

# GEORGIA DEPARTMENT OF TRANSPORTATION

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## Transit Planning Services

### RURAL AND HUMAN SERVICES TRANSPORTATION STUDY - PHASE I NEEDS ASSESSMENT

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#### PREPARED FOR

**Georgia Department of Transportation**  
**Division of Intermodal**

600 W. Peachtree St. NW

Atlanta, GA 30308

Phone: (404) 631-1236

Fax: (404) 631-1937

Contact: Tyrhonda Edwards

#### PREPARED BY

**HNTB Corporation**

3715 Northside Parkway

200 Northcreek, Suite 800

Atlanta, GA 30327

Phone: (404) 946-5700

Fax: (404) 841-2820

Contact: Claudia Bilotto, AICP



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## INTRODUCTION

In 2007, the Georgia Department of Transportation (GDOT) and the Georgia Department of Human Resources (now the Georgia Department of Human Services [DHS]), developed the Coordinated Public Transit – Human Services Transportation Plan for the State of Georgia. This was an interim plan intended to address all federal coordination requirements and included an inventory of major human services transportation activities in the state as well as a summary of potential future improvements to those systems. Since then, human services transportation systems across the state have faced challenges as limited funds are stretched to address increasing demand due to demographic trends and other local needs.

GDOT initiated the Georgia Human Services Transportation Plan 2.0 in 2010 to build upon concepts identified in the 2007 plan, and to identify opportunities to enhance statewide, regional, and local opportunities to coordinate the delivery of human services transportation for the benefit of all transportation providers, and most importantly, consumers of rural and human services transportation (RHST) delivery in Georgia.

Ultimately, the plan will produce an Enhanced Human Service Transportation Model for the State of Georgia that will increase coordination among public and human services transportation providers, will expand capacity (i.e., more services for consumers), and improve system efficiency and cost-effectiveness. Further, this study will help to inform the legislative requirements of House Bill 277, an evaluation of the existing RHST delivery structure in Georgia.

## Study Goals

This report represents the collection of a body of data to establish an understanding of current RHST delivery in the state of Georgia. Needs and gaps identified as part of the assessment will feed the development of alternative statewide coordination solutions and ultimately the identification of one or more RHST coordination pilot projects for the state. The goals of the Georgia Human Services Transportation Plan 2.0 were established early in the study process and include the following:

- Assess current coordinated RHST efforts within Georgia;
- Identify ways to improve transportation coordination for persons with special mobility needs;
- Learn from best practices and model programs across the country;
- Develop and evaluate regional RHST model alternatives; and
- Identify pilot projects to test coordination strategies.

To achieve these goals and identify appropriate solutions to improve coordination, a thorough understanding of the current state of RHST delivery in Georgia and the needs and issues that current service providers face is paramount. The elements of the needs assessment phase of the study were designed to provide insight into what is working well within the current structure, what needs improvement, and what will ultimately benefit the providers and consumers of RHST statewide. All of these activities will occur in tandem in order to achieve the fundamental goal of RHST delivery, to transport people from Point A to Point B in a cost-effective, easy to understand manner.

## Needs Assessment Task Methodology

This technical memorandum summarizes the needs assessment process and findings in support of the Georgia Human Services Transportation Plan 2.0. The objective of the needs assessment task is to collect data and examine existing conditions relative to RHST delivery statewide, as well as to assess the demand for services in the future and the benefits that coordination of these services could bring throughout the state. This memorandum is organized into chapters based on the documentation of the following activities:

- **Introduction to RHST Delivery in Georgia (Chapter 1)** –Summary of existing conditions and review of relevant programs and studies to form the overall goals, objectives, and needs identification process.
- **Demographic Analysis (Chapter 2)** –Assessment of historical and future demographic trends and socioeconomic conditions to demonstrate the potential demand for RHST services in Georgia through year 2030.
- **Funding Inventory and Assessment (Chapter 3)** –Documentation of federal and state agency programs that fund RHST and the extent to which these funded services are used and coordinated.
- **Regional Case Studies (Chapter 4)** –DHS regional assessment of RHST infrastructure documenting existing services and coordination efforts. Included is the identification of current needs, gaps, opportunities, and best practices to inform the development of a statewide coordination model.
- **Examination of International Best Practices (Chapter 5)** –Scan of global RHST coordination practices and solutions that may be applicable to address Georgia’s RHST needs.
- **Examination of State Best Practices (Chapter 6)** –Scan of national RHST coordination practices and solutions that may be applicable to address Georgia’s RHST needs.
- **Identification of Needs, Gaps, and Barriers (Chapter 7)** –Summary of statewide needs identified through the needs assessment process.
- **Development of Guiding Principles (Chapter 8)** –Set of statewide RHST guiding principles to drive the future tasks of the study, based on findings from needs assessment findings and stakeholder input.

## Key Findings

A preview of key findings of the needs assessment, each of which is documented in the body of this report, includes the following:

1. Georgia’s RHST stakeholders prefer a coordination model that can accommodate a combination of elements from the existing statewide, regional, and broker-based systems. Included in this preference is the incorporation of a “Mobility Manager” approach.
2. Streamlining of reporting requirements and compliance regulations can help to reduce administrative overlap within and across RHST providers.
3. Service payments and fare structures are not consistent across programs that purchase services from one another as they vary from fully allocated, to capitated, to negotiate per mile rates. This makes it difficult to track expenditures and to appropriately budget for the most efficient use of resources. Similar trips are paid using differing payment amounts.
4. Consolidation of qualified RHST funding sub-recipients and/or the use of shared services across state RHST programs would relieve an administrative burden on state agencies who dedicate resources to monitor programs and reduce overhead expenditures for program administration.
5. Opportunities exist to reduce vehicle cost through joint purchase, joint insurance, or joint maintenance agreements.

6. Vehicle utilization may be improved through the coordination of service delivery in areas where there are multiple entities providing RHST service during the same time.
7. A coordinated approach to the purchase of scheduling and reporting software and hardware, and joint training of these systems, is an opportunity to leverage funding and technical knowledge statewide.
8. Several state agencies outside of the current RHST delivery structure, including the Veteran's Administration and the Department of Education, may have resources to leverage for more efficient service provision.
9. Consumers of RHST services throughout the state face confusion as to transportation contacts and eligibility requirements when requesting a trip. Consumers would benefit from a one-stop information resource in each region.

# **CHAPTER 1 RURAL AND HUMAN SERVICES TRANSPORTATION DELIVERY IN GEORGIA**

## **1.1 Overview**

Rural and Human Services Transportation (RHST) is defined as mobility services provided for the benefit of disadvantaged populations, including persons with disabilities, older adults, and persons without a vehicle. RHST includes services provided by public transit operators, human service agencies, private providers, and private non-profit agencies. RHST includes a broad range of service options designed to meet the varying needs of the transportation disadvantaged depending on their abilities, environment, and the transportation options available within their communities.

The Georgia Department of Transportation (GDOT) is one of the three key state agencies involved in the delivery of RHST in Georgia. GDOT, the Georgia Department of Human Services (DHS), and Georgia Department of Community Health (DCH), are each responsible for the administration of major federal RHST funding sources and oversight of transportation service delivery for RHST related programs statewide. This chapter provides an overview of the state transportation programs providing significant RHST service and administered by these three state agencies. This includes urban public transit, rural public transit, the DHS Coordinated Transportation System and the DCH Medicaid Non-Emergency Transportation (NET) system. The Funding Assessment included in Chapter 3 of this report provides a more detailed review of all federal and state funding sources available in Georgia that are available for RHST.

## **1.2 Georgia Department of Transportation (GDOT) Transit Programs**

The GDOT Division of Intermodal provides policy, planning and operational support and oversight for non-highway transportation modes including transit. As it relates to RHST, GDOT Intermodal Programs is responsible for the administration and implementation of Federal Transit Administration (FTA) funds and programs relevant to RHST including Section 5307, 5311, 5316, and 5317 for much of the state. Each of these funding sources serves to enhance basic mobility for all Georgians, especially those identified as RHST target populations including people with disabilities, senior citizens, low-income populations, and other citizens who may not have access to a personal vehicle or choose not to drive.

### **1.2.1 FTA Section 5307 Urban Area Public Transit Systems**

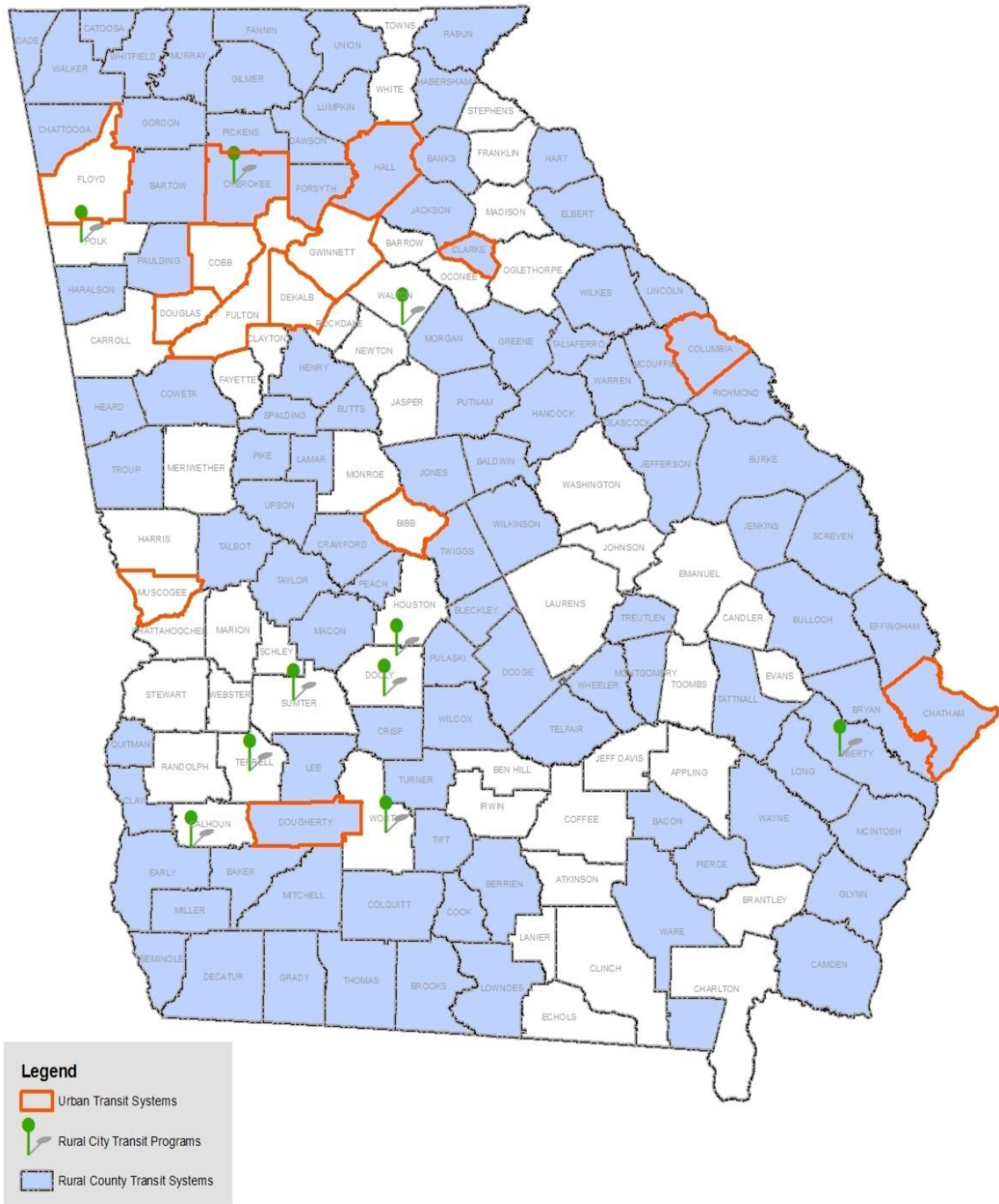
GDOT is responsible for the administration of FTA Section 5307 Urban Area Transit funds in urbanized areas with populations between 50,000 and 200,000. The appropriation is funded under a formula grant with eligible purposes including: engineering design and evaluation of transit projects and other technical transportation-related studies; capital investments in bus and bus-related activities such as replacement of buses, overhaul of buses, rebuilding of buses, crime prevention, and security equipment and construction of maintenance and passenger facilities; and capital investments in new and existing fixed guideway systems including rolling stock, overhaul and rebuilding of vehicles, track, signals, communications, and computer hardware and software. All preventive maintenance and some Americans with Disabilities Act (ADA) complementary paratransit service are also considered capital costs. Figure 1.2.2.1 on page 10 illustrates the existing recipients of 5307 funding statewide. There are currently 14 urban transit providers receiving 5307 funding. It should be noted that in urbanized areas with populations over 200,000, federal funds are provided directly to a designated area recipient, typically the urban area public transit agency.



### **1.2.2 FTA Section 5311 Rural Public Transit Systems**

GDOT also administers the FTA Section 5311 Rural Public Transit program, providing local areas with a population less than 50,000 the opportunity to provide transit services within their communities. The rural transit program is intended to enhance rural area mobility and improve access to health care, shopping, education, employment, public services, and recreation. Federal funds are allocated to the states on a formula basis, and can be used for capital assistance, operating assistance, planning, and program administration. The program has successfully assisted many local communities in the maintenance, development, improvement, and use of public transportation in rural and small urban areas. GDOT is the direct recipient of the FTA funds in Georgia and, in turn, provides federal funding and a small amount of state funding to local sub-recipients in Georgia. There are currently 112 rural transit systems receiving 5311 funds in the State of Georgia, as illustrated in Figure 1.2.2.1 on page 10.

**Figure 1.2.2.1: 5307 Urban Public Transit and 5311 Rural Transit Funding Recipients in Georgia**



### **1.2.3 FTA Section 5316 Job Access Reverse Commute (JARC)**

FTA Section 5316 Job Access Reverse Commute (JARC) funding is a key RHST funding source due to its support for projects that transport low-income individuals to and from jobs and activities related to employment and for reverse commute projects. GDOT administers this source of funds through a competitive process to eligible transit agencies in non-urbanized areas (population less than 50,000). DHS, through its Coordinated Transportation System (discussed in Section 1.3.2), administers these funds on behalf of GDOT in areas with populations between 50,000 and 199,999. In other urbanized areas (population of 200,000 or more) outside of Metro Atlanta, GDOT or direct 5307 recipients (i.e., Augusta-Richmond County Commission, Chattanooga Area Regional Transportation Authority, Columbus-Muscogee County Consolidated Government METRA Transit System and Chatham Area Transit Authority) administer the program and are designated recipients of the Section 5316 funds. In metro Atlanta, MARTA and the Atlanta Regional Commission (ARC) jointly administer this source of funds to eligible RHST providers through a competitive process. Further details of this program are discussed in detail in Chapter 3: Funding Assessment.

### **1.2.4 FTA Section 5317 New Freedom**

FTA Section 5317 New Freedom funding is another key RHST funding source supporting new public transportation services and alternatives beyond those required by the American with Disabilities Act of 1990 (ADA), that are designed to assist and enhance mobility for individuals with disabilities. DHS, through its Coordinated Transportation System (discussed in Section 1.3.2), administers these funds on behalf of GDOT in urbanized areas (50,000 – 199,999 population) and in non-urbanized areas (less than 50,000 population). In other urbanized areas (population of 200,000 or more) outside of Metro Atlanta, GDOT or direct 5307 recipients (i.e., Augusta-Richmond County Commission, Chattanooga Area Regional Transportation Authority, Columbus-Muscogee County Consolidated Government METRA Transit System and Chatham Area Transit Authority) administer the program. In metro Atlanta, MARTA and the ARC jointly administer this source of funds to eligible RHST providers through a competitive process. The details of this funding program are discussed in Chapter 3: Funding Assessment.

## **1.3 Georgia Department of Human Services (DHS) Transportation Services**

DHS plays a key role in RHST delivery of FTA Section 5310 funding as well as other major sources of funding that can be applied to RHST including Title IIIB Older Americans Act funds, Social Services Block Grants (SSBG), and Temporary Assistance for Needy Families (TANF) funds. These funding sources are discussed in further detail in Chapter 3: Funding Assessment.

### **1.3.1 FTA Section 5310 Elderly and Disabled**

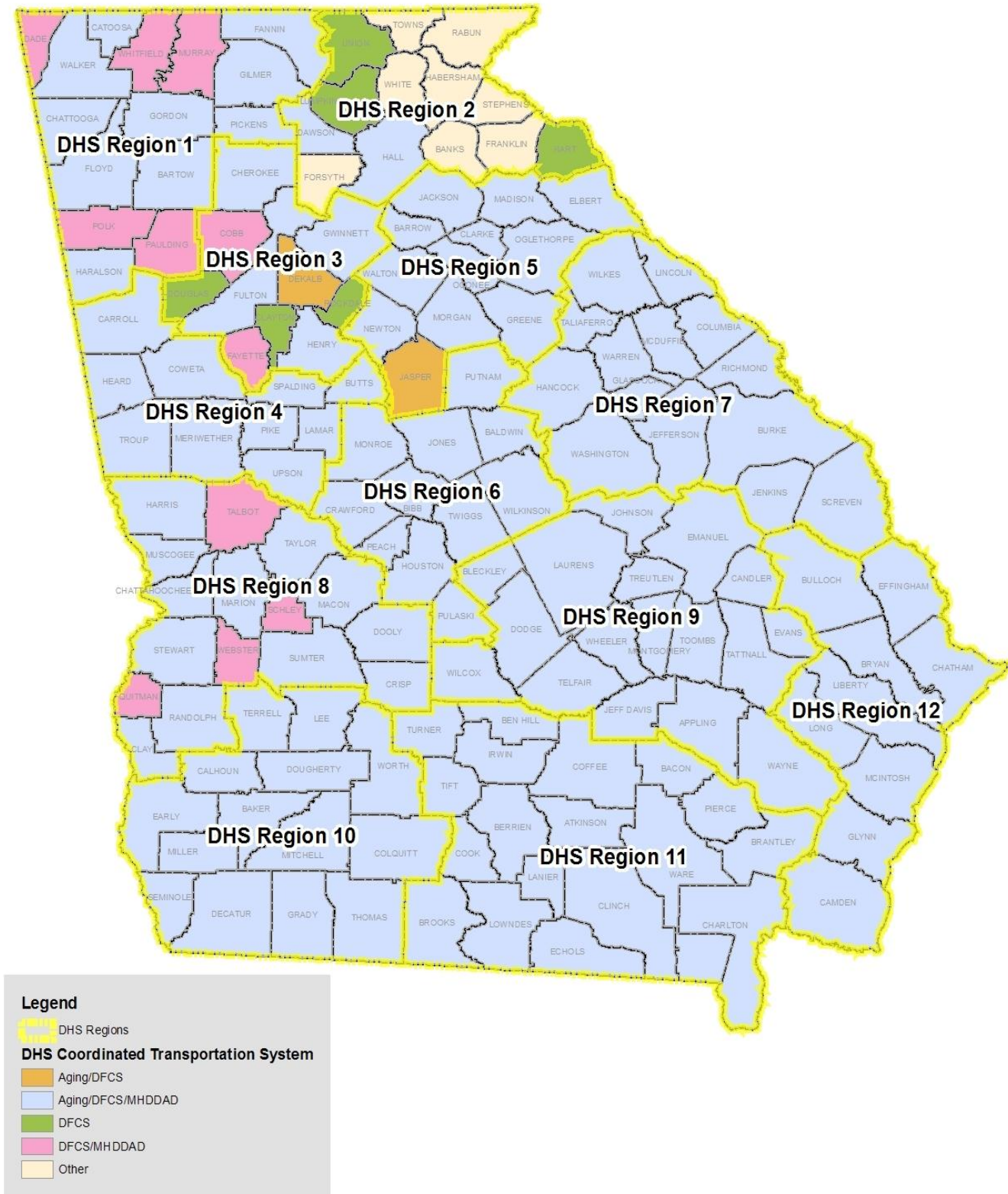
FTA Section 5310 funding is intended to provide assistance to the elderly and disabled where public transportation services are inadequate, inappropriate, or unavailable. These funds can be used to provide capital assistance for use by private, non-profit organizations or public entities providing services for elderly and disabled populations in urbanized, small urban or rural areas. The funds may also be used to provide for the purchase of trips from an existing transportation provider. DHS has instituted a policy under its Coordinated Transportation System Plan that all federal and state funds used in the delivery of transportation services under 5310 will be applied towards the purchase of services (POS) through service agreements rather than for capital expenditures (vehicles purchase or related equipment). Private, non-profit organizations are the primary eligible sub-recipient of Section 5310 funds. Public bodies approved by the state to coordinate services for the elderly and disabled, or any public body that certifies to the satisfaction of the state that private non-profit organizations in the area are not readily available to carry out the services, may be eligible to receive Section 5310 funds.

### **1.3.2 DHS Coordinated Transportation System**

Georgia's DHS Coordinated Transportation System is a statewide RHST system designed to provide access to services for DHS clients in 12 regions across the state. The system provides transportation services to eligible recipients of funds from the Division of Aging, Division of Family and Children's Services (DFCS), Temporary Assistance to Needy Families (TANF), and the Department of Behavioral Health and Developmental Disabilities (DBHDD). In some regions, the system also serves clients from the Department of Labor's Vocational Rehabilitative Services (VOC Rehab).

The DHS Coordinated System, illustrated in Figure 1.3.2.1 on page 14, operates through a series of POS contracts within each of the 12 regions. Service providers vary from region to region, but generally include a mix of governmental entities (e.g., Regional Commissions), private, non-profit organizations (e.g., Community Service Boards), and / or private entities. In many regions, the Regional Commission or community service provider serves as a prime contractor to the DHS region and provides contract management in coordination with the DHS regional transportation coordinator, while also holding subcontracts with additional entities that provide the transportation services to the end user. In many cases, these services are provided through existing 5311 systems located in rural counties throughout the state. The details of the DHS Coordinated Transportation System by region and its interaction with other transportation systems, is further explored in the regional case studies included in Chapter 4: Regional Needs Assessment.

**Figure 1.3.2.1: DHS Coordinated Transportation System**





## 1.4 Georgia Department of Community Health - Medicaid Non-Emergency Transportation System (DCH NET)

DCH is the state agency designated to receive and administer Medicaid funding to eligible recipients in Georgia. This includes the provision of transportation services for eligible participants to get to and from health care services provided under the Medicaid program. The DCH Medicaid Non-Emergency Transportation Service program (DCH NET) provides medically necessary transportation for any Medicaid member who has no other means of transportation available to any Medicaid reimbursable service for the purpose of:

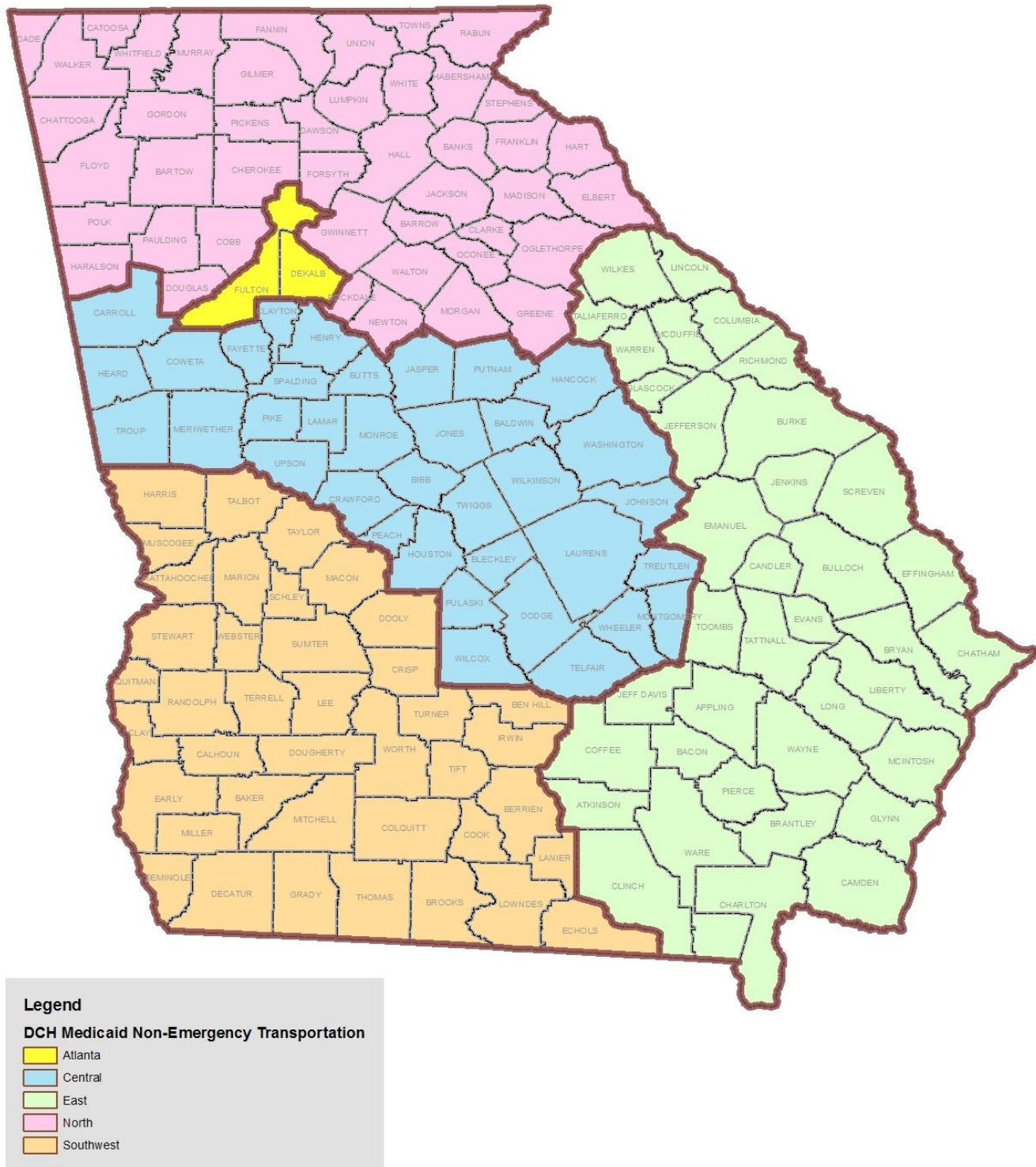
- Receiving treatment;
- Receiving medical evaluations;
- Obtaining prescription drugs; or
- Obtaining medical equipment

Georgia's DCH NET is a broker-based system organized into five regions across the state, as illustrated in Figure 1.4.1 on page 16. A vendor is selected to represent a region(s) through a competitive bidding process to serve as the broker responsible for program administration and transportation services to eligible recipients. Typically, trips are purchased by the broker from a list of approved NET providers, including private providers, private, non-profit organizations, and community service boards. Brokers may also purchase trips from other RHST service providers such as ADA paratransit systems. There are approximately 167 approved NET providers working with the regional brokers in Georgia to provide RHST trips. Currently, there are three brokers working in the five regions of the state as exhibited in Table 1.4.1 below. Two of these brokers, Southeastrans and LogistiCare, are private, for-profit entities. In the Southwest Region, a government agency (Southwest Georgia Regional Commission), serves as the broker.

**Table 1.4 1: DCH NET Brokers by Region**

| Region    | Broker                                |
|-----------|---------------------------------------|
| North     | Southeastrans                         |
| Atlanta   | Southeastrans                         |
| East      | Southeastrans                         |
| Central   | LogistiCare                           |
| Southwest | Southwest Georgia Regional Commission |

**Figure 1.4.1: DCH NET Region**



## 1.5 Other State Programs, Providers, and Coordination Activities

In addition to the RHST programs administered by GDOT, DHS, and DCH, there are a number of private entities and non-profit service providers serving RHST populations throughout the state. Information available on these providers is captured in the regional case studies included in Chapter 4: Regional Needs Assessment.

Further, many regions and localities across the state developed their own Coordination Human Service Transportation Plans following the Federal United We Ride initiative in 2004. Available RHST plans were reviewed and considered during the development of this needs assessment where applicable. A matrix outlining the plans is available in Appendix A.

Recently, passage of House Bill 277 (HB277) has drawn additional attention to the coordination of RHST programs across the state and mandated a thorough analysis of the existing RHST delivery structure in Georgia. The Governor's Development Council (GDC) is leading this parallel effort, expected to conclude in the summer of 2011. GDOT and the GDC are working in tandem to leverage relevant information collected in the advancement of this needs assessment. In another recent statewide initiative, the Georgia Council on Developmental Disabilities conducted a series of listening sessions across the state called "Conversations that Matter" to develop a list of ideas to improve transportation for the disabled community. Also, the Governor's Office of Highway Safety held a full day RHST seminar in the summer of 2010 featuring sessions by RHST experts and practitioners from across the country. Summaries of these discussions were reviewed and considered in the development of the recommendations for this plan.

## 1.6 Conclusion

GDOT, DHS, and DCH are the "Big Three" key state agencies involved in the administration of state and federal RHST funds as well as the delivery of RHST services to consumers across the State of Georgia. Though each agency's programs are robust within their organization to administer transportation services to their eligible constituents, no formal coordination between agencies takes place at the state level. Through the needs assessment process, the project team explored redundancies and other opportunities that may exist to better leverage resources through streamlining these activities where possible. Exploration of the available funding for these programs and other potential sources of RHST dollars is documented on an agency by agency basis in Chapter 3: Funding Assessment. Further, the Regional Needs Assessment documented in Chapter 4 provides an understanding of how the major systems highlighted here (i.e., Urban Public Transit, Rural Public Transit, the DHS Coordinated Transportation System, and DCH NET) interact at the local level in the delivery of RHST to consumers.



## CHAPTER 2 DEMOGRAPHIC ANALYSIS

### 2.1. Overview

Personal mobility in Georgia is changing in response to a growing and diversifying population with evolving transportation needs. Public transit is the means by which these trips are made for those who choose not to or cannot drive. The following section examines the historical demographic trends and the changes that are expected to take place in the coming years (2010-2030). The demographic analysis will be used as a starting point to determine anticipated demand on human service transportation.

Specific emphasis of the demographic analysis is placed on the following four primary consumer groups that traditionally have mobility limitations: 1) the elderly, 2) persons with disability, 3) persons below the poverty line, and 4) households without a motor vehicle. As these populations change and grow, the challenge will be the coordination and implementation of human service transportation program and services to best meet their mobility needs.

### 2.2. Overall Population Growth

Between 1990 and 2000, Georgia was the fastest-growing state in the South. The overall population increased by 26 percent from 6.5 million to nearly 8.2 million residents (U.S. Census, 2000). The population in Georgia continued to increase by 17 percent in the decade between 2000 and 2010. Although the population growth is expected to taper off, the forecasted population increase is approximately 13 percent from 2000 to 2020 and 11 percent from 2020 to 2030. By the year 2030, the total population is estimated to be greater than 12 million people.

The Georgia Governor's Office of Planning and Budget released its latest population projections through the year 2030 in March of 2010. Table 2.2.1 demonstrates the population projection in Georgia between 2010 and 2030 from both sources. Compared to the projection from the U.S. Census, the projection from the Governor's Office Budget and Planning is slightly higher. According to its estimates, over the next two decades (between 2010 and 2030) the state's population is projected to grow by an additional 4.6 million people. Although the growth rate for each decade of this period (21 percent) is lower than the very rapid growth experienced during the 1990s, it is similar to the pace of growth (23 percent) during the most recent decade (2000-2010).

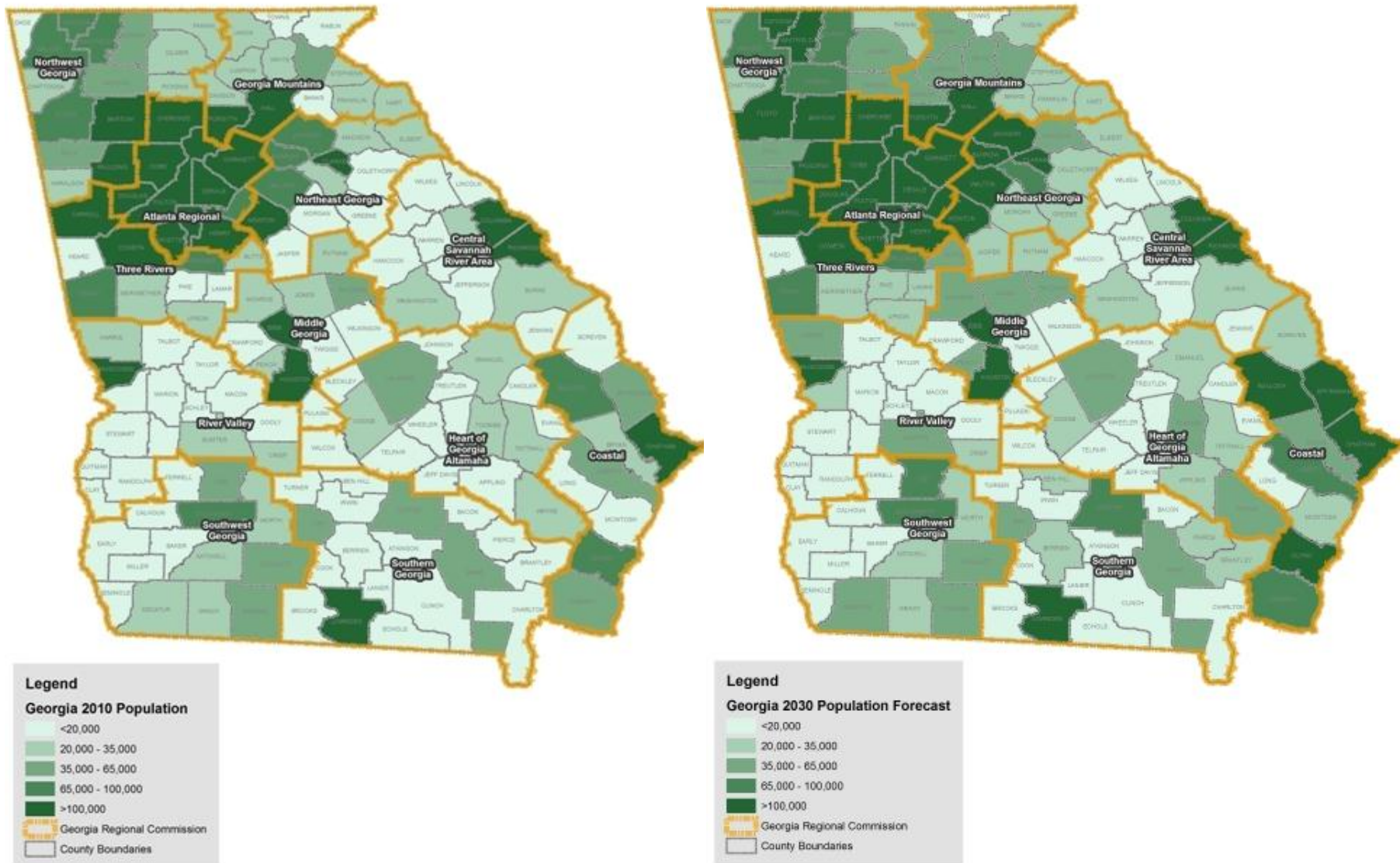
**Table 2.2.1: Overall Population in Georgia (2000-2030)**

| Data Source                                 | 2000      | 2010       | Percent Change<br>2000 - 2010 | 2020       | Percent Change<br>2010 - 2020 | 2030       | Percent Change<br>2020 - 2030 |
|---|-----------|------------|-------------------------------|------------|-------------------------------|------------|-------------------------------|
| U.S. Census                                 | 8,186,453 | 9,589,080  | 17%                           | 10,843,753 | 13%                           | 12,017,838 | 11%                           |
| Governor's<br>office Budget<br>and Planning | 8,186,453 | 10,069,700 | 23%                           | 12,189,252 | 21%                           | 14,687,906 | 20%                           |

*Source: 2000 U.S. Census, 2010 - 2030 data represents U.S. estimates.  
Georgia Governor's Office of Planning and Budget, March 2010*

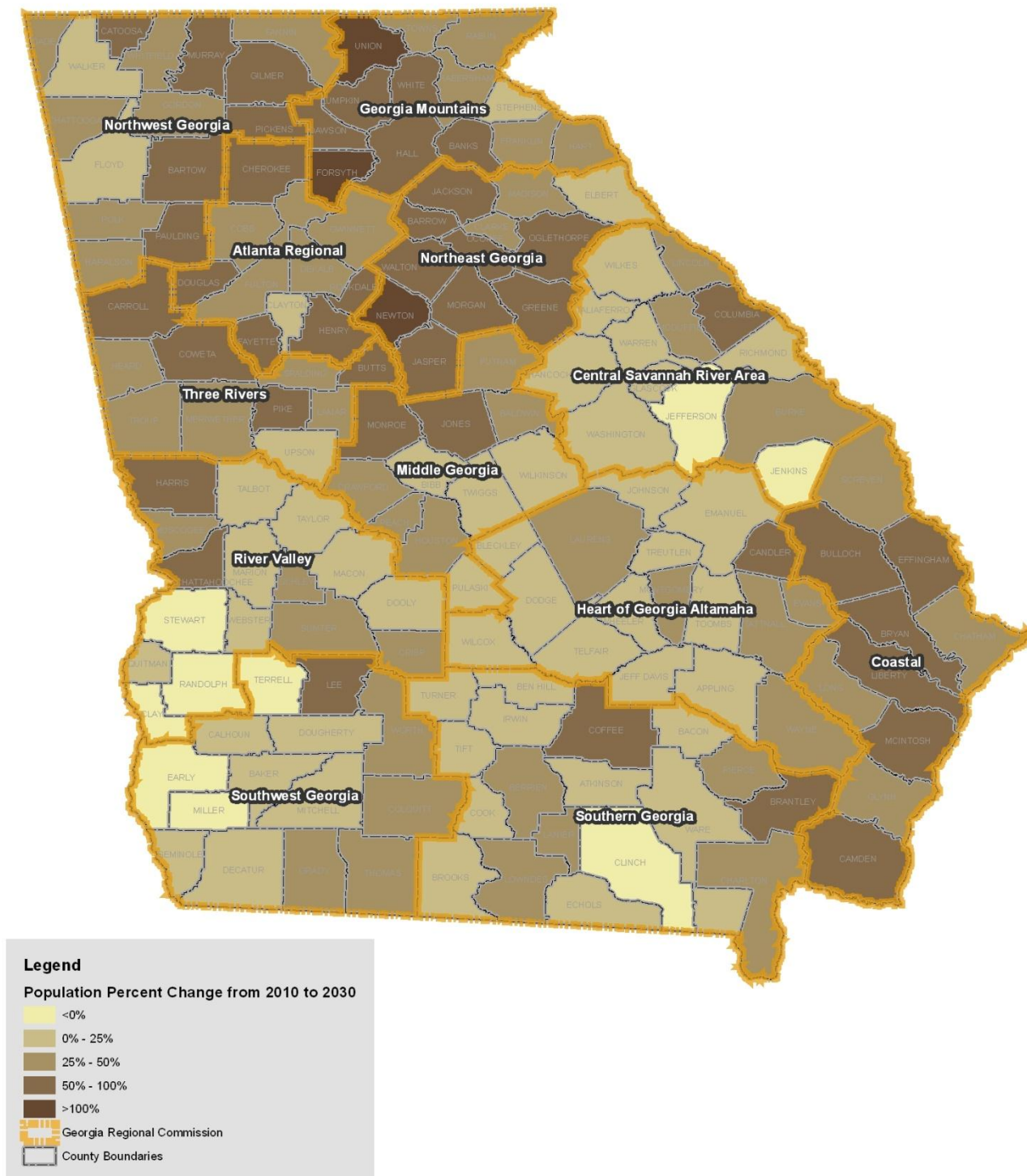
Figure 2.2.1 on page 19 presents total population for the year 2010 and the year 2030. Figure 2.2.2 on page 20 presents the population percentage change in Georgia counties from 2010-2030.

**Figure 2.2.1: Total Population by Georgia County, 2010 and 2030**



Source: Georgia Governor's Office of Planning and Budget, March 2010

**Figure 2.2.2: Population Percentage Change in Georgia Counties between 2010 and 2030**



Source: Georgia Governor's Office of Planning and Budget, March 2010



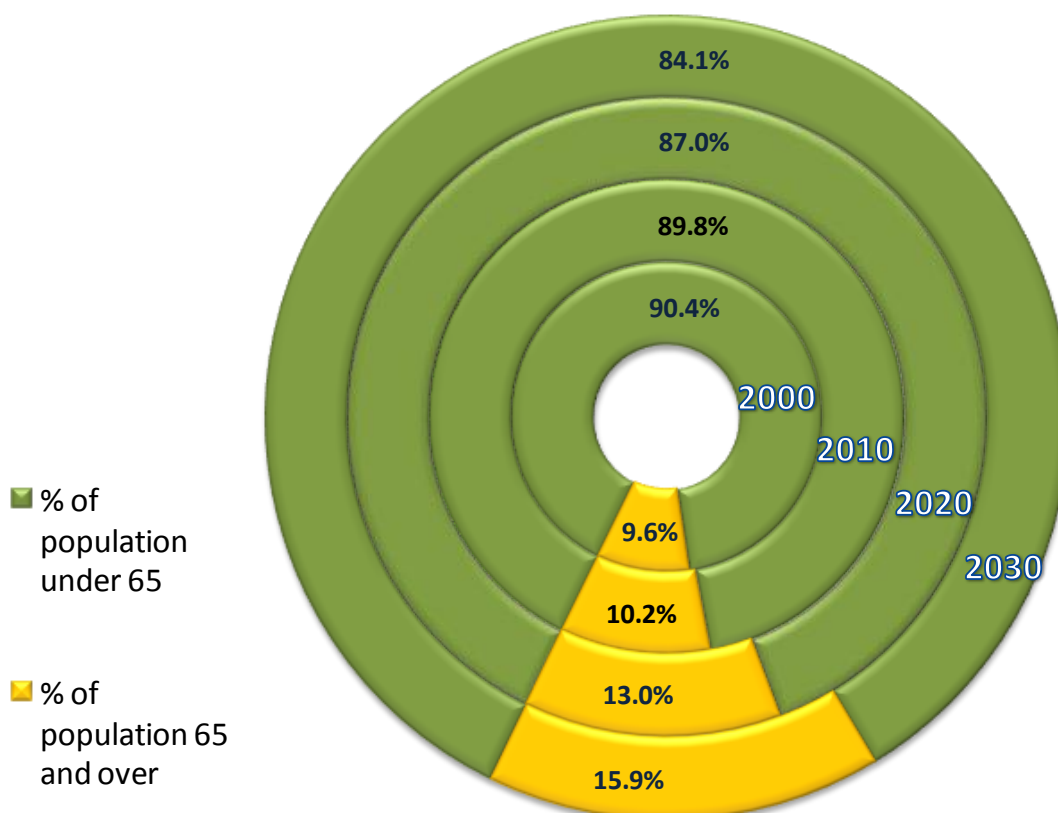
Over the next 20 years, the Atlanta region remains the most densely populated portion of the state with two out of five (43 percent) Georgians projected to be living in the 10-county ARC area by 2030. The northern and coastal areas of the state, specifically the DHS regions Georgia Mountain, Northwest Georgia, Northeast Georgia, Three Rivers and Coastal areas are projected to experience fast paced growth (near or greater than 50 percent) between 2010 and 2030. In addition, all other DHS regions of the state and almost every county are expected to grow over the next 20 years. These changes in population by county between 2010 and 2030 are illustrated in Figure 2.2.2 above.

## 2.3. Aging Population

Georgia will follow a similar aging demographic trend seen throughout the United States as the Baby Boomer generation ages and as Americans continue to experience better health and longer lives. Over the next 20 years, the aging of the population will have a significant impact on the need for public transit and specialized transportation services.

According to the U.S. Census, in 2000 and 2010 about one in ten (10 percent) Georgia residents are 65 years of age or older. This percentage is expected to grow across all counties in Georgia from 2010 to 2030 as a result of the aging of the population. By the year 2030, about one in six (17 percent) Georgia residents will be 65 years of age or older. Figure 2.3.1 shows the change in proportion of elderly adults from 2000 to 2030.

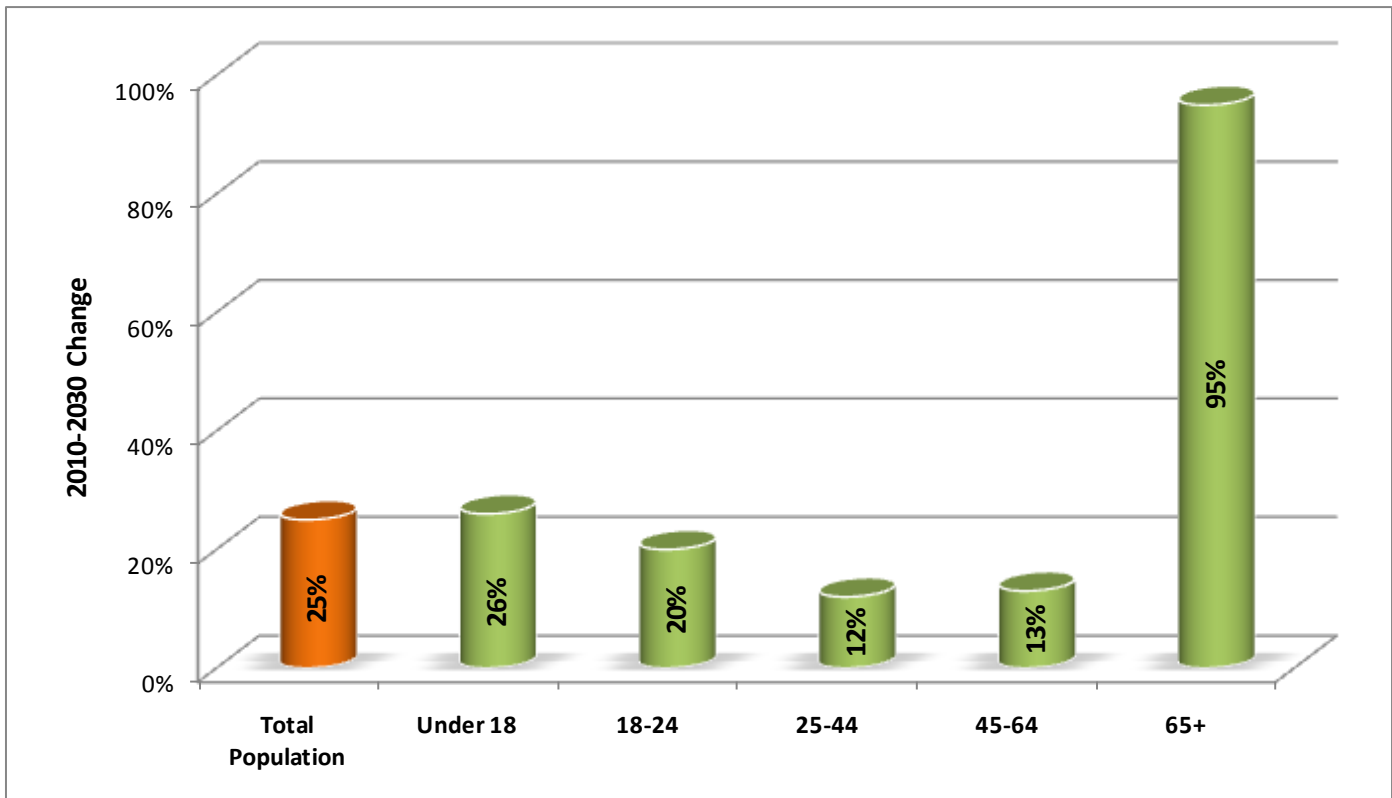
**Figure 2.3.1: Change in the Proportion of Elderly Adults between 2010 and 2030**



Source: U.S. Census Bureau, Population Division, Interim State Population Projections, 2005

The projected population changes by age group in Georgia provide another look at the relative shifts in the distribution of the elderly population over time. Figure 2.3.2 below presents the projected population changes between 2010 and 2030 for total population as five different age groups. The dominating growth comes in the older age groups. The age group above 65 is expected to increase by 195 percent while the overall population and other age groups are anticipated to increase by an average of 120 percent during the same period.

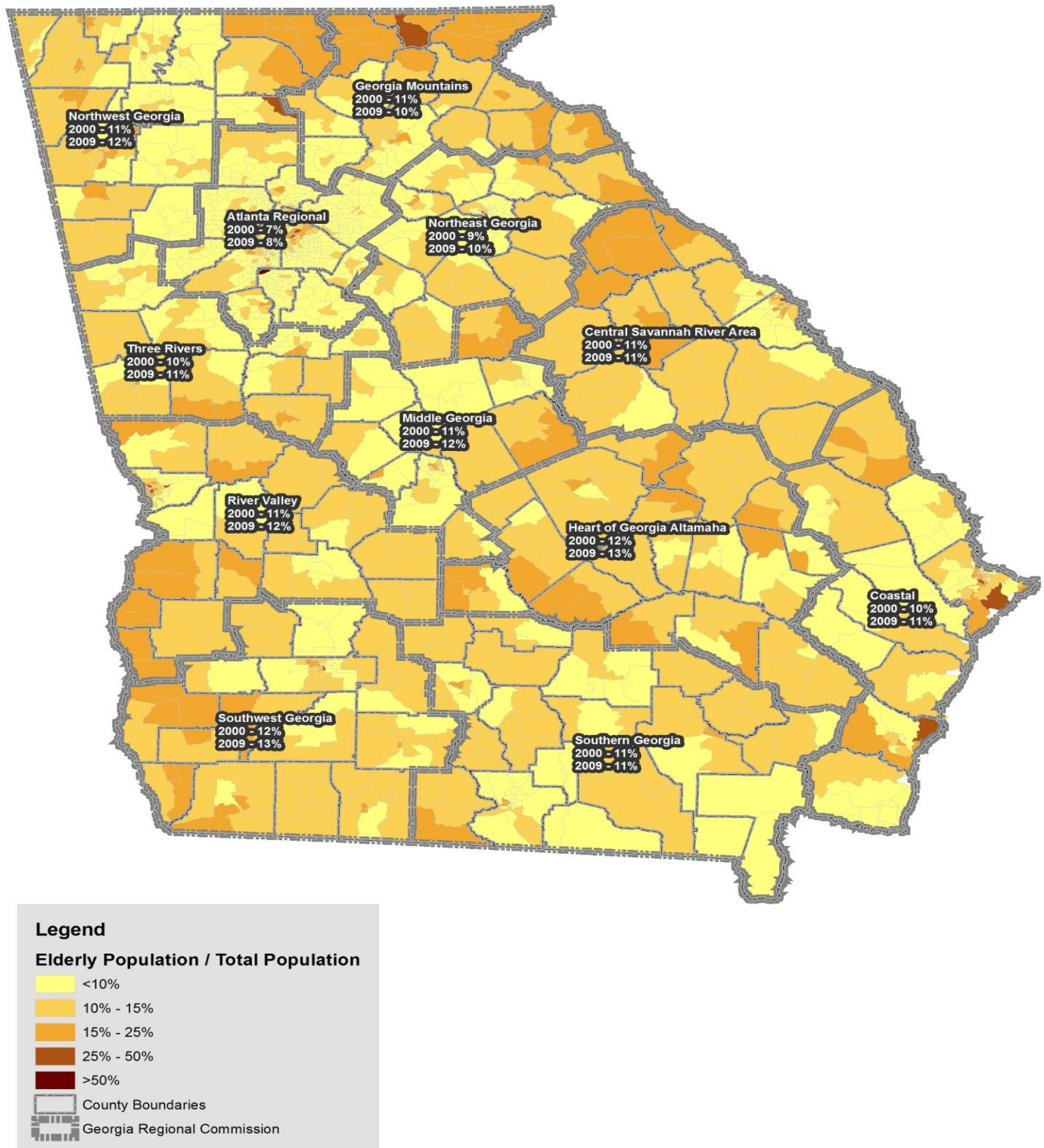
**Figure 2.3.2: Projected Change for Age Cohorts between 2010 and 2030**



Source: U.S. Census Bureau, Population Division, Interim State Population Projections, 2005

The geographic distribution of elderly population provides another piece of the snapshot of age demographics in Georgia. Figure 2.3.3 on page 23 presents the distribution of elderly population at the census tract level for the year 2000.

**Figure 2.3.3: 2000 Elderly Population Percentages by County**



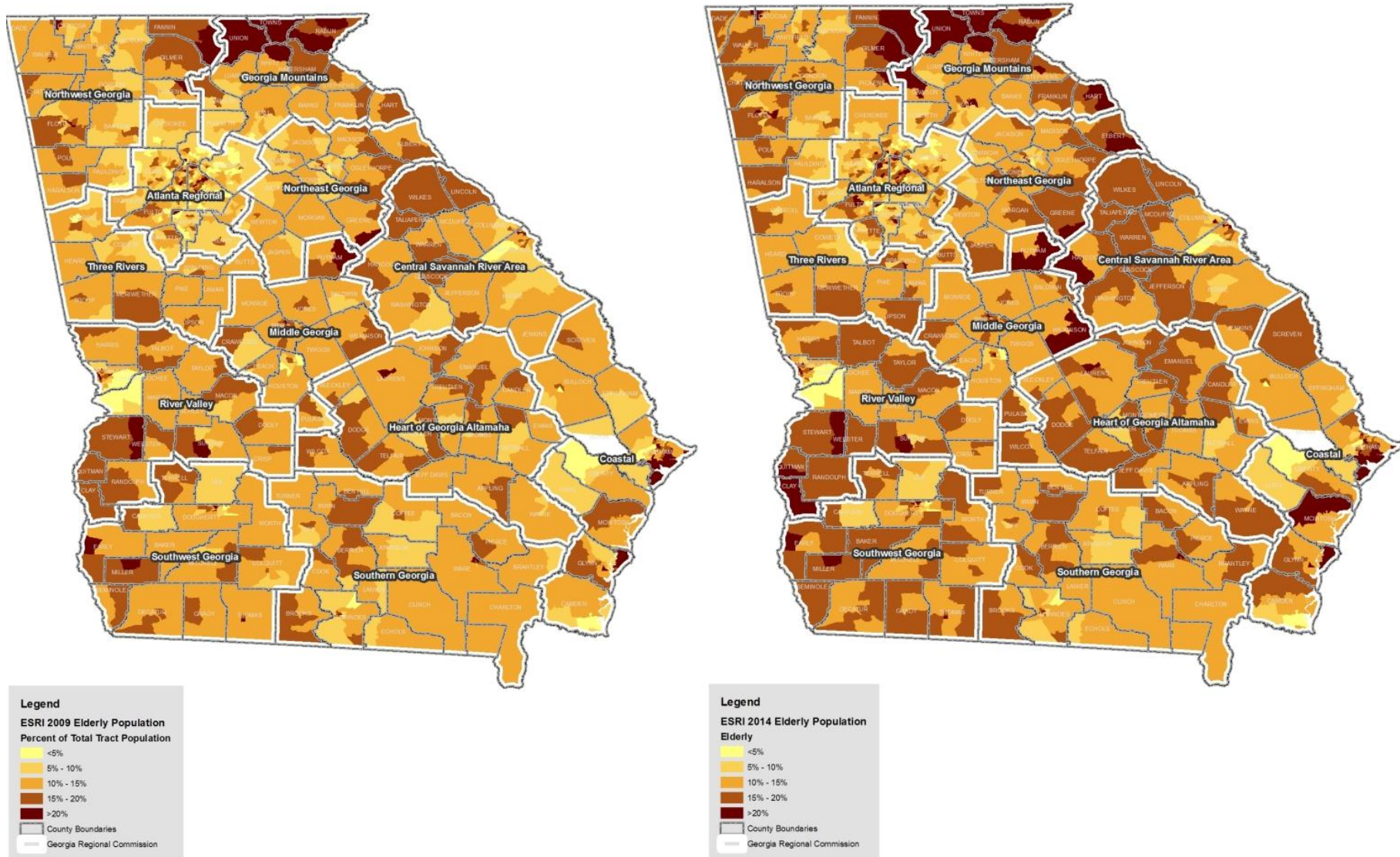
Source: 2000 U.S. Census

It should be noted that the composition of the Atlanta region's population with regard to age distribution differs from that of other regions. In 2000, about seven percent of the Atlanta Region's population was comprised of elderly people, whereas the elderly share for most other Georgia Regions are all above 10 percent.

In addition to the 2000 U.S. Census data, ESRI's 2009 and 2014 demographic forecasts were also utilized to help understand the trend of elderly population in Georgia in the coming years. Figure 2.3.4 on page 25 presents the distribution of elderly population at the census tract level for the year 2009 and the year 2014.



Figure 2.3.4: Total Elderly Population by Census Tract, 2009 and 2014

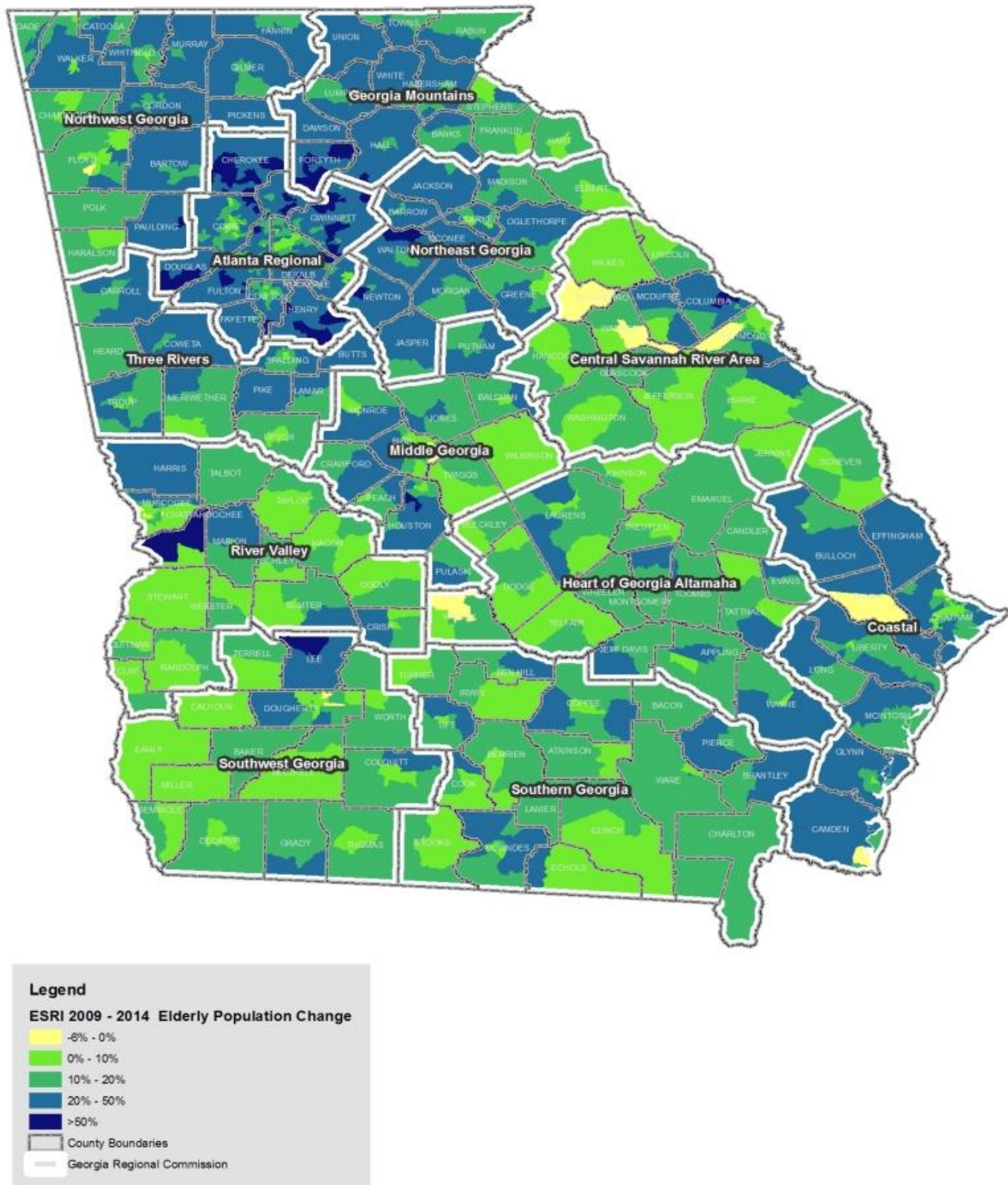


Source: ESRI 2009 and 2014 Estimates



Over the next five years, both the total numbers and the percentage of elderly people are projected to increase in all areas of Georgia. The maps indicate higher concentrations of elderly people in Georgia located in the Georgia Mountain, Central Savannah River Area, Heart of Georgia Altamaha, River Valley and Southwest Georgia Regions. Figure 2.3.5 on page 27 presents the elderly population percentage change at the census tract level in Georgia between 2009 and 2014.

**Figure 2.3.5: Elderly Population Percent Change 2009-2014**



Source: ESRI 2009 and 2014 Estimates

It can be seen that the elderly population in most of census tracts in the Atlanta, Georgia Mountains, Northwest Georgia, and Coastal Regions are expected to grow above 20 percent in next 5 years. Some census tracts in these regions are expected to grow more than 50 percent in elderly population in next 5 years.

Table 2.3.1 lists the total number of estimated elderly people and the percentage of elderly people by regional commission in 2009 and 2014. Again, the fast-paced growth of aging population will place increasing demand on the existing RHST system, with more eligible participants in senior services programs served by rural and urban transit systems and the DHS transportation system, and potentially more members of Medicaid who will be eligible for DCH NET services.

**Table 2.3.1: Elderly People 2009 -2014**

| Georgia Regional Commissions | Number of Elderly people |                  | Percentage of Elderly people |            | Percentage Change between 2009 - 2014 |                    |
|------------------------------|--------------------------|------------------|------------------------------|------------|---------------------------------------|--------------------|
|                              | 2009                     | 2014             | 2009                         | 2014       | Total Population                      | Elderly Population |
| Atlanta Region               | 362,705                  | 473,421          | 8%                           | 10%        | 11%                                   | 31%                |
| Central Savannah River Area  | 50,840                   | 57,793           | 11%                          | 13%        | 2%                                    | 14%                |
| Coastal                      | 70,984                   | 84,732           | 11%                          | 12%        | 7%                                    | 19%                |
| Georgia Mountains            | 73,747                   | 94,041           | 12%                          | 13%        | 16%                                   | 28%                |
| Heart of Georgia Altamaha    | 38,279                   | 43,424           | 13%                          | 14%        | 3%                                    | 13%                |
| Middle Georgia               | 57,957                   | 67,212           | 12%                          | 13%        | 4%                                    | 16%                |
| Northeast Georgia            | 63,180                   | 81,026           | 11%                          | 12%        | 15%                                   | 28%                |
| Northwest Georgia            | 103,440                  | 125,632          | 12%                          | 13%        | 10%                                   | 21%                |
| River Valley                 | 44,181                   | 49,458           | 12%                          | 13%        | 2%                                    | 12%                |
| Southern Georgia             | 46,694                   | 53,220           | 12%                          | 13%        | 3%                                    | 14%                |
| Southwest Georgia            | 46,806                   | 52,433           | 13%                          | 14%        | 2%                                    | 12%                |
| Three Rivers                 | 57,453                   | 70,008           | 12%                          | 13%        | 9%                                    | 22%                |
| <b>Total</b>                 | <b>1,016,266</b>         | <b>1,252,400</b> | <b>10%</b>                   | <b>12%</b> | <b>9%</b>                             | <b>23%</b>         |

Source: ESRI 2009 and 2014 Estimates

## 2.4. Persons with Disabilities

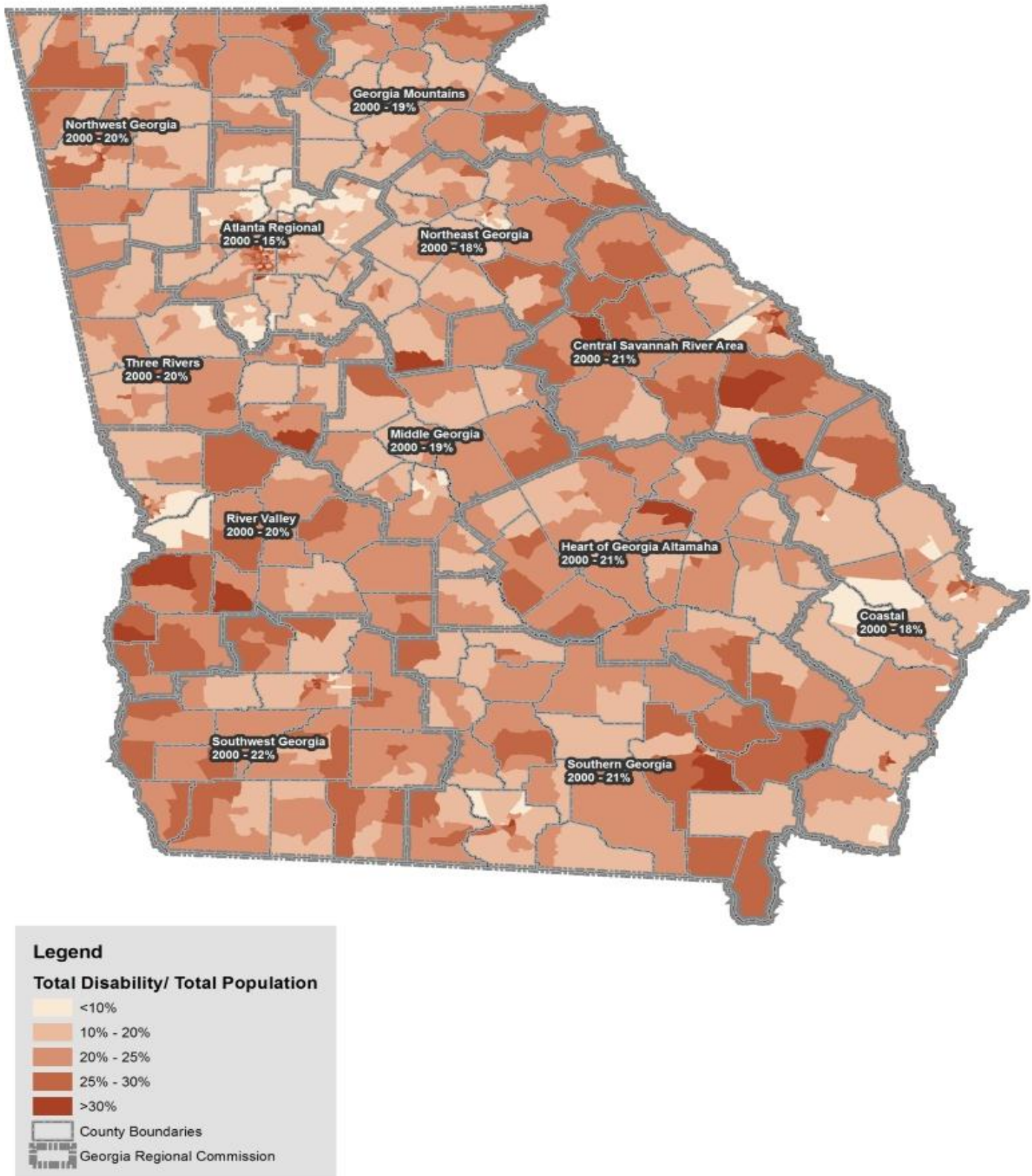
Another primary consumer group for transit service is individuals with disabilities. Because the definition of disability varies, for the purposes of this study, the data presented is consistent with the 2000 U.S. Census definition of disability<sup>1</sup>. According to the 2000 U.S. Census, 13.5 percent of Georgia residents ages 5 and 64, (about 1,098,267 individuals) had one or more disabilities. Many of these people have difficulty driving and most likely rely on transportation assistance in order to live independently and/or maintain a job. Figure 2.4.1 on page 30 shows the geographic distribution of disabled persons in Georgia. It can be seen that the higher concentrations of disabled citizens in Georgia are located in the Southwest Georgia, Southern Georgia, Heart of Georgia Altamaha, and Central Savannah River Area Regions. Many of the census tracts in these regions show a very strong concentration of persons with disabilities (higher than 25 percent). However, the number of persons with disabilities is significant across all of the DHS regions.

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<sup>1</sup>Individuals were classified as having a disability if any of the following three conditions was true: (a) They were five years old and over and reported a long-lasting sensory, physical, mental or self-care disability; (b) they were 16 years old and over and reported difficulty going outside the home because of a physical, mental, or emotional condition lasting six months or more; or (3) they were 16 to 64 years old and reported difficulty working at a job or business because of a physical, mental, or emotional condition lasting six months or more.



**Figure 2.4.1: Distribution of Disabled Persons in Georgia**



Source: 2000 U.S. Census

Because the Census Bureau definition of disabled persons has changed across recent decennial data collection periods, it is difficult to assess changes in the disabled population over time. However, it is anticipated that the cohort of the population with disability will grow at a faster rate than the general population in future years as the population as a whole is aging. Consequently, the demand for human transit service will be higher and additional steps need to be taken to ensure that there is sufficient transportation service and better access to facilities, programs, services, and employment for those individuals with disabilities.

## **2.5. Persons below the Poverty Line**

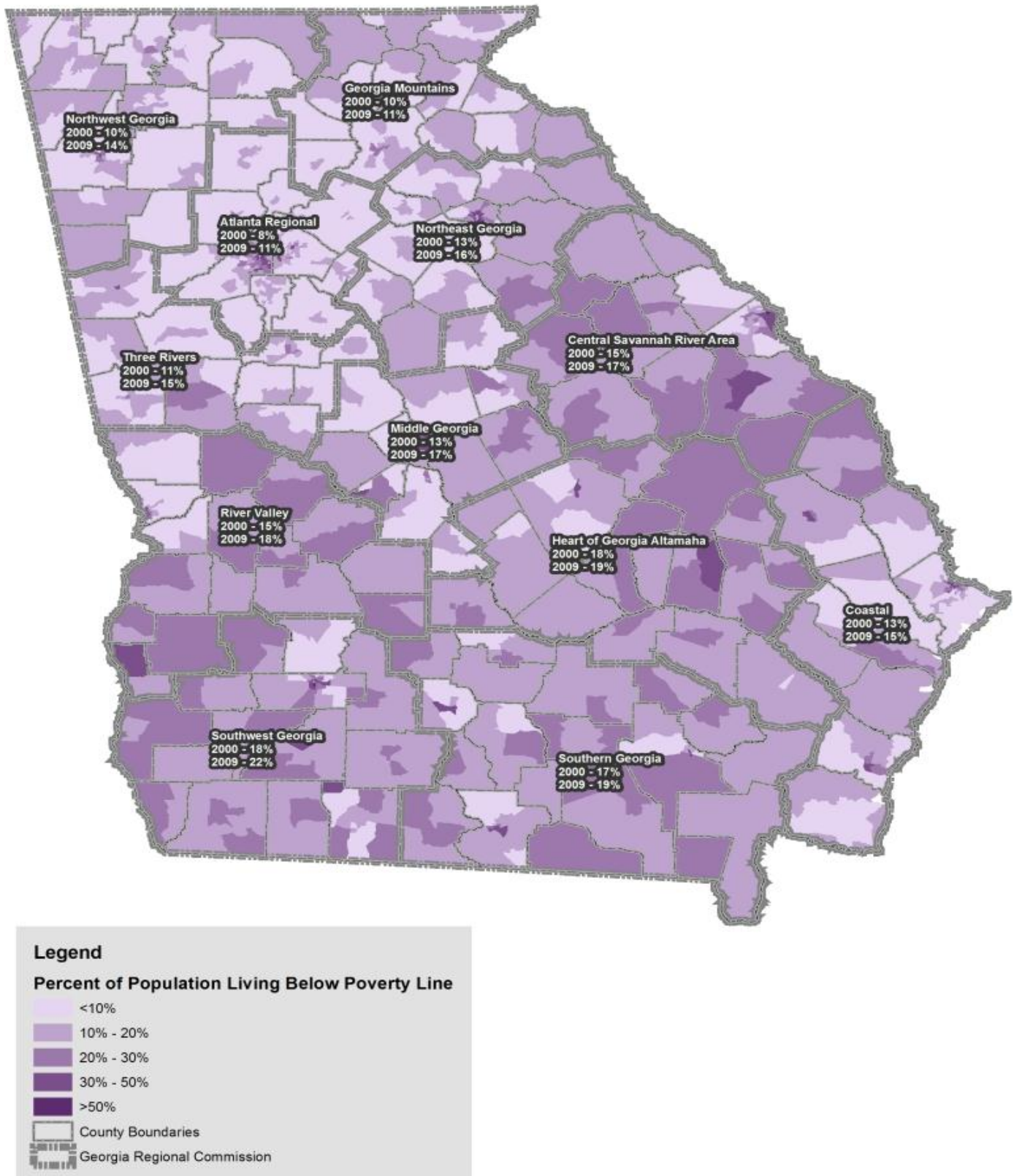
Low-income populations represent another group of historically transportation disadvantaged individuals who may not have access to personal transportation and, therefore, rely upon public transportation services. For the purposes of this analysis, the U.S. Census definition of persons living below the poverty line was used to identify the low-income population totals throughout the state of Georgia. Following the Office of Management and Budget's (OMB's) Directive 14, the Census Bureau uses a set of monetary income thresholds that vary by family size and composition to detect the poverty "line". The methodology and thresholds used to determine the poverty level can be found in the U.S. Census Bureau's website<sup>2</sup>. If the total income for a family or unrelated individual falls below the relevant poverty threshold, then the family or unrelated individual is classified as being "below" the poverty level.

According to the 2000 U.S. Census, 12.5 percent of Georgia residents, (1,033,793 individuals) lived at or below the poverty line. Figure 2.5.1 on page 32 shows the distribution of persons below poverty line in Georgia. Southern Georgia and some counties in Heart of Georgia Altamaha, Central Savannah Area, and the River Valley Region have comparatively higher poverty levels. Atlanta, Georgia Mountains, Coastal, and Northwest Georgia have the lowest percentage of the total population below the poverty line.

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<sup>2</sup>[http://factfinder.census.gov/servlet/MetadataBrowserServlet?type=subject&id=POVERTYSF3&dsspName=DEC\\_2000\\_SF3&back=update&lang=en](http://factfinder.census.gov/servlet/MetadataBrowserServlet?type=subject&id=POVERTYSF3&dsspName=DEC_2000_SF3&back=update&lang=en)

**Figure 2.5.1: Distribution of Persons below the Poverty Level in Georgia**



Census: 2000 U.S. Census



In addition to the 2000 U.S. Census data, the 2006 – 2008 U.S. Census American Community Survey (ACS) data was utilized to help understand the trend of persons below the poverty line in recent years. The latest ACS data that covers a three-year period between 2006 and 2008 was released by the U.S. Census Bureau in 2009. It includes a wide range of socioeconomic, housing, and demographic characteristics for communities throughout the nation with populations as small as 20,000. Table 2.5.1 lists total numbers of people below poverty level and the percentage of people below poverty level by the 12 Georgia regions in 2000 and the three-year period between 2006 and 2008.

**Table 2.5.1: Persons below Poverty Level**

| Georgia Region              | Persons below poverty level |                  | Percentage of persons below poverty level |             |
|-----------------------------|-----------------------------|------------------|---|-------------|
|                             | 2000                        | 2006 - 2008      | 2000                                      | 2006 - 2008 |
| Atlanta Region              | 318,629                     | 481,390          | 9%  | 11%         |
| Central Savannah River Area | 70,253                      | 73,257           | 17%                                       | 17%         |
| Coastal                     | 83,553                      | 95,745           | 15%                                       | 15%         |
| Georgia Mountains           | 48,730                      | 71,090           | 11%                                       | 11%         |
| Heart of Georgia Altamaha   | 53,849                      | 56,697           | 20%                                       | 19%         |
| Middle Georgia              | 64,502                      | 80,925           | 15%                                       | 17%         |
| Northeast Georgia           | 62,176                      | 93,146           | 15%                                       | 16%         |
| Northwest Georgia           | 76,090                      | 118,171          | 11%                                       | 14%         |
| River Valley                | 63,091                      | 64,077           | 17%                                       | 18%         |
| Southern Georgia            | 69,477                      | 75,646           | 19%                                       | 19%         |
| Southwest Georgia           | 73,338                      | 79,626           | 21%                                       | 22%         |
| Three Rivers                | 50,105                      | 74,804           | 12%                                       | 15%         |
| <b>Total</b>                | <b>1,033,793</b>            | <b>1,364,576</b> | <b>13%</b>                                | <b>14%</b>  |

*Source: 2000 U.S. Census 2006-2008 American Community Survey Data*

As can be seen in the table, Georgia experienced an increase in the number of persons below the poverty line (1,033,793 to 1,364,576) and the percentage of persons below the poverty (13 to 14 percent) during the three-year period between 2006 and 2008. Because this segment of the population often must rely on public transportation services to meet basic needs, any increase in the low-income population impacts the demand for RHST services. Further, low-income citizens often qualify for workforce development programs and public assistance programs that include transportation services.

## 2.6. Households without a Motor Vehicle

Residents of Georgia without access to a motor vehicle likely have a need for transit service also. From 1990 to 2000, the number of households without a motor vehicle increased from 243,825 to 248,546 statewide. Table 2.6.1 lists both number of households and percentage of households without a motor vehicle by Georgia Regions in 1990 and 2000. As can be seen in the table, most Georgia regions experienced a slight increase in the number of households



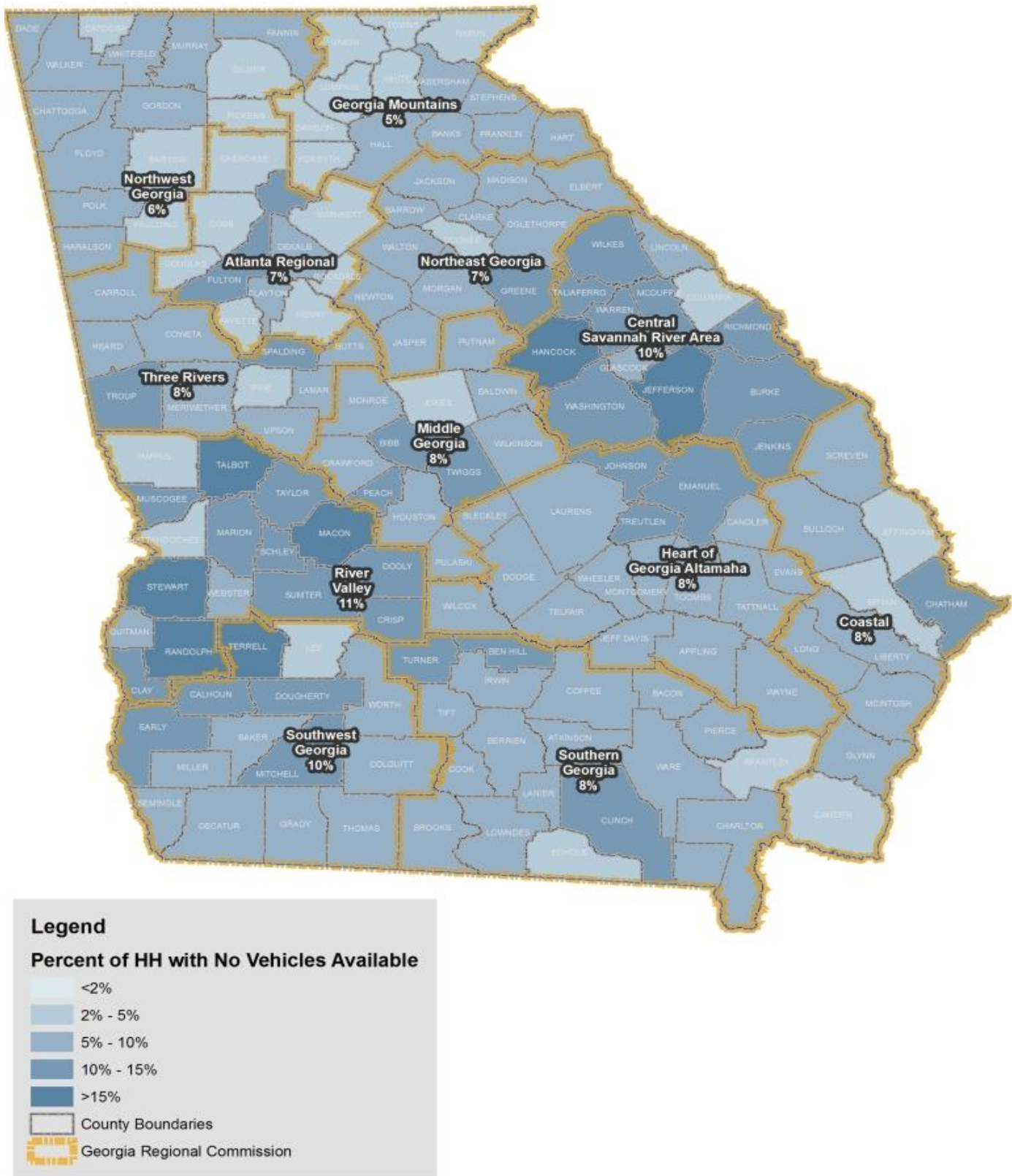
without a vehicle. However, the percentage of the households without a vehicle decreased by a range of 2 to 5 percent in all Georgia regions.

**Table 2.6.1: Households without a Motor Vehicle (1990-2000)**

| Georgia Regions             | Number of Households without a Motor Vehicle |                | Percentage of Households without a Motor Vehicle |           |
|-----------------------------|--|----------------|--|-----------|
|                             | 1990   | 2000           | 1990   | 2000      |
| Atlanta Region              | 84,592                                       | 96,823         | 9%   | 7%        |
| Central Savannah River Area | 17,121                                       | 16,963         | 13%  | 10%       |
| Coastal                     | 19,305                                       | 18,572         | 11%  | 8%        |
| Georgia Mountains           | 8,370  | 8,699          | 7%   | 5%        |
| Heart of Georgia Altamaha   | 10,938                                       | 9,774          | 13%  | 8%        |
| Middle Georgia              | 15,882                                       | 15,271         | 11%  | 8%        |
| Northeast Georgia           | 11,677                                       | 11,303         | 10%  | 7%        |
| Northwest Georgia           | 15,661                                       | 16,142         | 8%   | 6%        |
| River Valley                | 17,186                                       | 15,831         | 15%  | 11%       |
| Southern Georgia            | 13,184                                       | 12,194         | 12%  | 8%        |
| Southwest Georgia           | 16,783                                       | 14,682         | 15%  | 10%       |
| Three Rivers                | 13,126                                       | 12,292         | 11%  | 8%        |
| Total                       | <b>243,825</b>                               | <b>248,546</b> | <b>10%</b>                                       | <b>8%</b> |

As of 2000, these 248,546 households represent about 643,735 regional residents who must rely on some other form of transportation to work, school, and shopping. Figure 2.6.1 on page 35 displays the geographic concentrations of the households without a motor vehicle in Georgia based on the 2000 U.S. Census. Central Savannah Area, River Valley, and Southwest Georgia regions have the highest percentage (greater than 10 percent) of households without a motor vehicle.

**Figure 2.6.1: Distribution of Households without a Motor Vehicle in Georgia**



Source: 2000 U.S. Census

## 2.7. Transportation Needs Index

In order to better understand each region's demographics compared to other regions in the state, and better identify the regions with more disproportionately high or low RHST needs based on the size of the primary consumer groups, a "Transportation Needs Index" was created for each region based on the quantitative evaluation of demographic characteristics of the four primary consumer groups. The four factors discussed above were used as the evaluation criteria: 1) elderly population percent change from 2009 to 2014; 2) persons with disabilities in 2000; 3) persons below the poverty line based on 2006 – 2008 average; and 4) households without a motor vehicle in 2000. Table 2.7.1 below represents the evaluation methodology. Table 2.7.2 on page 37 demonstrates the index each region received and the potential rankings of the RHST needs for all regions in the State based on the demographic analysis. The analysis illustrates that the Southwest Georgia Region is of greatest need based on pure demographic analysis followed by the Southern Georgia Region and Three Rivers Region.

**Table 2.7.1: Quantitative Evaluation of Four Primary Consumer Groups**

| Evaluation Criteria   | Transportation Needs Index  |
|---|---|
| Elderly Population Percent Change from 2009 to 2014                 | Above 75 <sup>th</sup> percentile = 4<br>50 <sup>th</sup> percentile – 75 <sup>th</sup> percentile = 3<br>25 <sup>th</sup> percentile – 50 <sup>th</sup> percentile = 2<br>Below 25 <sup>th</sup> percentile =1 |
| Persons with Disability in 2000 (Percent of Total)                  | Above 75 <sup>th</sup> percentile = 4<br>50 <sup>th</sup> percentile – 75 <sup>th</sup> percentile = 3<br>25 <sup>th</sup> percentile – 50 <sup>th</sup> percentile = 2<br>Below 25 <sup>th</sup> percentile =1 |
| Persons below the Poverty Line 2006-2008 average (Percent of Total) | Above 75 <sup>th</sup> percentile = 4<br>50 <sup>th</sup> percentile – 75 <sup>th</sup> percentile = 3<br>25 <sup>th</sup> percentile – 50 <sup>th</sup> percentile = 2<br>Below 25 <sup>th</sup> percentile =1 |
| Household without a Motor Vehicle in 2000 (Percent of Total)        | Above 75 <sup>th</sup> percentile = 4<br>50 <sup>th</sup> percentile – 75 <sup>th</sup> percentile = 3<br>25 <sup>th</sup> percentile – 50 <sup>th</sup> percentile = 2<br>Below 25 <sup>th</sup> percentile =1 |
| Total   | <b>16</b>   |

**Table 2.7.2: Transportation Needs Index**

| Georgia Regional Commissions | Elderly Population | Persons with Disability | Persons Below the Poverty Line | Households without a Motor Vehicle | Total Index |
|------------------------------|--------------------|-------------------------|--------------------------------|------------------------------------|-------------|
| Atlanta Region               | 4                  | 1                       | 1                              | 1                                  | <b>7</b>    |
| Central Savannah River Area  | 2                  | 1                       | 3                              | 3                                  | <b>9</b>    |
| Coastal                      | 3                  | 3                       | 2                              | 1                                  | <b>9</b>    |
| Georgia Mountains            | 4                  | 2                       | 1                              | 1                                  | <b>8</b>    |
| Heart of Georgia Altamaha    | 1                  | 3                       | 4                              | 2                                  | <b>10</b>   |

| Georgia Regional Commissions | Elderly Population | Persons with Disability | Persons Below the Poverty Line | Households without a Motor Vehicle | Total Index |
|------------------------------|--------------------|-------------------------|--------------------------------|------------------------------------|-------------|
| Middle Georgia               | 2                  | 2                       | 3                              | 2                                  | 9           |
| Northeast Georgia            | 4                  | 1                       | 2                              | 1                                  | 8           |
| Northwest Georgia            | 3                  | 2                       | 1                              | 1                                  | 7           |
| River Valley                 | 1                  | 2                       | 3                              | 4                                  | 10          |
| Southern Georgia             | 2                  | 3                       | 4                              | 2                                  | 11          |
| Southwest Georgia            | 1                  | 4                       | 4                              | 3                                  | 12          |
| Three Rivers                 | 3                  | 2                       | 2                              | 4                                  | 11          |

## 2.8. Conclusions

Georgia's projected population growth and demographic changes through 2030 will undoubtedly have an impact on the demand for RHST across the four primary consumer groups that traditionally have mobility limitations. The growth of these groups will place increasing demand on the existing RHST system, with more eligible participants for senior programs and human services programs that target the disabled and low-income, as well as potentially more members of Medicaid. This results in a greater demand for trips on urban and rural public transit systems, as well as the DHS Transportation System and the DCH NET system – programs that already have service delivery gaps.

Based on currently available data, the largest shift is anticipated in the category of older adults. The completion of the 2010 U.S. Census will better inform those areas that currently have data gaps, including persons with disabilities, persons below the poverty line, and households without a motor vehicle. In addition, increasing costs of living and the current economic climate make it important to consider a broad range of persons who may have a need for community transportation services in spite of living above the poverty line. All of these factors are important influences on the escalating demand for transportation services across the state.

## CHAPTER 3 FUNDING ASSESSMENT

### 3.1 Funding Inventory Task Goals and Methodology

The goals for the funding assessment component of the Statewide RHST Plan update are as follows:

- Identify and document the primary federal funding programs that support RHST;
- Describe the connection between the primary federal funding programs to how HST services are provided within the State of Georgia;
- Analyze annual federal funding levels by program along with State and local match requirements; and
- Summarize key conclusions related to the existing RHST funding.

Information on the purposes and types of federal and state agency programs reflects information obtained through online research and interviews with key State and federal personnel and representatives of other HST-related agencies and organizations. A contacts list is included in this Technical Memo as *Appendix A*.

#### 3.1.1 Major RHST Funding Programs in Georgia

As described in more detail in Section 3.4, there are over 60 Federal programs that include human service transportation as an eligible expense. Most of these programs are administered by the following five federal departments: Department of Community Health (DCH); Departments of Human Services (DHS); Department of Labor (DOL); Department of Education (DOE); and Department of Transportation (GDOT). Unfortunately a majority of these programs do not track RHST spending separately from other program expenses. As a result the full extent of funding specifically provided for RHST activities from all 60 programs is not known.

Based on research conducted for this study, there are 12 primary funding sources for RHST activities within the State of Georgia. As shown in Table 3.2.1.1, the majority of funding is provided through nine federal programs, two programs are funded entirely by the State of Georgia, and one program reflect contracts between the State and individual counties. For the federal programs, seven of the nine programs require matching funds. As shown in the table, matching funds are provided through a mixture of State and local funds. For FY 2010, total funding available for RHST activities was \$154.2 million. Federal funds accounted for \$105.8 million (68.6 percent), State funding provided \$34.1 million (22.1 percent) and local funding accounted for \$14.2 million (9.2 percent).

