provide a range of services, such as:

- Develop, maintain, and disseminate a centralized directory of community transportation resources;
- Staff a help line and provide trip planning services;
- Provide ride-matching functions;
- Organize and manage a taxi subsidy program on behalf of sponsoring organizations; and/or
- Lead coordination planning efforts, potentially organizing (or chairing) a coordination council

Mobility Managers/Regional Community Transportation Coordinators can also play a role in operational support, by providing a centralized resource center that supports transportation providers with resources to help with functions such as vehicle maintenance, driver training, fuel purchasing, coordinating back-up drivers and vehicles, scheduling software, and vehicle storage, depending upon the needs and desires of the region the Mobility Manager/Regional Community Transportation Coordinator is serving.

3.2.7.1 Applicability in Georgia

Mobility Managers are typically found at the county or regional level, making them an appropriate addition to Regional Commission staff in Georgia. In many ways, the Coastal Georgia Region and the Southwest Georgia regions provide models on which a Mobility Manager/Regional Community Transportation Coordinator position can be based. For example, the Director of Transportation Services for the Coastal Region has effectively coordinated RHST services in her region by communicating the value of this effort to stakeholders, and having them become advocates for an efficient and effective system. In the Southwest Region, the Mobility Management responsibilities at the Regional Commission are shared among a team composed of its Executive Director, who led the coordination of the different transportation systems and staff responsible for the financial side of combining resources and system's operations, following a Regional Community Transportation Coordinator model. This project would be inspired by these models and by best practices for Mobility Managers.

For this pilot, either a current staff RC member (or members) or a new hire (or small team) would take of the role of Mobility Manager/Regional Community Transportation Coordinator and handle tasks related to coordination. Those responsibilities involve:

- Understanding the current RHST services within the region, including:
 - Where RHST service currently exists
 - Where RHST service does not exist
 - Previous coordination efforts
- Collaborating with others involved in regional transportation services management, including
 - DHS Regional Transportation Coordinator
 - DCH Medicaid broker
- Developing Communication Plan/Approach (based on the Coastal Model) to understand perspective and build credibility with:
 - Elected officials
 - Stakeholders (AAA senior centers, interest groups, such as groups for persons with disabilities, and employers)
 - Current providers (existing public and private RHST providers)
 - Riders/users
- Determining Coordination Opportunities (Coastal, SW or Three Rivers Model)
 - Develop a streamlined administrative system for transportation services
 - Create a financial model that best uses the resources available
 - Seek opportunities to include new services or providers in the coordinated system
 - Developing consumer resources to make accessing transportation services a simple and smooth process

Once established, the pilot Mobility Manager/Regional Community Transportation Coordinator program can be maintained through several funding sources. The cost of funding a Mobility Manager is allowed under both Section 5316 (JARC) and Section 5317 (New Freedom) under the presumption that the Mobility Manager provides functions pertinent to each program. In each case, this is considered to be a capital cost, and hence, Federal funds from these programs are available at an 80/20 match, which makes supporting this position feasible in the longer term, but does require a 20 percent local match. It is also important to note that these FTA funding programs are typically awarded on a 2-year basis and are not meant to sustain such a project over the long term; hence, some other state or local funding

source will need to be found to preserve the sustainability of the Mobility Manager/Regional Community Transportation Coordinator.

Regions for Potential Pilot Project 12: All except Regions 10 – Southwest Georgia RC and 12 – Coastal Georgia RC

APPENDIX A: EXAMPLES OF COST SHARING AND INVOICING PRACTICES

Examples of Cost-Sharing Practices

Most entities that operate service directly have an idea of their unit cost, derived by taking the operations cost or variable costs (any part of the cost structure that is affected by volume of trips) and dividing that total cost by the total number of revenue vehicle hours or revenue vehicle miles. This yields an operational cost per revenue vehicle hour or a cost per revenue vehicle mile.

$$\text{Operations Cost (Variable Costs)} \div \text{Revenue Vehicle Hours or Miles} = \text{Unit Cost}$$