**Table 3.1.1.1: Summary of Georgia HST Funding (FY 2010 Ranked in Order of Total Amount)**

| Program   | State Agency Administration / Oversight                              | Federal Funding | State Funding | Local Funding | Total Funding |
|---|--|-----------------|---------------|---------------|---------------|
| Federal Medicaid- NET & ETS                               | DCH  | \$52,540,024    | \$28,349,962  | \$0           | \$80,889,986  |
| Federal Section 5311 – Non-urbanized Area Formula Program | GDOT   | \$21,366,654    | \$193,920     | \$10,103,482  | \$31,664,056  |
| Federal Title XX – SSBG                                   | DHS (Department of Behavioral Health and Developmental Disabilities) | \$8,315,272     | \$2,636,567   | \$0           | \$10,951,839  |
| Federal TANF  | DHS (Division of Family and Children Services)                       | \$6,297,622     | \$0           | \$0           | \$6,297,622   |

| Program   | State Agency Administration / Oversight  | Federal Funding      | State Funding       | Local Funding       | Total Funding        |
|---|--|----------------------|---------------------|---------------------|----------------------|
| Federal Section 5316 – JARC                               | GDOT (Non-urbanized Areas), DHS (Small Urban Areas), ARC & Public Transit Entities (Large Urban Areas) | \$5,284,536          | \$791,316           | \$0                 | \$6,075,852          |
| Federal Section 5317 – New Freedom                        | GDOT (Non-urbanized Areas), DHS (Small Urban Areas), ARC & Public Transit Entities (Large Urban Areas) | \$4,180,373          | \$1,044,238         | \$0                 | \$5,224,611          |
| Federal Section 5310 – Elderly and Disabled               | DHS  | \$3,465,642          | \$779,770           | \$0                 | \$4,245,412          |
| County Revenue Contracts                                  | DHS  | \$0                  | \$0                 | \$3,900,511         | \$3,900,511          |
| Federal Title XX – SSBG                                   | DHS (Department of Aging)  | \$2,537,873          | \$0                 | \$129,469           | \$2,667,342          |
| Federal Title III-B – Older Americans Act                 | DHS  | \$889,079            | \$52,300            | \$104,597           | \$1,045,976          |
| Federal Title I – Vocational Rehabilitation Grant Program | DHS (Department of Labor)  | \$922,000            | \$0                 | \$0                 | \$922,000            |
| State Traditional Services Support Funds                  | DHS  | \$0                  | \$205,048           | \$0                 | \$205,048            |
| State Community Based Funds                               | DHS  | \$0                  | \$88,862            | \$0                 | \$88,862             |
|   | <b>TOTAL</b>   | <b>\$105,799,075</b> | <b>\$34,141,983</b> | <b>\$14,238,059</b> | <b>\$154,179,117</b> |
|   |  | <b>68.6%</b>         | <b>22.1%</b>        | <b>9.2%</b>         | <b>100%</b>          |

The remainder of this chapter reflects the following: Section 3.2 provides an overview of major federal and state RHST initiatives that have a direct impact on funding opportunities and coordinating services. Section 3.3 provides an overview of over 60 federal programs that include RHST activities as an eligible program expense. From these 60 programs, the primary federal program are highlighted and discussed in more detail. Section 3.4 summarizes the major RHST activities provided by GDOT, DHS, and DCH under the primary federal and state funding programs and reviews the historic trends in funding for these programs. Section 3.5 provides a summary of key conclusions. Additionally, server appendices are included. Appendix B contains the list of key staff and stakeholders that were interviewed; provides additional information on those federal programs where information was not available to determine the level of funding that is allocated to RHST activities; provides an overview of DHS current coordinated transportation system; and provides Summary Data Sheets of RHST Programs and Funding in Georgia.

## 3.2 Overview of Federal and State Coordination Initiatives

The following provides an overview of key Federal and State of Georgia legislative initiatives related to improving the coordination of the RHST. Additionally the primary RHST federal funding programs are introduced with additional details on these programs provided in Section 3.3.

### 3.2.1 Major Federal RHST Initiatives

Research conducted by the United States Department of Transportation (USDOT) United We Ride (UWR) initiative revealed that an increasing number of Americans are unable to get to work, run errands, or access medical care



simply because they do not have reliable transportation. The 2000 U.S. Census documented the number of older adults was more than 30 million, and is expected to double by 2030. Additionally, 2000 Census results indicated that almost 54 million people were reported to have disabilities. Much of this population is among the “transportation-disadvantaged” individuals who cannot operate a vehicle because of medical conditions, disabilities, or other limitations. In addition, the transportation disadvantaged also included portions of the population who are unable to afford their own automobile, or live in areas without public transportation options.

Federal efforts to provide for the needs of such “transportation-disadvantaged” individuals within the past two decades include four major initiatives:

1. In June 1998, the **Transportation Equity Act for the 21<sup>st</sup> Century** (TEA-21) was passed. The Act contained a number of sections that directly address planning for the coordination of government funded transportation services. Under Section 3022(d): Health and Human Service/Participation of Governmental Agencies in Design and Delivery of Transportation Services, the Act provides that to the extent feasible, governmental agencies and non-profit organizations that receive assistance from Government sources (other than the Department of Transportation) for non-emergency services, shall participate and coordinate with recipients of assistance under this chapter in the design and delivery of transportation services; and shall be included in the planning for those services.

With respect to coordination, *Section 3004: Metropolitan Planning* of the Act calls for the Secretary of the USDOT to encourage each MPO to coordinate the design and delivery of transportation services with all recipients of U.S. DOT funding and all agencies funded by other government agencies.

2. Although not mandated, coordination between local agencies is clearly a goal of the **Americans with Disabilities Act** of 1990 (ADA). The ADA does mandate that persons with disabilities cannot be denied access to public transportation facilities and services and that those services must be comparable to those provided to the general public.
3. In recognition of the fundamental importance of human service transportation and the continuing need to enhance coordination, President George W. Bush issued an **Executive Order on Human Service Transportation** (#13330) in February 2004 calling for coordination to enhance access to transportation to improve mobility, employment opportunities, and access to community services for persons who are transportation-disadvantaged. As a result of this Executive Order, the USDOT implemented two initiatives. The first initiative, the *United We Ride* program, was established under the Federal Interagency Coordinating Council on Access and Mobility. Through this interagency initiative, the purpose of United We Ride is to improve the availability, quality, and efficient delivery of transportation services for older adults, people with disabilities, and individuals with lower incomes through improved coordination of the multiple but fragmented federal and state transportation programs.

The United We Ride initiative was started by the Coordinating Council on Access and Mobility (CCAM), a federal interagency. The CCAM oversees activities and makes recommendations that advance the goals of the Executive Order #13330 which includes: simplify customer access to transportation, reduce duplication of transportation services, streamline federal rules and regulations that may impede the coordinated delivery of services, and improve the efficiency of services using existing resources. Chaired by the Secretary of Transportation, the Council is composed of the Secretaries of Health and Human Services, Education, Labor, Veterans Affairs, Agriculture, Housing and Urban Development, Interior and Justice as well as the Commissioner of the Social Security Administration and the Chairperson of the National Council on Disability.

The second program is the *Mobility Services for All Americans (MSAA)*, which is funded through the USDOT Intelligent Transportation Systems Joint Program Office. The goal of the MSAA initiative is to improve transportation services and simplify access to employment, healthcare, education and other community activities by means of intelligent transportation systems (ITS) technologies including:

- Fleet scheduling, dispatching, and routing systems;
- Integrated fare payment and management (payment, collection, and processing) systems;
- Better traveler information and trip planning systems, particularly for customers with accessibility challenges; and
- Advanced GIS and demand-response systems to provide door-to-door service.

4. In August 2005 President George W. Bush signed into law the **Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users** (Public Law 109-59; **SAFETEA-LU**), which represents the largest surface transportation investment in our Nation's history to date. SAFETEA-LU is the current Federal Legislation authorizing funding for transportation and is intended to address many of the challenges facing our transportation system today (challenges such as improving safety, reducing traffic congestion, improving efficiency in freight movement, increasing intermodal connectivity, and protecting the environment) as well as laying the groundwork for addressing future challenges. SAFETEA-LU's goal is to promote more efficient and effective Federal surface transportation programs by focusing on transportation issues of national significance, while giving State and local transportation decision makers more flexibility for solving transportation problems in their communities.

SAFETEA-LU expired September 30, 2009; however, continuing resolutions have authorized the extension of this legislation and funding programs while the next comprehensive authorization legislation is being defined, which is still pending as of the time of this technical memorandum.

With respect to RHST coordination, SAFETEA-LU section 3046 requires the establishment of a locally developed, coordinated public transit human services transportation plan for all FTA funded human services transportation programs. SAFETEA-LU requires that representatives of public, private, and non-profit transportation providers, human services providers, and the public all participate to develop a plan. Additionally, SAFETEA-LU Section 5302 defines Mobility Management as an eligible Federal capital expense supported with 80 percent Federal public transportation funding. Mobility management consists of short-range planning and management activities and projects for improving coordination among public transportation and other transportation service providers.

As described in more detail in Section 3.4, the following FTA formula programs authorized in SAFETEA-LU provide the majority of funding for HST services. SAFETEA-LU also permits funding received from other non-DOT programs to be used to meet matching requirements for these programs.

- Section 5310: Transportation for Elderly Person and Persons with Disabilities
- Section 5311 Non-Urbanized Formula Program
- Section 5316 Job Access and Reverse Commute Program (JARC)
- Section 5317 New Freedom Program

With regards to the pending transportation authorization bill that will replace SAFETEA-LU, it is important to note that the Administration is recommending that four programs listed above (Sections 5310, 5311, 5316, and 5317) be combined into one formula program. The goal is to provide increased flexibility in the use of



these funds to States and local jurisdictions. While the Administration is requesting a significant increase in formula funding for RHST programs, current indications for Congress is that funding will likely remain close to current levels.

### 3.2.2 State Initiatives

DHS is one of the State's designated recipients for federal RHST funds from the following programs: Section 5310: Transportation for Elderly Person and Persons with Disabilities; Section 5316: JARC; and Section 5317 New Freedom Program. In order to improve RHST coordination for the clients they serve, DHS established the "Coordinated Transportation System" (CTS). This system ensures statewide coordination, covering the 12 regions of Georgia with Regional Transportation Offices (RTO), Regional Transportation Coordination Committees (RTCC), and Field Operations Coordinators (FOC) for elderly populations. The RTCC is made up of representatives of each regional division, RHST customers, and human transportation service providers thereby ensuring locally developed, coordinated public transit-human services transportation planning.

Georgia's current statewide Coordinated Public Transit (Human Services Transportation Interim Plan was developed to meet SAFTEA-LU requirements). In addition, four of the twelve region committees have developed coordination plans: Atlanta Regional Commission (ARC); Gainesville/Hall MPO, Southwest Regional Commission and Coastal Regional Commission.

In 2010 Georgia Governor Perdue signed legislation (HB277) a comprehensive transportation legislation that among other things created the Georgia Coordinating Council for RHST (GCC). The purpose of the council is to study coordinated RHST in and prepare a report to the Governor's Office of Budget and Policy with copies to the State Legislature. The GCC RHST is made up of representatives appointed from the Governors Development Council (GDC). GDC representatives are also board members on the Georgia Regional Transportation Authority (GRTA). In addition, HB277 established a State Advisory Subcommittee on RHST which is comprised of the Commissioners of Transportation (chair), Community Health, Human Services, Labor, Community Affairs, Behavioral Health and Developmental Disabilities, and the Superintendent of Education. The GCC may also establish an additional subcommittee that would include other local government representatives, private and public sector transportation providers from both rural and urban areas.

Additional information on DHS's Current Coordination and Reporting Requirements is provided in Appendix B.

## 3.3 Federal RHST and Related Transportation Programs

The review of historic federal coordination initiatives provides evidence that Congress has endorsed increased human service transportation coordination and funding for these programs. Currently, there are over 60 federal programs that include human service transportation as an eligible expense. Most of these programs are administered by the following five federal departments:

- DCH;
- DHS;
- DOL;
- DOE; and
- GDOT.

Unfortunately a majority of these programs do not track RHST spending separately from other non-transportation related program expenses. As a result, the full extent of RHST funding from these programs is not known. Table 3.3.1 summarizes all federal programs that provide funding for RHST services. The primary programs that fund RHST services are indicated in **bold** and are described in more detail after the table. A description of all other programs is included in Appendix B.

**Table 3.3.1: Key Federal Programs with Transportation Components**

| Office/Administration                                     | Programs with Major Transportation Components   | Primary Transportation Services Funded   |
|---|---|--|
| <b>Department of Community Health</b>                     |   |  |
| Centers for Medicare & Medicaid                           | <b>Medicaid</b>   | <b>Medical Trips</b>   |
| <b>Department of Human Services</b>                       |   |  |
| Administration on Aging                                   | <ul style="list-style-type: none"> <li>Grants for Supportive Services and senior centers. aka: OAA, Title III, Part B</li> <li>Program for American Indian, Alaskan Native, and Native Hawaiian Elders</li> </ul> | Contract for Services<br><br>Purchase and operate vehicles   |
| Administration for Children and Families                  | <b>Community Service Block Grants</b>   | <b>Taxi Vouchers, transit tokens / passes</b>  |
|   | <b>Social Services Block Grants</b>   | <b>Any transportation use</b>  |
|   | <b>Head Start</b>   | <b>Purchase and operate vehicles, contract with transportation providers, coordinate with local education agencies</b>     |
|   | <b>Temporary Assistance for Needy Families (TANF)</b>   | <b>Any transportation use to accomplish a purpose of the TANF program and the allowable matching portion of JARC grant</b> |
|   | Refugee and Entrant Assistance Discretionary Grants   | Transit passes   |
|   | Refugee and Entrant Assistance State Administered Programs  | Transit passes   |
|   | Refugee and Entrant Assistance Targeted Assistance  | Transit passes   |
|   | Refugee and Entrant Assistance Voluntary Agency Programs  | Transit passes   |
|   | Developmental Disabilities and Protection and Advocacy Systems  | Transportation projects or collaborate in improving transportation for people with disabilities                            |
|   | Developmental Disabilities Projects of National Significance  | Transportation information, feasibility studies, planning  |
|   | Child Care and Development Fund   | Very restricted purposes only. Rarely used   |
| Health Resources and Services Administration              | Rural Health Outreach, Rural Health Network, Development Program  | Purchase vehicles. Transit tokens  |
|   | Community Health Centers  | Bus tokens. Transportation coordinators and drivers  |
|   | Healthy Communities Access Program  | Improve coordination of transportation   |
|   | Healthy Start Initiative  | Transit tokens. Mileage reimbursement  |
|   | HIV Care Formula Grants   | Transit tokens. Vehicle purchase by providers. Mileage reimbursement   |
|   | Maternal and Child Services Grants  | Any transportation related use   |
| Substance Abuse and Mental Health Services Administration | Community Mental Health Services Block Grant  | Any transportation related use   |
|   | Substance Abuse Prevention and Treatment Block Grant  | Any transportation related use   |

| Office/Administration                          | Programs with Major Transportation Components  | Primary Transportation Services Funded  |
|--|--|---|
| <b>Department of Education</b>                 |  |   |
| Office of Elementary and Secondary Education   | 21st Century Community Learning Centers  | Contract for service.   |
| Office of Innovation and Improvement           | Voluntary Public School Choice   | Contract for service. Purchase and operate vehicles. Hire bus drivers and transportation directors, training for bus drivers. |
| Office of Special Education and Rehabilitation | Assistance for Education of All Children with Disabilities   | Contract for service. Purchase and operate vehicles   |
|  | Centers for Independent Living   | Referral, assistance, and training in the use of public transportation  |
|  | Independent Living Services for Older Individuals Who Are Blind  | Referral, assistance, and training in the use of public transportation  |
|  | Independent Living State Grants  | Referral, assistance, and training in the use of public transportation  |
|  | Supported Employment Services for Individuals with Most Significant Disabilities   | Transit subsidies for public and Private transportation. Training in the use of public transportation                         |
|  | <b>Vocational Rehabilitation Grants, Title I</b>   | <b>Transit subsidies for public and Private transportation. Training in the use of public transportation</b>                  |
| <b>Department of Labor</b>                     |  |   |
| Employment and Training Administration         | Job Corps  | Transit tokens  |
|  | Senior Community Service Employment Program, Title V   | Reimbursement to access employment  |
|  | Work Incentive Grants  | Encourage collaboration with transportation providers   |
|  | Workforce Investment Act Adult Services Program  | Reimbursement and transit tokens  |
|  | Workforce Investment Act Youth Activities  | Transit tokens  |
|  | Workforce Investment Act Dislocated Worker   | Transit tokens  |
|  | Native American Employment and Training  | Reimbursement and transit tokens  |
|  | Trade Adjustment Assistance –Workers   | Reimbursement and transit tokens  |
|  | Migrant and Seasonal Farmworker  | Reimbursement   |
| Veterans Employment and Training Services      | <ul style="list-style-type: none"> <li>Homeless Veterans’ Reintegration Project</li> <li>Veterans’ Employment Program</li> </ul> | Transit tokens<br>Transit tokens. Minor repairs to vehicles   |
| <b>Department of Transportation</b>            |  |   |
| Federal Transit Administration                 | 3038: Capital and Training Assistance Program for Over-the-Road Bus Accessibility  | To make vehicles wheelchair accessible and Training required by ADA   |
|  | 5303: Metropolitan Transportation Planning Program   | Transportation Planning   |

| Office/Administration | Programs with Major Transportation Components   | Primary Transportation Services Funded   |
|-----------------------|---|--|
|                       | 5304: Statewide Transportation Planning Program   | Transportation Planning  |
|                       | <b>5307: Urbanized Area Formula Program</b>   | <b>Capital assistance, some operating assist. for public transit, including paratransit services, in urbanized areas</b>   |
|                       | 5308: Clean Fuels Program   | Eligible projects such as the purchase or lease of clean fuel buses used in revenue service or projects relating to clean fuel, biodiesel, hybrid electric, or zero emissions technology buses that exhibit equivalent or superior emissions reductions to existing clean fuel or hybrid electric technologies                                 |
|                       | 5309: Major Capital Investment Program and Fixed Guideway Modernization Program           | Implementation of new major capital infrastructure projects (light rail, commuter rail and bus rapid transit fixed Guideway projects) and capital projects to modernize or improve existing fixed Guideway systems   |
|                       | <b>5309: Bus and Bus Facility Program</b>   | <b>Purchase of buses for fleet and service expansion, bus maintenance and administrative facilities, transfer facilities, bus malls, transportation centers, intermodal terminals, park-and-ride stations, acquisition of replacement vehicles, bus rebuilds, bus preventive maintenance, passenger amenities and miscellaneous equipment.</b> |
|                       | <b>5310: Capital Assistance Program for Elderly Persons and Persons with Disabilities</b> | <b>Contract for services. Assistance in purchasing vehicles</b>  |
|                       | <b>5311: Non-urbanized Area Formula Program</b>   | <b>Capital, operating, and administrative expenses for public transportation projects that meet the needs of rural communities</b>   |
|                       | <b>5311(b)(3) Rural Transit Assistance Program</b>  | <b>Support non-urbanized transit activities in four categories: training, technical assistance, research, and related support services.</b>  |
|                       | <b>5316: Job Access and Reverse Commute</b>   | <b>Support projects that transport low income individuals to and from jobs and activities related to employment, and for reverse commute projects.</b>   |

| Office/Administration                              | Programs with Major Transportation Components  | Primary Transportation Services Funded   |
|--|--|--|
|  | <b>5317: New Freedom Grant Program</b>   | <b>Support new public transportation services and new public transportation alternatives beyond those required by the American with Disabilities Act of 1990 (ADA), that are designed to assist individuals with disabilities.</b> |
|  | 5339: Alternatives Analysis  | Conducting alternatives analyses study when at least one of the alternatives is a new fixed Guideway systems or an extension to an existing fixed Guideway system.   |
| <b>Department of Housing and Urban Development</b> |  |  |
| Office of Community Planning and Development       | Community Development Block Grant  | Purchase and operate vehicles  |
|  | Housing Opportunities for Persons with AIDS  | Contract for service   |
|  | Supportive Housing Program   | Transit tokens. Purchase and operate vehicles  |
| Office of Public and Indian Housing                | Revitalization of Severely Distressed Public Housing   | Contract for service. Transit tokens   |
| <b>Department of Veterans Services</b>             |  |  |
| Veterans Benefits Administration                   | Automobiles and Adaptive Equipment for Certain Disabled Veterans and Members of the Armed Forces | Purchase of personal vehicles. Modifications of vehicles   |
| Veterans Health Administration                     | VA Homeless Providers Grant and Per Diem Program   | Van Purchase   |
|  | Veterans Medical Care Benefits   | Contract for service. Reimbursement  |
| <b>Department of Agriculture</b>                   |  |  |
| Food and Nutrition Service                         | Food Stamp and Employment and Training Program   | Reimbursement or advanced payment for gasoline expense or transit fare   |
| <b>Department of the Interior</b>                  |  |  |
| Bureau of Indian Affairs                           | Indian Employment Assistance   | Gas Vouchers   |
|  | Indian Employment, Training and Related Services   | Gas Vouchers   |

### 3.3.1 Major Federal RHST-Related Programs

The following provides a summary description of the major federal HST programs that provide funding for RHST activities in Georgia.

#### 3.3.1.1 Georgia Department of Community Health

##### **Medicaid**

If an individual cannot afford to pay for medical care, Medicaid can make it possible to get the health care needed. The target population for the Medicaid program is low income persons. Medicaid is a state administered program and each state sets its own guidelines regarding eligibility and services. Medicaid offers transportation funding for Non-Emergency Transportation (NET) and Exceptional Transportation Services (EST).

- Types of trips: To access health care services
- Match based on state's respective per capita income; Georgia 60:40

### **3.3.1.2 Georgia Department Human Services**

#### **Community Services Block Grants**

To provide assistance to States and local communities, working through a network of community action agencies and other neighborhood-based organizations, for the reduction of poverty, the revitalization of low-income communities, and the empowerment of low-income families and individuals in rural and urban areas to become fully self-sufficient (particularly families who are attempting to transition off a State program carried out under part A of title IV of the Social Security Act.

- CFDA number: 93.569
- Types of trips: General trips
- Formula Grant based on State's poverty population
- Discretionary Grant – organizations/associations providing training to individuals and organizations on methods of effectively addressing the needs of low-income families, and communities and organizations that are officially designated as a Community Action Agency (CAA) or a community action program under section 673(1) of the CSBG Act
- No Match

#### **Social Services Block Grant**

To enable each State to furnish social services best suited to the needs of the individuals residing in the State. Federal block grant funds may be used to provide services directed toward one of the following five goals specified in the law: (1) To prevent, reduce, or eliminate dependency; (2) to achieve or maintain self-sufficiency; (3) to prevent neglect, abuse, or exploitation of children and adults; (4) to prevent or reduce inappropriate institutional care; and (5) to secure admission or referral for institutional care when other forms of care are not appropriate.

- CFDA number: 93.667
- Types of trips: To access medical or social services
- Formula Grant
- No match and with local match required by the state

#### **Head Start**

The purpose of the Head Start program is to promote school readiness for low income children.

- CFDA number: 93.600
- Types of trips: Transportation to and from educational services
- Project Grant
- Match: 80:20

#### **Temporary Assistance for Needy Families (TANF)**

TANF provides the support necessary for TANF families to achieve economic self-sufficiency by obtaining and retaining employment. States determine specific eligibility but no assistance is provided to families without a minor child. TANF recipients engaged in work activities that support their Family Service Plan. TANF applicants engaged in job search or other activities in completion of the application process are eligible for transportation programs that assist families in overcoming barriers to employment resulting from a lack of sufficient transportation, including the reverse commute initiative, direct subsidies and the Wheels-to-Work program.



- CFDA number: 93.716
- Types of trips: General trips related to purpose of TANF
- Formula Grant
- No match

### **3.3.1.3 Department of Education**

#### **Vocational Rehabilitation Grants to States**

To assist States in operating comprehensive, coordinated, effective, efficient and accountable programs of vocational rehabilitation; to assess, plan, develop, and provide vocational rehabilitation services for individuals with disabilities, consistent with their strengths, resources, priorities, concerns, abilities, and capabilities so they may prepare for and engage in competitive employment.

Federal and State funds are used to cover the costs of providing vocational rehabilitation services which include: assessment, counseling, vocational and other training, job placement, reader services for the blind, interpreter services for the deaf, medical and related services and prosthetic and orthotic devices, rehabilitation technology, transportation to secure vocational rehabilitation services, maintenance during rehabilitation, and other goods and services necessary for an individual with a disability to achieve an employment outcome.

- CFDA number: 84.126
- Types of trips: To access employment placements, employment services, and vocational rehabilitation
- Formula Grant
- Match: 78.7:21.3

### **3.3.1.4 Department of Labor**

#### **Veterans Employment and Training Services – Veterans Employment Program**

To provide services to assist in reintegrating eligible veterans into meaningful employment within the labor force; and to stimulate the development of effective service delivery systems that will address the complex problems facing eligible veterans.

- CFDA number: 17.802
- Types of trips: To access employment services
- Project Grant
- No match

### **3.3.1.5 Department of Transportation – Federal Transit Administration**

#### **Section 5307: Urbanized Area Formula Program**

Provides federal funding to urbanized areas and to Governors for transit capital and operating assistance in urbanized areas and for transportation related planning. An urbanized area is an incorporated area with a population of 50,000 or more that is designated as such by the U.S. Department of Commerce, Bureau of the Census.

Urbanized areas with populations 200,000 or greater receive funds directly from FTA. Areas with populations of 50,000 - 200,000 receive FTA funds through GDOT. Eligible expenses in urbanized areas with population levels greater than 200,000 is limited to capital projects, however, urbanized areas with population levels between 50,000 and 200,000 can use Section 5307 funds for operating expenses.

**Statutory References:** 49 U.S.C. Section 5307, 5340, and 5336 (j)

- Types of trips: General trips
- Formula Grant: Funding is apportioned on the basis of legislative formulas. For areas of 50,000 to 199,999 in population, the formula is based on population and population density. For areas with populations of 200,000 and more, the formula is based on a combination of bus revenue vehicle miles, bus passenger miles, fixed Guideway revenue vehicle miles, and fixed Guideway route miles as well as population and population density.
- Match: The Federal share is not to exceed 80 percent of the net project cost. The Federal share may be 90 percent for the cost of vehicle-related equipment attributable to compliance with the ADA and the Clean Air Act. The Federal share may also be 90 percent for projects or portions of projects related to bicycles. The Federal share may not exceed 50 percent of the net project cost of operating assistance.

**Section 5309: Bus and Bus Related Facilities Program**

This program provides capital assistance for new and replacement buses, related equipment, and facilities. It is a discretionary program to supplement formula funding in both urbanized and rural areas. Eligible recipients under the Bus program are States and local governments, as well as sub-recipients, such as public agencies, private companies engaged in public transportation and private non-profit organizations. Private companies engaged in public transportation are eligible sub recipients of FTA grants. Private operators may now receive FTA funds as a pass through without competition if they are included in a program of projects submitted by the designated public authority acting as the direct recipient of a grant.

Eligible capital projects include the purchasing of buses for fleet and service expansion, bus maintenance and administrative facilities, transfer facilities, bus malls, transportation centers, intermodal terminals, park-and-ride stations, acquisition of replacement vehicles, bus rebuilds, bus preventive maintenance, passenger amenities such as passenger shelters and bus stop signs, accessory and miscellaneous equipment such as mobile radio units, supervisory vehicles, fare boxes, computers and shop and garage equipment.

**Statutory References:** 49 U.S.C. Section 5309 (b) (3)

- Types of trips: Not eligible to support operations; capital expenses only
- Discretionary Grant: Historically, the program has been fully earmarked. However, if the program is not fully earmarked, unallocated or discretionary funds may be available. Such funds may be allocated at the discretion of the Secretary of Transportation.
- Match: The Federal share of eligible capital costs is 80 percent of the net capital project cost, unless the grant recipient requests a lower percentage. The Federal share may exceed 80 percent for certain projects related to the ADA, the Clean Air Act (CAA), and certain bicycle projects

**Section 5310: Capital Assistance Program for Elderly Persons and Persons with Disabilities**

To provide financial assistance in meeting the transportation needs of elderly persons and persons with disabilities where public transportation services are unavailable, insufficient or inappropriate. The Section 5310 program is designed to supplement FTA's other capital assistance programs by funding transportation projects for elderly persons and persons with disabilities in all areas - urbanized, small urban, and rural.

Funds are obligated based on the annual program of projects included in a statewide grant application. The State agency ensures that local applicants and project activities are eligible and in compliance with Federal requirements, that private not-for-profit transportation providers have an opportunity to participate as feasible, and that the program provides for coordination of federally-assisted transportation services assisted by other Federal sources. Once FTA approves the application, funds are available for state administration of its program and for allocation to individual sub-recipients within the state. States are

direct recipients with eligible sub-recipients including private non-profit organizations, governmental authorities where no non-profit organizations are available to provide service and governmental authorities approve to coordinate services.

Eligible expenses are capital projects (including contracting service) that support transportation to meet the special needs of older adults and persons with disabilities. Finally, a recipient of Section 5310 funds is required to certify that projects selected are derived from a locally developed, coordinated public transit-human services transportation plan.

**Statutory References:** 49 U.S.C. Section 5310

- Types of trips: General trips
- Formula Grant: Funding is apportioned among the States by a formula which is based on the number of elderly persons and persons with disabilities in each State according to the latest available U.S. census data.
- Match: The Federal share of eligible capital costs may not exceed 80 percent of the net cost of the activity. The 10 percent that is eligible to fund program administrative costs including administration, planning, and technical assistance may be funded at 100 percent Federal share. The local share of eligible capital costs shall be no less than 20 percent of the net cost of the activity.

**Section 5311: Formula Grants for Other than Urbanized Areas**

This is a rural program that is formula based and provides funding to states for the purpose of supporting public transportation in rural areas, defined as areas with population levels less than 50,000. The goal of the program is to provide the following services to rural communities:

- Enhance the access of people in non-urbanized areas to health care, shopping, education, employment, public services, and recreation;
- Assist in the maintenance, development, improvement, and use of public transportation systems in non-urbanized areas;
- Encourage and facilitate the most efficient use of all transportation funds used to provide passenger transportation in non-urbanized areas through the coordination of programs and services;
- Assist in the development and support of intercity bus transportation; and
- Provide for the participation of private transportation providers in non-urbanized transportation.

Eligible recipients may include state agencies, local public bodies and agencies thereof, non-profit organizations, Indian tribes, and operators of public transportation services, including intercity bus service, in rural and small urban areas. Private for-profit operators of transit or paratransit services may participate in the program only through contracts with eligible recipients.

Examples of eligible activities include: capital projects; operating costs of equipment and facilities for use in public transportation; and the acquisition of public transportation services, including service agreements with private providers of public transportation services. Additionally, the state must use 15 percent of its annual apportionment to support intercity bus service, unless the Governor certifies, after consultation with affected intercity bus providers that the needs of the state are adequately met.

**Statutory References:** 49 U.S.C. Sections 5311 and 5340

- Types of trips: General trips
- Formula Grant: Funding is apportioned to the States by a statutory formula using the latest available U.S. decennial census data. Eighty percent of the statutory formula is based on the non-urbanized

population of the States. Twenty percent of the formula is based on land area. No State may receive more than five percent of the amount apportioned for land area.

- **Match:** The Federal share of eligible capital and project administrative expenses may not exceed 80 percent of the net cost of the project. For operating, the Federal share may not exceed 50 percent of the net operating cost of the project. For projects that meet the requirements of the Americans with Disabilities Act, the Clean Air Act, or bicycle access projects, they may be funded at 90 percent Federal match. To encourage coordination among federal agencies that provide transportation services, the matching funds may be provided from federal agencies other than the Department of Transportation. Federal Lands Highway funds, though part of the Department of Transportation, may also be used as matching funds.

### **Section 5311(b) (3): Rural Transit Assistance Program**

The Rural Transit Assistant Program (RTAP) is funded as a takedown from the Section 5311 program. This program funding to assist in the design and implementation of training and technical assistance projects and other support services tailored to meet the needs of transit operators in non-urbanized areas. Eligible recipients include States with sub-recipients including local governments and providers of rural transit services. Eligible activities include non-urbanized transit activities in four categories: training, technical assistance, research, and related support services.

States are required to develop RTAP activities through a process that provides maximum opportunity for the participation of rural transit operators, both public and private, to identify and establish priority areas of need for transportation research, technical assistance, training, and related support services in other than urbanized areas.

#### **Statutory References:** 49 U.S.C. Sections 5311 (b) (3)

- **Types of trips:** Not eligible for operations
- **Formula and Competitive Grant:** Funds are allocated to the states based on an administrative formula. The RTAP formula first allocates \$65,000 to each of the states and Puerto Rico, and \$10,000 to the Insular Areas of Guam, American Samoa, and Northern Marianas, and then distributes the balance according to non-urbanized population of the states. The national component is competitively selected every five years and is funded under a competitive cooperative agreement.
- **Match:** No match is required.

### **Section 5316: Job Access and Reverse Commute Program (JARC)**

The Job Access and Reverse Commute (JARC) program was established to address the unique transportation challenges faced by welfare recipients and low-income persons seeking to obtain and maintain employment. Many new entry-level jobs are located in suburban areas, and low-income individuals have difficulty accessing these jobs from their inner city, urban, or rural neighborhoods. In addition, many entry level-jobs require working late at night or on weekends when conventional transit services are either reduced or non-existent. Finally, many employment related-trips are complex and involve multiple destinations including reaching childcare facilities or other services.

States and public bodies are eligible designated recipients. Sub-recipients of the funds include private non-profit organizations, State or local governments, and operators of public transportation services including private operators of public transportation services. Eligible expenses include capital, planning and operating costs for projects that transport low income individuals to and from jobs and activities related to employment, and for reverse commute projects.

Finally, a recipient of Section 5316 funds is required to certify that projects selected are derived from a locally developed, coordinated public transit-human services transportation plan.

**Statutory References:** 49 U.S.C. Sections 5316

- Types of trips: Employment trips
- Formula Grant: FTA apportions 60 percent among designated recipients in large urbanized areas; 20 percent to the states for small urbanized areas; and 20 percent to the states for rural and small urban areas under 50,000 in population. Section 5316 funds are apportioned among the recipients by a formula which is based on the ratio that the number of eligible low-income and welfare recipients in each such area bears to the number of eligible low-income and welfare recipients in all such areas.
- Match: The Federal share of eligible capital and planning costs may not exceed 80 percent of the net cost of the activity. The Federal share of the eligible operating costs may not exceed 50 percent of the net operating costs of the activity. Recipients may use up to 10 percent of their apportionment to support program administrative costs including administration, planning, and technical assistance, which may be funded at 100 percent Federal share. The local share of eligible capital and planning costs shall be no less than 20 percent of the net cost of the activity, and the local share for eligible operating costs shall be no less than 50 percent of the net operating costs

**Section 5317: New Freedom Program**

This program aims to provide additional tools to overcome existing barriers facing Americans with disabilities seeking integration into the work force and full participation in society. Lack of adequate transportation is a primary barrier to work for individuals with disabilities. The 2000 Census showed that only 60 percent of people between the ages of 16 and 64 with disabilities are employed. The New Freedom formula grant program seeks to reduce barriers to transportation services and expand the transportation mobility options available to people with disabilities beyond the requirements of the ADA of 1990.

States and public bodies are eligible designated recipients. Sub-recipients of the funds are private non-profit organizations, State or local governments, and operators of public transportation services including private operators of public transportation services. Eligible expenses include capital and operating costs for new public transportation services and new public transportation alternatives beyond those required by the American with Disabilities Act of 1990 (ADA), that are designed to assist individuals with disabilities.

Finally, a recipient of Section 5317 funds is required to certify that projects selected are derived from a locally developed, coordinated public transit-human services transportation plan.

**Statutory References:** 49 U.S.C. Sections 5316

- Types of trips: Employment trips
- Formula Grant: FTA apportions 60 percent among designated recipients in large urbanized areas; 20 percent to the states for small urbanized areas; and 20 percent to the states for rural and small urban areas under 50,000 in population. Section 5317 funds are apportioned among the recipients by a formula which is based on the ratio that the number of individuals with disabilities in each such area bears to the number of individuals with disabilities in all such areas.
- Match: The Federal share of eligible capital and planning costs may not exceed 80 percent of the net cost of the activity. The Federal share of the eligible operating costs may not exceed 50 percent of the net operating costs of the activity. Recipients may use up to 10 percent of their apportionment to support program administrative costs including administration, planning, and technical assistance, which may be funded at 100 percent Federal share. The local share of eligible capital and planning costs

shall be no less than 20 percent of the net cost of the activity, and the local share for eligible operating costs shall be no less than 50 percent of the net operating costs.

Descriptions of other Federal programs indirectly impacting RHST services are included as Appendix B.

### 3.4. Georgia State RHST and Related Transportation Programs

As documented above, the majority of federal funding programs require some level of matching funds. While in some cases funding from other federal programs may be used as a match, State and local funds may also be required to provide the matching funds. Within Georgia, state matching funds for transit is provided through the Georgia General Assembly and directed through GDOT. Due to this need to match federal and State funds for projects, each year the Office of Intermodal Programs (OIP) solicits a request from GDOT for the capital needs of all rural transit programs and requests a separate request from all urban transit agencies regarding state assistance needs for the upcoming fiscal year. OIP uses these projections to request State funding for match from the Georgia General Assembly. The amount that is provided by the General Assembly compared to the requested level varies from year to year.

In addition to the State funding as match, local jurisdictions may also provide funds as match. For rural transit providers, the primary source of local funding is from the City and/or County general funds, which is typically derived from property taxes. Currently with the State, the only transit provider that receives dedicated sales tax revenue is MARTA, which receives proceeds from a one percent sales tax levied in Fulton and DeKalb Counties, including the City of Atlanta. However, HB 277 provides each of the 12 Regional Commissions the ability to hold a public referendum to implement a one percent sales tax for transportation projects over a ten year period (2013 to 2023). If the referendum is successful, the HB277 funds could be used to support RHST activities, including coordination of services. However, the RHST activities would need to be approved in a Regional Commission's adopted HB 277 expenditure plan in order to be eligible to receive funding.

#### 3.4.1 Major RHST Programs

Table 3.4.1.1 summarizes the FY 2010 federal, State and local funding levels for the primary RHST programs within the State of Georgia and rank from highest to lowest funding level. As stated early, all Federal programs that provide RHST do not track use of their funds for transit services. As a result the table below represents that best information available on the primary funding programs (10 Federal programs and two State programs) based on research and discussions with GDOT and DHS staff. In FY 2010, funding from these programs totaled \$154.2 million which reflects \$105.8 million (68.6 percent) in federal funds; \$34.1 million (22.1 percent) in State funds; and \$14.2 million (9.2 percent) in local funds. Also and as shown in the figure, within the State of Georgia, the administration of these funding programs and oversight of transportation service delivery for RHST is provided by three agencies: GDOT, DHS and DCH.

**Table 3.4.1.1: Summary of Georgia RHST Funding Raked in Order of Total Amount (FY 2010)**

| Program   | State Agency Administration / Oversight | Federal Funding | State Funding | Local Funding | Total Funding |
|---|---|-----------------|---------------|---------------|---------------|
| Federal Medicaid- NET & ETS                               | DCH                                     | \$52,540,024    | \$28,349,962  | \$0           | \$80,889,986  |
| Federal Section 5311 – Non-urbanized Area Formula Program | GDOT                                    | \$21,366,654    | \$193,920     | \$10,103,482  | \$31,664,056  |



| Program   | State Agency Administration / Oversight  | Federal Funding      | State Funding       | Local Funding       | Total Funding        |
|---|--|----------------------|---------------------|---------------------|----------------------|
| Federal Title XX – SSBG                                   | DHS (Department of Behavioral Health and Developmental Disabilities)                                   | \$8,315,272          | \$2,636,567         | \$0                 | \$10,951,839         |
| Federal TANF  | DHS (Division of Family and Children Services)   | \$6,297,622          | \$0                 | \$0                 | \$6,297,622          |
| Federal Section 5316 – JARC                               | GDOT (Non-urbanized Areas), DHS (Small Urban Areas), ARC & Public Transit Entities (Large Urban Areas) | \$5,284,536          | \$791,316           | \$0                 | \$6,075,852          |
| Federal Section 5317 – New Freedom                        | GDOT (Non-urbanized Areas), DHS (Small Urban Areas), ARC & Public Transit Entities (Large Urban Areas) | \$4,180,373          | \$1,044,238         | \$0                 | \$5,224,611          |
| Federal Section 5310 – Elderly and Disabled               | DHS  | \$3,465,642          | \$779,770           | \$0                 | \$4,245,412          |
| County Revenue Contracts                                  | DHS  | \$0                  | \$0                 | \$3,900,511         | \$3,900,511          |
| Federal Title XX – SSBG                                   | DHS (Department of Aging)  | \$2,537,873          | \$0                 | \$129,469           | \$2,667,342          |
| Federal Title III-B – Older Americans Act                 | DHS  | \$889,079            | \$52,300            | \$104,597           | \$1,045,976          |
| Federal Title I – Vocational Rehabilitation Grant Program | DHS (Department of Labor)  | \$922,000            | \$0                 | \$0                 | \$922,000            |
| State Traditional Services Support Funds                  | DHS  | \$0                  | \$205,048           | \$0                 | \$205,048            |
| State Community Based Funds                               | DHS  | \$0                  | \$88,862            | \$0                 | \$88,862             |
|   | <b>TOTAL</b>   | <b>\$105,799,075</b> | <b>\$34,141,983</b> | <b>\$14,238,059</b> | <b>\$154,179,117</b> |
|   |  | <b>68.6%</b>         | <b>22.1%</b>        | <b>9.2%</b>         | <b>100%</b>          |

### 3.4.1.1 Federal Programs – State Agency Administration and Oversight

#### **Medicaid: DCH**

DCH operates two RHST programs through the Medicaid program: the NET and the ETS. DCH utilizes a broker system to provide Medicaid recipients with non-emergency transportation services under the NET program. DCH selects a vendor in each of the State's five NET regions (North, Atlanta, Central, East and Southwest) through a competitive bidding process in order to select a contractor to provide and administer NET services. NET services are defined as medically necessary transportation for any member (an escort, if required) who has no other means of transportation available to any Medicaid-reimbursable service for the purpose of receiving treatment, medical evaluation, obtaining prescription drugs or medical equipment.

The ETS program provides medically necessary transportation for Medicaid members who under extraordinary circumstances require travel out-of-state for health care treatment not normally provided through an in-state health care provider, and have no other means of transportation. ETS services are available for in-state travel for medically necessary services not available in the member's community or vicinity as defined by policy. As a condition of reimbursement, all ETS services require prior approval for

medical necessity of services being provided by the Department's Medical Management Contractor (MMC). DCH has contracted with DHS, Division Family and Children Services (DFACS), to arrange, coordinate or provide ETS for Medicaid members.

### **Section 5311: GDOT**

GDOT administers the FTA Section 5311 Non-Urbanized Area Formula Fund Program in the State of Georgia. The Section 5311 Program offers local areas the opportunity to provide transit services to its citizens thus enhancing access to health care, business, commercial and activity centers. As stated earlier, federal funds are allocated to the states on a formula basis, and can be used for capital projects, operating assistance, planning, and program administration. OIP is responsible for administering the program. GDOT is the recipient of these funds, and it in turn provides Federal funding (and a limited amount of state capital funding) to local sub-recipients in Georgia. This program has been in existence in Georgia since 1979, as the Section 18 program until 1990, when Section 18 became Section 5311 program. The Section 5311 Program has had a significant influence on mobility in rural communities. Ridership continues to increase while these programs provide necessary mobility to non-urban local areas.

A successful Section 5311 Program requires a close partnership between the local and state interests. The success of this partnership will continue to influence mobility for rural residents. State goals for the program are to:

- Enhance access for people in non-urbanized areas to health care, shopping, education, employment, public services, and recreation;
- Assist in the maintenance, development, improvement and use of public transportation systems in rural and small urban areas;
- To encourage and facilitate the most efficient use of all Federal funds used to provide passenger transportation in non-urbanized areas through the coordination of programs and services; and
- Assist in the development and support of intercity bus service.

### **Title XX – Social Service Block Grant Program: DHBDD**

Title XX Social Service Block Grant Program funds are used for to Consumers eligible transit services from funding provided by DBHDD must meet the eligibility requirements for disability services and have no other reasonable and affordable means of getting to or from these vital services. Vital services are those services that are outlined on the consumer's Individual Service Plan (ISP) and approved by a physician. Vital services are varied and wide-ranging depending upon the severity of the consumer's disability and the need for intervention. Essential trips for the DBHDD, in order of priority, are those to and from employment locations, mental health appointments, community training and integration activities, job training, medical appointments, and social services. Miscellaneous trips are defined as essential, but at the lowest priority. DHS provides services under this program through the Coordinated Transportation System.

### **TANF: DFCS**

DFCS administers the TANF program. DFCS provides the support necessary for TANF families to achieve economic self-sufficiency by obtaining and retaining employment. TANF recipients engaged in work activities that support their Family Service Plan and TANF applicants engaged in job search or other activities in completion of the application process are eligible for transportation programs that assist families in overcoming barriers to employment resulting from a lack of sufficient transportation. This includes the reverse commute initiative, direct subsidies and the Wheels-to-Work program. DHS provides services under this program through the Coordinated Transportation System.

### **Section 5316 (JARC): GDOT and DHS**

As stated earlier, the FTA distributes JARC funds among large urbanized areas, small urbanized areas (populations less than 200,000) and rural and small urban areas (under 50,000 in population). Within Georgia, GDOT administers the program in non-urbanized areas (less than 50,000 population), and DHS through the Coordinated Transportation System, provides services for areas with populations between 50,000 and 199,999.

In urbanized areas (population of 200,000 or more) GDOT and the following urban transit systems and MPOs administer the program: MARTA, ARC, Augusta-Richmond County Commission, Chattanooga Area Regional Transportation Authority, Columbus-Muscogee County Consolidated Government METRA Transit System and Chatham Area Transit Authority.

### **Section 5317 (New Freedom): GDOT and DHS**

Similar to the JARC Program, the FTA distributes New Freedom funds among large urbanized areas, small urbanized areas (populations less than 200,000) and rural and small urban areas (under 50,000 population). Within Georgia, GDOT administers the program in non-urbanized areas (less than 50,000 population), and DHS through the Coordinated Transportation System, provides services for areas with populations between 50,000 and 199,999.

In urbanized areas (population of 200,000 or more) GDOT and the following urban transit systems and MPOs administer the program: MARTA, ARC, Augusta-Richmond County Commission, Chattanooga Area Regional Transportation Authority, Columbus-Muscogee County Consolidated Government METRA Transit System and Chatham Area Transit Authority.

### **Revenue Contracts with Fulton, DeKalb and Gwinnett Counties: DHS**

DHS uses the revenue from county-based contracts in Fulton, DeKalb, and Gwinnett Counties to augment services provided through the Coordinated Transportation System in these jurisdictions. The source of funds from the counties is usually from General Funds.

### **Section 5310: DHS**

DHS is the designated recipient for Section 5310 funds. DHS publishes an annual Georgia State Management Plan and Application Package for the Transportation of Elderly Persons and Persons with Disabilities. Georgia's Section 5310 Program provides assistance in meeting the transportation needs of elderly and disabled persons where public transportation services are unavailable, insufficient or inappropriate specifically by providing assistance for the purchase of passenger trips for the transportation of elderly and disabled persons by private nonprofit organizations or public bodies in urbanized, small urban and rural areas.

DHS has instituted a policy that all federal and state funds used in the delivery of transportation services under 5310 will be applied in the purchase of services (through service agreements) rather than in capital expenditures (vehicles purchase or related equipment). Private non-profit organizations are the primary eligible sub recipients of Section 5310 funds. Public bodies approved by the state to coordinate services for the elderly and disabled, or any public body that certifies to the satisfaction of the state that private non-profit organizations in the area are not readily available to carry out the services, may be eligible to receive Section 5310 funds.

DHS provides services under this program through the Coordinated Transportation System.

### **Title XX – Social Services Block Grant: DHS**

Division of Aging Services funding is used to provide transportation services to elderly Georgians. Individuals age 60 and older are eligible. Eligibility is determined at local service sites using standard assessment instruments. Priority is given to those with the greatest social and economic need, with emphasis on persons who fall in the categories of low-income, minority, limited English speaking, rural and/or functionally impaired. Essential Trips for the Division of Aging, listed in order of priority, are trips to and from Senior Centers, medical appointments, shopping, work/employment, field trips, and bill payment.

The majority of the services statewide are provided by DHS through the Coordinated Transportation System, although some Area Agencies on Aging contract directly with their counties, instead of through DHS, to provide transportation for congregate meals to senior citizens, non-emergency medical trips, grocery and other aging services transportation.

### **Title III – Older Americans Act: DHS**

Administered in Georgia through the DHS Division of Aging Services, funding from Title III is used to provide transportation services to elderly Georgians. Individuals age 60 and older are eligible. Eligibility is determined at local service sites using standard assessment instruments. Priority is given to those with the greatest social and economic need, with emphasis on persons who fall in the categories of low-income, minority, limited English speaking, rural and/or functionally impaired. Essential Trips for the Division of Aging, listed in order of priority, are trips to and from Senior Centers, medical appointments, shopping, work / employment, field trips, and bill payment.

The majority of the services statewide are provided by DHS through the Coordinated Transportation System, although some Area Agencies on Aging contract directly with their counties, instead of through DHS, to provide transportation for congregate meals to senior citizens, non-emergency medical trips, grocery and other aging services transportation.

### **Title I – Vocational Rehabilitation Grant Program: DHS**

DOL operates and administers the state's Vocational Rehabilitation Services Program. The DOL operates five integrated and interdependent programs that share a primary goal: to help people with disabilities to become fully productive members of society by achieving independence and meaningful employment; the Vocational Rehabilitation Program, Disability Adjudication Services, the Roosevelt Warm Springs Institute for Rehabilitation, the Business Enterprise Program and Georgia Industries for the Blind.

#### ***3.4.1.2 State Programs – State Agency Administration and Oversight***

### **State of Georgia Community Based Funds: DHS**

The Georgia Department of Human Services uses Community Based Services funds to augment the delivery of services through the Coordinated Transportation System.

### **State of Georgia Transitional Support Service Funds: DHS**

Through the Coordinated Transportation System, DHS uses Transitional Support Services funding to pay for or reimburse the cost of childcare, transportation and incidental expenses to an applicant or recipient who becomes ineligible for cash assistance due to employment, or who declines ongoing TANF cash assistance to stop the TANF clock. Transitional Support Service support is available for a period of six-months from the date of ineligibility for cash benefits under the TANF program.

### 3.4.2 Funding Trends

Table 3.4.2.1 summarizes the funding trends for Georgia's major RHST programs over the FY 2008 to FY 2010 period. As shown in the table, with the exception of the TANF and Title XX programs, all other funding programs have increased funding levels over the three year period.

**Table 3.4.2.1: Georgia Overall RHST-Related Funding Trends (FY 2008 to FY 2010)**

| State Agency                     | Program  | Funding      |              |                          | Percent Change 08-10 |
|----------------------------------|--|--------------|--------------|--------------------------|----------------------|
|                                  |  | 2008         | 2009         | 2010                     |                      |
| DHS                              | Section 5310 Program<br>Federal<br>State                     | \$3,299,887  | \$3,465,641  | \$3,465,642<br>\$779,770 | 5.0%                 |
| DHS                              | TANF<br>Federal  | \$8,467,213  | \$8,467,213  | \$6,297,622              | -25.6%               |
| DHS                              | Revenue Contracts<br>Local                                   | \$2,451,430  | \$2,451,430  | \$3,900,511              | 59.1%                |
| DHS - Division of Aging Services | Title III-B / Older Americans Act<br>Federal                 | \$843,732    | \$878,846    | \$889,079                | 5.4%                 |
|                                  | State  | \$49,633     | \$51,699     | \$52,300                 | 5.4%                 |
|                                  | Local Match  | \$99,261     | \$103,393    | \$104,597                | 5.4%                 |
| DHS - Division of Aging Services | Title XX / SSBG<br>Federal                                   | \$2,732,225  | \$2,537,873  | \$2,537,873              | -7.1%                |
|                                  | Local Match<br>(State Required)                              | \$155,975    | \$129,469    | \$129,469                | -7.1%                |
| DHS                              | State Community Based Services                               | \$87,203     | \$88,862     | \$88,862                 | 1.9%                 |
| DHS                              | State Transitional Support Services                          | \$205,048    | \$211,994    | \$205,048                | 0.0%                 |
| DBHDD                            | Title XX / SSBG<br>Federal                                   |              |              | \$8,315,272              |                      |
|                                  | State  |              |              | \$2,636,567              |                      |
| DHS - Department of Labor        | Title I / Vocational Rehabilitation Grant Program<br>Federal | \$868,000    | \$922,000    | \$922,000                | 6.2%                 |
|                                  |  |              |              |                          |                      |
| GDOT                             | Section 5311 - Non Urbanized Area Formula Program<br>Federal | \$16,276,758 | \$17,158,958 | \$21,366,654             | 31.3%                |
|                                  | State/Local Match  | \$8,305,195  | \$10,791,056 | \$10,297,402             | 24.0%                |

| State Agency | Program  | Funding             |                      |                      | Percent Change 08-10 |
|--------------|--|---------------------|----------------------|----------------------|----------------------|
|              |  | 2008                | 2009                 | 2010                 |                      |
| GDOT & DHS   | Section 5316 - Jobs Access and Reverse Commute Program |                     |                      |                      |                      |
|              | Federal  | \$4,502,320         | \$5,284,546          | \$5,284,546          | 17.4%                |
|              | State/Local Match                                      | \$685,529           | \$791,316            | \$791,316            | 15.4%                |
| GDOT & DHS   | Section 5317 - New Freedom Program                     |                     |                      |                      |                      |
|              | Federal  | \$2,525,535         | \$2,911,135          | \$4,180,373          | 65.5%                |
|              | State/Local Match                                      | \$1,010,514         | \$1,044,238          | \$1,044,238          | 3.3%                 |
| DCH          | Medicaid   |                     |                      |                      |                      |
|              | Federal  |                     | \$47,988,295         | \$52,540,024         | 9.5%                 |
|              | State Match  |                     | \$26,828,612         | \$28,349,962         | 5.7%                 |
| <b>Total</b> |  | <b>\$52,565,458</b> | <b>\$132,106,576</b> | <b>\$154,179,117</b> |                      |

### 3.4.3 Other Federal Funding Programs

In addition to the RHST related programs identified previously, there are two other federal funding programs that provide support to HST related activities.

- **Section 5307 Urbanized Area Formula Funds:** This formula grant program is one of the primary federal funding programs for Georgia transit systems with fixed route bus networks in areas with a population greater than 50,000 residents. GDOT is the designated recipient of these funds for those areas with population levels between 50,000 and 200,000. As stated previously, these funds can be used for capital and operating expenses in areas with population levels less than 200,000. Capital expenses require a 20 percent local match and operating expenses require a 50 percent local match. Over the FY 2008 to FY 2010 period, FTA allocated between \$9.4 million to \$9.6 million to GDOT to support fixed-route services in communities with less 200,000 residents.
- **Section 5309 Bus and Bus Facilities:** This discretionary program support rural and urban transit systems with capital improvement projects, including the purchase of transit vehicles. As shown below, in FY 2008 and FY 2009, this program provided funding for the purchase of bus and bus facilities by GDOT as well as non-urbanized counties and cities. In FY 2010, all discretionary grants went to urbanized areas. It is important to note that given the current no earmarks discussion coming from Washington, D.C., there is uncertainty on the future of this program.
  - FY 2008 Discretionary Grants
    - GDOT -Statewide Bus and Bus Facilities: \$2,371,412
    - Quitman, Clay, Randolph, and Stewart Counties Bus project: \$43,472
    - City of Moultrie Intermodal Facility: \$397,340
    - Sylvester Intermodal Facility: \$43,472
    - Thomasville Bus Replacement: \$43,472
    - Jesup Train Depot intermodal center: \$217,360
  - FY 2009 Discretionary Grants
    - GDOT -Statewide Bus and Bus Facilities: \$2,513,144
    - GRTA Park and Ride Facility, Rockdale County: \$190,000
    - Quitman, Clay, Randolph, and Stewart Counties Bus project: \$56,430
    - City of Moultrie Intermodal Facility: \$780,216



- Sylvester Intermodal Facility: \$45,144
- Thomasville Bus Replacement: \$45,144
- Jesup Train Depot intermodal center: \$225,720

### 3.5 Key Conclusions

Based on the analysis provided in the previous sections there are a number of key conclusions that can be drawn regarding RHST funding:

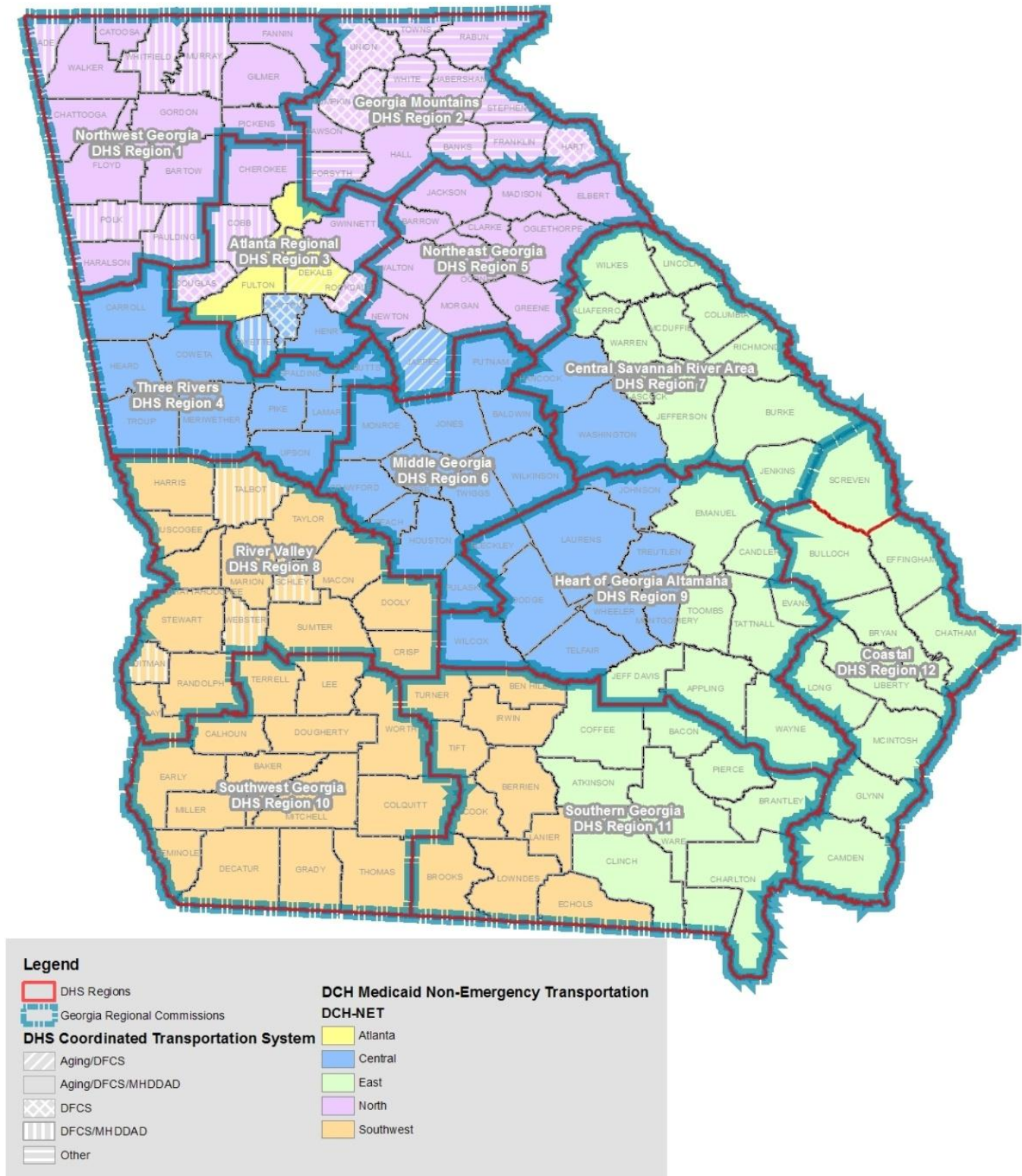
- There are a significant number of federal programs that provide funding for RHST operating and capital activities.
- Over the FY 2008 to FY 2010 period, the majority of programs that provide funding for RHST activities experienced an increase in annual funding levels.
- The majority of federal programs will not cover 100 percent of operating and / or capital costs. In some cases the match requirement can be provided from other federal programs. However, there will continue to be a need for State and local funding to meet the match requirements.
- Match funds from the State is based on requests to the Georgia General Assembly, with actual funding levels compared to the requested amount varying from year to year.
- Currently local match is primarily provided from city and county general funds, which primarily consists of property tax revenue. However, with the passage of HB 277, there is an opportunity for RHST projects to be included in expenditure plans associated with the pending transportation sales tax election in each of the 12 Regional Commission districts.
- There is some overlap among two of the State's primary HST providers, GDOT and DHS, in utilizing funds from programs such as FTA Section 5316 JARC and Section 5317 New Freedom programs. Coordinating services for these programs may allow for more funding to be used for the provision of service and less for the administration and oversight of these programs. Additionally, it is important to note that the USDOT is proposing that these two programs along with the Section 5310 and 5311 programs be combined into one program which would allow States greater flexibility in the use of federal dollars.

## **CHAPTER 4      REGIONAL NEEDS ASSESSMENT**

### **Task Methodology**

To better understand the existing statewide infrastructure for RHST delivery, the project team developed a regional approach to stakeholder outreach and information gathering, working in partnership with the 12 Regional Commissions (RCs) across the State of Georgia to identify and collect information from RHST stakeholders. The regional approach a natural fit for several reasons: 1) RC boundaries align closely with the DHS Coordinated Transportation System boundaries; 2) RCs house transportation planning and Area Agency on Aging (AAA) functions in many regions of the state; 3) each RC has been working on Transit Development Plans for their counties over the last two years; and 4) Several RCs are directly involved in RHST delivery for their regions through planning activities or service provision. Figure 4.1 on page 73 presents Georgia's RC boundaries and how they align with DHS and DCH Districts Statewide.

**Figure 4.1: Georgia's Regional Commissions**



## Regional Workshops

A series of two workshops was held in each RC area, the first in the early summer (May/June) of 2010 and the second in the fall (November) of 2010. Each workshop brought together local government representatives, state and local transit agency staff, transportation service providers, community service boards, non-profit organizations, and other stakeholders to discuss ongoing activities and consider ideas and opportunities for future RHST coordination.

The initial round of workshops was an opportunity to introduce the study and to begin a discussion of existing coordination efforts, issues, gaps, and opportunities. The objectives were as follows:

1. **Document and Assess Current Status** – Inventory existing community transportation services and the type/extent of ongoing coordination efforts; and assess service redundancies, gaps and unmet needs.
2. **Identify Opportunities** – Identify new and upcoming transportation and coordination projects, initiatives and opportunities for improved coordination.
3. **Identify and Assess Challenges** – Assess organizational, political, funding, and service delivery challenges that might thwart prospective coordination efforts.

The second round of workshops was an opportunity to confirm the information collected as a part of the needs assessment, and to test some coordination strategies developed as a result of the preliminary needs identified during the first round of workshops. The objectives were as follows:

1. **Finalize Regional Information** – Confirm the accuracy of information collected at the first workshop and the preliminary findings of the needs assessment.
2. **Gather Input into the Statewide RHST Model** – Test and brainstorm coordination strategies and have preliminary discussion regarding regional next steps and local needs for implementation of these models.
3. **Share Coordination Strategies from Other Regions** – Discuss coordination models that have been successful across the state and across the country.

In addition to the workshops, information was gathered through one-on-one interviews with key stakeholders and through the circulation of a Regional Assessment Tool questionnaire to RHST service providers. Full documentation of workshops and supporting data gathering activities is included in Appendix C.

## Case Study Documentation

As a result of the workshops and interviews conducted in each RC, a case study was prepared for each region documenting existing RHST services, coordination efforts, needs, and opportunities. Each case study includes a description of available transportation services within the region, information on RHST stakeholders and activities, existing coordination efforts, and a summary of the current needs, gaps, and opportunities associated with each region.

An overall look at the statewide needs identified as a result of the Regional Needs Assessment is included in Chapter 7: Identification of Needs, Gaps, and Barriers.

## 4.1 Northwest Georgia Region

### Overview

The Northwest Georgia Region is the state's second most populous region with a population of 842,915 according to the 2009 U.S. Census Bureau estimates. The region consists of 15 counties, as illustrated in Figure 2.1, and is home to several urbanized areas, Rome (Floyd-Rome Urban Transportation Study, FRUTS) and Dalton-Whitfield County (Greater Dalton MPO). Portions of the region are also part of the Chattanooga Urban Area Transportation Study and the Atlanta Urbanized Area. Economic growth in the area is largely contributed to the manufacturing of flooring. Dalton-Whitfield County is labeled as the world's carpet capital and is home to Shaw Industries and Mohawk Flooring headquarters.

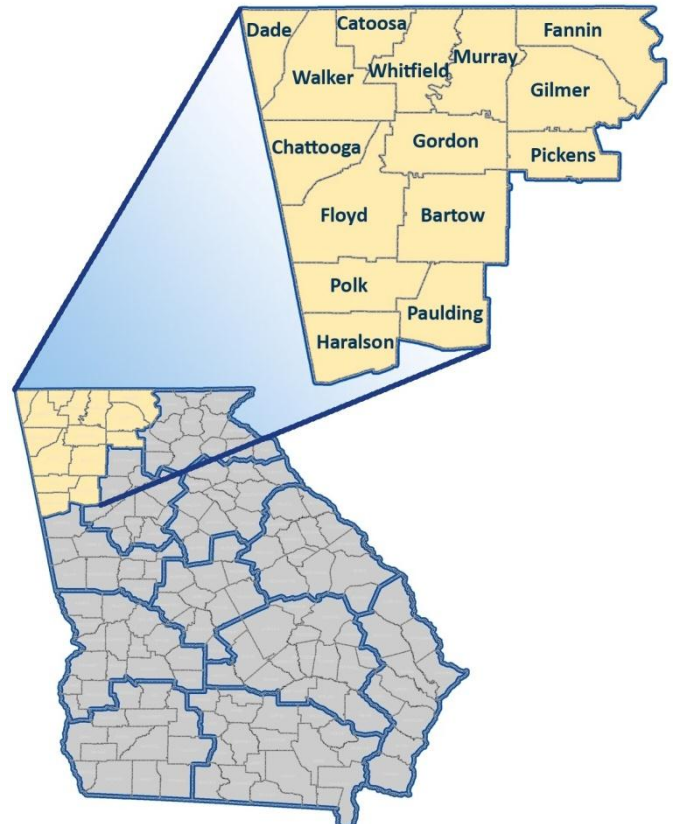
According to Georgia Governor's Office of Planning and Budget, the population in the Northwest Georgia Region is expected to grow by 55 percent by the year 2030. Demographic trends also suggest a tremendous growth in the over 65 population. Over the next five years, the Northwest Georgia Region is projected to experience close to a 10 percent increase in its elderly population, from 12 percent in 2009 to 21 percent in 2014.

#### 4.1.1 Inventory of Existing Services

The Northwest Region is served by a mix of transportation providers including 5311 public transportation systems, urban transit systems, private, non-profit providers and community service boards. A total of 16 providers are engaged as contractors or subcontractors to provide DHS trips for the region. The Lookout Mountain Community Service Board (LMCS) is a direct contractor for the Region 1 DHS Coordinated Transportation System with over 115 vehicles providing human services transportation to four counties in the region including Catoosa, Chattooga, Dade, and Walker Counties. Highland Rivers Community Service Board provides service for the remaining 11 counties in the region. Counties currently receiving 5311 funds, include Bartow, Catoosa, Dade, Fannin, Gilmer, Gordon, Haralson, Murray, Pickens, Floyd, Walker, and Whitfield Counties. Rome-Floyd County receives 5307 funds and operates a fixed-route transit system within the city limits of Rome. The City of Cedartown has 5311 transportation services within the city limits. In the Northwest Region, the DHS Coordinated System provides roughly 50 percent of the 5311 system ridership.

The North Georgia Community Action Agency operates a rural transportation service, the Mountain Area Transportation System (MATs), to four counties including Pickens, Gilmer, Fannin, Whitfield and Gordon Counties. The MATs service is primarily a demand-response system for qualified individuals and also serves as a subcontractor for the DHS Coordinated Transportation System. MATs also serves as a subcontractor to Southeastrans for Medicaid non-emergency (DCH NET) trips, along with several private and non-profit service providers in the area. Table 4.1.1.1 on page 76 and Figures 4.1.1.1-4.1.1.4 (pages 78-80) on the following pages list the known service providers in the area, where they operate, and how they currently interact with one another based on operating area and programs served.

Figure 4.1.1: Northwest Georgia Region



**Table 4.1.1.1: Transportation Services in the Northwest Georgia Region**

| Service or Sponsor Name                         | Service Type                  | Passenger Eligibility            | Service Description  | Hours of Service   | Fleet and Fare Information  | Use of Federal/State Funds |
|---|-------------------------------|----------------------------------|--|--|---|----------------------------|
| <b>Angel Emergency Medical Services</b>         | DCH NET<br>Private For-Profit | Medicaid<br>General Public       | Door-to-door Demand Response   | 24 hours a day, 7 days a week  | NA  | Medicaid                   |
| <b>Bartow Transit</b>                           | Public Transit                | Bartow Residents                 | Demand Response  | Monday to Friday from 8:00 am to 4:40 pm   | \$1.00 per trip within the County, \$5.00 per trip to Rome, GA, \$2.50 per trip from Acworth to Adairsville | DHS/5311                   |
| <b>Catoosa Trans Aid</b>                        | Public Transit                | Catoosa Residents                | Door-to-door transportation  | Medical trips: Monday to Friday 9:00 am to 2:00pm. Shopping trips: Tuesday 10am-12pm, and Wednesday 9am-11am. Employment trips: Monday-Friday: 8:30am-4pm. | Free  | DHS/5311                   |
| <b>City of Cedartown Transportation Service</b> | Public Transit                | Seniors in Cedartown City Limits | Serves trips to Senior Center only   | Monday to Friday   | 1 Van   | DHS/5311                   |
| <b>Chattooga County Transit</b>                 | Public Transit                | Chattooga Residents              | One fixed route from residential area to grocery stores and business district. One bus available in response of Medicare trips. One bus serves to Rome for medical treatments. | 6:00am-4:00pm<br>Monday to Friday with 1 hour lunch break  | 3 buses in total (2 with wheelchair access)   | 5311                       |
| <b>Dade County Transit</b>                      | Public Transit                | Dade Residents                   | Demand Response service area – Dade County including Wildwood, Sand Mounting, Lookout Mountain and Rising Fawn   | Monday to Friday 6:00am- 4:00pm  | 2 non-accessible vehicles ( 1 sedan and 1 van ) 3 wheelchair accessible vehicles (3 buses)                  | DHS/5311                   |



| Service or Sponsor Name                           | Service Type                   | Passenger Eligibility  | Service Description  | Hours of Service                       | Fleet and Fare Information  | Use of Federal/State Funds |
|---|--------------------------------|--|--|--|---|----------------------------|
| <b>Fannin Mountain Area Transit System (MATS)</b> | Public Transit                 | Fannin Residents   | One “flexible schedule, fixed route” service<br>MATS provides curb-to-curb and shared-ride service. Individual fare service is also available. | Monday to Friday:<br>8:30 am – 5:00 pm | 4 buses ( 2 with wheelchair access)   | DHS/5311                   |
| <b>Gilmer MATS</b>                                | Public Transit / Human Service | Gilmer Residents   | One “flexible schedule, fixed route” service<br>MATS provides curb-to-curb and shared-ride service. Individual fare service is also available. | Monday to Friday:<br>8:30 am – 5:00 pm | 4 buses ( 2 with wheelchair access)   | DHS/5311                   |
| <b>Haralson County Transit</b>                    | Public Transit                 | Haralson Residents   | Demand Response  | NA                                     | NA  | 5311                       |
| <b>Highland Rivers Community Service Board</b>    | Human Service                  | Consumers and Seniors that are eligible for programs   | Demand Response door-to-door transportation  | NA                                     | NA  | DHS                        |
| <b>Lookout Mountain Community Service Board</b>   | Human Service                  | Consumers and Seniors that are eligible for programs   | Demand Response door-to-door transportation  | Monday to Friday<br>6:00 am to 6:00 pm | Over 115 vehicles   | DHS                        |
| <b>Murray Transit System</b>                      | Public transit                 | 1)Senior citizens<br>2) Residents working through the Development Center and Department of Human Resources.<br>3) The general public | Most common destinations are the senior center, the Murray county developmental center, the dialysis clinic and various medical offices.       | Monday to Friday:<br>8am-5pm           | 7 buses (all with wheelchair access)  | DHS/5311                   |
| <b>Pickens MATS</b>                               | Public/HST                     | Elderly/DD   | Bus service within Pickens County  | 7:00am-5:00pm                          | NA  | DHS/5311                   |
| <b>Rome Transit</b>                               | Public Transit                 | General Public / ADA   | Fixed Route, Demand Response and Tripper Transportation  | Monday to Friday<br>5:45 am to 6:30 pm | NA  | 5307                       |
| <b>Walker Transit</b>                             | Public Transit                 | County Residents   | Curb-to-curb service. Service area – Walker, Catoosa, Hamilton   | Monday to Friday<br>6:00 am to 6:00 pm | NA  | 5311                       |
| <b>Whitfield Transit</b>                          | Public Transit                 | General public   | Demand-response and route-deviation system. Serves all trip purposes.  | Monday to Friday<br>6:30am to 6:00pm   | Fare is \$2.00 for each one-way trip 9 buses total (8 have wheelchair access) | 5311                       |



Figure 4.1.1.1: Northwest Georgia Region

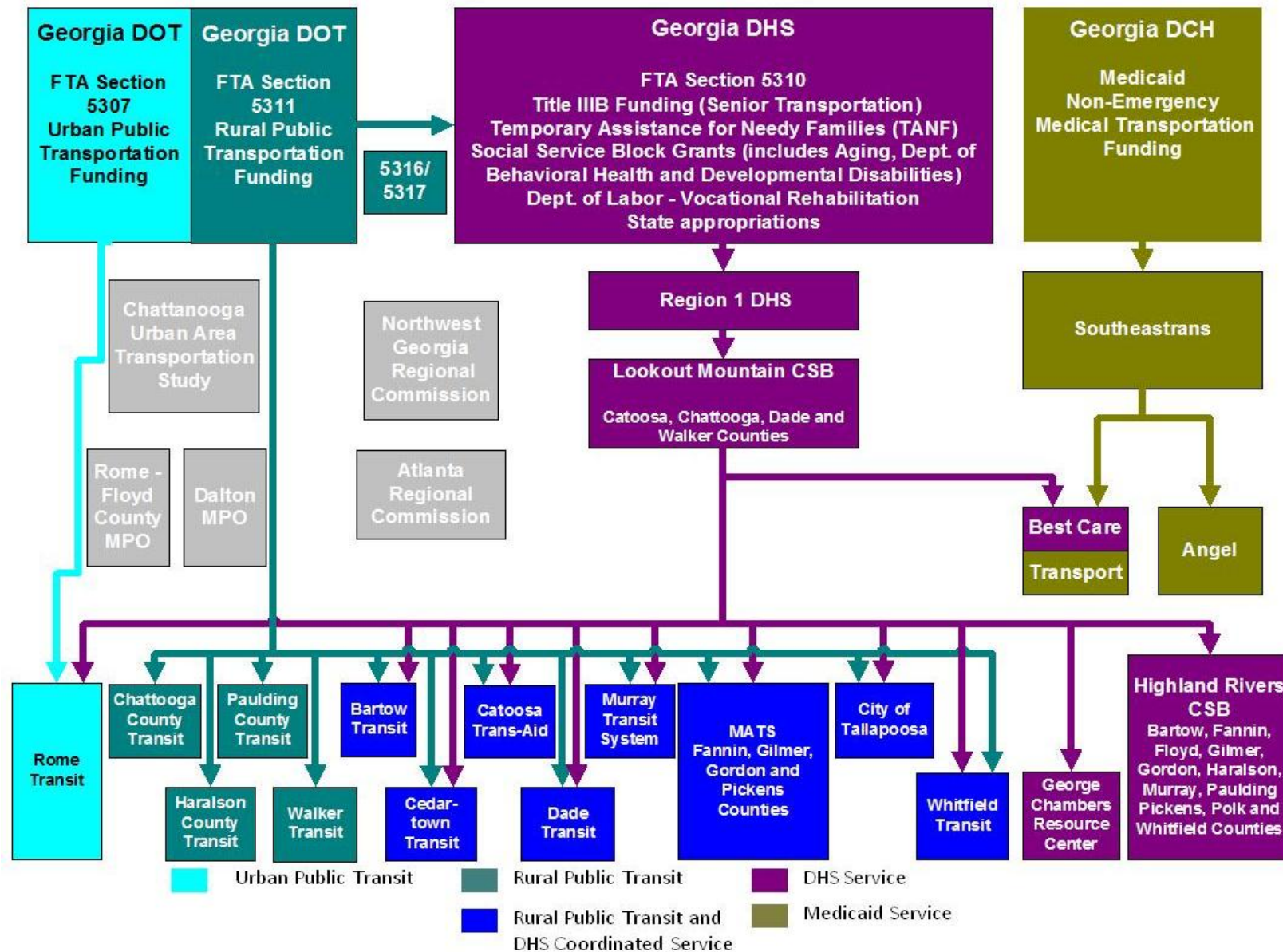
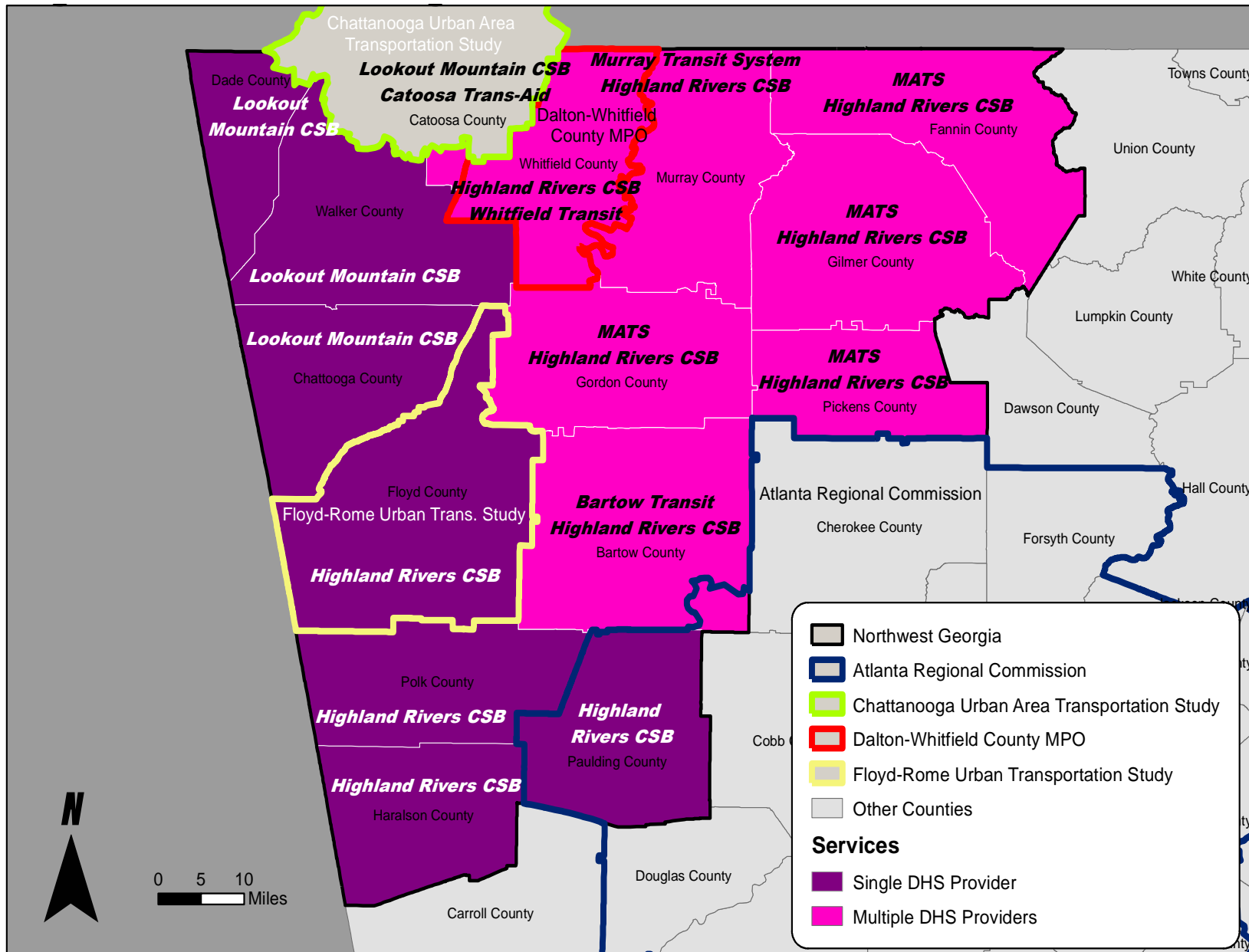
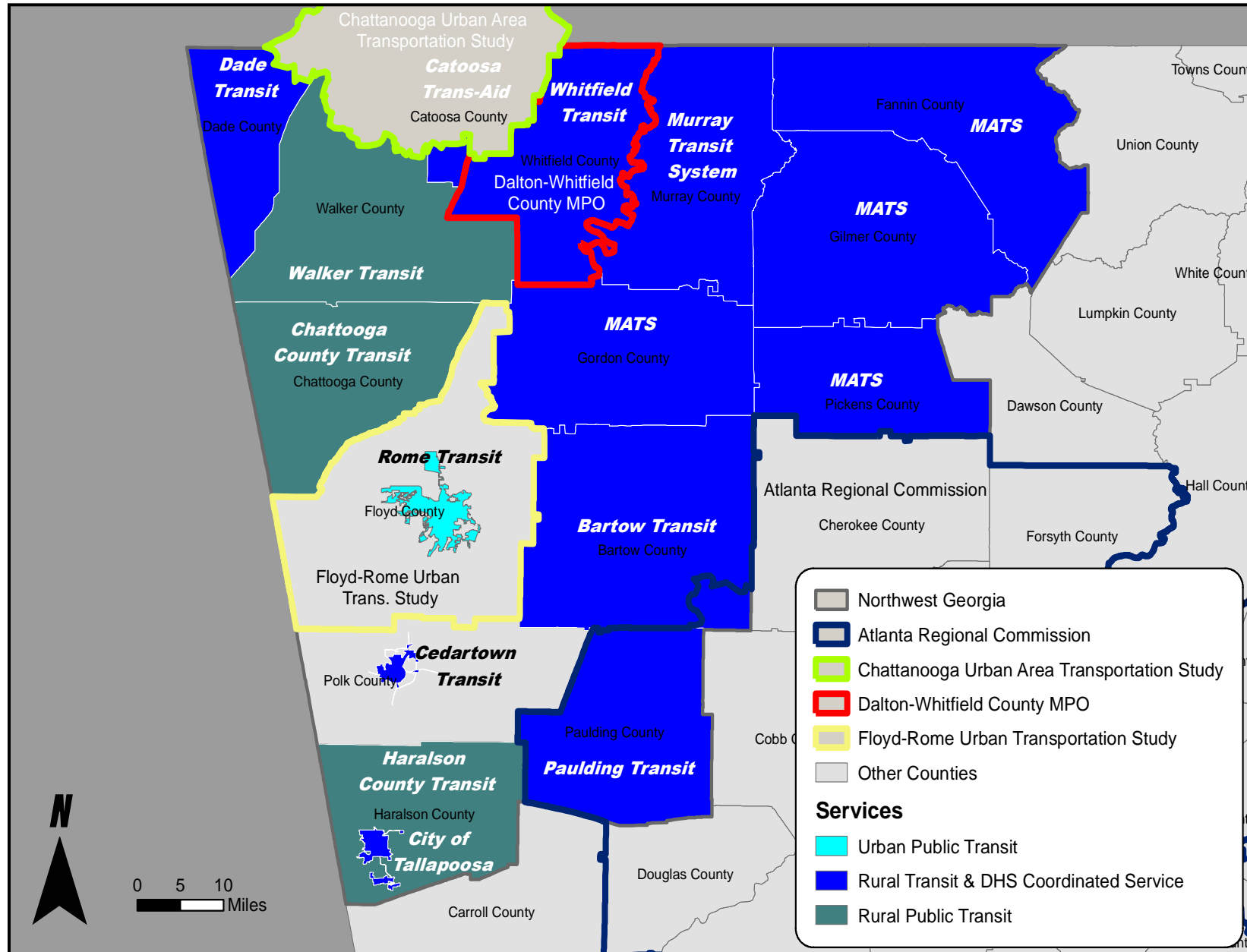


Figure 4.1.1.2: Northwest Georgia DHS Service Providers



**Figure 4.1.1.3: Northwest Georgia Transit Service Providers**



#### 4.1.2 Existing Coordination Efforts

DHS Region 1 Coordinated Transportation System in the Northwest Georgia Region has been very successful in coordinating efforts across a number of contractors and subcontractors to provide transportation to human services clients and target populations in the area. DHS negotiates with contractors with subcontractors annually to secure service providers and establish rates that address the transportation needs in the region. Through working relationships, a strong network of informal regional coordination has been established. Many of the rural transit systems in the region currently serve the DHS system. In addition, there are some private providers that serve public farebox trips as well as the DCH NET system.

The Greater Dalton Metropolitan Planning Organization (GDMPO) recently sponsored a transit development planning effort in Whitfield County. Participating organizations in the plan's development included the Northwest Georgia Regional Commission, Whitfield County, City of Dalton, Varnell, Tunnel Hill, Cohutta, and GDOT. The Hamilton County, Tennessee area and north Georgia have also participated in the development of a Human Services Coordination Plan. The Northwest Georgia Regional Commission also recently completed a study examining transit options in the area.

In addition, Paulding County and southeastern Bartow County fall within the Atlanta MPO area, therefore, ongoing coordination must occur with the Atlanta Regional Commission, who is the lead for Human Services Transportation Planning within the Atlanta 18-County MPO area.

#### 4.1.3 Service Redundancies, Gaps, and Needs

In general, there is demand for additional trip types, in additional areas, and demand for increased hours of service, as well as a need for increased fleet capacity. Gaps exist due to a combination of increasing demand and insufficient funding.

***Need for More Service*** – Transit services currently operate in limited geographic areas for limited trip types. In Rome, there is demand for Paratransit service outside the required  $\frac{3}{4}$  mile ADA service area surrounding the fixed-route system. In Polk County, the 5311 rural transit system was discontinued due to service gaps. Only the City of Cedartown has service within the county and this is limited to senior center trips. Similar issues exist in many counties in the region – either no service is offered or current service is limited to senior centers and other designated trip types (e.g. medical appointments, for qualifying customers at certain times of the day). Additionally, weekend and expanded hours of service are needed in some areas to provide users with transportation options outside of limited weekday hours. Critical trip types include trips to the doctor as well as senior centers, dialysis, hospitals, as well as shopping during the day from senior center and behavioral day programs. Private providers are available but are expensive. Most taxi services in the area do not meet DHS requirements for vehicle types. Service areas, most specifically, service across county lines, is often an issue due to service area, time, and distance and associated costs.

***Customer Eligibility*** – Many systems have limited customers based on eligibility requirements though the need for transportation services in the community expands beyond these specific groups and outside of boundaries such as the ADA Paratransit operating area in Rome. The insurance requirements add additional difficulty to remove the eligibility requirements. There are unmet needs for service from groups living in urban area without the eligibility for Paratransit.

***Inefficiencies*** – It has become inefficient from a cost perspective to carry a small number of customers on a long-distance trip. For example, Bartow County's 5311 Rural Transit System offers a \$5 trip to Rome. The transit provider

prefers to service a few people within the same area at once. However, it is difficult to service the trip if there is only one person on the van. Under this condition, the transit providers have to reject the trip request or ask the client to meet at another location. It is difficult to be efficient given the travel distances in the region and the current demand-response system services. Inter-system connections are possible; however, a lack of direct coordination for scheduling and negotiated rates makes it more difficult to mix trips. For example, currently, scheduling is typically independent by provider. If clients get off a rural transit system at a fixed-route stop, they may have to wait for a bus for a certain period of time.

**Fleet Capacity Gaps** – Vehicles in some systems are old and unreliable. The vehicle maintenance has become difficult due to increasing maintenance costs and is a great burden on already limited budgets. There are not enough vehicles to service all trips: vehicle fleet size is decreasing while the population and demand for service is increasing. The availability of vehicles is even more limited in current economic situation. Some counties have extra vehicles, but are not comfortable sharing vehicles due to insurance and title structure as well as varying service needs.

**Information Gaps** – There is a need to more effectively advertise information about available transportation services in the region. Some clients simply do not know who to call for transit information. Currently, the most common ways to advertise the services are flyers in doctor's offices and other public locations, radio advertisements, word of mouth, as well as agency outlets. However, there is some hesitation to provide more information, as agencies are already struggling to meet demand and are afraid of further exceeding service capacity.

#### **4.1.4 Ideas to Improve Service Delivery and Coordination**

The agencies involved in human services transportation delivery in the Northwest Region have learned firsthand that strong working relationships, trust, and communication are the key to delivering successful transportation services within the region. Given the limited resources that agencies are working with, most service providers have "hit a wall" in terms of service provision. Future coordination to leverage limited resources is integral to continuing the delivery of transportation services in the region. Opportunities for coordination include the following:

- There are opportunities for coordinated trip scheduling and service deliveries. Services serve similar trip ends (e.g. 5311 public transportation, DHS, and Medicaid, for certain trip types). Currently the Medicaid trips are handled separately.
- Many service providers support the concept of a centralized call center. A centralized call center can provide better customer service and make the public aware of the resources available. A centralized information source can provide the most up-to-date information to users of the system.
- The use of technology to support coordination efforts could facilitate advanced trip planning and/or mid-trip changes that increase efficiency and also promotes accountability. However, there are potential concerns in that the cost of technology for small agencies may be a huge burden. There are also associated needs in support of the implementation and maintenance of technology as well as training on new systems.
- Sharing vehicles could be an opportunity, but it may complicate coordination efforts since agencies provide different types of services. Some agencies need vehicles on demand to meet the unique needs of its customers during the day and/or need special features such as wheelchair lifts. Competing needs may be an issue.
- The combination of clients from different programs on a single vehicle has seen some success to date – the DHS system is one example of this. Many of the players in the region were involved when the DHS system

began and were concerned about moving to a coordinated system, but after some adjustment the system has been very successful.

- Advanced technologies have been piloted in the region. In Rome, a smart card pilot allowed public transportation riders to swipe a credit card to pay for the trip cost. This program helped to collect trip data more efficiently and accurately.

#### **4.1.5 Lessons from the Northwest Georgia Region**

- The Northwest Georgia region benefits from an effective DHS Coordinated System regional coordinator who has well-established and long standing relationships with the transportation providers in the area.
- Fleet quality is an issue in the region since many programs began with older vehicles and resources have not allowed these vehicles to be replaced in a timely fashion. A new approach to fleet procurement and maintenance would benefit the region given the resource demands of aging equipment.
- Technology has been beneficial to the regional DHS coordinated system. An internet-based vehicle management system called MAXIMO was implemented in 2007. The system facilitated the reporting process of vehicle cost and maintenance information and provided useful input to overall system operations.
- The Smart Card Pilot program was successful. The swipe card system will be upgraded to a new proximity card system, in order to resolve the issue caused by the difficulty some clients had with swiping the card. The Smart Card provides the ability to identify trip type, which is an efficient way to track fares and ridership.

## 4.2 Georgia Mountains Region

### Overview

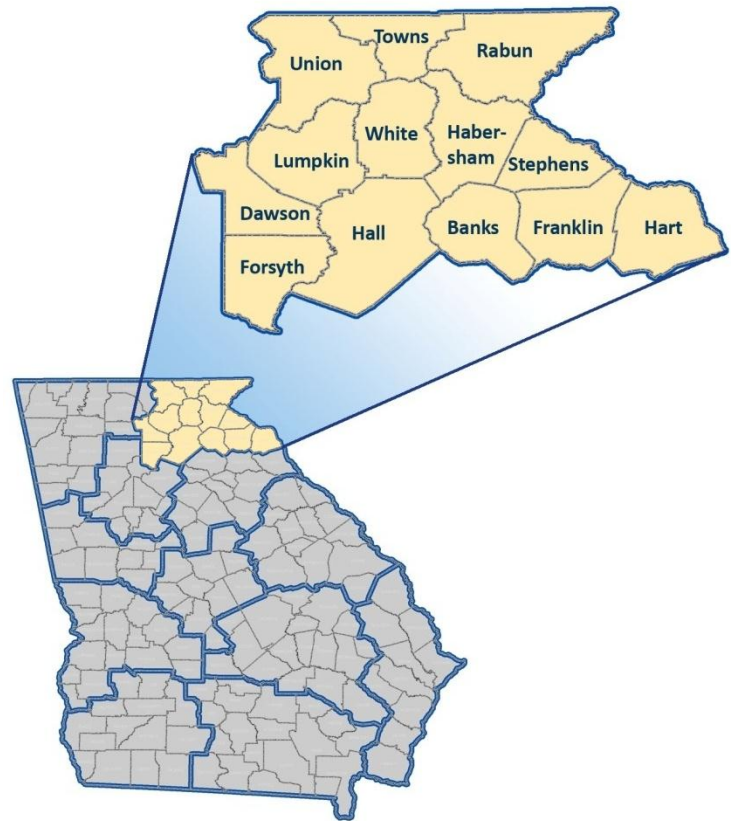
The Georgia Mountains Region consists of 13 counties in Northeast Georgia as illustrated in Figure 4.2.1. The cumulative population for this area according to the 2009 U.S. Census Bureau is 618,440, making it the fourth most populated region in the state. The Gainesville urbanized area is the most densely populated location in the region and includes Flowery Branch, Gainesville, Oakwood within Hall County (Gainesville-Hall County Metropolitan Planning Organization.) The 2009 U.S. Census Bureau named Gainesville-Hall County the third fastest growing metropolitan area in the United States and fastest growing in Georgia. This urbanized area is home to 47 Fortune 500 firms with a concentration in manufacturing and processing plants. Hall County generates more than \$720 million in poultry related products and leads the state in diversified farm production. The Georgia Mountains region is also home to the Lake Lanier Islands, Georgia's largest man-made lake attracts with over eight million visitors a year. This area is also home to Brenau University and Gainesville State College.

Currently, 80 percent of the region's population lives in Hall and Forsyth Counties. Significant population growth is anticipated in the Georgia Mountains Region over the next 20 years given recent growth trends and future economic opportunity. The Georgia Governor's Office of Planning and Budget projects a 79 percent increase in the area's population between now and 2030. Demographic trends also suggest tremendous growth in the over 65 population, currently 12 percent according to U.S. Census estimates, and expected to increase to 28 percent by 2014.

#### 4.2.1 Inventory of Existing Services

The Georgia Mountains Region has limited human services transportation options compared to most RCs across the state due to a lack of qualified providers in the area. Only Dawson, Hall, and Hart Counties participate in the DHS Coordinated Transportation System. Hall Area Transit (HAT) operates the Red Rabbit urban transit system within the urbanized area of Hall County, providing fixed route bus as well as complimentary ADA Paratransit service. HAT operates five (5) routes for the fixed route bus system within the City of Gainesville. The fixed route system is funded under FTA 5307 urban transit funds. In addition to the Red Rabbit system, a county wide "Dial-A-Ride" service offered to all persons living and working in Hall County. The "Dial-A-Ride" service receives FTA 5311 rural transit funding.

Figure 4.2.1: Georgia Mountains Region





Banks County operates a demand-response transportation system funded through FTA Section 5311. It also provides cross-county services for trips with origins in Banks County. The service operates out of the Banks County Senior Center.

Stephens County has no public transit service available but the senior center operates one bus to provide trips to seniors with a small fee. The senior center also provides a monthly scheduled trip for seniors to go to grocery shopping.

Legacy Link provides transportation service to aggregate meal locations for the Area Agency on Aging (which is a separate entity outside the Georgia Mountains Regional Commission). The service subcontracts with 11 county senior centers in the region, providing transportation to eligible senior citizens: Banks, Dawson, Franklin, Forsyth, Lumpkin, White, Habersham, Hall, Towns, Union and Rabun Counties. This service uses no 5310 funding.

Southeastrans is the DCH NET broker for the Georgia Mountains region. Known service providers are highlighted in Table 4.2.1.1 on page 86. Figures 4.2.1.1-4.2.1.4 (pages 88-90) list highlight where providers operate, and how they currently interact with one another based on operating area and programs served.

**Table 4.2.1.1: Transportation Services in the Georgia Mountains Region**

| Service or Sponsor Name           | Service Type                    | Passenger Eligibility   | Service Description  | Hours of Service                | Fleet Information   | Use of Federal/State Funds |
|-----------------------------------|---------------------------------|---|--|---------------------------------|---|----------------------------|
| <b>Banks County Transit</b>       | Demand Response                 | County Residents  | Cross County Service is provided. Trips must begin in Banks County. Not in DHS coordinated system  | Monday – Friday 8:00am – 4:00pm | 2 vans (wheelchair accessible)  | 5311                       |
| <b>Dawson County Transit</b>      | Demand Response                 | County Residents  | Part of the DHS coordinated system   | Monday – Friday 8:00am – 4:30pm | 4 buses (wheelchair accessible)   | DHS/5311                   |
| <b>Family Medical Transport</b>   | Demand Response                 | Primarily seniors Fares: Free for Medicaid members<br>Reservations: 3 days prior to appointment | Family ambulance   | Monday – Friday 7:00am – 6:00pm |   |                            |
| <b>Forsyth County Dial-A-ride</b> | Dial-a-ride                     | County Residents  | Door-to-door service   | Monday-Friday: 8:30am-3:00pm    | 5 shuttle vans (wheelchair accessible)  | 5311                       |
| <b>Habersham County Transit</b>   | Demand Response                 | County residents  | Curb-to-curb service   | Monday – Friday 7:00am – 3:00pm | 1 van (wheelchair accessible)   | 5311                       |
| <b>Hall Area Transit</b>          | Fixed Route and Demand response | General public; people with disabilities  | Three (3) fixed bus routes within the City of Gainesville. Paratransit served within a three-fourth mile distance from Red Rabbit transit stops and “Dial-A-Ride” offered to all living and working outside the Red Rabbit Service Area. | Monday-Friday 6:00am -6:00pm    | 5: 18-passenger shuttles<br>2: 10-ambulatory passenger shuttle<br>7: 8-passenger shuttle vans | 5307/5311/DHS              |
| <b>Hart County Transit</b>        | Demand response                 | General Public  | Part of the DHS coordinated system. Also have available services to medical  | Monday-Friday: 8:30am-3:00pm    | 1 van<br>1 bus (wheel chair accessible)   | DHS/5311                   |

| Service or Sponsor Name                       | Service Type     | Passenger Eligibility                               | Service Description  | Hours of Service                                    | Fleet Information   | Use of Federal/State Funds       |
|---|------------------|---|--|---|---|----------------------------------|
|   |                  |   | appointments in Royston and Lavonia  |   |   |                                  |
| <b>Legacy Link</b>                            | Demand Response  | Designated Area, seniors                            | Subcontracts with several senior centers within the region   | Vary by senior centers                              | Varies by senior centers  | Title IIIB                       |
| <b>Lumpkin County Dial-A-Bus</b>              | Demand response  | County residents                                    | Curb-to-curb service<br>Demand Response<br>Lumpkin County only   | Monday – Friday<br>8:00am – 4:00pm                  | 2: 8-passenger buses (Both of them are wheelchair accessible)   | 5311                             |
| <b>Medtran Medical Transport</b>              | Demand Response. | Wheelchair users, people with disabilities, Seniors | Area of services: Forsyth, Habersham and Hall  | As needed   |   |                                  |
| <b>Rabun County Dial-A-Ride</b>               | Demand Response  | County residents                                    | Provides trips within Rabun County as well as trip to Habersham and Stephens County. Also provide medical trips to Gainesville.  | Monday to Friday:<br>8:00am-5:00pm                  | 3 vehicles in total (all are wheelchair accessible):<br>2: 10-passenger vans<br>1: 5-passenger mini van | 5311                             |
| <b>Southeastern Transit</b>                   | Demand Response  | Primarily seniors                                   | Medicaid and doctor appointments. Free for Medicaid members  | Monday – Friday 7:00am – 6:00pm                     | N/A   | N/A                              |
| <b>Union County Transit</b>                   | Demand Response  | County Residents                                    | Curb-to-curb service. <i>Areas of Service:</i> Within Union County<br><i>Fares:</i> \$2.00 for the 1st mile, \$.50 for each additional mile, each way. No charge for caregivers. | Operating hours:<br>Monday – Friday 8:00am – 4:30pm | Two 10-passenger vans   | County funds and a federal grant |
| <b>Veterans Community Outreach Foundation</b> | Demand Response  | veterans  |  |   |   |                                  |
| <b>Village Nursing Care</b>                   | Demand Response  | Village Nursing Care Clients                        | Provides transportation for social engagements, medical and dental appointments, religious services and other trip purposes  |   |   |                                  |

Figure 4.2.1.1: Georgia Mountains Region

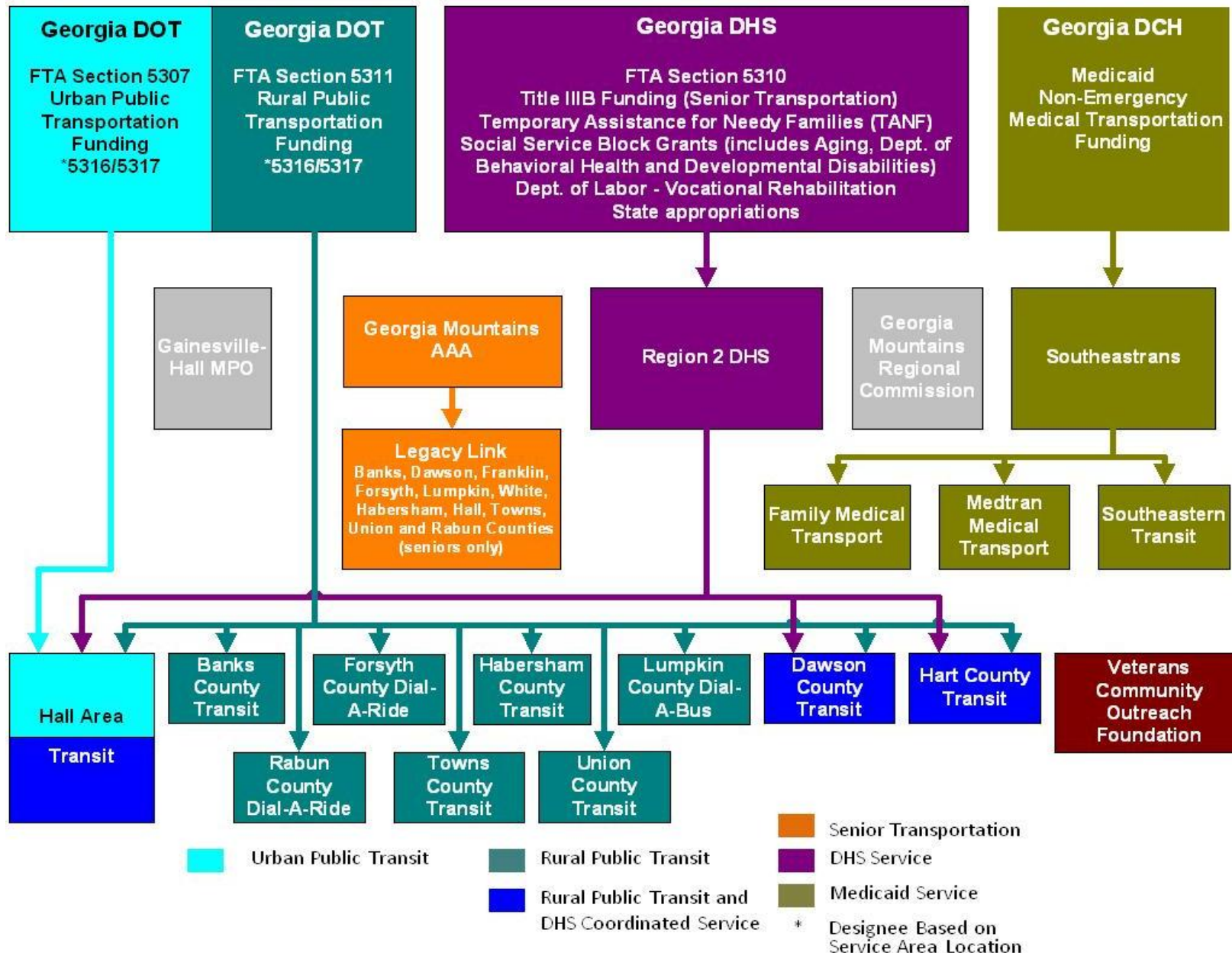


Figure 4.2.1.2: Georgia Mountains DHS Service Providers

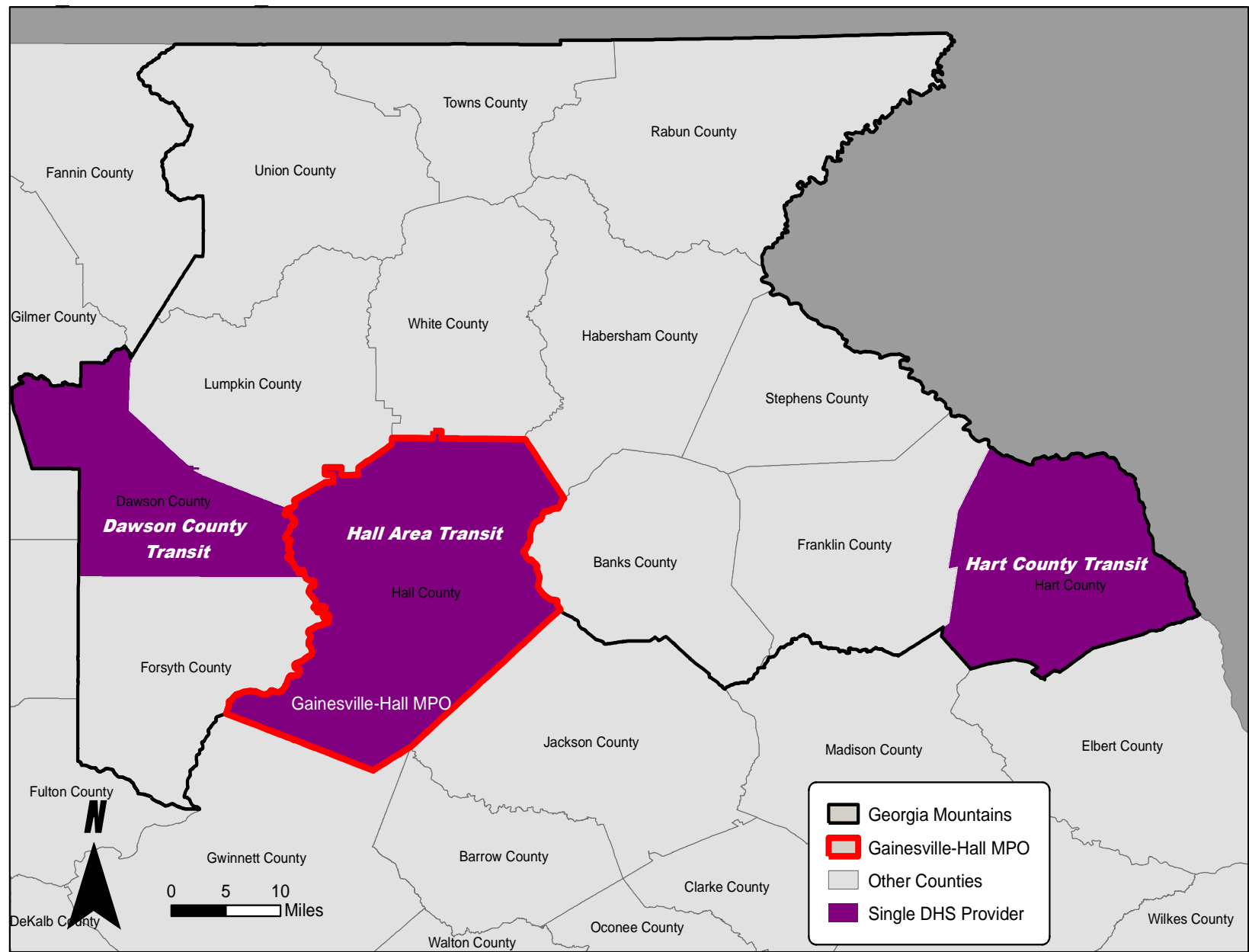
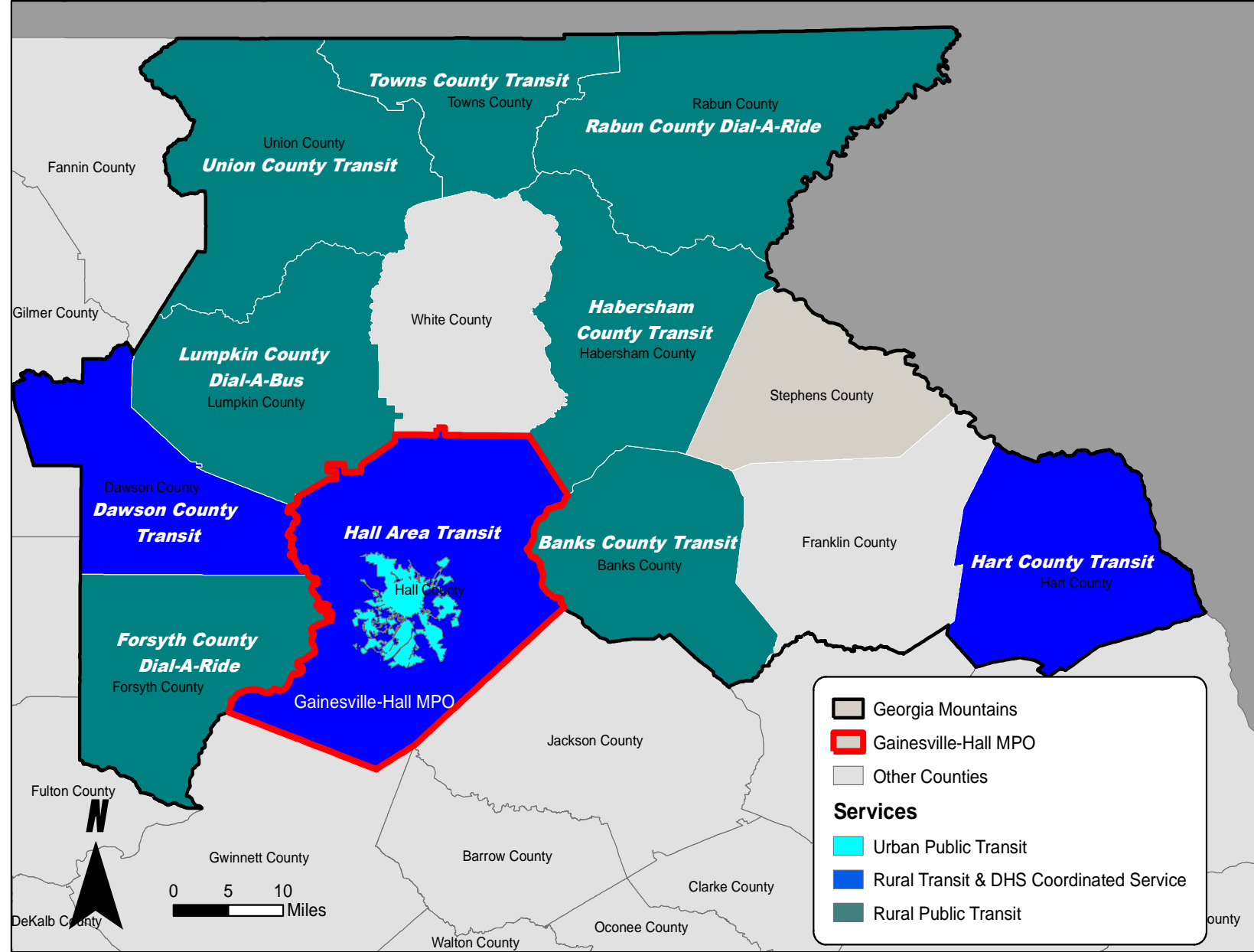


Figure 4.2.1.3: Georgia Mountains Transit Service Providers



## 4.2.2 Existing Coordination Efforts

Currently, only Dawson County, Hall County and Hart County participate in the DHS Coordinated System due to funding limitations and lack of qualified transit providers in the area. Banks County operates a 5311 system that is contracted with DFCS and provides services for DFCS clients. Banks County Transit is in the process of purchasing GPS and Scheduling software with stimulus funds.

In 2009, the Gainesville-Hall Metropolitan Planning Organization (GHMPO) developed a Coordinated Human Service Transportation Plan. One of its recommendations is the establishment of a Human Services Transportation Coordination Council (HSTCC). The primary function of the HSTCC is to provide a forum through which projects, ideas, issues and opportunities could be discussed on a more permanent basis. The HSTCC also coordinates activities to improve the transportation options available in the region.

In the Georgia Mountains Region, the Area Agency on Aging is housed outside of the RC. This is a unique situation in the state of Georgia that enhances the need for coordination regarding transportation services to the aging population.

## 4.2.3 Service Redundancies, Gaps, and Needs

Based on feedback from local stakeholders and a review of available transit service, the region exhibits gaps in service availability, service type, and service areas. The Red Rabbit fixed-route service in the City of Gainesville operates in a very limited area. Complimentary ADA Paratransit service cannot keep up with the demand for its services. Demand-responsive systems operate in a limited number of counties and usually have constraints on rider eligibility, trip purposes, and operating area. Most services can only serve the residents within that county and have limitations that prohibit cross-county trips. This limits the ability for the general public to use transit services or for a specialized trip need to be addressed if it requires transportation to medical services in another county. Medical trips are one of the most critical trip types in the region; however, these trips are almost never local to the county if you are outside the Gainesville-Hall urbanized area.

The limited service schedule associated with funding constraints also restricts the availability of public transit services. Most transit systems only operate during normal business hours, Monday through Friday. They cannot accommodate the needs of riders with special work hours. Additionally, most of the transit systems require riders to call 24 to 48 hours ahead of the trip, which adds difficulties for riders to utilize the services. Some agencies mentioned in the workshop that riders found it hard to plan a trip ahead of time. The requirement to call in advance also restricts the use of transit service in a last-minute emergency condition. There is also a need to serve trips with multiple trips ends. The workers with special schedule also need to be addressed. Notably, the expansion of services needs to reach a balance between serving basic life needs and serving quality of life needs.

Stakeholders in the area feel that bureaucratic rules associated with funding types (i.e. urban vs. rural public transit funds) and other funding constraints keep the system from growing and create coordination deficiencies in existing organizations since some funds cannot be comingled. Generally speaking, service quality suffers because of these limitations.

Current services in the area are not marketed well to potential customers. Although there is demand, some services have been discontinued due to low ridership because consumers are not aware of the services or how they can be utilized. Due to changing demographics in the region, there is also a language gap between drivers and customers that impacts the ability for systems to understand the needs of their consumer base.



#### **4.2.4 Ideas to Improve Service Delivery and Coordination**

Stakeholders in the Georgia Mountains region see opportunities with the potential to mix trip types and clients if some of the perceived boundaries created by funding types can be removed. Other ideas include the following:

- Create connection points between the urban and rural transportation systems and provide a connection to the Gwinnet County Transit system.
- The Georgia Mountains Regional Commission has a website that could serve as a central information source on available transit services within the region.
- More collaboration across county lines could enable local governments to provide transportation services in areas where it has been difficult to generate local political support.
- Services should be tailored to the specific needs of individual counties – a one size fits all approach to the region is challenging due to geographic barriers (mountainous terrain) and demographic differences.

#### **4.2.5 Lessons from the Georgia Mountains Region**

In the Georgia Mountain's region, the lack of a champion and central point of contact for transportation service delivery has limited coordination efforts in the region to date. There are perceived service limitations in the region that may be addressed with better information sharing across local and state agencies. Many stakeholders are not aware of what is going on in other parts of the region and do not understand the opportunities to coordinate service provision and to mix trips and funding types.

## 4.3 Atlanta Region

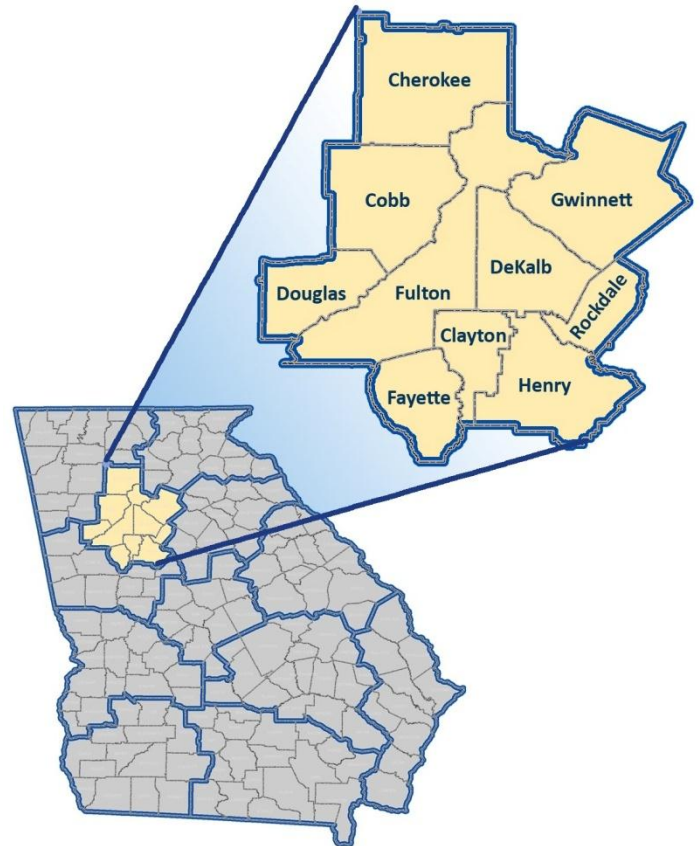
### Overview

The Atlanta Region is the state's most populous and urbanized regional commission consisting of 10 counties in the metro Atlanta illustrated in Figure 4.3.1. The Atlanta Regional Commission (ARC) is also the MPO responsible for transportation planning in the urbanized area extending beyond the 10-county regional commission boundary to all or portions of 18 counties (Figure 4.3.2 on page 94). This includes Human Services Transportation Planning. The MPO boundary extends into the neighboring regional commissions of Northwest Georgia, Georgia Mountains, Northeast Georgia, and Three Rivers, for a total of 8 counties that are a part of other RCs yet under ARC's RHST jurisdiction. Further, ARC is also the Area Agency on Aging is responsible for aging services in the 10-county RC area. The multiple overlapping boundaries make Human Services Transportation planning in the region very challenging.

The region has a population of 4,311,175 according to 2009 U.S. Census Bureau estimates. Metro Atlanta is home to 12 Fortune 500 headquarters including Coca-Cola, Chick-fil-A, Turner Broadcasting Station, Home Depot, and Newell Rubbermaid, among others, and serves as the economic engine for the State of Georgia. Hartsfield-Jackson Atlanta International Airport, located in Fulton County, is the world's most-traveled airport serving over 90 million passengers annually. This region is also home to several of the state major educational institutions - Emory University, Georgia Institute of Technology, Georgia State University, Clark Atlanta University, Morehouse College, and Kennesaw State University, with a combined enrollment of over 100,000 students.

According to the Georgia Governor's Office of Planning and Budget, the population in the Atlanta Region is expected to grow by 43 percent by the year 2030. Demographic trends also suggest tremendous growth in the over 65 population. Over the next five years, the Atlanta Region will experience a tremendous increase in its elderly population, from 8 percent in 2009 to 31 percent in 2014. The percentages of persons with disabilities and low-income individuals are also expected to increase in the coming years.

Figure 4.3.1: Atlanta Region



### 4.3.1 Inventory of Existing Services

Human Service Transportation services are offered in all 18 MPO counties either through Section 5310, 5311, 5307, 5316, and / or 5317 funding. Public transit service operates in some portions of the 18 county-area with fixed-route and demand-response transit systems operating in some areas, as well as commuter bus service, vanpools, and heavy rail transit in other locations. MARTA is the largest transit operator providing rail, fixed-route bus services, and complimentary Paratransit service in Fulton and DeKalb Counties. Five others systems provide fixed-route and commuter bus service in portions of the region: Cherokee Area Transportation Services (CATS), Cobb Community Transit (CCT), Gwinnett County Transit (GCT) and GRTA Express (regional commuter bus service). Vanpool programs are currently available in each of the counties in the area, either operated by the Georgia Regional Transportation Authority (GRTA), the Community Improvement Districts (CIDs) in some areas, or the County. Coweta, Henry, Paulding and Bartow Counties offer demand-response transit service; however, in some cases, these programs primarily serve the county's senior programs. There are 15 DHS service

providers in the Atlanta region providing both demand-response and scheduled response services for DHS programs. Southeasttrans holds the largest private RHST service contract in the Atlanta region, currently serving as the DCH broker for the region's MEDNET. They also broker some of the DHS services within the region. In addition, each of the 10 counties within the Area Agency on Aging boundary operates either a demand-response or fixed-route service for seniors through their County Senior Services Department or County Transportation Department. A number of non-profit and private agencies also provide transportation services within the Atlanta region for qualified individuals. Table 4.3.1.1 on page 95 provides a summary listing of major transportation providers.

Some Counties in the Atlanta region administer voucher programs that assist older adults and persons with disabilities in obtaining transportation services from volunteer drivers or a qualified list of transportation providers. In the case of Fayette County, the senior voucher program for county residents is operated through a non-profit, Fayette Senior Services, independent of the county government. These programs are administered in Cobb, DeKalb, Cherokee, Rockdale, among others, and voucher programs are also administered several non-profit organizations including Disability Link, Jewish Federation of Greater Atlanta for the East Point Naturally Occurring Retirement Community, and Fayette Senior Services.

Figure 4.3.2: Atlanta MPO Region



**Table 4.3.1.1: Transportation Services in the Atlanta Region**

| Service or Sponsor Name   | Service Type                               | Passenger Eligibility  | Service Description  | Hours of Service  | Fleet Information  | Use of Federal/State Funds                               |
|---|--|------------------------|--|---|--|--|
| <b>MARTA</b>  | Public Transit                             | Public                 | Fixed Route Bus and Rail, Paratransit Single one-way \$2.00, free transfer between buses and rail.   | Bus routes:<br>Monday – Friday from 5:00 am to 1:30 am Weekends 5:00 am to 12:30 am Rail hours of service vary by lines | 264 rail cars, 621 buses and 175 demand response vehicles available.     | 5307, 5309, 5316, 5317                                   |
| <b>GRTA Xpress Bus</b>  | Public Transit                             | Public                 | Commuter Bus Service   | Vary by routes  | 84 buses and 57 vehicles for vanpool                                     | 5307, 5316   |
| <b>Cobb Community Transit (CCT)</b>   | Public Transit                             | Public                 | Fixed Route Bus, Paratransit   | Monday to Saturday. No service on Sunday. Time varies by routes.  | 117 vehicles available for maximum services                              | 5307, 5316   |
| <b>Gwinnett County Transit (GCT)</b>  | Public Transit                             | Public                 | Fixed Route Bus vary by routes from \$1 to \$4 per one-way trip, ADA Paratransit Fares \$3.50  | Monday to Friday from 5:20 am to 10:30 pm Saturday from 6:10 am to 9:05 pm  | 2 sedans (not wheelchair accessible) and 7 buses (wheelchair accessible) | State funds, County funds and 5307                       |
| <b>Henry County Board of Commissioners (Contractor :Henry County Transit)</b> | Public Transit                             | Public                 | Demand Response and scheduled response Fare \$4.00 for general public, \$2.00 for seniors and \$5.00 for trips to Clayton County                         | Monday to Friday from 6:00 am to 6:00 pm  | 23 buses (wheelchair accessible) , 2 vans (non-wheelchair accessible)    | 5307, 5310, 5311   |
| <b>Southeastrans</b>  | Human Service Medicaid Non-Emergency (NET) | Medicaid/Seniors/DBHDD | Broker of Non-Emergency medical transportation and DHS Seniors/Aging and DBHDD   | 24/7  | None for Medicaid clients  | DHS Seniors/Aging/DBHDD/DCH (federal and state Medicaid) |
| <b>Cherokee Area Transit System (CATS)</b>                                    | Public Transit                             | Public                 | Demand Response with limited fixed route bus in Canton. Fixed Route to Senior Centers \$1.25 per person per one-way trip \$.60 for seniors, Medicare and | Monday to Friday from 9:00 am to 4:30 pm  | 12 non-wheelchair accessible buses and 12 wheelchair accessible vehicles | 5307, 5310, 5311   |

| Service or Sponsor Name                            | Service Type      | Passenger Eligibility                  | Service Description   | Hours of Service                         | Fleet Information                                    | Use of Federal/State Funds            |
|--|-------------------|--|---|--|--|---------------------------------------|
|  |                   |  | passengers with disabilities.   |  |  |                                       |
| <b>Douglas County Rideshare</b>                    | Carpool / Vanpool | Public                                 | Carpool / Vanpool / Express services for Commuters  | Monday to Friday                         |  | 5307, CMAQ                            |
| <b>Fayette Senior Services</b>                     | Human Service     | Seniors                                | Demand response, non-emergency medical, voucher program available   | Monday to Friday from 9:30 am to 4:00 pm | 2 buses, 4 vans and 1 SUV, all wheelchair accessible | 5317, Title IIIB, Other               |
| <b>Fulton County Office for Aging</b>              | Human Service     | Seniors                                | Fixed destinations, door-to-door services countywide, voucher programs available  | Monday to Friday                         |  | Title IIIB, Other                     |
| <b>Gwinnett County Senior Services</b>             | Human Service     | Seniors                                | Demand Response – one-way and group trips and non-emergency medical for eligible seniors  | Monday to Friday 9:00am to 1:00pm        |  | Title IIIB, Other                     |
| <b>Henry County Senior Services</b>                | Human Service     | Seniors – qualified wheelchair persons | Demand response   |  |  | Title IIIB, Other                     |
| <b>Rockdale County Senior Services</b>             | Human Service     | Seniors                                | Fixed Routes – senior centers<br>Demand Response – non-emergency medical, groups shopping and recreational trips; cost share; service limited |  |  | Title IIIB, Other                     |
| <b>McIntosh Trail Community Service Board</b>      | Human Service     | DFCS, DBHDD                            | Subscription  | 24/7                                     |  | 5310, TANF, DBHDD, DOL                |
| <b>Gwinnett-Rockdale-Newton (GRN) CSB</b>          | Human Service     | DFCS                                   | Subscription Group/Field Trips  | 24/7                                     | Subcontracted  | TANF                                  |
| <b>Clayton County Community Services Authority</b> | Human Service     | DFCS, DBHDD, DOL, Seniors              | Scheduled Response<br>Subscription Group/Field Trips  | 24/7                                     |  | 5310, Title IIIB, County funds, Other |
| <b>Cobb Douglas Community Service Boards</b>       | Human Service     | DFCS, DBHDD, DOL, Seniors              | Scheduled Response<br>Subscription  | 24/7                                     |  | 5316, 5317, TANF, DOL VRS             |
| <b>City of Palmetto</b>                            | Human Services    | Seniors                                | Subscription Group/Field Trips  | 24/7                                     | 1 van  | SSBG                                  |

| Service or Sponsor Name                         | Service Type   | Passenger Eligibility | Service Description   | Hours of Service | Fleet Information | Use of Federal/State Funds            |
|---|----------------|-----------------------|---|------------------|-------------------|---------------------------------------|
| <b>Specialized Transportation Systems, Inc.</b> | Human Services | Seniors               | Demand Response Scheduled Response                                | 24/7             | 2 vans, 1 sedan   | Title IIIB, County funds              |
| <b>Senior Citizens Services of Atlanta</b>      | Human Service  | Seniors               | Subscription Group/Field Trips                                    | 24/7             | 2 vans            | 5310, SSBG                            |
| <b>Quality Living Services</b>                  | Human Service  | Seniors               | Subscription Group/Field Trips                                    | 24/7             | 8 buses           | 5310, Title IIIB, County funds        |
| <b>Atlanta Transportation Systems, Inc.</b>     | Human Services | DBHDD, Seniors        | Demand Response Scheduled Response Subscription Group/Field Trips | 24/7             | 30 vans and buses | SSBG, DBHDD, Title IIIB, County funds |

### 4.3.2 Existing Coordination Efforts

The Atlanta Region has invested much time and effort into coordination efforts in recent years. The ARC's RHST(HST) Advisory Committee, comprised of representatives from a breadth of regional stakeholders including state agencies, regional transit agencies, elderly and disabled advocates, and other service-providers has provided valuable oversight to the development of the regional RHST (HST) Coordination Plan and has been a great regional entity to share successes, approaches, and best practices for RHST service delivery. The region also received an FTA grant that supported the development of a Regional Transportation Management Coordination Center (TMCC) concept (Transportation Management Call Center), completed in 2008.

The 2010 RHST (HST) Coordination Plan includes short and long-term goals and strategies surrounding the delivery of transportation services within the Atlanta region. These include:

- Building partnerships;
- Launching pilots/creating successful models;
- Highlighting and duplicating successful models in the region; and
- Creating policy and building plans that lead to mobility.

The ARC recognizes that RHST (HST) planning must balance the needs of all transportation disadvantaged populations including older adults, persons with disabilities, and individuals with low income. The RHST Advisory Committee represents the interests of all of these target groups and looks for opportunities to promote coordination through grass roots initiatives, education of elected officials, and formal regional planning activities.

### 4.3.3 Service Redundancies, Gaps, and Needs

Human Services transportation providers in the Atlanta Region struggle to keep pace with the demand for specialized services and face funding challenges. Trip costs that vary based upon trip type and client eligibility (e.g., trip may be eligible for two different funding sources) creates some duplication in the system and inefficiencies in trip delivery. In general, Paratransit systems are facing increasing demands and currently do not have the capacity to provide service in many areas of the region where consumers are located. Despite the number of providers in the region, there are some areas that do not have access to any public or private RHST providers.

Information gaps also exist in the region, and more information should be provided to customers so that they are aware of programs and services that they may be eligible to participate in within the region. More effective communication and customer service are keys to eliminating these information gaps. A centralized call and/or information center that are readily accessible to customers would be an extreme step forward. The services provided by the centralized call center should include not only basic trip and operation information but also trip planning and scheduling assistance and other customer care.

Users of existing services within the region comment that services could be more "convenient and flexible". Other needs identified by stakeholders in the region include:

**Technology needs** – Enhanced technology would facilitate the ability of transit users to better plan their trips. Transit agencies would also benefit from technology in the areas of data collection, reporting, and trip coordination. The MARTA Breeze Card system has been helpful in fare collection process however a system-wide, regional Breeze Card system will facilitate further regional coordination.



**Funding needs** – Limited funding is a key issue that impacts every aspect of the existing system. The desire for an affordable transportation system is constantly cited by the end user. System operators would like to manage existing service delivery in the most cost-effective manner possible in order to stretch limited funding sources further as demand increases.

**Service Delivery Coordination needs:**

- Local level coordination between recipients of various federal and state funding sources occurs independently by the county. The need of coordination among providers to service cross-county trips and mixed program trips could eliminate potential service redundancy and increase the efficiency of the entire regional system.
- Cross-regional trips are difficult to coordinate for specialized services with eligibility requirements. Customers often need to make different reservations and use a combination of various services/systems and also need to meet all eligibility requirements.

#### **4.3.4 Ideas to Improve Service Delivery and Coordination**

Stakeholders have suggested the following ideas to address the challenges identified in the section above.

- Due to the federal and state funding limitations, a public-private model could be beneficial to Human Services Transportation Delivery in the region.
- A pilot program could be established to accomplish some small-scale successes, and then be expanded to address larger issues. This will drive toward incremental solutions that will benefit large-scale issues that cannot be addressed all at once.
- Consider legislative mandates for RHST cross-agency coordination at the State level.
- Begin a grass roots initiative to educate state and local area leaders on human service transportation needs and issues.
- Ensure that transportation policies and future projects proposed in the region include RHST priorities such as pedestrian access to transit, shared resources and innovative transportation alternatives such as mobility managers, feeder services, and transportation vouchers.
- Shared routing and trip scheduling software licenses for Governments and non-profit agencies would lower costs.
- Greater emphasis on integrating and providing support to private providers and community service organizations to address gaps and unmet transportation needs.

#### **4.3.5 Lessons from Atlanta Region**

RHST Stakeholders in the Atlanta Region has invested much time and energy in the development of coordination and the TMCC concept, but the coordination ideas and TMCC concept have not been advanced to implementation due to the lack of a champion. A regional entity must be identified to serve as the central point of coordination in order for these efforts to move forward.

Even large urban area transit systems are struggling to meet service demands due to funding and resource limitations.

Robust staff-level coordination activities must be complimented by coordination amongst agency leadership in order to move implementation efforts forward. A regional champion amongst the ranks should be identified to generate momentum and support for coordination initiatives.

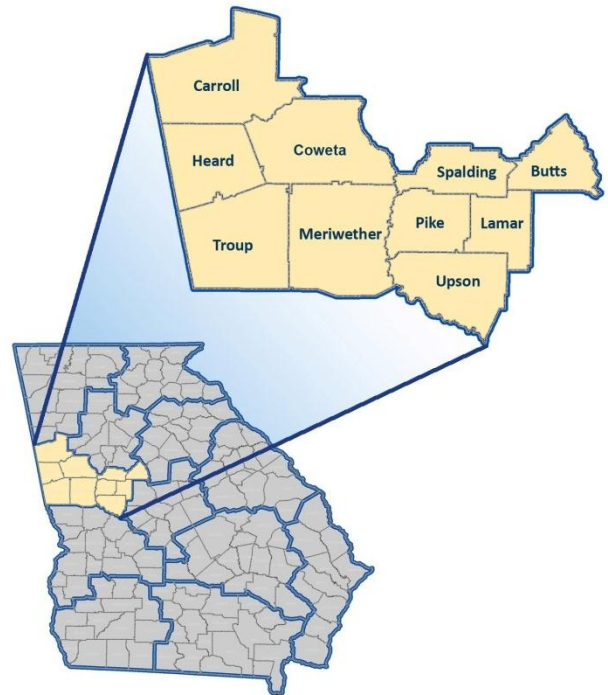
## 4.4 Three Rivers Region

### Overview

The Three Rivers Region, illustrated in Figure 4.4.1, consists of 10 counties in the west central portion of the state. The 2009 U.S. Census Bureau reported this region's population at 492,775, the fifth largest in the state. Two counties in this region, Coweta and Spalding, are within the Atlanta Regional Commission MPO boundaries and the area has experienced intense growth pressure due to its close proximity to the Atlanta area. The region's economy is driven largely by manufacturing, and the employment base benefitted tremendously from the addition of the Kia Motors plant in Troup County in 2009. Kia employed 1,200 people at its opening and was expected to double that number by the end of 2010.

Significant population growth is anticipated in the Three Rivers Region over the next 20 years given recent growth trends and future economic opportunity. The Georgia Governor's Office of Planning and Budget projects a 58 percent increase in the area's population between now and 2030. Demographic trends also suggest tremendous growth in the over 65 population, currently 12 percent according to U.S. Census estimates, and expected to increase to 22 percent by 2014.

Figure 4.4.1: Three Rivers Region



#### 4.4.1 Inventory of Existing Services

The Three Rivers Regional Commission (TRRC) functions as central contractor and administrator for the 5310 trips. Five counties within the region participate in the Three Rivers Transit System (Butts, Lamar, Pike, Spalding and Upson counties) which provides both rural transit and 5310 trips. The regional transit system uses a demand-response model and services the general public including senior citizens, local workforce and disabled population. Three additional counties in the region offer 5311 rural transit services and participate in the DHS Coordinated Transit System through the Regional Commission: Coweta, Heard, and Troup Counties. Carroll County began the 5311 funding process with GDOT, but did not complete the process after a miscommunication between the county and the state in 2010. However, Meriwether County is currently in the process of pursuing 5311 funding with the intent of implementing transit in 2011.

The Three Rivers Transit system was initiated as a pilot project due to the complex nature of service providers and reporting. Coweta, Troup, and Heard counties did not join the effort because at the time they were not a part of the Three Rivers (previously known as Southern Crescent) Regional Commission. In the future, other counties in the region may be interested in joining the Three Rivers Transit System, but no plans for coordination currently exist. The region feels that this process of incorporating the other county into the transit system may move more rapidly if GDOT personnel were involved in educating the county leaders on the positive impacts of public transportation systems and coordination. A list of known transportation providers in the region can be seen in Table 4.4.1.1 on page 102. Figures 4.4.1.1-4.4.1.4 (page 103-105) illustrate where these services currently operate, and how they currently interact with one another based on operating area and programs served.

**Table 4.4.1.1: Transportation Services in the Three Rivers Region**

| Service or Sponsor Name            | Service Type                   | Passenger Eligibility                              | Service Description   | Hours of Service                        | Fleet and/or Fare Information  | Use of Federal/State Funds                                      |
|------------------------------------|--------------------------------|--|---|---|--|---|
| <b>Coweta County Transit</b>       | Public Transit / Human Service | Coweta Residents/DHS clients                       | Demand Response<br>Serve any trip purposes  | Monday to Friday<br>8:00am to 5:00pm    | Total 5 buses with 2 have wheelchair access<br>Fare is \$3 per trip                          | 5311/ DHS System - 5310, Title IIIB, Voc Rehab, BHDD, SSBG      |
| <b>Heard Transit</b>               | Public Transit / Human Service | Heard Residents/DHS clients.                       | Demand Response<br>\$1.00 within the City of Franklin, \$1.50 within Heard County, \$5.00 Troup, Carroll and Coweta County, \$1.00 per stop | Monday to Friday 7:00 am to 4:00 pm     | 2 buses (one wheelchair accessible with 10 seats, one with 13 seat with no wheelchair access | 5311/ DHS System - 5310, Title IIIB, Voc Rehab, BHDD, SSBG      |
| <b>Quality Transportation</b>      | Human Service                  | Medicaid NET recipients/DHS clients                | Demand Response<br>Medical or airport services  | 24-hours/7-days                         | NA   | Medicaid / DHS System - 5310, Title IIIB, Voc Rehab, BHDD, SSBG |
| <b>Three Rivers Transit System</b> | Public Transit / Human Service | County residents within operating area/DHS clients | Demand Response;<br>Service area includes Butts, Lamar, Pike, Spalding Upson counties   | Monday to Friday<br>8:00am to 5:00pm    | 19 buses in total of which 6 have wheelchair access<br>Fare is \$2.00 per trip               | 5311/ DHS System - 5310, Title IIIB, Voc Rehab, BHDD, SSBG      |
| <b>Troup Transit</b>               | Public Transit / Human Service | Troup Residents/DHS clients                        | Demand Response   | Monday to Friday,<br>9:00 am to 4:00 pm | Fare is \$2.00 per trip  | 5311/ DHS System - 5310, Title IIIB, Voc Rehab, BHDD, SSBG      |
| <b>Burlansey</b>                   | Human Services                 | Meriwether and Carroll Counties                    | Demand Response   | NA                                      | NA   |   |
| <b>Meriwether County</b>           | Public Transit                 | Meriwether Residents                               | County is in process of obtaining 5311 funding  | NA                                      | NA   | 5311 (in application process)                                   |

Figure 4.4.1.1: Three Rivers Region

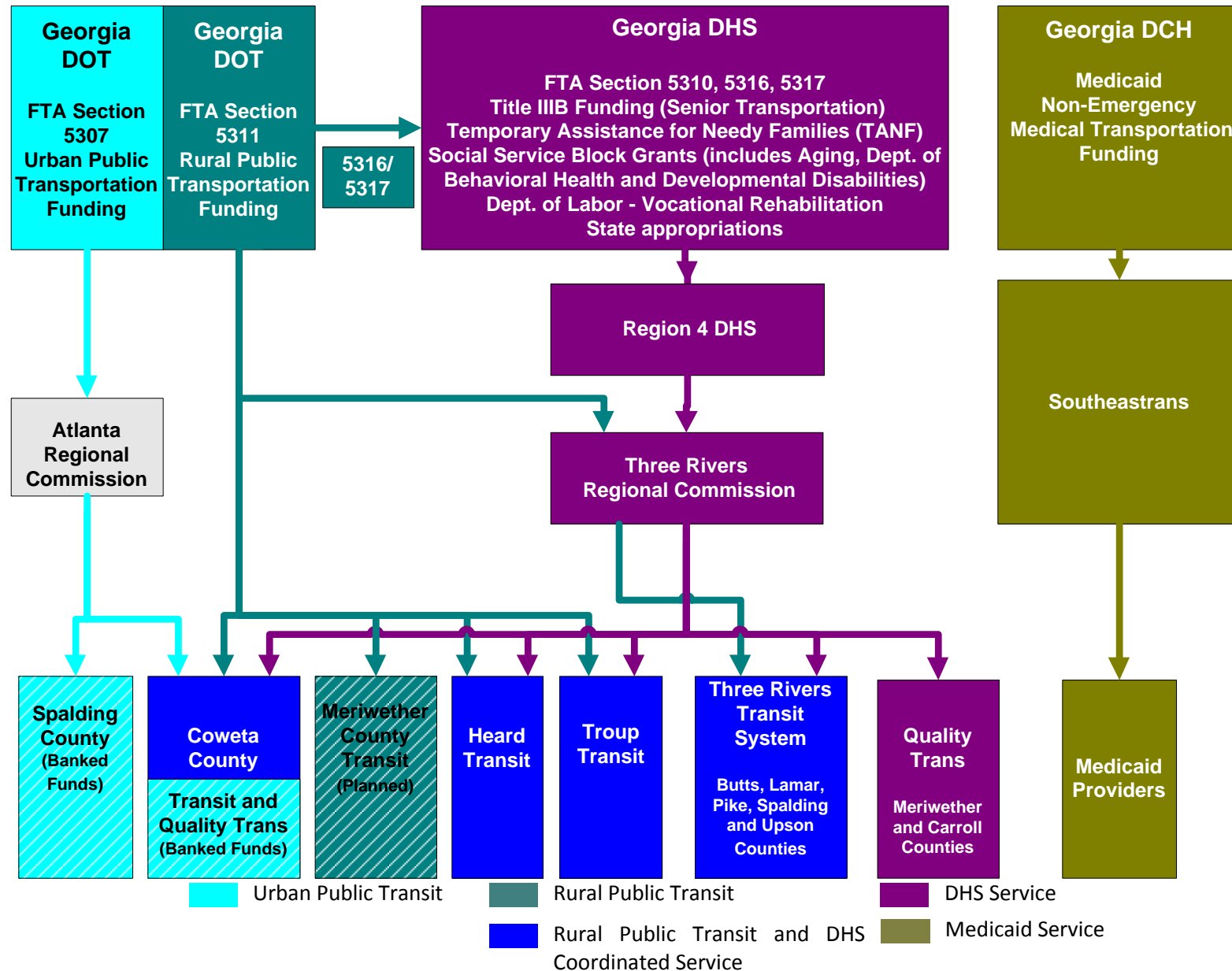


Figure 4.4.1.2: Three Rivers DHS Service Providers

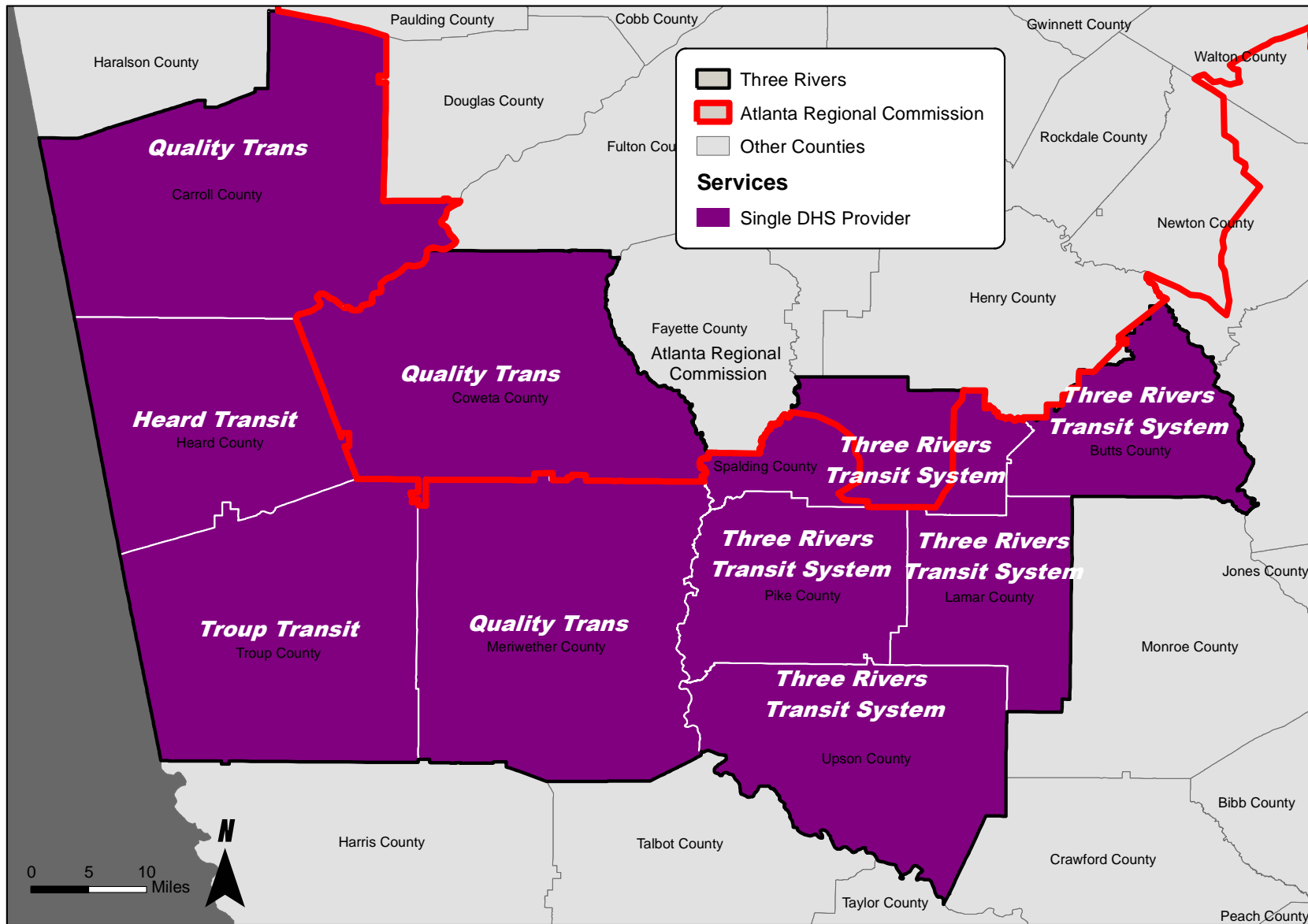
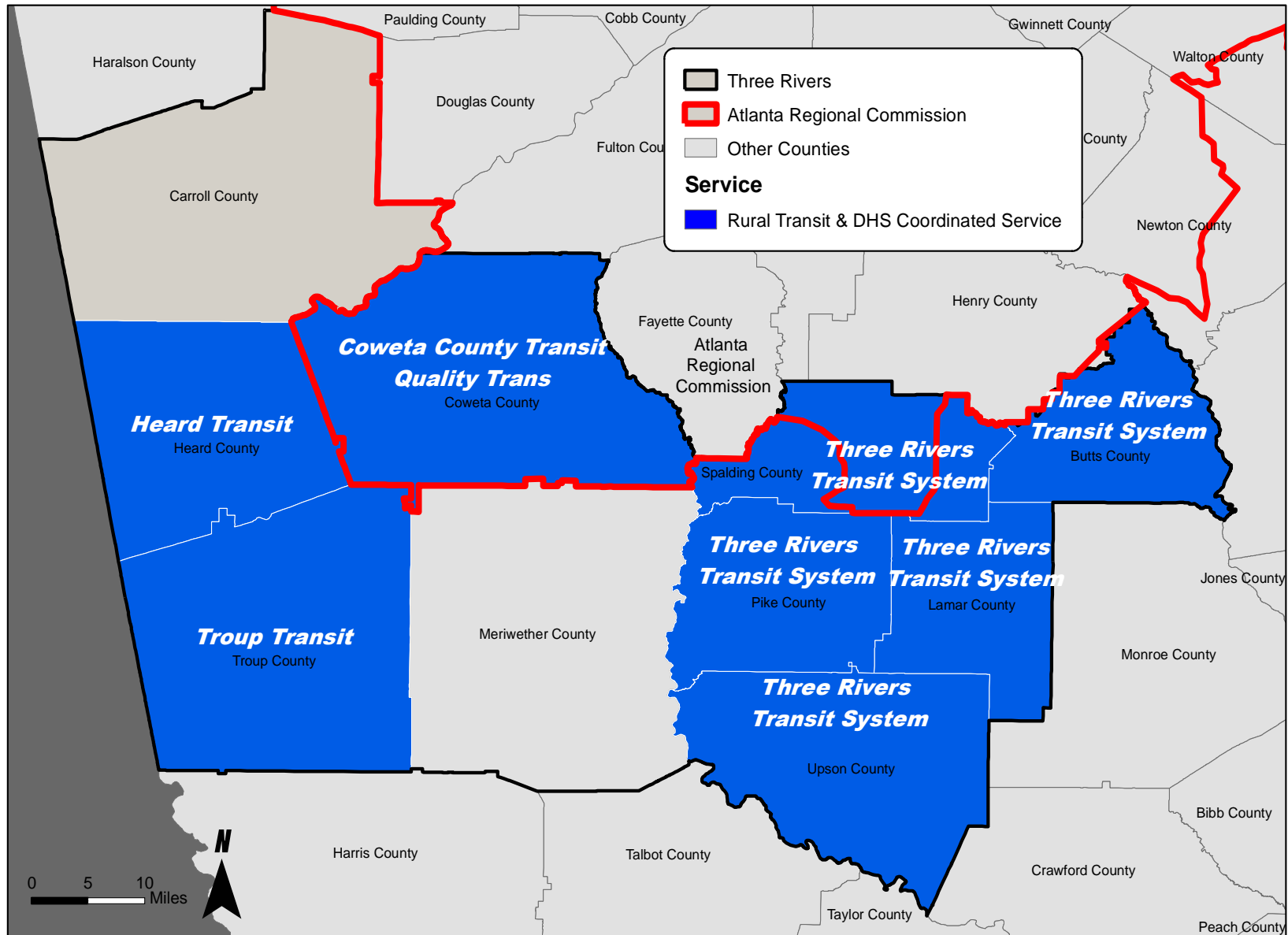


Figure 4.4.1.3: Three Rivers Transit Service Providers





#### 4.4.2 Existing Coordination Efforts

The Three Rivers Transit System operates a coordinated regional public transportation service in a five-county area including Spalding, Butts, Pike, Lamar and Upson Counties. DHS provides services to all ten counties in the region, working with the 5311 providers in the area as well as private providers for the Division of Aging, DFCS, and Mental Health, Developmental Disabilities and Addictive Diseases. By the end of 2011, nine out of 10 counties in the Regional will have coordinated 5311 and DHS systems with the exception of Carroll County.

The transit services are well coordinated at the local level and the local providers communicate and have strong working relationships that help meet the needs of the consumers. However, the DHS Coordinated Transportation System and the 5311 programs in the region are not fully coordinated. This provides an opportunity in the future. Coordinated regional efforts have provided greater flexibility in the area by easily crossing county lines for trips within the five-county service area.

In addition, Coweta County and a portion of Spalding County fall within the Atlanta MPO area; therefore, ongoing coordination must occur with the ARC, who is the lead for Human Services Transportation Planning within the Atlanta 18-County MPO area. This is especially true for the 5307 funding which is available to both counties. As of now, these counties are not using these funds and the ARC is banking this funding on the counties' behalf for future use.

#### 4.4.3 Service Redundancies, Gaps, and Needs

One significant gap in the Three Rivers Region is restricted eligibility for transit services. Many systems can only serve the elderly and disabled for limited trip purposes (e.g., to and from medical appointments or to and from meals). These restrictions make it difficult for the general public to use public transit in a non-emergency condition. The systems currently lacks the capacity to accommodate general ridership: there is simply not space to serve those who do not fit in the human service transit category but are willing to pay to use the transit service. Further, the system is constrained due to outdated vehicles with many miles, and there is some concern of passenger safety. However, DHS cannot afford new vehicles but must continue providing the current level of service.

**Service limitations** – Some gaps in service area exist due to trip distance. Service hours are also restricted due to limited funding resources. There is a need to expand the service area and service hours to meet the critical needs of residents, especially for medical trips.

**Funding limitations** –TRRC had to cut core operating hours (4 hours in each operation day) to cover its operating expenses due to increased fuel prices. Transportation services are coordinated well at the local level but there are certain restrictions that need to be lifted for better coordination at the regional and state levels.

**Technology needs**–The region piloted a swipe card system for some existing transit services. This was a first step in implementing future technology that can help to streamline the tracking of trip types. The region observed the need for a more sophisticated system.

#### **4.4.4 Ideas to Improve Service Delivery and Coordination**

Stakeholders provided the following suggestions to help streamline service delivery and coordination in the future:

- Establish cross-agency consistency. GDOT, DCH and DHS each have their own transportation manual, although they are quite similar. These agencies could work together to develop a unified policy to follow.
- A regional T-SPLOST should be explored as an opportunity to help fill in the funding gaps. T-SPLOST funding can be used for operation hour expansion, new technology, more vehicles, etc. In order to secure the T-SPLOST funding, it will be necessary to identify a champion and develop a leadership push for the transit share. It is also important to educate local citizens about the importance of the transit program in order for a referendum to be voted through.
- There is a potential need for coordination between the Coordinated Three Rivers Transit System counties and the other 5311 programs in the region.
- Reducing the requirements on start-up transit agencies (i.e. farebox requirements) would help to incent new service. Requirements could increase as consumers learn about the service and demands increase.
- There have been changes to the vehicle procurement program with Section 5311. It will now go through Georgia Department of Administrative Services (DOAS). This could potentially make operations and maintenance more challenging since the service might not be provided by local vendors. This could hurt coordination efforts. The TRRC would prefer that GDOT order vehicles directly or let the RC handle their own procurement.

#### **4.4.5 Lessons from the Three Rivers Region**

- The Three Rivers Region has a successful coordination model servicing 5311 and DHS trips in six counties that could be expanded to additional counties and replicated in regions across the state. This program has benefited from having a dedicated, respected resource available on staff at the RC who is committed to transit program implementation.
- The Three Rivers Region has ramped up transit activity in expectation of increasing demands due to changing demographics in the region. By initiating regional service ahead of the curve, the area will be in a better position to meet increasing demand over time.
- The Coordinated 5311 system has facilitated regional service by simplifying the ability to serve trips across county lines within the five-county service area.

## 4.5 Northeast Georgia Region

### Overview

The Northeast Georgia Region is comprised of 12 counties. Athens, located in Clarke County, is home to the University of Georgia and is also the only city within the region that provides extensive general public transportation.

Four other counties (Elbert, Greene, Jackson, and Morgan) as well as one city (Social Circle, located in Walton County) provide more limited general rural public transit services and are funded through the Section 5311 program administered by FTA and overseen in Georgia by GDOT. Six counties have no public transportation services available at all, other than client-based services that may be available for persons eligible for a social service program, such as DHS programs or Medicaid.

### 4.5.1 Inventory of Existing Services

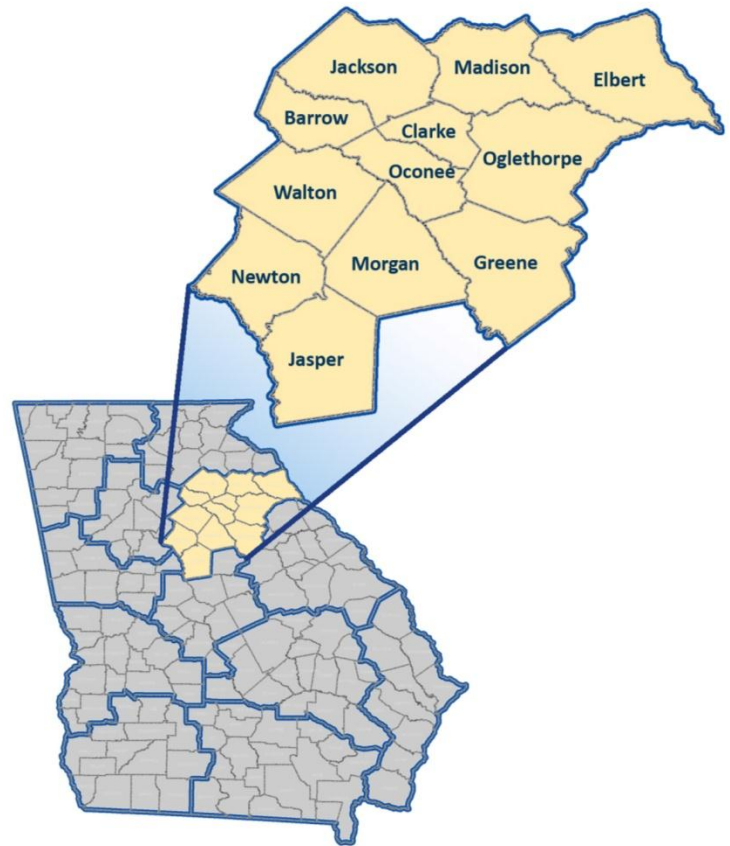
As described in the Overview, the Northeast Georgia Region has several different types of transportation services in operation. Athens Transit, operating in Athens-Clarke County, provides fixed-route service within the county, as well as conditional paratransit service.

Additionally, Athens Transit has an agreement with the University of Georgia to provide rides to members of the university community, whose fare is covered by an agreement between the two entities, allowing those riders to ride for no charge at boarding. Athens Transit has a \$5.2 million operating budget.

There is also 5311 service within the region, serving Elbert, Greene, Jackson, and Morgan Counties. Social Circle is the only municipality within the region to offer service for city residents only, not countywide. The amount of 5311 funding received varies by the characteristics of each system.

Transportation for DHS, Department of Labor, DFCS, and the DBHDD is served by two providers in the region. Both organizations are providers of behavioral health, developmental disability, and addictive disease services for the region, in addition to their role as DHS client transportation provider. Advantage Behavioral Health Systems (ABHS) serves Barrow, Clarke, Elbert, Greene, Jackson, Jasper, Madison, Morgan, Oconee, Oglethorpe, and Walton Counties. The GRN Community Service Board (GRN CSB) serves trips in Newton County, corresponding to its larger service area that includes Gwinnett and Rockdale Counties (which are outside the Northeast Georgia Region). These providers subcontract responsibility for Division of Aging trips to the Northeast Georgia Regional Commission, which oversees the administration of these trips. Usually, a third party operator provides Aging trips, which is generally the county public transit service (two of 12 counties), when available, or a private provider. Trips are generally restricted to those which take members to and from the County Senior Center. DHS receives \$2.6 million from program, state, and federal funds to pay for its transportation services.

Figure 4.5.1: Northeast Georgia Region



DCH, which administers Medicaid transportation, utilizes the broker, Southeastrans, to receive reservations and schedule trips with a variety of private providers. The main private providers in the region are Velstar Medical Transportation, serving Clarke, Greene, Jackson, Jasper, Morgan, Oconee, and Oglethorpe Counties; Master Care in Royston, serving Madison and Elbert Counties; and Georgia Medical Care, addressing needs in Barrow, Newton, and Walton Counties. These providers are not part of the DHS coordinated system. Due to lack of incentive for combining DCH trips with others, such as those sponsored by DHS or long-distance service by public transit providers, Medicaid has not been incorporated into other services to create a more coordinated system. However, both ABHS and GRN CSB serve a portion of the Medicaid trips, including some trips for dialysis. Some Medicaid clients, who utilize ABHS or GRN CSB for other trips, prefer to ride with them rather than another provider and this activity offers the potential for coordinated service delivery. The amount of funding associated with Medicaid transportation in the Northeast Region is unknown.

Table 4.5.1.1 on page 110 summarizes the range of known RHST services in the Northeast Georgia Region. Figures 4.5.1.1-4.5.1.4 (pages 111-113) illustrate where these services operate, and how they currently interact with one another based on operating area and programs served.

**Table 4.5.1.1: Transportation Services in the Northeast Georgia Region**

| Service or Sponsor Name                     | Service Type                               | Passenger Eligibility   | Service Description   | Hours of Service   | Fleet Information   | Use of Federal /State Funds  |
|---|--|---|---|--|---|--|
| Advantage Behavioral Health Services (ABHS) | Demand Response Subscription               | DHS Clients in Barrow, Clarke, Elbert, Greene, Jackson, Jasper, Madison, Morgan, Oconee, Oglethorpe, and Walton Counties; DOL/VR; ABHS; and DBHDD Clients | Provider of Service on behalf of DHS; Subcontracts for trips for seniors through public transit, developmental disabilities and other providers | 24/7   | 20: 12 Passenger Vans<br>2: 15 Passenger Vans<br>6 Minivans<br>2 Wheelchair Vehicle | 5310, 5316, 5317, Title IIIB, Aging Social Service Block Grants, DBHDD SSBG, State DOL, TANF |
| GRN Community Service Board (GRN CSB)       | Demand Response Subscription               | DHS Clients in Newton County; GRN CSB Clients<br>DOL/VR; TANF Clients   | Provider for DHS to serve clients with DD, Mental Health, Persons with Disabilities in Newton County  | 24/7   | 6 Minivans<br>31 Vans<br>4 Buses<br>3 Wheelchair Vans<br>7 Wheelchair Buses         | 5310, 5316, 5317, Title IIIB, Aging Social Service Block Grants, DBHDD SSBG, State DOL, TANF |
| Southeastrans                               | Broker                                     | Medicaid eligible   | Broker of Non-emergency medical transportation  | 24/7   | 5 vehicles  | DCH (federal and state Medicaid)   |
| Athens Transit                              | Public Transit Fixed Route and Paratransit | General Public; Criteria for Demand Response  | 15 Fixed Routes; Complementary ADA Demand Response;   | 6:00 AM to 11:00 PM  | 40 Buses  | General Fund- Local Sales Tax; Farebox; Federal  |
| Elbert Transit                              | Demand Response                            | General Public  | 24 Hour Advance Request; Fare Charged   | 7:15 AM to 3:30 PM<br>M-F  | 2: 11 Passenger Vans<br>1: 15 passenger wheelchair van                              | 5310/5311, 5317, Title IIIB, Aging SSBG  |
| Greene County Transit                       | Demand Response                            | General Public  | Advance Request; Fare Charged   | 7:00 AM to 4:00 PM<br>M-F  | 3: 15 Passenger Vans<br>2: 10 Passenger Wheelchair Vans                             | 5311, Farebox, 5310, 5316, 5317, DBHDD, DOL, TANF  |
| Jackson County Transit                      | Demand Response                            | General Public  | Advance Request; Fare Charged   | 7:15 AM to 3:15 PM<br>M-F  | 2 Minibuses with Wheelchair Lifts   | 5311   |
| Morgan County Transit                       | Demand Response                            | General Public  | Demand Response (Advance Reservation)   | 6:15 AM – 5:00 PM<br>M-F   | 1 Van<br>1 Bus<br>2 Wheelchair Buses  | 5311, Farebox, County Funds, State Aging Funds, Title IIB, 5310, 5317                        |
| Social Circle Area Transit                  | Demand Response                            | General Public  | Provider of Local Transit with Municipality   | 8:00 AM to 3:30 PM<br>M-F  | 2: 12 Passenger Vans  | 5311   |
| UGA Transit                                 | Fixed Route; Paratransit                   | University-Affiliated Persons   | Free for University Community   | 24 Hours M-F<br>10:00 AM to 10:00 PM Sat.<br>12:00 Noon to 10:00 PM Sun. | 47 Buses<br>4 Minibuses<br>6 Wheelchair Vans  | Student Transportation Fee   |
| County Senior Centers                       | Subscription for Older Adults              | DHS Clients of Area Agencies on Aging and Senior Center Members   | Generally, Service Provided only To and From Senior Center; Trips Contracted to Counties by ABHS  | Generally 7:00 AM to 4:00 PM   | Most Counties have on fleet with between 1 and 4 vehicles                           | Title IIIB, Aging Social Service Block Grants, 5310, 5317                                    |

Figure 4.5.1.1: Northeast Georgia Region

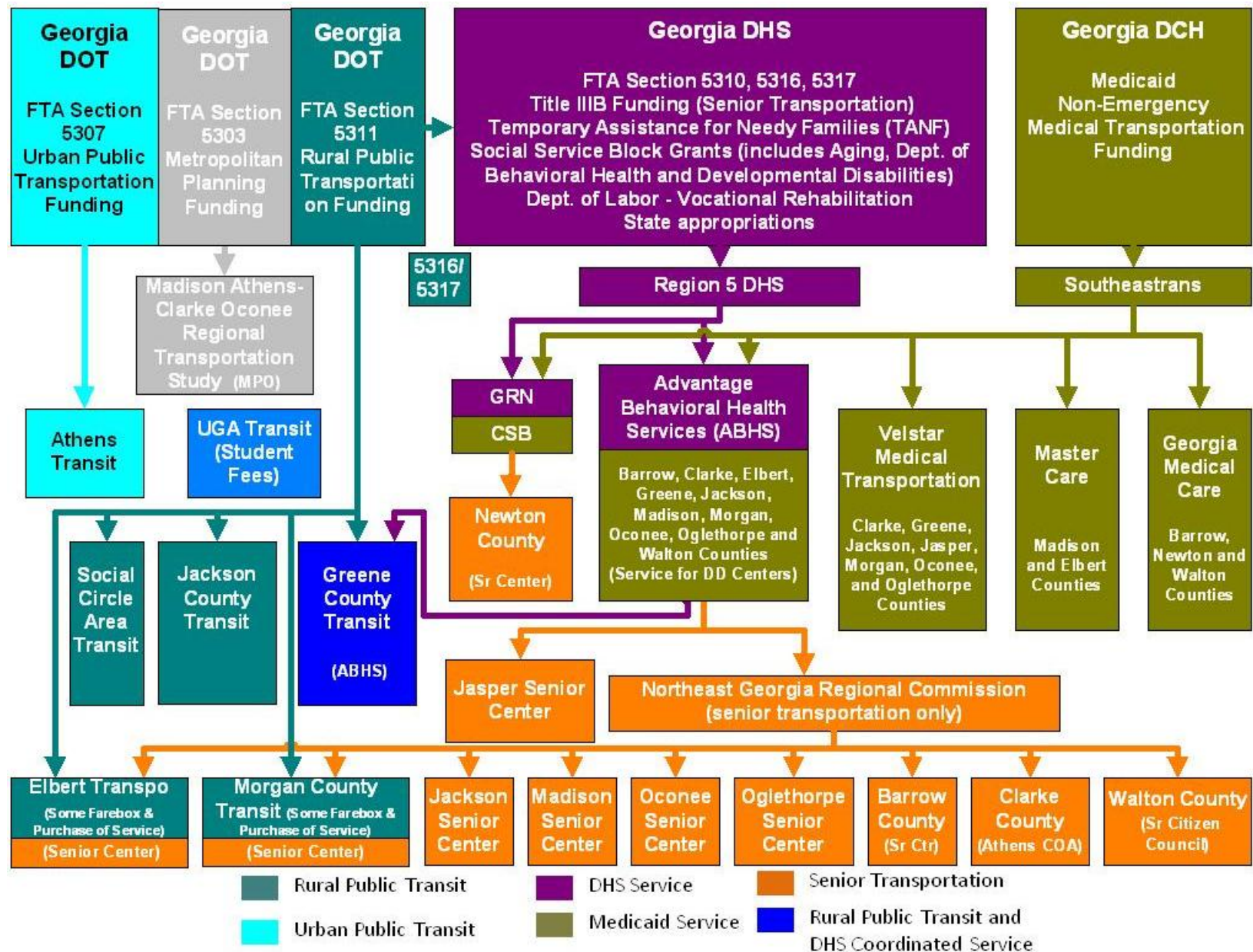
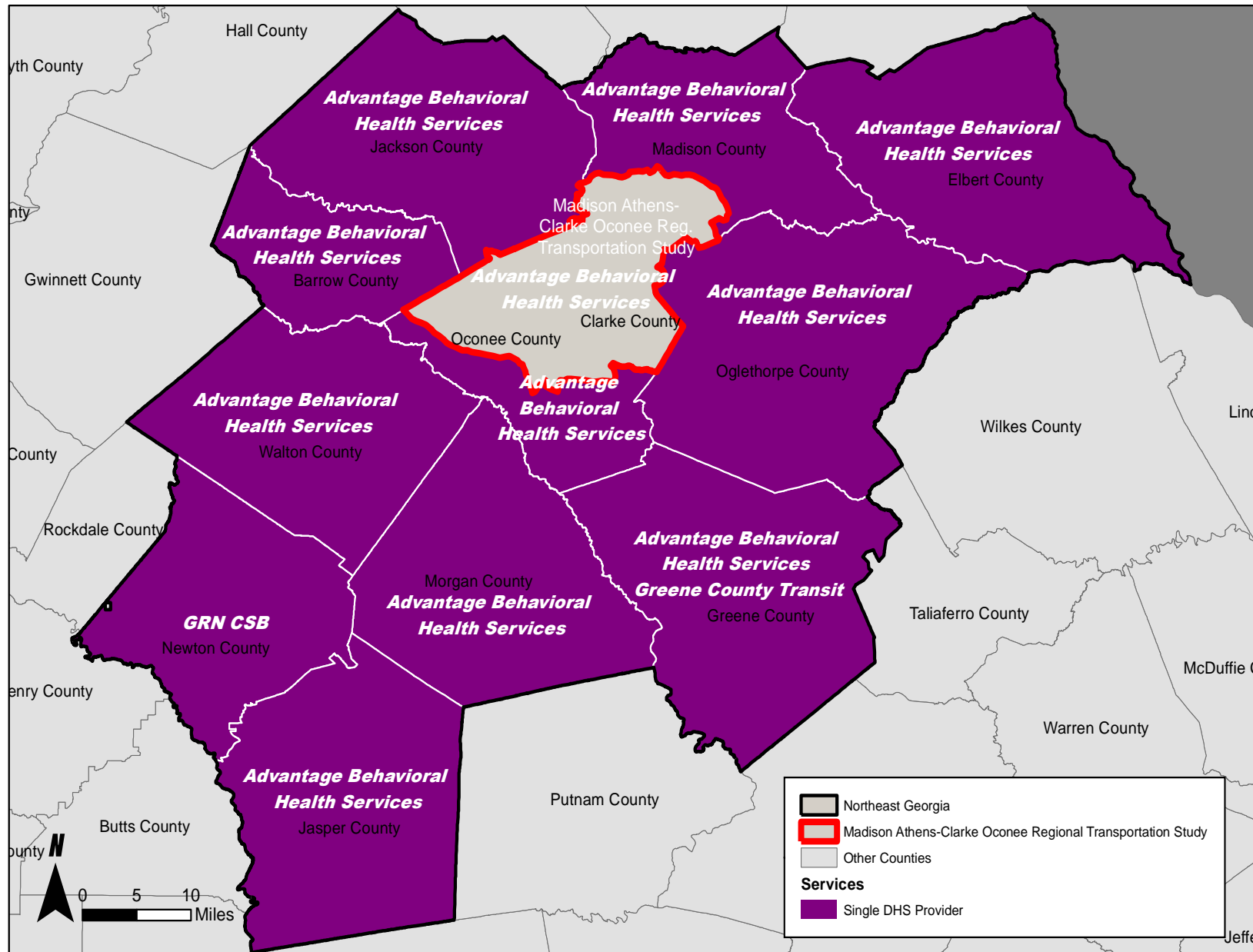


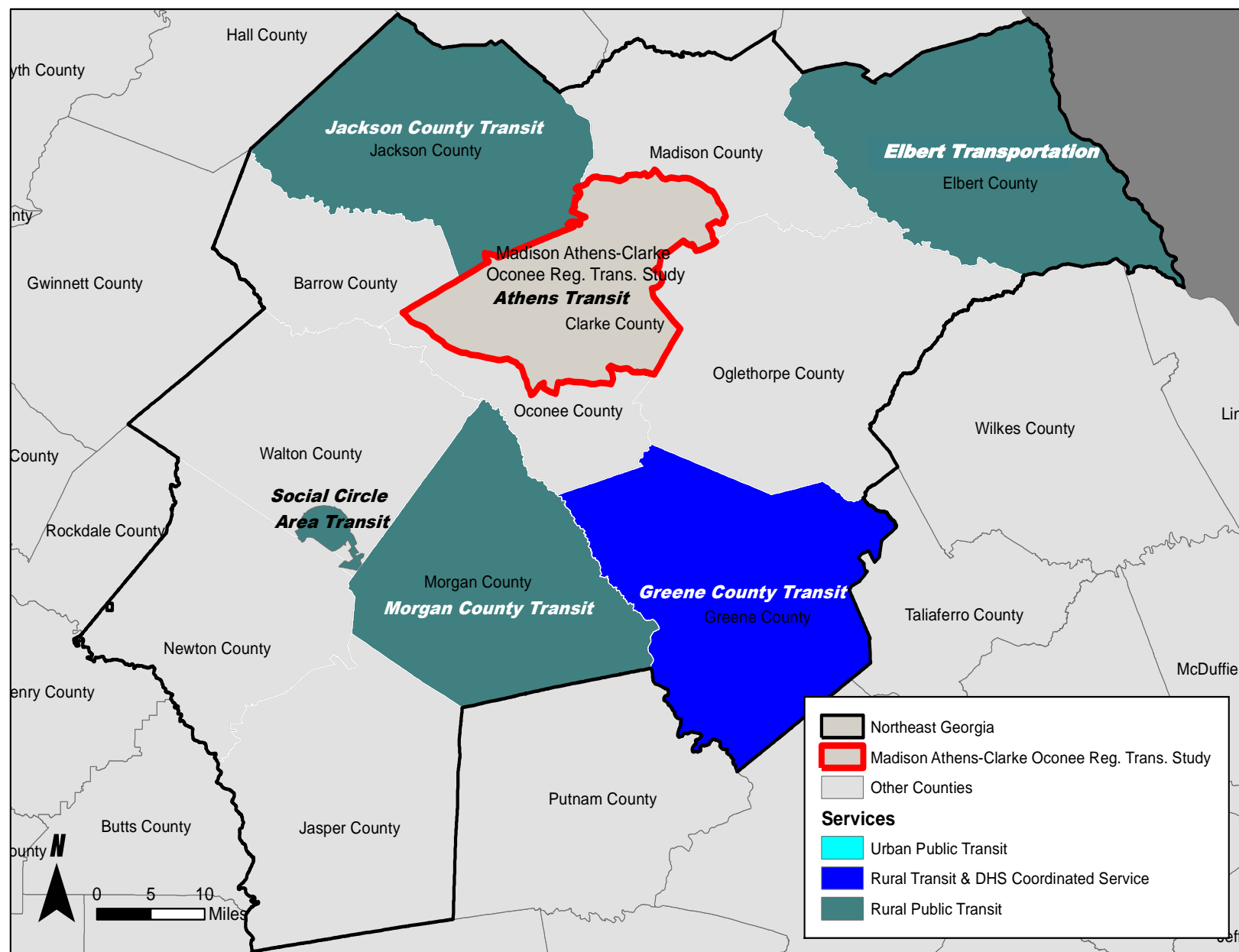


Figure 4.5.1.2: Northeast Georgia Region DHS Service Providers





**Figure 4.5.1.3: Northeast Georgia Region Transit Service Providers**



## 4.5.2 Existing Coordination Efforts

The topic of coordinated human service transportation has been and continues to be the focus of attention among stakeholders within the Northeast Georgia region. The OneAthens Initiative, begun in 2006, focused on addressing poverty within Athens-Clarke County and included a significant transportation component.

Some human service agencies buy passes for their clients for use on Athens Transit. Athens Transit strongly encourages the use of its fixed-route system by persons who are able to use it; the fleet is 100 percent wheelchair accessible at all times. The Director of Athens Transit noted that there has actually been a decrease in the use of the Paratransit services since the implementation of this accessible fleet, as more people are using fixed-route instead. Athens Transit also sponsors a Citizen Advisory Group composed of riders and representatives of various advocacy groups including the local Independent Living Center, DHS, BikeAthens, and the Mayor's Community on Disability. This group has been able to adopt and move forward with some of the OneAthens recommendations.

Athens Transit has also tried to work with other counties to connect their services. "Try Transit Day" was a day organized by various stakeholders in the Northeast Georgia region to encourage outlying county transit to deliver their riders to the Multi-Modal Center and have those people ride Athens Transit. Unfortunately, the day did not have any riders from other counties take advantage of these services. The event took place on a Saturday, and organizers found that people had less reason to come into Athens, particularly as they could not have medical appointments that day. Potential riders also prefer the relatively lower cost shopping options in their home counties, as compared to the higher prices in Athens' stores.

**Figure 4.5.2.1 Athens Transit Multi-Modal Transit Center**



Peggy Hackett, DHS Regional Transportation Coordinator, leads a Regional Transportation Coordinating Committee, which brings together stakeholders for the DHS coordinated system. Members include the transportation service providers, representatives from each division and department of DHS, Department of Labor, DBHDD, the Northeast Georgia Regional Commission (NGRC), and the Center for Independent Living. This group meets, generally, once a year to review the applications of providers in the region, but they are in communication with each other at other times throughout the year as needs arise.

In terms of coordinated service delivery, Greene County Transit utilizes ABHS as a third party operator for its 5311 Rural Public Transit program, and ABHS also serves DHS trips in that County. Since the same transportation provider operates for both purposes, there are opportunities for the coordination of trips. In a similar manner, DHS clients who regularly use ABHS and GRN transportation services often request that these providers serve the clients' Medicaid trips as well. This provider-level coordination offers a building block for the greater coordination of resources within the region.

## 4.5.3 Service Redundancies, Gaps, and Needs

Characteristics unique to the region were a topic of discussion, particularly the large geographic area of many of the outlying counties, and the low population densities in such areas. In contrast, the region also contains Athens-Clarke County, an urban center with fixed route service. The differing needs of the region can create challenges when trying to find a regional solution that will address all needs. One challenge that faces the entire region is that of affordable public transit to Atlanta. The OneAthens transportation group stressed the need for this service, recognizing that employment opportunities within the Northeast Georgia region are severely limited, and many residents do seek employment in Atlanta, but need an inexpensive way to get there.