In some circumstances, it may be appropriate to lump in the administrative/management or fixed cost into this calculation. At other times, reimbursement of such costs can be handled differently. For example, in a coordinated system utilizing a fixed amount per month, the portion of the administrative/management/fixed cost amount per month associated with each sponsor is typically determined by using the historic ratio of the annual volume of trips to the total annual number of trips, divided by 12. Each sponsor is then billed this amount each month.

$$(\text{Annual Administrative/Management/Fixed Costs} \times \text{Historic Ratio of Sponsor's Trips to Total Trips}) \div 12 = \text{Monthly Management Fee}$$

In the case where a regional Mobility Manager functions as a broker or retains a broker or call center manager that does not also operate service in the system, the cost of the brokerage or call center functions could be split up into monthly fixed costs, as described above, while the operational cost of service, as supplied by the service providers, and invoiced to the RTC, can be subject to a cost sharing policy/practice that in part is based on the unit cost of service. This is discussed further below.

For the purposes of describing different ways to share the cost of co-mingled trips, we shall use the following “block” of trips as an example. A vehicle in the coordinated system picks up Customer 1 sponsored by Sponsor A, then picks up Customer 2 sponsored by Sponsor B, then drops off Customer 1, and then drops off Customer 2.

	Pick Up-1		Pick Up-2		Drop Off-1		Drop Off 2	
Minutes	P1	10 min	P2	30 min	D1	20 min	D2	
Mileage	P1	4 miles	P2	10 miles	D1	6 miles	D2	

The examples below present three of the most common ways of costing out the trips.

Example 1: Base cost-sharing on time

Using a shared time approach and a cost per revenue hour unit cost (which the provider has calculated to be \$50/rev hour), the cost of providing Customer 1’s trip is $25/60 * 50 = \$20.83$, where 25 is the time apportioned to Customer 1 (10 minutes + ½ of 30 minutes shared ride time) and 60 is the total number of minutes in the block. Similarly, the cost of providing Customer 2’s trip is $35/60 * 50 = \$29.17$ (1/2 of 30 minutes shared ride time + 20 minutes). In the case of the time when both are on board together, the time is split evenly between the two. Note that the 60 minute block costs $\$20.83 + \$29.17 = \$50$, equating to the cost per hour for service.

Example 2: Base cost-sharing on vehicle mileage

This is basically the same approach as above. In this case, the provider has calculated his cost per revenue vehicle mile to be \$2.50. Using this unit cost, and the mileages above, Customer 1's trips costs $9 * 2.50 = \$22.50$ (where 9 = 4 miles + $\frac{1}{2}$ of 10 miles) and Customer 2's trip costs $11 * 2.50 = \$27.50$ (where 11 = $\frac{1}{2}$ of 10 miles + 6 miles). Here, too, the mileage in common is split evenly between the two customers.

Example 3: Base cost on passenger-miles and exclusive-ride path

In this approach, the cost of the trip can be "flat-rated" before the trip is taken. GIS software is used to estimate the length of the trip as if it were being served exclusively (without any ride-sharing). This mileage is then applied to the average cost per passenger-miles (vs. per revenue vehicle mile), which, like the other unit costs above, is calculated based on historical data.

Deadhead hours and mileage during revenue service time

In some systems, a provider's payment for dedicated service will be based on garage-to-garage time or mileage, or even first pick-up to last drop-off time or mileage. In either of these cases, the cost of deadheading, or the time in which the vehicle has no passengers but is starting or ending its service, needs to be included in the costing/payment calculations.

Perhaps the easiest way to do this is to take the time or mileage ratio that applies to each customer in the time block and divvy up the deadhead time preceding the block. In the case of garage-to-garage calculations that are included in revenue service, this leaves out the last deadhead back to the garage. There are two ways to handle this time or mileage attributed to deadheading back to the garage. One way is to apportion it based on the last block. In a way, this is a double whammy to the sponsoring organizations of the trips in the last block, but systems that have employed this method believe that it all evens out in the end. Another (and more visibly equitable) way is to apportion the last-pick-up-to-garage deadhead time/mileage based on the ratios from the collective set of blocks.