Funding is another major need within the region. Nearly all transportation funders or providers addressed some issues associated with funding. Eligibility criteria came up as it related to funding, with a participant explaining that since all the trips needed cannot be served in the region due to lack of funding, decisions must be made as to who will receive riders.

A significant need the Northeast Region faces is that of improving its regional communication and cooperation. The spectrum of needs within the region due to its variation in population density, location, demographics, and distance to Atlanta, among other characteristics, makes regional efforts difficult. Additionally, providers are limited as to whether they can cross county borders to serve out-of-county destinations. Turfism also can stymie attempts at improved human services transportation. Further, the subcontracting of senior center and some clients with disabilities trips by ABHS to counties or small local providers (generally small disability services centers affiliated with ABHS) adds to the fragmentation of the system. Along similar lines, there is a lack of information about services in the region for potential and current riders, and improving the information provided to the public could significantly increase ridership and cost-effectiveness.

An additional challenge identified by several different participants in the workshop was the differing criteria for eligibility for riders and rides served, particularly related to trip type, and trip distance among other characteristics. In a discussion of the concept of regional eligibility, some participants seemed to be in strong support of it to help reduce confusion, while others expressed some concern that eligibility criteria must take into account federal requirements if the service is funded by federal money. Another issue related to eligibility is the requirement in many counties that a person must be a member of a senior center in order to receive transport to and from that destination, but senior centers are limited in the number of people they can serve, so some people may not be able to benefit from senior center transportation services because it already has met the number of people it can serve.

Federal requirements were another topic of concern in the Northeast region. Sometimes the stringency of a requirement, however well-intentioned, can create difficulties for providers. The rule that all trips requested must be served according to Medicaid locks the provider into giving a ride to someone whose eligibility may have changed and may no longer qualify, but if their name has not been removed from the list, the trip must be served. Furthermore, DCH guidelines sometimes preclude the local brokers from being as efficient as they might otherwise be, such as assigning eligible clients to the most appropriate, cost-effective mode of transportation.

Volunteers are a valuable resource, but one attendee pointed out that volunteer drivers often have preferences in terms of hours worked and types of trips they serve. Working with these preferences can be a challenge for organizations and agencies. However, enlisting the help of volunteer drivers can be a significant addition to the resources available in rural parts of the region.

While less of a concern in this region, because DHS does not contract with public transit to provide client transportation, GDOT's fully-allocated cost policy for trip rates is an issue of concern for funders and providers, and was cited by a representative of DHS as one of the major roadblocks to coordination. Related to fully-allocated costs, the issue of "trip dumping" is a concern from some of the public transportation providers in the region. In this situation, a contractor is paid the fully-allocated cost for a client trip, but then instead of serving the trip themselves, the contractor puts the client on public transportation, typically with a discounted bus pass, so taxpayers pay two times for one ride. One of the reasons transportation providers in this region are not interested in serving as DHS providers is the requirement that service be available twenty-four hours a day, seven days a week, while most transit systems in the region operate between 8:00 AM and 5:00 PM, and are not seeking to expand their hours of service, even if the trips would only be by request.

While likely beyond the scope of this study, participants in outlying counties stressed the importance of having services, such as doctors and grocery stores, in their counties, so that people would not have to travel such a great

distance to address essential needs. A holistic approach to development could potentially save a significant amount of travel in the future, if local services are supported. Similarly, Athens Transit's efforts to improve its service to accommodate those who might otherwise use paratransit service have been a success. Supporting the use of fixed-route service, where it exists, can enhance the mobility of target human services populations. Ensuring that multi-modal mobility is in place in the region, through the provision of safe sidewalks on which to walk to pick-up locations is also important.

While some shared purchase/use of vehicles is occurring on a limited basis between the Mental Health and Aging Agencies in Oglethorpe County, stakeholders in the Northeast Georgia region are not supportive to shared purchase or use of vehicles, expressing concerns about the maintenance and operations of vehicles, and related costs associated with upkeep for using the vehicles. While GDOT has a replacement schedule that might accommodate increased use of vehicles, the rate at which DHS replaces vehicles would not easily accommodate that upward use. There is fear that those who own the vehicles might have to pay more than they should for repair due to more intense use. Liability and insurance concerns were also expressed by participants, as well as scheduling of the vehicles for shared use.

#### **4.5.4 Ideas to Improve Service Delivery and Coordination**

Since there have been previous attempts at coordination, those involved in human services transportation in the Northeast Georgia region would like any new efforts to include an examination of previous attempts and their results. Learning from the past, particularly in terms of what did not work earlier, should help inform new coordination efforts.

A directory of services or resource manual has strong support from stakeholders in the Northeast Georgia region. A strong marketing campaign would be helpful to inform the public about what services are available. Jackson County Transit indicated that the greatest need in her area is increased awareness on the part of the public of the services they provide, which are available to all residents of the county.

The concept of a call center received very strong support from most participants. The attendees, who during this discussion had been separated into two groups, had two different perspectives on the history of the call center. One group said that this idea had been proposed before 1989 and those involved in human services transportation were engaged after the decisions had been made. As a result, people lost interest and the desire to be involved, and while one provider took over the call center, the service ended. This same group believes that the new technology will be helpful in this effort, particularly putting together a webpage that can serve as a centralized list of all services in the region. The second group, however, discussed the fact that a call center does exist for the Northeast Georgia region, but there must be a marketing effort to inform people of the service. Presently, most calls are on the local level. Further investigation indicates the group may have been referencing Gateway, a service of the Area Agency on Aging that provides information to callers regarding senior centers in the area and also takes trip orders.

Most participants are in support of the use of technology to support coordination efforts. There are concerns about the implementation of technology, particularly if the software program does not take the needs of rural systems.

Many participants are strongly in support, in theory, of combining clients of different agencies and with different trip purposes into the same vehicle. There are concerns about mixing the aging population with others, but Oglethorpe County is already combining these trips and Greene County has been mixing aging populations, people with developmental disabilities, and the general public since 1983. Having an assistant or monitor on the bus facilitates the mixing of populations. There are liability and accountability concerns associated with this concept. Additionally, some contracts will not allow for ride-share.

A regional fare or eligibility program had a good level of support among attendees. Participants did stress the importance of having an equitable fare system, with costs divided up among counties according to important criteria, such as county density, demand, urban versus rural wear-and-tear. For standard eligibility, people were generally supportive, but did have some concern about legal issues regarding eligibility, particularly the requirements associated with federal funding.

#### **4.5.5 Lessons from Northeast Georgia Region**

- Only six of 12 counties in the region have any type of public transportation. This is primarily because some counties are not willing to pay the match required for receiving Section 5311 funds, and local policy makers are not convinced of the need.
- Of those rural counties that do provide transportation, many trips are provided into Athens where there are more extensive medical facilities.
- Trips for older adults tend to be limited to nutrition services, or bringing people into senior centers for meal programs. The overall focus of programs serving older adults is to avoid institutionalization, so it makes sense that other types of trips, such as for social, medical, and shopping purposes, should be provided.
- There is a need for affordable transportation to Atlanta (and neighboring Oconee County) because of job opportunities.
- Human service transportation, overall, is fragmented and not coordinated in the Northeast Georgia region. However, aspects of human service transportation are partially coordinated (e.g., DHS coordinated with two providers to provide DFCS, Department of Labor, DBHDD, Aging and Disabled trips). Local stakeholders support conducting a comprehensive feasibility study to develop a plan for developing a coordination system along the lines of Coastal Georgia or Southwest Georgia.
- A local champion or sponsor of coordination is needed. One likely candidate to assume this role is the Regional Commission.

## 4.6 Middle Georgia Region

### Overview

The Middle Georgia Region consists of 11 counties as illustrated in Figure 4.6.1. The region has two urbanized areas, Macon (Macon-Bibb Planning and Zoning Commission) and Warner Robins (Warner Robins MPO). According to 2009 U.S. Census Bureau estimates, the population for this region is 481,343 and roughly half of that is concentrated in the urban areas of Macon and Warner Robins. Contributors to the local economy include agriculture, museums, and the Robins Air Force Base which had an estimated total economic impact of \$4.1 billion in fiscal year 2008 according to the Middle Georgia Regional Commission.

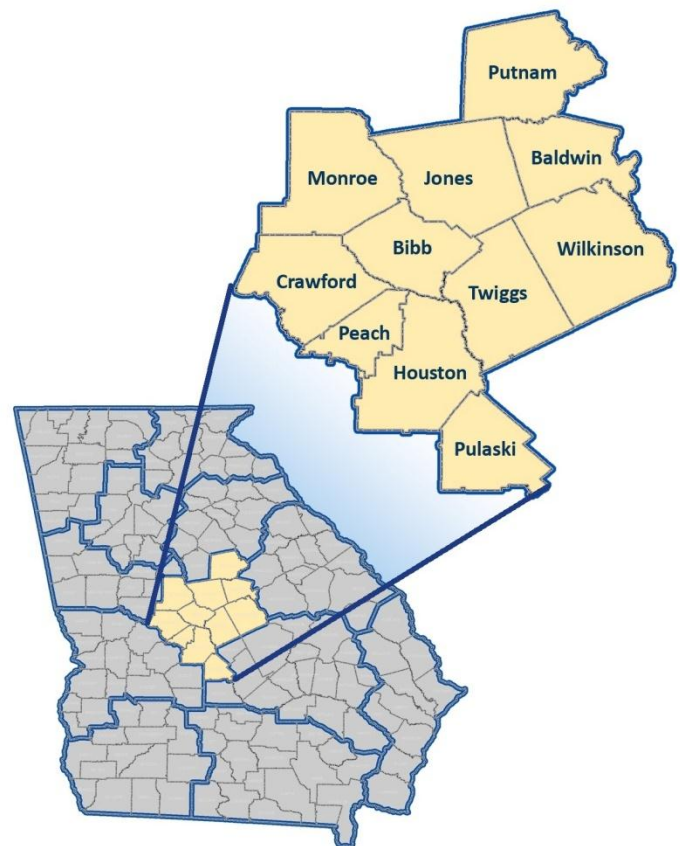
According to the Georgia Governor's Office of Planning and Budget, the population in the Middle Georgia Region is expected to grow by 30 percent by the year 2030. The area is also expected to see tremendous growth in the aging population in the coming years. Over the next five years, Middle Georgia will experience an increase in its elderly population, from 12 percent in 2009 to 16 percent in 2014.

#### 4.6.1 Inventory of Existing Services

In the Middle Georgia Region, there are rural public transit systems providing demand-response public transportation services to the general public in Baldwin, Crawford, Jones, Peach, Pulaski, Putnam, Twiggs, and Wilkinson Counties. An urban public transit system operates in Bibb County, the Macon-Bibb County Transit Authority (MTA), provides fixed-route service and associated ADA Paratransit services.

The Region 6 DHS Coordinated Transportation System contracts with the Middle Georgia Regional Commission (MGRC) to provide human services transportation services to the region in the 11-county area. The Middle Georgia Community Action Agency and Macon-Bibb Economic Opportunity Council are the two main subcontractors providing services to the region. The 5311 rural transit systems provide service for public trips as well as DHS Coordinated System Trips in counties where those services are available. Services in both agencies are designated to consumers from Aging, DFCS, Mental Health/Developmental Disabilities/Addictive Disorders and Division of Labor/Vocational Rehabilitation. Table 4.6.1.1 on page 119 provides a summary of known RHST services within the Region. Figures 4.6.1.1-4.6.1.4 (pages 121-123) illustrate where these services operate, and how they currently interact with one another based on operating area and programs served.

Figure 4.6.1: Middle Georgia Region



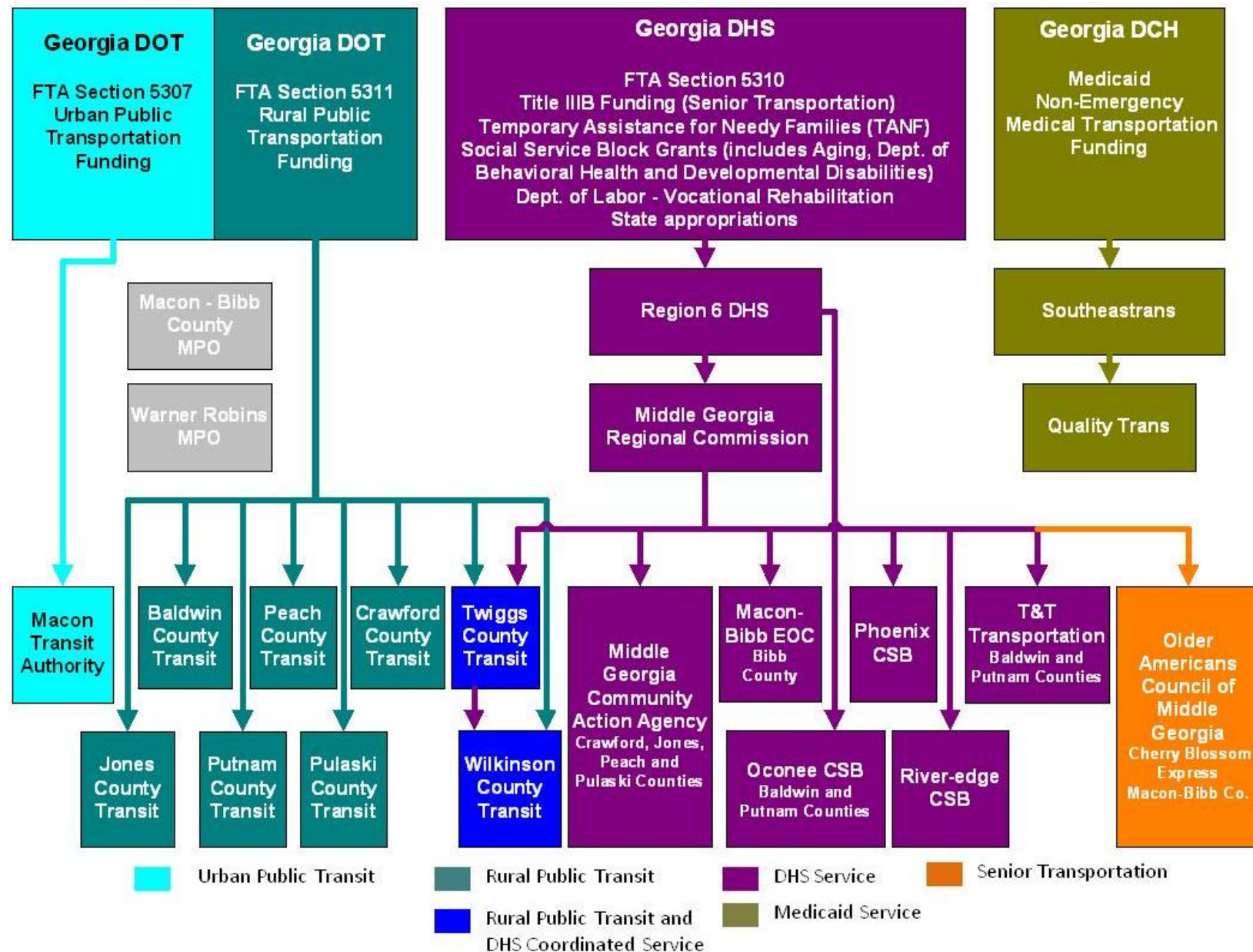
**Table 4.6.1.1: Transportation Services in the Middle Georgia Region**

| Service or Sponsor Name   | Service Type   | Passenger Eligibility   | Service Description  | Hours of Service  | Fleet Information  | Use of Federal/State Funds |
|---|----------------|---|--|---|--|----------------------------|
| <b>Baldwin County Transit</b>   | Public Transit | General Public  | Demand Response No service outside of county<br>\$1.00 per one way trip  | Monday to Thursday 7:30 am to 3:45 pm Friday from 7:30 am to 3:00 pm                                      | 2 vans – one with a lift   | 5311                       |
| <b>T&amp;T Transportation</b>   | Human Service  | Baldwin and Putnam County: Aging, DFCS, Good Works and DOL/VR             | Demand Response \$8.25 for wheelchair \$12.25 for non-core and \$35.00 for group                               | Sunday to Saturday from 6:00 am to 6:00 pm  | NA   | DHS                        |
| <b>Oconee Community Service Board</b>   | Human Service  | MHDDAD (Mental Health/Developmental Disabilities/Addictive Disorders)     | Service Area - Baldwin, Hancock, Jasper, Putnam, Washington, and Wilkinson.                                    | NA  | NA   | DHS                        |
| <b>Macon Transit Authority (MTA)</b>  | Public Transit | Clients must complete an MTA Fare Eligibility Application and be approved | Fixed Routes, Para-Transit Point to Point and Demand Response \$0.50 for elderly and \$1.00 for general public | 10:00 am to 2:00 pm for elderly, 5:00 am to 11:00pm for general public, the Vineville Bus stops at 5:00pm | 28 buses for fixed routes and 5 vehicles for demand respond services | 5307                       |
| <b>Middle Georgia Community Action Agency</b>                                       | Human Service  | Aging, DFCS, GoodWorks, MHDDAD and DOL/VR                                 | Demand Response (service area Butts, Jones, Peach, Pulaski, Twiggs Counties in the region)                     | NA  | NA   | DHS/5311                   |
| <b>Cherry Blossom Express</b>   | Human Service  | Aging   | Demand Response \$1.50 for one way within the designated area or zone, \$2.25 for one way outside the zone     | Monday to Saturday from 8:00 am to 5:00 pm  | NA   | 5310                       |
| <b>River-edge Community Service Board / Macon Association for Retarded Citizens</b> | Human Service  | MHDDAD  |  | NA  | NA   | DHS                        |
| <b>Crawford County Transit</b>  | Public Transit | General Public  | \$2.00 one way   | Monday to Friday from 8:00 am to  | NA   | 5311                       |



| Service or Sponsor Name                               | Service Type                   | Passenger Eligibility                        | Service Description   | Hours of Service                  | Fleet Information   | Use of Federal/State Funds |
|---|--------------------------------|--|---|-----------------------------------|---|----------------------------|
|   |                                |  |   | 4:00 pm                           |   |                            |
| <b>Older Americans Council, Inc.</b>                  | Human Service                  | Aging  | NA  | NA                                | NA  | 5310                       |
| <b>Phoenix Community Service Board</b>                | Human Service                  | MHDDAD                                       | NA  | NA                                | NA  | DHS                        |
| <b>Peach County Transit</b>                           | Public Transit                 | General Public                               | Demand Response For Peach County \$1.00 per stop up to five stops, \$6.00 at the sixth stop<br>For Houston County \$2.00 for up to five stops and \$10.00 for the sixth stop. | NA                                | Three vehicles total, two with wheelchair lifts                               | DHS/5311                   |
| <b>Putnam County Transit</b>                          | Public Transit                 | General Public                               | Demand Response \$2.00 one way  | From 8:00 am to 4:00 pm           | Two wheelchair accessible vehicles and two non-wheelchair accessible vehicles | DHS/5311                   |
| <b>Twiggs County Transit</b>                          | Human Service / Public Transit | Aging, DFCS, MHDDAD and DOL/VR               | Demand Response. \$2 - \$5 per trip. No one way trips permitted.  | NA                                | NA  | DHS/5311                   |
| <b>Wilkinson County Transit</b>                       | Human Service / Public Transit | Aging, DFCS, MHDDAD and DOL/VR, Disabilities | Demand Response service areas include Wilkinson and Macon, Milledgeville and Dublin   | Monday to Friday 8:00am to 5:00pm | 3 vans with wheelchair accessibility  | DHS/5311                   |
| <b>Macon Bibb County Economic Opportunity Council</b> | Human Service                  | Aging, DFCS, MHDDAD, and DOL/VR              | Demand Response   | NA                                | NA  | DHS                        |
| <b>Jones County Transit</b>                           | Public Transit                 | General Public                               | Demand Response   | NA                                | 3 vehicles  | 5311                       |
| <b>Pulaski County Transit</b>                         | Public Transit                 | General Public                               | Demand Response   | NA                                | NA  | 5311                       |
| <b>Quality Trans</b>                                  | DCH NET                        | Medical eligible                             | Demand Response   | NA                                | NA  | Medicaid                   |

Figure 4.6.1.1: Middle Georgia Region



The map displays the following service areas and agencies:

- Putnam County:** T&T Transportation, Oconee CSB (Multiple DHS Providers)
- Baldwin County:** T&T Transportation, Oconee CSB (Multiple DHS Providers)
- Jones County:** Middle GA Community Action Agency (Single DHS Provider)
- Wilkinson County:** Twiggs County Transit (Single DHS Provider)
- Twiggs County:** Twiggs County Transit (Single DHS Provider)
- Bibb County:** Macon-Bibb Econ. Opp. Council, Macon Area Trans. Study (Single DHS Provider)
- Crawford County:** Middle GA Community Action Agency (Single DHS Provider)
- Peach County:** Middle GA Comm Action Agency (Single DHS Provider)
- Houston County:** Middle GA Community Action Agency (Single DHS Provider)
- Pulaski County:** Middle GA Community Action Agency (Single DHS Provider)
- Warner Robins Area:** Warner Robins Area Trans. Study (Single DHS Provider)
- Monroe County:** Middle GA Community Action Agency (Single DHS Provider)

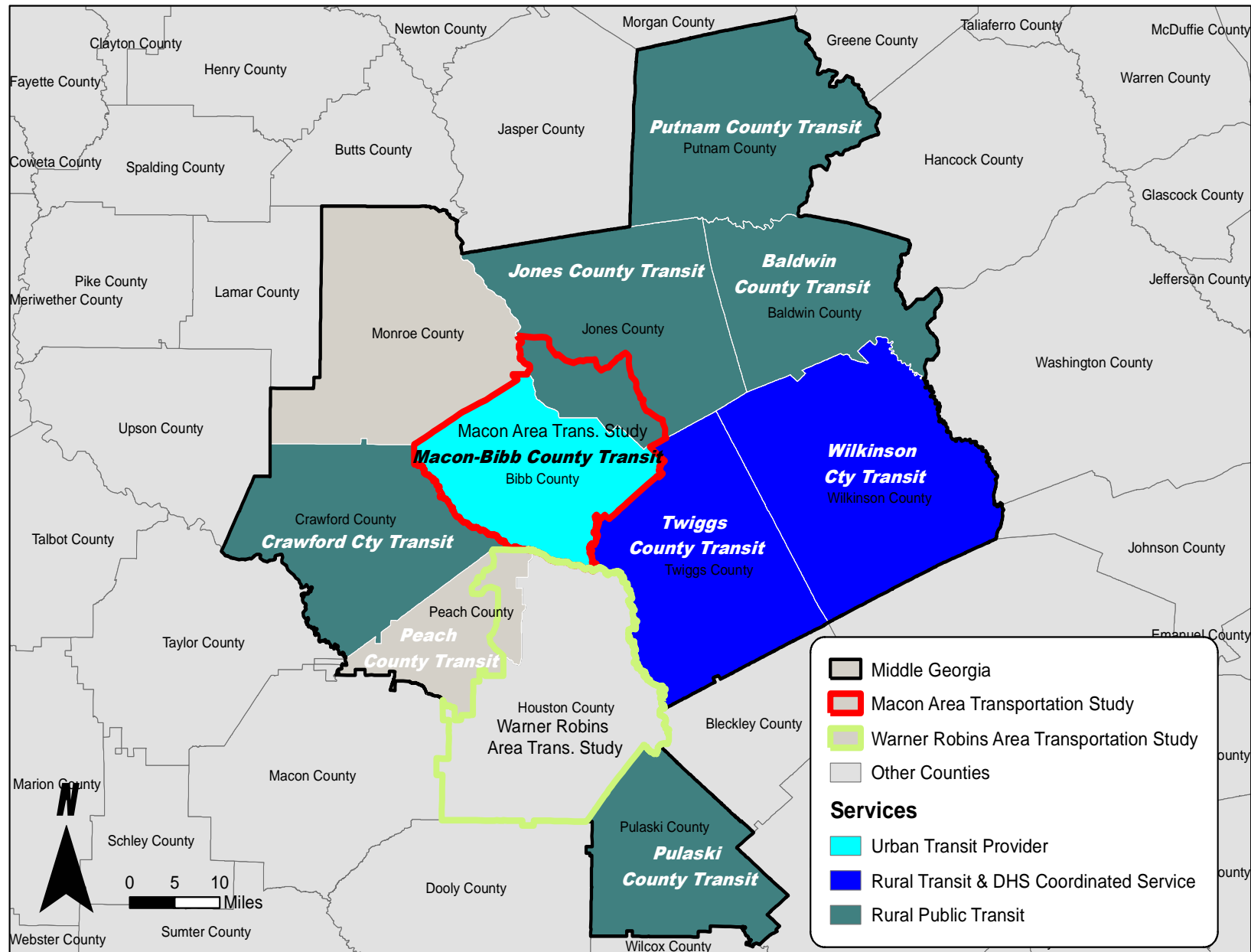
**Legend:**

- Regions:**
  - Middle Georgia (Gray)
  - Macon Area Transportation Study (Red outline)
  - Warner Robins Area Transportation Study (Green outline)
  - Other Counties (Light Gray)
- Services:**
  - Single DHS Provider (Purple)
  - Multiple DHS Providers (Pink)

**Scale:** 0, 5, 10 Miles

**Compass:** North arrow pointing up.

**Figure 4.6.1.3: Middle Georgia Transit Service Providers**



#### **4.6.2 Existing Coordination Efforts**

The MGRC monitors and administered the services operated by the subcontractors and coordinates directly with Region 6 DHS. Locals have acknowledged that coordination could be improved if problems were anticipated and concerns from the transportation providers could be addressed completely and in a timely fashion.

Several rural transit systems in the area also provide trips for the DHS Coordinated System. Also, several private providers serve DCH NET as a subcontractor, though DCH is completely separate from other services within the region. Some counties have initiated local coordination activities. Putnam, Morgan, Jasper, and Green Counties are interested in developing a unified transit system and have approached the Regional Commission regarding a study to that end. However, this effort has not gone further than suggesting a study to the RC. Additionally, the Macon-Bibb area has interest in coordinating commuter services between Macon and Warner Robins, an urbanized area not currently served by public transit. The Warner Robins MPO is looking into beginning a feasibility study of this project, but this study has not been started.

#### **4.6.3 Service Redundancies, Gaps, and Needs**

There is a growing gap in the Middle Georgia Region between exiting service and growing demand. The Region 6 DHS Transportation Office developed a coordination plan, completed in 2007, that evaluated existing services and the future needs. According to a survey performed as part of the effort, the coordinated transportation system served 49.4 percent of the consumers needing service and 39.5 percent of their trip needs were met, illustrating that more than half of the needs in the region are not addressed with current services. Other issues identified are as follows:

- Agencies report that service reductions have been necessary due to resource limitations. These cuts have impacted the ability to address basic transportation needs in the area. Senior services have been limited to transportation to congregate meal locations.
- There is a large demand for Urban Paratransit services in the Macon-Bibb County Area. Currently the service in the area already reaches beyond the required ADA service area buffer of 3/4 miles from the fixed-route system. The agency evaluates services and routes regularly and adjusts as the demand dictates.
- The Warner Robins urbanized area lacks public transit service. The area is interested in the potential of transit services for the general public, commuters to Robins Air Force Base, and the area's elderly and disabled populations.
- Some of the DHS fleet vehicles have had mechanical issues that were perceived as unsafe to riders since many are elderly and are vulnerable to unhealthy conditions.
- Cross-regional service to the Macon area is important because of the rural nature of many Middle Georgia counties. Most trips from rural areas are to Macon for medical appointments and other services.
- Coordination efforts are necessary at the regional level. Cross-county coordination and communication with the DCH NET system could be beneficial. Counties feel they are at the limit of the services they can provide without increased resources.

#### **4.6.4 Ideas to Improve Service Delivery and Coordination**

Middle Georgia stakeholders feel that coordination is working well at the local level, but better coordination with and between the state agencies (DOT, DHS, and DCH) will improve service delivery. Other ideas include the following:

- The Macon-Bibb County Transit Authority has had first-hand experience in coordination efforts in other parts of the country including fully coordinated systems which combine 5307, 5311, 5310, and Medicaid funding sources. This type of coordination may be applicable in the Middle Georgia Region.
- The use of technology would help to promote accountability and system efficiency. There is some concern that technology could be more difficult for smaller system to implement in rural areas.
- Working together across county lines and providing a centralized information source regarding transportation in the region would enhance customer service and experience.
- The Middle Georgia Community Action Agency serves as a subcontractor within the Middle Georgia Region and the neighboring Heart of Georgia-Altamaha region. This may provide some opportunities for future service coordination.
- Stakeholders are interested in understanding more about coordination concepts that have been successful in other places and how they might be applicable in Middle Georgia.
- Stakeholders feel that the RC should “champion” a coordination effort, such as a mobility management program.
- The transportation providers should look into the possibility of using vehicles owned by colleges and public schools (school buses) during mid-day hours.

#### **4.6.5 Lessons from the Middle Georgia Region**

- There seems to be a general lack of trust between local agencies and state-level representatives in the Middle Georgia Region that impedes open discussion regarding human services coordination and transportation service delivery.
- Area stakeholders are interested in coordination concepts and opportunities to provide enhanced services to current ridership, as well as attracting additional passengers. However, education regarding the benefits of coordination and opportunities to coordinate services is necessary in order to bring these possibilities closer to implementation.
- Despite the existence of a DHS Coordinated Plan and a relatively small network of service providers, service delivery in the area does not feel well-coordinated due to the lack of a central contact or a coordination champion that has the trust of the stakeholders in the area.

## 4.7 Central Savannah River Area Region

### Overview

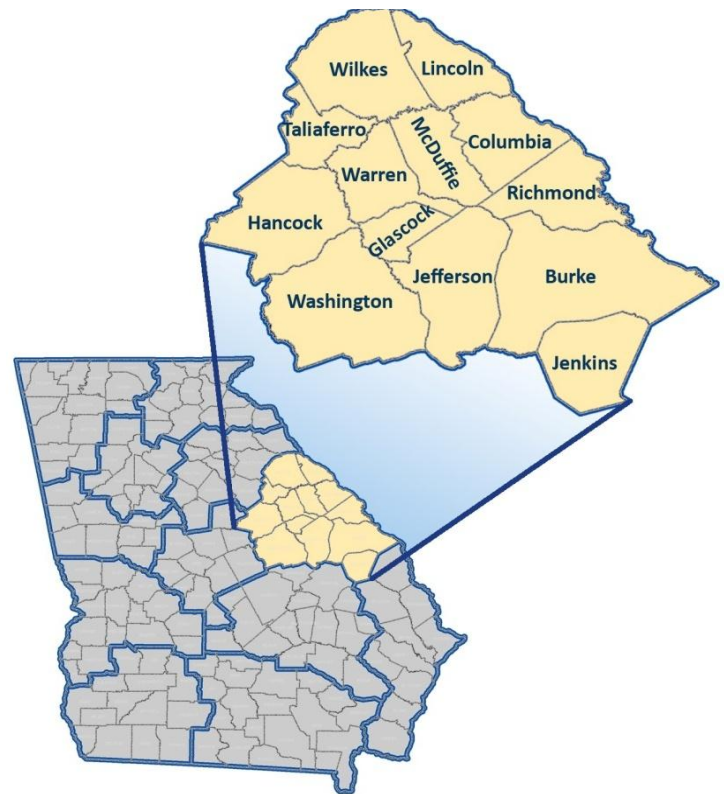
The Central Savannah River Area (CSRA) Region, illustrated in Figure 4.7.1, consists of 13 counties in the central eastern portion of the state. The region includes Wilkes, Lincoln, Taliaferro, Hancock, Warren, McDuffie, Columbia, Washington, Glascock, Jefferson, Burke, Jenkins, and Richmond Counties. The largest metropolitan population in the region is the City of Augusta, which according to the U.S. Census Bureau had an estimated 2008 population of 194,100 in its greater metropolitan area.

#### 4.7.1 Inventory of Existing Services

In the CSRA Region, transportation services are provided mainly by DCH and DHS – Area Agencies on Aging. DHS service is offered on a regionally coordinated basis, and the region's DCH NET service is brokered by LogistiCare.

Rural transit service in Jefferson, Burke, Columbia, Glascock, Hancock, Lincoln, McDuffie, Taliaferro, Warren and Wilkes Counties are funded by FTA Section 5311, 5316, and 5317. Augusta, the largest urban area in the region, offers fixed-route transit service. Table 4.7.1.1 on page 127 provides a summary of known public transportation services within the Region. Figures 4.7.1.1-4.7.1.4 (pages 128-130) illustrate where these services operate, and how they currently interact with one another based on operating area and programs served.

**Figure 4.7.1: Central Savannah River Region**

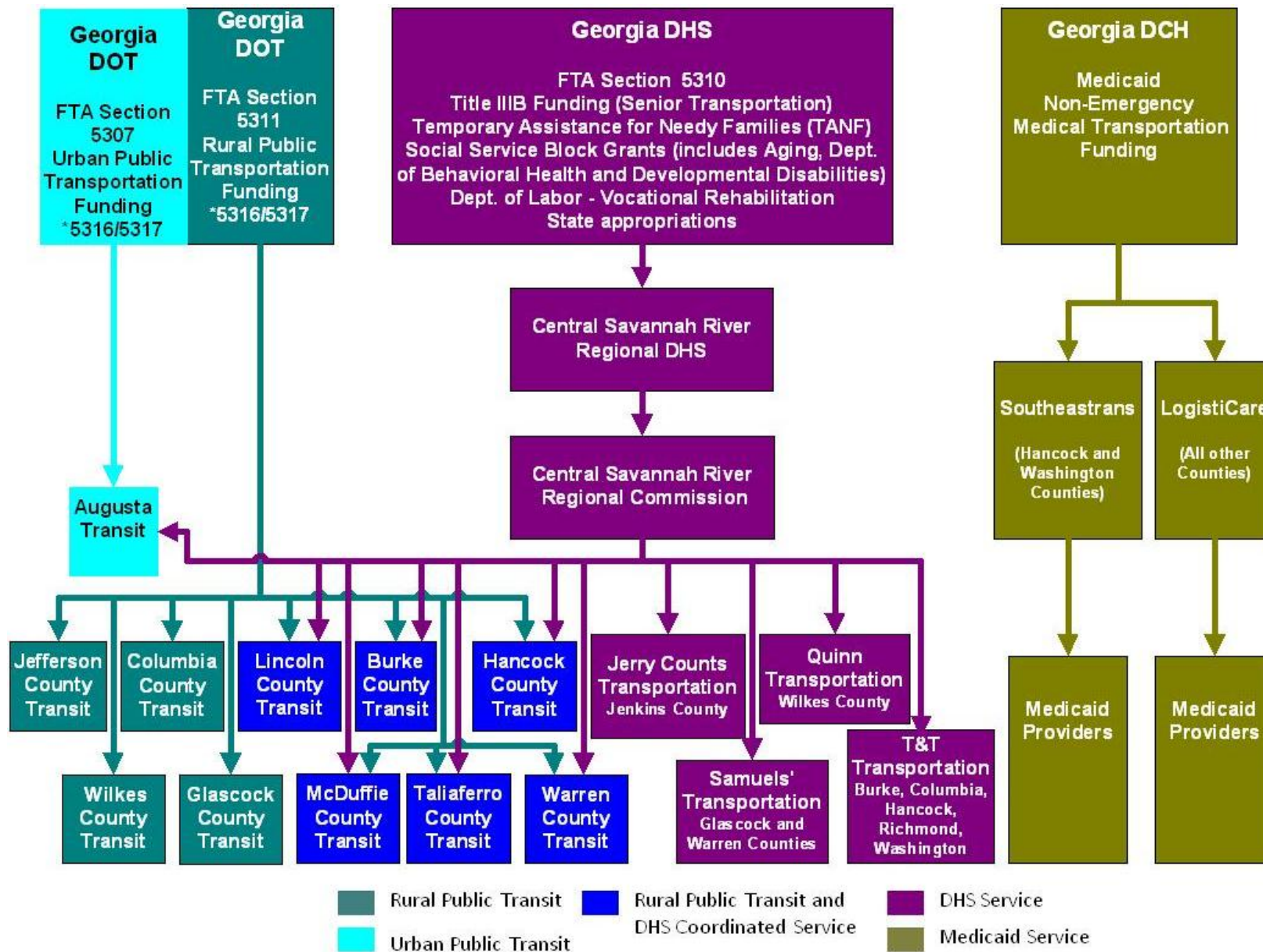




**Table 4.7.1.1: Transportation Services in the Central Savannah River Region**

| Service or Sponsor Name        | Service Type                     | Passenger Eligibility  | Service Description  | Hours of Service  | Fleet Information   | Use of Federal/State Funds                      |
|--------------------------------|----------------------------------|--|--|---|---|---|
| Augusta Transit                | Urban Transit Agency             | General Public   | 9 fixed routes 5307 service; paratransit;; POS from DHS and DCH  | 6:30am to 6:45pm M - S                                  | NA  | 5307, 5316, 5317, POS from DHS and DCH Medicaid |
| Burke County Transit           | Rural Transit Agency             | General public and qualified riders  | One day advance notice   | 6:00 am to 7:00 pm M – F                                | Six vans  | 5311, 5316, 5317                                |
| Columbia County Public Transit | Rural Transit Agency             | General public and qualified riders  | Transportation within Columbia County and north of Gordon Hwy/US 278in Richmond County with one day advance notice | 7:00 am to 6:00 pm M – F                                | Four vans, three of which are accessible                          | 5311, 5316, 5317                                |
| Ed Quinn Taxi Service          | Private Service Provider         | General public and qualified riders  | One day advance notice   | 7:00 am to 7:00 pm M – S                                | One van   | Reimbursements only                             |
| Jefferson County Transit       | Rural Transit Agency             | General public and qualified rides for the properly dressed and washed.        | One day notice, travel within county; travel to Augusta with at least two riders on a given day                    | 4:30am-11pm M-F, DHS required hours, if any, Sat & Sun. | Five vans, two of which are accessible.                           | Section 5311, Title III, TANF.                  |
| Jerry Counts Transportation    | Private Service Provider         | RC and DHS qualified riders; also senior trips in Jenkins and Screven Counties | One day advance notice   | Any time  | Five vans, one of which are accessible                            | 5310 an DFACS reimbursements only               |
| Lincoln County Transit         | Public – Non-profit              | DHS qualified riders   | One day advance notice   | 9:00 am to 2:00 pm                                      | Three vans and one which are accessible                           | Reimbursements only                             |
| Logistic Care                  | Private, for-profit organization | Dialysis Patients  | On call  | Any time  | Not given   | DCH Medicaid Reimbursements                     |
| McDuffie County Transit        | Rural Transit Agency             | General public and qualified rides   | One day advance notice   | 8:00 am to 5:00 pm M – F                                | Five vans   | 5311, 5316, 5317                                |
| Samuels' Transportation, Inc.  | Private, for-profit organization | DHS services only  | DHS service in Glascock and Warren Counties  | Any time  | Not given   | DFACS Reimbursements                            |
| T+T Transportation             | Private Service Provider         | State agency and DHS qualified riders  | One day advance notice   | Any time  | Five minivans, 4 vans, 15 buses; accessible: 7 minivans, 17 buses | Reimbursements only                             |
| Taliaferro County Transit      | Rural Transit Agency             | General public and qualified riders  | One day advance notice   | 8 am-5pm M –F   | Two vans  | 5311, 5316, 5317                                |
| Warren County Transit          | Rural Transit Agency             | General public and qualified riders  | One day advance notice   | 8am-4pm M – F   | One van   | 5311, 5316, 5317                                |

Figure 4.7.1.1: Central Savannah River Area



**Figure 4.7.1.2: Central Savannah River Area DHS Service Providers**

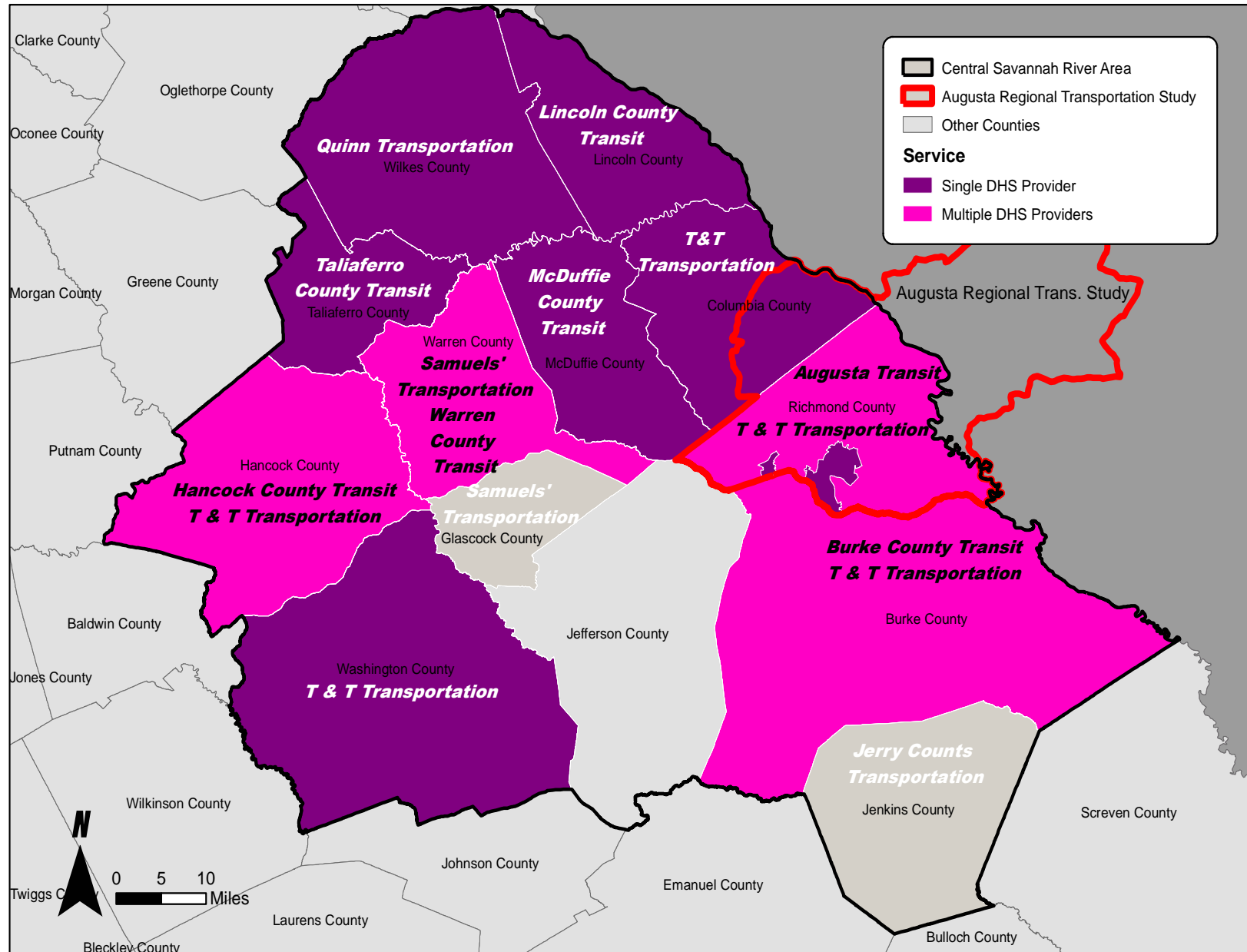
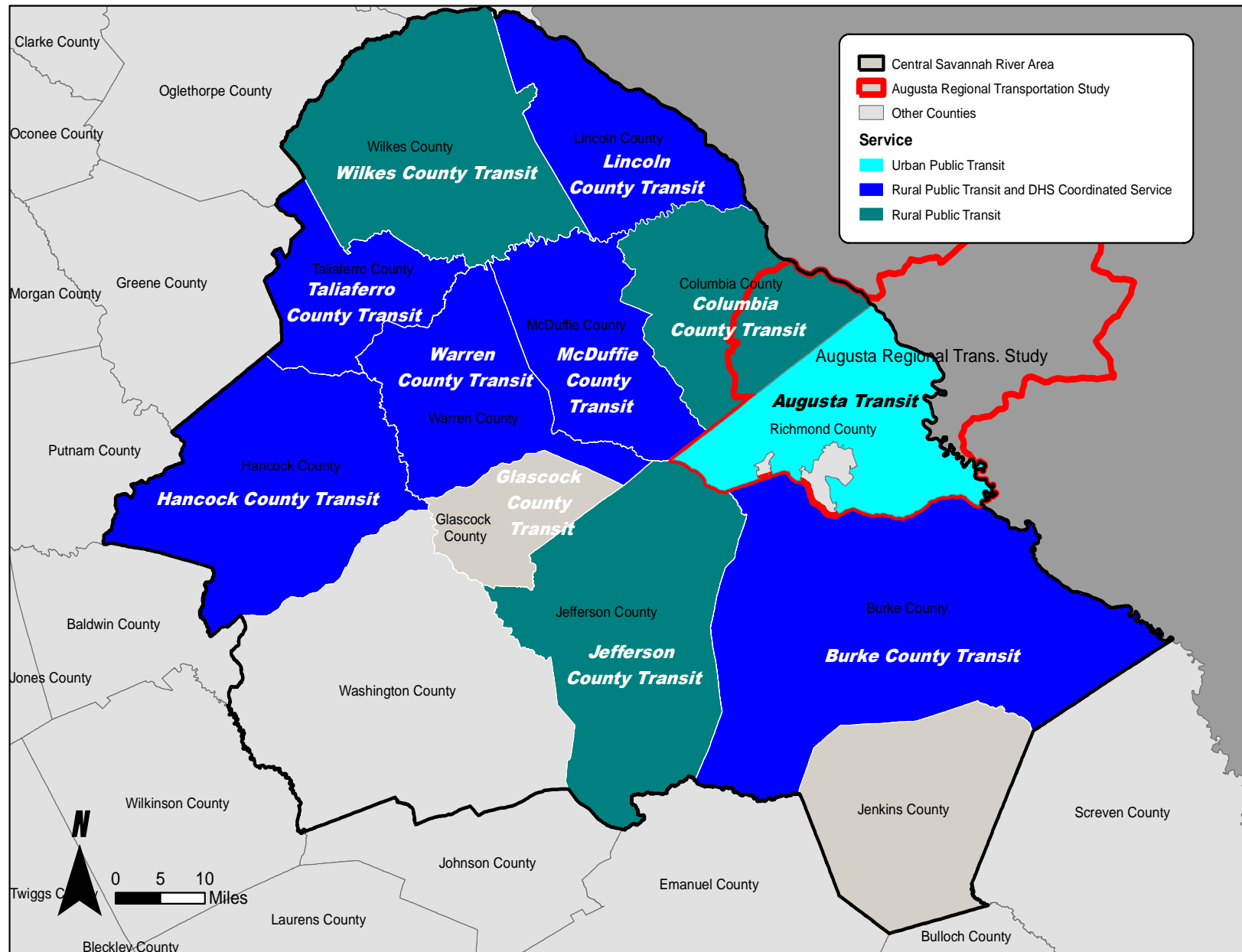


Figure 4.7.1.3: Central Savannah River Area Transit Service Providers



## **4.7.2 Existing Coordination Efforts**

The Central Savannah River Area Regional Commission (CSRA RC) coordinates DHS only RHST within the region. As the primary contractor for transportation services in the region, the CSRA RC provides trips to qualifying participants through their subcontracts with transportation service providers. The CSRA RC is responsible for administering the transportation of consumers, soliciting potential providers (including private operators). The RC also provides training and technical support to providers. Private providers are essentially the coordinator of 5311, DHS and DCH trips, primarily due to their revenues needs. Given the different reporting, payment, and operating requirements of each program, such coordination is difficult at best.

## **4.7.3 Service Redundancies, Gaps, and Needs**

The fact that the RC RHST coordination is limited to DHS trips indicates the need for additional RHST coordination across the region. Also, there are some difficulties and confusion for the independent providers who act as subcontractors to the RC. Providers are expected to accept reimbursements based on the various rates and payment schedules established by each agency, which means that the same trip is worth a different fee depending on which agency is responsible for payment. Furthermore, because their fee structures are not uniform and to avoid confusion over which agency is responsible for payment; some Area Agency on Aging agencies strongly oppose providers combining types of trips per rider or combining riders on a trip. Reimbursements are a serious issue, with one private provider dropping their 5311 trips due to the lag in payment. In addition, few if any providers or agencies in the region utilize software that aids in combining trips. This leads to inefficient use of the few resources available in the region.

The CSRA providers also report that keeping vehicles in a state of good repair can be a challenge, because only a percentage of the cost of a repair is paid for by the state. Therefore, repairs needed once the year's repair budget is exhausted are postponed for the next year. Further, insurance availability is limited.

Lincoln County Senior Citizens (LCSC) also uses volunteer drivers to supplement its driver availability. The region reports that areas with Section 5311 funds utilize volunteer drivers, paid by the Section 5311 funding, to bridge gaps in service. This practice requires high levels of commitment from the volunteers. So far, LCSC has been able to achieve this commitment.

Each agency places its own restrictions on the trips for which it pays. For example, GDOT places a mileage limitation per trip on providers, but DHS does not use such a restriction. Furthermore, reimbursement services vary among agencies, and reimbursement estimates may not reflect realistic travel times and distances, particularly for rural trips. For county-reimbursed trips, providers have owed the county money in some cases because their trips times exceeded those allotted by the county.

There are gaps in service that occur due to geographical limitations on trips. Fixed-service routes, for example, do not provide enough coverage within the cities in which they operate to serve all major destinations. Boundary issues may prevent some trips from crossing outside a county or the region, and while the CSRA abuts South Carolina, transit trips cannot cross the state line. FTA geographic designations of urban and rural areas or eligible paratransit areas leave some areas without transportation or transit services. Differences between styles of service and timing of arrivals and departures make crossing over the rural-urban boundaries and connecting from rural or RHST service to fixed-route service difficult.

#### **4.7.4 Ideas to Improve Service Delivery and Coordination**

The region would like to see the formation of a regional committee that plans and executes transportation among public and private providers. This type of coordination would ideally improve information, increase productivity and increase efficiency. However, coordination of services is made difficult by the deficiencies in existing organizations, insufficient funding, turf battles, existing service quality, and the complexity of proper service liability insurance.

The CSRA Region feels that further coordination of transportation services would be useful. At this time, Veterans Administration (VA) trips are not coordinated with existing services. There are VA facilities in Augusta and Dublin as well as clinics and many veterans need transportation to these locations.

There is interest for the use of technology to increase efficiency in service such as an Automatic Vehicle Locator System (AVL) system for bus scheduling; however, securing the funding is difficult. Providers would also like to have counties provide for van leasing, but are unsure how this would be possible given the counties' current fiscal situation. However, the quality of existing transit vehicles is poor, as vans are rarely replaced and have high mileage.

Limited transit service hours are a constraint on the quality of service the region is able to offer. Transit is widely unavailable after 6:00 PM and on weekends.

#### **4.7.5 Lessons from the Central Savannah River Region**

Central Savannah River Area region transportation providers would like to have the ability to mix trips among clients of various agencies to better use the resources that they have. Doing so would require that agencies relax restrictions against mixed trips as well as investments in upgraded technology. Mixing trips may aid in solving the region-wide problem of providing trips to those who need transportation but who lack DCH or DHS/ Area Agency on Aging support. These trips represent a major demand, but are not currently being served due to lack of funding and awareness among potential riders.

The region's agencies and providers note that Medicaid trips in their area are not limited by county lines. They would like to apply this model to trips sponsored by other agencies as well. Services in the region are not centralized in one county. Instead destinations, like the residences of those who need service, are scattered throughout the region. This reduces the opportunities for sharing of trips even when it is allowed.

Further coordination of services in the region would allow for more seamless service to transit and transportation service end-users. Many people are unsure if they qualify for transportation support, and may not know which program would be suitable for them. If these potential clients could call one number to get information about services, or to schedule a ride no matter which service they use, the process would be simpler for both users and providers.



## 4.8 River Valley Region

### Overview

The River Valley region, illustrated in Figure 4.8.1, consists of 16 counties in the southwest portion of the state. In 2009 the Lower Chattahoochee Regional Development Center merged with the Middle Flint Regional Development Center to become the River Valley Regional Commission (RVRC). The region now includes Harris, Talbot, Taylor, Macon, Dooly, Crisp, Sumter, Schley, Marion, Chattahoochee, Stewart, Webster, Randolph, Quitman, Clay, and Muscogee Counties. The largest metropolitan population in the region is the City of Columbus, which according to the U.S. Census Bureau, had an estimated 2008 population of approximately 187,000 in the city proper and 293,000 in the greater metropolitan area.

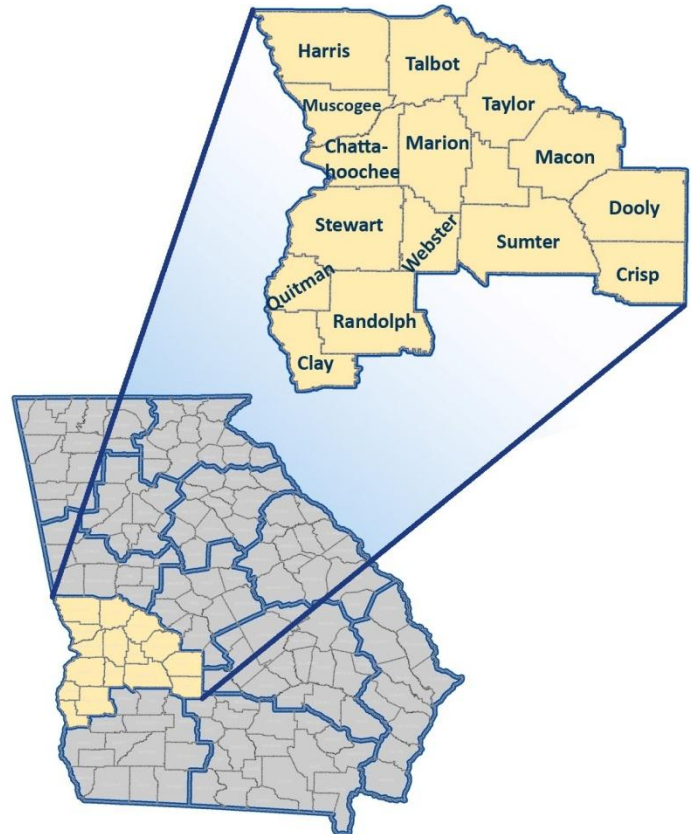
#### 4.8.1 Inventory of Existing Services

DHS provides coordinated human service transportation to its clients in the 16-county region which includes the Division of Aging, DFCS, TANF, and the Division of Mental Health, Developmental Disabilities, and Addictive Disease (MHDDAD). Unlike other regions, however, the Department of Labor's Vocational Rehabilitation transportation programs are not included in the DHS coordinated transportation program.

The Regional Transportation Coordinator (RTC) under DHS oversees the coordinated system, which is operated through purchase of service contracts with government entities, for-profit and/or private non-profits. The RVRC and Middle Flint Community Service Board (now known as Southern Star) are the leading providers in the region. Community Service Boards, such as Southern Star, provide various public disability services for the region in addition to providing transportation support for the users of those services. Currently DHS service for half of the counties in the region is covered by Southern Star and the other half is covered by the RVRC. RVRC contracts with MCA Transportation and RMS to provide transportation for the DHS clients.

In addition to DHS coordinated transportation services, some of the counties provide general public trips under Section 5311 funding programs. Muscogee County is the only one to receive 5307 funds for its urban transit system in the City of Columbus (METRA Transit). Counties of Talbot, Taylor, Macon, Crisp, Dooly, Clay and Quitman receive 5311 funds to operate county-wide public transit system. These counties receiving 5311 funds have their own and operate their own vans with the exceptions of Clay and Quitman Counties which use RSM as the third party operator. Currently, Harris, Chattahoochee, Marion, Schley, Stewart, Webster, Dooly, Sumter and Randolph Counties receive no 5311 funding for transportation programs; however, the cities of Vienna and Unadilla in Dooly County and Americus in Sumter County have citywide 5311 transit programs.

Figure 4.8.1: River Valley Region





Current Medicaid services are brokered by the Southwest Georgia RC (SWGRC). SWGRC in turn contracts with several different service providers, including private (Bailey, Quality Trans, RMS, MCA Transportation and Southern Star) and public service providers (county based 5311 programs).

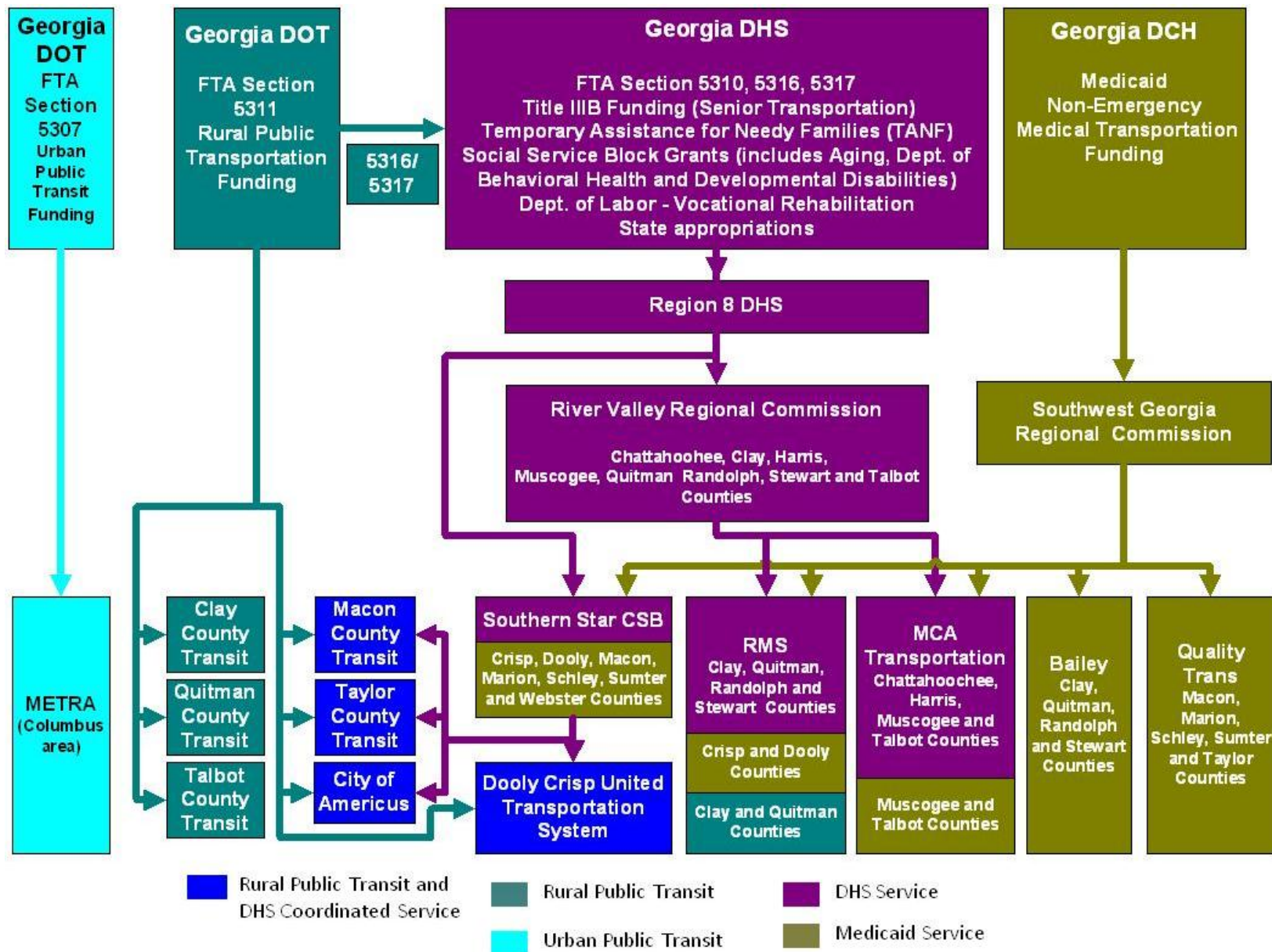
The region's only fixed-route bus service is provided in the in the Columbus – Phenix City urbanized area under the METRA Transit System. METRA operates 17 buses on 9 bus routes, Monday through Saturday, in the Columbus area. As a response to the need for trips outside its normal service hours, METRA recently applied for Sections 5316 and 5317 funding to operate two buses as "Night Owl" service after regular fixed-route service ends at 8:30 PM. This application has been put on hold recently due to insufficient cash match as DHS is only able to provide in-kind match for federal funds. METRA is also a subcontractor for the RVRC in the provision of DHS Coordinated Transportation to the Muscogee County Department of Family and Children Services' TANF recipients. DHS works METRA by purchasing METRA of bus passes and tickets for clients.

Reports indicated that a high demand for service means many travelers are currently accommodated by informal services. For example, to make up for the lack of rural transit and gaps in service, residents without vehicles often pay for rides from those who are able to drive them. Others include case managers working for agencies in the area often provide rides to clients who they know need transportation even though it is beyond the bounds of their job. Table 4.8.1.1 on page 135 summarizes the range of human service transportation programs in the River Valley region. Figures 4.8.1.1-4.8.1.4 (pages 136-138) illustrate where these services operate, and how they currently interact with one another based on operating area and programs served.

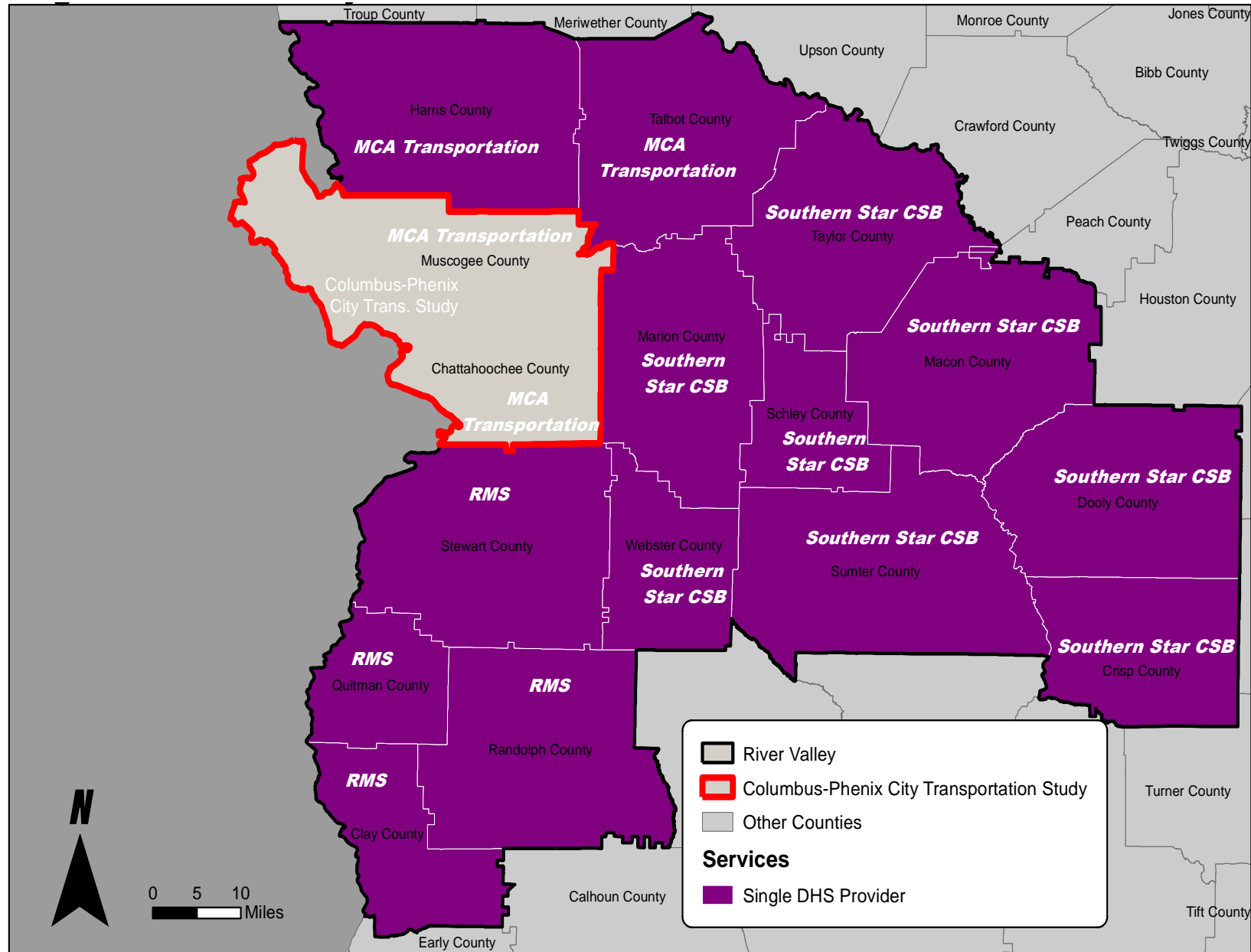
**Table 4.8.1.1: Transportation Services in the River Valley Region**

| Service or Sponsor Name              | Service Type                               | Passenger Eligibility   | Service Description  | Hours of Service  | Fleet Information  | Use of Federal/State Funds   |
|--------------------------------------|--|---|--|---|--|--|
| RVRC                                 | Contract Manager                           | DHS for Clay, Chattahoochee, Harris, Muscogee, Quitman, Randolph, Stewart, and Talbot | Contract Manager for DHS Coordinated Transportation  |   |  | 5310, SSBG, Aging, JARC, Title III-B, TANF, TSS SSBG, CBS State, TSS State       |
| Southern Star Community Services CSB | Demand Response/Scheduled                  | Varies by Program   | Broker and Service Provider Both provide and broker trips for DHS Coordinated Transportation, MHDDAD and Medicaid NET            | 24/7 for DHS Contract, Other Operations Mon-Fri 8am-5pm | 104 vehicles<br>Mostly 15 passenger vans<br>Some mini vans<br>Pickups trucks<br>7 wheelchair vans                          | 5310, SSBG, Aging, JARC, Title III-B, TANF, TSS SSBG, CBS State, TSS State, 5317 |
| MCA Transportation                   | Demand Response/Scheduled                  | Varies by program   | Service Provider for RVRC DHS Trips, and Medicaid NET  | 24/7 for DHS, Other Operations Mon - Sat 4:30 am – 6 pm | 19 Vehicles<br>11 Passenger vans<br>4 Mini vans<br>4 Wheelchair vans   | 5310, SSBG, Aging, JARC, Title III-B, TANF, TSS SSBG, CBS State, TSS State       |
| RMS                                  | Demand Response/Scheduled                  | Varies by program   | Service Provider for RVRC DHS Trips, and Medicaid NET. Third party provider of general public trips in Clay and Quitman Counties | 24/7 for DHS, Other Operations 6 am – 8 pm              | 41 vehicles over 8 counties<br>7 ADA mini vans<br>4 Shuttle busses (20 passengers)<br>13 Shuttle Vans<br>17 Converted vans | 5310, SSBG, Aging, JARC, Title III-B, TANF, TSS SSBG, CBS State, TSS State       |
| County and City Based 5311 Programs  | Demand Response/Scheduled                  | General public  | General public trips in Clay, Quitman, Talbot, Macon, Taylor, Dooly and Crisp (DCUTS) and City of Americus                       | Varies by program                                       | Varies by program; Counties have their own vans  | General Fund- Local Sales Tax; Farebox; Federal                                  |
| METRA                                | Public Transit Fixed Route and Paratransit | General public  | Fixed Route service in the Columbus Area   | Varies by program                                       | 10 Vehicles<br>3 Low Floor vans<br>7 15 Passenger wheel chair accessible busses  | General Fund- Local Sales Tax; Farebox; Federal, TANF                            |

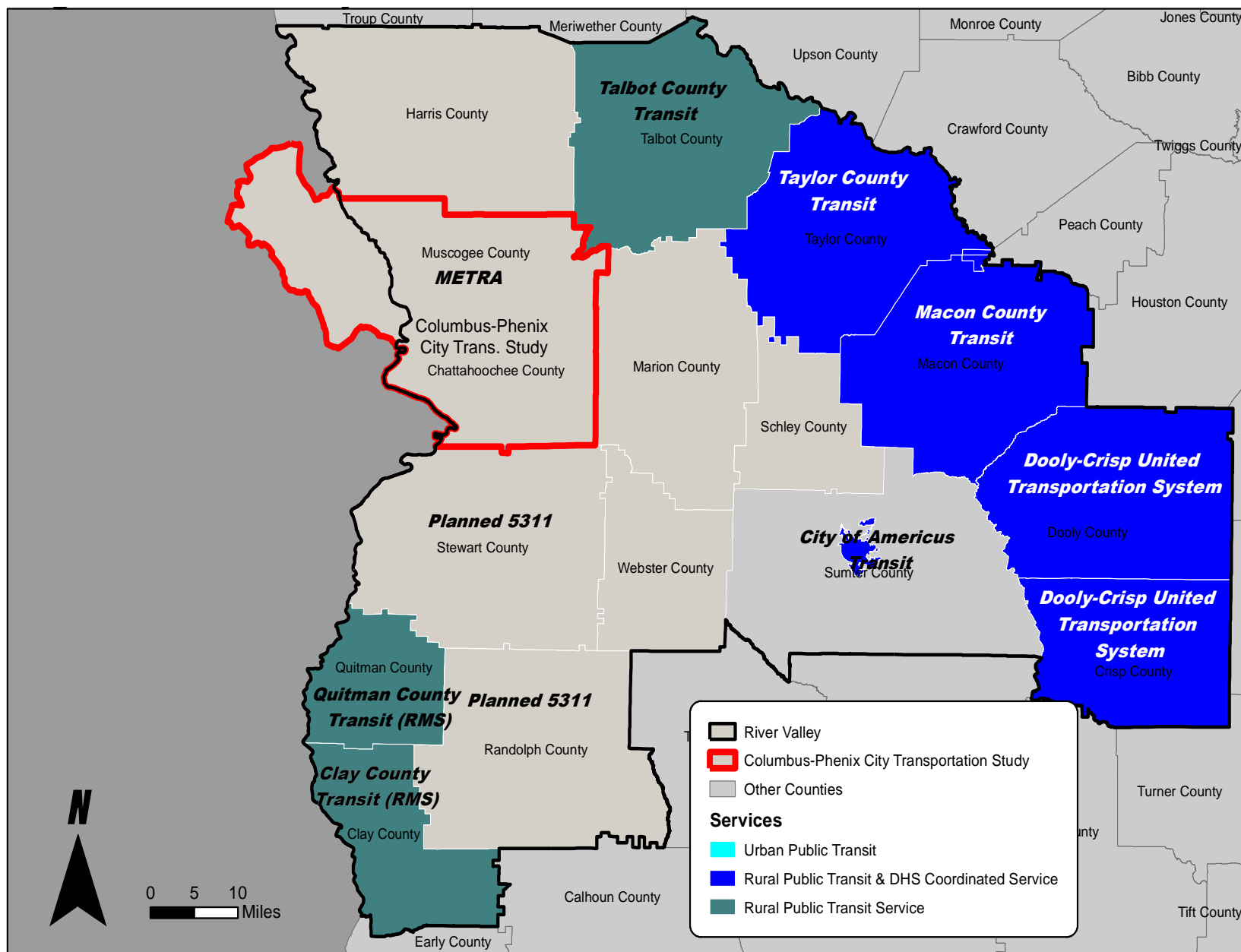
Figure 4.8.1.1: River Valley Region



**Figure 4.8.1.2: River Valley DHS Service Providers**



**Figure 4.8.1.3: River Valley Transit Service Providers**



#### **4.8.2 Existing Coordination Efforts**

In addition to the regional coordination for human services transportation through DHS, local transportation providers work together in a coordination fashion. For example, Southern Star both subcontracts trips to the 5311 providers and provides them themselves, depending on which service is more cost effective. Southern Star also provides Medicaid service under contract to SWGRC for its own clients. Furthermore, RVRC will begin to coordinate public transportation services for a four-county region (Clay, Quitman, Randolph, and Stewart) in the summer of 2011, which includes a centralized transit facility with a call center, staff parking and vehicle maintenance. A transportation provider will be hired to run the service.

The DHS Region 8 Regional Transportation Coordinating Committee (RTCC) is responsible for applying for FTA grants used in DHS Coordinated Transportation contracts. The RTCC is made up of client representatives, RVRC staff, Human Services agency representatives, and other officials. The DHS recently received 5317 funding for mental health transportation support in the region. These funds support the provision of transportation for agency clients to attend counseling and other mental health appointments.

There are other efforts in the region to help improve mobility and access to transportation services. The Department of Vocational Rehabilitation, for example, reported that they recently developed a service directory that includes transportation services. This directory will be available in both print and electronic copies and will be distributed throughout the region.

Difficulties in the regional coordination of transportation efforts results from several factors. First, Section 5311 funding is not available for all the counties in the region, and transit needs are not spread evenly across the region, as many counties report high numbers of households in poverty while others have pockets of affluence. Second, the many agencies that fund rural transit and transportation support, such as GDOT, DCH, DHS and RVRC, have multiple and inconsistent geographic boundaries. Lastly, each agency places restrictions on the use of funds, which contributes to a lack of the flexibility necessary to work with other agency's programs and funds.

#### **4.8.3 Service Redundancies, Gaps, and Needs**

The human service agencies in the River Valley Region, agree that the transportation needs of their clients are significantly greater than the resources available. Among these groups are Medicaid patients, elderly, physically or mentally disabled, and certain low-income residents. In some instances, these groups limit vehicle usage to a specific group or type of trip for regulatory or institutional reasons. The result is a somewhat fragmentary approach to the provision of transportation to common residents and their destinations. Furthermore, without an effective public transportation system to supplement human services, the residents in Harris, Chattahoochee, Marion, Schley, Stewart, Webster, Dooly, Sumter and Randolph Counties are not be able to access services, jobs, and needed medical services.

The rural counties see a role for METRA Transit (Columbus) in leading both rural – urban connections and developing regional public transportation services. At the same time, they acknowledge that Columbus faces different challenges. Coordination with the Columbus – Phenix City MPO presents a major challenge for the coordination of transportation across the River Valley region, because the MPO boundary crosses the state border into Alabama. Additionally, there is a gap between the coverage areas of urban and rural services, in which the urban services are restricted from serving rural areas. Lastly, the fixed-route bus system in Columbus appears to be a challenge for rural riders who have difficulties understanding the schedules.

There is a gap in transportation service for public transportation services, primarily individuals who do not participate in any DHS program or qualify for service from any of the particular agencies in the area. For example, people may need transportation aid to reach employment, but do not qualify for any program that would offer it to them. This gap is evident in the need for non-medical trips and transport of non-senior and no-disabled persons. Finally, there is a gap in service for trips that go outside the region and cross state borders as the current transportation service is unable to meet the growing demand for trips necessary for medical reasons to Atlanta or other urban areas.

#### **4.8.4 Ideas to Improve Service Delivery and Coordination**

In 2007, the RVRC (then Lower Chattahoochee RC), developed the Four Counties Rural Transportation Development Plan for Clay, Quitman, Randolph, and Stewart Counties. The onus behind this plan is for the RC to apply for Section 5309 funding to enable Randolph and Stewart Counties to purchase vehicles and begin a new transportation service, which will eventually be integrated into the existing Clay and Quitman County 5311 programs. The plans called for the construction of a centralized operations facility to house and maintain vehicles to be located in Randolph County using Section 5309 funds. Construction of the facility began in August 2010 and should be complete in the summer of 2011. Among the needs identified in this study, affordable public services and increased availability were noted as the most important improvements for the DHS clients. Major obstacles included the rising costs associated with fuel, insurance, and vehicle resources. The transit plan recommends a four-county partnership for the provision of public transportation at a local and regional level. The results of this coordinated system should be shared with the region as a model for its coordination efforts and vision.

An idea to improve service delivery and coordination includes the formation of a standing committee (or coordination council) with regular meetings to facilitate communication among service providers, including both human service agencies and transportation service providers). The committee could serve to address other potential coordination efforts such as a regional fare system and reciprocity of eligibility for regional programs and services as a necessary and early step in the coordination process. Shared fares and eligibility standards would allow for quality control among agencies and begin the coordination process. Also, a coordinated fee could allow the region to explore a sliding scale for transit fees based on ability to pay.

Finally, the previous Coordinated Public Transit – Human Services Transportation Plan prepared by DHS and GDOT recommended projects for the improvement of transportation services in the River Valley Region. It recommended that the River Valley Region develop a system for the sharing of one vehicle by riders whose transportation costs were paid by different agencies, and a system for sharing resources like training, insurance, maintenance, and other costs among transportation programs.

#### **4.8.5 Lessons from the River Valley Region**

The RVRC faces some unique and some common challenges with regards to transportation service coordination. It currently has a fairly well coordinated service network that involves both public and private service providers. The fact that a variety of human and health service programs contract with the same transportation service providers means opportunities for trips to be shared are maximized. This approach also means service is available regionally, even if some areas do not have local public transportation services. Challenges arise, however, because not all of the DHS programs are included in the coordinated network. This means that some programs have to go outside of the existing network of services to get rides for their clients. In addition, public transportation is not available throughout the region, thus individuals not participating in a DHS or DCH program may not have access to transportation.



The region also faces organizational challenges that largely stem from the fragmented management of the existing services. For example, current management of the coordinated DHS transportation contracts is divided between DHS Region 8 staff (Southern Star) and RVRC staff (MCA Transportation and RMS). Ideally, all contracts would be managed by the same entity to ensure continuity and consistency in both the management and delivery of services. Furthermore, the RTCC falls under the DHS Region 8 purview rather than the RVRC. As a result, there is no representation on the RTCC from local public county-based transportation service providers and no connection between the public and the regional transportation service network. RVRC staff also acknowledged being new to the management of transportation services. They have limited experience and with a newly expanded role as the implementing agency for a new four-county transportation program, they are reluctant to take on additional transportation responsibilities. They expressed an interest in receiving training on the process, especially training that would be relevant and practical to their circumstances; this may be a peer-to-peer program.

## 4.9 Heart of Georgia Altamaha Region

### Overview

The Heart of Georgia Altamaha Region (HOGA) includes 17 Counties and serves 295,000 citizens in the southeastern section of the state. There are 63 municipalities within the region, and it covers 6,904 square miles of land.

According to current demographic trends, the Heart of Georgia Altamaha region is anticipating some significant growth of its older population, as well as among people with low-income, and presently has a high concentration of persons with disabilities. These groups compose the target populations of human services transportation, and the growth projections indicate that the needs in this region will continue to increase.

#### 4.9.1 Inventory of Existing Services

There are several different agencies and organizations in the Heart of Georgia Altamaha Region charged with duties related to transportation. There are five major transportation providers within the region:

- **Quality Trans, Inc.** is a private for-profit provider in Cochran, GA, which provides services in ten counties and is a DHS contractor. QUALITY TRANS, INC. provides 5311 transportation for Bleckley County only, and provides 5310 services for Bleckley, Emanuel, Johnson, Laurens, Treutlen, and Wheeler counties. Section 5310 service is offered twenty-four hours a day, seven days a week, as requested. Quality Trans, Inc. also serves a small number of Medicaid trips. QUALITY TRANS, INC. subcontracts 5310 services for Dodge, Montgomery, Telfair, and Wilcox counties to the Heart of Georgia Community Action Council, Inc.
- **Heart of Georgia Community Action Council, Inc.** is a private, non-profit corporation that provides third party operations for 5311 transportation in nine counties, four of which (Dodge, Montgomery, Telfair, and Wilcox Counties) are within the HOGA region. Additionally, HOG CAC also provides 5310 transportation for these four counties. The organization offers contracted transportation with companies, state and local agencies, and individuals, in twelve counties, with service in region for the same four counties.

Figure 4.9.1: Heart of Georgia Altamaha Region

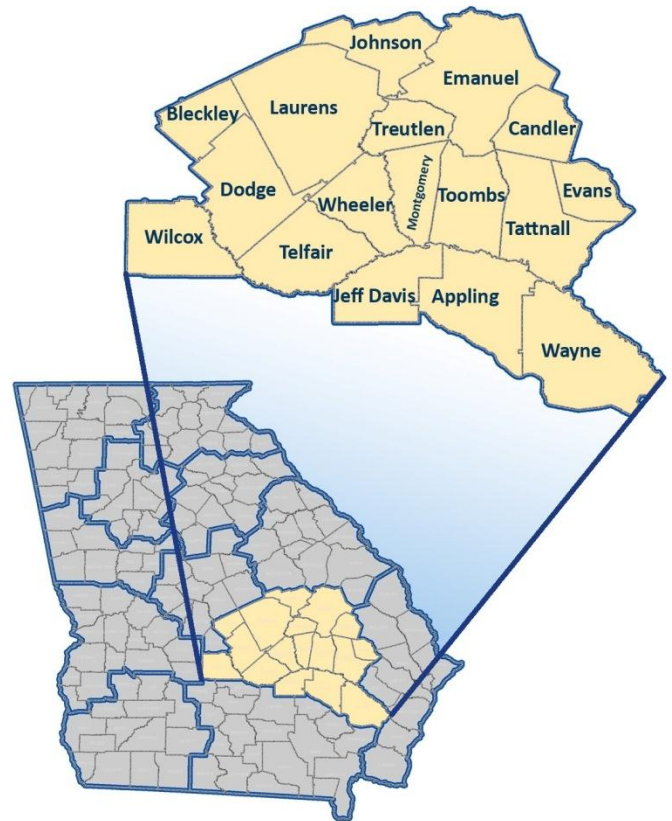


Figure 4.9.2: Heart of Georgia Altamaha Workshop



**Figure 4.9.3: Dodge Transit Van**

- **Pineland Community Service Board** is a public agency providing mental health, developmental disabilities, and addictive disease services, along with transportation services. The organization provides DHS contract service for Appling, Candler, Evans, Jeff Davis, Tattnall and Toombs counties:
- **Wayne County Transit** provides services to the general public as well as to clients of the DHS. Wayne County residents are served for trips both within and to destinations outside the County.
- **Wheeler County Transit** operates its own rural public transportation program, which is not coordinated with DHS services.



In addition to these providers, there are several other important players. The HOGA Regional Commission (HOGARC), among many other responsibilities, is charged with planning for the future of transportation, both 5310 and 5311, in each county within its jurisdiction. The RC is in the process of putting together rural transportation plans for each County. The RC also manages the DHS transportation program for all its 17 counties. Included under the DHS umbrella are: Division of Aging Services, DFCS, Division of Child Support Services, and the Office of Residential Child Care. Additionally, the transportation needs of the Georgia Department of Labor Vocational Rehabilitation Services Program and its Good Works program are met. One other source of funding for transportation in the region is FTA Section 5316/5317, which is transferred from DOT to DHS on the state level, and distributed to providers by DHS and the HOGARC within the region. During 2008, there was an average of DHS 14,281 trips per month with 171,376 total trips for the year in the region.

The HOGA Community Action Council (CAC) subcontracts to Dodge, Wilcox, Telfair, and Montgomery Counties for the provision of certain transportation programs. The HOGA CAC is fully subcontracted to the first two and partially contracted to the second two. The HOGA CAC provides all 5310 and 5311 services for the four counties (as well as other counties outside of the HOGARC district). For such a large service area and so many trips served, the CAC has a very low number of complaints.

Wayne County's Rural Transit Plan is completed, and Bleckley County had been completed, but must be revised. Since its completion, the County turned over the provision of 5311 trips to Quality Trans Inc. Prior to transferring 5311 responsibility to Quality Trans, Inc., the County provided approximately 30 trips per month. Under management by Quality Trans, Inc., the number of trips served has tripled. The next anticipated plans are for Dodge and Telfair Counties, addressing their 5311 transportation. Other candidates for 5311 transportation include Emanuel and Laurens Counties, particularly the latter, which is the largest in the region. Although Laurens has the largest hospital in the region and the VA hospital, it does not have 5311 transportation, and eligible patients who cannot transport themselves are likely brought to appointments by private ambulances, funded by 5310, or VA transport services.

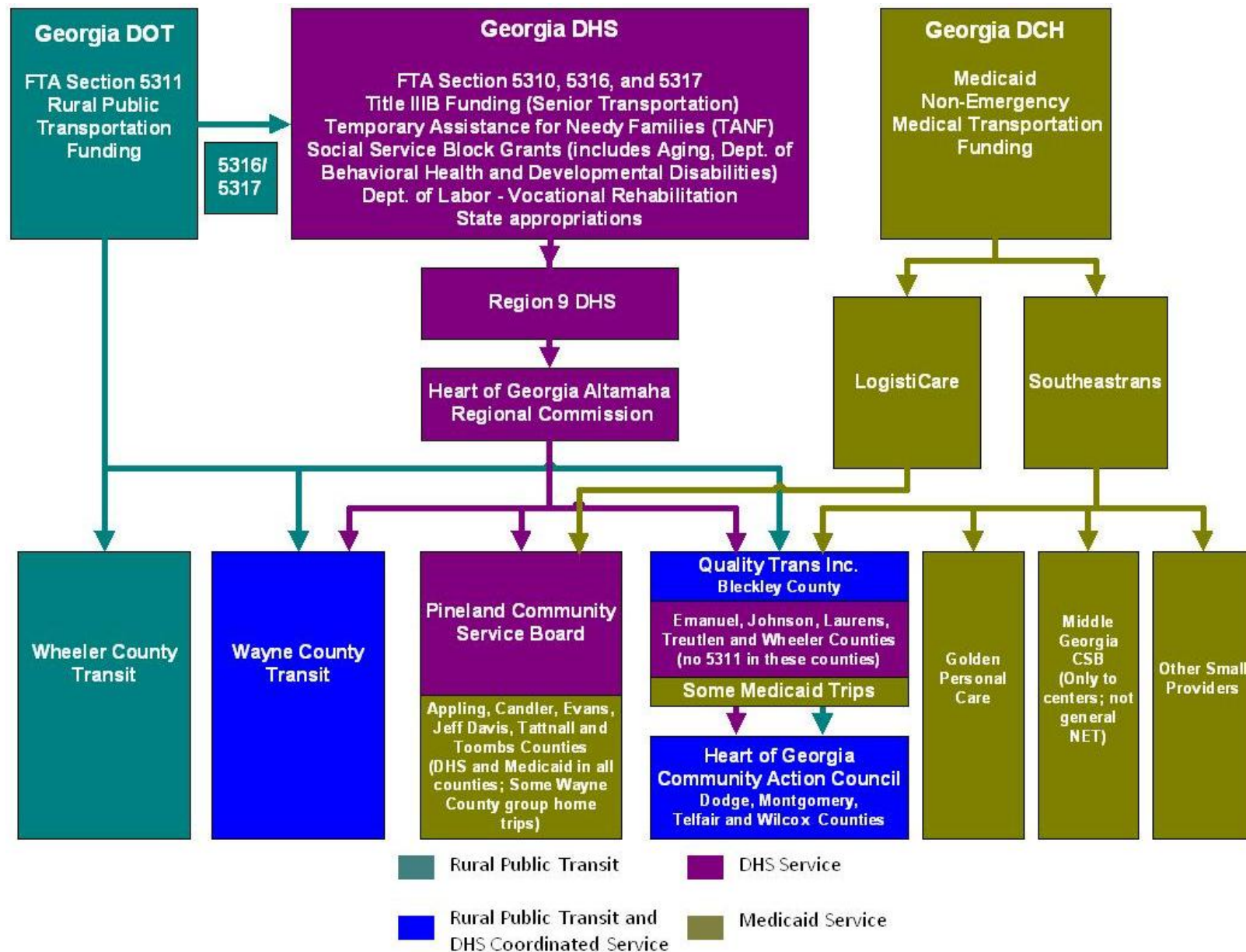
Each county sets its own fare. When asked about establishing a uniform fare for all counties within the RC boundaries, participants were generally not supportive of the concept. Participants felt that the fares in each county were reflective of what riders in that area could pay. Diane Joyce mentioned a recent fare increase in Jones County

(outside of HOGA region) which has led to a significant decrease in ridership, which was a cause for concern, but otherwise, fares are essentially at the level appropriate for their market.

In addition to Pineland CSB and the few Medicaid trips that QUALITY TRANS, INC. serves, there are several other Medicaid providers in the region, including Golden Personal Care and Middle Georgia CSB. Generally, Middle Georgia CSB provides Medicaid transport for its clients only, rather than the general public Medicaid rider. Other very small carriers exist throughout the region and serve Medicaid trips.

Table 4.9.1.1 on page 145 summarized the range of human service transportation programs in the Heart of Georgia Altamaha Region. Figures 4.9.1.1- 4.9.1.4 (pages 146-148) illustrate where these services operate, and how they currently interact with one another based on operating area and programs served.

Figure 4.9.1.1: Heart of Georgia Altamaha Region

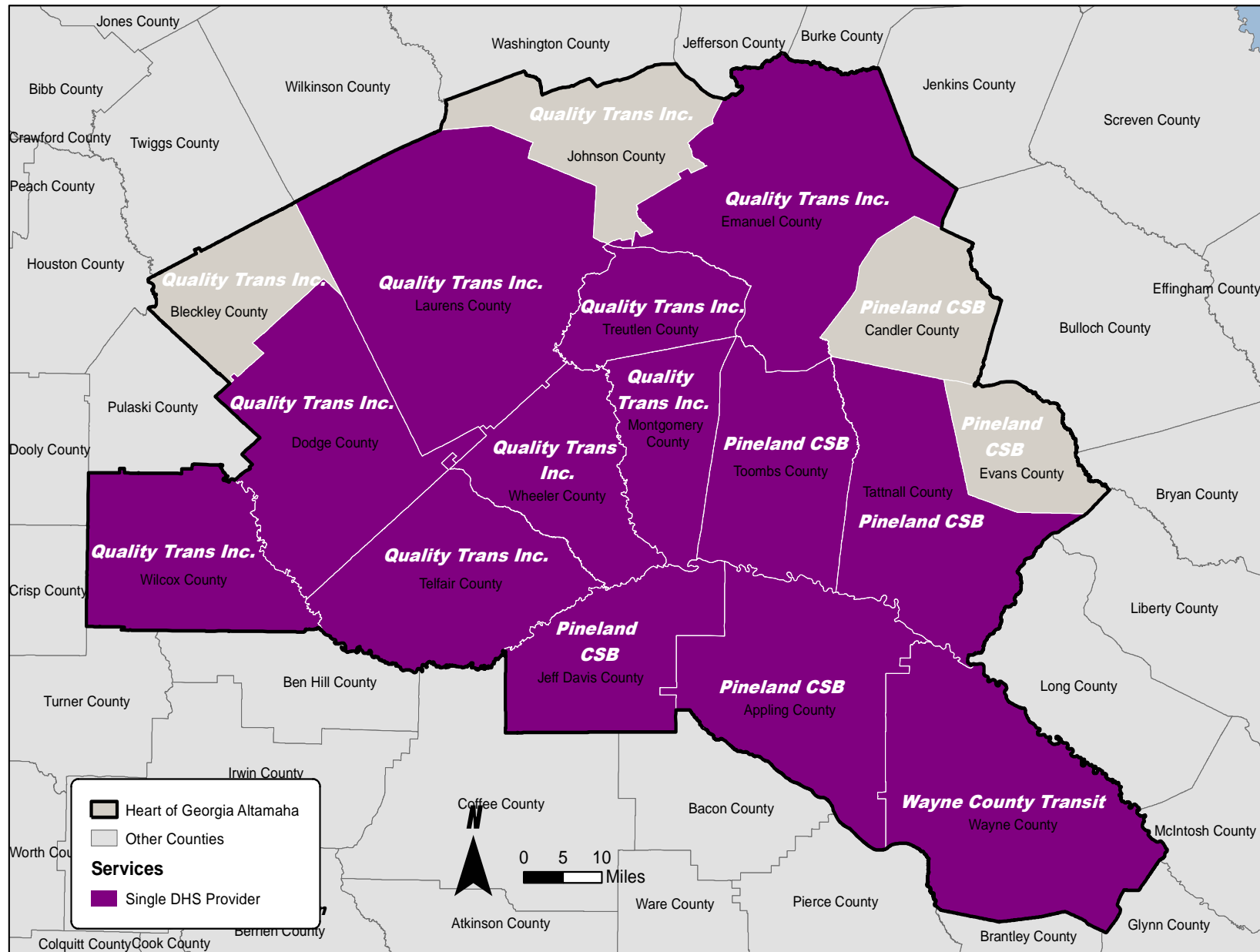


**Table 4.9.1.1: Transportation Services in the Heart of Georgia Altamaha Region**

| Service or Sponsor Name          | Service Type  | Passenger Eligibility  | Service Description   | Hours of Service   | Fleet Information  | Use of Federal/State Funds                     |
|----------------------------------|---|--|---|--|--|--|
| Bleckley County Transit          | Demand Response   | General Public   | Public Transit; Operated by QUALITY TRANS, INC.   | 8:00 AM to 4:00 PM<br>M-F  | See Quality Trans, Inc.  | 5311   |
| Dodge Transit                    | Demand Response/Scheduled                                       | General Public; Agency Clients; Older Adults, Persons with Disabilities, Persons with Low Income                             | Public Transit/DHS; Operated by HOG CAC   | 8:00 AM to 5:00 PM<br>M-F  | 4 buses<br>1 wheelchair accessible bus                           | DHS; 5311                                      |
| Montgomery Transit               | Demand Response/Scheduled                                       | General Public; Agency Clients; Older Adults, Persons with Disabilities, Persons with Low Income                             | Public Transit/DHS; Operated by HOG CAC   | 7:00 AM to 4:00 PM<br>M-F  | 1 vehicle  | DHS; 5311                                      |
| Telfair Transit                  | Demand Response/Scheduled                                       | General Public; Agency Clients; Older Adults, Persons with Disabilities, Persons with Low Income                             | Public Transit/DHS; Operated by HOG CAC   | 8:00 AM to 5:00 PM<br>M-F  | 1 vehicle<br>1 wheelchair accessible van                         | DHS; 5311                                      |
| Wayne                            | Demand Response/Scheduled                                       | General Public; Agency Clients; Older Adults, Persons with Disabilities, Persons with Low Income                             | Public Transit/DHS; Operated by Wayne County  | 7:30 AM to 4:30 PM<br>M-F Weekends and After Hours by Request                      | 9 vehicles   | DHS; 5311                                      |
| Wheeler                          | Demand Response/Scheduled                                       | General Public; Agency Clients; Older Adults, Persons with Disabilities, Persons with Low Income                             | Public Transit/DHS; Operated by Wheeler County  | 8:00 AM to 5:00 PM<br>M-F  | 3 vans   | DHS; 5311                                      |
| Wilcox                           | Demand Response   | General Public; Agency Clients; Older Adults, Persons with Disabilities, Persons with Low Income                             | Public Transit/DHS; Operated by HOG CAC   | 8:00 AM to 5:00 PM<br>M-F  | 1 vehicles<br>1 wheelchair accessible van                        | DHS; 5311                                      |
| Quality Trans, Inc.              | Demand Response/Scheduled/Medicaid Non-Emergency Transportation | General Public for Bleckley County; DHS (5310) for Bleckley, Emanuel, Johnson, Laurens, Treutlen, Wheeler; Medicaid Eligible | Public Transit in Bleckley/DHS; Also a Medicaid NET provider                                | 8:00 AM to 4:00 PM<br>M-F (Bleckley general public)<br>24/7 for DHS transportation | 20: 12-15 passenger vans, two of which are wheelchair accessible | DHS; DCH; 5311 and farebox for Bleckley County |
| Pineland Community Service Board | Demand Response/Scheduled/Medicaid Non-Emergency Transportation | DHS for Appling, Candler, Evans, Jeff Davis, Tattnall, Toombs; Medicaid Eligible   | DHS for Appling, Candler, Evans, Jeff Davis, Tattnall, Toombs; Also a Medicaid NET provider | 8:00 AM to 5:00 PM<br>M-F  |  | DHS; DCH                                       |

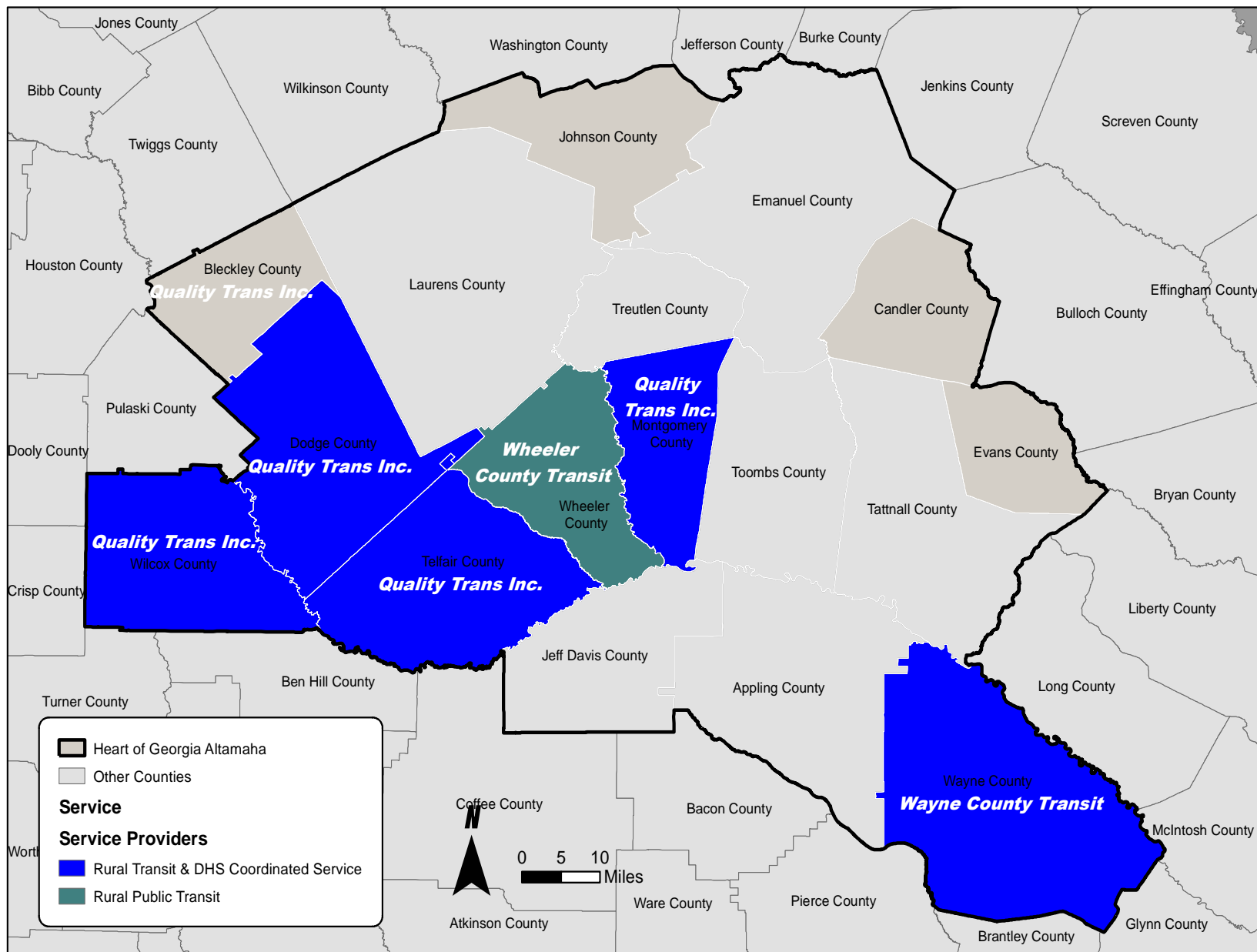


**Figure 4.9.1.2: Heart of Georgia Altamaha Region DHS Service Providers**





**Figure 4.9.1.3: Heart of Georgia Altamaha Region Transit Service Providers**



#### **4.9.2 Existing Coordination Efforts**

There are some coordination efforts taking place in the HOGA Region, and participants in the workshop noted an improvement in coordination in recent years. There is blending of state and federal funding in order to provide service, as well as collaboration between agencies. Participants also described great communication between stakeholders, which allows for the quick resolution of day-to-day issues, and larger, more policy-oriented topics that may be discussed at the stakeholders' quarterly meetings. One person cited a complaint rate of less than one percent. From the perspective of the County Administrators, they generally do not hear about a topic unless there is a problem, and they do not often hear about transportation issues, indicating to them that it is functioning well in the region.

Telfair County turned over the operations of its service to the HOGA CAC and that has been an improvement. The management of the 5310 program by the RC has been a successful change. One of the other successes mentioned by the group is the provision of transportation at a reasonable cost to the public and doing a good job of responding to needs.

Within Dodge County, the combination of 5311 and 5310 trips which works well. Three vehicles are 5311 vans, and their drivers are County employees. For unified services, which are dedicated one vehicle for Dodge County, the driver is employed by HOGA CAC. Since there is this combination of 5310 and 5311 riders on vehicles, it imposes restrictions on the public transit because of limited resources. With hours of operation for most public transportation services in the Counties between 8:00 AM to 5:00 PM on weekdays, POS transport generally takes place in the morning and afternoon, while public transit occurs during the day and at the end of the service, usually after POS clients are transported home from the senior center. For Montgomery County, the hours of operation are between 7:00 AM to 4:00 PM, with a similar mix of contract and public transit occurring in the same pattern as above.

Instead of receiving ride requests directly, QUALITY TRANS, INC. receives 5310 trip orders for Dodge County (operated by HOGA CAC), which are then sent to the Dodge County dispatcher. Agencies seeking service do not place transport requests directly with the HOG CAC and this system works well.

Medicaid has traditionally been outside of coordinated human services transportation in Georgia, but there is the potential for some efficiency in the HOGA Region. Quality Trans, Inc. and Pineland CSB, both providers of 5310 services, also serve DCHNET trips. Since they together serve the majority of the counties within the HOGA Region, the situation presents a great opportunity to coordinate DHS and Medicaid trips.

It is important to mention the distinct division between DHS or 5310 programs and the 5311 or rural transit services. Those people involved with one program know their own very well, but do not have same deep understanding of the organization within the region of the other program. In some unique cases, there is understanding and coordination between the two programs. However, the general consensus among attendees was that there is a significant division between those involved in 5310 and 5311 programs. Bridging this divide would enhance the existing coordination efforts in the region, and the participants said that the May 19<sup>th</sup> workshop helped in starting that conversation between the groups.

### **4.9.3 Service Redundancies, Gaps, and Needs**

On the whole, participants said that transportation services in the region do a good job of responding to needs. Transportation in the HOGA region is a very lean operation, and all resources appear to go to providing one layer of coverage, so there do not appear to be service redundancies in the area.

While participants agreed that communication is very strong among each other, another top-down need participants raised was improved information-sharing from GDOT. Attendees said that GDOT District representatives do not always have current information about plans from GDOT leadership. Many counties, particularly those without 5311 service, would benefit from knowing more about the program and how to access funding to provide such service. Another bureaucratic issue of concern is the fact that in Georgia, the DHS, rather than the GDOT, is the recipient of 5310 funds, which requires more communication between two departments. Attendees mentioned that difficulties can arise from the fact that the several agencies that are relevant to providing or funding transportation have differing borders and therefore create different geographic regions. Uniformity in regional borders among agencies could streamline some levels of administration.

Opportunities for improvement include strengthening communication and linkages between other agencies that have an interest in and provide services for transportation, but have not historically been included in coordinated transportation in the region. Bringing DCH to the table was one of the most commonly cited needs. DCH is providing its own services, and is not part of the conversation regarding coordination, so any efficiency between their services and those of the participants cannot be realized. Also regarding DCH, attendees described the different manner in which DCH bids out services, capping the shares of providers at 20 percent, which causes much of their service to be in Region 6, and with less provision in Region 9. The opportunity to make a profit if costs are reduced can also work as an incentive for providers to focus on DCH services, and devote less time to other services.

Funding is also a concern, and services would benefit greatly from more funding for the day-to-day transportation needs, particularly as some riders are dialysis patients, and use the service nearly every day, which can become very expensive. Some operators mentioned that they only have enough funds to take riders to and from the Senior Center, and cannot provide service for errands. Even for this service, they must borrow from 5311. One survey respondent noted that some addictive disease transportation services had to be cut because of scarcity of funds. Another aspect of funding is that the state of Georgia does not allow for overmatch of funds by the local provider that can go towards technology costs. Changing that policy might ameliorate some of the funding issues noted above. Furthermore, having state money for operations would be very helpful and a welcome change in this region.

There were also concerns expressed in terms of service for clients. One concern for participants was the lack of general public service in most areas of the region. Additionally, some people who need service may not be eligible for Medicaid or DHS transportation. Similarly, such people may be able to access transportation within their county, but cannot afford or cannot access transportation that goes beyond its borders, such as a wheelchair van trip to Atlanta, which can be very expensive. Older adults must pay for part of the fee for transport to larger cities, and this cost can quickly exceed what many people on a fixed income can afford to pay, especially if they must make several trips. Another concern related to clients is that some services will not cross boundaries in the region, either a county border or a regional border. This limitation can keep riders from accessing the services they need or reaching destinations they would like to access. A representative from Telfair County said that her county had recently lost its hospital, and now people must go to other areas for medical attention, but may not have access to the transportation they need in order to get there.

Like the opportunity to improve communication between departments and between 5310 and 5311 stakeholders, the need for improved information for clients is one area of growth for the region. For the region to develop centralized information available to customers, regardless of the service's funding source, it will help to make a

more seamless, coordinated system. The hours of operation are both an area of success, but also a topic for improvement. All services provide 24/7 service, but only for DHS clients. Wayne County Transportation does allow for extended hours of service for different types of riders, but its service is only for Wayne County residents.

In considering operations, there are several opportunities for improvement. Attendees recognized both positive and negative elements of their shared purchasing for fuel and repairs. For Ride Express purchases, the providers enjoy “buying power without taxes,” however, the maintenance contract with ARI requires all repairs to be made by this entity, when some repairs could be made more cheaply or quickly elsewhere. Another drawback is that private companies cannot benefit from insurance discounts like public providers, which increases the cost of doing business and limits an opportunity to coordinate between public and private services. Most of the participants were less enthusiastic about the concept of shared use or purchase of vehicles or other equipment. Attendees feel that the restrictions regarding the purchase of a new vehicle should be lifted and GDOT and DHS should encourage better use of vehicles. Some attendees were also worried about the care of vehicles if they were shared. One attendee suggested the use of idle vehicles at Senior Centers or Meals on Wheels establishments, utilizing a pre-trip inspection intended to determine the current status of the vehicle and allay any concerns about damage during shared use. Quality Trans, Inc. indicated, however, that their vehicles are nearly always in use. Even when separating out purchase from use, the participants felt very similar to the shared use and were uninterested in that option. They believe money is better put into the system and then used for purchase, rather than each provider determining individually or as a small collective the best way to purchase vehicles.

Training is another area of opportunity for improvement for operations, as many people noted the need for PASS trainers and several felt that grant application training would be helpful. Volunteer drivers could significantly augment the amount of transportation services provided in the region, but raise serious questions of liability, should the vehicle, particularly the driver’s personal vehicle, be involved in an accident. Removing this stumbling block, by pursuing some type of blanket insurance, which could cover drivers, could be a way of implementing such a program that could work well and help resources go further in the HOGA region.

#### **4.9.4 Ideas to Improve Service Delivery and Coordination**

Many of the ideas to improve service delivery and coordination in the HOGA region link back to the perceived needs and opportunities for improvement discussed in the previous section.

Improving communication between organizations and individuals involved in different transportation programs is a major step in enhancing coordination in the region. It seems as though there are still opportunities for stakeholders to increase their level of communication. The challenges in understanding the flow of funding for each program were felt by all, and it seems that people are quite familiar with the work they do, but have less understanding of how these pieces fit together. The workshop was a first step in what will hopefully become a continuing conversation among those involved in transportation in the HOGA region. Improving communication between local stakeholders and GDOT would be another mechanism to grow local programs, particularly in educating and encouraging more counties to take advantage of 5311 funding.

The use of volunteer drivers could be a promising practice in the HOGA region, if the questions and concerns people have regarding liability are addressed. If there is technical assistance GDOT can provide to organizations establish volunteer programs with reduced liability, that could be very helpful to those interested in improving transportation in the HOGA region.

Increased opportunities for training, in all forms, from educating drivers to aiding administrative staff, would help to improve coordination. Meeting the need for PASS trainers, again, would be another way of improving transportation in the region.

All attendees were very supportive of multiple agency clients on the same vehicle, and indicated that such activity is already taking place and working well, with transfers happening as needed.

In considering the centralized call center, one distinction the group felt was important to convey was the difference between providing information to a client of an agency and to an individual consumer. Agency clients could rely upon their organization to provide them with information, but an individual could find it challenging to find the information he needs. Participants also emphasized the reliance upon telephone information, noting that there are several phone book providers in the region, which may offer different information in each. They also said that clients are much less likely to get their information online, so a website is less relevant in this region. Several participants shared that an 800 number had been used in the past, known as SPOI, but it had not worked out well. The Council on Aging provides information on services within each county and participants agreed that this approach has worked well, with customers calling the Agency on Aging, and then the Agency connects the customer with the appropriate service center. Several people noted, however, that some people seeking service may not know to contact the Agency on Aging, so steering those seeking transportation to this resource is important.

Technology could play a role in the HOGA Region for routing and scheduling tasks, but the use of AVL technology may be more or less relevant, depending upon the size of the provider. Quality Trans, Inc. believes that AVL technology could be helpful, although its representative did have some concerns about it being utilized properly. Wayne County Transit, however, felt that they do not have the fleet size to make AVL worthwhile. Several participants said that the use of Smartcards for fare cards by riders whose cost of a trip is covered by one of many funding sources could aid in the reconciliation of shared usage and costs of services. This technology would have to be improved, as Quality Trans, Inc. indicated that such technology had not worked for them. TRIPS, an online client registration system, is a program the region is interested in utilizing, but which is not yet available. The limitations of technology in rural areas were also discussed in terms of routing, as such software, may not take into account local or country roads that could make service delivery more efficient.

#### **4.9.5 Lessons from Heart of Georgia Altamaha Region**

- The great communication between the local stakeholders in transportation and the close relationships they have with each other are one of the reasons that the region is already able to pursue some coordination of services. Other regions that may not be as successful in bringing together stakeholders could look to this region as an example.
- The Heart of Georgia Altamaha Region would like a better understanding of the coordination work taking place in other regions, particularly in rural areas, in case a practice in a similar region might be something they could adopt. The Regional Commission meetings throughout the year might be a good opportunity to share best practices.
- Bring DCH to the table in this region would very helpful. The stakeholders feel that coordination could be significantly advanced by sharing information and services for Medicaid transportation.
- Information-sharing, among providers and funders, as well as publicizing services to potential clients, are activities that would help this region.
- Reducing some of the risk associated with volunteer drivers could significantly augment the transportation resources in this rural region.

## 4.10 Southwest Georgia Region

### Overview

The Southwest Georgia Region consists of 14 rural counties in the southwest corner of the state. The region includes Terrell, Lee, Worth, Colquitt, Thomas, Grady, Decatur, Seminole, Early, Miller, Baker, Mitchell, Dougherty, and Calhoun Counties. The largest metropolitan area in the region is the City of Albany, which had an estimated 2008 population of approximately 76,000 people, based on U.S. Census estimates.

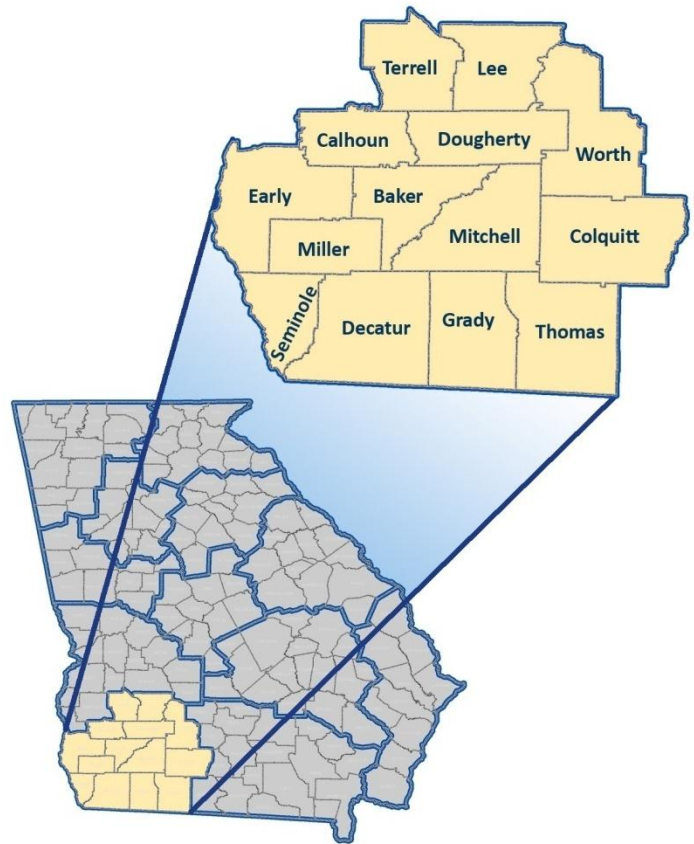
#### 4.10.1 Inventory of Existing Services

Under the guidance of the Southwest Georgia Regional Commission (SWGRC), the transportation providers and agencies work together to meet the basic transportation needs in this region. Currently, the funding needed to provide various regional transportation services is coordinated through the SWGRC. These services include the DHS human transportation services and GDOT public transportation services (Section 5311) for the 14-county area. The SWGRC also holds the DCH NET Medicaid contract for a 40-county service area, which includes all of the Southwest region and parts of the River Valley Region.

As part of its contract with DCH, SWGRC operates a call center in which Medicaid eligibility is determined directly over the phone and trips are scheduled using Trapeze software. SWGRC works with a wide variety of service providers to meet DCH NET needs, including volunteer drivers, the Albany Transit System, and taxi services. Other non-Medicaid trips are booked through individual public and private transportation service providers in each geographical area, with assignments based on trip costs and provider availability. There are plans under consideration to implement a single telephone number that will direct all transportation customers to providers based on place of residence.

Albany Transit System (ATS) is the only urban transit system in the region. ATS operates 10 general public bus routes and paratransit services for ADA-eligible riders. All 10 of the bus routes operate on a scheduled fixed-route system at least six days per week. Routes 1, 4, 5, and 8 operate on Sundays. The rural transit service in the region is primarily provided by four contractors – RMS, Destiny Transportation Group, MID's, and Thomas County Transit. Thomas County Transit operates the only countywide transit system. Table 4.10.1.1 on page 154 provides a summary of known RHST services within the Region. Figures 4.10.1.1-4.10.1.4 (pages 155-157) illustrate where these services operate, and how they currently interact with one another based on operating area and programs served.

Figure 4.10.1: Southwest Georgia Region



**Table 4.10.1.1: Transportation Services in the Southwest Georgia Region**

| Service or Sponsor Name      | Service Type                               | Passenger Eligibility   | Service Description   | Hours of Service                                    | Fleet Information   | Use of Federal/State Funds                      |
|------------------------------|--|---|---|---|---|---|
| RMS                          | Demand Response/Scheduled                  | General Public, DHS for Baker, Calhoun, Early Miller, Mitchell; Medicaid Eligible                               | Provider of General Public Transit/DHS/Medicaid NET                   | 6 am - 8pm (office hours)<br>24/7 service hours     | 41 Vehicles<br>7 ADA mini vans<br>4 Shuttle buses (20 passengers)<br>13 Shuttle vans<br>17 Converted vans | 5310, 5311, DCH                                 |
| Destiny Transportation Group | Demand Response/Scheduled                  | General Public, DHS for Lee, Terrell, Dougherty, Colquitt, City of Sylvester, City of Dawson; Medicaid Eligible | Provider of General Public Transit/DHS/Medicaid NET                   | 8 am - 5 pm (office hours)<br>24/7 service hours    |   | 5310, 5311, DCH                                 |
| MIDS, Inc.                   | Demand Response/Scheduled                  | General Public, DHS for Decatur, Grady, Seminole; Medicaid Eligible   | Provider of General Public Transit/DHS/Medicaid NET                   | 8 am - 5 pm (office hours)<br>24/7 service hours    | 84 Vehicles<br>45 DOT 5311 vehicles<br>6 Wheel Chair stretcher vehicles<br>33 15-passenger vans           | 5310, 5311, DCH                                 |
| Thomas County Transit        | Demand Response/Scheduled                  | General Public, DHS for Thomas County; Medicaid Eligible  | Provider of General Public Transit/DHS/Medicaid NET                   | 8 am - 5 pm (office hours)<br>24/7 service hours    | 17 Vehicles<br>2 Vans<br>15 12-20 passenger shuttles  | 5310, 5311, DCH                                 |
| Albany Transit               | Public Transit Fixed Route and Paratransit | Public Transit System; Criteria for Demand Response   | 10 Fixed Routes; Complementary ADA Demand Response; Some Medicaid NET | 5:15 am - 8:30 pm Mon – Fri<br>6:15am - 7:30 pm Sat | 6 Low floor cut away vans   | General Fund- Local Sales Tax; Farebox; Federal |
| SWGA RC                      | Broker                                     | Medicaid eligible   | Broker of non-emergency medical transportation                        | 24/7  | N/A   | DCH (federal and state Medicaid)                |



Figure 4.10.1.1: Southwest Georgia Region

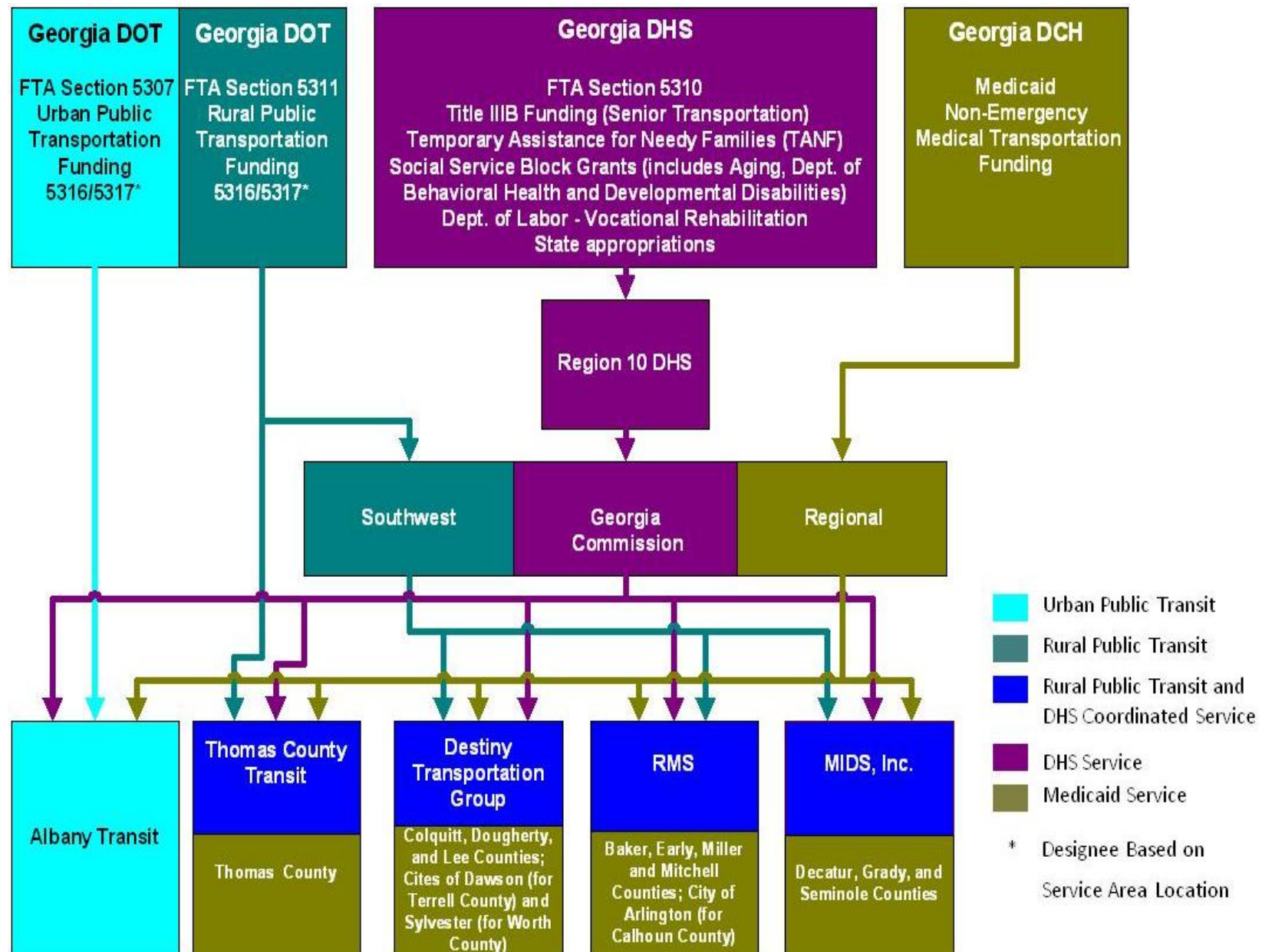


Figure 4.10.1.2: Southwest Georgia Region DHS Service Providers

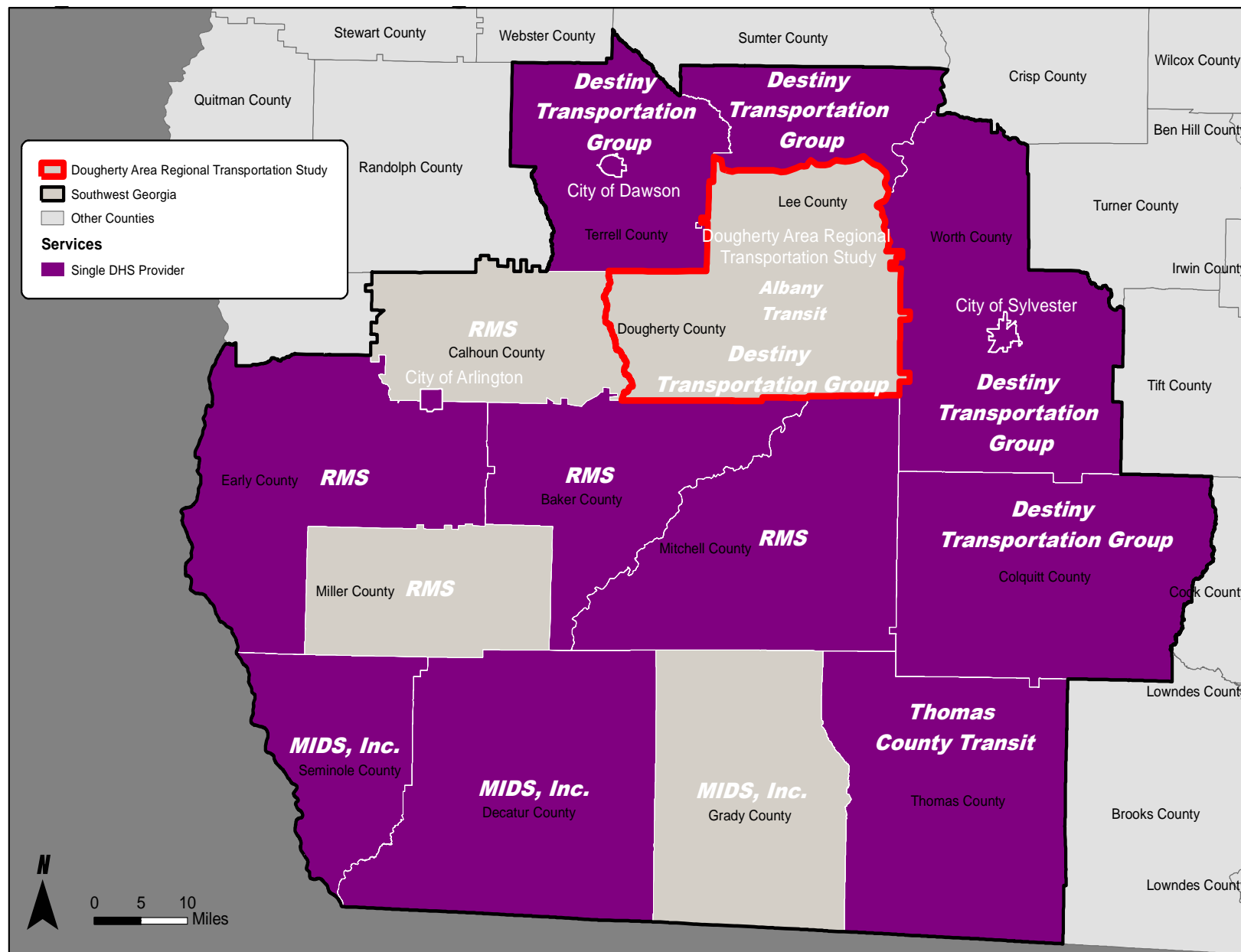
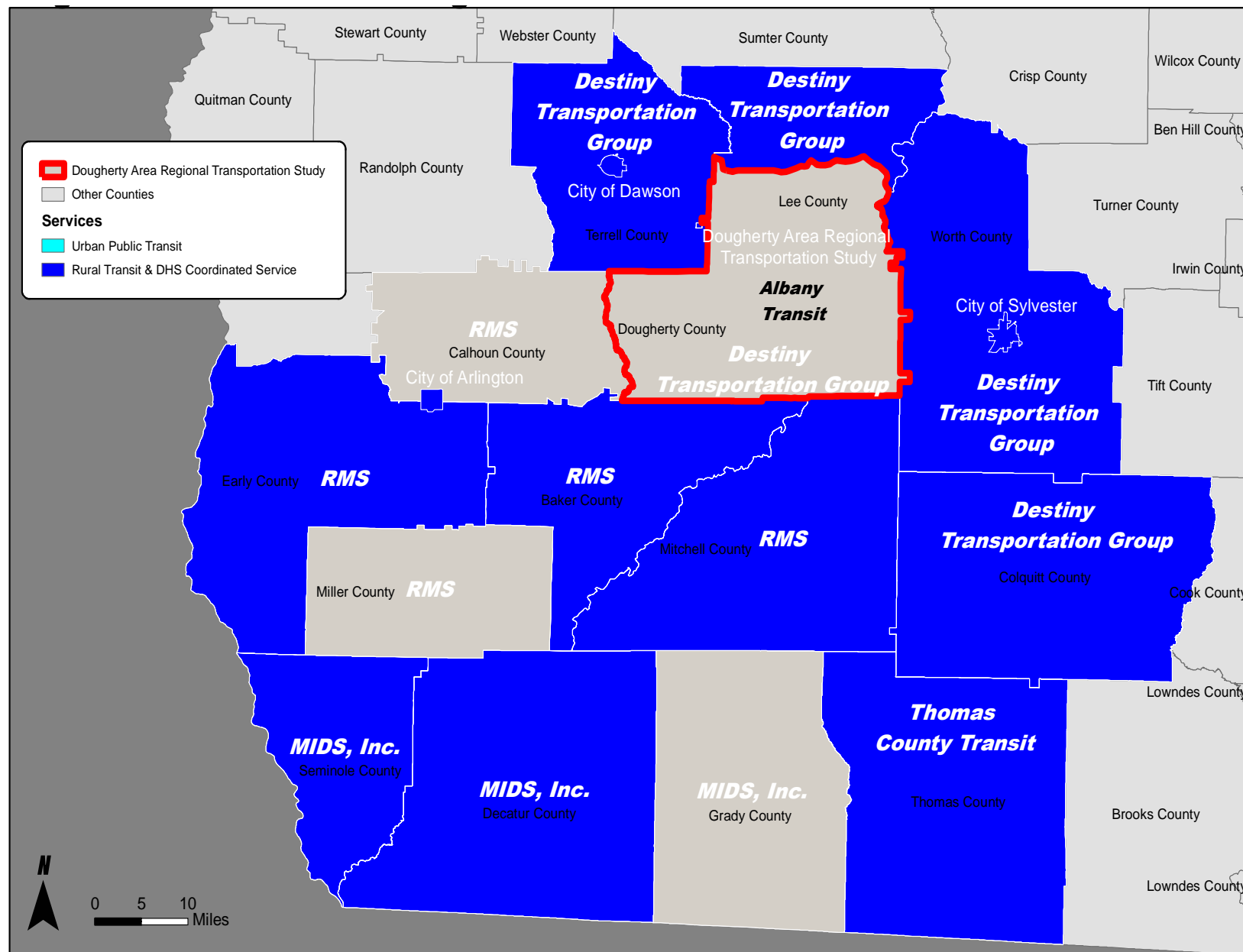


Figure 4.10.1.3: Southwest Georgia Region Transit Service Providers



#### **4.10.2 Existing Coordination Efforts**

The region takes pride in being the only one to provide a multi-layered coordinated transportation system in Georgia. The SWGRC started pulling together resources to provide coordinated transportation service approximately 10 years ago using available funding sources for rural transit. In 2007, the region became truly coordinated as the RC became the direct operator of the transportation services for DHS, DCH, and GDOT public transportation.

Having the SWGRC serve as the broker is advantageous because it does not have to operate like a for-profit entity. Given the high cost of providing rural transit coupled with the capitated payment plan under Medicaid, a for-profit company acting as a broker would strive to make the minimum number of trips possible to incur the highest profit. The SWGRC's business model is to break even with some reserve for equipment.

Typically in Georgia, the individual counties are the recipients of FTA Section 5311 funds administered by GDOT. Unlike most regions in the state, the SWGRC is able to apply for Section 5311 funding across county boundaries because it is responsible for coordinating the funding as well as the allocation of payments to the transportation providers. The providers report that they benefit from coordination in the region because they are able to sustain their business by contracting with DHS, Medicaid and GDOT and combining service as much as possible. In this way, the SWGA region uses independent providers (both public and private) almost as if they were shared assets from which all parties reap savings.

#### **4.10.3 Service Redundancies, Gaps, and Needs**

Transit service to the general public is one major gap in service for the SWGRC Region. There are many potential riders who do not qualify for transportation assistance who would benefit from access to transit or transportation support for affordable, general, non-emergency trips. Public transit is provided on the basis of available seats, on a "first-come, first-serve" basis. Public riders fill in the available remaining seats around DHS and Medicaid riders with standing reservations, and so it can be difficult to place public riders during peak hours of service. Often, public riders are asked to schedule their rides during non-peak hours, and in some rare cases providers are simply unable to provide them service. Public riders can be frustrated by the lack of flexibility in the current system.

The region feels it needs more operations funding. GDOT contributed in excess of \$1.3 million for operations in 2009, a level of funding expected to continue in 2010. There is a sense, however, that GDOT funding emphasizes capital expenditures over operations. However, the region relies on the GDOT 5311 program to help cover the cost of many trips, especially those funded through DHS. As part of the 5311 program, GDOT requires local entities to collect 10 percent of operating costs through the "farebox"; farebox revenues may be actual passenger fares or contributions from local entities. The 5311 program then pays up to 45 percent of the operating costs net of the farebox revenues. The remaining 45 percent of operating costs is typically provided by DHS programs, other POS contracts, or in some cases, local revenues.

Service in the Southwest Region are coordinated, thus a single vehicle may carry multiple passengers, each funded by a different program. As a result, there is potential that on some trips a provider may collect more than 45 percent of the operating costs through POS contracts, thus a trip may be "over matched" (i.e. a provider earns more than the 45 percent of matching funds required). Under the current rules, however, GDOT counts revenues over 45 percent of the operating costs as farebox and reduces the 5311 contribution accordingly. For example, if a single trip costs \$100, \$10 should be from the farebox and GDOT will pay \$45. However, if the operator carries several passengers and receives contract revenue worth \$60, GDOT will only pay \$30, or half of the operating costs, net of farebox and revenue over 45 percent of costs. Several of the transportation providers in the region believe that the

Federal Government provides for “over match” funds (i.e. allows providers to keep over match revenues and use them to fund capital costs), but that GDOT does not recognize this practice. If permitted, the region would be able to keep funds it raises beyond the minimum for which it is responsible, allowing local governments the ability to draw in more income to reserve for later use or capital improvements.

Current practices in human and health care service delivery call for increased “community based care”, which amounts to de-institutionalizing clients in favor of letting individuals remain in their homes and receive services as part of day programs. While this approach gives individuals more choices about how and where they receive care, it increases the need for human service transportation. This service delivery model also lowers hospital and health care costs, but increases rural transportation costs associated.

Even with coordinated service, there are gaps among service areas for rural transit in the region. Currently, the SWGRC geographic boundary in which it coordinates transportation funding does not always match the other service areas (e.g., DOT, DHS, DCH, etc.). There is a great need for commonality in the geographical service areas for rural transit in order to support a fully coordinated transportation program.

In addition, each agency that funds the provision of transportation, utilizes a unique method of reporting the use of its funding, requiring in some cases, the use of particular software. Coordination measures in the SWGRC Region address some of the problems that arise from this variance among agencies because reporting in SWGRC has been partially consolidated. However, the amounts of payment vary among agencies, which can cause an undesirable prioritization of trips, with the riders with higher reimbursement levels being seen as more valuable to providers than those with lower reimbursement levels.

#### **4.10.4 Ideas to Improve Service Delivery and Coordination**

The SWGRC is interested in learning more about the scope of transportation needs in their area. Although the SWGRC does a sufficient job with record keeping, they are still unaware of the extent of other trips (e.g., VA trips) provided in the region. In order to implement a fully coordinated transportation system, the region understands the need for a clear inventory of all trips by type.

The SWGRC is interested in offsetting or contributing to its operating expenses:

- Encourage DHS to pay the true costs of providing services or more closely aligning the amount they pay per trip to actual costs. This may be achieved by setting trip costs based on trip length or type of service rather than based on the funding program.
- Identify a local source for operating expenses to increase the availability of public transit services. As discussed earlier, as GDOT does not recognize “over match,” the region cannot make up the difference with POS fees. The region would like to be able to pursue public trips as a source of additional operating expenses to allow for better service for both qualified and unqualified riders.
- Finally, the SWGRC is considering opening a single directory assistance phone number in the near future. This project has the potential to benefit not just the providers but the users of rural transit in the region.

Recently, the SWGRC has developed a set of policy recommendations to maximize the use of Section 5311 funds in the region. The document outlines the following regulatory changes necessary for the continuance of the coordinated transportation program:

- **Revenue Reporting** –GDOT’s operating expense reimbursement formula is solely based on the system’s operating deficit, which considers other agency contract revenue before GDOT dollars are made available. This formula does not take into account the for-profit providers that deliver transportation services in this region and others, because it is based on the theory that a county is running the system based on a zero-based budget. It is recommended that the Section 5311 providers are only required to report farebox revenue and the amount of POS revenue required to meet the Section 5311 local match requirements.
- **Minimum Farebox Recovery** – The mandatory 10 percent of revenue from public fares forces the providers to make for this deficit by using purchase of service funding. It is recommended that the providers not be penalized for not meeting a state mandated ten percent farebox recovery.
- **GDOT Policy Based on Local Input** – SWGRC has managed to operate a coordinated system without local government expenditure. In order for the continued coordination of services, it is recommended that GDOT does not limit the degree in which the providers can report purchase of service contracts.

#### **4.10.5 Lessons from the Southwest Georgia Region**

The SWGRC operates a multi-layered coordinated transportation program unlike any in the state. Under the management of the RC, the four major contractors provide DHS, Medicaid (DCH) and public transportation trips for the entire 14-county region. This uniformity has allowed the region to operate as a coordinated whole. With state support, they could serve as a model for building a coordinated region from the bottom up.

The SWGRC began its coordination efforts because it recognized the mutual benefits of coordination for the agencies and providers. As the transportation needs continue to grow, the region identified policy tools to sustain and improve its coordination efforts. These tools include fewer restrictions and more realistic expectations on the use of transportation funds as well as reporting. Furthermore, it would be beneficial to implement an increased coordination among agencies at the state level, including the potential pooling of funds before they are disbursed to the region.

## 4.11 Southern Georgia Region

### Overview

The Southern Georgia Region consists of 18 counties in the southern portion of the state. The region includes Atkinson, Bacon, Ben Hill, Berrien, Brantley, Brooks, Charlton, Clinch, Coffee, Cook, Echols, Irwin, Lanier, Lowndes, Pierce, Tift, Turner, and Ware Counties. The largest metropolitan population in the region is the City of Valdosta in Pierce County, which according to the U.S. Census Bureau had an estimated 2006 population of 49,200 in its greater metropolitan area.

#### 4.11.1 Inventory of Existing Services

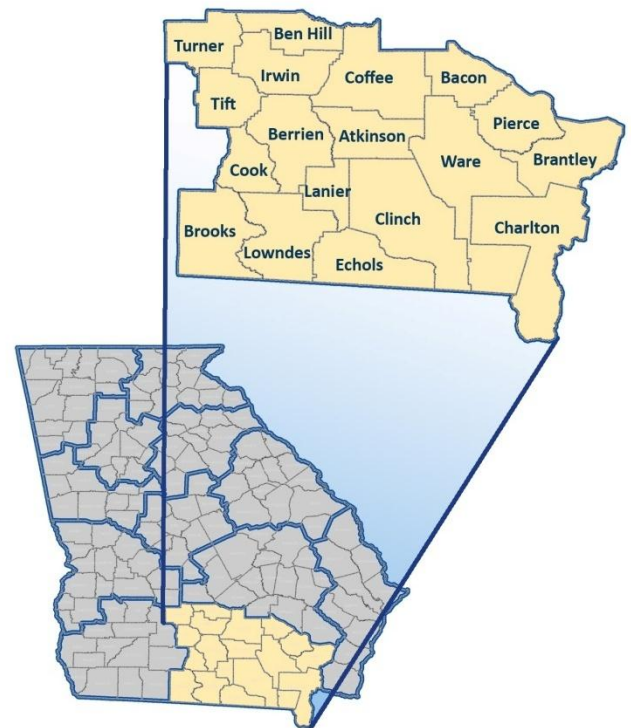
In the Southern Georgia Region, transportation services are currently provided by a combination of public (Pierce and Tift counties) and private (MIDS, Inc.) providers. Additional transportation services are available through human service agencies, although these are largely for clients only.

Several counties in the region participate in GDOT's 5311 program, but only two counties (Pierce and Tift) directly operate service. These public service providers offer trips to the general public and in most cases, also contract with private brokers to fulfill DCH Medicaid and DHS program trips. In addition, the City of Valdosta has proposed an urban transit system, but due to funding constraints this will not likely be implemented in the short term. The seven counties that participate in the 5311 program are Bacon, Berrien, Brooks, Cook, Lowndes, Turner, and Ware. These counties contract with MIDS, Inc. to receive service.

MIDS, Inc. is a private transportation broker and service provider for the DHS coordinated transportation program. MIDS, Inc. operates DHS service in 17 counties of the 18 counties in the Southern Georgia Region; the exception is Tift County. MIDS, Inc. is both a broker and a provider. They operate vehicles and provide trips themselves, but will also contract service out to public providers. They also provide Medicaid trips under contract to LogistiCare and SWGRC.

In addition, as mentioned, there are a handful of human service agencies that have their own vehicles. These agencies primarily use their vehicles to meet ad hoc transportation needs, excursion trips and/or other specific client needs. Table 4.11.1.1 on page 162 provides a summary of known RHST services within the Region. Figures 4.11.1.1-4.11.1.4 (pages 163-165) illustrate where these services operate, and how they currently interact with one another based on operating area and programs served.

#### 4.11.1: Southern Georgia Region





**Table 4.11.1.1: Transportation Services in the Southern Georgia Region**

| Service or Sponsor Name         | Service Type                      | Passenger Eligibility                      | Service Description  | Hours of Service                    | Fleet Information   | Use of Federal/State Funds                                  |
|---------------------------------|-----------------------------------|--|--|-------------------------------------|---|---|
| Pierce County Transit           | County based rural transit agency | General public                             | Demand Response  | 6:30 am to 5:00 pm M-F              | Two minivans and 5 vans, plus two accessible minivans and 4 accessible vans | Section 5311, Title II and Title XIX.                       |
| Tift County Transit – Tift-Lift | County based rural transit agency | General public                             | Demand Response  | 8:00 am to 5:00 pm M-F              | Not given   | Section 5311  |
| MIDS, Inc.                      | Private                           | State agency, DCH and DHS qualified riders | MIDS, Inc. operates in 17 out of 18 counties in region; 10 Public transit; operates its own private call center, trips scheduled 24 hour notice by 2:00pm the day before | 24 / 7<br>Public - 7:30am to 5:00pm | 89 vehicles mixed between vans and buses                                    | 5311, 5316, 5317, DCH, DHS, purchase of service from others |
| The Haven                       | Social Service Agency             | Agency clients only                        | As needed  | Anytime                             | 1 van   | NA  |
| Pierce County Senior Center     | Non-profit senior center          | Agency clients only                        | Agency program trips for seniors with one day advance notice   | 8 am to 2 pm M-F                    | Not given   | Not given   |
| Magnolia House                  | Social service agency             | Agency clients only                        | As needed  | Anytime                             | 1 van   | NA  |
| Farr Healthcare Services        | Private Non-profit senior center  | Agency clients only                        | As needed  | Anytime                             | 2 vans  | reimbursements  |

Figure 4.11.1.1: Southern Georgia Region

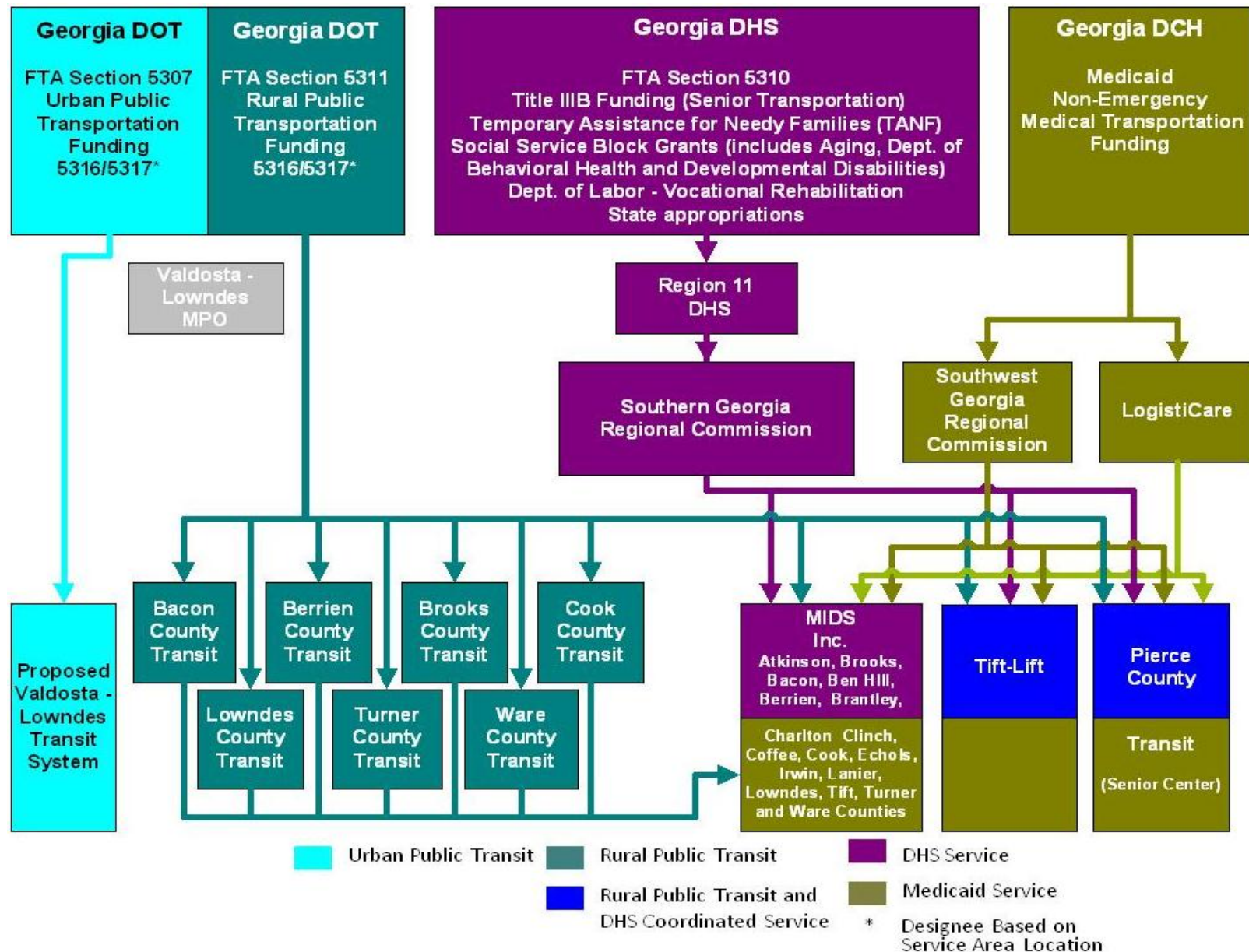
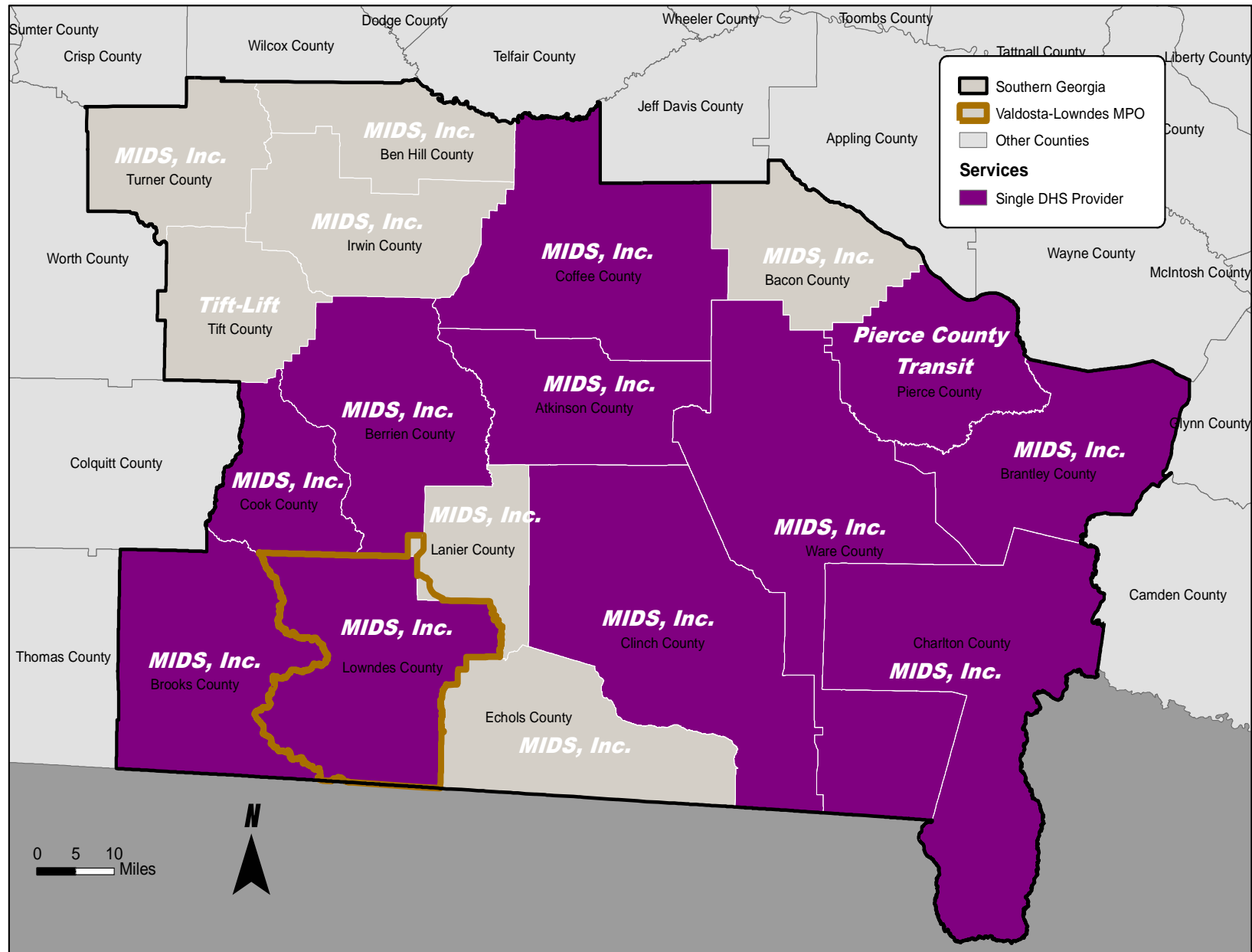
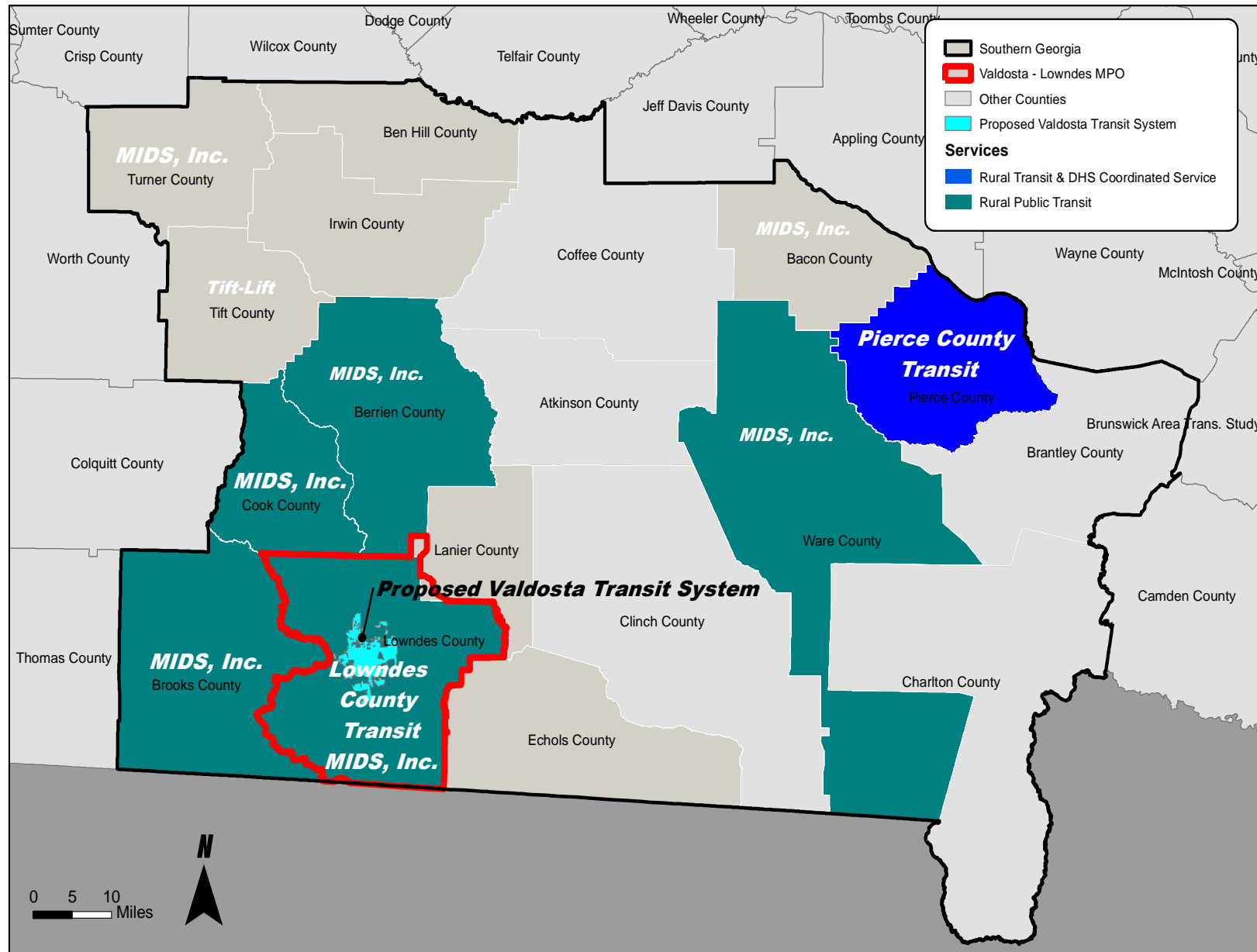


Figure 4.11.1.2: Southern Georgia Region DHS Service Providers



**Figure 4.11.1.3: Southern Georgia Region Transit Service Providers**



#### **4.11.2 Existing Coordination Efforts**

Individuals living in each of the Southern Georgia region counties have access to DCH (Medicaid) and DHS transportation services. The DCH Medicaid transportation program is managed through a broker system; LogistiCare and Southwest Georgia Regional Commission each are responsible for arranging trips in different parts of the region. In both cases, the broker contracts with similar transportation services providers, primarily MIDS, Inc. and the county based programs. DHS services are managed by the Southern Georgia RC; the RC in turn contracts with MIDS, Inc. to broker and provide trips in support of DHS programs in 17 of the 18 counties. MIDS, Inc. will either provide the service themselves or contract with one of the county providers to fulfill the trip. Thus, even though funding for service comes through a variety of contracts, service delivery in Southern Georgia is provided by one of four transportation carriers: MIDS, Inc., Lowndes, Tift or Pierce County. As a result, service delivery is highly coordinated.

In addition, Southern Georgia's structure whereby a single transportation provider retains responsibility for most of the service area, few trip barriers at county lines. In addition, most of the county based transit programs also allow travelers to cross county lines. Transportation outside of the region is even accommodated, particularly to Atlanta, although scheduling these trips to suit all riders and finding funding can pose challenges.

#### **4.11.3 Service Redundancies, Gaps, and Needs**

As with other regions, the Southern Georgia Region felt a major gap in its service was attributable to a lack of funding, especially matching resources for FTA programs but also from DHS. Stakeholders commented that some counties had looked into starting a 5311 program but could not raise the local matching funds for program start-ups and ongoing operations. However, MIDS, Inc. reported that they had helped some counties with the start-up capital costs so that they could access 5311 funding to expand the DHS program. MIDS, Inc. believes once counties have a 5311 program they value it and will work to preserve it.

In terms of the DHS services, a primary challenge voices was associated with the differences in reimbursement levels for different programs. According to stakeholders the amount of resources provided by DHS to support trips varies by program and is primarily based on the availability of funding, rather than the true cost of providing service. This makes it difficult for service providers to plan and budget for their operations. If they receive more trip requests with lower reimbursement rates, they may not break-even. If they receive more trip requests from programs with higher reimbursement rates, they may be able to provide more services.

As mentioned, some human service agencies in the Southern Georgia region operate one or two vans for their clients. Despite having vans, some programs cannot meet demand and/or have limited ability to operate them due to costs of drivers, fuel and insurance. For example, the Pierce County Senior Center provides transportation to and from senior centers provided, but no longer offers transportation for doctor appointments.

In general, there is also a lack of transportation in rural areas as well as within towns and small cities. Some stakeholders feel fixed-route services are needed, but others disagree that they would be widely used. At this time, no fixed-route service is provided anywhere in the region. Nine counties in the region, Atkinson, Ben Hill, Brantley, Charlton, Clinch, Coffee, Echols, Irwin, and Lanier, do not receive 5311 funding and do not provide rural transit. While the need for an urban system in Valdosta is recognized, given the current economic climate, the project has been on hold. The primary challenge is finding a sustainable source of local matching funds for capital and operating costs.

#### **4.11.4 Ideas to Improve Service Delivery and Coordination**

Service delivery in Southern Georgia is coordinated with much of the service provided by a single operator, MIDS, Inc. In addition, there are several elements of a coordinated system in place, including that RC staff manage all DHS contracts. Despite this success, Southern Georgia is still lacking some aspects of a regional coordination infrastructure. They do not have a transportation committee that meets regularly and are not actively working towards increasing coordination among agencies with vehicles. In addition, there are several agency vehicles that are not fully utilized and there is a general lack of understanding of how the services work together. Stakeholders also expressed some interest in coordinating reports to funding agencies. The Southern Georgia Region providers also expressed interest in pooling the costs of purchasing fuel and insurance among the agencies operating in the region.

New, upgraded software that would allow for real-time response to rider's needs would allow the existing agencies in the region to improve their service. These agencies and providers currently require a day or more advance notice for transportation.

#### **4.11.5 Lessons from the Southern Georgia Region**

The major difficulties with which the providers and agencies of the Southern Georgia Region must contend are due to the wide variation among agencies in reporting and funding. Therefore, coordination among agencies at a state level would save time and money in the delivery of services in the Southern Georgia Region.

In addition, the region would like the ability to retain more of the fares they collect for the services they provide, in order to reinvest those fare proceeds into the people and equipment providing those services. The region believes that GDOT is misreading federal rules by not allowing the region to retain additional revenues received through contracts (purchase of service contracts) under the "overmatch" provision. The region also asks for state-supported operating assistance, as well as assistance from GDOT in encouraging those counties without Section 5311 transit programs to begin them.

## 4.12 Coastal Georgia Region

### Overview

The 10-County Coastal Georgia Region, illustrated in Figure 4.12.1, is home to the state's largest urbanized area (Savannah) outside of the metropolitan Atlanta region, with a total population of 638,254 according to 2009 U.S. Census estimates. The Counties in the region are home to 35 cities, including three urbanized areas: Savannah in Chatham County (Coastal Region Metropolitan Planning Organization - CORE MPO), Brunswick in Glynn County (Brunswick MPO – Brunswick Area Transportation Study), and Hinesville in Liberty and a portion of Long County (Hinesville Area MPO). Regional attractions and contributors to the area's economy include several military installations, including Fort Stewart and Hunter Air Force Base, as well as the Ports of Savannah and Brunswick, and Georgia Southern University, the state's sixth largest university with a student population of over 17,000, in Statesboro (Bulloch County). The Coastal Region is also home to Georgia's Golden Isles.

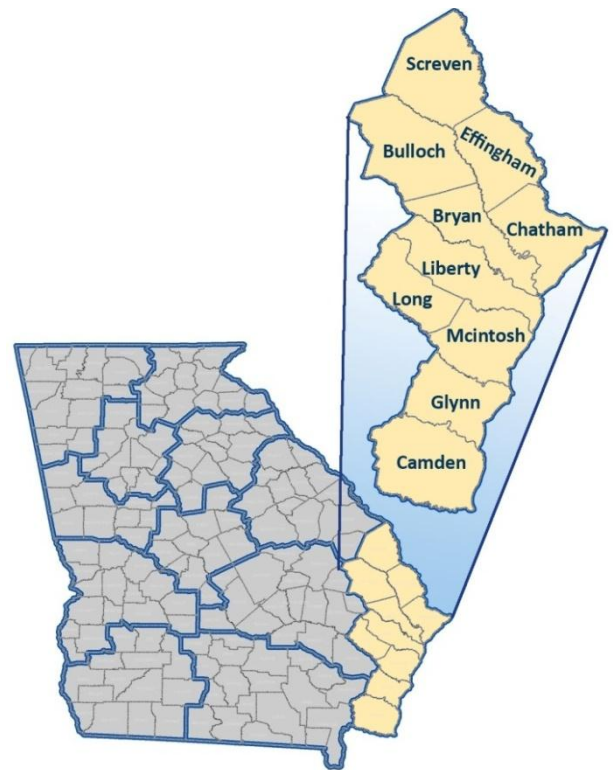
Significant population growth is anticipated in the Coastal Georgia Region over the next 20 years given recent growth trends and future economic opportunity. The Georgia Governor's Office of Planning and Budget projects a 49 percent increase in the area's population between now and 2030. Demographic trends also suggest tremendous growth in the over 65 population, currently 11 percent according to U.S. Census estimates, and expected to increase to 19 percent by 2014.

#### 4.12.1 Inventory of Existing Services

The Coastal Georgia Region has a coordinated transportation system offering public and specialized services in rural areas, as well as an urban transit system in Savannah. A new urban transit system in Hinesville also began service in September 2010. In addition, the DCH's NET system provides eligible clients with services in the area through a local broker. Some privately operated taxi services are also available in the area. The major providers are listed below, with additional information provided in Table 4.12.1.1 on page 169. Figures 4.12.1.1-4.12.1.4 (pages 170-173) illustrate where these services operate, and how they currently interact with one another based on operating area and programs served.

- **Coastal Regional Coaches of Georgia** – The Coastal Region Commission administers a fully coordinated public and human service transportation system serving both 5310 and 5311 funded programs.
- **LogistiCare**– DCH administers a statewide Medicaid Non-Emergency broker system.
- **Chatham Area Transit Authority** – Savannah's public transportation system, CAT, includes fixed-route service in the Chatham County area as well as a Paratransit service, CAT Tel-A-Ride in the  $\frac{3}{4}$  of a mile buffer of the fixed route.
- **Liberty County – Hinesville Transit**– Hinesville's public transportation system includes fixed-route service in Liberty County with 3 routes serving the City of Hinesville and Flemington as well as Fort Stewart.

Figure 4.12.1: Coastal Georgia Region



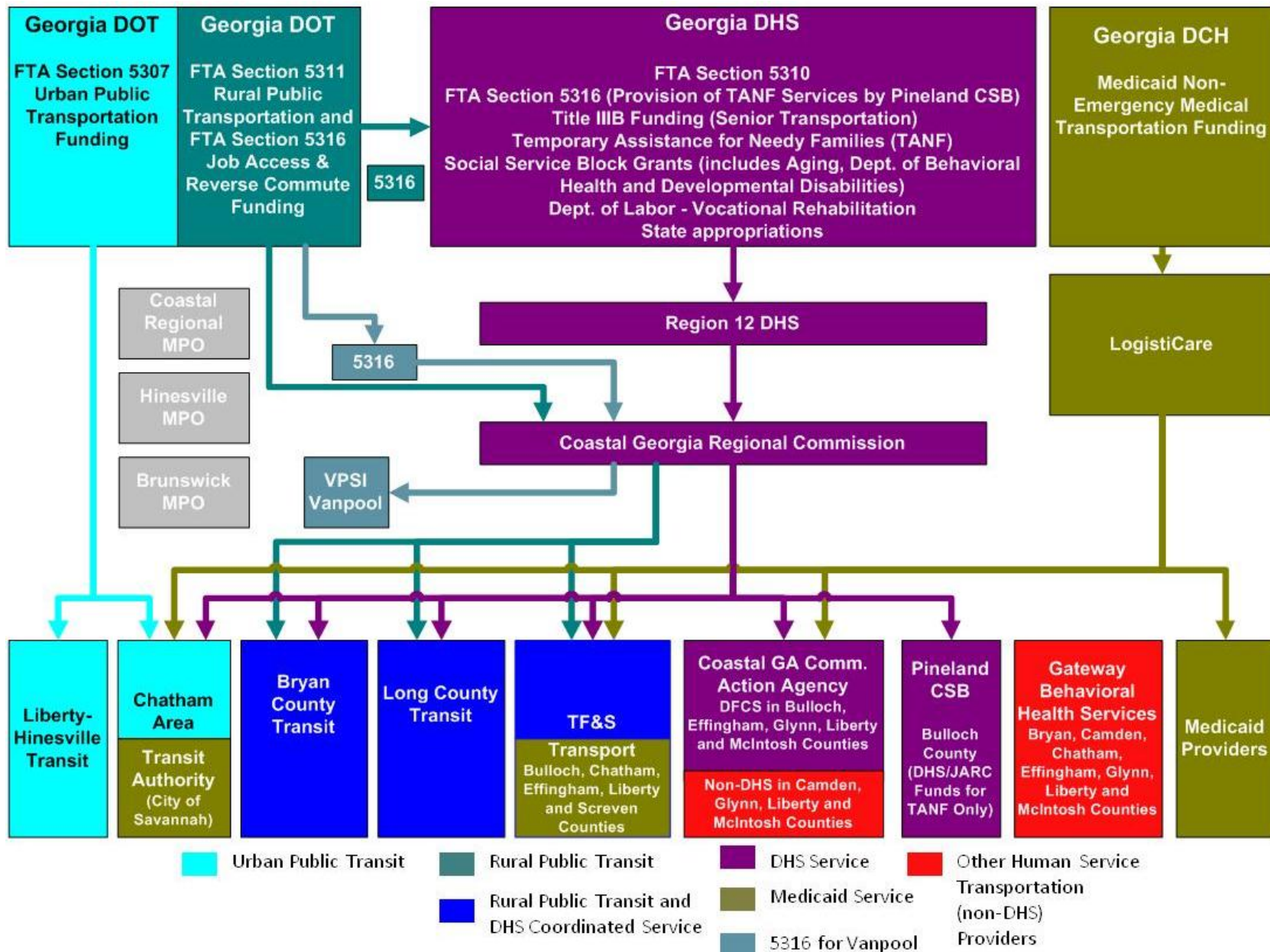




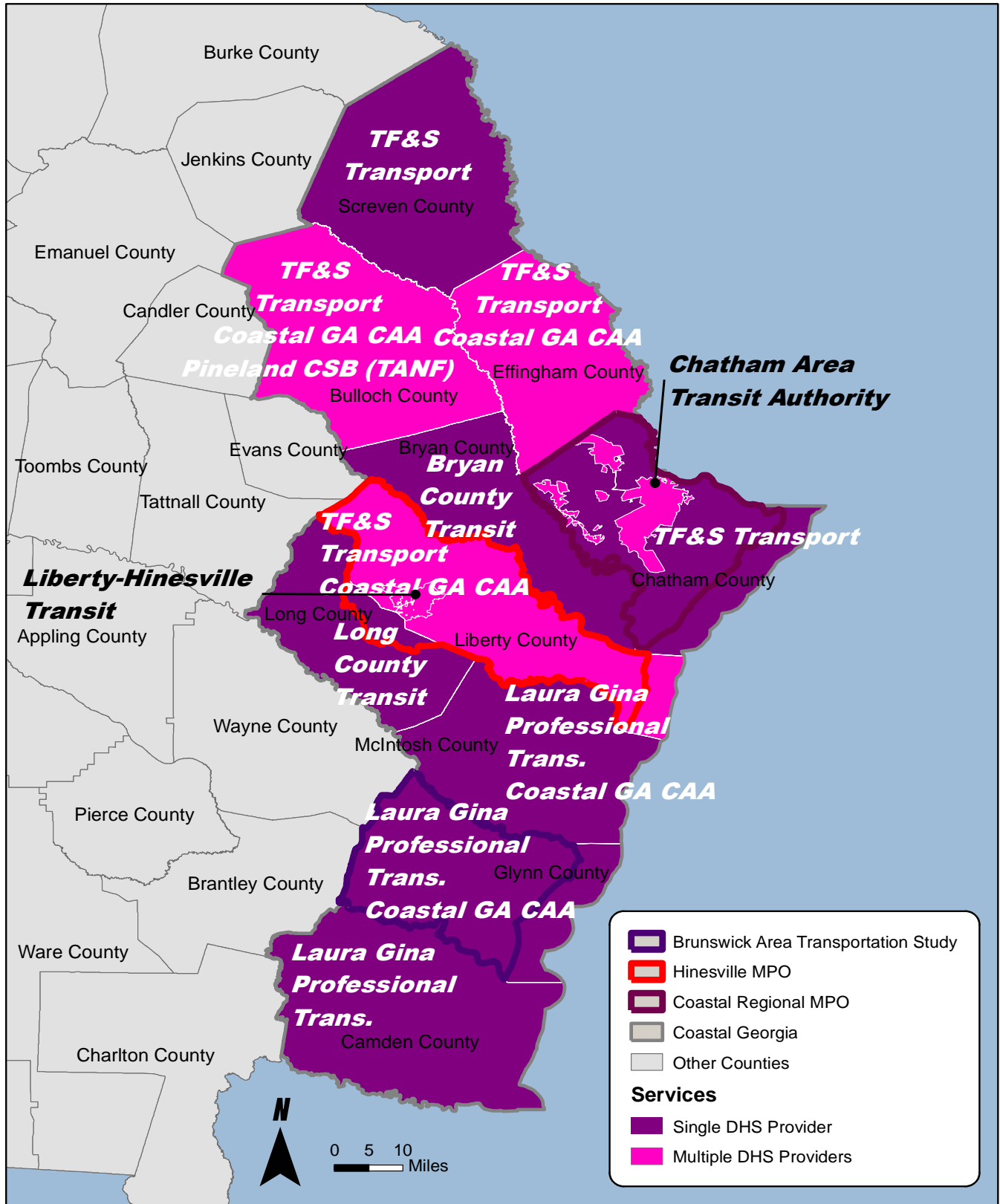
**Table 4.12.1.1: Transportation Services in the Coastal Georgia Region**

| Service or Sponsor Name                                | Service Type                  | Passenger Eligibility                           | Service Description   | Hours of Service   | Fleet Information  | Use of Federal/State Funds |
|--|-------------------------------|---|---|--|--|----------------------------|
| <b>Coastal Regional Coaches</b>                        | Public Transit /Human Service | General Public /DHS Clients                     | Demand Response. Service for general public and DHS Clients in the 10 County regions. | Monday to Friday 6:00AM – 6:00PM, excluding holidays, DHS Services is 24/7 | 44 Vehicles including shuttle buses, vans, conversion vans. All the new vehicles are ADA compatible. | DHS/5311                   |
| <b>Bryan County Transit</b>                            | Public Transit /Human Service | General Public                                  | Part of CRC - Demand Response. Service limited within Bryan county                    | Monday to Friday 6:00am-6:00pm   | 6 vans in total, 4 of which are wheelchair accessible  | DHS/5311                   |
| <b>Chatham Area Transit Authority (CAT)</b>            | Public Transit                | General Public                                  | Fixed Route \$1.50 for each boarding. Demand response for disabled ( CAT Tele-ride)   | Fixed routes Demand Response- M - F 6:00am- midnight S & S 7:00am - 7:00pm | Fixed Route Buses –ADA Demand Response - 19 vans, w/ wheelchair access                               | 5307                       |
| <b>Coastal Georgia Area Community Action Authority</b> | Public Transit                | Seniors age sixty and over and disabled persons | Demand response, in Camden, Glynn, Liberty, and McIntosh Counties                     | Monday to Friday 7:30am-4:00pm   | NA   | DHS                        |
| <b>Gateway Behavioral Health Services</b>              | Human Service                 | Program participants with mental disabilities   | Demand response and fixed routes in Bryan, Camden, Liberty, Long and McIntosh         | 24 hour  | NA   | DHS                        |
| <b>Liberty County - Hinesville Transit</b>             | Public Transit                | General Public                                  | Fixed route service that started in the Fall 2010                                     |  |  | 5307                       |
| <b>Long County Transit</b>                             | Public Transit /Human Service | General Public /DHS Clients                     | Part of CRC - Demand Response   |  |  | DHS/5311                   |
| <b>LogistiCare</b>                                     | Non-Emergency Medical         | Medicaid Recipients                             | Demand Response   | 24 hour  | NA   | Medicaid                   |
| <b>TF&amp;S Transport</b>                              | Public Transit /Human Service | General Public /DHS Clients / Medicaid          | Demand Response – private provider for CRC, DHS and DCH                               | 24 hour  | NA   | DHS/5311/ Medicaid         |
| <b>United Way Medical Transportation</b>               | Medical trips only            |   | Demand Response   | Glynn and McIntosh only  |  | NA                         |
| <b>VPSI</b>  | Regional Vanpool              | Region Commuters                                | 5 to 15 travelers   | Within the region  | Based on participants and distance   |                            |

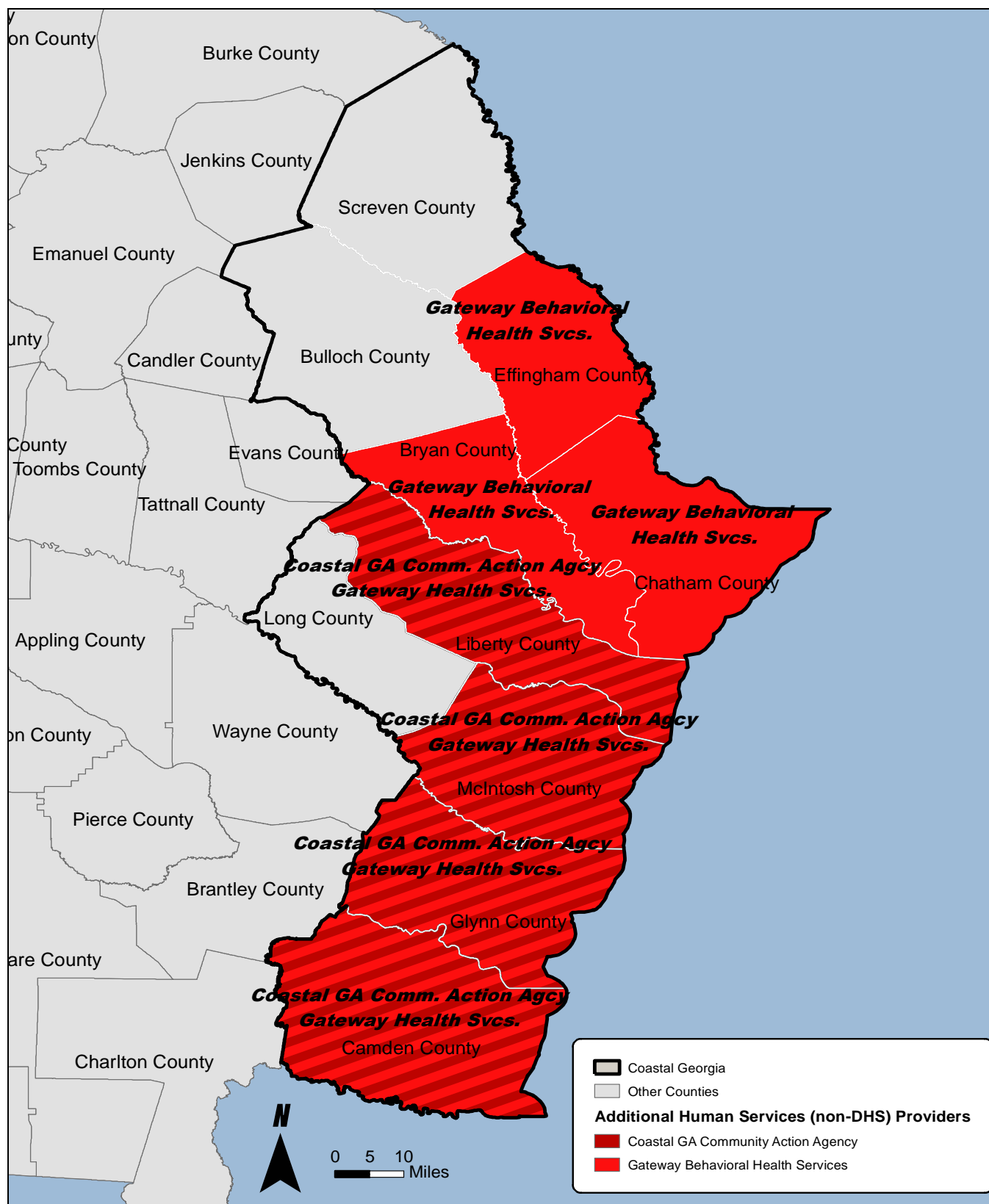
Figure 4.12.1.1: Coastal Georgia Region



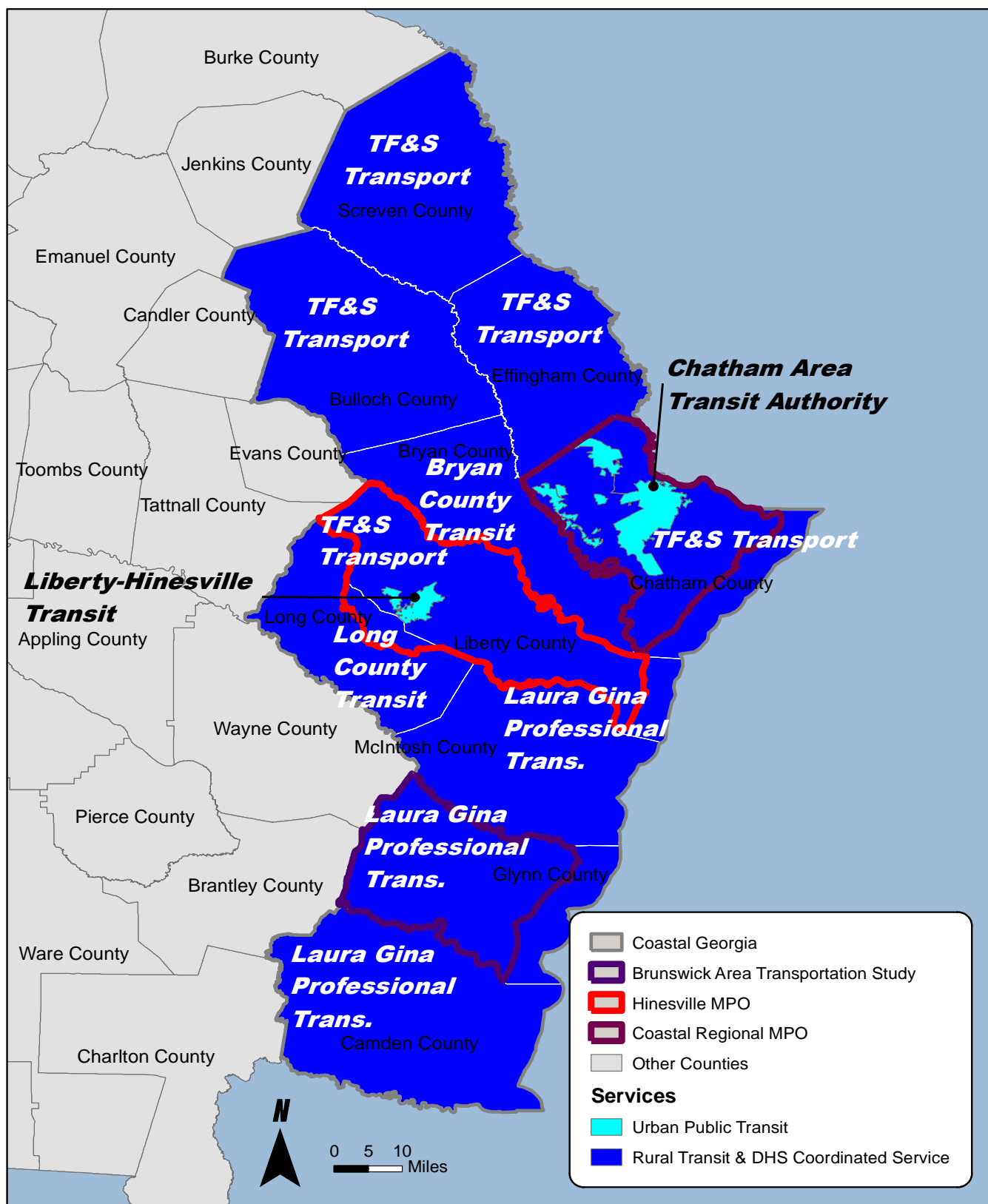
**Figure 4.12.1.2: Coastal Georgia Region DHS Service Providers**



**Figure 4.12.1.3: Coastal Georgia Additional Human Services (non-DHS) Transportation Providers**



**Figure 4.12.1.4: Coastal Georgia Region Transit Service Providers**



#### 4.12.2 Existing Coordination Efforts

The Coastal Regional Commission (CRC) coordinates a rural public transit / human services transportation system in the Coastal Georgia Region. A regional committee of representatives from state agencies, transit agencies human services transportation providers, private and non-profit organizations, and local government representatives exists to discuss transportation needs, issues, and opportunities.