Examples of Invoicing

The above discussion focuses on methods where by the cost of shared-ride service is apportioned to sponsoring organizations. Once these costs are determined, each Mobility Manager then must invoice the sponsoring organization for the cost of providing this service.

The following presents two examples of how this could be done.

Actual Cost Method

One way to do this is to present the actual cost of service, as determined above. While this is the fairest and most accurate approach, it sometimes causes confusion for the sponsoring organization. For example, a trip may cost \$10 on Monday and \$5 on Tuesday. (On Tuesday, the trip was shared with a trip sponsored by another organization.) Wide swings in cost can therefore occur because of the fluctuating level of inter-agency ridesharing.

Note that flat-rating the trip (see Example 3 above) addresses this issue because the cost of that trip will always be the same (as long as the unit cost per passenger-mile doesn't change).

Average per Trip Cost Method

Another way to invoice for the service is to cost out trips based on Example 1 or 2 above for either all trips or a statistically relevant sample, total the cost, and divide the total by the number of trips to arrive at an average cost per trip. This average per-trip cost can then be used as the basis of billing. An average cost per trip is calculated for each sponsor. This facilitates the budgeting process for each sponsor because the sponsoring organization can roughly judge what budget is needed for the coming month or year based solely on the expected demand.

Some organizations using this method adjust their rate every quarter based on the experience in the preceding quarter. Others have been known to adjust their rate every 6 months or every year. The longer the period between adjustments, the more of a need there may be for a reconciliation process. Some sponsors may be willing to accept the concept that any gains or losses using this method (compared to the actual cost of service) will be taken care of during the next period. Other sponsors may require an audited reconciliation, with payments or losses being paid from one part to the other. In some cases, this reconciliation may need to be undertaken a while after the period in question if the sponsors' policies allow payment submittals to trickle in long after the end date of the period.

Incentive program

An incentive program, similar to the one utilized in Massachusetts, could also be employed to encourage RTCs to improve on efficiencies. In this program, the average cost per trip becomes the "target unit cost." If actual costs, as determined by the cost-sharing practices, indicates that the actual cost is running below the target unit cost, the brokers who elect to participate in this incentive program keep the difference up to the first 3 percent of the annual projected revenue. After that threshold is reached, the sponsor keeps any additional savings.

Management cost invoicing

If the administration/management/fixed costs of the Mobility Manager or broker are not included in computing the cost of service, this cost can then be invoiced separately. Most systems that do separate out this from operations costs are reimbursed on a monthly basis.

APPENDIX B EXAMPLES OF DEDICATED FUNDING SOURCES

Pennsylvania – State Lottery Funding

The Pennsylvania Lottery is required to contribute 30 percent of proceeds (before prizes) to programs to benefit seniors. The funds support property tax and rent rebates, shared-ride and free-ride public transportation, pharmaceutical assistance, and Area Agencies on Aging and Senior Centers. In 2003-04, of \$825 million devoted to programs, \$116 million was dedicated to the shared-ride and free transit programs, both administered by PennDOT.

- The Shared-Ride program offers door-to-door specialized transportation services (vans and mini buses) at a reduced fare. Shared-Ride is demand response, typically door-to-door, service. People who participate in this service must pay 15 percent of the Shared-Ride fare. The 15 percent can either be paid by the customer or reimbursed by a third party or sponsoring agency. The 85 percent discount is available to seniors at any time that the demand response service is available to the general public. The first fare-paying passenger in a sequence of trips cannot refuse to share the ride with the next passenger.
- The Free Transit program provides rides on scheduled fixed-route public transit services for free during off-peak hours on weekdays and all day weekends and holidays. As of 2006 there were 59 carriers that provided Free Transit services in all 67 counties in the state. Each county is free to provide transit services or designate a carrier or carriers for the program. Every major urban area participates in the program and many small urban and rural communities also provide transit services for their seniors under this program.

The Shared-Ride Program funding is provided by means of grant applications that are submitted by the participating counties. The grant proceeds are provided directly to the participating systems, which in turn either contract out transit services or provide transit service directly. In some instances, communities have joined together to form a regional transit system which operates and manages all modes of transportation and transit services including Fixed Route, ADA Paratransit, and Demand Response.