Elements of the coordinated system include:

- Regionally coordinated rural public transit service providing demand-response public transit service in the 10-county region with an 81 vehicle fleet. Five providers serve as contractors to the program. There is an 800-call in number to schedule a trip and the caller is directed to one of five providers based on location. There are plans to implement regional call center software.
- Coordination with DHS to provide administrative oversight to the DHS Coordinated Transportation System in the region in conjunction with the services described above. Coordination plans with DHS include the consolidation of multiple software scheduling and booking systems to streamline activities from different transit providers.
- Operation of the Regional Vanpool Program to provide work-related public transportation to employees that live or work in the region.

Other less formalized coordination efforts include:

- United Way of Coastal Georgia contracts with the Coastal Regional Commission to provide medical transportation for residents in Glynn and McIntosh Counties. The services are limited to those in greatest need within the two counties.

#### 4.12.3 Service Redundancies, Gaps, and Needs

**Service gaps**— Currently there is no public transit available in the urbanized area of Glynn County. The county has developed the Brunswick-Glynn Transit Implementation Plan to begin transit services in the Brunswick-Glynn area. The Implementation Plan has recommended three fixed-route services and complementary ADA Paratransit services within the urban area. The county and associated MPO is coordinating with CRC to satisfy the public transportation needs of the area.

For those areas with a public transit program, service gaps exist due to funding limitations. In Chatham County, the CAT system provides ADA service operates 3/10 miles from the fixed routes, which services less population than required. The Tel-A-Ride system services the remaining area to meet the ¾ mile requirement. Service is not available in all areas of the county.

Cross-regional trips are difficult due to rules regarding urbanized and rural service areas and limits on providers who are only permitted to pick up trips only in certain counties.

**Technology needs** - A centralized call center is needed for the regional transit system. There is a need for a one-stop information source for customers, as well as more sophisticated software tools for scheduling and tracking purposes.



**Coordination needs** – Local coordination works well but the lack of coordination between state agencies sometimes impacts the service quality within the region. For example, DHS and DCH systems service trips may overlap and are served by the same provider, but the trips cannot be combined.

**Information gaps** – Available transportation services in the area are not marketed well to all potential customers. There is a need to develop education programs to educate consumers on the services available.

**Funding gaps** – Limited funding impacts the growth of the system. However, efficient coordination and management on the current system, and the creation of a system that leverages funds from all regional counties, have helped the region make the most of limited dollars.

#### **4.12.4 Ideas to Improve Service Delivery and Coordination**

A centralized call center is a priority for the region to enhance customer service and to streamline the communication process between the customer, the Coastal Georgia Commission, and the service providers that subcontract for the system.

Stakeholders in the Coastal region feel that investments in technology for trip coordination, scheduling, and tracking will be of great benefit to regional entities involved in service delivery.

The Regionally Coordinated System has not been integrated with the DCH NET services providers brokered in the area through LogistiCare. There are service providers that overlap both systems and clients that overlap both systems. Coordinating these services may help limited funds stretch even further.

Funding barriers that limit the integration of urbanized area and rural public transit funds create service gaps in the region. Finding ways to allow for cross-regional trips and service provision that crosses these boundaries would be good for the consumer.

#### **4.12.5 Lessons from the Coastal Georgia Region**

The Coastal Georgia Region has successfully developed a fully coordinated 5311 Public Transit / DHS system for the 10-County region, administered by the Coastal Regional Commission and operated through coordination with major subcontractors. The system's operations to date demonstrate the benefits that accrue to participating counties when funds are leveraged across the region. This system can serve as a model to other regions interested in demonstrating the benefits of region-wide service.

The Coastal Region's decision to employ a central resource for transportation service delivery has resulted in the implementation of a successful regional system that is able to coordinate for leverage and deliver improved services to its constituents.

Even in a region with well-coordinated transportation service delivery, gaps are created due to urban vs. rural boundaries and associated funding limitations.

## CHAPTER 5 EXAMINATION OF INTERNATIONAL BEST PRACTICES

### Introduction

This chapter reports the findings of a review of approaches to the provision of RHST in a range of countries, to illustrate alternative models and highlight their benefits, limitations, successes, and failures. The report presents a series of case studies from urban and rural environments, to illustrate concepts and lessons which can be drawn in comparable situations in Georgia.

RHST can be divided into essentially two distinct types. The first type concerns services provided to fulfill a statutory duty to provide transport to clients to access education, health or social welfare services, without any budget consideration. The second type is services designed to provide mobility for individuals who have difficulty in accessing mainstream public transport, either because of physical or cognitive problems in using conventional bus or rail services, or because of the limited service available in their area. These are typically classified as Demand Responsive Transport (DRT), and operate similar to demand-response systems in the United States.

There are some common themes evident across most countries studied. Authorities are faced with the challenge of the high cost of providing specialist transport services, now being exacerbated by the rapid increase in the client population of mainly elderly persons and compounded, in some instances, by greater dispersion of activities. These factors are leading to rapid increases in demand at a time when there are significant financial pressures to reduce, or at least control increases in expenditure. The policies, funding, and methods of coordination for each country studied are summarized in Table 5.1 on page 179.

In England, responsibility for delivering different elements of human services transport is divided between a series of public agencies. In many authorities, there is a limited amount of directly provided (in-house) transport provision but most buy-in services from private contractors through a competitive tendering process. The lack of standardization across agencies in the approach to contract specifications and documentation also imposes costs. This has been recognized in the National Health Service, which is now imposing standard terms and conditions to ensure consistency. Many councils and health service trusts also rely on the voluntary sector for some services, and in this role, provide a key element of funding for community transport projects. The potential for efficiencies through enhanced co-ordination and a more integrated approach to provision is widely recognized, but is often difficult to achieve in practice due to the mix of bodies involved, given their respective statutory duties and obligations, and the diverse funding sources. There are a few examples of effective multi-agency integration, such as Devon, where the costs of providing the co-ordination role can be offset through savings made possible by more efficient use of capacity and funding. To manage costs of providing bespoke services, the approach taken by authorities is either to restrict the supply and the number of people able to use the facility, or to impose a charging structure, which limits the subsidy available for individual journeys, or through an annual travel budget.

Elsewhere in Northern Europe, a radically different approach has been taken, with RHST and demand responsive services are increasingly viewed as part of a continuum of mobility solutions.

Sweden was a pioneer in the provision of high standards of Special Transport Services. However, since 2000 there has been a change in emphasis in disability policy, which moved from focusing on social and welfare issues for disabled persons towards an emphasis on democracy and human rights. The resulting broad-based strategies are designed to provide accessibility for everyone and significantly reduce the need for exclusive solutions dedicated to the needs of specific groups. In Gothenburg, the target has been to extend accessibility of general public transport provision to 98percent of citizens and free up resources for those who need it most. The project included increasing

the accessibility of streets (sidewalks), stops, stations as well as vehicles to meet the needs of mobility and visually impaired people.

Finland has adopted a National Policy which seeks to remove the traditional “silo” based approach to service delivery, and instead create integrated mobility solutions. The policy allows for local implementation and recognizes the need for services to be developed for local issues, rather than seek to impose a single model. However, agencies are required to work together to determine the needs of communities, and the budgets of service departments have been pooled. Regional Travel Dispatch Centres (TDCs) were created and the government provided “pump priming” funding for the first three years, after which time it was envisaged that the system would be self-financed through the savings achieved through integration of services.

The Netherlands have also seen a similar shift in policy direction since 2006. Obligations to provide transport for disabled people have been replaced by the Social Support Act with the objective of fostering social inclusion. Municipalities are responsible for ensuring that everyone should be able to participate in society, with greater service integration and enhanced accessibility of conventional public transport. It promotes a combination of mobility services for users with special needs and “open access” DRT services (available to everybody). RegioTaxi, a subsidized shared-ride taxi service, has been implemented across most of the Netherlands. There are 60 contracts, typically covering provision of both the Travel Dispatch Centers and operations, and together these account for almost one-quarter of taxi industry revenues. The service is open to the general public, and coordinated with special transport services, whose clients are charged normal public transport fares. Unlike services elsewhere which require 24 hours prior notice, users can book trips up to 30 minutes before departure. It has proved very popular, especially in rural areas.

The Italian Government has also enacted a series of laws to promote the availability of transport for people with reduced mobility. These have been supplemented by regional laws that have introduced differentiated fares and have further improved the requirements for accessibility. However, despite the provision of detailed legislation, implementation at a local level is patchy. Very few cities have a timetable that shows which buses or routes have facilities to carry passengers with reduced mobility, and where access ramps are fitted, they often do not work. Some specialist services (e.g., Rome) have limited availability to specific trip purposes. Milan has an interesting evening transport service, RadioBus, but the use of dedicated resources results in very high costs, putting its future in doubt.

In Australia, the national Home and Community Care program (HACC) funds for community care services to assist citizens to remain living independently in their own homes. Over a quarter of clients received transport services and assistance is provided either directly (e.g. a ride in a vehicle provided or driven by an agency worker or volunteer) or indirectly (e.g. taxi vouchers or subsidies). HACC is the major funder of Community Transport services in Australia.

The Australian state governments are responsible for special education needs transport. These services are under budget pressure because of a significant increase in the number of students with complex needs and an increase in requests to transport students over greater distances, with a growing number of students who, for various reasons, are not enrolled in the nearest school. In New South Wales parents/care givers must demonstrate that they are unable to provide the necessary transport themselves.

Edmonton in Canada has also been pursuing the goal of a fully accessible conventional public transit network. It also provides a customized program for people with disabilities and seniors to teach the skills that they need to make use of the accessible public transit system. For those who cannot use regular transit because of a physical or cognitive disability, the Disabled Adult Transit Service (DATS) provides door-to-door public transportation. DATS has implemented an automated night-before-call reminder system to clients to remind them of the booking, together

with on-the-day calls to let them know that their ride is on the way, to help reduce wait times and uncertainty for users.

Community transport plays an important role in cost-effectively providing RHST using a combination of paid and voluntary staff in England and Australia. Development of the sector is actively promoted by national and local government, and public agencies are an important, often main source of funding for the sector. However, this dependence can also create potential problems due to the lack of long term financial guarantees. To address this problem the Department for Transport in England encourages local authorities to view community transport as an integral part of local transport plans, and by in the role of purchaser of taxi and dial-a-ride type services they can help to provide a reasonably assured income stream.

**Table 5.1: Summary of Policy, Delivery and Approach to Coordination**

| Country     | Policy and Funding   | Delivery   | Integration  |
|-------------|--|--|--|
| England     | Local authorities have statutory obligations to provide services for education, social welfare. Included with departmental budgets and funded by block grant.<br>Department for Transport Rural and Urban Bus Challenge funding services, to encourage development of new DRT services.<br>National Health Service Primary Care Trusts commission patient transport services – available on grounds of medical need. | Some in-house provision by councils. Majority of services operated by contractors following competitive tender.<br>Health Service Trusts contract with Ambulance Service or private contractors.<br>Many councils and health service trusts also rely on the voluntary sector for some services, and in this role provide a key element of funding for community transport projects.                             | Integrated approach to provision is encouraged, but is often difficult to achieve in practice due to the mix of bodies involved, their respective statutory duties and obligations, and the diverse funding sources. Some examples of effective multi-agency integration, where the costs of providing the co-ordination role can be offset through savings made possible by more efficient use of capacity and funding. |
| Sweden      | Disability policy has moved from focus on social and welfare issues for disabled persons towards an emphasis on democracy and human rights. Responsibility for organisation and funding of Patient Transport Services was transferred to from regional health authorities to regional transport authorities in 2007.   | Emphasis on ensuring accessibility of mainstream public transport to vast majority of population to significantly reduce the need for exclusive solutions dedicated to the needs of specific groups. Network of Flexlines provide access to points on the conventional transit network rather than door-to-door service.   | Emphasis on integration of STS and main public transport network. Under pre-2007 arrangements, patient transport was often contracted to the local STS. With transfer of responsibility, benefits of integration were lost and, due to lower productivity, costs increased.  |
| Finland     | National Policy for the development of DRT from 2006.  | Services provided by contractors. More flexible approach to provision has seen traditional bus companies moving to a mix fleet of buses, taxis, ambulances, minibuses and parcel delivery services.  | 20 regional Travel Dispatch Centres (TDCs) created to control demands across all modes of transport.   |
| Netherlands | Social Support Act (WMO) has the objective of fostering social inclusion. Municipalities are responsible for ensuring that everyone should be able to participate in society, with greater service integration and enhanced accessibility of conventional public transport.  | RegioTaxi shared-ride taxi service implemented across most of the Netherlands. 60 contracts typically covering provision of both the Travel Dispatch Centers and the actual operations. Accounts for almost a quarter of taxi industry revenues. Overall, more than 70% of taxi industry revenues come from contracts with municipalities, regional public transport authorities and health insurance companies. |  |
| Italy       | Enacted a series of laws to promote the availability of transport for people with reduced mobility. This has been supplemented by Regional laws that have introduced differentiated fares and have further improved the requirements for accessibility.  | Despite the provision of detailed legislation, implementation at a local level is patchy. Very few cities have a timetable that shows which buses or routes have facilities to carry passengers with reduced mobility, and where access ramps are fitted, they often do not work.  |  |

## Overview

This chapter specifically sets out to identify examples of integration of specialist services and provision of mainstream or “open access” transit services; and coordination, where the objective is to use specialist resources of different agencies more efficiently.

Traditional demand-response transportation (DRT) services have often been criticized because of their relatively high cost of provision, their lack of flexibility in route planning and their inability to manage high demand. These problems are now being exacerbated by the rapid increase in elderly population, combined with dispersion of activities is leading to rapid increases in demand and costs of providing separate complementary DRT services.

Financial pressures are forcing many authorities to reduce, or to control increases in, their expenditure on specialist transport services. Affordability influences policy choice.

Approaches to address these problems have included reducing the extent of duplication of the conventional fixed-route transit network by DRT services, made possible by the increasingly widespread use of low floor buses offering greater accessibility. There is also a move to increase the efficiency of DRT services by application of more effective information and communications technologies (booking and reservation systems, combined with automatic vehicle location systems, giving the capacity to dynamically assign passengers to vehicles and optimize the routes (Nelson et al, 2009).

Economic efficiency can also be improved by opening up use of DRT services to a wider population, feeding into conventional fixed-route services in areas of widely spread demand.

There are few examples of commercially viable DRT, but what constitutes a justifiable level of subsidy is likely to depend on what the cost to the public sector of alternative forms of provision would be, and the allocation of different authority and departmental budgets allows for financial arrangements which recognize potential cross-sector benefits.

Recently, with the support of the European Commission and the local or national governments of several European countries, flexible and demand responsive transport became the subject of many initiatives and demonstration projects to promote the service and to stimulate innovation through developing technologies that enable efficient planning and management of these services. Projects that have sought to promote innovation and research in transport include:

- FAMS –Flexible Agencies for Collective Demand Responsive Mobility Services (2002-03)
- MASCARA – Demand responsive transport service for increasing social cohesion in urban/rural areas (2005-07)
- CONNECT – Co-ordination of concepts for new collective transport (2004-05)
- SUNRISE – Social cohesion in Urban / rural areas based on Innovative and Sustainable collective mobility services (2004-06)

### **Technical Memo Organization**

The report is organized by country, providing the context and national-level policy, together with the approaches in specific areas of service provision. The picture presented is not intended to be comprehensive but, by focusing on particular case studies from distinct environments, to illustrate concepts and lessons which can be drawn for application in comparable situations in Georgia. Refer to Section 5.8 for summaries.

## 5.1 England

In England, responsibility for delivering different elements of human services transport is divided between a series of public agencies, as highlighted in Table 5.1.1. There is a wide range of service models, including direct provision and/or contracts with commercial and voluntary organizations (which are in some cases supported by public funding). The potential for efficiencies through enhanced coordination and a more integrated approach to provision is recognized, but is often difficult to achieve in practice due to the mix of bodies involved, their respective statutory duties and obligations, and the nature and sustainability of funding.

**Table 5.1.1: Responsibilities for Delivery of RHST in England**

| Authority/Agency                               | Nature of services   |
|--|--|
| County Council                                 | Social services<br>Home to school including Special Education Needs<br>Local bus services (non-commercial, socially necessary) |
| Borough or District Council                    | Day center transport<br>Dial-a-Ride  |
| National Health Service<br>Primary Care Trusts | Non-emergency patient transport services   |
| Voluntary Sector                               | Community transport<br>Voluntary car services  |

### 5.1.1 Social Services

The provision of transport for social service clients is a statutory obligation on all local authorities (Councils), although some authorities provide services in excess of the statutory requirements. Social services transport is usually provided without any specific or formal assessment of need. There are specific requirements in respect of adults and children.

#### Adult Social Care

The most common reasons for use of transport in adult social care is for older people with physical disabilities; or for working age adults with learning disabilities or with mental health needs. The obligations on local authorities to provide transport are enshrined in the Provision of Welfare Service Section 29 of the National Assistance Act 1948 and under Section 2 of the Chronically Sick and Disabled Persons Act 1970 to provide transport to day care services.

#### Children and Families

The obligations to provide transport in for the welfare of children are outlined in the Children's Act 1989. Section 8 directs the "care giver to allow child contact with another person" (parents/relatives) typically as a result of court orders, and is a common reason for use of ad-hoc use of taxis.

Another common use for taxis in 'Looked After' Children's Services is for appointments (e.g., doctor / dentist appointments, court appearances for youth offenders). However, the role of social services transport can run much wider, including access to:

- Adult training centers, local colleges or employment services;
- Hospital-based centers for post-operative day care and rehabilitation;
- Transport to school for children in the care of the authority; and



- Respite care for children with special educational needs.

## Providers

A majority of authorities provide at least some in-house transport for adult services, but almost all buy-in the services for children. Many councils use the voluntary sector for escort services and in some cases drivers.

Most social transport services are procured by private operators under competitive tendering. There is no standardization of contract documentation: each authority has their own arrangement and there is little commonality of pricing structure, approach to route packaging, or outcome specifications. There are differing approaches to pricing mechanisms due to the mix of distance, number of pick-ups, need for an escort, and frequency of journey and length of contract. Some authorities are charged on a mix of mileage and time, while others applied an all-inclusive journey rate dependent on the requirements.

Taxi operators are the main operators, with typically 100-300 providers per authority. The reliance on the self-employed, largely unregulated, taxi provision market opens up “duty of care” questions with the age, competence, skill of the drivers and the quality of vehicles all areas of potential concern. Criminal Records Bureau (CRB) checks are normally required for drivers, passenger assistants and other staff who come into contact with vulnerable children and adults. Specialist training may also be desirable to respond appropriately to physical/other disabilities and behavioral problems of users, and address any medical needs. Some Councils provide training and/or issue handbooks for staff.

Contract duration varies from one day to 7 years. Many Councils prefer short period contracts (less than 3 years) as this makes it easier for them to adapt to the level of range of needs and changes in number/location of clients. However, better value is generally obtained by longer contracts.

## Funding

A 2006 review of local authority spend on taxis and transport in social care (South East Crisps) noted a lack of high quality, quantifiable, data on expenditure and use. Reasons include lack of systematic recording of generic expenditure and a fragmented approach to procurement. The financial arrangements within many authorities make it difficult to identify overall expenditure and there is a similar scarcity of data about numbers carried. In cases where a breakdown is possible, the percentage of total social care spend dedicated to transport varied from 1 percent - 2.7 percent of the budget.

Budgetary control is often poor, with budget holders not challenged despite overspends. ‘Benchmarking’ prices may be limited to a simple comparison with previous tenders, and/or with other bidders. The ‘cost of change’ of contractor is sometimes considered, primarily in terms of the potential distress to the users.

Costs of provision have been rising in real terms due to a combination of factors:

- Trends in comparable wage rates in the bus and coach industry;
- Rises in fuel, insurance and other vehicle running costs;
- Extension of employment rights to part-time staff;
- Changes to vehicle specifications, new seat belt and wheelchair clamping equipment specifications and regulations;
- Increased training costs as consequence of increased health and safety requirements; and
- Moves towards smaller, lower capacity vehicles.

Around one-half of authorities make a user charge for social services transport, although this may be an integral element of other charges (e.g. for attendance at the day center) and may be subject to means (income level) testing.

### **5.1.2 Special Educational Needs**

Local authorities in England responsibilities for providing home to school transport for children up to Year 11 (Grade 10 equivalent) are set out in the Education Act 1996. The Education Act 2002 set out additional responsibilities for students taking part in further education, with transport provision required for students with learning difficulties and disabilities up to the age of 21 (and ideally to 25).

The Education Act 1996 says that “a child has special educational needs (SEN) if he or she has a learning difficulty which calls for special educational provision to be made for him or her” or “a disability, which prevents or hinders them from making use of education facilities”. However, a child with an SEN Statement does not automatically qualify for transport assistance unless specifically written into their statement. Entitlement to transport is based on an assessment of a child's individual needs and responsibility for determining entitlement rests with Education Department staff.

The proportion of pupils provided with special travel assistance varies significantly between local authorities, and interpretations of “special education transport” are also varied, which can make comparisons difficult. However, there is little linkage between assessment of entitlement and budget targets: most SEN transport budgets are “demand led”.

Around one-half of authorities provide door-to-door transport for most SEN children, at the same time others adopted a mixed approach with some pick-up points. Few authorities provide escorts/supervision across all special education transport: most base their decision on the individual child's needs (extent of emotional and behavioral difficulties), age and risks assessed.

#### **Providers**

The majority of SEN services are put out to competitive tender, and around three quarters of SEN pupils travel on contracted services.

Procurement on a route/area basis tends to be preferred by authorities. Routes tend to be reviewed at least annually, with some degree of flexibility built into the contract for route variation, for example based on a cost per mile, to avoid a significant impact on the overall cost.

Special education transport contracts vary in duration, with most between one and five years, with a 3-year term fairly typical. Longer contracts (up to seven years) have been adopted in some cases to ensure greater stability and allow investment in higher standard vehicles to be spread over the life of the contract.

Most authorities appoint contractors on the basis of lowest cost bids, or give a high weighting to cost (for example, the London Borough of Ealing's evaluation criteria are based on 65 percent cost, 15 percent quality and 20 percent technical). Some Councils maintain an in-house fleet to provide protection against excessive bids.

## Funding

SEN transport represents over 60 percent of all home to school transport. The overall value of the SEN transport market in England for was estimated at £555million(\$898.5 million<sup>3</sup>) in 2007/ 2008. Of this, expenditure in London totaled £103million– higher (\$166.8 million) on a per pupil basis than in the rest of the country. A contributory factor is the lack of integration with services provided by neighboring authorities and/or Transport for London, despite considerable volumes of cross-boundary movement. As for social services transport, more onerous health and safety obligations and a requirement for higher vehicle standards have contributed to increasing costs.

### 5.1.3 Flexible and Demand Responsive Transport

The UK Government has encouraged the development of DRT through Rural and Urban Bus Challenge funding services, which provided term limited funds to start new projects. Publicly-funded DRT services are diverse, but there are fears that in many cases they are unlikely to be sustainable over the long term, given the pressures on funding.

#### Case Study: Tyne & Wear – Metropolitan Area

In 2006, the Tyne and Wear passenger transport authority (branded as *Nexus*) agreed to the establishment and development of a new approach to providing a community-based bus network across the area, including a mix of conventional bus services, DRT, Taxibus, vehicle brokerage and a dedicated “door-to-door “ service for disabled passengers. New contracts were put in place under the *LinkUp* and *TaxiLink* brands.

The change was driven by the high costs of the previous *Care Service* operation. Care Services had 15,000 members and undertook 240,000 trips per year but was restricted to disabled passengers. The vehicles covering vast areas which made it difficult to combine trips; with the result that high numbers of trip requests were being refused. There was also poor integration with other sectors (patient transport services or local council transport to hospitals or day centers). As part of the new structure, the authority provided grants to two Community Transport operators to provide ‘group travel’ arrangements previously undertaken by Care Services.

LinkUp provided a comprehensive open access DRT service throughout Tyne and Wear using 14 low-floor, wheelchair-accessible vehicles. There are four resource-based contracts, each of which covers four ‘service’ areas.

Each LinkUp service operated a fully flexible route within the 16 areas between fixed timing points, which enable connection to the Metro light rail system to provide journeys at times when regular services were not operating or where a direct services was not available. Passengers could be picked up and dropped off at existing Metro and bus stops and other designated locations such as shopping centers, doctors’ surgeries and leisure facilities. However, the service would also pick up and drop off passengers at the door, for a small additional fare, if requested.



<sup>3</sup> All currency conversions in this chapter are converted to present day (March 7, 2011) U.S. dollars. Conversions are calculated using [www.xe.com](http://www.xe.com).

Demand proved higher than originally anticipated and the communications technology proved to have inadequate capacity, leading to rapid replacement. There are around 8,000 users registered with the service, making around 5,000 journeys per week.

The LinkUp vehicles were also used for part of the time to provide 9 conventional bus services, which generally serve places of employment and support services, carrying a further 145,000 passengers per annum.

TaxiLink was designed to offer a “door-to-door” service for those who have difficulty using mainstream public transport services but is restricted to persons who qualify under more rigorous eligibility criteria. Membership was around 3,000 with around 60 percent migrated from Care Services, the balance being “new” members. Forty-two percent are wheelchair users.

In September 2008, the TaxiLink service was replaced by the Nexus Taxicard service, which offered eligible disabled persons potential to use accessible taxis for local journeys, with a basic fare of £1.50 (\$2.43) per trip, plus any additional fare over £4 (\$6.50).

Following a review of the whole subsidized public transport network with the objective of securing better value for money, a decision was taken in 2010 to withdraw LinkUp services in favor of a combination of fixed bus services, timetabled taxi buses and community transport.

### **Case Study: Greater Manchester – Metropolitan Area**

Greater Manchester’s Local Link network is one of the most advanced urban area DRT network in the UK. Here DRT operates alongside dial-a-ride (Ring and Ride) and separate Community Transport provision.

Some 27 DRT services have been contracted by the Passenger Transport Authority, providing service cover to 25 percent of the metropolitan area and to 33 percent of households. Fourteen of these services wholly or partially replaced conventional bus services and, for nine of these, where a direct cost comparison could be made, there was an annual cost saving of 65 percent.

The Local Link network is run under contract by a range of providers, from a local bus operator to taxi firms and community transport operators. There is increasing interest from commercial operators in bidding for contracts, resulting in lower prices.

In 2005, patronage in Greater Manchester totaled 237,000 journeys at an annual cost of £1.6million (\$2.6 million). Around two-thirds of journeys made using the Local Link were to key health facilities, fresh food shopping and employment.

### **Case Study: Lincolnshire – Rural County**

Lincolnshire County Council’s Call Connect was developed with a mixture of funding from the Rural Bus Grant, the Countryside Agency, the European Commission and the Rural Bus Challenge. It comprises a mix of fixed and responsive services with convenient interchange feeding into main bus network branded *InterConnect*.

The network was launched in February 1999 and achieved rapid growth, leading to roll out of concept rolled out across more corridors. By 2010 the network operated 25 routes. It includes two DRT service types:

- CallConnect Plus – services with flexible routes that only operate on demand using 8 seat minibuses; and
- CallConnect - semi-fixed route services using 16-24 seat minibuses.

The service operates 7:00 AM to 7:00 PM. Journeys can be booked by telephone with between 7 days and 2 hour notice. The County Council is responsible for day-to-day management – running the call center – with the operations contracted out for a 5-year term. Most DRT vehicles are provided by the Council.

Between 10 and 15 percent of passengers use CallConnect to commute to work.

Lincolnshire also has four local dial-a-ride services (located at Grantham, Spalding, Gainsborough and Skegness) and up to four roaming dial-a-ride vehicles located around the county.

### **Case Study: London**

London residents with serious mobility impairment have access to the *Taxicard* Service funded by local borough councils and Transport for London (TfL). The service is available for trips by licensed taxis 24-hours a day. It offers reduced fares, but is still subject to the weekend and evening premium rates applied to taxi fares. The service is also restricted to a limited number of trips each month or each year. It is intended for social and shopping trips. Journeys are pre-booked by contacting the Taxicard Call Centre either by telephone, SMS text or on-line.

The service has 83,000 members and the number of journeys made has more than doubled over the last 10 years to stand at over 1.64 million in 2008/ 2009. The average cost per vehicle trip has been decreasing and was £10.23 (\$16.56) (before user contribution), down 16 percent over 10 years.

In areas where there is a limited supply of licensed taxis TfL has introduced *Capital Call* which uses minicabs (private hire vehicles). Trips are pre-booked through the Capital Call Transport Co-ordination Centre. Again usage is restricted but in this case to an annual travel budget. Users also pay a fixed rate of £1.50 (\$2.43) per trip.

### **5.1.4 Non-Emergency Patient Transport Services**

Under the National Health Service (NHS) in England, local Primary Care Trusts (PCTs) have the legal responsibility for commissioning patient transport services (PTS). Types of journeys provided include in-patient admissions, out-patients and day patients, together with non-urgent transfers between hospitals and patients returning home after discharge from hospital. PTS does not include travel to general practitioners, dentists or opticians.

Patients are eligible if they are physically unable to get to healthcare facilities by independent means, or because attending without assistance would cause them medical harm. NHS patients are now being offered a choice over where they receive treatment when they are referred for elective care. Therefore, it is likely that the number of non-local “out of area” PTS journeys will increase.

No charge is made to patients in most cases. However, the NHS can use its income generation powers to charge patients for the provision of transport for ‘social’, rather than ‘medical’ needs, with profits generated used to fund improvements in health services (Dept. of Health, 2007).

Patients who do not have a medical need for ambulance transport, but who, because of low income require financial assistance in meeting the cost of travel to/from hospital can be reimbursed by the Hospital Travel Costs Service. Entitlement is means tested and generally limited to people claiming other state benefits.

The majority of work is planned, with bookings made in advance, for operation within a defined catchment area. Most PTS operate between 8:00 AM and 6:00 PM, Monday to Friday but some contracts include additional dedicated PTS vehicles to provide services in the evenings and at weekends.

## Providers

Typically, one PCT will act as the lead commissioner for a region. While in the past responsibility was often devolved to the local acute hospital trusts, as of April 2009 all contracts have transferred to the relevant PCT.

Traditionally, the majority of routine patient transport services were procured from the local NHS Ambulance Service Trust. However, in several areas, there have been concerns raised about the quality and value achieved from these contracts, leading to pressure to re-commission the provision. Issues causing concern to the PCTs include:

- Lack of flexibility to meet changing / increasing patient transport needs;
- Lack of performance monitoring information on activity, finance or quality against which to formally assess performance; and
- Poor quality of service delivery including high level of cancellations.

In addition to provision of vehicles and crews, the contracts usually include staffing of control centers and staff based in individual hospitals to process transport bookings.

Increasingly PTS contracts are being won by private sector operators. The majority of operational staff associated with the work transfer from the NHS to the contractor under Europe's Transfer of Undertakings (Protection of Employment) Regulations which protects existing terms and conditions of employment in such situations. The cost advantages offered by private contractors are therefore mainly on management activity and (in some instances) the type of vehicles being used. The overall price difference between NHS public sector ambulance service and private contractor bids are often quite modest.

All PTS work has been awarded under the terms of the NHS Standard Contract since the end of 2008/ 2009. This covers all providers, whether part of the NHS, the independent sector or not-for-profit sector. The contract is intended to achieve appropriate risk sharing (including sharing of benefits realized by mutual effort), ensure flexibility where there are genuine problems in delivery, and provide incentives as well as penalties. Adoption of standard terms and conditions is seen as a way of ensuring consistency, simplifying and focusing contract negotiation.

There remains scope for setting appropriate quality standards and performance incentives at a local level but under the Commissioning for Quality and Innovation (CQUIN) payment framework, the appropriate scale of incentives is decided nationally, at one to four percent of contract value.

The contract has a default duration is typically three years, although there is provision for shorter or longer periods. Individual contract values range from a few thousand dollars to several millions per annum. Typical costs are between £9.27 (\$15) and £20.38 (\$33) per patient journey (although at the lower end this includes use of volunteer car drivers and sub-contracted taxis for low dependency cases).

In the case of privately financed hospitals (provided under a public-private partnership (P3) type agreement with the NHS), provision of PTS is often an integral part of the contract, but the work is normally subcontracted.

### 5.1.5 Community Transport

Community Transport Services operated for the benefit of voluntary and community groups, charities, schools, colleges and local authorities provide transport for over 10 million passengers a year using an estimated 100,000 vehicles in the UK. The sector covers door to door "Dial-a-Ride" services, "Social Car" services, in which volunteers

use their own cars to provide one-off journeys for people who are unable to use public transport and Group Hire minibuses.

The sector is regulated under the Transport Act 1985. Section 19 permits allow non-profit making organizations to carry passengers for hire and reward, but do not allow them to carry the general public. Section 22 community bus permits allow organizations to run a local bus service on a voluntary non-profit basis. Permits are issued by Department for Transport's (DfT) Vehicle and Operator Services Agency (VOSA) and 'designated bodies' including local councils along with individual not-for-profit organizations such as the Scouts Association and Age Concern.

Local authorities are an important, often main source of funding for the sector. It should be emphasized that local authorities depend on block grant allocations from national government and raise only modest amounts from local taxes. There is no requirement for a minimum level of expenditure on community transport provision, and the result is that the extent of funding is variable from area to area, with no guarantee of long term continuity. However, local authorities also act a purchasers of taxi and dial-a-ride type services and in this role can help to provide a reasonably assured income stream. The DfT encourages this model of working and inclusion of community transport as an integral part of local transport plans.

To support the development of community transport, the DfT part-funds the Community Transport Association (CTA), a rapidly growing national charity representing and promoting community transport operators. The CTA provides its members with advice and support to develop and deliver services with the aim of affecting social change in their communities.

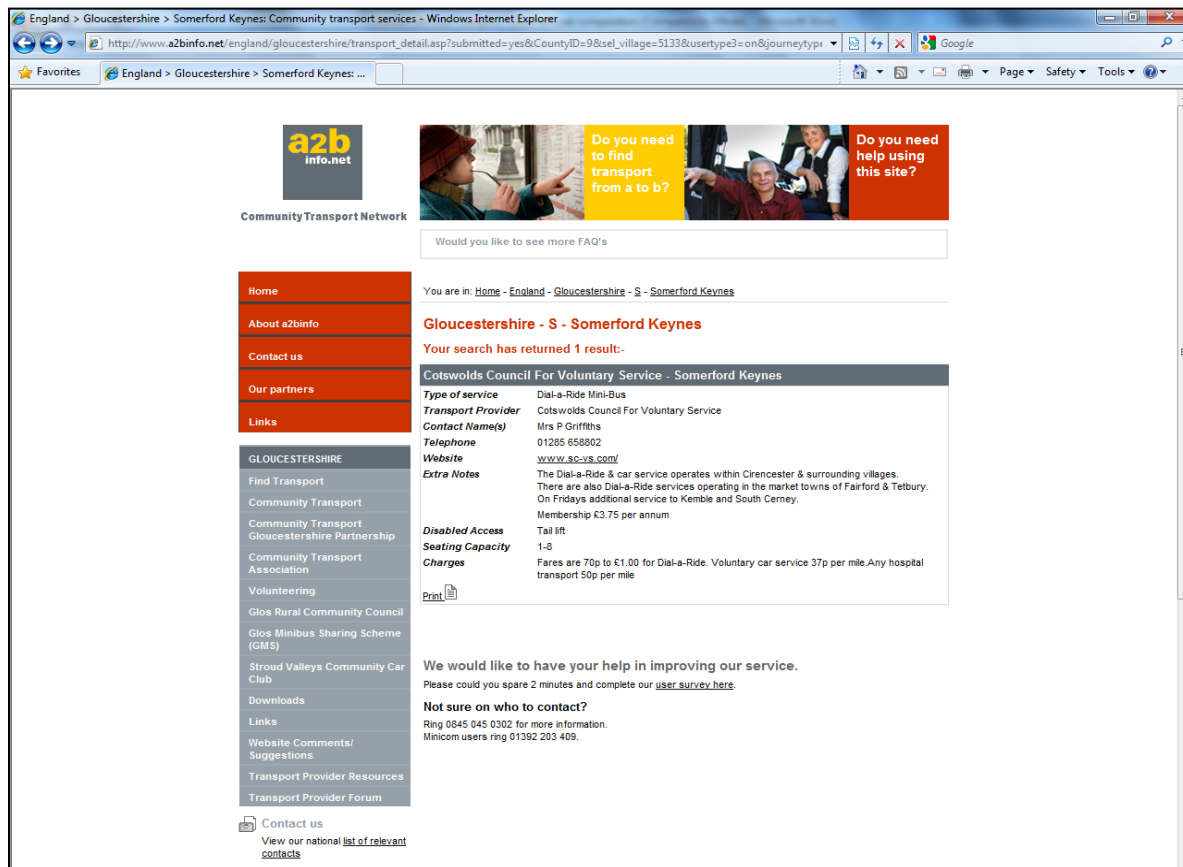
A national community transport information system has been established, which integrates the three main stakeholders involved in community transport:

- Rural Transport Partnerships;
- Individual Transport Providers; and
- The Community Transport User.

The A2Binfo.net website allows an interactive search to identify relevant providers who can cater for individual's journey needs in any area. A sample screenshot is shown Figure 5.2.5.1 on page 189.



**Figure 5.1.5.1: A2Binfo.net website**



## 5.1.6 Coordination

When services for SEN, social services and health are organized and procured in a coordinated manner, the resources can be utilized more efficiently with potential efficiency savings from pooled resources (fewer spare vehicles, reserve drivers, etc.). However, joint tendering of SEN and other transport is not widespread, although larger shire authorities are increasingly implementing Integrated Transport Units. Reported successful examples of integrated commissioning include:

### Case Study: Devon County Council Transport Coordination Service

Devon County Council's Transport Coordination Service (TCS) was established in 1986 as the focal point for organizing the home to school journeys, transport to social services centers, "meals on wheels" deliveries, subsidized local bus services and fleet management. It also organizes transport on behalf of some external agencies in the health and voluntary sectors, and works on the development of community transport initiatives.

Most transport is provided by external contractors, but the County Council often provides the vehicles from its fleet of 435 cars, vans, accessible minibuses, and mobile libraries. A single vehicle may work for several different departments or even external clients during the day.

The TCS functions as a free-standing cost center with running costs being recharged to users (mainly other departments within the County Council).

Devon County Council has also been working in partnership with health trusts and the community transport sector for a number of years. They found that some people were being transported in ambulances when they could have gone in cars, while other eligible patients were being declined passenger transport services due to capacity problems. This led to a strong view that there should be a better way of providing cost effective and efficient passenger services in order to eliminate waste.

The Council's solution promoted cooperation with local health trusts transporting patients eligible for 'medical' tier transport (who may require medical intervention during the journey), while those not meeting the 'medical' tier were transported by community transport operators, subsidized by the health trusts. This resulted in a more efficient use of capacity and funding.

### **Case Study: East Riding Council and Yorkshire Ambulance Service**

A Transport Innovation Partnership (TIP) was established comprising local councils, along with the local ambulance trust and community transport providers, with the aim of maximizing the use of council, ambulance and community transport vehicles.

By working in collaboration on patient transport and operating a call center, the Councils and the Ambulance Service have achieved cost efficiencies and service improvements. The next stage is to maximize the use of existing vehicles via a common booking system for all vehicles available in the area, regardless of who owns them. This 'vehicle brokerage' will maximize each vehicle's revenue earning potential, by allowing the council and community transport groups to 'sell' the time when a vehicle is not normally used.

### **Case Study: Norfolk's 'Integrated Transport Solutions'**

Norfolk's Integrated Transport Model (ITM) covers health, social care and wellbeing. The project commenced in 2002 with 3-year funding from DfT. Working closely across multiple organizations the model has streamlined the booking and journey service for passengers by providing one central booking center and one contact number, and provided direct referral for health or social service passengers eligible for free transport. It has introduced a central pool of drivers from local services and voluntary organizations. The project provides 800,000 client trips annually and it was estimated that by 2008 it was saving around £230,000 per annum.

## **5.2 Sweden**

Sweden was a pioneer in developing public transport accessibility for disabled persons. In 1975, the Swedish Government provided state funding for municipalities to organize Special Transport Service (STS) for disabled persons, covering 35 percent of costs. This led to a rapid development of STS services. By 1982, it became a legal requirement to provide such services and it is estimated that around five percent of the population are eligible.

In 1997, another law was enacted which states that STS should no longer be considered a social welfare issue but a matter of transport policy, with an obligation on authorities to provide adequate transport service to persons with disabilities who have difficulty using the regular public transport system. While STS remained a municipal level responsibility, the local authorities were encouraged to hand it over to the regional Public Transport Authority (PTA) in order to improve coordination with other travel. The law also encourages cost savings by increasing the accessibility of mainstream public transport. However, there is no longer national funding for STS.

Since 2000, there has been a change in emphasis in disability policy, which moved from focussing on social and welfare issues for disabled persons towards an emphasis on democracy and human rights. The resulting broad-based strategies are designed to provide accessibility for everyone and avoid or significantly reduce the need for special, exclusive solutions dedicated to the needs of specific groups.

## 5.2.1 Flexible and Demand Responsive Transport

### Case Study: Gothenburg

In the city of Gothenburg (Göteborg), STS became a city council department in 1990 (it was previously run as a division of the public transport operator). The STS Travel Dispatch Centre is operated in-house with a staff of 120 persons, and centrally coordinates provision of transport, handling around 4,000 calls per day.

STS services are delivered by contractors selected by competitive tendering, involving 80 dedicated low-floor minibuses and about 350 taxis (of which 200 are used at peak times) from five companies. Contract prices are based on a cost per vehicle hour (reviewed every 2 years) and contractors must guarantee levels of availability.

Around 4.5 percent of residents (about 22,000 people) were STS permit holders, although the number of actual users was somewhat lower at around 16,000. They made 700,000 trips, with another 220,000 for special education users and 280,000 for patient transport in 2006.

Productivity of STS has declined over time, from 2.5 per taxi hour in 2000 to just over 2 in 2008, and from 1.7 to 1.4 per hour for specialist vehicles. 2007 saw a particularly sharp fall, when responsibility for providing patient transport services was transferred to the regional transport authority, Västtrafik.



To reduce the cost for STS provision, a network of Flexlines has been introduced, providing a demand-response service using low-floor minibuses. The aim was to provide users with access to points on the conventional public transport network. The first route was launched in 1996 and there are now 22 Flexlines in operation serving all parts of the city. The maximum distance between “meeting points” (i.e. stops) for most passengers is 150 meters. Fares are the same as regular public transport.

Reservations can be made via telephone to the Travel Dispatch Centre from two weeks in advance to within 15 minutes of departure. This provides users with considerable flexibility for booking the return leg of journeys. The typical trip is 1.25-2.5 miles long and about 200,000 passenger journeys are made each year.

The services are available to all elderly people and not just those eligible for STS. Around 60 percent of journeys are by STS clients, between a quarter and a third by pensioners and 10 percent for patient transport. Productivity is significantly higher than STS at around five persons per vehicle hour.

The costs, relative to conventional public transport are:

- STS by minibus – 21 times;

- STS by taxi – 14 times; and
- Flexline - 7 times.

In 2005, the “Kolla” project was launched as joint action plan by the City and regional transport authority to implement a fully accessible public transport system by 2010. This aim was to adapt general public transport provision with the target of enabling 98 percent of citizens to use it to ensure freedom of movement and free up resources for those who need it most. The project included increasing the accessibility of streets (sidewalks), stops, stations and vehicles for mobility and visually impaired people. Training was provided to operators in dealing with disabled users.

### **Case Study: Stockholm**

It is estimated that Storstockholm’s Lokaltrafik (SL) – the Greater Stockholm Local Transit Company- is spending over 17 percent of their total subsidy for public transport on provision of STS services. The segment caters for 3.6 million journeys (2006), but this less is than one percent of total trips.

Services are procured from 12 taxi operators and demand is co-ordinated through six call centers (some located outside Sweden). There are 400 dedicated wheelchair accessible minibuses and the service can call on resources form a fleet of 3,500 taxis. Note that although taxis in Sweden are deregulated, those participating in STS are generally large established taxi companies.

### **Rural Services**

In rural areas, the provision of transport for school children and STS for elderly/disabled persons is the responsibility of the municipalities, while health care patient transport services are organised by the county councils. With low demand, a significant level of provision is based on use of DRT solutions, but provision for different user groups is often organised independently, leading to high costs and inefficiencies (Bjerkemo, 2003). In some areas there is full coordination of these “open” trips with special needs transport.

Most municipalities have contracts with local taxi companies to maintain some minimum public transport service in rural areas where volumes are too small to support regular bus lines. Typically, a person living in these areas has the right to call for a service trip to the nearest town two times a week (e.g., between 10:00 AM and 12:00 PM on Tuesdays and Thursdays). The fare for such a taxi trip is then equal to a normal bus fare for an equivalent trip. The municipality pays the difference in cost. Since the service level is low, the usage is quite affordable to the municipalities, but it also limits the convenience for users.

### **5.2.2 Non-Emergency Patient Transport Services**

Financial responsibility for patient transport originally lay with regional health authorities but provision was often contracted to the local STS. However, between 2006 and 2007, responsibility for both organization and funding was transferred to regional transport authorities. A return to the former arrangement is now under discussion, so that the body authorising travel will also pay for the service.

In some areas, there was a high level of coordination with the STS services prior to the transfer of responsibility for patient transport in 2006-07. Patient journey details were entered into the system for potential integration with other patient and STS trips. This worked well in some areas but in some cases (e.g., Stockholm, the scope for efficiency is limited by insistence on a maximum of two people per vehicle, and not more than five minutes journey time between the start of each journey).

## 5.3 Finland

Finland made recommendations for a National Policy in 2003 for the development of DRT from 2006. The National Policy allows for local implementation and recognizes the need for services to be developed for local issues, rather than seek to impose a single model.

Twenty regional Travel Dispatch Centers (TDCs) were created to control demands across all modes of transport. The government provided “pump priming” funding for the first three years, after which time it was envisaged that the system would be self-financed through the savings achieved through integration of services.

The approach was designed to remove the traditional “silo” based approach to service delivery. Staff from the various agencies was required to work together, utilizing one system, to determine the needs of communities. In the same way, budgets of service departments were pooled and trips allocated to budget headings based on the trip purpose.

Transport companies are reported to now see themselves as mobility providers and not simply as vehicle operators. A more flexible approach to provision has seen traditional bus companies moving to a mix fleet of buses, taxis, ambulances, minibuses, and parcel delivery services.

### 5.3.1 Flexible and Demand Responsive Transport

#### Case Study: Helsinki metropolitan area

The aim of HSL, the regional transport authority, is to make urban transport so accessible that all residents (despite any mobility impairments) can use it to get at least from the stop closest to their home to the neighborhood services.

From January 2009, a former network of service routes designed to meet the needs of elderly and disabled people has been replaced by 25 new “Jouko” neighborhood services which can be used by anyone at the standard fare. The new service has doubled the number of vehicles and extended the hours of operation to 7:00 AM to 6:00 PM on weekdays, compared with 8:00 AM to 4:00 PM previously. Most routes operate hourly, with three on a wholly demand-responsive basis.

The services use low-floor mini-buses capable of accommodating one wheelchair. The distance to the nearest stop is kept as small as possible, but the intention is not to offer a door-to-door service. When needed, the driver helps passengers on and off the bus. Routes are numbered according to the postal code of their operating area to make it easier for potential passengers to identify. Passenger numbers are reported to have increased compared with the previous services.

#### Case Study: Siilinjärvi

The municipality of Siilinjärvi in eastern Finland has an on-demand service for the elderly and for people with reduced mobility using a minibus and local taxis.

The minibus has accommodation for 16 plus two wheelchairs, and is equipped with data terminal. It is reserved for four hours per day to provide transport to two day-centers (a work center for disabled people and a day center for elderly people). It is then used to offer a dial-a-ride service, serving different areas on different days of the week. Bookings are made by telephone to the TDC, operated by the city of Kuopio.

All normal bus tickets are valid, including regional cards, and there are additional concessions for elderly and disabled persons. The majority of users are elderly: 75 percent are over 70 with 22 percent using some kind of mobility aid.

Services are contracted on an annual basis. The total gross annual operating cost in 2006 was €77,366 (\$108,027) and fare revenues covered about 30 percent of costs. The national government contributes to the TDC's running costs and the balance is shared equally by the municipality and the provincial government.

## 5.4 Netherlands

In 1993, the rules governing provision for disabled people were reformed. The Wet Voorzieningen Gehandicapten (WVG) law devolved responsibility for providing range of services for disabled people, including transport, to municipalities. The associated financial mechanisms encouraged them to fulfill this responsibility by implementing DRT services, instead of the previous approach of providing direct income support. By 1996, over half of the municipalities had contracted with a shared-taxi operator, with 95 operations covering 322 municipal areas (Bakker, 1999).

Development of DRT in the Netherlands was further reinforced in 1997 by legislation which made it possible for the regional Public Transport Authority to include DRT a part of their public transport system, making it eligible for national government subsidies for system development and operation (Westerlund and Cazemier, 2007). The inclusion of DRT as an integral element of the public transport system was confirmed under the 2001 law on passenger transport.

In 2006, there was a significant shift in policy, with former legislation on services for the disabled people replaced by the Social Support Act (WMO) with the objective of fostering social inclusion. Under the WMO municipalities are responsible for ensuring that everyone should be able to participate in society, with greater service integration and enhanced accessibility of conventional public transport, reducing reliance on DRT services. It promotes a combination of mobility services for users with special needs and "open access" DRT services (available to everybody), to fill the gap between mainstream public transport and conventional taxi services.

### 5.4.1 Flexible and Demand Responsive Transport

RegioTaxi, a subsidized shared-ride taxi service, has been implemented across most of the Netherlands since 2000 and has proved very popular, especially in rural areas. It is open to the general public, but coordinated with STS and other target groups such as patient transport.

Around half of the users are members of the general public who pay a 50 to 60 percent of the cost, equivalent to 3 to 4 times the normal public transport fare (but around half a standard taxi ride). Defined eligible persons are entitled to a higher level of subsidy and pay only the standard public transport rate.



Users can call and book trips up to 30 minutes before the requested departure time (60 minutes in some instances), with actual departure expected to be within +/- 10-15 minutes of the requested time. Planning and dispatching trips within such a short period before the requested departure times is very challenging, and delays of up an hour are possible, but the service aims for a 95 percent on-time service level.

Services are provided under contract, typically with a 3-5 year term. There are around 60 regional DRT contracts which cover provision of both the TDCs

and the actual operations (vehicles and drivers). This whole service model of procurement can create problems when contracts are won by a new operator.

Around 23 percent of taxi revenues in 2005 were estimated to come from RegioTaxi contracts. (Overall, more than 70 percent of taxi industry revenues come from contracts with municipalities, regional public transport authorities and health insurance companies).

## **5.5 Italy**

During the last 20 years, the Italian State has increased its focus on increasing the availability of transport to a wider population. A number of laws have been enacted relating to the accessibility of public transport services for passengers with reduced mobility (for example: Laws 118/71, 104/92, 151/81 and 21/92 as well as Presidential Decree 503/96). This has been supplemented by regional laws that have introduced differentiated fares and have further improved the requirements for accessibility.

However, although the legislation has been put in place, often in great detail, many problems still remain at a local level. Very few cities have a timetable that shows which buses or routes have facilities to carry passengers with reduced mobility, and often the access ramps which are fitted do not work, or the driver does not know how to operate them. Often there is little information available to facilitate journeys by mobility impaired or disabled passengers. It is estimated that only 20 percent of persons with reduced mobility use public transport in Italy, and this figure falls at higher levels of impairment.

### **5.5.1 Schools and Special Educational Needs Transport**

Each town or municipality arranges school bus services in the event that pupils cannot attend school close to their home (e.g., as a result of a local school being closed and students transferred). Some municipalities have additional school bus services, but they are not widespread.

### **5.5.2 Non-Emergency Patient Transport Services**

Transport to access to medical services is run by the local health authority (Azienda Sanitaria Locale [ASL]) in each municipality. Patient transport is performed by qualified staff aboard ambulances with standard equipment. In some cases (as in Milan) special ambulances are used for this service which are also equipped with audio visual entertainment for longer journeys.

All types of non-emergency patient transport services need to be pre-booked and there is a cost attached to this service which varies from Region to Region. For example the Regione Lombardia (Lombardy) has established the following tariffs: € 33 (\$46) one way, and € 52 (\$73) for a round trip.

### **5.5.3 Flexible and Demand Responsive Transport**

DRT systems have been established in Italy for many years. Following some 'first-generation' projects in the 1980's (the main example being Imola), the mid-1990s saw the rapid development of a 'second generation' of such services following the pattern of other European countries (notably in Britain, Belgium, Finland, Sweden). These systems are characterized by a higher level of automation and efficiency of service through the use of information technology and telecommunications.

Today, there are several open access on-call services in urban, semi-urban and extra-urban areas, typically in areas with low demand or as a complementary service to incumbent operators, or for specific user groups with mobility



disabilities. DRT systems are currently available in the large metropolitan areas of Rome, Milan, Genoa, Florence as well as small-to-medium sized towns such as Alessandria, Aosta, Cremona, Livorno, Mantova, Parma, Empoli, and Siena.

### Case Study: Rome

*Trambus abile a chiamata* is a service available to disabled persons accredited by the City of Rome. The service is provided only for travel related to study, work, patient travel and rehabilitation, and is available from 6:00 AM to 9:00 PM on weekdays and from 6:00 AM to 1:00 PM on Saturdays. Bookings are managed through a call center and an operations center, equipped with modern control systems.



Funding is provided by the Municipality of Rome (Department of Social Policies), through an economic contribution of €7.5million (\$ 10.5 million) in 2007 and €8.5million (\$11.9 million) in 2008. Of this, €1.5 million (\$2.1 million) covers the cost of services that the municipally owned public transport operator, Trambus, undertakes directly, while the remaining cost relates to services that it contracts out to third parties.

### Case Study: Florence

ATAF is the public transport operator is owned by eight municipalities covering the metropolitan area of Florence. Flexible services in low-demand areas and non-peak hours and for special users groups are provided under the “Personal Bus” brand. The service was introduced in 1997.

A TDC functions as the interface for users and service drivers and the service planning and management site.



In the satellite city of Campi Bisenzio and the surrounding area, the DRT provides a local service and feeder to conventional bus lines to central Florence. Services run 6:00 AM to 8:00 PM, using four buses operated by ATAF. Compared to the previous transit service (structured on three fixed-route lines serving only a small part of the built-up area), the DRT offers the advantage of expanding the area covered and consequently increasing potential users. This has had a positive effect also on the overall perception of the effectiveness of the transit network.

A similar operation is provided in Sesto Fiorentino and in the lower demand Porta Romana area of Florence a service is offered on an “on demand” basis (branded Prontobus).

Most use is for commuting (52 percent) followed by shopping (31 percent) and school (15 percent). There is a high level of regular users – 51 percent use the service five times a week, and a further 15 percent of them use it four times a week. The user profile is relatively young with 48 percent aged between 15 and 30 years old, and 26 percent between 31 and 45 years.

Door-to-door services are also provided for disabled people in the city of Florence and eight surrounding towns which feed into the conventional transit network.

## Case Study: Genoa

AMT, the public transport company operating in Genoa, operates a transport service for disabled persons, originally known as “Pollicino”, and recently renamed the “Mobility Bus”, with small vehicles equipped with wheelchair lifts and space for two wheelchairs and five other passengers.

The service is available by telephone reservation up to 24 hours in advance. The service can be booked from Monday to Friday from 9:00 AM to 12:00 PM, and used in any day of the week between 7:00 AM and 8:30PM. The service is supported by volunteers that, under the supervision of AMT, prepare daily and hourly service schedules on the main routes.

Users of this service must be accredited with the City of Genoa, and buy a ticket or show their season pass before boarding the bus. AMT has recently renewed its fleet for this service at a cost of about €50,000 per bus. The municipality provides a subsidy of €88,000 per year for this service.



The DRINBUS is a dial-a-ride public transport service launched in 2002 by AMT and serving two hilly areas which are densely populated but difficult to serve by conventional public transport.

DRINBUS offers an almost a door-to-door public service. There are a high number of bus stops in the service areas, and the distance between them is generally no more than 200 meters. The service and the call center are available Monday to Saturday (except public holidays), from 6:00 AM to 8:00 PM. Users make a reservation by contacting the call center at least 30 minutes before departure. The software automatically suggests a possible solution compatible with the request and creates optimized itineraries and timetable.

Only a small premium over the normal ticket price is charged (only €0.50 or \$0.70) is paid on top of the usual ticket price, and this supplement can be bought directly on board.

The results were very encouraging: the new service was used and appreciated by a vast spectrum of the population including students, housewives, workers and elderly persons, in some cases replacing car use. The number of passengers has grown cumulatively by 8 percent across the system in the first five years of operation. Currently there are around 3,000 registered users and an average of 250 passengers use the service each day.



## Case Study: Milan

In 2001, Milan set up its first DRT bus service working under the “RadioBus” brand in the area among Barona, Famagosta and Navigli. The system is managed by ATM, the local transport operator, and it has invested €7 million (\$9.8 million) in the service. In 2002, ATM decided to extend the service to all the city of Milan.

The service operates in the evenings from 8:00 PM to 2:00 AM and is available only if booked in advance. To make a reservation the user has to specify the day, hour, the origin and destination address, the number of people travelling, and a telephone number to call in case of an emergency. Reservations can be made over the internet, through the call center, via SMS or by fax.

To use the Radiobus service the user must have a valid ATM ticket and obtain an additional ticket to the value of €1.50 (\$2.09) when purchased in advance or €2 (\$2.80) if purchased on the bus.



There are currently 81 buses for this service, all equipped with air-conditioning, 16 seats, and a vehicle location system. In 2009, four hybrid buses were introduced into the Radiobus fleet. However, the service is currently running at a loss of €5million (\$7 million) and ATM is considering cancelling it because of low demand.

While the approach of using dedicated resources for a service with a relatively short operating period appears inefficient, the potential to offer such a service to enhance accessibility and social inclusion, using resources normally utilized only for daytime services.

## 5.6 Australia

### 5.6.1 Social Services Transport

The Home and Community Care program (HACC) is a national program, with the costs shared between the Commonwealth Government (60 percent) and State Government (40 percent). It provides funding for community care services to assist citizens to remain living independently in their own homes. Target client groups include frail aged and younger people with disabilities. Around 26 percent of program clients received transport services, making between 28 and 59 single trips per annum on average, depending on the state.

The program is currently a joint Australian and state and territory government initiative established by The Home and Community Care Act (1985). It is intended that responsibility for policy and funding will transfer entirely to the Commonwealth Government in 2012 under National Health Reform Plans.

Assistance with transport is provided either directly (e.g., a ride in a vehicle provided or driven by an agency worker or volunteer) or indirectly (e.g., taxi vouchers or subsidies).

HACC is the major funder of Community Transport services in Australia. For example, the subprograms of the New South Wales Community Transport Program (CTP) and Regional Transport Coordination (RTC) Programs together provide funding to 134 community transport service providers. In Victoria, over 58,000 hours of HACC services were used in 2009.

Agencies that are funded to provide HACC services are required to seek a contribution from clients, although clients will receive services regardless of their capacity to pay.

### 5.6.2 Special Educational Needs Transport

#### Case Study: South Australia

Transport assistance for students with disabilities is provided to the nearest government special preschool/school, disability unit, special class and targeted program. Provision can be in the form of a car allowance to parents/caregivers, a dedicated taxi/bus service, or a grant towards use of public bus services.

Day to day operation is managed jointly by the Special Education Resource Unit (SERU) and the Transport Services Unit (TSU), both part of the Department of Education and Children's Services (DECS). The approvals process for applications is managed by a Project Officer with an educational background, which is intended to facilitate effective problem solving with due consideration student wellbeing and educational needs.

A panel of preferred suppliers has been established with the contractors entering into "a panel deed" arrangement which outlines the required services to a standard acceptable to DECS. Whenever a new school run is established, DECS seeks quotes from panel members to provide the required services. Quotations are for a regular driver and vehicle.

Current challenges include the rising cost of the Transport Assistance Program. This is in part associated with a significant increase in the number of students with complex needs who are unsafe to travel unsupervised in DECS contracted taxis/buses with other students. There has also been an increase in requests to transport students over greater distances, with a growing number of students who, for various reasons, are not enrolled in the nearest suitable facility. There are no formal arrangements in place for coordination with social services or health service transport.

### **Case Study: New South Wales**

Transport NSW is the lead public transport agency of the New South Wales Government, with primary responsibility for transport policy, planning and coordination functions as well as oversight of infrastructure delivery and asset management. This streamlined transport structure is intended to deliver integrated transport planning and service delivery, and consolidation of similar functions to reduce costs and provide additional funds for front-line staff and services.

The School Student Special Transport Service (SSSTS) is administered by the NSW Department of Education and Training and aims to assist eligible students with disabilities to access educational services in New South Wales, with a maximum of two trips per day. Transport services are available to students enrolled in special schools and support classes or in placements in regular classes for students who are mobility dependent. However, parents/caregivers must also demonstrate an inability to provide the necessary transport either fully or in part.

### **5.6.3 Non-Emergency Patient Transport Services**

In the State of Victoria, the transport of non-emergency patients is predominantly performed by private ambulance providers. This system came into being in the late 1990s during a major reform of the (then) Metropolitan Ambulance Service (MAS), with the separation of emergency and non-emergency transport.

Subsequent changes funding arrangements to hospitals gave the hospitals control over providing transport for their non-emergency patients. Hospital networks, now had to either provide a transport service or contract this work out.

Following concerns raised about inadequate levels of industry regulation, the State Parliament passed the Non-Emergency Patient Transport Act 2003. Associated regulations were passed in 2005, which came into effect February 1, 2006. The State Government Department of Human Services is now responsible for the development and implementation of legislation, regulations and clinical practice protocols, and for reviewing any complaints. A

matrix has been developed that matches the level of patient needs with appropriate staff numbers and qualifications (in three bands).

## **Providers**

Initially, following the ambulance service reforms services were provided directly by MAS or contracted by MAS to perform the work. Their activities were coordinated and controlled by the ambulance service and subject to clinical governance conditions.

The later revisions opened up additional opportunities for private ambulance providers. These new providers worked independently to the MAS run system, and contract directly to the hospital networks. These second tier providers were registered with the Taxi Directorate under Victorian Motor Registration regulations, in the same category as the wheelchair-accessible taxis.

In 2008, there were 14 Non-Emergency Patient Transport providers in Victoria. Approximately 350,000 patient transports per annum are undertaken by private contractors.

### **5.6.4 Community Transport**

Older people and people with disabilities are the key users of council provided community transport services. In Victoria, there were 1,594 community groups and over 88,000 residents using community bus services in 2009. Councils in Victoria spent A\$21.5million (\$21.7 million) on local community transport initiatives in 2007/ 2008, including A\$14 million (\$14.1 million) on vehicles, A\$6million (\$6.1 million) on staff and A\$1.5 million (\$1.5 million) on contributions to other services.

However, a survey conducted by the Municipal Association of Victoria in 2009 found that councils did not consider that community transport services adequately met the type of services needed by their communities. Rural areas present a particular problem as there is more potential demand for community transport, there are generally less services provided by councils. Most councils employ staff to work on community transport initiatives but they are also reliant on volunteers.

Community transport operators are encouraged to utilize spare capacity as long as it is not detrimental to the needs of the primary target group clients for that program. This helps assist with transport needs for transport disadvantaged individuals and groups who do not meet the eligibility criteria for a specific program, while also maximizing the value of available resources.

## **5.7 Canada**

### **5.7.1 Flexible and Demand Responsive Transport**

#### **Case Study: Edmonton**

Since 2010, Edmonton Transit System (ETS) has provided a fully accessible conventional public transit network. The Disabled Adult Transit Service (DATS) provides door-to-door public transportation for registered, pre-booked passengers 16 years of age or older who cannot use regular transit because of a physical or cognitive disability. These services must be booked in advance by telephone or via the web.

Normal cash fares apply. A DATS Monthly Pass is also available, priced at the same amount as the standard ETS adult monthly pass, rather than the heavily discounted seniors' monthly pass.

DATS has implemented an automated night-before-call reminder system to clients to remind them of the booking. This supplements on-the-day calls to let them know that their DATS ride is on the way, to help reduce wait times and uncertainty for users.

ETS also operates scheduled community bus routes designed to serve local neighborhoods, commercial areas and medical centers using smaller to get closer to destinations. ETS encourage seniors to use these services as a more convenient alternative to DATS.

ETS Mobility Choices provides a customized program for persons with disabilities, seniors, and those who work with persons with mobility challenges. The goal is to teach people the skills that they need to make use of the accessible public transit system. The program is made up of several information sections with presentation video (available on-line) and verbal (offered to individuals or groups).

### **Case Study: Vancouver**

In Vancouver TransLink operates the HandyDART transportation service for persons with a disability sufficiently severe that the person is unable to use conventional transit service without assistance. The service must be pre-booked and regular “subscription” trips (once a week or more often) are allowed in addition to one-off bookings. HandyDART operates 7:30AM to 5:00 PM Monday to Friday and 9:00 AM to 5:00 PM on Saturday. Later evening services are offered on Wednesday only, and there is no Sunday service.

When the service is not available, registered users can use the Taxi Saver program which provides a 50 percent subsidy towards the cost of taxi rides, subject to a limit of C\$80 (\$82.15) of vouchers (cost C\$40 or \$41 US) per month.

## **5.8 Lessons Learned**

There are some common themes evident in RHST across most countries studied. Public authorities are faced with the challenge of the high cost of providing specialist transport services, now being exacerbated by the rapid increase in the client population of mainly elderly persons and compounded, in some instances, by greater dispersion of activities. These factors are leading to rapid increases in demand at a time when there are significant financial pressures to reduce, or at least control increases in expenditure.

These trends have been accompanied by a distinct policy shift, particularly evident in Northern Europe and Canada, with the aim of fostering social inclusion, and focus on human rights. The goal is to ensure that everyone should be able to participate in society, adopting broad-based strategies designed to provide accessibility for everyone and significantly reduce the need for exclusive solutions dedicated to the needs of specific groups.

These initiatives go well beyond introducing low floor, accessible buses, and include addressing accessibility of streets (sidewalks), stops and stations. It can also include teaching programs for people with disabilities and seniors to provide the skills needed to make use of the accessible public transit system. This model places RHST and demand responsive services as part of a continuum of mobility solutions, between taxis and conventional transit, and makes these services available to everyone, typically at a premium fare (with standard transit fares applied to entitled groups).

Economic efficiency can also be improved by opening up use of DRT services to a wider population, feeding or in some instances replacing conventional fixed-route services in areas of low and widely spread demand. By broadening the user base, the services can be more productive, justify the use of more resources and provide an enhanced level of service for everyone.

Even with significant investment in improved accessibility there will inevitably remain a need for specialist services for some people with more severe physical or cognitive disabilities, or a medical need. To manage costs of providing bespoke services, authorities have restrictive eligibility criteria or limit the purposes for which a service may be used. Some authorities also restrict the supply of trips, require pre-booking and consequently impact the number of people able to use the facility at any time. An alternative is to impose a charging structure which limits the subsidy available for individual journeys, or through an annual travel budget.

The division of responsibilities for providing access to social services, education, training and health care means that provision for different user groups is often organised independently, leading to high costs and inefficiencies. With provision of transport as a non-core activity, often accounting for a limited proportion of departmental spend, budget controls are often weak. Conversely, an exclusive focus on cost of services can result in low quality and lack of flexibility. Lack of standardization and consistency across agencies in the approach to contract specifications and documentation also imposes costs.

While the potential for efficiencies through enhanced co-ordination and a more integrated approach to provision is widely recognized, it can be difficult to achieve in practice due to the mix of bodies involved, given their respective statutory duties and obligations, and the diverse funding sources.

The potential benefits of effective multi-agency integration can be significant, with the costs of providing the coordination role can be offset through savings made possible by more efficient use of capacity and funding. In Finland, this has been done on a national scale through the creation of regional Travel Dispatch Centers where staff from various agencies works together, utilizing one system, to meet the needs of communities. Budgets of service departments were pooled and trips allocated to budget headings based on the trip purpose.

In England, similar regional services have been developed, to coordinate and organizes transport on behalf of council departments and external agencies in the health and voluntary sectors. A useful model is the Devon Transport Coordination Center which functions as a free-standing cost center with running costs being recharged to client departments. Contracts are let for resources which can then be used for a variety of tasks. Other counties have set up a 'vehicle brokerage' to maximize the revenue earning potential of their resources, by allowing the council and community transport groups to 'sell' the time when a vehicle is not normally used. Access to a common pool of drivers from local services and voluntary organizations can also promote flexibility of use.

Community transport plays an important role in cost-effectively providing RHST using a combination of paid and voluntary staff in England and Australia. Development of the sector is actively promoted by national and local government, and public agencies are an important, often main source of funding for the sector. However, this dependence can also create potential problems due to the lack of long term financial guarantees. To address this problem the Department for Transport in England encourages local authorities to view community transport as an integral part of local transport plans, and by in the role of purchaser of taxi and dial-a-ride type services they can help to provide a reasonably assured income stream.



## CHAPTER 6 EXAMINATION OF STATE BEST PRACTICES

### Overview

This chapter examines a number of aspects of state-level and local coordination best practices for RHST in other states. This review provides a broad perspective on state programs, which led to a number of observations suggesting lessons and potential strategic direction for Georgia. This review includes:

- Florida;
- North Carolina;
- Iowa; and
- Wisconsin.

Each state review is organized by key coordination building blocks: 1) State-Level Coordinating Councils; 2) Coordinated Infrastructure Design; 3) Dedicated State Funding; and 4) Technical Strategies and Assistance (where applicable). In addition to the overview of each program, positive program highlights and potential pitfalls based on the experiences of each state implementing and utilizing coordination practices are identified in a lessons learned section. The last section explores some of the overall keys to success that Georgia should consider based on the experiences of the states reviewed here and other coordination structures from across the country.

### 6.1 Florida

#### 6.1.1 State-level Coordinating Councils

The Florida Legislature created the Coordinating Council on the Transportation Disadvantaged in 1979 to foster coordination. The program was amended in 1989 with the establishment of the Commission for the Transportation Disadvantaged (CTD) to improve coordination for the cost-effective provision of transportation for the transportation-disadvantaged population (Chapter 427 of the Florida Statutes). The same legislation also provides for the establishment of Local Coordinating Boards (LCBs), primarily at the county level, to set local policies, oversee county-based coordination activities, and select and monitor the activities of a Community Transportation Coordinator (CTC).

Housed within the Florida Department of Transportation, the CTD is an independent state agency that serves as the policy development and implementation agency for Florida's Transportation Disadvantaged (TD) program, and to otherwise oversee coordination in the state. The legislature includes 27 specific tasks in the statute for the Commission, which include: acting as an information clearinghouse, developing coordination policies and procedures, determining performance standards and liability insurance requirements, coordinating with local governments, designing and developing training programs, preparing a statewide five-year transportation disadvantaged plan, and making annual reports to the Governor and the Legislature.

For roughly 20 years, members of the Commission included representatives from state agencies, local governments and local transportation providers including some for-profit carriers. Because of inherent conflicts of interest, CTD membership was overhauled in 2006, by state statute. Currently, it includes seven voting members appointed by the Governor. These seven include:

- Two members who have a disability and who use the TD system;
- Five members from the business community; and

- At least one of the seven members must be 65 or over.

There are also eight “ex-officio” non-voting members, all but one coming from various state agencies, and noting that delegates may be appointed by the Secretaries or Directors.

- Secretary of Transportation;
- Secretary of Children and Families;
- Director of Workforce Innovation;
- Executive Director of Department of Veterans Affairs;
- Secretary of Department of Elder Affairs;
- Secretary of Agency for Health Care Administration (Medicaid);
- Director of Agency for Persons with Disabilities; and
- County Administrator or Manager (appointed by the Governor).

Another major function of the CTD is administration of the Transportation Disadvantaged Fund. This fund is largely comprised of revenues from vehicle registration fees but also includes grants from the Florida DOT and Highway Trust Fund. These funds are disbursed to the Community Transportation Coordinators (CTCs) for the transportation disadvantaged, defined as those persons who because of physical or mental disability, income status, and/or age are unable to transport themselves and whose trips are not otherwise sponsored by an existing program. Hence, this program provides the “funding of last resort” for non-sponsored trips.

Additionally, the CTD employs Technical Working Groups (subcommittees) to address various issues. The CTD staff provides extensive technical assistance to LCBs and CTCs throughout the state.

## Lessons Learned

### Pros:

- The Florida CTD uses a Quality Assurance team to address contract compliance issues that may affect the safety of Floridians who receive transportation services under the Transportation Disadvantaged Program. The program evaluation activities include the collection and evaluation of the contractors' operating data, as well as other finance related activities. The CTD sets a high standard for quality control with clearly defined standards across the board, thorough reporting, and extensive monitoring of the projects. With private operators providing over 43 million trips annually through contracts, the Quality Assurance Program is critical to the overall success of the program.
- The Florida CTD conducts annual performance reviews of local CTCs that may result in changes to policies and standards.
- The Florida CTD administers an ombudsman program that provides a repository for customer complaints and a forum for grievance procedures.
- The Florida CTD also contracts with an accounting firm to monitor nonpayment issues and to conduct audits of rates and units of service billed to the CTD and to conduct financial reviews of the CTD.

**Cons:**

- One perceived shortcoming of the Florida CTD system is its composition, and the extent to which a number of private, for-profit providers serve on the Commission. This has resulted in a “fox in the henhouse” situation in which these providers can benefit financially from the state policies they help to adopt.
- Another shortcoming of this system is that certain state agencies, notably Medicaid, have not increased their sponsorship rates to keep up with the cost of providing the transportation even through a coordinated system. Consequently, some of the county systems have dropped Medicaid as a Sponsor.

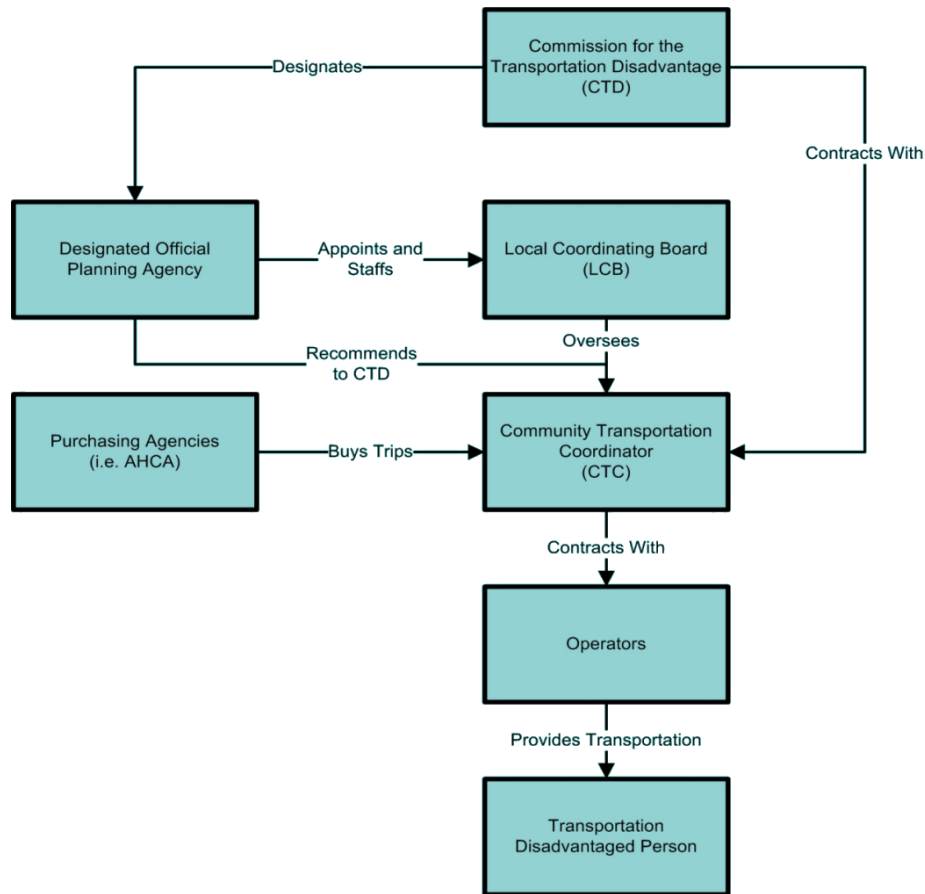
### **6.1.2 Coordination Infrastructure Design**

Florida made an overt decision to focus on county governments as the building blocks for coordination. This decision was based on the strength of county governments and existing community transportation services delivery and funding systems. In more populated counties, the public transit agency often, but not always, became the Community Transportation Coordinator (CTC). Among counties that split the roles (i.e., had a public transit operator and a separate CTC), some transit agencies’ ADA paratransit system were included in the CTC’s service delivery network. In more rural counties, there are a few instances where multiple counties have banded together with one CTC serving that multi-county region (and overseen by one multi-County Regional Coordinating Council).

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

The CTCs have full authority for the delivery of services to the transportation-disadvantaged, either by direct operation of service or indirectly by way of subcontracts (as with a broker) or both. In some more rural regions, counties have combined into a region, with one CTC serving the region. The CTCs are the focal point for coordinating Medicaid NET, senior transportation, and other agency-sponsored transportation (and sometimes ADA paratransit) in each county. While not mandated to do so, most county level agencies purchase transportation through the CTC. Additionally, FTA funding for Section 5310 and 5311, administered by the Florida DOT, flows through the CTCs in each county. The CTCs include transit agencies, counties, human-service agency operators, and for-profit transit management/operations companies. Trips are coordinated and purchased from several modes, including taxis, paratransit and lift-equipped vehicles, school buses, volunteers, and public transit systems. Currently, there are 51 coordinators for Florida’s 67 counties. Of Florida’s 23 transit systems, 13 are CTCs. Many of the CTCs are Area Agencies on Aging or other organizations that focus on the provision of transportation and other service to older adults. Figure 6.2.2.1 on page 207 shows the organizational structure of Florida’s coordinated transportation.

**Figure 6.2.2.1: Organization of Florida's Coordinated Transportation Program**



## Lessons Learned

### Pros:

- In Florida, there was no attempt at grouping counties into prescribed regions. The county governments are very strong in Florida, most agency transportation services are funded through a county department, and the predominance of human service agency trips are intra-county. To split up the state into multi-county regions, therefore, would be counter-intuitive.
- Some groups of counties, however, elected to band together to form a regional approach to coordination. Flexibility to allow regionalization has contributed to the success of the coordinated services in these counties. Moreover, the Local Coordinating Boards that select, guide, oversee, and monitor the Community Transportation Coordinators almost always are led by or include a representative from the regional planning commission. Thus, if there is a need to provide inter-county service or develop an inter-county approach to a particular coordination strategy, the inclusion of regional planners on the LCB is of benefit.

### Cons:

- There is a potential conflict of interest with the providers also serving as the brokers. The brokers may provide the most profitable trips themselves, while contracting out the less profitable trips.
- Based on the county structure, there is potential for not adequately serving inter-county trips.

### 6.1.3 Dedicated State Funding

Through legislation, the state of Florida created a special Transportation Disadvantaged Trust Fund. This fund supports transportation to disadvantaged individuals who have no other means of transportation. This fund is administered by the state coordination body, Florida Commission for the Transportation Disadvantaged (CTD). Trust fund resources are distributed to county/regional CTCs who manage local transportation services.

The Trust Fund is supported by 15 percent of the state's public transit block grant and a \$1.50 fee on annual vehicle registrations for passenger vehicles and trucks that weigh less than 5,000 pounds. Additional voluntary contributions can be made by motorists when they register their vehicles. The Trust Fund totals approximately \$38 million annually.

Approximately 6.1 million one-way trips were provided with the Trust Fund during FY 2006. Note that this number includes bus passes, which are allowed to count a single monthly bus pass purchase to equal up to 40 one-way trips per month. Persons with disabilities account for 57 percent of all trips provided in the state.

#### Lessons Learned

##### Pros:

- This program funds the unsubsidized trips of persons who rely on community transportation. Thus, while a customer might be ADA paratransit eligible, a senior, and a Medicaid recipient, this fund might cover non-medical trips at times (or to places) not eligible under ADA or senior transportation programs.

##### Cons:

- With the institution of this fund comes the requirement to determine "first resort" and "last resort" funding. For riders whose trip may be eligible for more than one funding program, the CTC staff must determine which funding program is the source of first resort, and which program would be the last resort (rather than simply splitting the cost of a trip equally between/among the eligible sources). The decision process, often based on the availability of federal and state funds, creates an administrative challenge.

### 6.1.4 Technical Strategies and Assistance

The Program Administration Team within the Florida CTD provides training and technical assistance to all contracted Community Transportation Coordinators, Designated Official Planning Agencies and others across the state. The CTD provides training in first aid, driver sensitivity, passenger assistance, driver safety, and CPR.

For coordination officials the CTD staff provides management training, planning guidelines, contract management guidelines, quality assurance reviews, operational reviews, financial evaluations, employee drug testing programs, and assistance with federal requirements.

#### Lessons Learned

##### Pros:

- Florida's technical assistance program is aimed not only at the Community Transportation Coordinators, but also for agency planning staff who typically chair and provide administrative support to the Local Coordinating Boards.

##### Cons:

- None apparent

## 6.2 North Carolina

### 6.2.1 State-level Coordinating Councils

In December 1978, North Carolina Governor James B. Hunt, Jr. signed an Executive Order establishing the Interagency Transportation Review Committee (ITRC). Composed primarily of representatives from the State Departments of Transportation and Health and Human Services, the ITRC was primarily a technical committee with the job of reviewing all transportation funding applications for both departments to determine if proposed projects met certain goals such as coordination and accessibility.

The ITRC continued until 1991 when it was replaced by the North Carolina Human Service Transportation Council (HSTC) which was authorized by another Governor's Executive Order. The Council continues in operation today and meets quarterly, serving in an advisory capacity to the NC Department of Transportation, the NC Department of Health and Human Services and other state agencies in addressing needs, barriers, policies, and opportunities for the provision of human service transportation.

The HSTC also undertakes studies and demonstration projects to enhance the state's coordination efforts. Its mission is to provide leadership in improving the coordination of human service transportation and to ensure that funds are maximized to serve as many elderly, disabled, and financially disadvantaged individuals in the state of North Carolina as possible in a safe, efficient and effective manner. The most recent Governor's Executive Order, Number 21, was issued in 2002 and continued the work of the HSTC. Membership of the HSTC includes representation from the following State level entities:

- Council on Developmental Disabilities;
- Department of Commerce;
- Department of Health and Human Services;
- Department of Public Instruction;
- Department of Transportation;
- Employment Security Commission;
- Governor's Advocacy Council for Persons With Disabilities;
- NC Association of County Commissioners;
- NC Commission on Indian Affairs;
- NC Head Start Association; and
- NC System of Community Colleges.

With the support of the state-level council, NCDOT initiated the Community Transportation Program (CTP) which involved consolidating FTA Section 5310, Section 5311, and several state-funded programs into one community transportation service block grant. The unique element of this block grant program is that the counties (there are 100 in North Carolina) must prepare a coordination plan to receive the grant monies. Thus, coordination effectively becomes a required element.

North Carolina also has coordination incentive grants under its Human Service Transportation Management (HSTM) Program, a state funded program to help assist local agencies interested in coordination to hire a transportation

coordinator or manager to direct planning and implementation activities. HSTM funds can be used to pay for staff to support human service transportation systems in their coordination efforts.

## 6.2.2 Coordination Infrastructure Design

In North Carolina, a county-based coordination structure was established by the same Executive Order which created the North Carolina HSTC. As mentioned previously, NCDOT 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 prerequisites for block grant eligibility include: 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.

With 100 counties, North Carolina currently has 84 community transportation systems that operate as single-county or multi-county systems. In most cases, 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 coordinating agency. 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.

To be eligible for FTA funding through NCDOT, counties have to fulfill two prerequisites. First, counties must put together a local advisory/governing board to guide/oversee coordination planning and implementation, and to monitor the coordinated services. Second, counties must develop a coordination plan. In order to encourage the development of regional (multi-county) coordinated systems, NCDOT provides 100 percent of the cost of preparing regional transportation feasibility studies and follow-up implementations plans if needed. To be eligible for funding, local transportation systems must have a broad-based transportation advisory or governing board representing different entities through the region.

### Lessons Learned

#### Pros:

- NCDOT states that 1) the funding requirements for a local/regional coordinating council and for the preparation of a local/regional coordination plan have both been instrumental in promulgating coordination activities in every county throughout the state; and 2) the additional incentive for multi-county efforts have been instrumental in encouraging regional approaches.
- On an ongoing basis, NCDOT also works with counties and local transportation systems to explore opportunities for more regional coordination, with a focus of coordinating rural and urban planning efforts in the state’s urban counties. In several cities with fixed-route transit services, the rural systems have been encouraged to contract with the city to provide paratransit services to meet the requirements of the Americans with Disability Act (ADA), thereby not requiring the city to establish a separate paratransit system.
- As a vehicle to get the local advisory/governing boards organized, North Carolina mandates a Transportation MOU between the transportation systems and human-service agencies.

#### Cons:

- There is a potential conflict of interest with the providers also serving as the brokers. The brokers may provide the most profitable trips themselves, while contracting out the less profitable trips.



### **6.2.3 Dedicated State Funding**

In 1987, the legislature enacted the North Carolina Elderly and Disabled Transportation Assistance Program (EDTAP), with funds appropriated for use by counties on a formula basis from NCDOT to provide elderly and disabled transportation services. For FY 2007-08 EDTAP funds total nearly \$9.5 million.

To receive funding, counties are required to have 1) an approved Community Transportation Services Plan (see below); 2) a transportation advisory board that includes representation from agencies; and 3) programs that serve the transportation-disadvantaged, and that operate in a coordinated manner consistent with the local Community Transportation Service Plan (CTSP).

As an incentive for regionalization, NCDOT allows multi-county or regional systems to transfer EDTAP funds from one county to another based on the level of demand for services. As a further incentive to provide services to the general public, the NCDOT makes Rural General Public (RGP) funds available to those community transportation systems that serve the general public. RGP was funded with \$7.5 million during FY 2007-08.

### **6.2.4 Community Transportation Services Plan**

The coordination process begins with a Community Transportation Services Plan or CTSP. The CTSP examines the transportation needs and resources and looks at trends and performance measures over a five-year period.

NCDOT requires that every five years each county in the state complete a CTSP as a prerequisite for federal and state funding for capital, administrative, and operating assistance. Each plan must 1) evaluate the system's current approach in all facets of management and operations; 2) evaluate the results of the system's current direction; and 3) identify organization strengths and target opportunities for improvement.

The plan must be approved by NCDOT and subsequently adopted by the board of county commissioners. Counties are encouraged, through these planning efforts, to coordinate their public transportation services on a regional basis, thereby consolidating services where possible.

### **6.2.5 Consolidated Funding**

To support the coordination efforts, NCDOT consolidates the Section 5310, 5311 and several state funding programs into one community transportation services block grant program known as the Community Transportation Program (CTP). The CTP supports capital and project administrative expenses for local coordination projects. Projects must provide coordinated human service transportation that is also open to the general public to receive funds under CTP.

### **6.2.6 Human Service Transportation Management Program**

North Carolina also recognizes that not all counties (or groups of counties) elect to participate in the CTP program (i.e., elect to provide public transportation). In these instances, the NCDOT still encourages the coordination of human services transportation as a means to promote mobility among transit-disadvantaged populations. These counties may still receive capital funding, and are also eligible for coordination incentive grants from a program known as the Human Service Transportation Management (HSTM) Program.

HSTM is a state-funded program to help assist local agencies interested in coordination hire a transportation coordinator or manager to direct planning and implementation activities. HSTM funds can be used to pay for staff to support human service transportation systems in their coordination efforts. Lead agencies identified by locally

adopted transportation development plans are the designated recipients for HSTM funds. Lead agencies play an important role in coordinating services, implementing plans, and submitting grant applications on behalf of other participating local agencies. Only human service transportation systems which do not receive CTP funds but which demonstrate a high-level of coordination with human service agencies in their counties are eligible to receive HSTM funds. HSTM funds can be used for up to 75 percent of the cost of the salary and benefits of a full-time transportation coordinator, not to exceed \$18,750 annually. Part-time coordinators can be approved for smaller transportation systems where a full-time coordinator is not needed.

### 6.2.7 Results

The overarching goal of all of these programs is to align available resources to facilitate each system's continuous improvement process. For example, the planning requirement for funding has resulted in the development of 85 community transportation systems serving each of the state's 100 counties. All of the transportation systems provide human service transportation (non-emergency medical, child care, elderly, and disabled trips) and all but four serve the general public.

| Lessons Learned  |
|--|
| <b>Pros:</b>   |
| <ul style="list-style-type: none"><li>North Carolina's success story can be directly attributed to 1) consolidating the FTA Section 5310 and 5311 programs along with several state funding programs into one community transportation services block grant program; 2) placing planning requirements and local advisory board requirements as prerequisites to receiving these block grants; and 3) orchestrating an Executive Order that supported these strategies.</li></ul> |
| <b>Cons:</b>   |
| <ul style="list-style-type: none"><li>None apparent</li></ul>  |

### 6.2.8 Technical Strategies and Assistance

#### Cost Allocation: Community Transportation Program Cost Allocation and Rate Setting Model

Lack of a consistent cost allocation procedure for services rendered, as well as a lack of uniformity within the coordinated systems for determining service costs and billing rates, can be a major impediment to the coordination of human service transportation.

To address this obstacle, NCDOT developed a Community Transportation Program Cost Allocation and Rate Setting Model following the cost methodology contained in the MTAP/AASHTO manual, Financial Management Guidelines for Small Urban and Rural Transportation Providers. The model is presented in the form of a set of excel worksheets, which perform two functions 1) computing the fully allocated cost of any service component and 2) establishing a rate to use in entering into agreements with other organizations to provide these services.

## Lessons Learned

### Pros:

- These functions provide the ability to calculate the rate of a proposed service based on fully allocated cost and the ability to add a "capital reserve fund" or an "operating reserve fund" contribution fee to the fully allocated cost. Following the prescribed steps, the user can also get the full cost allocation plan of any proposed contract service including fully allocated cost of service and fully allocated rate for charging a contract user of this service. It also allows the user to specify various scenarios for pricing transit service such as including or removing the capital reserve fund.

### Cons:

- None apparent

## Technical Assistance

NCDOT provides extensive technical assistance in the areas of planning and project development, project management, and transit management. Such assistance includes the following items:

- Assistance in the preparation of grant applications;
- Assistance in addressing/resolving coordination issues with human service agencies at the state or local level — note that this is a cooperative effort between NCDOT and the state DHHS;
- Assistance in involving private sector transportation providers in the planning for and delivery of community transportation services;
- Assistance for project implementation to establish new rural general public transportation service;
- Assistance with evaluation of system management or Management Performance Reviews as addressed within the local planning process;
- Assistance in third party contracting and development of a Request for Proposal when needed;
- Assistance in procedural matters relating to facility construction;
- Project monitoring and evaluation;
- Employee development/training;
- Assistance in system operations and management;
- Assistance in fiscal matters including invoicing, accounting, and purchasing; and
- Training and technical assistance is provided directly by NCDOT staff in most situations, but the department does contract for assistance with these efforts when needed.

| Lessons Learned  |
|--|
| <b>Pros:</b>   |
| <ul style="list-style-type: none"><li>NCDOT provides technical staff to help design, implement, guide, and monitor coordination at the county/regional level. The state is divided up into urban and non-urban counties, each overseen by a NCDOT manager. NCDOT then assigns coordination specialists to regions of counties to provide ongoing technical assistance to the local advisory/governing boards and the county/regional community transportation coordinators, and to monitor the performance of the coordinated systems.</li></ul> |
| <b>Cons:</b>   |
| <ul style="list-style-type: none"><li>None apparent</li></ul>  |

## 6.3 Iowa

### 6.3.1 State-level Coordinating Councils

The state of Iowa enacted legislation to mandate the coordination and / or consolidation of transportation services for the elderly and disabled. As part of this legislation, the Iowa Legislature established the State-level Transportation Coordinating Council which is responsible for setting coordination policies and allocating demonstration funding.

Housed within the Iowa DOT Office of Public Transit, the Transportation Coordination Council is comprised of representatives of the following state agencies and organizations:

- Department of Transportation;
- Iowa Public Transit Association;
- Federal Transit Administration;
- Department of Public Health, Bureau of Health Care Access;
- Department of Elder Affairs;
- Governor's Council on Developmental Disabilities;
- Department of Veterans Affairs;
- Department of Education;
- Iowa Association of School Boards;
- Department of Human Rights;
- Iowa Workforce Development;
- Iowa State Association of Counties;
- Iowa League of Cities;
- MPO/RPA Representative; and
- United Way.

Also in the legislation are requirements that state agencies and other organizations apply for funding through a clearinghouse, and that they consolidate funding and services with regional transit systems. The Department of

Human Services and the Department of Elder Affairs are specifically required to coordinate with Iowa DOT in the provision of transportation services.

The legislation assigns different responsibilities to the Iowa DOT and other state agencies. For example, the DOT is required to compile and coordinate information about program funding, and to include information about transportation coordination in its annual report to the state legislature. The legislation also compels the DOT to analyze human service transportation programs and recommend methods to avoid duplication and increase the efficiency of services.

The Iowa Transportation Coordination Council focuses much of its ongoing efforts on educational awareness and outreach, which has included coordination conferences and workshops and extensive technical assistance. It has also been instrumental in the formation of regional Transportation Action Groups (TAGs) that basically function as a regional coordinating council, with the MPO/RPA that covers the region (in some regions there is more than one) driving the planning process.

### 6.3.2 Coordination Infrastructure Design

The state legislation that established the State-level Transportation Coordinating Council also 1) established 16 regions across the entire state, each with a designated transit agency to lead the coordination efforts in that region; and 2) required that all agencies spending public funds for passenger transportation (other than 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.

#### Lessons Learned

##### Pros:

- As a result of the legislation, coordination in Iowa is built around the transit agencies, which serve as the regional coordinators. As such, the 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.
- In addition, state agencies and other organizations are required to apply for funding through a clearinghouse and to coordinate and consolidate funding and services with regional transit systems.

##### Cons:

- The legislation that provides for membership in the State Level Transportation Coordinating Council is not as inclusive as it perhaps could be. Noticeable omissions are representatives from private non-profit agencies who actively provide or fund community transportation services and representatives from advocacy organizations representing customers who rely on community transportation services.

### 6.3.3 Dedicated State Funding

As part of its technical assistance efforts, the Iowa DOT is responsible for a \$500,000 state coordination fund that comes from general state funds. This fund is used for 2-year grants to help fund fledgling coordination efforts on the local/regional level. These grants require a 20 percent local match in Year 1 and a 50percentmatch in Year 2 and cover both operating and capital needs. The Transportation Coordination Council makes recommendations to the DOT on projects that apply for funding – providing feedback on grant applications, which are reviewed at monthly

meetings – and the DOT, makes final decisions as to project funding. The \$500,000 fund rolls over year to year; when the fund is exhausted, the DOT will likely be able to add more funds to continue the process.

Since the funding program was initialized two years ago, agencies have gone through an extensive planning process and the first funding applications were received in 2010. Of the \$500,000 total available, \$164,737 has been spent to date on eight projects; eight total applications were received and all were funded. Applicants are encouraged to keep projects small in order to spread the money over more projects; the largest project funded was \$36,827 for a discounted voucher program. Applications are made to the Iowa DOT and may be made anytime during the year; depending on when the application is submitted in relation to regular monthly Council meetings, the funding decision may be made in as little as 30 days.

The funding program is still fairly new but has worked well so far. In one case, the use of funds to hire a mobility manager in one region has spurred another region to investigate the possibility of hiring a mobility manager for their own area. The application process was the most troublesome aspect. The information collected from applicant agencies was not initially standardized, so sometimes additional information would need to be collected before a review process could be undertaken. The application forms were then enhanced and instructions to applicants added in order to streamline the process.

## **6.4 Wisconsin**

### **6.4.1 State-level Coordinating Councils**

In October 2005, Governor Jim Doyle issued a directive for staff across state agencies to work together on coordination of human service transportation issues and develop a statewide coordination plan. This directive created the Interagency Council on Transportation Coordination (ICTC). These agencies include:

- Department of Transportation (Public and Specialized Transit);
- Department of Health Services (Aging, Family Care, Medicaid, Physical Disabilities);
- Department of Veterans Affairs (Veterans Transportation);
- Department of Workforce Development (Vocational Rehabilitation, Workforce Transportation); and
- Office of the Commissioner of Insurance (Insurance Issues).

Each of these agencies has transportation as part of their service programs. ICTC has sponsored a statewide coordination conference and contracted with a national consultant to develop a Wisconsin Model of Coordination with implementation strategies.

ICTC is dedicated to creating a coordinated, accessible, affordable, dependable, and safe statewide system providing the best transportation services to transportation disadvantaged individuals in Wisconsin.

The ICTC Stakeholder Advisory Committee (SAC) is a body of transportation consumers, advocates, providers, and partners who advise the ICTC on statewide transportation needs and coordination opportunities. The SAC helps educate the public on the benefits of transportation coordination.

## 6.4.2 Coordination Infrastructure Design

The Wisconsin Model of Coordination is the product of intensive research into available transportation resources in the state, best practices in peer states across the nation, and the unique characteristics and needs of communities throughout Wisconsin. Rather than being a complex, prescriptive model of how services must be delivered, it is a set of four strategies designed to move coordination forward, at both the state and local levels.

The four parts of the Wisconsin Model of Coordination are:

*Strengthen ICTC as the Lead Entity for Statewide Coordination Efforts* – As the existing state body charged with transportation coordination, ICTC is best positioned to lead future efforts. Making ICTC a more permanent body with stable support will maintain its existing momentum and guide efforts on a statewide level.

*Encourage County and/or Regional Coordination Councils* – Data from other states show the greatest coordination success arises from active, engaged, representative local coordination councils. ICTC can encourage them through clear expectations, technical assistance, and building on past efforts.

*Require County and/or Regional Coordination Councils* – In other states, participation on a local coordination council is required for entities applying for state and federal transportation funding. Making this a requirement in Wisconsin will ensure better, more consistent service coordination across the state.

*Encourage Regionalization Through Incentives and Rewards* – Often, the greatest transportation need exists for travel between communities or counties. Providing incentives for regional efforts will foster the growth of regional services based on resident needs rather than political boundaries.

In 2006, there were 68 public transit agencies operating in the State of Wisconsin. Wisconsin classifies and funds public transit agencies according to four tiers based on population: Tier A1, A2, B and C. There are two transit agencies classified as Tier A: A1 – Milwaukee County Transit System; and A2 – Madison Metro Transit System. Tier B includes 23 systems operating in urbanized areas with populations between 50,000 and 200,000 including three county systems. Tier C includes six bus systems and 37 shared-ride taxi programs operating in small urban areas that have populations between 2,500 and 50,000 persons.

### Lessons Learned

#### Pros:

- Coordination is recognized as important strategy to improve transportation services. Staff in several state agencies acknowledge and recognize the importance of coordination as a strategy to meet transportation needs, a recognition that is mutually reinforced through the ICTC. State level support for coordination will likely prove to be an essential ingredient as coordination efforts progress.

#### Cons:

- None apparent.

## 6.4.3 Dedicated State Funding

In 2006, federal and state funding programs in Wisconsin amounted to approximately \$252 million in resources for public transit and human service transportation service providers in the State of Wisconsin. Of these funds, WisDOT



administers the largest portion, with some \$189 million (approximately 75 percent of all funds) available in 2006. The information provided below details the state level funding for Wisconsin.

### **State Urban Mass Transit Operating Assistance Program (s85.20)**

Wisconsin supplements federal funding programs with a state program created to assist urban transit systems. Eligible project costs are limited to the operating expenses of an urban mass transit system and/or any local public body in an urban area served by an urban mass transit system. According to the s85.20 program, an urban area is defined as any jurisdiction with a population of at least 2,500 persons.

Distribution of s85.20 funds follows the population tiers used for the Section 5307 and 5311 programs. In 2006, the state provided \$100 million for public transit systems; about \$73 million of which went to Tier A systems and provided 40 percent of operating costs; \$22 million was used by Tier B for an average operating cost subsidy of 32 percent; and \$5 million was allocated to Tier C systems for an average operating subsidy of 32 percent.

Coordination and reporting requirements associated with the State Urban Mass Transit Operating Assistance Program are the same as those required by Section 5311 and Section 5307 programs. These programs, however, do not specifically require coordination with human service transportation programs.

### **Specialized Transportation Assistance Program for Counties (s85.21)**

The Specialized Transportation Assistance Program for Counties (s85.21) is funded through the Wisconsin State Legislature. The program provides funding for specialized transportation services directed for the state's elderly and disabled population. This is one of three programs (plus federal 5310 and state 85.22) administered by WisDOT that is not specifically designated for general public transit systems. All funds are distributed directly to the counties and projects must be matched with 20 percent in local resources.

Allocations for s85.21 funds are set by formula based on the proportion of the state's elderly and disabled population located in each county (subject to minimums). Funds are transmitted directly to counties, which are responsible for administering the program. The program may be used for a variety of transportation-related activities, including providing direct service, purchasing service, reimbursing passengers, coordinating services, or establishing a trust fund (trust funds can be used for all permissible program expenditures). Counties may charge user fees (fares or donations). S85.21 funds may also be used to match federal funds. In 2006, the State funded this program with \$10.4 million.

Counties are required to meet annually to review and approve use of the 85.21 resources. In addition, counties are required to file reports with WisDOT on a semi-annual basis, reporting the number of people served, miles of service, and the number of rides provided.

### **Elderly and Disabled Transportation Capital Assistance Program (Section 5310 and s85.22)**

Wisconsin combines federal (5310) and state (s85.22) funds to provide capital funding for specialized vehicles used to serve elderly persons and persons with disabilities. Eligible applicants include private non-profit organizations, local public bodies where a private non-profit organization is not readily available, or where local public bodies are approved as the coordinator of elderly and disabled transportation services.

Grants are available for up to 80 percent of the cost of equipment and are awarded accordingly to a competitive biennial grant cycle. There were 48 applications funded with approximately \$5.6 million during the two-year period between 2006 and 2007. In 2006, federal funds accounted for \$1.7 million and state funds provided \$921,900 for an annual program of \$2.6 million.

Prior to SAFETEA-LU, Section 5310 required grant recipients to coordinate funds and this was primarily demonstrated through a written agreement with other local human service organizations. As of SAFETEA-LU, projects seeking funds under the Federal 5310 program must be listed in a locally-developed coordinated public transit-human service transportation plan. In addition, there are semi-annual reporting requirements associated with the Section 5310 program. Grant recipients must report the number of passenger trips, the type of passenger trips, and whether or not passengers are agency clients.

### **Transportation Employment and Mobility (TEAM) (s85.24)**

Wisconsin funds a state program, Transportation Employment and Mobility (TEAM), designed to support low-income individuals traveling to/from work and other employment related services. As of 2006, TEAM resources are managed as part of the ETAP program. State resources available through TEAM and managed through the ETAP program, are awarded annually through a competitive grant process. In 2006, there was approximately \$400,000 available in TEAM funds contributed to the ETAP program.

## Lessons Learned

### Pros:

- Several of the state agency programs and grant managers discussed on-going efforts to “market” their programs and reach out to local entities to ensure that they were aware of the funding opportunities and understood how to access them. Such proactive efforts to encourage participation in the program and support potential grant applicants in the process will work to create opportunities for new programs and strengthen relationships between state administrators and local program sponsors.
- WisDOT staff is actively exploring opportunities and ways to increase awareness and understanding about available resources for local transportation programs. These efforts include jointly administering transportation programs with other agencies (via ETAP and New Freedom) as well as conducting considerable site visits and outreach efforts, holding conferences, and developing working groups comprised of local stakeholders. Staff is considering and evaluating ways the federal grant process may be streamlined and improved so the process is more accessible to a multitude of organizations. Ideas under consideration include streamlining the application process so all grant applications are due at the same time and the subsequent timing of funding is also coordinated. A second idea under consideration is to allow sponsors to submit a project, rather than grant application to WisDOT; WisDOT would be responsible for finding appropriate grant resources to fund the project. These efforts should reduce confusion for grantees, make the application process more accessible to potential project sponsors and improve the quality of applications.

### Cons:

- Many of the existing federal and state funding programs are not fully utilized suggesting there are barriers between local project sponsors and access to the grant programs. Outreach to local project sponsors is critical to help understand why organizations are not applying for resources. State agency staff (both WisDOT and other agencies) is actively reaching out to local governments and organizations to understand why they are not submitting applications and working to address these concerns. WisDOT staff are examining other potential barriers such as the application process and matching requirements.
- Similar with small urban and rural communities around the country, many local governments are challenged to raise matching resources for new or expanded transportation programs. Not only are rural areas challenged by a small tax base, but in the state of Wisconsin local entities have no special taxation powers and therefore must rely on property tax to fund local government programs and services. Local funding for transportation must compete with other demands on the general fund. Wisconsin state agencies are working to reduce the local matching requirements using state resources and combining funding programs.
- Wisconsin’s Medicaid program recently tried, unsuccessfully, to launch a statewide brokerage system to manage its transportation services. While some counties supported the brokerage model, most counties did not. The brokerage system was not successful in Wisconsin for a myriad of reasons, many of which stem from a lack of involvement with stakeholders during the planning process. This experience has left several individuals in state agencies wary about implementing statewide directives, the role of centralized service delivery models in Wisconsin, and changes to Medicaid transportation.

## 6.5 Keys to Success

### 6.5.1 State-level Coordinating Councils

There are four primary keys to success from these successful state-level coordinating bodies:

- 1) There needs to be a state-level council or body to foster coordination in the state. Dual oversight is also necessary, with local/regional coordination councils charged with implementing coordination policies on the local level, overseeing local/regional coordination efforts, and providing feedback to the state-level coordinating council.
- 2) Membership in the state-level council should be inclusive. The four bodies reviewed all include representation from key state agencies. Some of the councils made it a point to include the Department of Education, Head Start, and the Association of School Boards. Some 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, Veteran's Affairs, and the United Way.
  - Additionally, the regional coordinating councils almost always include regional/local representation from the key state agencies. In the case of North Carolina, this is actually institutionalized in local coordination efforts by way of requiring MOUs between the lead coordinating agency and the five "core" agencies as a prerequisite to receiving funding.
- 3) The Councils in all four states and the composition of the councils are all established by statute or Executive Order. This legitimizes its mission and gives the council some permanence.
- 4) The Councils in all four states have "teeth" over 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.

### 6.5.2 Coordination Infrastructure Design

In all of the examples explored in this analysis, and several other states, a formal infrastructure design 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 in place 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/or oversee coordination activities at the local level.

In many cases, it has been the state-level coordinating council or one of its member agencies (typically the state DOT) that specifies the particular 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 or if counties are particularly strong or dominant in the particular state. Often in such structures, multi-county efforts are left to the counties themselves and 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 an imposed regional structure.

Some states have defined community transportation regions that cover the state, much like the DCH NET and DHS Coordinated System regions in Georgia. The premise for regionalization is 1) it takes into account, and better addresses, the need for and provision of inter-county trips of the target populations 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 “look” for prioritizing projects; and 4) it is easier to identify a local/regional champion and lead agency. So, in the case of Georgia, for example, instead of having to administer community transportation coordination activities in 159 counties, the state agencies could have 10 to 15 regions. Also, in looking at several of the states that have regionalized community transportation efforts, most regions have followed county boundaries. Indeed, whether these follow human service agency or transportation district or planning region or other boundaries, the community transportation regions will almost always follow county boundaries. The exceptions are in states (e.g., New England) where the state and local cities and towns are more dominant than the counties.

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 coordinated efforts might make sense for their area and how coordinated service delivery might be accomplished. The important aspect here is that key stakeholders at the local level are brought together in one council that will help foster coordination on the local level, and help implement and oversee local coordination activities.

A general misconception about any coordinated community transportation is the boundary itself. Organizing coordinating activities and service on the county or regional level does not necessarily mean that a vehicle providing coordinated system stops at the boundary. Indeed, in many systems, inter-county or inter-regional trips are served directly, while in others there are transfers to counterpart systems. This is a design element that should not be pre-determined but should be worked out with each system depending on supply and need.

Another misconception is that the type of coordination should determine the boundary. There are coordination strategies all along the coordination continuum that will work just fine within counties and in multi-county environments. Lower-level coordination strategies (e.g., centralized directory of community transportation services) often graduate to higher level strategies (e.g., consolidated service delivery) over time. Perhaps the best way to think about how coordination should be organized is to consider the high-level possibilities as the “holy grail.”

### **6.5.3 Dedicated State Funding**

Several states have established state coordination funds. The use of these coordination funds tends to fall into two categories:

- To support local level programming, planning, and implementation; or
- To provide coordinated services on an ongoing basis.

Dedicated funding for coordination may help counties and regions in Georgia introduce or expand coordinated services. In most state, the state-level coordinating council oversees the coordination fund. Ideally, participating agencies on the coordinating council contribute some resources to the coordination fund. With legislation, Georgia could carve out a small percentage of the state funding programs to provide a number of planning and implementation grants.

In concert with the North Carolina model, Georgia's coordinating committee, as required as part of HB 277, could also recommend coordination prerequisites for the receipt of state funding (and possibly FTA funding that flows through GDOT). For example, receiving transportation funding could be contingent on (a) formation and participation in a county or regional coordinating committee and/or (b) preparation and periodic update of a "Coordination Action Plan."

Indeed, with the blessing of Georgia's coordinating committee, FTA funding that flows through GDOT to transit agencies or other entities could be made to be contingent on their active participation on coordination councils.

### **6.5.4 Technical Strategies and Assistance**

Georgia will likely need to establish a quality technical assistance program at the state level as a key ingredient of its coordination program. While providing technical assistance can be expensive and resource consuming, the benefits are substantial. Technical assistance should be provided not only to the transit providers but also to local officials so they can make informed decisions regarding the coordination program.

The strategies mentioned above, and specifically their applicability to a future coordination approach in Georgia, will be considered during the Identification of Alternatives in the next stage of the study. Further, based on the ultimate findings of the needs assessment and the priorities established for the Alternatives Analysis, the practices of additional states may be explored if it is determined that they are relevant to the desired direction and approach to future RHST delivery in Georgia.

## CHAPTER 7 IDENTIFICATION OF NEEDS, GAPS, AND BARRIERS

Based on the information gathered and documented in Chapters 1-6 of this needs assessment, statewide needs, gaps, and barriers were identified to inform the development of an appropriate coordination model for statewide RHST infrastructure. This chapter summarizes key findings, and provides a snapshot of the major needs, gaps, and barriers identified statewide during the outreach and case study development documented in Chapter 4: Regional Needs Assessment.

### 7.1 Key Findings

A summary of the key findings regarding RHST needs statewide is summarized below:

- RHST service gaps exist in every region of the state. This includes gaps created due to service availability, trip eligibility, service area, and hours of operation. In some regions of the state, there are simply not enough qualified providers to offer RHST services. Many rural counties without public transportation feel they cannot meet minimum farebox requirements to offer 5311 services.
- Regional Commissions (RC) have varying levels of participation in the delivery of RHST services across the state – ranging from full oversight of coordinated transportation program delivery to having no direct role in RHST at all. However, RHST stakeholders statewide see merit in a coordinated regional delivery approach to RHST.
- Many regions lack a champion for RHST initiatives and/or a single point of contact with knowledge of available services in the region. There is widespread support for a centralized information source regarding RHST options in each region of the state; however, there are concerns about the resource availability to maintain this information so it is accurate and up to date.
- There is a need for state-level program modifications (“Top-Down”) as well as localized modifications (“Bottom-Up”) that accommodate successful parts of the existing RHST infrastructure. This will facilitate the implementation of some “easy wins” for base coordination activities while moving towards the implementation of a more complex statewide coordination model.
- State funding programs with a large number of sub-recipients, such as GDOT, must invest a lot of resources in administration and monitoring. Consolidation of qualified sub-recipients and shared administration at the state level are both key opportunities to reduce overhead and administrative costs and to refocus investment on service delivery.
- There is duplication of effort and redundancy across the major RHST programs administered by GDOT, DHS, and DCH due to independent scheduling activities and eligibility determination. This results in situations where there are multiple RHST service providers transporting consumers to the same place at the same time. Stakeholders agree that centralized call-center and scheduling technologies could alleviate this redundancy and help to combine trips onto one vehicle when possible. This level of coordination is generally perceived as very complex due to the unique eligibility requirements of each program and limitations associated with funding sources.
- There are many providers that currently serve multiple RHST programs and, in some cases, informally coordinate RHST service to deliver trips more efficiently. However, providers are currently held to different reporting standards and rules for each program they serve, which creates a barrier to leveraging resources



and a disincentive to streamlined service delivery efforts. Further, the varying cost of service based on the consumer's program eligibility often has a negative impact on a provider's bottom line.

- Consumers in both urbanized areas and rural areas have difficulty making longer distance trips because they require coordination between several transportation service providers due to barriers created by funding-related service area rules or absence of service due to the inability of a provider to serve regional trips.

## **7.2 Coordination Building Blocks**

Coordination activities can range from simple to complex, with the ultimate goal of sharing information and resources to improve transportation. Table 7.2.1 on page 226 summarizes key characteristics of each region that can be leveraged as important building blocks to future RHST coordination activities. This includes elements that currently exist across the state that have played a role in successful in RHST coordination activities across the country and internationally.

**Table 7.2.1: Coordination Building Blocks by Region**

| Coordination Building Blocks                            | Regional Commission |                   |         |              |                   |                |                             |              |                           |                   |                  |                 |
|---|---------------------|-------------------|---------|--------------|-------------------|----------------|-----------------------------|--------------|---------------------------|-------------------|------------------|-----------------|
|   | Northwest Georgia   | Georgia Mountains | Atlanta | Three Rivers | Northeast Georgia | Middle Georgia | Central Savannah River Area | River Valley | Heart of Georgia Altamaha | Southwest Georgia | Southern Georgia | Coastal Georgia |
| <b>Regional Characteristics</b>                         |                     |                   |         |              |                   |                |                             |              |                           |                   |                  |                 |
| Number of Counties                                      | 15                  | 13                | 10      | 10           | 12                | 11             | 13                          | 16           | 17                        | 14                | 18               | 10              |
| Primarily Urban   |                     |                   | x       |              |                   |                |                             |              |                           |                   |                  |                 |
| Primarily Rural   | x                   | x                 |         | x            | x                 | x              | x                           | x            | x                         | x                 | x                |                 |
| Mixed Urban/Rural                                       |                     |                   |         |              |                   |                |                             |              |                           |                   |                  | x               |
| <b>Existing Transit Options</b>                         |                     |                   |         |              |                   |                |                             |              |                           |                   |                  |                 |
| Number of Counties with Public Transit*                 | 13                  | 10                | 9       | 7            | 6                 | 4              | 11                          | 9            | 7                         | 14                | 9                | 10              |
| Fixed Route Urban (Includes Citywide Systems)           | 1                   | 1                 | 5       |              | 1                 | 1              | 1                           | 1            |                           | 1                 |                  | 2               |
| Regional Commuter Bus / Vanpool                         |                     |                   | 10      |              |                   |                |                             |              |                           |                   |                  | 10              |
| Demand Response (Includes County &/or Citywide Systems) | 15                  | 10                | 2       | 7            | 5                 | 4              | 11                          | 8            | 7                         | 14                | 9                | 10              |
| DHS Coordinated System - Participating Counties         | 15                  | 3                 | 10      | 10           | 12                | 11             | 11                          | 16           | 17                        | 14                | 9                | 10              |
| All Programs  | 10                  |                   | 10      | 10           | 11                | 11             | 13                          | 12           | 17                        | 14                | 9                | 10              |
| Partial Programs  | 5                   | 3                 |         |              | 1                 |                |                             | 4            |                           |                   |                  |                 |
| <b>Coordinated Activities</b>                           |                     |                   |         |              |                   |                |                             |              |                           |                   |                  |                 |
| Instances of coordinated regional service delivery      |                     |                   | x       | x            |                   |                |                             | x            |                           | x                 | x                | x               |
| Informal regional coordination activities               |                     |                   | x       | x            | x                 |                |                             |              | x                         | x                 | x                | x               |
| Strong / trusted regional leadership or champion        |                     |                   |         | x            |                   |                |                             |              |                           | x                 | x                | x               |
| Regional transportation service delivery staff          |                     |                   | x       | x            |                   |                |                             |              |                           | x                 | x                | x               |
| DCH NET coordinated through region                      |                     |                   |         |              |                   |                |                             |              |                           | x                 |                  |                 |
| Centralized Information / Referrals                     | x                   |                   |         | x            |                   |                |                             |              |                           | x                 | x                | x               |
| Centralized Trip Planning                               |                     |                   |         |              |                   |                |                             |              |                           | x                 |                  |                 |
| Consolidated Call Center**                              |                     |                   |         |              |                   |                |                             |              |                           | x                 | x                |                 |
| <b>Supportive Technology</b>                            |                     |                   |         |              |                   |                |                             |              |                           |                   |                  |                 |
| Regional Scheduling Software                            |                     |                   |         |              |                   |                |                             |              |                           | x                 |                  |                 |
| Smart Cards   | x                   |                   | x       | x            |                   |                |                             |              |                           |                   |                  | x               |

\*Many service gaps exist due to citywide systems and urbanized area boundaries

\*\*Consolidated Call Center serves only DCH NET Trips

## 7.3 Regional SWOT Analysis

A SWOT analysis of the information collected as part of the regional needs assessment was conducted to inform the process of developing an appropriate statewide coordination model for evaluation in the subsequent phases of this study. Table 7.3.1 on page 227 presents a region by region summary of strengths, weaknesses, and opportunities and identifies the existing building blocks to leverage for future RHST successes.

Table 7.3.1: Regional Coordination SWOT Analysis and Building Blocks

| Regional Commission | Strengths   | Weaknesses / Issues  | Opportunities   | Building Blocks                                    |
|---------------------|---|--|---|--|
| Northwest Georgia   | <ul style="list-style-type: none"><li>-Fully coordinated DHS activities</li><li>-Good mix of providers that informally coordinate</li><li>-Strong working relationships</li></ul>   | <ul style="list-style-type: none"><li>-Service Gaps</li><li>-Limited Service Areas</li><li>-Funding Gaps</li><li>-Fleet Quality</li><li>-DCH Coordination</li></ul>  | <ul style="list-style-type: none"><li>-Centralized information</li><li>-Technology for scheduling / tracking</li><li>-Shared purchase</li></ul>   | Informal regional coordination activities          |
|                     |   |  |   | Strong / trusted regional leadership or champion   |
|                     |   |  |   | Instances of centralized information / referrals   |
|                     |   |  |   | Smartcard pilot                                    |
|                     |   |  |   | Instances of mixed clientele                       |
| Georgia Mountains   | <ul style="list-style-type: none"><li>-Some participation in coordinated DHS system</li><li>-Urbanized area has a coordinated RHST Plan</li></ul>   | <ul style="list-style-type: none"><li>-Service Gaps</li><li>-Limited Service Areas</li><li>-Funding Gaps</li><li>-Lack of Providers</li><li>-Access to Regional Care</li><li>-Changing Demographics</li><li>-DCH Coordination</li><li>-Trip Costs</li></ul>                  | <ul style="list-style-type: none"><li>-Regional commission willing to provide support</li><li>-Centralized information</li><li>-Coordinated agency trips</li><li>-Providers serving multiple programs</li><li>-Volunteer and taxi programs</li></ul>  | Instances of mixed clientele                       |
|                     |   |  |   |  |
| Atlanta             | <ul style="list-style-type: none"><li>-Informal regional coordination is very successful</li><li>-Developed TMCC concept</li><li>-Recently updated coordinated RHST Plan</li></ul>  | <ul style="list-style-type: none"><li>-Service Gaps</li><li>-Limited Service Areas</li><li>-Funding Gaps</li><li>-Leadership</li><li>-Changing Demographics</li><li>-DCH Coordination</li><li>-Access to Regional Care</li><li>-Trip Costs</li></ul>                         | <ul style="list-style-type: none"><li>-Education</li><li>-TMCC pilot implementation</li><li>-Regional fare and eligibility</li><li>-Regional service provision</li><li>-Centralized information</li><li>-Centralized scheduling and tracking</li><li>-Shared purchase and use</li><li>-Mixing clientele</li><li>-Providers serving multiple programs</li><li>-Volunteer and taxi programs</li></ul> | Informal regional coordination activities          |
|                     |   |  |   | Smartcard  |
|                     |   |  |   | Instances of mixed clientele                       |
|                     |   |  |   |  |
| Three Rivers        | <ul style="list-style-type: none"><li>-Small coordinated system led by the regional commission</li><li>-Participation in coordinated DHS system</li><li>-Regional commission willing to take the lead on transit activities</li></ul> | <ul style="list-style-type: none"><li>-Service Gaps</li><li>-Limited Service Areas</li><li>-Funding Gaps</li><li>-DCH Coordination</li></ul>   | <ul style="list-style-type: none"><li>-Expansion of coordinated system</li><li>-Use of future TSPLOST funding if available</li><li>-Centralized information</li><li>-Technology for scheduling / tracking</li><li>-Mixing clientele</li></ul>   | Instances of coordinated regional service delivery |
|                     |   |  |   | Informal regional coordination activities          |
|                     |   |  |   | Strong / trusted regional leadership or champion   |
|                     |   |  |   | Regional transportation service delivery staff     |
|                     |   |  |   | Instances of centralized information / referrals   |
|                     |   |  |   | Smartcard pilot                                    |
| Northeast Georgia   | <ul style="list-style-type: none"><li>-Participation in coordinated DHS system</li><li>-Good mix of providers that informally coordinate</li><li>-Informal regional coordination activities</li></ul>                                 | <ul style="list-style-type: none"><li>-Service Gaps</li><li>-Limited Service Areas</li><li>-Funding Gaps</li><li>-Leadership</li><li>-Changing Demographics</li><li>-DCH Coordination</li><li>-Access to Regional Care</li><li>-Agency Turfism</li><li>-Trip Costs</li></ul> | <ul style="list-style-type: none"><li>-Active DHS coordinator</li><li>-Plans for feasibility studies to establish coordinated approach</li><li>-Shared purchase and use</li><li>-Mixing clientele</li><li>-Regional fare and eligibility</li><li>-Providers serving multiple programs</li></ul>   | Instances of mixed clientele                       |
|                     |   |  |   | Informal regional coordination activities          |
|                     |   |  |   |  |

| Regional Commission         | Strengths   | Weaknesses / Issues   | Opportunities   | Building Blocks                                    |
|-----------------------------|---|---|---|--|
| Middle Georgia              | -Participation in coordinated DHS system<br>-DHS district has a coordinated plan  | -Service Gaps<br>-Limited Service Areas<br>-Funding Gaps<br>-Leadership<br>-Changing Demographics<br>-DCH Coordination<br>-Access to Regional Care<br>-Agency Turfism | -Plans for feasibility studies to establish coordinated approach<br>-Centralized information<br>-Mixing clientele<br>-Regional fare and eligibility<br>-Providers serving multiple programs   | Instances of mixed clientele                       |
|                             |   |   |   |  |
| Central Savannah River Area | -Informal regional coordination activities<br>-Some participation in coordinated DHS system   | -Service Gaps<br>-Limited Service Areas<br>-Funding Gaps<br>-Leadership<br>-Lack of Providers<br>-DCH Coordination  | -Providers serving multiple programs<br>-Centralized information<br>-Technology for scheduling / tracking<br>-Providers serving multiple programs   |  |
| River Valley                | -Informal regional coordination activities<br>-Participation in coordinated DHS system  | -Service Gaps<br>-Limited Service Areas<br>-Funding Gaps<br>-Leadership<br>-DCH Coordination  | -Centralized information<br>-Technology for scheduling / tracking<br>-Volunteer and taxi programs<br>-Plans for future coordinated system<br>-Plans for future central call center<br>-Mixing clientele<br>-Regional fare and eligibility<br>-DCH coordination with SWGRC | Informal regional coordination activities          |
|                             |   |   |   |  |
| Heart of Georgia-Altamaha   | -Effective and engaged communication between stakeholders<br>-Informal regional coordination activities<br>-Participation in coordinated DHS system | -Service Gaps<br>-Limited Service Areas<br>-Funding Gaps<br>-Leadership<br>-Access to Regional Care<br>-DCH Coordination<br>-Changing Demographics<br>-Trip Costs     | -Centralized information<br>-Volunteer and taxi programs<br>-Mixing clientele   | Informal regional coordination activities          |
|                             |   |   |   | Instances of mixed clientele                       |
| Southwest Georgia           | -Fully coordinated DCH NET/DHS/5311 System<br>-Centralized call center for DCH trips<br>-Regional service provision model                           | -Service Gaps<br>-Limited Service Areas<br>-Funding Gaps<br>-Trip Costs   | -Centralized information<br>-Technology for scheduling / tracking<br>-Shared purchase and use<br>-Mixing clientele<br>-Regional fare and eligibility  | Instances of coordinated regional service delivery |
|                             |   |   |   | Informal regional coordination activities          |
|                             |   |   |   | Strong / trusted regional leadership or champion   |
|                             |   |   |   | Regional transportation service delivery staff     |
|                             |   |   |   | DCH NET coordinated through region                 |
|                             |   |   |   | Instances of centralized information / referrals   |
|                             |   |   |   | Instances of centralized trip planning             |
|                             |   |   |   | Consolidated call center for some program trips    |
|                             |   |   |   | Regional scheduling software                       |

| Regional Commission | Strengths  | Weaknesses / Issues   | Opportunities  | Building Blocks                                       |
|---------------------|--|---|--|---|
| Southern Georgia    | -Some participation in DHS coordinated program<br>-Regional Commission and DHS provide some coordinated service delivery<br>-Informal regional coordination activities amongst providers                                       | -Service Gaps<br>-Limited Service Areas<br>-Funding Gaps<br>-Leadership<br>-Access to Regional Care<br>-DCH Coordination<br>-Trip Costs<br>-Turfism<br>-Technology / Operations | -Providers serving multiple programs<br>-Coordination with other programs i.e. School System<br>-Centralized information<br>-Technology for scheduling / tracking<br>-Expansion of coordinated system            | Instances of coordinated regional service delivery    |
|                     |  |   |  | Informal regional coordination activities             |
|                     |  |   |  | Strong / trusted regional leadership or champion      |
|                     |  |   |  | Regional transportation service delivery staff        |
|                     |  |   |  | Instances of centralized information / referrals      |
|                     |  |   |  | Consolidated call center for some program trips       |
|                     |  |   |  |   |
| Coastal Georgia     | -Fully coordinated DHS/5311 system led by the regional commission<br>-Regional commission willing to take the lead on transit activities<br>-Some urbanized areas have coordinated RHST Plans<br>-Strong working relationships | -Service Gaps<br>-Limited Service Areas<br>-Funding Gaps<br>-Access to Regional Care<br>-Technology<br>-DCH Coordination<br>-Changing Demographics                              | -Centralized information<br>-Volunteer and taxi programs<br>-Mixing clientele<br>-Technology for scheduling / tracking<br>-Providers serving multiple programs<br>-Coordination with other programs including VA | Instances of coordinated regional service delivery    |
|                     |  |   |  | Informal regional coordination activities             |
|                     |  |   |  | Strong / trusted regional leadership or champion      |
|                     |  |   |  | Regional transportation service delivery staff        |
|                     |  |   |  | Instances of centralized trip information / referrals |
|                     |  |   |  | Smartcard pilot                                       |
|                     |  |   |  |   |



## CHAPTER 8 DEVELOPMENT OF GUIDING PRINCIPLES

### 8.1 Summary of Guiding Principles

The information documented and outreach conducted as a part of the needs assessment fed the development of a series of guiding principles for consideration in the next steps of the Georgia Human Services Transportation Plan 2.0. These principles draw from the existing Coordinated Public Transit – Human Services Plan as well as the lessons learned and best practices implemented globally, nationally, and within the state of Georgia. Each guiding principle is summarized below.

#### Human Services Transportation 2.0 Guiding Principles

The Statewide Human Services Coordination plan will:

- Build upon existing regional coordination activities – not a “one size fits all approach”;
- Support and develop regional leadership and local champions;
- Apply a progressive approach towards the use of technology;
- Streamline service delivery activities at the state, regional, and local level;
- Utilize existing human services transportation resources wherever possible;
- Leverage funding sources for the benefit of efficient and cost effective service delivery; and
- Work with existing service providers to better understand and address concerns in the delivery process

#### ***Build upon existing regional coordination activities – not a “one size fits all approach”***

There are existing coordination activities in each region across the state. These range from formalized coordinated service delivery activities to informal planning activities. The coordinated RHST model should consider the unique circumstances of each region through solutions that can be appropriately scaled, rather than assuming that one solution is applicable and implementable statewide.

#### ***Support and develop regional leadership and local champions***

Many regions face an education gap regarding RHST issues and needs. The plan outcomes and recommendations will support the education of regional leadership regarding these issues, and help to cultivate trusted local champions for RHST initiatives within the community. This is an essential ingredient in the successful implementation of a coordinated RHST model.



***Apply a progressive approach towards the use of technology***

The application of technology in RHST delivery provides efficiencies for both the service provider and the consumer. Upfront investment in the appropriate technologies can produce long-lasting benefits and cost savings. The RHST model will consider a range of technological opportunities that may improve service delivery across the state.

***Streamline service delivery activities at the state, regional, and local level***

Analysis of each region across the state has identified redundancies and duplication of services due to the current structure of statewide RHST program administration. The RHST coordination model will seek to streamline these activities by considering opportunities for coordination between state agencies as well as among providers within each region and local community.

***Utilize existing human services transportation resources wherever possible***

There are numerous RHST stakeholders across the state with the common goal of providing transportation options to those consumers who depend on these services to meet their basic needs. These resources should be utilized to the full extent possible as their knowledge, experience, and buy-in will be integral in the delivery of a successful RHST coordination model.

***Leverage funding sources for the benefit of efficient and cost effective service delivery***

Despite a widespread perception that combining funding sources is difficult or impossible to accomplish, there are success stories in the state that demonstrate that it is possible to effectively leverage funding sources across traditional county and agency boundaries. These examples will inform the development of a model that identifies specific strategies to effectively leverage available RHST funds for the benefit of improved service.

***Work with existing service providers to better understand and address concerns in the delivery process***

Coordination is a process that relies upon the cooperation of stakeholders and a mutual commitment to a common goal. Implementation of an RHST coordination model cannot be achieved without the effective engagement of service providers during the development of solutions, as they hold the first-hand knowledge of the realities of service delivery and will ultimately be depended upon to implement or operate within the recommended RHST framework.

## CHAPTER 9      NEXT STEPS

While these guiding principles culminate from feedback of a variety of RHST stakeholders, including state agency representatives, transit operators, and private and non-profit transportation service providers, the ultimate experience of the transit consumer lies at the heart of the overall plan development effort and is perhaps the biggest driver of these themes. As illustrated by the existing service gaps and opportunities for improved service delivery identified in this document, the need for effective and efficient delivery of RHST services in Georgia is great, and as trends demonstrate, the demands for these services is expected to be even greater in the years to come.

Based on the feedback collected during the Regional Needs Assessment documented in Chapter 4, and coordination experience across the United States, a combination of “Top-Down” and “Bottom-Up” actions, undertaken concurrently and in a synergistic fashion, provides the best chance of achieving the .As implied, “Top Down” strategies refer to direction or guidance the State of Georgia (GDOT as well as 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/local level, recognizing that each region is unique and these regions vary in their current state of coordination.

The alternative analysis of statewide coordination models put forth in Phase 3 of this effort, and the pilot programs tested in Phase 4, will adhere to these overall principles and advance a “Top-Down” and “Bottoms-Up” approach to development and implementation of solutions. This two-tiered effort will include efforts to engage the leadership of key state agencies responsible for RHST delivery in Georgia (i.e., DOT, DHS, and DCH) to identify mutually agreeable parameters and opportunities for coordination. It will also continue the process of working with and within each RC area to further ongoing coordination opportunities. All of these activities will occur in tandem in order to achieve the fundamental goal of RHST delivery - getting people from Point A to Point B and back again in a cost-effective, easy to understand manner.



# **APPENDIX A**

## **CATALOG OF REPORTS AND STUDIES**



| Reports and Studies   | Year      | Author/Agency  | Summary   |
|---|-----------|--|---|
| Coordinated Public Transit – Human Service Transportation Interim Plan                    | 2007      | Georgia Department of Human Services<br>Georgia Department of Transportation   | The interim plan includes an assessment of existing human service services, strategies to address service gaps, an overview of human service transportation coordination in Georgia. The plan also provides criteria and priorities for the evaluation and selection of applicants for funding.   |
| Coordinated Transportation System – 2004 Annual Report                                    | 2004      | Georgia Department of Human Services   | The FY 2004 annual report for DHS Coordination Transportation System regarding the overall system management including transportation system network structure and coordination, system funding information, system cost and revenues, and clients and trip data  |
| Georgia Transit Programs Fact Book  | 2006-2009 | Georgia Department of Transportation   | A review of the Georgia urban and rural transportation systems. The book also provides annual data on ridership, expenses, revenues and performance indicators for each transit system agency.  |
| GDOT Draft Statewide Strategic Transportation Plan 2010-2030                              | 2010      | GDOT   | The GDOT Statewide Strategic Transportation Plan (also called IT3) presents needs and goals in transportation system in the year of 2010-2030. It presents strategies for maximum efficiency of current transportation system as well as creating new capacities. The plan also discussed the potential to reform the state's transportation network to ensure quality of life. |
| A Coordinated Plan for the Atlanta Region   | 2010      | Atlanta Regional Commission  | The plan identifies the transportation needs of HST populations and provides strategies and solutions to address those needs. Also included is a short-term Action Plan that consists mainly of no-cost or low-cost initiatives that all aim to improve HST coordination throughout the region.   |
| Chattanooga-Hamilton County/North Georgia Public Transit-Human Services Coordination Plan | 2007      | Hamilton County North Georgia Transportation Organization (TPO) and Chattanooga Area Regional Transportation Authority (CARTA) | The plan identifies the needs and gaps for public transportation in Hamilton North Georgia areas. It also set up strategies to address the identified gaps and a list of project priorities for implementation.   |
| Gainesville-Hall MPO Human Service Transportation Plan                                    | 2009      | Gainesville MPO  | The plan summarizes the available transit services and demographic information in the MPO and identifies the existing service gaps, needs and challenges. The recommendations to improve the regional public transportation system include creating a Human Services Transportation Coordination Council and developing Mobility Management.                                    |

|  |      |   |  |
|--|------|---|--|
| Transit Development and Implementation Plan for Valdosta Urbanized Area: Service Plan              | 2009 | Southern Georgia Regional Commission  | The plan outlines the proposed transit service options and concepts for the Valdosta Urbanized Area transit implementation.  |
| Transit Development Plan Greene County   | 2008 | Northeast Georgia Regional Development Center   | The plan presents a summary and analysis of Greene County's demographic trends and current transit services and provides general and specific recommendations for improving public transportation within the County. The recommendations include expansion of existing programs, establishing a park-and-ride program and a ridershare program within the County.  |
| Coordinated Public Transit – Human Service Transportation Plan for the Savannah Area               | 2007 | Chatham County-Savannah Metropolitan Planning Commission and the Chatham Area Transit Authority | The Plan identified needs for human service transportation in Chatham County and Savannah Metropolitan area. It also examined the locations of elderly, disabled and low income populations to identify service gaps. Potential strategies were identified to meet the identified needs and gaps of existing transportation services.  |
| Region 6 Transportation Coordination Plan  | 2010 | DHS Region 6  | This plan provides an inventory of existing transportation services in the region and examines the existing coordination efforts. It also identifies the needs of coordinated services. In the last, it provides strategies to address the gaps in existing services.  |
| Three Rivers Regional Commission Regional Transit Executive Summary                                | 2010 | Three Rivers Regional Commission  | The Executive Summary represents the management and coordination of the existing transit system within the Three River Region, identifies the characteristics and performance of the existing services and develops short-term goals and objectives (2009-2014) to improve the public transit system in the region.  |
| Four Counties Rural Transportation Development Plan for Clay, Quitman, Randolph and Steward County | 2007 | Lower Chattahoochee Regional Development Center   | The study provides an analysis of existing transportation services and a projection of how future needs are to be met in the four county area. It devises a feasible plan for public transportation under the sections 5309 and 5311 programs.   |
| Jackson County Transit Development Plan  | 2010 | Jackson County Northeast Georgia Regional Commission  | The plan provides an analysis of Jackson County transportation needs, evaluates the existing transit system and presents a list of recommendations for establishing a public transportation system tailored to meet the needs. The recommendation includes establishing park-and-ride lots, identifying possible transit connections to surrounding counties, applying for federal funding and building or strengthening cooperative relations regarding public transportation issues. |

|                                 |      |  |  |
|---------------------------------|------|--|--|
| Wayne County Rural Transit Plan | 2010 | Wayne County<br>Heart of Georgia Altamaha<br>Regional Commission | The Plan provides an analysis of the current demographics of the County, a review of Wayne County Transit service characteristics, and a needs assessment based on existing and anticipated demand. The plan outlines short-term (one to two years) and longer-term (three to five years) goals for Wayne Country Transit that aid the expansion of service and ultimately, the institution on a fixed-route system. |
|---------------------------------|------|--|--|





# **APPENDIX B**

## **FUNDING ASSESSMENT**



***HST Information Contact List (Funding Assessment)*****Georgia Department of Transportation:**

Erik Steavens

Director

Intermodal Division

(404) 347-0573

[esteavens@dot.gov](mailto:esteavens@dot.gov)

Steven J. Kish

Transit Program Manager

Intermodal Division

(404) 631-1237

[skish@dot.gov](mailto:skish@dot.gov)

**Atlanta Regional Commission:**

Kenyata Smiley

HST Coordinator

(404) 463-3275

**MARTA:**

Sheryl King

Transportation Planner

(404)-848-4401

Sharon with MARTA mobility

**Georgia Department of Human Services:**

Leann Trainor

Transportation Services Section

(404)-657-6211

**Georgia Department of Community Health:**

L. Baskett Owens

[lbaskett@dch.ga.gov](mailto:lbaskett@dch.ga.gov)

**National Resource Center for Human Service Transportation Coordination, Community Transportation Association of America (CTAA):**

Sheryl Gross-Glaser

Coordination Specialist

Address: 1341 G Street NW, 10th Floor

Washington, District of Columbia 20005

Phone: (202) 386-1669

E-mail: [grossglaser@ctaa.org](mailto:grossglaser@ctaa.org)

Website: <http://www.ctaa.org>

**Federal Transit Administration:**

Kim Goins

Transportation Planner

Address: 1200 New Jersey Avenue, SE

Washington, District of Columbia 20590  
Phone: (202) 366-8522  
E-mail: Kimberly.Goins@dot.gov  
TPCB Website: <http://www.planning.dot.gov/>

**Department of Community Affairs:**

Mike Gleaton  
Strategic Plan/Transportation Criteria  
404-679-0585

Mike Bush, Local Government Reporting

**DOL/VR:**

Darlo Koldenhoven  
Assistant Director  
Georgia Department of Labor  
Vocational Rehabilitation Program  
Phone: 404-235-0148  
678-913-0763 e-fax  
404-486-0197 fax  
[Darlo.Koldenhoven@dol.state.ga.us](mailto:Darlo.Koldenhoven@dol.state.ga.us)

Eric Hardnett  
Georgia Department of Labor  
Vocational Rehabilitation Program  
Phone: 404-235-0146  
[edhardnett@dol.state.ga.us](mailto:edhardnett@dol.state.ga.us)

Valencia Wilson Thomas  
State Unit Representative.  
Board member Statewide Independent Living Council of GA  
[Valencia.thomas@dol.state.ga.us](mailto:Valencia.thomas@dol.state.ga.us)

**Head Start:**

Ramona M. Warren  
Executive Officer Georgia Head Start Association, Inc.  
815 Park North Boulevard Clarkston, GA. 30021.  
Phone: (404) 929-2457  
[rwarren@georgiaheadstart.org](mailto:rwarren@georgiaheadstart.org)

**DOE- Division for Special Education Services and Supports:**

Carlton Allen  
Pupil Transportation Director  
Pupil Transportation  
1654 Twin Towers East, Atlanta, Georgia 30334  
Phone: 404/656-2467 Fax: 404/657-1330 Cell: 678-492-0536

Randy Trowell  
Associate Superintendent - Budget

Phone: 404-656-2504

Nancy O'Hara

Director

Phone: 404-657-9957

**Regional:**

David Kenemer

Area Agency on Aging, NW GA

Phone: 706-295-6485

[Dkenemer@nwgrc.org](mailto:Dkenemer@nwgrc.org)

Lynne Miller

Area Agency on Aging, Three Rivers

Phone: 770-854-6026

[lmiller@cfrdc.org](mailto:lmiller@cfrdc.org)

Geri Ward

Area Agency on Aging, Middle GA

Phone: 478-751-6466

Cheryl Herrington

DHS Regional Trans. Coordinator, Middle GA

[cmherrington@dhr.state.ga.us](mailto:cmherrington@dhr.state.ga.us)

Barbara Hurst

DHS Regional Trans. Dir., Coastal

Phone: 912-262-2800

[bhurst@crc.ga.gov](mailto:bhurst@crc.ga.gov)

Daniel Floyd

Quality Transportation Inc., Cochran GA

President

Phone: 678-557-7895

John Benner

Wayne County Transit

Transit Director

912-427-5914

[aparker@co.wayne.ga.us](mailto:aparker@co.wayne.ga.us)

Elizabeth Smith

Wayne County Transit

404-679-0666

## ***Other Federal Programs Indirectly Impacting HST Services***

### **Department of Health and Human Services**

#### **Centers for Medicare & Medicaid Services**

##### **1. Program for American Indian, Alaskan Native, and Native Hawaiian Elders (Administration of Aging)**

To promote the delivery of home and community-based supportive services, including nutrition services and support for family and informal caregivers, to Native American, Alaskan Native and Native Hawaiian elders. To be eligible for funding, Tribal organizations of federally-recognized Tribes must represent at least 50 Native American elders age 60 and over.

- CFDA number: 93.047
- Types of trips: To access program services, medical, and for general trips
- Formula Grant, allocated to eligible Tribal organization within the State
- No match

#### **Administration for Children and Families**

##### **1. Refugee and Entrant Assistance**

- Refugee and Entrant Assistance Discretionary Grants  
To improve resettlement services for refugees, asylees, Cuban and Haitian entrants, Amerasians, certified victims of a severe form of trafficking, and special immigrants from Iraq or Afghanistan. Funds are awarded to public and private non profits agencies.
  - CFDA number: 93.576
  - Types of trips: To access employment and educational services
  - Project Grant
  - No match
- Refugee and Entrant Assistance State Administered Programs  
The objective of this program is to reimburse States for assistance provided to refugees, asylees, Cuban and Haitian entrants, victims of a severe form of trafficking, certain Amerasians from Viet Nam, and Iraqi and Afghan Special Immigrant Visa Holders (SIVs) for resettlement by funding cash assistance, medical assistance, care of unaccompanied refugee minors, and social services for the eligible population. State agencies may purchase training and services from other providers. Funds are awarded to state agencies, State Replacement Designees, and Wilson/Fish projects.
  - CFDA number: 93.566
  - Types of trips: To access employment and educational services
  - Formula Grant
  - No match
- Refugee and Entrant Assistance Targeted Assistance  
To provide funding for employment-related and other social services for refugees, asylees, certain Amerasians, victims of a severe form of trafficking, entrants, and Iraqi and Afghan special immigrants in areas of high refugee concentration and high welfare utilization. The State agency designated as responsible for the Refugee Resettlement Program is eligible to receive funding.
  - CFDA number: 93.584
  - Types of trips: To access employment and educational services
  - Formula Grant

- No match
- Refugee and Entrant Assistance Voluntary Agency Programs
 

To assist refugees in becoming self-supporting and independent members of American society, by providing grant funds to private nonprofit organizations to support case management, transitional assistance, and social services for new arrivals. Funds are awarded to States and private, nonprofit organizations which have a Reception and Placement Cooperative Agreement with the Department of State or Department of Homeland Security.

  - CFDA number: 93.567
  - Types of trips: To access employment and educational services
  - Cooperative Agreements
  - Match: 50%. Grants are awarded on a basis of \$2.20 in Federal funds for each \$1.10 of private funds up to a maximum of \$2,200 per refugee. Up to 80 percent of the nonfederal share may be through in-kind donations, with a minimum required cash match of 20 percent.

## 2. Developmental Disabilities Basic Support and Advocacy Grants

To enable individuals with developmental disabilities to become independent, productive, integrated and included into their communities. Funding under these programs is to assist States in the development of a plan for a comprehensive and coordinated system of services and other activities to enhance the lives of individuals with developmental disabilities and their families to their maximum potential, and to support a system which protects the legal and human rights of individuals with developmental disabilities. State grant agencies are the designated State agencies of the respective States

- CFDA number: 93.630
- Types of trips: General trips
- Formula Grant
- Match: 25%. Match is only for the Councils. No match is required for Protection and Advocacy allotments.

## 3. Developmental Disabilities Projects of National Significance

To provide for grants, contracts and cooperative agreements for projects of national significance to increase and support the independence, productivity, and integration and inclusion into the community of individuals with developmental disabilities.

- CFDA number: 93.631
- Types of trips: General trips
- Project Grant
- Match: *Matching requirements are specified in each published program announcement.*

## 4. Child Care and Development Block Grant

The Child Care and Development Block Grant Act (CCDBG or Discretionary Funds) is a part of the Child Care and Development Fund (CCDF) program, along with the Child Care Mandatory and Matching Funds (see CFDA 93.596). The objective of the grant is to make grants to States, Territories, Tribes, and tribal organizations serving federally-recognized tribes (public institutions of higher education and hospitals are not eligible applicants) for child care assistance for low-income families.

- CFDA number: 93.575
- Types of trips: To access childcare
- Formula Grant
- No match



## **Health Resources and Services Administration**

### **1. Rural Health Outreach and Rural Network Development Program**

To expand access to, coordinate, restrain the cost of, and improve the quality of essential health services, including preventive and emergency services, through the development of integrated health care delivery systems or networks in rural areas and frontier regions.

- CFDA number: 93.912
- Types of trips: To access health care services
- Project Grant
- No match

### **2. Community Health Centers**

To improve the health of the Nation's underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services. Individual health center grant mechanisms include: (1) Community Health Centers; (2) Migrant Health Centers; (3) Health Care for the Homeless; and (4) Public Housing Primary Care Program. Eligible applicants are public and non-profit private entities.

- CFDA number: 93.224
- Types of trips: To access health care services
- Project Grant
- No match

### **3. Healthy Communities Access Program**

No grants were funded in FY 07, FY 08, or FY 09. Changes are being made to this program, at this time it is unclear when funds will be made available. The intention of the program is to help improve access to health services. It provides grants to develop or strengthen integrated community health care delivery systems that coordinate health care services for individuals who are uninsured or underinsured. Communities can spend program funds on a wide range of activities.

- CFDA number: 93.252

### **4. Healthy Start Initiative**

To eliminate disparities in perinatal infant and maternal health by: enhancing a community's health care infrastructure and service system and a State's infrastructure; and directing resources and interventions to improve access to, utilization of, and full participation in comprehensive perinatal and women's health services, particularly for women and infants at higher risk for poor health outcomes.

- CFDA number: 93.926
- Types of trips: To access health care services
- Project Grant
- No Match

### **5. HIV Care Formula Grants**

To enable States to improve the quality, availability, and organization of health care and support services for individuals and families with Human Immunodeficiency Virus (HIV) disease.

- CFDA number: 93.917
- Types of trips: To access health care services
- Formula Grant

- Match: Varies

## **Office of Education Research and Improvement 21<sup>st</sup> Century Community Learning Centers**

### **1. Maternal and Child Services Grants**

To enable States to maintain and strengthen their leadership in planning, promoting, coordinating and evaluating health care for pregnant women, mothers, infants and children, children with special health care needs and families in providing health services for maternal and child health populations who do not have access to adequate health care.

- CFDA number: 93.994
- Types of trips: To access health care services
- Formula Grant
- Match: 55:45

## **Substance Abuse and Mental Health Services Administration**

### **1. Community Mental Health Services Block Grant**

To provide financial assistance to States and Territories to enable them to carry out the State's plan for providing comprehensive community mental health services to adults with a serious mental illness and to children with a serious emotional disturbance.

- CFDA number: 93.958
- Types of trips: To access program services
- Formula Grant
- No match

### **2. Substance Abuse Prevention and Treatment Block Grant**

To provide financial assistance to States and Territories to support projects for the development and implementation of prevention, treatment and rehabilitation activities directed to the diseases of alcohol and drug abuse. Funds may be used at the discretion of the States to achieve the statutory objectives.

- CFDA number: 93.959
- Types of trips: To access program services
- Formula Grant
- No match

## **Department of Education**

To create community learning centers that provide academic enrichment opportunities for children, particularly students who attend high-poverty and low-performing schools. Projects funded under this program must be for the purpose of meeting the needs of the residents of rural and inner city communities, through the creation or expansion of community learning centers. State Departments of Education are eligible for funds under this program.

- CFDA number: 84.287
- Types of trips: To access educational services
- Formula Grant

- **Match:** Funds are allocated to States in proportion to each state's share of funds in the previous fiscal year under Part A of Title I of the ESEA, except that no state may receive less than 0.5 of 1 percent of the amount available to states.

## **Office of Innovation and Improvement**

### **1. Voluntary Public School Choice**

This program supports efforts to establish or expand intradistrict, interdistrict, and open enrollment public school choice programs to provide parents, particularly parents whose children attend low-performing public schools, with expanded education options. Programs and projects assisted are required to use a portion of the grant funds to provide the students selected to participate in the program with transportation services, or the cost of transportation, to and from the public elementary schools and secondary schools, including charter schools, which the students choose to attend under the program.

- CFDA number: 84.361
- Types of trips: To access educational services and programs
- Project Grant
- No match

## **Office of Special Education and Rehabilitation**

### **1. Assistance for Education of All Children with Disabilities**

The Secretary shall make grants to States and the outlying areas, and provide funds to the Secretary of the Interior, to assist them to provide special education and related services to children with disabilities.

### **2. Centers for Independent Living**

To provide independent living services to individuals with significant disabilities to assist them to function more independently in family and community settings, by developing and supporting a statewide network of centers for independent living.

- CFDA number: 84.132
- Types of trips: To access program services
- Project Grant
- No match

### **3. Independent Living Services for Older Individuals Who Are Blind**

To provide independent living services to individuals aged 55 or older who are blind, whose severe visual impairments make competitive employment extremely difficult to obtain, but for whom independent living goals are feasible. Federal funds are used to improve or expand independent living services.

- CFDA number: 84.399
- Types of trips: To access program services and general trips
- Formula Grant
- Match: Cost-sharing of \$1 for each \$9 of Federal grant funding is required

#### 4. Independent Living State Grants

To assist States in maximizing the leadership, empowerment, independence, and productivity of individuals with disabilities, and the integration and full inclusion of individuals with disabilities into the mainstream American society, by providing financial assistance for providing, expanding, and improving the provision of independent living services.

- CFDA number: 84.169
- Types of trips: To access program services and employment opportunities
- Formula Grant
- Match: Federal funds are distributed based on the percentage each State's population constitutes of the total population of the United States. The source is the Population Estimates Annual, Bureau of the Census. The Federal share for any fiscal year is one State dollar for every Federal dollar. The State contribution may be cash or in-kind

#### 5. Supported Employment Services for Individuals with Most Significant Disabilities

To provide grants for time limited services leading to supported employment for individuals with the most severe disabilities to enable such individuals to achieve the employment outcome of supported employment. State vocational rehabilitation agencies are designated in the State plan to administer the Vocational Rehabilitation Program. Federal funds are distributed based on the U.S. total populations and State population and the source is the Population Estimates Annual, Bureau of the Census. No State shall receive less than \$300,000 or one-third of one percent of the sums made available for the fiscal year, whichever is greater.

- CFDA number: 84.187
- Types of trips: To access employment placements, employment services, and vocational rehabilitation
- Formula Grant
- No Match

### Department of Labor

#### Employment and Training Administration

##### 1. Job Corps

Job Corps is a no-cost education and vocational training program administered by the [U.S. Department of Labor](#) that helps young people ages 16 through 24 improve the quality of their lives through vocational and academic training. The target population is low income youth.

- Types of trips: To access Job Corps sites and employment services

##### 2. Senior Community Service Employment Program, Title V

To foster individual economic self sufficiency; provide training in meaningful part-time opportunities in community service activities for unemployed low-income persons who are age 55 years of age or older, particularly persons who have poor employment prospects; and to increase the number of older persons who may enjoy the benefits of unsubsidized employment in both the public and private sectors.

- CFDA number: 17.235
- Types of trips: To access program services and general trips
- Formula Grant; Project Grant
- Match: Grantees must provide or arrange through third parties at least 10% of the cost of the project from non-Federal sources. The grantee share of the cost may be contributed in cash or in-kind.

### **3. Work Incentive Grants**

The purpose of this Department of Labor program is to test ways to increase the labor force participation and career advancement of persons with disabilities. The program uses competitive grants to enable the nationwide network of local One-Stop Career Centers better serve those job seekers. Funding is received by State WIA administering agencies.

- CFDA number: 17.266
- Types of trips: To access One-Stop Career services
- Cooperative Agreements
- No match

### **4. Workforce Investment Act Youth Activities**

To help low income youth, between the ages of 14 and 21, acquire the educational and occupational skills, training, and support needed to achieve academic and employment success and successfully transition to careers and productive adulthood.

- CFDA number: 17.259
- Types of trips: To access training and other support services
- Formula Grant
- No match

### **5. Workforce Investment Act Dislocated Worker**

This program provides retraining and reemployment services for workers who have permanently lost their jobs. It does so through formula grants to States and local communities, who finance the training and services through local One-Stop Career Centers.

### **6. Native American Employment and Training**

To support employment and training activities for Indian, Alaska Native, and Native Hawaiian individuals in order: to develop more fully the academic, occupational, and literacy skills of such individuals; to make such individuals more competitive in the workforce; and to promote the economic and social development of Indian, Alaska Native, and Native Hawaiian communities in accordance with the goals and values of such communities.

- CFDA number: 17.265
- Types of trips: To access employment placement and employment services
- Project Grant
- No match

### **7. Trade Adjustment Assistance –Workers**

To provide adjustment assistance to qualified workers adversely affected by foreign trade that will assist them to obtain suitable employment.

- CFDA number: 17.245
- Types of trips: To access training
- Project Grant
- No match

## 8. Migrant and Seasonal Farmworker

To provide job training and other employability development services and related assistance for those individuals, including their dependents, who are primarily employed in agricultural labor that is characterized by chronic unemployment and underemployment. In the National Farmworker Jobs Program (NFJP), eligible seasonal farmworkers and their dependents may be offered core services (including initial assessment, One Stop Center services, job placement, and eligibility determination) intensive services developed under a case management system.

- CFDA number: 17.264
- Types of trips: To access employment placement and employment services
- Formula Grant
- No match

## Veterans Employment and Training Services

### 1. Homeless Veterans Reintegration Project

To provide services to assist in reintegrating homeless veterans into meaningful employment within the labor force; and to stimulate the development of effective service delivery systems that will address the complex problems facing homeless veterans. Projects supported with these funds shall provide for employment and training services and support services directly or through linkages with other service providers to assist homeless veterans to reenter the workforce.

- CFDA number: 17.805
- Types of trips: To access employment services
- Project Grant
- No match

## Department of Transportation

### Federal Transit Administration

#### 1. Sections 5303, 5304, 5305: Metropolitan and Statewide Transportation Planning Program

**Purpose:** To provide planning funds for Metropolitan Planning Organizations and State Departments of Transportation for Metropolitan Planning required under Section 5303 and Statewide Planning required under Section 5305.

**Eligibility:** Apportionments are made to the States for formula distribution to the Metropolitan Planning Organizations to be used in urbanized areas within each state.

**Statutory References:** 49 U.S.C. Section 5303 – Metropolitan Planning; 49 U.S.C. Section 5304 – Statewide Planning; 49 U.S.C. Section 5305 – Planning Programs

**Features:**

- Consolidates planning under a single section, funded from the Mass Transit Account of the Highway Trust Fund. It maintains the requirement for separate Transportation Plans and Transportation Improvement Programs, and requires certification of the planning process every four years.

- The Transportation Plan lays out long term transportation and environmental goals for a 20-year period. The Transportation Plan must be updated every four years (except in air quality attainment areas where the update cycle is every five years), and must relate to a 20-year forecast.
- The Transportation Improvement Program lists specific projects to be implemented over the next four years, and must be consistent with the Long-Range Transportation Plan.
- A new participation plan is established to afford parties who participate in the metropolitan planning process a specific opportunity to comment on the plan prior to its approval.
- The Transportation Plan and Transportation Improvement Program publication requirements are expanded and detailed.
- Additional detail is provided on consideration of environmental factors.
- Security is added as a planning factor.

## 2. Section 5309: Major Fixed Guideway Investments

**Purpose:** The Section 5309 program has been amended to provide funding primarily for Major Fixed Guideway Capital Investment projects (New Starts) and Capital Investment Grants of \$75 million or less (Small Starts). Additional activities include grants to Alaska and Hawaii, as well as the Denali Commission.

**Eligibility:** Public agencies, including State; municipalities and other subdivisions of States; public agencies and instrumentalities of one or more States; and public corporations, boards, and commissions established under State law.

**Statutory References:** 49 U.S.C. Section 5309 (d) and (e), Section 5309 (m).

The following features of the New Starts program were not changed:

- Basic Criteria: Alternatives Analysis, Justification, Local Financial Commitment.
- Statutory Share (80/20); FTA cannot withhold approval of Preliminary Engineering or Final Design based on proposed federal share.
- Rating of projects (though there were changes in rating levels and criteria).
- Multiyear Full Funding Grant Agreements.
- Annual New Starts Report (Supplemental Report eliminated).

The following features were added to the New Starts program:

- Ridership and cost estimate incentives – higher federal match for those projects whose cost and ridership estimates are within a 10% range of original forecasts.
- Cost control incentive – grantees may keep portion of savings when under runs occur.
- Criteria – new criteria on reliability of ridership and cost forecasts.

The following summarize the requirements of the Small Starts program:

- Grants are for capital costs associated with new fixed guideway systems, extensions, and bus corridor improvements. Requests must be for under \$75 million in New Starts Funds and total project costs must be under \$250 million.
- Small Starts will have a separate funding category beginning in FY 07, starting at \$200 million per year.
- Streamlined criteria and approval process.
- Non-fixed guideway corridor improvements (e.g., Bus Rapid Transit) are allowed under Small Starts.
- Exemption for projects under \$25 million eliminated once Small Starts regulation is final. All projects receiving funding will be analyzed and rated.

## 3. Capital and Training Assistance Program for Over-the-Road Bus Accessibility

To make funds available to private operators of over-the-road buses to finance the incremental capital and training costs of complying with requirements of the Department of Transportation's Over-the-Road Bus Accessibility regulation, "Transportation for Individuals with Disabilities" (49 CFR Part 37, Subpart H). Program funds may be used to finance the incremental capital and training costs of complying with DOT's Over-the-Road Bus Accessibility regulation. Capital projects eligible for funding include adding wheelchair lifts and other accessibility components to new vehicle purchases, and purchasing lifts to retrofit existing vehicles. Eligible training costs include training in proper operation and maintenance of equipment, boarding assistance, and securement, handling and storage of mobility devices, and sensitivity training.

- CFDA number: 20.518
- Types of trips: To access employment services
- Project Grant
- Match: 90:10

#### **4. Section 5340: Growing States and High Density State formula Program**

These funding programs function as if they were additional tiers for the apportionment of Urbanized Area and Rural funds (sections 5311 and 5307). The programs are newly created under SAFETEA-LU and are first effective in FY 2006.

Funds may be used for operating assistance in nonurbanized areas and some urbanized areas. Section 5340 is a Formula Grant; for the Growing States program (which receives 50% of 5340 funds) funds are apportioned to the state based on population of each state forecast to 15 years beyond the most recent U.S. Census as a portion of the total forecast population for the state. Sub-apportionments between rural and urbanized areas within each state are made based on population. The High Density State program receives 50% of 5340 funds and is apportioned to states with populations greater than 370 persons per square mile.

### **Federal Highway Administration**

#### **Flexible Funding for Transit (transfer of funds is administered by FTA)**

##### **1. CMAQ: Congestion Mitigation and Air Quality Improvement Program**

CMAQ Improvement Program provides funds for transit projects which are likely to contribute to the attainment of, alone or as part of a program or strategy, a national ambient air quality standard. Funds may be used in nonattainment areas and ozone, carbon monoxide, and particulate matter maintenance areas. States without eligible areas may use funds for STP projects. Up to 50 percent of an annual total national CMAQ appropriation in excess of \$1.35 billion may be transferred to STP, NHS, IM, Bridge, Highway Safety Improvement (HSIP), and Recreational Trails programs. CMAQ is a primary source of transfer for transit use. Funds can be used directly for specific transit projects that meet the criteria of the programs.

CFDA number: 20.205

##### **2. STP: Surface Transportation Program**

STP provides funds that, in addition to being used for highway projects, may be used for capital costs of transit projects eligible for assistance under the Federal Transit Act, publicly or privately owned vehicles or facilities used for intercity bus service, construction or reconstruction [to highways] necessary to accommodate other transportation modes, carpool projects, fringe and corridor parking facilities and programs, highway and transit safety improvements and programs, highway and transit research and development, and technology transfer programs.

STP funds are allocated in three categories: (a) the greater of 10 percent of the current apportionment or the amount set aside in FY 2005 is set aside for transportation enhancement; (b) 56.25 percent are sub-allocated to



urbanized areas within each state with populations of 200,000 or more and all other areas of the state in proportion to the population in the urbanized areas and in all other areas; and (c) 33.75 percent sub-allocated for any area in the state. Funds transferred to STP from other highway programs are not subject to set asides or sub-allocations.

Funds can be used for any project that meets criteria for funding under a Federal Transit Administration program.

### **3. NHS: National Highway Systems**

Up to 50 percent of NHS apportionments may be transferred to IM, STP, CMAQ, Recreational Trails, or Bridge programs. Up to 100 percent of NHS apportionments may be transferred to the STP with approval of the U.S. Secretary of Transportation. Funds can be used directly for specific transit projects that meet the criteria of the programs.

### **4. IM: Interstate Maintenance Program**

Up to 50 percent of Interstate Maintenance (IM) funds may be transferred to the NHS, STP, CMAQ, Recreational Trails, or Bridge programs. Transferred funds can be used for any transit project eligible for those programs. Funds transferred to STP can then be used for transit projects as if they were STP funds.

### **5. Bridge Program**

A state may transfer up to 50 percent of the state's apportionment under the Bridge Program to the state's apportionments for the NHS, IM, CMAQ, Recreational Trails, or the STP at 23 USC 126. Funds transferred may be used for any transit project eligible for those programs. Funds transferred to STP can then be used for transit projects as if they were STP funds.

## **Special Funding: American Recovery & Investment Act (ARRA)**

### **1. TIGGER Program**

**Purpose:** Initiated within the American Recovery & Reinvestment Act (ARRA) of 2009, the TIGGER Program has been continued through the Transportation, Housing and Urban Development, and Related Agencies Appropriations Act 2010 (Pub. L. 111-68), enacted December 16, 2009. \$75 million was appropriated for FTA to providing direct funding to public transit agencies for "capital investments that will assist in reducing the energy consumption or greenhouse gas emissions of their public transportation systems...." Managed by FTA's Office of Research, Demonstration and Innovation in coordination with the Office of Program Management and Regional Offices, the Transit Investments for Greenhouse Gas and Energy Reduction (TIGGER) Program works directly with public transit agencies to implement new strategies for reducing greenhouse gas emissions or reduce energy usage from their operations. These strategies can be implemented through operational or technological enhancements or innovations.

**Eligibility:** Public transit agencies.

**Statutory References:** American Recovery & Reinvestment Act (ARRA) of 2009; Transportation, Housing and Urban Development, and Related Agencies Appropriations Act 2010 (Pub. L. 111-68)

**Features:** To align the TIGGER Program with other strategic initiatives, FTA encourages projects that will demonstrate innovative electric drive and related technology approaches to achieving these goals. Electric drive initiatives and TIGGER supported projects could include, but are not limited to:

- On-Board Vehicle Energy Management (energy storage, regenerative braking, fuel cells, turbines, engine auto start/stop, etc)
- Electrification of Accessories (air conditioning, air compressor, power steering, etc.)
- Bus Design (lightweight materials, component packaging, maintainability, etc.)
- Rail Transit Energy Management (energy storage, regenerative braking, solar propulsion engine systems, power load-leveling, etc.)
- Locomotive Design (energy storage, regenerative braking, fuel cells, turbines, engine auto start/stop, lightweight material etc).

## **2. Multimodal Discretionary Grants (TIGER)**

ARRA made \$1.5 billion available to the Department of Transportation for a multi-modal discretionary program (Transportation Investment Generating Economic Recovery or TIGER) to support major capital infrastructure investments for highways, transit, aviation, and ports. The program is administered by the Office of the Secretary.

The Department of Transportation published a [Federal Register notice on May 18, 2009 \[HTML\]](#), inviting applications for a \$1.5 billion multi-modal ARRA discretionary program for major capital transportation infrastructure investments. Transit projects are eligible. Criteria for selection are detailed in the notice. Applications are due by September 15, 2009.

## **Department of Housing and Urban Development**

### **Office of Community Planning and Development**

#### **1. Community Development Block Grant**

The primary objective of this program is the development of viable urban communities by providing decent housing, a suitable living environment, and expanding economic opportunities, principally for persons of low- and moderate-income. Each activity funded must meet one of the program's National Objectives by: Benefiting low- and moderate-income families; aiding in the prevention or elimination of slums or blight; or meeting other community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community where other financial resources are not available.

- CFDA number: 14.228
- Types of trips: General trips
- Formula Grant
- Match: For state administration of the program, after an initial allowance of \$100,000 with no match, states may take an additional allowance of up to 3% of the grant amount but must match such expenditures on a dollar for dollar basis.

#### **2. Housing Opportunities for Persons with AIDS**

To provide States and localities with the resources and incentives to devise long-term comprehensive strategies for meeting the housing needs of persons with AIDS or related diseases and their families.

- CFDA number: 14.241
- Types of trips: To access health care services

- Formula Grant; Project Grant
- No match

### **3. Supportive Housing Program**

The Supportive Housing Program is designed to promote the development of supportive housing and supportive services to assist homeless individuals and families in the transition from homelessness and to enable them to live as independently as possible.

- CFDA number: 14.235
- Types of trips: To access supportive services
- Direct payment for specified use; Project Grant
- Match: Recipients must match grants for acquisition, rehabilitation, and new construction, with an equal amount of funds from other sources. Recipients must also provide a cash match for support services and operations. The Supportive Housing Program will pay no more than 80 percent of total support service costs, 75 percent of total operating costs or 80 percent of total HMIS costs. Recipients have the responsibility to ensure that the funds that the recipient uses to satisfy HUD's match requirements are not prohibited to be used for this purpose under any statute that may govern the matching funds.

## ***Other Programs Indirectly Impacting HST Services in Georgia***

### **Section 5309: Capital Investment Program – Fixed Guideway Modernization and New Starts (Georgia Department of Transportation)**

These two capital programs, which are utilized to a lesser extent within our state, have primarily been utilized by metro Atlanta systems (i.e., MARTA). For FY 2010, Georgia received \$37.8 million for Section 5309 **Fixed Guideway Modernization** and no funds for **New Starts**. FTA **New Starts** funding is targeted for the development of new fixed guideway transit systems/lines, and extensions to existing lines. This program is extremely competitive, and in order to qualify projects must have a demonstrable non-federal financial and local transit-supportive land use commitment. Projects that are not deemed by the FTA to have sufficient support – financially or in a land-use policy sense – are not competitive at the federal level. While Atlanta’s MARTA system has been the only Georgia agency to pursue New Starts funds in the past, funds from this program could be used for any urban area in the state that is planning a new rail or fixed guideway system.

### **Section 5309: Bus and Bus Facility Program (Georgia Department of Transportation)**

Under this discretionary program, funds are earmarked (principally by Congress) for specific bus-related capital projects. Capital projects include new and replacement buses, maintenance and administrative facilities, transfer facilities, bus malls, transportation centers, intermodal terminals, park-and-ride stations, acquisition of replacement vehicles, bus rebuilds, bus preventive maintenance, passenger amenities such as passenger shelters and bus stop signs, accessory and miscellaneous equipment such as mobile radio units, supervisory vehicles, fare boxes, computers and shop and garage equipment. FTA provides 80% funding with the state providing 15% for vehicles and 10% for other capital projects. For FY 2010 Georgia transit systems received a total of \$8.525 million. The amount received can vary from year to year.

### **Section 5303: Metropolitan Transportation Planning Program (Georgia Department of Transportation)**

The urbanized areas in Georgia eligible for assistance under Section 5303 include Albany, Athens, Atlanta, Augusta, Brunswick, Columbus, Dalton, Gainesville, Hinesville, Macon, Rome, Savannah, Valdosta and Warner Robins. This is in accordance with the joint Federal Transit Administration (FTA)/Federal Highway Administration (FHWA) Metropolitan Planning Regulations published on October 28, 1993, and with the urban transportation study planning process as administered by the Georgia Department of Transportation.

***Summary Data Sheets of HST Programs and Funding in Georgia***

## Georgia Funding for Human Service Transportation Programs

**Federal Funding Agency:** US Department of Transportation, Federal Transit Administration  
**Program Name:** Section 5310 Program  
**Program Description:** The goal of the Section 5310 program is to improve mobility for older adults and persons with disabilities. The program provides funds for capital costs associated with providing transportation services to older adults and persons with disabilities including vehicle purchases for nonprofits organizations and public entities in urbanized, small urban and rural areas. States have the option to designate the use of funds to meet the transportation needs of the target population. Funds for this program are apportioned to states on a formula basis depending upon the state's elderly and disabled populations.

**State Funding Agency:** Georgia Department of Human Services  
**State Program Operator:** Georgia Department of Human Services, Transportation Services Section  
**Program Name:** Coordinated Transportation System  
**Program Description:** The Coordinated Transportation System is administered through the Georgia Department of Human Services Office of Facilities and Support Services, Transportation Services Section (TSS), whose primary program management responsibilities include policy development, technical assistance, contract management, program monitoring and evaluation, and the development of statewide public relations plans. Actual services are provided through contracted vendors in each region. Contractors may be a state entity, county, regional government entity or private for profit vendor. Through its regional staff, the TSS incorporates local input into its system design and program management and oversight to the local level by working with each region's Regional Transportation Coordinator, Administrative Operations Coordinator and the Regional Transportation Coordinating Committee. Although all counties are a part of the State Coordinated System, aging services transportation is provided by other means in a number of counties.

The Georgia Department of Human Services (DHS) is the designated recipient for Section 5310 funds. DHS publishes an annual Georgia State Management Plan and Application Package for the Transportation of Elderly Persons and Persons with Disabilities. Georgia's Section 5310 Program provides assistance in meeting the transportation needs of elderly and disabled persons where public transportation services are unavailable, insufficient or inappropriate specifically by providing assistance for the purchase of passenger trips for the transportation of elderly and disabled persons by private nonprofit organizations or public bodies in urbanized, small urban and rural areas.

DHS has instituted a policy that all federal and state funds used in the delivery of transportation services under 5310 will be applied in the purchase of services (through service agreements) rather than in capital expenditures (vehicles purchase or related equipment). Private non-profit organizations are the primary eligible sub recipients of Section 5310 funds. Public bodies approved by the state to coordinate services for the elderly and disabled, or any public body that certifies to the satisfaction of the state that private non-profit organizations in the area are not readily available to carry out the services, may be eligible to receive Section 5310 funds.

DHS requests state appropriations in an amount sufficient to provide the entire non-federal required match of 20%. Should this amount not be appropriated in full, applicants may be required to provide some portion or the entire non-federal share. In either case, organizations and entities applying for funds are encouraged to provide additional local match leverage.

| Region | Contractor  | Funding Levels                   |                                  |                                  |                       |         |         |         |         |
|--------|---|----------------------------------|----------------------------------|----------------------------------|-----------------------|---------|---------|---------|---------|
|        |   | Federal                          |                                  |                                  |                       | Match   |         |         |         |
|        |   | Federal FY 2007<br>State FY 2008 | Federal FY 2008<br>State FY 2009 | Federal FY 2009<br>State FY 2010 | Federal FY 2010       | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
| 1      | Lookout Mountain Community Service Board          | \$239,917.86                     | \$272,750.00                     | \$285,029.00                     |                       |         |         |         |         |
| 2      | Dawson Board of Commissioners                     | \$8,369.11                       | \$8,369.00                       | \$18,365.00                      |                       |         |         |         |         |
| 2      | Hall County Board of Commissioners                | \$46,400.00                      | \$46,400.00                      | \$46,400.00                      |                       |         |         |         |         |
| 2      | Hart County Board of Commissioners                |                                  |                                  | \$10,000.00                      |                       |         |         |         |         |
| 3A     | STSI - Dekalb                                     | \$94,031.60                      | \$94,032.00                      | \$94,032.00                      |                       |         |         |         |         |
| 3A     | Quality Living Services                           | \$51,264.00                      | \$51,624.00                      | \$56,264.00                      |                       |         |         |         |         |
| 3A     | Senior Citizens Services                          | \$26,107.32                      | \$26,107.00                      | \$26,107.00                      |                       |         |         |         |         |
| 3B     | Cherokee Board of Commissioners                   | \$59,751.00                      | \$74,751.00                      | \$74,751.00                      |                       |         |         |         |         |
| 3B     | Right In The Community (Cobb ARC)                 | \$6,011.17                       | \$7,511.00                       | \$7,511.00                       |                       |         |         |         |         |
| 3B     | Cobb Community Service Board                      |                                  |                                  |                                  |                       |         |         |         |         |
| 3B     | GRN Community Service Board Gwinnett              | \$247,623.81                     | \$187,624.00                     | \$208,671.00                     |                       |         |         |         |         |
| 3B     | Henry County Board of Commissioners               | \$49,858.64                      | \$93,359.00                      | \$93,359.00                      |                       |         |         |         |         |
| 3B     | McIntosh Trail Community Service Board            | \$9,803.99                       | \$9,804.00                       | \$9,804.00                       |                       |         |         |         |         |
| 4      | Three Rivers Regional Commission (McIntosh Trail) | \$207,560.87                     | \$256,867.00                     | \$265,369.00                     |                       |         |         |         |         |
| 5      | Advantage Behavioral Health Systems               | \$315,961.35                     | \$332,291.00                     | \$341,749.00                     |                       |         |         |         |         |
| 5      | GRN Community Service Board - Newton              | \$10,486.37                      | \$12,902.00                      | \$12,902.00                      |                       |         |         |         |         |
| 6      | Middle GA Regional Commission                     | \$127,979.92                     | \$146,725.00                     | \$156,725.00                     |                       |         |         |         |         |
| 7      | Central Savannah River Area Regional Commission   | \$153,684.58                     | \$215,930.00                     | \$225,656.00                     |                       |         |         |         |         |
| 7      | Jefferson County Board of Commissioners           | \$21,577.07                      | \$21,577.00                      | \$21,577.00                      |                       |         |         |         |         |
| 8      | New Horizons Community Service Board              | \$60,743.37                      | \$78,342.00                      | \$80,693.00                      |                       |         |         |         |         |
| 8      | Middle Flint Behavioral HealthCare                | \$42,294.79                      | \$42,295.00                      | \$42,295.00                      |                       |         |         |         |         |
| 9      | Heart of GA Regional Commission                   | \$261,701.08                     | \$261,701.00                     | \$261,701.00                     |                       |         |         |         |         |
| 10     | Southwest GA Regional Commission                  | \$278,462.22                     | \$276,462.00                     | \$278,462.00                     |                       |         |         |         |         |
| 11     | Southern GA Regional Commission                   | \$158,610.36                     | \$224,610.00                     | \$249,610.00                     |                       |         |         |         |         |
| 12     | Costal Regional Commission of Georgia             | \$194,129.59                     | \$227,866.00                     | \$252,045.00                     |                       |         |         |         |         |
|        | REMAINING BALANCE                                 |                                  |                                  |                                  |                       |         |         |         |         |
|        | <b>SUB TOTAL DHS SERVICE FUNDING</b>              | <b>\$2,672,330.07</b>            | <b>\$2,969,899.00</b>            | <b>\$3,119,077.00</b>            |                       |         |         |         |         |
|        | ADMINISTRATION                                    | \$296,925.56                     | \$329,988.78                     | \$346,564.20                     |                       |         |         |         |         |
|        | <b>SUBTOTAL DHS FUNDING</b>                       | <b>\$2,969,255.62</b>            | <b>\$3,299,887.78</b>            | <b>\$3,465,641.20</b>            |                       |         |         |         |         |
|        | Not Yet Contracted                                |                                  |                                  |                                  | \$1,370,947.00        |         |         |         |         |
|        | <b>TOTAL FUNDING FROM FTA</b>                     | <b>\$2,969,255.62</b>            | <b>\$3,299,887.78</b>            | <b>\$3,465,641.20</b>            | <b>\$1,370,947.00</b> |         |         |         |         |

## Georgia Funding for Human Service Transportation Programs

|                                |   |
|--------------------------------|---|
| <b>Federal Funding Agency:</b> | <b>US Department of Health and Human Services, Administration for Children and Families</b>   |
| <b>Program Name:</b>           | <b>Temporary Assistance for Needy Families (TANF)</b>   |
| <b>Program Description:</b>    | <p>The goal of the TANF program is to transition needy families from welfare to self-sufficiency by supporting/promoting job preparation, work and the formation and maintenance of two-parent families.</p> <p>The Temporary Assistance for Needy Families (TANF) program provides block grants to states, territories and tribes to fund benefits, administrative expenses, and services targeted to needy families. In order for states to be eligible to receive TANF funds, they must make a commitment to spend state dollars on programs to assist needy families. TANF funding can be used to provide income assistance, child care, transportation (reimburse transportation cost or purchase and/or operate vehicles), wage supplements, education and job training, although states have considerable flexibility in how TANF funds may be employed.</p>   |
| <b>State Funding Agency:</b>   | <b>Georgia Department of Human Services, Division of Family and Children Services</b>   |
| <b>State Program Operator:</b> | <b>Georgia Department of Human Services, Transportation Services Section</b>  |
| <b>Program Name:</b>           | <b>Coordinated Transportation System</b>  |
| <b>Program Description:</b>    | <p>The Coordinated Transportation System is administered through the Georgia Department of Human Services Office of Facilities and Support Services, Transportation Services Section (TSS), whose primary program management responsibilities include policy development, technical assistance, contract management, program monitoring and evaluation, and the development of statewide public relations plans. Actual services are provided through contracted vendors in each region. Contractors may be a state entity, county, regional government entity or private for profit vendor. Through its regional staff, the TSS incorporates local input into its system design and program management and oversight to the local level by working with each region's Regional Transportation Coordinator, Administrative Operations Coordinator and the Regional Transportation Coordinating Committee.</p> <p>The Georgia Division of Family and Children Services (DFCS) administers the TANF program. DFCS will provide the support necessary for TANF families to achieve economic self-sufficiency by obtaining and retaining employment. TANF recipients engaged in work activities that support their Family Service Plan and TANF applicants engaged in job search or other activities in completion of the application process are eligible for transportation programs that assist families in overcoming barriers to employment resulting from a lack of sufficient transportation, including the reverse commute initiative, direct subsidies and the Wheels-to-Work program.</p> |

| Region | Contractor  | Funding Levels        |                       |                       |  |  |  |  |  |
|--------|---|-----------------------|-----------------------|-----------------------|--|--|--|--|--|
|        |   | Federal               |                       |                       |  |  |  |  |  |
|        |   | TANF FY2008           | TANF FY2009           | TANF FY2010           |  |  |  |  |  |
| 1      | Lookout Mountain Community Service Board          | \$250,000.00          | \$200,000.00          | \$148,754.00          |  |  |  |  |  |
| 2      | Dawson Board of Commissioners                     | \$6,000.00            | \$6,000.00            | \$4,463.00            |  |  |  |  |  |
| 2      | Hall County Board of Commissioners                | \$75,000.00           | \$20,000.00           | \$14,875.00           |  |  |  |  |  |
| 2      | Hart County Board of Commissioners                | \$80,000.00           | \$55,000.00           | \$40,907.00           |  |  |  |  |  |
| 3B     | Cherokee Board of Commissioners                   | \$20,000.00           | \$10,000.00           | \$7,438.00            |  |  |  |  |  |
| 3B     | GRN Community Service Board Gwinnett              | \$210,664.00          | \$160,664.00          | \$182,718.00          |  |  |  |  |  |
| 3B     | Henry County Board of Commissioners               | \$50,000.00           | \$20,000.00           | \$7,438.00            |  |  |  |  |  |
| 3B     | Cobb Douglass Community Service Board             | \$150,000.00          | \$150,000.00          | \$111,566.00          |  |  |  |  |  |
| 3B     | Clayton County Community Services Authority       | \$300,000.00          | \$405,000.00          | \$245,444.00          |  |  |  |  |  |
| 3B     | McIntosh Trail Community Service Board            | \$50,000.00           | \$10,000.00           | \$7,438.00            |  |  |  |  |  |
| 4      | Three Rivers Regional Commission (McIntosh Trail) | \$510,000.00          | \$460,000.00          | \$342,134.00          |  |  |  |  |  |
| 5      | Advantage Behavioral Health Systems               | \$205,000.00          | \$255,000.00          | \$212,508.00          |  |  |  |  |  |
| 5      | GRN Community Service Board - Newton              | \$95,000.00           | \$145,000.00          | \$85,000.00           |  |  |  |  |  |
| 6      | Middle GA Regional Commission                     | \$2,050,000.00        | \$2,050,000.00        | \$1,524,692.00        |  |  |  |  |  |
| 7      | Central Savannah River Area Regional Commission   | \$811,000.00          | \$751,000.00          | \$558,571.00          |  |  |  |  |  |
| 7      | Jefferson County Board of Commissioners           | \$70,000.00           | \$30,000.00           | \$22,313.00           |  |  |  |  |  |
| 8      | New Horizons Community Service Board              | \$200,000.00          | \$228,700.00          | \$170,100.00          |  |  |  |  |  |
| 8      | Middle Flint Behavioral HealthCare                | \$250,000.00          | \$121,300.00          | \$90,219.00           |  |  |  |  |  |
| 9      | Heart of GA Regional Commission                   | \$985,194.00          | \$635,194.00          | \$416,655.00          |  |  |  |  |  |
| 10     | Southwest GA Regional Commission                  | \$550,000.00          | \$725,000.00          | \$316,102.00          |  |  |  |  |  |
| 11     | Southern GA Regional Commission                   | \$722,355.00          | \$922,355.00          | \$816,180.00          |  |  |  |  |  |
| 12     | Costal Regional Commission of Georgia             | \$827,000.00          | \$1,107,000.00        | \$972,107.00          |  |  |  |  |  |
|        | REMAINING BALANCE                                 |                       |                       |                       |  |  |  |  |  |
|        | <b>SUB TOTAL FUNDING</b>                          | <b>\$8,467,213.00</b> | <b>\$8,467,213.00</b> | <b>\$6,297,622.00</b> |  |  |  |  |  |
|        | <b>TOTAL FUNDING</b>                              | <b>\$8,467,213.00</b> | <b>\$8,467,213.00</b> | <b>\$6,297,622.00</b> |  |  |  |  |  |

## Georgia Funding for Human Service Transportation Programs

**Federal Funding Agency:** US Department of Health and Human Services, Administration for Children and Families, Office of Community Services  
**Title XX - Social Service Block Grant (SSBG) Program**  
**Program Name:** Title XX of the Social Security Act, also referred to as the Social Services Block Grant (SSBG) Program, is a capped entitlement program that provides block grant funds to States to help them achieve a wide range of social policy goals, which include preventing child abuse, increasing the availability of child care, and providing community-based care for the elderly and disabled. Funds are allocated to the States on the basis of population. The Federal funds are available to States without a State matching requirement.  
**Program Description:** States are given wide discretion to determine the services to be provided and the groups that may be eligible for services, usually low income families and individuals. In addition to supporting social services, the law allows States to use their allotment for staff training, administration, planning, evaluation, and purchasing technical assistance in developing, implementing, or administering the State social service program. States decide what amount of the Federal allotment to spend on services, training, and administration.