The Free Transit and Shared-Ride Programs pay participating systems on a per trip basis. This is a major concern for the Shared-Ride Program participants because there are times when actual trips are less than budget. Occasionally, when trip demand is below budget the provider has uncovered fixed costs. This has led some providers and local communities to rethink their approach to managing and operating under the program.

Operators in both programs include transit authorities, private taxis, paratransit operators, human service agencies, county governments, and non-profit transportation providers. In 1986 regulations designed to improve coordination was adopted. This has led to a reduction in the number of carriers from 97 to 60. Local governments were encouraged to identify single coordinators to become program grantees.

The services subsidized by the Shared-Ride Program are often used by other programs, including the Persons with Disabilities Program (PwD), Welfare to Work Program (W2W), Medical Assistance Transportation Program (MATP), Mental Health and Mental Retardation (MH/MR) programs, the Department of Labor and Industry's Office of Vocational Rehabilitation, and many other human service agencies and at times the general public. There is an 85 percent discount for the PwD Program, which is covered by grants from the state's General Fund. Fare structures for other users of the services are based on program authorizations, program features and budget structure.

New Jersey – Casino Revenue Funds

New Jersey's use of Casino Revenue Funds dates back to 1978 when voters approved legislation that levied taxes on certain types of casino revenue. An 8 percent tax is levied on the gross revenue of all casinos and is deposited into the Casino Revenue Fund. The Casino Revenue Fund is used to benefit senior citizens and the disabled. In 2004, the fund took in \$595 million in revenue, \$25 million of which went to transportation for older adults and persons with disabilities, as administered by NJ Transit.

Specifically, the legislation states that the transportation element of the program shall be known as "The Senior Citizen and Disabled Resident Transportation Assistance Program (SCDRTAP)." The program has been designed to assist all counties within the state with the following:

- Developing and providing accessible feeder transportation service to accessible fixed-route transportation services where such services are available.
- Providing accessible local transit service for senior citizens and the disabled which may include but not be limited to door-to-door service and fixed route service.
- Assisting with local fare subsidies, and user-side subsidies which may include but not be limited to private rides or taxi fare subsidies.

NJ Transit coordinates the activities of the various participants in the program by providing administrative support and management services for the counties.

In addition to directly funding transportation services for seniors and the disabled, SCDRTAP can also be used to provide and maintain capital improvements that afford accessibility to fixed route and other transit services in order to make the various services and modes of transportation accessible to seniors and the disabled. The SCDRTAP can also be used for capital improvements that enhance accessibility under the NJ Transit's ADA Paratransit program such as the purchase of mobile data terminals, AVL and IVR systems, and other software/hardware items that improve accessibility.

To be eligible to participate in programs funded by SCDRTAP, one must be at least 60 years old or at least 18 year old with a documented disability. Documentation of legal age is strictly adhered to. State ID's, Medicaid ID's or State driver's licenses are acceptable for establishing age. Each county, however, has been given the flexibility to establish and document disability status. Some counties have established a more formal eligibility determination process whereby the person must submit physician and medical documentation in addition to submitting to an on-site examination. Other counties take a more liberal approach by allowing some self-certifying of disabled status.

SCDRTAP Funds are awarded to the counties based on a formula that uses the US Census, specifically the total county population and the number of eligible seniors and disabled who reside within the county. All eligible counties receive at least \$150,000 during a fiscal year, except that during the first fiscal year that a county participates in the program that county shall receive a minimum of \$50,000 but not more than \$150,000.

Each eligible county that receives Casino Revenue Funds must establish a committee or board consisting of 51 percent seniors and disabled citizens. This group must be allowed to make recommendations as to the merits of the proposed transportation services. Quarterly hearings are held to allow the public the opportunity to comment on the appropriateness of the county's transportation services prior to application submittal. All applications must be in the form of a proposal for transportation assistance and specify the degree to which the proposal meets the purposes of the program.

Additional key points concerning the Casino Revenue Fund's SCDRTAP Program are as follows:

- This program is separate and apart from the NJ Transit's ADA Paratransit service in terms of funding, operations and administration.
- Counties are free to determine who and how SCDRTAP services are provided.
- Counties are free to determine fare policies and procedures.

Casino Revenue Funds allocated to NJ Transit for use in SCDRTAP are distributed in the following manner: 85 percent is allocated to eligible counties; 15 percent is provided to NJ Transit to fund program support to the counties. Two thirds of the proceeds allocated to NJ Transit (10 percent) will be used to cover general administration costs. One third of the proceeds allocated to NJ Transit (5 percent) will be used to administer the counties' SCDARTAP programs and for: 1) rendering technical assistance and conducting planning studies; and 2) developing, providing and maintaining NJ Transit capital improvements that afford accessibility for seniors and the disabled.

Additional activities administered by NJ Transit under the SCDRTAP are as follows:

- Annual application review – requires a local public hearing and advisory committee input.
- Monitor operations - site visits.
- Review vehicle specifications/inspect equipment as necessary.
- Verify reimbursement requests.
- Attend local citizen advisory committee meetings during the year.
- Provide driver and management training.
- Promote best practices.

Besides the Casino Revenue Funds, counties have a variety of other funding sources to support transportation. In 2004, the counties expended about \$53.4 million for transportation services. This was an increase of \$1.9 million over the year before. The single largest funding source for SCDRTAP transportation services on average, statewide, is state lottery proceeds (for 2004, \$21.7 million or 41 percent of all county transportation budgets, up \$1.1 million or 1 percent from the year before). The trend of about 40 percent of funding for county transportation services stemming from lottery proceeds is expected to remain relatively constant in the short-term.

Oregon – Cigarette Tax

The Special Transportation Fund for the Elderly or Disabled (STF) was created in 1985 by the Oregon Legislature to help finance transportation services for elderly and people with disabilities. The Public Transit Division of the Oregon Department of Transportation administers this program for the State of Oregon. The funds are principally derived from cigarette taxes and are used for the purpose of financing and improving transportation programs and services for the elderly and disabled residents of each recipient jurisdiction. Eligible recipients include mass transit districts, transportation districts, Indian tribes and counties.

The governing body of each STF recipient is required to appoint an advisory committee to advise on the use of funds. Permitted uses of STF include:

- Maintenance of existing transportation programs and services for the elderly or disabled.
- Expansion of such programs and services.
- Creation of new programs and services.

- Planning for, and development of, access to transportation for elderly and disabled individuals who are not currently served by transportation programs and services.

The funds are not limited to supporting ADA paratransit. For example, in the Portland area, the funds support a wide variety of programs operated by small towns and non-profit organizations.

The STF program is now 20 years old and has grown from its modest beginnings. The original and still primary source of funding was a \$.01 tax on each pack of cigarettes. In 1989 the Oregon Legislature increased the cigarette tax to \$.02 per pack to further improve and expand services. Currently, the full tax rate on cigarettes is \$.059 per cigarette or \$1.18 per pack of 20 cigarettes. The \$1.18 per pack is distributed as follows: \$.22 goes to the General Fund, \$.87 to the Oregon Health Plan, \$.02 to cities, \$.02 to counties, \$.02 to the Oregon Department of Transportation (the Special Transportation Fund), and \$.03 to the Tobacco Use Reduction Account.

Originally, the STF was allocated entirely by formula based on population. When the cigarette tax funding was increased in 1989, a discretionary program started. In 1999, in response to the growing need for transportation services, the Legislature contributed an additional \$9 million in state general funds for the 1999-2001 biennium. In 2003, the general funds were replaced with two other funds: Transportation Operating Funds (TOF) contributed by the Department of Transportation and the excess revenues from the sale of DMV identification cards. At this time Indian tribes with members residing on tribal lands were added to the list of STF recipients. In 2005, the program revenues from the cigarette tax, TOF and ID card revenues brought about \$18 million per biennium to the program. Of this about \$14 million was allocated by population and about \$4 million through discretionary grants.

One reason for adding other funds to the STF is the nature of cigarette sales as a source of revenue. Cigarette sales per capita have fallen somewhat since 1999, although total revenue has been roughly constant due to population growth.