**State Funding Agency:** Georgia Department of Behavioral Health and Developmental Disabilities  
**State Program Operator:** Georgia Department of Human Services, Transportation Services Section  
**Program Name:** Coordinated Transportation System  
**Program Description:** The Coordinated Transportation System is administered through the Georgia Department of Human Services Office of Facilities and Support Services, Transportation Services Section (TSS), whose primary program management responsibilities include policy development, technical assistance, contract management, program monitoring and evaluation, and the development of statewide public relations plans. Actual services are provided through contracted vendors in each region. Contractors may be a state entity, county, regional government entity or private for profit vendor. Through its regional staff, the TSS incorporates local input into its system design and program management and oversight to the local level by working with each region's Regional Transportation Coordinator, Administrative Operations Coordinator and the Regional Transportation Coordinating Committee.

Consumers eligible for DHR Coordinated Transportation services from funding provided by the Department of Behavioral Health and Developmental Disabilities (DBHDD) are those consumers who meet the consumer eligibility requirements for disability services of the Department and have no other reasonable and affordable means of getting to or from these vital services. Vital services are those services that are outlined on the consumer's Individual Service Plan (ISP) and approved by a physician. Vital services are varied and wide-ranging depending upon the severity of the consumer's disability and the need for intervention. Essential Trips for the DBHDD, in order of priority, are those to and from employment locations, mental health appointments, community training and integration activities, job training, medical appointments, and social services. Miscellaneous trips are defined as essential, but at the lowest priority.

| Region | Contractor  | Funding Levels |                |                |                |                |                |                 |                |              |                |
|--------|---|----------------|----------------|----------------|----------------|----------------|----------------|-----------------|----------------|--------------|----------------|
|        |   | Federal        |                |                | State          |                |                |                 | County Revenue |              |                |
|        |   | FY2008         | FY2009         | FY2010         | FY2008         | FY2009         | FY2010         | FY2010<br>DBHDD | FY2008         | FY2009       | FY2010         |
| 1      | Lookout Mountain Community Service Board          | \$1,095,522.00 | \$1,154,246.00 | \$1,154,245.00 | \$459,335.00   | \$487,874.00   | \$487,874.00   |                 |                |              |                |
| 2      | Hall County Board of Commissioners                | \$8,000.00     | \$8,000.00     | \$8,000.00     |                | \$8,000.00     | \$8,000.00     |                 |                |              |                |
| 3A     | ATS (Options 2,4 & 6)                             | \$420,218.00   | \$386,654.00   | \$386,654.00   | \$48,760.00    | \$48,760.00    | \$48,760.00    | \$487,960.00    | \$512,770.00   | \$512,770.00 |                |
| 3A     | Southeastrans (Opts 1,3,5, & 7)                   | \$180,000.00   | \$166,565.00   | \$166,565.00   |                |                |                |                 | \$405,730.00   | \$405,730.00 |                |
| 3A     | STSI (Option 7 - Fulton)                          |                |                |                |                |                |                |                 |                |              | \$1,305,000.00 |
| 3B     | Cherokee Board of Commissioners                   | \$107,000.00   | \$107,000.00   | \$107,000.00   | \$14,494.00    | \$16,346.00    | \$16,346.00    |                 |                |              |                |
| 3B     | Right in the Community (Cobb ARC)                 |                |                |                | \$1,458.00     | \$1,458.00     | \$1,458.00     |                 |                |              |                |
| 3B     | Clayton County                                    | \$1,800.00     | \$1,800.00     | \$1,800.00     |                |                |                |                 |                |              |                |
| 3B     | GRN Community Service Board - Gwinnett            | \$549,880.00   | \$608,604.00   | \$608,604.00   | \$300,682.00   | \$241,958.00   | \$241,958.00   |                 |                |              |                |
| 3B     | Henry County Board of Commissioners               | \$103,000.00   | \$161,724.00   | \$161,724.00   | \$138,229.00   | \$189,505.00   | \$189,505.00   |                 |                |              |                |
| 3B     | McIntosh Trail Community Service Board            | \$45,000.00    | \$45,000.00    | \$45,000.00    | \$26,635.00    | \$61,635.00    | \$61,635.00    |                 |                |              |                |
| 4      | Three Rivers Regional Commission (McIntosh Trail) | \$865,551.00   | \$944,404.00   | \$944,404.00   | \$258,189.00   | \$198,376.00   | \$198,376.00   |                 |                |              |                |
| 5      | Advantage Behavioral Health Systems               | \$599,885.00   | \$599,885.00   | \$599,885.00   | \$141,799.00   | \$192,518.00   | \$192,518.00   |                 |                |              |                |
| 5      | GRN Community Service Board - Newton              | \$150,560.00   | \$150,560.00   | \$150,560.00   | \$115,482.00   | \$145,482.00   | \$145,482.00   |                 |                |              |                |
| 6      | Middle GA Regional Commission                     | \$291,511.00   | \$291,511.00   | \$291,511.00   | \$87,864.00    | \$68,582.00    | \$68,582.00    |                 |                |              |                |
| 7      | Central Savannah River Area Regional Commission   | \$438,623.00   | \$438,623.00   | \$438,623.00   | \$188,752.00   | \$205,471.00   | \$205,471.00   |                 |                |              |                |
| 9      | Heart of GA Regional Commission                   | \$847,000.00   | \$905,724.00   | \$905,724.00   | \$257,211.00   | \$228,487.00   | \$228,487.00   |                 |                |              |                |
| 10     | Southwest GA Regional Commission                  | \$1,122,789.00 | \$1,181,513.00 | \$1,181,513.00 | \$398,920.00   | \$470,352.00   | \$470,352.00   |                 |                |              |                |
| 11     | Southern GA Regional Commission                   | \$74,640.00    | \$74,640.00    | \$74,640.00    | \$21,347.00    | \$28,347.00    | \$28,347.00    |                 |                |              |                |
| 12     | Costal Regional Commission of Georgia             | \$53,820.00    | \$38,820.00    | \$38,820.00    | \$61,416.00    | \$43,416.00    | \$43,416.00    |                 |                |              |                |
|        | SUB TOTAL FUNDING                                 | \$6,954,799.00 | \$7,265,273.00 | \$7,265,272.00 | \$2,520,573.00 | \$2,636,567.00 | \$2,636,567.00 | \$487,960.00    | \$918,500.00   | \$918,500.00 | \$1,305,000.00 |
|        | TOTAL FUNDING                                     | \$6,954,799.00 | \$7,265,273.00 | \$7,265,272.00 | \$2,520,573.00 | \$2,636,567.00 | \$2,636,567.00 | \$487,960.00    | \$918,500.00   | \$918,500.00 | \$1,305,000.00 |



Georgia Funding for Human Service Transportation Programs

|                         |   |
|-------------------------|---|
| Federal Funding Agency: | US Department of Education, Rehabilitation Services Administration  |
| Program Name:           | Title I - Vocational Rehabilitation Grant Program   |
| Program Description:    | <p>The Rehabilitation Services Administration (RSA) oversees both formula and discretionary grant programs to provide states with funding to assist individuals with physical or mental disabilities obtain employment and live more independently. Examples of support include counseling, medical and psychological services, job training and other individualized services.</p> <p>The Title I formula grant program provides state Vocational Rehabilitation Agencies (VR) with funding for employment-related services for individuals with disabilities. Priority is given to significantly disabled individuals. Transportation services (including costs of services, school transportation, training travel, service coordination, and private vehicle purchase) that enable individuals to participate in Vocational Rehabilitation Agencies programs and services are an allowable expense.</p>   |
| State Funding Agency:   | Georgia Department of Labor   |
| State Program Operator: | Georgia Department of Human Services, Transportation Services Section   |
| Program Name:           | Coordinated Transportation System   |
| Program Description:    | <p>The Coordinated Transportation System is administered through the Georgia Department of Human Services Office of Facilities and Support Services, Transportation Services Section (TSS), whose primary program management responsibilities include policy development, technical assistance, contract management, program monitoring and evaluation, and the development of statewide public relations plans. Actual services are provided through contracted vendors in each region. Contractors may be a state entity, county, regional government entity or private for profit vendor. Through its regional staff, the TSS incorporates local input into its system design and program management and oversight to the local level by working with each region's Regional Transportation Coordinator, Administrative Operations Coordinator and the Regional Transportation Coordinating Committee.</p> <p>The Georgia Department of Labor (GDOL) operates and administers the state's Vocational Rehabilitation Services Program. The GDOL operates five integrated and interdependent programs that share a primary goal: to help people with disabilities to become fully productive members of society by achieving independence and meaningful employment; the Vocational Rehabilitation Program, Disability Adjudication Services, the Roosevelt Warm Springs Institute for Rehabilitation, the Business Enterprise Program and Georgia Industries for the Blind.</p> |

| Region | Contractor  | Funding Levels |              |              |  |         |  |  |  |
|--------|---|----------------|--------------|--------------|--|---------|--|--|--|
|        |   | Federal        |              |              |  | Unknown |  |  |  |
|        |   | FY2008         | FY2009       | FY2010       |  | FY2010  |  |  |  |
| 3B     | GRN Community Service Board Gwinnett              | \$160,000.00   | \$185,000.00 | \$140,000.00 |  |         |  |  |  |
| 3B     | Henry County Board of Commissioners               | \$14,000.00    | \$34,000.00  | \$50,000.00  |  |         |  |  |  |
| 3B     | Clayton County Community Services Authority       | \$26,000.00    | \$31,000.00  | \$55,000.00  |  |         |  |  |  |
| 3B     | McIntosh Trail Community Service Board            | \$15,000.00    | \$5,000.00   | \$10,000.00  |  |         |  |  |  |
| 4      | Three Rivers Regional Commission (McIntosh Trail) | \$175,000.00   | \$165,000.00 | \$165,000.00 |  |         |  |  |  |
| 5      | Advantage Behavioral Health Systems               | \$86,000.00    | \$105,000.00 | \$82,000.00  |  |         |  |  |  |
| 5      | GRN Community Service Board Newton                | \$12,000.00    | \$22,000.00  | \$45,000.00  |  |         |  |  |  |
| 6      | Middle GA Regional Commission                     | \$100,000.00   | \$125,000.00 | \$125,000.00 |  |         |  |  |  |
| 9      | Heart of GA Regional Commission                   | \$280,000.00   | \$250,000.00 | \$250,000.00 |  |         |  |  |  |
|        | SUB TOTAL FUNDING                                 | \$868,000.00   | \$922,000.00 | \$922,000.00 |  |         |  |  |  |
|        | TOTAL FUNDING                                     | \$868,000.00   | \$922,000.00 | \$922,000.00 |  |         |  |  |  |

# Georgia Funding for Human Service Transportation Programs

| Federal Funding Agency: |                                       | No Specific Federal Source   |  |  |  |                       |                       |                       |
|-------------------------|---------------------------------------|--|--|--|--|-----------------------|-----------------------|-----------------------|
| Program Name:           |                                       | Not Applicable   |  |  |  |                       |                       |                       |
| State Funding Agency:   |                                       | Revenue Contracts with Fulton, Dekalb and Gwinnett Counties  |  |  |  |                       |                       |                       |
| State Program Operator: |                                       | Georgia Department of Human Services, Transportation Services Section  |  |  |  |                       |                       |                       |
| Program Name:           |                                       | Coordinated Transportation System  |  |  |  |                       |                       |                       |
| Program Description:    |                                       | The Georgia Department of Human Services uses the revenue from these County-based contracts to augment services provided through the Coordinated Transportation System in these jurisdictions. The source of funds from the counties is unknown. |  |  |  |                       |                       |                       |
| Region                  | Contractor                            | Funding Levels   |  |  |  |                       |                       |                       |
|                         |                                       | Federal  |  |  |  | Varied Sources        |                       |                       |
|                         |                                       |  |  |  |  | FY2008                | FY2009                | FY2010                |
|                         | Revenue Contracts with Fulton County  |  |  |  |  |                       |                       |                       |
| 3A                      | ATS (Options 2,4 & 6)                 |  |  |  |  | \$512,770.00          | \$542,770.00          | \$1,255,540.00        |
| 3A                      | Southeastrans (Opts 1,3,5, & 7)       |  |  |  |  | \$480,730.00          | \$510,730.00          | \$1,416,460.00        |
| 3A                      | STSI - (Option 7 - Fulton)            |  |  |  |  | \$675,000.00          | \$615,000.00          | \$515,000.00          |
| 3A                      | Quality Living Services               |  |  |  |  | \$119,736.00          | \$119,736.00          | \$119,736.00          |
|                         | <b>SUB TOTAL FUNDING</b>              |  |  |  |  | <b>\$1,788,236.00</b> | <b>\$1,788,236.00</b> | <b>\$3,306,736.00</b> |
|                         | <b>TOTAL FUNDING</b>                  |  |  |  |  | <b>\$1,788,236.00</b> | <b>\$1,788,236.00</b> | <b>\$3,306,736.00</b> |
|                         | Revenue Contract with Dekalb County   |  |  |  |  |                       |                       |                       |
| 3A                      | STSI - Dekalb                         |  |  |  |  | \$521,973.00          | \$521,973.00          | \$459,850.00          |
|                         | <b>SUB TOTAL FUNDING</b>              |  |  |  |  | <b>\$521,973.00</b>   | <b>\$521,973.00</b>   | <b>\$459,850.00</b>   |
|                         | <b>TOTAL FUNDING</b>                  |  |  |  |  | <b>\$521,973.00</b>   | <b>\$521,973.00</b>   | <b>\$459,850.00</b>   |
|                         | Revenue Contract with Gwinnett County |  |  |  |  |                       |                       |                       |
| 3B                      | GRN Community Service Board-Gwinnett  |  |  |  |  | \$141,221.00          | \$141,221.00          | \$133,925.00          |
|                         | <b>SUB TOTAL FUNDING</b>              |  |  |  |  | <b>\$141,221.00</b>   | <b>\$141,221.00</b>   | <b>\$133,925.00</b>   |
|                         | <b>TOTAL FUNDING</b>                  |  |  |  |  | <b>\$141,221.00</b>   | <b>\$141,221.00</b>   | <b>\$133,925.00</b>   |

## Georgia Funding for Human Service Transportation Programs

|                                |  |
|--------------------------------|--|
| <b>Federal Funding Agency:</b> | US Department of Transportation, Federal Transit Administration  |
| <b>Program Name:</b>           | Section 5316 Program   |
| <b>Program Description:</b>    | The goal of the JARC program is to improve access to transportation services to and from employment and employment related activities for welfare recipients and eligible low-income individuals. JARC also aims to transport residents of urbanized areas and nonurbanized areas to suburban employment opportunities.  |
|                                | JARC funds are currently apportioned to states on a formula basis depending upon a state's low-income population. Any projects receiving funding from JARC must be competitively selected and derived from a coordinated plan developed in cooperation with representatives of public, private, and nonprofit transportation and human services providers, as well as members of the public. JARC funds can be used for capital, planning, and operating expenses with a 50/50 match requirement for operating and 80/20 match for capital. Note that the Federal share is 90% for the incremental costs of vehicle-related equipment and facilities required by the Clean Air Act Amendments of 1990 (CAAA) or the Americans with Disabilities Act of 1990 (ADA).   |
|                                | Transportation eligible funding from other Federal programs (non Federal DOT, such as TANF, Medicaid, Rehabilitation Services Administration, and Administration on Aging) can be used as the local match as long as the funds are used for activities included in the total net project cost of the FTA grant. Examples of other local match sources include State or local appropriations; revenue from human services contracts; and net income generated from advertising and concessions. Non-cash share such as donations, volunteered services, or in-kind contributions are eligible as local match as long as the value of each is documented and supported, and represent a cost which would otherwise be eligible under the program. Designated Recipients may use up to 10% of the regional apportionment to support program administrative costs including administration, planning, and technical assistance, which may be funded at 100% federal share. |
| <b>State Funding Agency:</b>   | Georgia Department of Transportation   |
| <b>State Program Operator:</b> | Georgia Department of Transportation - Nonurbanized areas<br>Georgia Department of Human Services, Transportation Services Section - Areas with populations between 50,000 and 199,999<br>Atlanta Regional Commission / Metropolitan Atlanta Rapid Transit Authority, Augusta-Richmond County Commission, Chattanooga Area Regional Transportation Authority, Columbus-Muscogee County Consolidated Government METRA Transit System, Chatham Area Transit Authority  |
| <b>Program Name:</b>           | Various  |
| <b>Program Description:</b>    | Atlanta Regional Commission / Metropolitan Atlanta Rapid Transit Authority<br>ARC and MARTA have been jointly designated by the State of Georgia as recipients of Section 5316 funds for the Atlanta Urbanized Area. As joint designated recipients, ARC and MARTA are responsible for assuring competitive selection of sub recipients for JARC funding, although since MARTA also competes for this funding, ARC actually administers the entire competitive selection process.<br>Georgia Department of Human Services<br>Services provided as a part of the Coordinated Transportation System.   |

| Region | Contractor  | Funding Levels        |                       |                       |                     |                        |                     |                     |         |
|--------|---|-----------------------|-----------------------|-----------------------|---------------------|------------------------|---------------------|---------------------|---------|
|        |   | Federal               |                       |                       |                     | State (Required Match) |                     |                     |         |
|        |   | FY07                  | FY08                  | FY09                  | FY10                | FY07                   | FY08                | FY09                | FY10    |
|        | <i>Nonurbanized areas (less than 50,000 pop.)</i>                     |                       |                       |                       |                     |                        |                     |                     |         |
|        | Georgia Department of Transportation                                  | \$1,141,655.00        | \$1,236,793.00        | \$1,451,671.00        | \$539,543.00        |                        |                     |                     |         |
|        | <i>Areas with populations between 50,000 and 199,999</i>              |                       |                       |                       |                     |                        |                     |                     |         |
|        | Georgia Department of Human Services                                  |                       |                       |                       |                     |                        |                     |                     |         |
|        | <b>Purchase of Services</b>   |                       |                       |                       |                     |                        |                     |                     |         |
|        | Region 1  | \$151,200.00          | \$209,960.00          | \$300,000.00          |                     | \$151,200.00           | \$209,960.00        | \$300,000.00        |         |
|        | Region 4  | \$132,314.00          | \$132,314.00          | \$132,314.00          |                     | \$132,314.00           | \$132,314.00        | \$132,314.00        |         |
|        | Region 5  | \$104,644.00          | \$121,628.00          | \$137,375.00          |                     | \$104,644.00           | \$121,628.00        | \$137,375.00        |         |
|        | Region 9  | \$33,197.00           | \$33,197.00           | \$33,197.00           |                     | \$33,197.00            | \$33,197.00         | \$33,197.00         |         |
|        | Region 10   | \$107,180.00          | \$107,180.00          | \$107,180.00          |                     | \$107,180.00           | \$107,180.00        | \$107,180.00        |         |
|        | <b>Subtotal Purchase of Services</b>                                  | <b>\$528,535.00</b>   | <b>\$604,279.00</b>   | <b>\$710,066.00</b>   |                     | <b>\$528,535.00</b>    | <b>\$604,279.00</b> | <b>\$710,066.00</b> |         |
|        | <b>Total Purchase of Services</b>                                     | <b>\$528,535.00</b>   | <b>\$604,279.00</b>   | <b>\$710,066.00</b>   |                     | <b>\$528,535.00</b>    | <b>\$604,279.00</b> | <b>\$710,066.00</b> |         |
|        | <b>Other</b>  |                       |                       |                       |                     |                        |                     |                     |         |
|        | TRIPS   | \$250,000.00          | \$250,000.00          | \$250,000.00          |                     | \$62,500.00            | \$62,500.00         | \$62,500.00         |         |
|        | Mobility Manager  | \$75,000.00           | \$75,000.00           | \$75,000.00           |                     | \$18,750.00            | \$18,750.00         | \$18,750.00         |         |
|        | <b>Subtotal Other</b>   | <b>\$325,000.00</b>   | <b>\$325,000.00</b>   | <b>\$325,000.00</b>   |                     | <b>\$81,250.00</b>     | <b>\$81,250.00</b>  | <b>\$81,250.00</b>  |         |
|        | <b>Total Undetermined</b>   | <b>\$66,204.00</b>    | <b>\$67,105.00</b>    | <b>\$134,429.00</b>   | <b>\$434,666.00</b> |                        |                     |                     | Unknown |
|        | <b>Total Funding</b>  | <b>\$919,739.00</b>   | <b>\$996,384.00</b>   | <b>\$1,169,495.00</b> | <b>\$434,666.00</b> | <b>\$609,785.00</b>    | <b>\$685,529.00</b> | <b>\$791,316.00</b> | Unknown |
|        | <i>Areas with populations of 200,000 or more</i>                      |                       |                       |                       |                     |                        |                     |                     |         |
|        | <b>Atlanta</b>  |                       |                       |                       |                     |                        |                     |                     |         |
|        | MARTA (Government entity selected projects)                           |                       |                       |                       |                     |                        |                     |                     |         |
|        | ARC (Non-government entity selected projects)                         |                       |                       |                       |                     |                        |                     |                     |         |
|        | Cobb County DOT   | \$500,000.00          | \$276,352.00          | \$815,183.00          |                     | \$600,000.00           |                     | Not yet determined  |         |
|        | MARTA   | \$844,898.00          | \$806,352.00          | \$829,019.00          |                     | \$2,642,812.00         |                     | Not yet determined  |         |
|        | Cobb County/Douglas County Community Service Boards                   |                       | \$352,788.00          |                       |                     |                        |                     |                     |         |
|        | UTS Tech II Program   |                       | \$53,550.00           |                       |                     |                        |                     |                     |         |
|        | Center for Pan Asian Community Services, Inc.                         |                       |                       |                       |                     |                        |                     |                     |         |
|        | Admin/Other   | \$70,784.00           | \$44,613.00           | \$155,908.00          |                     |                        |                     | Not yet determined  |         |
|        | <b>Total Atlanta</b>  | <b>\$1,415,682.00</b> | <b>\$1,533,655.00</b> | <b>\$1,800,110.00</b> | <b>\$669,047.00</b> | <b>\$3,242,812.00</b>  |                     |                     |         |
|        | <b>Augusta</b>  |                       |                       |                       |                     |                        |                     |                     |         |
|        | Augusta-Richmond County Commission                                    |                       |                       |                       |                     |                        |                     |                     |         |
|        | <b>Total Augusta</b>  | <b>\$201,825.00</b>   | <b>\$218,644.00</b>   | <b>\$256,631.00</b>   | <b>\$95,382.00</b>  |                        |                     |                     |         |
|        | Chattanooga, Tn. (Georgia Portion)                                    |                       |                       |                       |                     |                        |                     |                     |         |
|        | Chattanooga Area Regional Transportation Authority                    |                       |                       |                       |                     |                        |                     |                     |         |
|        | <b>Total Chattanooga, Tn. (Georgia Portion)</b>                       | <b>\$178,019.00</b>   | <b>\$192,854.00</b>   | <b>\$226,360.00</b>   | <b>\$84,132.00</b>  |                        |                     |                     |         |
|        | <b>Columbus</b>   |                       |                       |                       |                     |                        |                     |                     |         |
|        | Columbus-Muscogee County Consolidated Government METRA Transit System |                       |                       |                       |                     |                        |                     |                     |         |
|        | <b>Total Columbus</b>   | <b>\$157,239.00</b>   | <b>\$170,343.00</b>   | <b>\$199,938.00</b>   | <b>\$74,311.00</b>  |                        |                     |                     |         |
|        | <b>Savannah</b>   |                       |                       |                       |                     |                        |                     |                     |         |
|        | Chatham Area Transit Authority  |                       |                       |                       |                     |                        |                     |                     |         |
|        | <b>Total Savannah</b>   | <b>\$141,828.00</b>   | <b>\$153,647.00</b>   | <b>\$180,341.00</b>   | <b>\$67,027.00</b>  |                        |                     |                     |         |

## Georgia Funding for Human Service Transportation Programs

|                                |   |
|--------------------------------|---|
| <b>Federal Funding Agency:</b> | US Department of Transportation, Federal Transit Administration   |
| <b>Program Name:</b>           | Section 5317 Program  |
| <b>Program Description:</b>    | The New Freedom formula grant program aims to provide additional tools to overcome existing barriers facing Americans with disabilities seeking integration into the work force and full participation in society. Lack of adequate transportation is a primary barrier to work for individuals with disabilities. The 2000 Census showed that only 60 percent of people between the ages of 16 and 64 with disabilities are employed. The New Freedom formula grant program seeks to reduce barriers to transportation services and expand the transportation mobility options available to people with disabilities beyond the requirements of the Americans with Disabilities Act (ADA) of 1990. |
|                                | States and public bodies are eligible designated recipients. Eligible subrecipients are private non-profit organizations, State or local governments, and operators of public transportation services including private operators of public transportation services. Eligible Activities include capital and operating expenses for new public transportation services and new public transportation alternatives beyond those required by the American with Disabilities Act of 1990 (ADA), that are designed to assist individuals with disabilities.   |
| <b>State Funding Agency:</b>   | Georgia Department of Transportation  |
| <b>State Program Operator:</b> | Georgia Department of Transportation - Nonurbanized areas<br>Georgia Department of Human Services, Transportation Services Section - Areas with populations between 50,000 and 199,999<br>Atlanta Regional Commission / Metropolitan Atlanta Rapid Transit Authority, Augusta-Richmond County Commission, Chattanooga Area Regional Transportation Authority, Columbus-Muscogee County Consolidated Government METRA Transit System, Chatham Area Transit Authority   |
| <b>Program Name:</b>           | Various   |
| <b>Program Description:</b>    | Atlanta Regional Commission / Metropolitan Atlanta Rapid Transit Authority<br>ARC and MARTA have been jointly designated by the State of Georgia as recipients of Section 5317 funds for the Atlanta Urbanized Area. As joint designated recipients, ARC and MARTA are responsible for assuring competitive selection of sub recipients for New Freedom funding, although since MARTA also competes for this funding, ARC actually administers the entire competitive selection process.<br>Georgia Department of Human Services<br>Services provided as a part of the Coordinated Transportation System.   |

| Region | Contractor   | Funding Levels        |                       |                       |              |                        |                       |                       |      |
|--------|--|-----------------------|-----------------------|-----------------------|--------------|------------------------|-----------------------|-----------------------|------|
|        |  | Federal               |                       |                       |              | State (Required Match) |                       |                       |      |
|        |  | FY07                  | FY08                  | FY09                  | FY10         | FY07                   | FY08                  | FY09                  | FY10 |
|        | <i>Nonurbanized areas (less than 50,000 pop.)</i>        | \$625,568.00          | \$675,768.00          | \$778,945.00          | \$295,538.00 |                        |                       |                       |      |
|        | <b>Georgia Department of Transportation</b>              |                       |                       |                       |              |                        |                       |                       |      |
|        | <i>Areas with populations between 50,000 and 199,999</i> | \$450,350.00          | \$486,490.00          | \$560,767.00          | \$212,760.00 |                        |                       |                       |      |
|        | Georgia Department of Human Services                     |                       |                       |                       |              |                        |                       |                       |      |
|        | <b>Purchase of Services</b>                              |                       |                       |                       |              |                        |                       |                       |      |
|        | Region 1   | \$36,000.00           | \$39,000.00           | \$30,000.00           |              | \$36,000.00            | \$39,000.00           | \$30,000.00           |      |
|        | Region 4   | \$227,676.00          | \$227,676.00          | \$227,676.00          |              | \$227,676.00           | \$227,676.00          | \$227,676.00          |      |
|        | Region 5   | \$150,295.00          | \$240,714.00          | \$283,438.00          |              | \$150,295.00           | \$240,714.00          | \$283,438.00          |      |
|        | Region 8   | \$65,894.00           | \$65,894.00           | \$65,894.00           |              | \$65,894.00            | \$65,894.00           | \$65,894.00           |      |
|        | Region 9   | \$36,358.00           | \$36,358.00           | \$36,358.00           |              | \$36,358.00            | \$36,358.00           | \$36,358.00           |      |
|        | Region 11  | \$325,872.00          | \$325,872.00          | \$325,872.00          |              | \$325,872.00           | \$325,872.00          | \$325,872.00          |      |
|        | <b>Subtotal Purchase of Services</b>                     | <b>\$842,095.00</b>   | <b>\$935,514.00</b>   | <b>\$969,238.00</b>   |              | <b>\$842,095.00</b>    | <b>\$935,514.00</b>   | <b>\$969,238.00</b>   |      |
|        | <b>Total Purchase of Services</b>                        | <b>\$842,095.00</b>   | <b>\$935,514.00</b>   | <b>\$969,238.00</b>   |              | <b>\$842,095.00</b>    | <b>\$935,514.00</b>   | <b>\$969,238.00</b>   |      |
|        | <b>Other</b>   |                       |                       |                       |              |                        |                       |                       |      |
|        | TRIP\$   | \$250,000.00          | \$250,000.00          | \$250,000.00          |              | \$62,500.00            | \$62,500.00           | \$62,500.00           |      |
|        | Mobility Manager   | \$50,000.00           | \$50,000.00           | \$50,000.00           |              | \$12,500.00            | \$12,500.00           | \$12,500.00           |      |
|        | <b>Subtotal Other</b>                                    | <b>\$300,000.00</b>   | <b>\$300,000.00</b>   | <b>\$300,000.00</b>   |              | <b>\$75,000.00</b>     | <b>\$75,000.00</b>    | <b>\$75,000.00</b>    |      |
|        | <b>Total Undetermined</b>                                |                       |                       |                       |              |                        |                       |                       |      |
|        | <b>Total Funding</b>                                     | <b>\$1,142,095.00</b> | <b>\$1,235,514.00</b> | <b>\$1,269,238.00</b> |              | <b>\$917,095.00</b>    | <b>\$1,010,514.00</b> | <b>\$1,044,238.00</b> |      |

Georgia Funding for Human Service Transportation Programs

| Areas with populations of 200,000 or more  |  |                       |                     |                       |                     |                       |  |  |
|--|--|-----------------------|---------------------|-----------------------|---------------------|-----------------------|--|--|
| Atlanta  |  | FY06 & FY07           |                     |                       |                     |                       |  |  |
| MARTA (Government entity selected projects)  |  |                       |                     | \$0.00                |                     |                       |  |  |
| ARC (Non-government entity selected projects)  |  |                       |                     |                       |                     |                       |  |  |
| Cobb County DOT  |  | \$325,000.00          |                     | \$549,500.00          |                     |                       |  |  |
| Cobb County Guaranteed Paratransit Transfer Program  |  |                       | \$450,294.00        |                       |                     |                       |  |  |
| DisAbility Link  |  | \$210,721.00          |                     | \$105,360.50          |                     | \$150,692.00          |  |  |
| Cobb County Community Services Board - Project Unified Transportation Service Tech Program |  | \$366,440.00          |                     |                       |                     | \$461,902.00          |  |  |
| DeKalb County TAPED Program  |  |                       | \$81,058.00         |                       |                     |                       |  |  |
| MARTA Gold - Senior Transportation Services  |  | \$65,000.00           |                     |                       |                     | \$65,000.00           |  |  |
| MARTA Paratransit Feeder Service Pilot Program   |  | \$808,611.00          |                     |                       |                     | \$456,578.00          |  |  |
| MARTA Travel Training Program  |  |                       | \$341,410.00        |                       |                     |                       |  |  |
| Fayette Senior Services  |  | \$50,528.00           | \$58,359.00         | \$97,470.00           |                     |                       |  |  |
| Gwinnett County Senior Services  |  |                       |                     | \$85,745.00           |                     |                       |  |  |
| Marcus Jewish Community Center   |  |                       | \$156,009.00        | \$80,444.00           |                     |                       |  |  |
| Admin/Other  |  | \$96,121.05           |                     | \$188,409.50          |                     |                       |  |  |
| <b>Total Atlanta</b>   |  | <b>\$1,922,421.05</b> | <b>\$960,308.00</b> | <b>\$1,106,929.00</b> | <b>\$419,978.00</b> | <b>\$1,134,172.00</b> |  |  |
| Augusta  |  |                       |                     |                       |                     |                       |  |  |
| Augusta-Richmond County Commission   |  |                       |                     |                       |                     |                       |  |  |
| <b>Total Augusta</b>   |  | <b>\$108,159.00</b>   | <b>\$116,838.00</b> | <b>\$134,677.00</b>   | <b>\$51,098.00</b>  |                       |  |  |
| Chattanooga, Tn. (Georgia Portion)   |  |                       |                     |                       |                     |                       |  |  |
| Chattanooga Area Regional Transportation Authority   |  |                       |                     |                       |                     |                       |  |  |
| <b>Total Chattanooga, Tn. (Georgia Portion)</b>  |  | <b>\$114,462.00</b>   | <b>\$123,647.00</b> | <b>\$142,525.00</b>   | <b>\$54,075.00</b>  |                       |  |  |
| Columbus   |  |                       |                     |                       |                     |                       |  |  |
| Columbus-Muscogee County Consolidated Government METRA Transit System                      |  |                       |                     |                       |                     |                       |  |  |
| <b>Total Columbus</b>  |  | <b>\$79,731.00</b>    | <b>\$86,129.00</b>  | <b>\$99,280.00</b>    | <b>\$37,668.00</b>  |                       |  |  |
| Savannah   |  |                       |                     |                       |                     |                       |  |  |
| Chatham Area Transit Authority   |  |                       |                     |                       |                     |                       |  |  |
| <b>Total Savannah</b>  |  | <b>\$70,682.00</b>    | <b>\$76,355.00</b>  | <b>\$88,012.00</b>    | <b>\$33,393.00</b>  |                       |  |  |

Georgia Funding for Human Service Transportation Programs

|                         |  |
|-------------------------|--|
| Federal Funding Agency: | US Department of Health and Human Services, Administration on Aging  |
| Program Name:           | Title III - Older Americans Act  |
| Program Description:    | The purpose of the Older Americans Act is to serve elderly Americans in the greatest social and economic need, giving particular attention to low-income minority individuals. The Act aims to provide services and programs to assist the elderly in maintaining their independence and dignity. The Older American Act provides funding to establish certain programs that must be implemented by the states and the federal government.   |
|                         | Each state was required to establish a Department of Aging to implement the provisions of the Older American Act and acts as a unifying force for services to seniors. States are also required to provide additional funds and other entitlement programs for senior citizens. In addition, States established local Area Agencies on Aging (AAA) that work with other private nonprofit agencies to implement the desired programs.  |
|                         | Title III of the Older American Act is intended to form a "network on aging" by providing grants to States and Area Agencies on Aging to develop supportive and nutrition services, to act as advocates on behalf of programs for older persons, and to coordinate programs for the elderly. Funds are distributed on the basis of each state's population aged 60 or over as compared to other states.  |
| State Funding Agency:   | Georgia Department of Human Services, Division of Aging Services   |
| State Program Operator: | Georgia Department of Human Services, Transportation Services Section  |
| Program Name:           | Coordinated Transportation System  |
| Program Description:    | Funding from Title III is used to provide transportation services to elderly Georgians. Individuals age 60 and older are eligible. Eligibility is determined at local service sites using standard assessment instruments. Priority is given to those with the greatest social and economic need, with emphasis on persons who fall in the categories of low-income, minority, limited English speaking, rural and/or functionally impaired. Essential Trips for the Division of Aging, listed in order of priority, are trips to and from Senior Centers, medical appointments, shopping, work/employment, field trips, and bill payment. |
|                         | Although all counties are a part of the State Coordinated System, some Area Agencies on Aging contract with their counties to provide transportation for congregate meals to senior citizens, non-emergency medical trips, grocery and other aging services transportation.  |

| Region | Contractor  | Funding Levels |              |              |             |             |             |             |              |              |
|--------|---|----------------|--------------|--------------|-------------|-------------|-------------|-------------|--------------|--------------|
|        |   | Federal        |              |              | State       |             |             | Local Match |              |              |
|        |   | FY2008         | FY2009       | FY2010       | FY2008      | FY2009      | FY2010      | FY2008      | FY2009       | FY2010       |
|        | Georgia Department of Human Services              |                |              |              |             |             |             |             |              |              |
| 1      | Lookout Mountain Community Service Board          | \$94,444.00    | \$55,681.00  | \$55,681.00  | \$5,556.00  | \$3,276.00  | \$3,275.00  | \$11,111.00 | \$6,551.00   | \$6,551.00   |
| 2      | Dawson Board of Commissioners                     | \$9,250.00     | \$17,750.00  | \$17,750.00  | \$544.00    | \$1,044.00  | \$1,044.00  | \$1,088.00  | \$2,088.00   | \$2,088.00   |
| 2      | Hall County Board of Commissioners                | \$64,931.00    | \$81,378.00  | \$78,861.00  | \$3,819.00  | \$4,787.00  | \$4,639.00  | \$7,639.00  | \$9,574.00   | \$9,278.00   |
| 4      | Three Rivers Regional Commission (McIntosh Trail) |                |              | \$29,750.00  |             |             | \$1,750.00  |             |              | \$3,500.00   |
| 5      | Advantage Behavioral Health Systems               | \$72,259.00    | \$72,259.00  | \$72,259.00  | \$4,251.00  | \$4,251.00  | \$4,251.00  | \$8,501.00  | \$8,501.00   | \$8,501.00   |
| 6      | Middle GA Regional Commission                     | \$65,153.00    | \$120,492.00 | \$120,492.00 | \$3,833.00  | \$7,088.00  | \$7,088.00  | \$7,665.00  | \$14,176.00  | \$14,176.00  |
| 8      | New Horizons Community Service Board              | \$6,375.00     | \$6,375.00   | \$6,375.00   | \$375.00    | \$375.00    | \$375.00    | \$750.00    | \$750.00     | \$750.00     |
| 8      | Middle Flint Behavioral HealthCare                | \$7,932.00     | \$7,932.00   | \$7,932.00   | \$467.00    | \$467.00    | \$467.00    | \$933.00    | \$933.00     | \$933.00     |
| 9      | Heart of GA Regional Commission                   | \$117,832.00   | \$111,422.00 | \$94,422.00  | \$6,931.00  | \$6,554.00  | \$5,554.00  | \$13,862.00 | \$13,109.00  | \$11,109.00  |
| 10     | Southwest GA Regional Commission                  | \$161,514.00   | \$161,515.00 | \$161,515.00 | \$9,501.00  | \$9,501.00  | \$9,501.00  | \$19,002.00 | \$19,001.00  | \$19,001.00  |
| 12     | Costal Regional Commission of GA                  | \$244,042.00   | \$244,042.00 | \$244,042.00 | \$14,356.00 | \$14,356.00 | \$14,356.00 | \$28,710.00 | \$28,710.00  | \$28,710.00  |
|        | SUB TOTAL FUNDING                                 | \$843,732.00   | \$878,846.00 | \$889,079.00 | \$49,633.00 | \$51,699.00 | \$52,300.00 | \$99,261.00 | \$103,393.00 | \$104,597.00 |
|        | TOTAL FUNDING                                     | \$843,732.00   | \$878,846.00 | \$889,079.00 | \$49,633.00 | \$51,699.00 | \$52,300.00 | \$99,261.00 | \$103,393.00 | \$104,597.00 |
|        | Area Agency on Aging (AAA)                        |                |              |              |             |             |             |             |              |              |
|        | ARC (10 county Atlanta Region)                    |                |              |              |             |             |             |             |              |              |
|        | 4 AAAs (20 counties in the Atlanta MPO)           |                |              |              |             |             |             |             |              |              |

## Georgia Funding for Human Service Transportation Programs

|                                |  |
|--------------------------------|--|
| <b>Federal Funding Agency:</b> | US Department of Health and Human Services, Administration for Children and Families, Office of Community Services   |
| <b>Program Name:</b>           | Social Service Block Grant (with local match required by State)  |
| <b>Program Description:</b>    | Title XX - Social Service Block Grant (SSBG) Program<br>Title XX of the Social Security Act, also referred to as the Social Services Block Grant (SSBG) Program, is a capped entitlement program that provides block grant funds to States to help them achieve a wide range of social policy goals, which include preventing child abuse, increasing the availability of child care, and providing community-based care for the elderly and disabled. Funds are allocated to the States on the basis of population. The Federal funds are available to States without a State matching requirement. States are given wide discretion to determine the services to be provided and the groups that may be eligible for services, usually low income families and individuals. In addition to supporting social services, the law allows States to use their allotment for staff training, administration, planning, evaluation, and purchasing technical assistance in developing, implementing, or administering the State social service program. States decide what amount of the Federal allotment to spend on services, training, and administration. |
| <b>State Funding Agency:</b>   | Georgia Department of Human Services, Division of Aging Services   |
| <b>State Program Operator:</b> | Georgia Department of Human Services, Transportation Services Section  |
| <b>Program Name:</b>           | Coordinated Transportation System  |
| <b>Program Description:</b>    | Division of Aging Services funding is used to provide transportation services to elderly Georgians. Individuals age 60 and older are eligible. Eligibility is determined at local service sites using standard assessment instruments. Priority is given to those with the greatest social and economic need, with emphasis on persons who fall in the categories of low-income, minority, limited English speaking, rural and/or functionally impaired. Essential Trips for the Division of Aging, listed in order of priority, are trips to and from Senior Centers, medical appointments, shopping, work/employment, field trips, and bill payment.<br><br>Although all counties are a part of the State Coordinated System, some Area Agencies on Aging contract with their counties to provide transportation for congregate meals to senior citizens, non-emergency medical trips, grocery and other aging services transportation.  |

| Region | Contractor  | Funding Levels        |                     |                     |  |                               |                     |                     |  |
|--------|---|-----------------------|---------------------|---------------------|--|-------------------------------|---------------------|---------------------|--|
|        |   | Federal               |                     |                     |  | Local Match Required by State |                     |                     |  |
|        |   | FY2008                | FY2009              | FY2010              |  | FY2008                        | FY2009              | FY2010              |  |
|        | <b>Georgia Department of Human Services</b>       |                       |                     |                     |  |                               |                     |                     |  |
| 2      | Dawson Board of Commissioners                     | \$3,819.00            | \$3,819.00          | \$3,819.00          |  | \$521.00                      | \$521.00            | \$521.00            |  |
| 2      | Hall County Board of Commissioners                | \$27,189.00           | \$22,057.00         | \$22,057.00         |  | \$3,708.00                    | \$3,007.00          | \$3,007.00          |  |
| 4      | Three Rivers Regional Commission (McIntosh Trail) | \$277,685.00          | \$226,664.00        | \$226,664.00        |  | \$37,866.00                   | \$30,909.00         | \$30,909.00         |  |
| 5      | Advantage Behavioral Health Systems               | \$197,258.00          | \$180,403.00        | \$180,403.00        |  | \$26,900.00                   | \$24,601.00         | \$24,601.00         |  |
| 5      | GRN Community Service Board-Newton                |                       | \$11,000.00         | \$11,000.00         |  |                               | \$1,500.00          | \$1,500.00          |  |
| 7      | Central Savannah River Area Regional Commission   | \$292,460.00          | \$239,936.00        | \$239,936.00        |  | \$39,883.00                   | \$32,719.00         | \$32,719.00         |  |
| 8      | New Horizons Community Service Board              | \$92,653.00           | \$70,653.00         | \$70,653.00         |  | \$12,634.00                   | \$9,634.00          | \$9,634.00          |  |
| 8      | Middle Flint Behavioral HealthCare                | \$31,828.00           | \$31,828.00         | \$31,828.00         |  | \$4,341.00                    | \$4,341.00          | \$4,341.00          |  |
| 11     | Southern GA Regional Commission (Southeast)       | \$132,185.00          | \$74,365.00         | \$74,365.00         |  | \$18,026.00                   | \$10,141.00         | \$10,141.00         |  |
| 12     | Costal Regional Commission of GA                  | \$88,709.00           | \$88,709.00         | \$88,709.00         |  | \$12,096.00                   | \$12,096.00         | \$12,096.00         |  |
|        | <b>SUB TOTAL FUNDING</b>                          | <b>\$1,143,786.00</b> | <b>\$949,434.00</b> | <b>\$949,434.00</b> |  | <b>\$155,975.00</b>           | <b>\$129,469.00</b> | <b>\$129,469.00</b> |  |
|        | <b>TOTAL FUNDING</b>                              | <b>\$1,143,786.00</b> | <b>\$949,434.00</b> | <b>\$949,434.00</b> |  | <b>\$155,975.00</b>           | <b>\$129,469.00</b> | <b>\$129,469.00</b> |  |
|        | <b>Area Agency on Aging (AAA)</b>                 |                       |                     |                     |  |                               |                     |                     |  |
|        | ARC (10 county Atlanta Region)                    |                       |                     |                     |  |                               |                     |                     |  |
|        | 4 AAAs (20 counties in the Atlanta MPO)           |                       |                     |                     |  |                               |                     |                     |  |

## Georgia Funding for Human Service Transportation Programs

|                                |  |
|--------------------------------|--|
| <b>Federal Funding Agency:</b> | US Department of Health and Human Services, Administration for Children and Families, Office of Community Services   |
| <b>Program Name:</b>           | SSBG   |
| <b>Program Description:</b>    | Title XX - Social Service Block Grant (SSBG) Program<br>Title XX of the Social Security Act, also referred to as the Social Services Block Grant (SSBG) Program, is a capped entitlement program that provides block grant funds to States to help them achieve a wide range of social policy goals, which include preventing child abuse, increasing the availability of child care, and providing community-based care for the elderly and disabled. Funds are allocated to the States on the basis of population. The Federal funds are available to States without a State matching requirement. States are given wide discretion to determine the services to be provided and the groups that may be eligible for services, usually low income families and individuals. In addition to supporting social services, the law allows States to use their allotment for staff training, administration, planning, evaluation, and purchasing technical assistance in developing, implementing, or administering the State social service program. States decide what amount of the Federal allotment to spend on services, training, and administration. |
| <b>State Funding Agency:</b>   | Georgia Department of Human Services, Division of Aging Services   |
| <b>State Program Operator:</b> | Georgia Department of Human Services, Transportation Services Section  |
| <b>Program Name:</b>           | Coordinated Transportation System  |
| <b>Program Description:</b>    | Division of Aging Services funding is used to provide transportation services to elderly Georgians. Individuals age 60 and older are eligible. Eligibility is determined at local service sites using standard assessment instruments. Priority is given to those with the greatest social and economic need, with emphasis on persons who fall in the categories of low-income, minority, limited English speaking, rural and/or functionally impaired. Essential Trips for the Division of Aging, listed in order of priority, are trips to and from Senior Centers, medical appointments, shopping, work/employment, field trips, and bill payment.<br><br>Although all counties are a part of the State Coordinated System, some Area Agencies on Aging contract with their counties to provide transportation for congregate meals to senior citizens, non-emergency medical trips, grocery and other aging services transportation.  |

| Region | Contractor  | Funding Levels        |                       |                       |  |  |  |  |  |
|--------|---|-----------------------|-----------------------|-----------------------|--|--|--|--|--|
|        |   | FY2008                | FY2009                | FY2010                |  |  |  |  |  |
|        | <b>Georgia Department of Human Services</b>       |                       |                       |                       |  |  |  |  |  |
| 1      | Lookout Mountain Community Service Board          | \$134,423.00          | \$140,423.00          | \$140,423.00          |  |  |  |  |  |
| 2      | Dawson Board of Commissioners                     | \$8,115.00            | \$8,115.00            | \$8,115.00            |  |  |  |  |  |
| 3A     | ATS (Options 2,4 & 6)                             | \$295,225.00          | \$259,225.00          | \$259,225.00          |  |  |  |  |  |
| 3A     | Southeastrans (Opts 1,3,5, & 7)                   | \$201,846.00          | \$65,648.00           | \$65,648.00           |  |  |  |  |  |
| 3A     | STSI - Dekalb                                     | \$105,968.00          | \$205,968.00          | \$205,968.00          |  |  |  |  |  |
| 3A     | City of Palmetto                                  | \$25,000.00           | \$35,000.00           | \$35,000.00           |  |  |  |  |  |
| 3A     | Senior Citizens Services                          | \$24,346.00           | \$54,346.00           | \$54,346.00           |  |  |  |  |  |
| 4      | Three Rivers Regional Commission (McIntosh Trail) | \$228,322.00          | \$240,659.00          | \$240,659.00          |  |  |  |  |  |
| 5      | Advantage Behavioral Health Systems               | \$26,700.00           | \$26,700.00           | \$26,700.00           |  |  |  |  |  |
| 5      | GRN Community Service Board-Newton                | \$17,632.00           | \$17,632.00           | \$17,632.00           |  |  |  |  |  |
| 7      | Jefferson Co Board of Commissioners               | \$17,085.00           | \$17,085.00           | \$17,085.00           |  |  |  |  |  |
| 8      | New Horizons Community Service Board              | \$28,987.00           | \$28,987.00           | \$28,987.00           |  |  |  |  |  |
| 8      | Middle Flint Behavioral HealthCare                | \$95,646.00           | \$109,507.00          | \$109,507.00          |  |  |  |  |  |
| 9      | Heart of GA Regional Commission                   | \$51,255.00           | \$51,255.00           | \$51,255.00           |  |  |  |  |  |
| 10     | Southwest GA Regional Commission                  | \$180,445.00          | \$180,445.00          | \$180,445.00          |  |  |  |  |  |
| 11     | Southern GA Regional Commission (Southeast)       | \$102,169.00          | \$102,169.00          | \$102,169.00          |  |  |  |  |  |
| 12     | Costal Regional Commission of GA                  | \$45,275.00           | \$45,275.00           | \$45,275.00           |  |  |  |  |  |
|        | <b>SUB TOTAL FUNDING</b>                          | <b>\$1,588,439.00</b> | <b>\$1,588,439.00</b> | <b>\$1,588,439.00</b> |  |  |  |  |  |
|        | <b>TOTAL FUNDING</b>                              | <b>\$1,588,439.00</b> | <b>\$1,588,439.00</b> | <b>\$1,588,439.00</b> |  |  |  |  |  |
|        | <b>Area Agency on Aging (AAA)</b>                 |                       |                       |                       |  |  |  |  |  |
|        | ARC (10 county Atlanta Region)                    |                       |                       |                       |  |  |  |  |  |
|        | 4 AAAs (20 counties in the Atlanta MPO)           |                       |                       |                       |  |  |  |  |  |



# Georgia Funding for Human Service Transportation Programs

| Federal Funding Agency: |   | No Federal source   |             |             |      |  |  |  |
|-------------------------|---|---|-------------|-------------|------|--|--|--|
| Program Name:           |   |   |             |             |      |  |  |  |
| State Funding Agency:   |   | State of Georgia Community Based Services Funds through the Georgia Department of Human Services  |             |             |      |  |  |  |
| State Program Operator: |   | Georgia Department of Human Services, Transportation Services Section   |             |             |      |  |  |  |
| Program Name:           |   | Coordinated Transportation System   |             |             |      |  |  |  |
| Program Description:    |   | The Georgia Department of Human Services uses Community Based Services funds to augment the delivery of services through the Coordinated Transportation System. |             |             |      |  |  |  |
| Region                  | Contractor  | Funding Levels  |             |             |      |  |  |  |
|                         |   | State   |             |             |      |  |  |  |
|                         |   | FY2008  | FY2009      | FY2010      | FY10 |  |  |  |
|                         | Georgia Department of Human Services              |   |             |             |      |  |  |  |
| 4                       | Three Rivers Regional Commission (McIntosh Trail) | \$5,332.00  | \$26,991.00 | \$26,991.00 |      |  |  |  |
| 8                       | New Horizons Community Service Board              | \$4,149.00  | \$4,149.00  | \$4,149.00  |      |  |  |  |
| 9                       | Heart of GA Regional Commission                   | \$20,000.00   |             |             |      |  |  |  |
| 12                      | Costal Regional Commission of GA                  | \$57,722.00   | \$57,722.00 | \$57,722.00 |      |  |  |  |
|                         | SUB TOTAL FUNDING                                 | \$87,203.00   | \$88,862.00 | \$88,862.00 |      |  |  |  |
|                         | TOTAL FUNDING                                     | \$87,203.00   | \$88,862.00 | \$88,862.00 |      |  |  |  |

|                         |  |  |  |  |  |  |  |  |
|-------------------------|--|--|--|--|--|--|--|--|
| Federal Funding Agency: |  | No Federal Source  |  |  |  |  |  |  |
| Program Name:           |  |  |  |  |  |  |  |  |
| State Funding Agency:   |  | State of Georgia Transitional Support Services Funds through the Georgia Department of Human Services, Division of Family and Children Services  |  |  |  |  |  |  |
| State Program Operator: |  | Georgia Department of Human Services, Transportation Services Section  |  |  |  |  |  |  |
| Program Name:           |  | Coordinated Transportation System  |  |  |  |  |  |  |
| Program Description:    |  | Through the Coordinated Transportation System, the Georgia department of Human Services uses Transitional Support Services funding to pay for or reimburse the cost of childcare, transportation and incidental expenses to an applicant or recipient who becomes ineligible for cash assistance due to employment, or who declines ongoing Temporary Assistance for Needy Families (TANF) cash assistance to stop the TANF clock. Transitional Support Service support is available for a period of six-months from the date of ineligibility for cash benefits under the TANF program. |  |  |  |  |  |  |

| Region | Contractor  | Funding Levels |              |              |  |  |  |  |
|--------|---|----------------|--------------|--------------|--|--|--|--|
|        |   | State          |              |              |  |  |  |  |
|        |   | FY2008         | FY2009       | FY2010       |  |  |  |  |
|        | Georgia Department of Human Services              |                |              |              |  |  |  |  |
| 2      | Dawson Board of Commissioners                     | \$2,000.00     | \$2,000.00   | \$2,000.00   |  |  |  |  |
| 2      | Hall County Board of Commissioners                | \$31,600.00    | \$31,600.00  | \$31,600.00  |  |  |  |  |
| 4      | Three Rivers Regional Commission (McIntosh Trail) | \$2,740.00     | \$2,740.00   | \$2,740.00   |  |  |  |  |
| 5      | GRN Community Service Board-Newton                | \$2,200.00     | \$2,200.00   | \$2,200.00   |  |  |  |  |
| 6      | Middle GA Regional Commission                     | \$45,200.00    | \$45,200.00  | \$45,200.00  |  |  |  |  |
| 7      | Central Savannah River Area Regional Commission   | \$6,946.00     | \$6,946.00   | \$6,221.00   |  |  |  |  |
| 7      | Jefferson Co Board of Commissioners               | \$5,200.00     | \$5,200.00   | \$5,200.00   |  |  |  |  |
| 8      | New Horizons Community Service Board              | \$24,856.00    | \$24,856.00  | \$24,856.00  |  |  |  |  |
| 8      | Middle Flint Behavioral HealthCare                | \$49,644.00    | \$49,644.00  | \$49,644.00  |  |  |  |  |
| 10     | Southwest GA Regional Commission                  | \$12,400.00    | \$12,400.00  | \$12,400.00  |  |  |  |  |
| 12     | Costal Regional Commission of GA                  | \$29,208.00    | \$29,208.00  | \$29,208.00  |  |  |  |  |
|        | SUB TOTAL FUNDING                                 | \$205,048.00   | \$211,994.00 | \$211,269.00 |  |  |  |  |
|        | TOTAL FUNDING                                     | \$205,048.00   | \$211,994.00 | \$211,269.00 |  |  |  |  |
|        | Area Agency on Aging (AAA)                        |                |              |              |  |  |  |  |
|        | ARC (10 county Atlanta Region)                    |                |              |              |  |  |  |  |
|        | 4 AAAs (20 counties in the Atlanta MPO)           |                |              |              |  |  |  |  |

|                                |   |
|--------------------------------|---|
| <b>Federal Funding Agency:</b> | US Department of Health and Human Services, Centers for Medicare and Medicaid Services  |
| <b>Program Name:</b>           | Medicaid  |
| <b>Program Description:</b>    |   |
| <b>State Funding Agency:</b>   | Georgia Department of Community Health, Division of Public Health   |
| <b>State Program Operator:</b> | Georgia Department of Community Health, Division of Public Health   |
| <b>Program Name:</b>           | Non - Emergency Transportation Broker System (NET)  |
| <b>Program Description:</b>    | The Department of Community Health (DCH) utilizes a broker system to provide Medicaid recipients with non-emergency transportation services. DCH selects a vendor in each of the states five NET regions ( North, Atlanta, Central, East and Southwest) through a competitive bidding process in order to select a contractor to provide and administer NET services. |

| Region            | Contractor                                    | Funding Levels |                        |                        |  |       |                        |                        |  |
|-------------------|---|----------------|------------------------|------------------------|--|-------|------------------------|------------------------|--|
|                   |   | Federal        |                        |                        |  | State |                        |                        |  |
|                   |   |                | FY2009                 | FY2010                 |  |       | FY2009                 | FY2010                 |  |
| North Georgia     | Southeastrans                                 |                | \$15,833,846.00        | \$17,332,599.00        |  |       | \$8,852,537.00         | \$9,353,466.00         |  |
|                   | Atlanta                                       |                | \$7,750,815.00         | \$8,484,469.00         |  |       | \$4,333,399.00         | \$4,578,609.00         |  |
| Central Georgia   | Southeastrans                                 |                | \$9,709,123.00         | \$10,628,141.00        |  |       | \$5,428,269.00         | \$5,735,432.00         |  |
| East Georgia      | LogistiCare                                   |                | \$7,796,143.00         | \$8,534,087.00         |  |       | \$4,358,741.00         | \$4,605,385.00         |  |
| Southwest Georgia | Southwest Georgia Regional Development Center |                | \$6,893,251.00         | \$7,545,732.00         |  |       | \$3,853,944.00         | \$4,072,023.00         |  |
|                   | <b>TOTAL FUNDING</b>                          |                | <b>\$47,983,177.85</b> | <b>\$52,525,028.64</b> |  |       | <b>\$26,826,890.52</b> | <b>\$28,344,915.38</b> |  |

|                                |  |
|--------------------------------|--|
| <b>State Funding Agency:</b>   | Georgia Department of Community Health, Division of Public Health  |
| <b>State Program Operator:</b> | Georgia Department of Human Resources, Department of Family and Children Services  |
| <b>Program Name:</b>           | Exceptional Transportation Services (EST)  |
| <b>Program Description:</b>    | The EST program provides medically necessary transportation for Medicaid members who under extraordinary circumstances require travel out-of-state for health care treatment not normally provided through an in-state health care provider, and have no other means of transportation. ETS services are available for in-state travel for medically necessary services not available in the member's community or vicinity as defined by policy. As a condition of reimbursement, all ETS services require prior approval for medical necessity of services being provided by the Department's Medical Management Contractor (MMC). |

| Region        | Contractor | Funding Levels |            |             |  |        |            |            |  |
|---------------|------------|----------------|------------|-------------|--|--------|------------|------------|--|
|               |            | Federal        |            |             |  | State  |            |            |  |
|               |            |                | FY2009     | FY2010      |  | FY2009 | FY2010     |            |  |
|               |            |                |            |             |  |        |            |            |  |
|               |            |                |            |             |  |        |            |            |  |
|               |            |                |            |             |  |        |            |            |  |
|               |            |                |            |             |  |        |            |            |  |
|               |            |                |            |             |  |        |            |            |  |
|               |            |                |            |             |  |        |            |            |  |
|               |            |                |            |             |  |        |            |            |  |
|               |            |                |            |             |  |        |            |            |  |
|               |            |                |            |             |  |        |            |            |  |
| TOTAL FUNDING |            |                | \$5,117.69 | \$14,995.42 |  |        | \$1,722.31 | \$5,046.58 |  |

|                                |  |
|--------------------------------|--|
| <b>Federal Funding Agency:</b> | US Department of Veterans Affairs, Veterans Health Administration  |
| <b>Program Name:</b>           | General / Chapter 31 Program   |
| <b>Program Description:</b>    | <p>Veterans of military service may be eligible for a wide range of medical services and other vocational rehabilitation and employment services. Under the U.S. Department of Veterans Affairs (VA), the Veterans Health Administration is the direct provider of primary medical care, specialized care, and other medical and social support services to veterans. The VA will provide reimbursement to eligible veterans for some transportation to medical care. In addition to providing reimbursements to qualified veterans, VA Medical Centers may contract directly with transportation providers or work with volunteer networks to provide transportation services for veterans.</p> <p>The Vocational Rehabilitation and Employment (VR&amp;E) Program, frequently referred to as the Chapter 31 Program, provides veterans disabled in service with a wide array of employment related support and to improve their ability to live as independently as possible. Transportation funding that connects veterans with jobs and job related activities such as training is an allowable expense.</p> |

[illegible]

| Federal Funding Agency: |   | US Department of Transportation      |        |        |        |  |  |  |  |
|-------------------------|---|--------------------------------------|--------|--------|--------|--|--|--|--|
| Program Name:           |   | Planning Grants, etc.                |        |        |        |  |  |  |  |
| Program Description:    |   |                                      |        |        |        |  |  |  |  |
| State Funding Agency:   |   | No State funding or operating agency |        |        |        |  |  |  |  |
| State Program Operator: |   |                                      |        |        |        |  |  |  |  |
| Program Name:           |   |                                      |        |        |        |  |  |  |  |
| Region                  | Contractor  | Funding Levels                       |        |        |        |  |  |  |  |
|                         |   | Federal                              |        |        |        |  |  |  |  |
|                         |   | FY2007                               | FY2008 | FY2009 | FY2010 |  |  |  |  |
|                         | ARC Transportation Management Coordination Center | ✓                                    |        |        |        |  |  |  |  |
|                         | ARC Intelligent Transportation Systems            |                                      | ✓      |        |        |  |  |  |  |

|                                |   |  |  |  |  |  |  |  |  |  |
|--------------------------------|---|--|--|--|--|--|--|--|--|--|
| <b>Federal Funding Agency:</b> | <b>No Specific Federal funding source</b>   |  |  |  |  |  |  |  |  |  |
| <b>Program Name:</b>           | Para transit services as required by Title II and Title III of the Americans with Disabilities Act.   |  |  |  |  |  |  |  |  |  |
| <b>State Funding Agency:</b>   | <b>No Specific State Funding Source</b>   |  |  |  |  |  |  |  |  |  |
| <b>State Program Operator:</b> | Transit agencies  |  |  |  |  |  |  |  |  |  |
| <b>Program Name:</b>           | Para transit services as required by Title II and Title III of the Americans with Disabilities Act  |  |  |  |  |  |  |  |  |  |
| <b>Program Description:</b>    | Para transit service requirements apply to any public or private entity that provides public transportation, including private entities that are not primarily engaged in the business of transporting people, but operate a demand responsive fixed route system. Requirements apply regardless of whether or not an entity receives federal financial assistance.<br>Complementary para transit service must be provided to eligible persons with disabilities that are comparable to the fixed-route service. Not required for commuter bus, commuter rail, or intercity rail, with some exceptions. |  |  |  |  |  |  |  |  |  |

| Region | Contractor                            | Funding Levels |  |  |  |  |  |  |  |
|--------|---------------------------------------|----------------|--|--|--|--|--|--|--|
|        |                                       |                |  |  |  |  |  |  |  |
|        | MARTA                                 |                |  |  |  |  |  |  |  |
|        | Other Transit Systems and Authorities |                |  |  |  |  |  |  |  |

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# **APPENDIX C**

## **WORKSHOP MATERIALS**



# Human Services Transportation Regional Workshop I



# Human Services Transportation Regional Workshop I

## Northwest Georgia Region

## **NORTHWEST GEORGIA REGIONAL COMMISSION HUMAN SERVICES TRANSPORTATION (HST) WORKSHOP**

Thursday, June 3, 2010, 10:30AM – 2:30PM

Calhoun Depot

### **Attendee List**

Gary Rymer, Lookout Mountain CSB  
Iris Petersmarck, Area Agency on Aging  
Annette Cash, Dade County  
Michele Nystrom, DHS Transportation  
Bruce Castleberry, Dade County  
Betty Kuss, Region 3 DFCS  
David Howerin, NW GA Regional Commission  
Jan Green, Murray County Developmental Center  
Charles Fluellen, Bartow County  
Sue Hiller, Rome/Floyd County  
Mary Anne Cochran, Paulding Enterprises  
Olney Meadows, Coosa Valley RSDC

Gayle Harper, Mineral Springs Center  
Kathy Shealy, Rome Transit  
Freida Black, GDOT  
Melissa Scott, Whitfield County  
Janice Gibson, Rome Transit  
Sherry Cook, Highland Rivers CSB  
Claudia Bilotto, HNTB  
Andrew Smith, HNTB  
Garth Lynch, HNTB  
Daniel Foth, CHA

### **Handouts**

Agenda  
Regional Assessment Tool  
Workshop Presentation  
HST Fact Sheet  
Participant Survey

### **Workshop Summary**

The workshop began at 10:30AM. Ms. Claudia Bilotto, HNTB, welcomed participants and provided an overview of the GDOT Human Services Transportation Plan Update and an explanation of the intent of the workshop. Ms. Bilotto asked attendees to introduce themselves and provide an explanation of their role or interest in human services transportation delivery.

### ***Group Discussion***

Ms. Bilotto explained that the workshop was designed to give participants the opportunity to share their insight and views regarding human services transportation delivery in the region. To that end, the format includes a combination of presentation and group discussion. She explained that this was one of a series of 12 workshops that would take place in each regional commission across the state. Any feedback regarding the format of the workshop would be appreciated so that the format may be adjusted and improved moving forward.

Ms. Bilotto reviewed ground rules for discussion and provided a brief overview of FTA funding programs and other federal funding sources available for human services transportation. She then led the group through discussion of the following questions:

- What's working? Tell us about your successes?
- Are there unmet transportation needs? Why?
- How well does the transportation system respond to these needs in the region currently?

- What transportation needs are most often communicated to you by your client base?
- Are county or regional activities coordinated? How?

A summary of the issues discussed follows:

### **Successes**

- Lookout Mountain CSB provides services that are coordinated through Michelle and the DHS system. They operate in a high growth county with lots of seniors and have a great working relationship. They migrated to their role as a service provider in 1998 (FY 99).
- The Rome Transit bus pass program has worked well.
- The DHS Coordinated system has been very effective in the area.
- Smart card pilot program in Rome worked well once the clients got used to the program. Swiping was a little difficult for some clients but it will be resolved with the new proximity cards. The smart card provides the ability to identify types of trips.
- There is mixed clientele on some systems.
- Some issues - customers don't know who to call.
- Using vouchers rather than services could provide another option.

### **Unmet Needs**

- There are paratransit needs in Rome outside the  $\frac{3}{4}$  area surrounding the fixed route system.
- Some private providers are available but are expensive.
- Distance causes some issues. For example, Bartow's 5311 Rural Transit System offers a \$5 trip to Rome. It can be difficult to service the trip if there only one person. They prefer if there are a few folks within the area to service. Sometime they have to say no, or ask the client to meet at another location to maximize efficiency.
- Travel across county lines can be an issue due to service area, time, distance, and associated costs. Inter-system connections are possible, but if you are dropping a client off from a 5311 system at a fixed-route stop, they may have to wait for a bus for some period of time.
- The vehicles are old and unreliable. Vehicles were purchased by the 5310 program prior to the coordinated system in 1998 and they average 8-10 years old. Vehicle maintenance is a real issue.
- Need to be able to meet transportation needs during the day once the client arrives at the care facility.
- Seniors are delivered to senior center on the same routes as other clients. Mixed client base provided on independent service providers.
- Fixed routes works well – getting folks to and from fixed routes is tough
- Insurance restrictions
- Vehicles, agencies can self title or title under State to get preferred insurance rates
- Maintenance costs are very expensive / burden on the budget.
- Don't have enough vehicles to service all the trips – vehicle fleet size is decreasing while the population and client base is increasing.
- Lookout Mountain CSB has a large maintenance facility.

- When state surplus shut down, had a big impact on the availability of vehicles.
- DOT surplus buses at 100k, made available for 5 days without notification, then they are posted on *ebay* – these need to be made available to other agencies such as DHS – need better coordination.
- County has extra vehicles, but isn't in a position to share due to restrictions.
- 5311 buses are running around Walker County empty.
- There are service gaps now that Polk County's 5311 had to discontinue service. There is some service in Cedartown but that is all within the County.
- Difficult to be time efficient based on the travel distance and the demand-response system services.
- There is a group that lives in the urbanized area but outside of the paratransit service area. They are willing to pay to ride paratransit service but may not be eligible.
- Taxi services in the area do not meet DHS requirements.
- Cost of cross county trips is prohibitive due to money and time.

#### **How well does the area respond to needs?**

- Post flyers in doctors offices and other public locations, use radio, and rely upon word of mouth as well as agency outlets.
- No need to advertise – couldn't handle more clients without more money to expand services.
- Whitfield County's 5311 program is at capacity, up 54% from Jan 2009. They are renting an extra vehicle to meet additional demand.
- Some are experiencing higher ridership due to the economy and cost of gas, but fares are not off-setting what it would take to expand to address additional service needs.

#### **Client Trip Needs**

- Trips to the doctor as well as:
  - Senior centers
  - Dialysis
  - Hospitals
  - Shopping during the day from senior center and behavioral day programs
  - No service on weekends (DHS and 5311) - creates a gap for clients.

#### **Current Regional Coordination Activities**

- DHS coordinated system in the area works very well. There are 15 providers in the area. DHS negotiates annually with contractors and the system is working very very well, even though there was some apprehension when it started in 1999.
- Scheduling is typically independent by provider.
- There are some similar trip ends, e.g. 5311 and Medicaid, for certain trip types. Currently the Medicaid trips are handled separately.
- DHS works with providers to keep rates low, though they are still higher than the public rates.

## Overview of Coordination

Ms. Claudia Bilotto, HNTB, introduced Mr. Daniel Foth, CHA, Project Manager, to address the group and provide some additional background on the statewide HST effort. She then provided an overview presentation on the definition and benefits of coordinating human service transportation. Her presentation included a series of success stories from across the country highlighting a range of coordination concepts, presented in order from less complex to more complex.

Ms. Bilotto asked the group to reconsider examples of coordination activities they currently participate in now that we have established a broad definition. The group was then asked to respond to a couple of coordination concepts that could be piloted across the state as part of the HST study efforts. Participants were asked to write down on a scale from 1-10 how they felt about each coordination concept, with 1 indicating that they didn't like the idea at all, and 10 indicating that they were very supportive of the concept. Discussion would then take place regarding why they did or didn't like the idea and potential barriers to implementing the concepts. A summary of the discussion follows:

### Group Discussion

**Concept 1:** *Do you agree with this statement? (1-10) A centralized call center, where customers can make one telephone call or visit one website to find out about transportation options in the region, is needed for the Northwest Georgia region. Why or why not? Potential obstacles?*

12 out of 13 agreed with the statement with 7 giving it a 10, one person a 9 and four people an 8. One person was neutral, giving it a 5.

- Good customer service.
- Makes public aware of resources.
- Central source of the most up to date information.

**Concept 2:** *Do you agree with this statement? (1-10) The use of technology, such as scheduling software and automated vehicle locators, would increase efficiency for local service providers. Why or why not? Potential obstacles?*

Unanimously in favor of the concept.

- Crossing organization boundaries could be problematic.
- Would facilitate mid-trip changes that could increase efficiency.
- Promotes accountability.
- Drivers may not like it.
- High cost for smaller agencies are a concern.
- Need support services to implement and maintain.
- Need training on the new system.
- Need to consider both the scheduler and the driver – need a screen in vehicle to scroll thru the manifest.
- Real time communication with the driver via touch screen device.

**Concept 3:** *Do you agree with this statement (1-10)? Human service agencies and transportation providers should coordinate the shared purchase and use of vehicles. Why or why not? Potential obstacles?*

Concept score was varied. Several did not agree with the concept (5 out of 13) while only 2 people strongly agreed with the statement. The other 5 people were neutral in their reaction to the above.

- This is a better use of state resources – better use of DOT surplus vehicles. Still would have problems with title limitations and varying vehicle standards.
- Some agencies have unique needs and are required to service trips – need a vehicle available on-demand to meet client needs. Vehicle sharing would add complexity.

- Need specific types of vehicles.
- Shared fleet concept may work.
- Potential issues if there are competing needs.

**Concept 4:** *Do you agree with this statement (1-10)? Human service agencies and transportation providers should coordinate to schedule multiple agency trips on a single vehicle. Why or why not? Potential obstacles?*

Six people agreed with the statement, while 5 remained neutral and 2 strongly disagreed.

- Currently doing this in some counties and it is working pretty well.
- Some medical clients need special vehicles/equipment.
- Some folks are “territorial” over their facilities and services – for example, some of the senior centers.
- Some issues mixing clientele – for example, behavioral issues and seniors.

**Concept 5:** *Human service agencies and transit providers should establish a regional fare system and regional eligibility for services? Why or why not? Potential obstacles?*

Seven people were somewhat neutral - with a score that ranged between 3 and 6. Two people were very supportive, while 1 did not think it was a good idea.

- Reach more people.
- Cost distribution will be difficult due to distances, etc.

### ***Open Forum / Closing Comments***

Participants were given the opportunity to offer final thoughts regarding future coordination activities that the state may be able to facilitate. They provided the following:

- Expanded hours of service for 5311 are needed.
- Most folks are doing a great job with limited resources; lots of folks have found efficiencies in their program already – maybe difficult to garner additional efficiencies.
- Develop strong working relationships, trust, understanding, and communication in order to have successful coordination efforts. There is great cooperation in the Northwest region.

Ms. Bilotto reminded the group to complete the Regional Assessment Tool questionnaire at their convenience, and also collected Participant Surveys to understand how the workshop format and questions may be improved moving forward. She thanked participants for their time and input. The meeting concluded at 2:00PM.

### **Attachments**

Sign-In Sheets

Participant Surveys

# Human Services Transportation Regional Workshop I

## Georgia Mountains Region

## GEORGIA MOUNTAINS REGIONAL COMMISSION

### HUMAN SERVICES TRANSPORTATION (HST) WORKSHOP

Thursday, May 27, 2010, 10:30AM – 2:30PM

Gainesville State College, John Harrison Hosch Library

#### Attendee List

Carol Wood, Banks County Transit  
Sheila Ledford, Banks County Transit  
Lamar Butler, Legacy Link  
Rick Ticehurst, Hall Area Transit  
Bill Graham, Stephens County  
John Rutan, Stephens County  
Stephanie Harmon, GA Mountains Regional Comm.

David Fee, Gainesville-Hall MPO  
Lisa Thomas, Stephens County  
Cheryl Herrington, GA Dept. of Human Svcs.  
Claudia Bilotto, HNTB  
Yinghua Zhan, HNTB  
Jing Xu, HNTB

#### Handouts

Agenda  
Regional Assessment Tool  
Workshop Presentation  
HST Fact Sheet  
Participant Survey

#### Workshop Summary

The workshop began at 10:30AM. Ms. Claudia Bilotto, HNTB, welcomed participants and provided an overview of the GDOT Human Services Transportation Plan Update and an explanation of the intent of the workshop. Ms. Bilotto asked attendees to introduce themselves and provide an explanation of their role or interest in human services transportation delivery.

#### *Group Discussion*

Ms. Bilotto explained that the workshop was designed to give participants the opportunity to share their insight and views regarding human services transportation delivery in the region. To that end, the format includes a combination of presentation and group discussion. She explained that this was one of a series of 12 workshops that would take place in each regional commission across the state. Any feedback regarding the format of the workshop would be appreciated so that the format may be adjusted and improved moving forward.

Ms. Bilotto reviewed ground rules for discussion and provided a brief overview of FTA funding programs and other federal funding sources available for human services transportation. She then led the group through discussion of the following questions:

- What's working? Tell us about your successes?
- Are there unmet transportation needs? Why?
- How well does the transportation system respond to these needs in the region currently?
- What transportation needs are most often communicated to you by your client base?
- Are county or regional activities coordinated? How?

A summary of the issues discussed follows:



## Successes

- Hall Area Transit (Red Rabbit): Use 5307 urban transit funds for their fixed route systems and are also tied to the community service center (one of their divisions); well coordinated and working well together; The system also coordinates with DHS and works well. Also receives 5311 rural transit funding and operates demand/response (dial-a-ride) type of system in the rural area and is looking to increase ridership. Anyone paratransit eligible can use dial-a-ride but must call 24-48 hrs in advance. Urban and rural vehicles operate in separate service areas. Rides must start in the rural area and go to urban and vice-a-versa. They would like to increase ridership. Suggestion: it would be good if those who disburse funds are those who designate service areas so that the programs match up better.
- Banks County operates a 5311 demand-response system. Cross-county service is provided, but you must begin the trip in Banks. A small fee is charged to cross county lines. The Banks System is co-located with the senior center. It is not part of the DHS Coordinated System.
- Legacy Link: works in 9 of 11 counties and work with the congregate diners.
- Only 3 counties are within the DHS coordinated transit system (Dawson, Hall and Hart) due to funding constraints and a lack of qualified providers. Senior programs have high ridership and the fares are escalated for DHS clients, which reduces the number of trips available.
- Stephens County: no transit available but the Senior Center has a bus that makes trips for a small fee, with occasional trips out of county for day and overnight trips; Also provide a monthly scheduled trip for seniors to get necessities (i.e. Wal-Mart, Kroger).

## Unmet Transportation Needs

- Stephens County: No public transportation services are available. The medicare provider (SoutheasTrans) offers public service for a fee, as do some taxi services, but the cost is prohibitive (\$75/trip or \$0.75/mile); The need is great, but there is no service being provided.
- Comment - Orlando, FL (Orange County) LYNX system has a HST program that provides 6 am-6 pm service, but not sure how it is funded. This will be investigated during the study.
- Banks: Needs are currently being met by the 5311 system. It also provides trips for the elderly and disabled.
- Funding mechanisms are limiting. Needs changes so that funds can be comingled. Bureaucratic funding requirements are a constraint.
- There are needs both within counties that are served and a need for cross-regional service.

## Client Base Requests

- Hall: the public does not know a lot of the services are available; Needs are being met and calls are being taken; Most of the calls are about whether or not the services are being offered. Sometimes services are discontinued because people don't know about them.
- Stephens: no services are available and the public doesn't have options to meet their needs unless friends or family provide transportation.
- Banks: They advertise in the local paper and on the internet.
- Georgia Mountains Regional Commission: There is an official website now so all of the other counties can have their sites linked to this page to provide a centralized information source.
- Customers can't always plan ahead of time and don't place calls 24-48 hours ahead of time to schedule service. Makes it difficult for the provider to meet service needs.
- There are some private services available, but for many callers, money is an issue so they can't utilize this option.

- Gainesville-Hall MPO developed an HST plan that identified gaps. There are a lot of private taxi services available. The perception is that there is a language gap between users and drivers/providers.
- Increasing demographic changes: growing Hispanic/Latino population.
- Stephens: can't guarantee the 10% farebox requirement in order to start up local service.

### **County/Regional Coordinated Activities**

- Stephens: Doctor's appointments are the most critical and they are almost never local. There are other quality of life needs (i.e. club meetings, church attendance, etc.)
- Regional needs are increasing; things are getting further and further away; Public options appear to be disappearing.
- The DHS coordinated system currently serves three counties: Dawson, Hall and Hart. There is no contract with the Regional Commission in this region and the lack of funding and contractors in the Georgia Mountains region is a barrier.
- The Area Agency on Aging is separate from the Regional Commission in this area.
- Banks Transit has a direct contract with DFCS and provides service for them. They are not part of the DHS system.
- DHS is willing to work with the other counties in the region.
- The RC has no interaction regarding transportation with Forsyth County, which considered part of the ARC.
- Banks is in the process of purchasing GPS, scheduling and software through the receipt of stimulus funds.

### **Overview of Coordination**

Ms. Claudia Bilotto, HNTB, provided an overview presentation on the definition and benefits of coordinating human service transportation. Her presentation included a series of success stories from across the country highlighting a range of coordination concepts, presented in order from less complex to more complex.

Ms. Bilotto asked the group to reconsider examples of coordination activities they currently participate in now that we have established a broad definition. The group was then asked to respond to a couple of coordination concepts that could be piloted across the state as part of the HST study efforts. Participants were asked to write down on a scale from 1-10 how they felt about each coordination concept, with 1 indicating that they didn't like the idea at all, and 10 indicating that they were very supportive of the concept. Discussion would then take place regarding why they did or didn't like the idea and potential barriers to implementing the concepts. A summary of the discussion follows:

### **Group Discussion**

**Concept 1:** *Do you agree with this statement? (1-10) A centralized call center, where customers can make one telephone call or visit one website to find out about transportation options in the region, is needed for the Georgia Mountains region. Why or why not? Potential obstacles?*

Three out of 10 people strongly agreed with this concept, while 5 were more neutral and 2 agreed somewhat. Comments:

- Saves money and time – more concise and efficient.
- Beneficial because people are sometimes frustrated about collecting information.
- People need information fast and directly.
- One of the hurdles is that the information needs to be concise, correct, and updated often.
- It's difficult (human nature, budget limit) to keep information up to date so it might impact quality of customer service.
- Needs a champion.

- Volunteers/staff resources are required.

**Concept 2:** *Do you agree with this statement? (1-10) The use of technology, such as scheduling software and automated vehicle locators, would increase efficiency for local service providers. Why or why not? Potential obstacles?*

Five people gave this concept a score of 8 or 9 while three people gave it a neutral score (6-7).

- Hall County uses Trapeze – serves about 125 trips/day. You can view buses in real time.
- Great technology, but routing software needs to be updated often.
- May be more suitable for an urbanized area.
- Real time software must be a quality, proven product. Technology is behind what it needs to be.
- Aging population is difficult to keep on schedule.
- Software is costly.
- Geographic limitations – development patterns are not transit friendly.
- Would need to line up with required reporting formats or it could be prohibitive.
- Internet/cell phone coverage issues in rural areas (clients and agencies can't contact each other through internet or cell phone sometimes).

**Concept 3:** *Do you agree with this statement (1-10)? Human service agencies and transportation providers should coordinate the shared purchase and use of vehicles. Why or why not? Potential obstacles?*

Two people strongly agreed with this concept, four remained neutral and two somewhat disagreed.

- Purchase of fleet and gas, other coordination of purchase opportunities are good opportunities to leverage local match funds.
- Interested in natural gas vehicles.
- Aging clients are losing because of the cost of trips.
- There are currently different requirements for drivers – they would need to be standardized.
- It is easier to apply for certain grants if it is coordinated at the regional level.
- The coordinated transit system (through DOT) charges higher than the actual cost so some trips are losing.
- Need consistent cost in the region.
- Hall County can't provide 5 days per week service.

**Concept 4:** *Do you agree with this statement (1-10)? Human service agencies and transportation providers should coordinate to schedule multiple agency trips on a single vehicle. Why or why not? Potential obstacles?*

Four people were very supportive of the statement and the other 4 were neutral.

- Agencies have their own rules, makes coordination difficult.
- Discussion of coordination with other counties in transit plans would be necessary.
- Currently Hall County Transit can't go outside of county. There is talk of a commuter bus, but it is only in the preliminary stages.
- May not always want to mix riders (i.e., elderly and teenage children going to doctor's appointments).
- GDOT approves the service plan, this could be an opportunity.
- Federal regulations exist about crossing state lines.
- Banks County currently coordinates multiple agency trips in a single vehicle (Seniors / DFCS / Public)

- Seniors can ride with public, public can't ride with seniors.
- School bus currently under used – is this an opportunity?
- Medicaid trips have their own providers/contractors.

**Concept 5:** *Human service agencies and transit providers should establish a regional fare system and regional eligibility for services? Why or why not? Potential obstacles?*

The group was divided on this concept; 3 were in agreement, 3 neutral and 2 did not support the concept.

- Fare system is hard to determine – there is difference in the size of the counties and geographic limitations of some counties.
- Fares are driven by local economics – need to be determined locally.
- Banks County charges fare based on travel time. e.g. \$8 per hour.
- One bus – one eligibility is needed.
- Funding issue makes eligibility hard.
- Funding models might be changed to fit.
- Regional services would open up employment opportunities.
- Need a clearinghouse for funding source options, transit programs, transportation options, and transportation plans

### ***Open Forum / Closing Comments***

Participants were given the opportunity to offer final thoughts regarding future coordination activities that the state may be able to facilitate. They provided the following:

- There are many trips in Stephens County that need to go outside of county lines. The area is commercially and medically underserved.
- Regional service can open up more opportunity for employment.
- There is a need for a balance between regional and local funding sources, available transportation options, and service models.
- Need for coordination among agencies, public, and private providers.
- Needs are great and funding has reached its limits.

Ms. Bilotto reminded the group to complete the Regional Assessment Tool questionnaire at their convenience, and also collected Participant Surveys to understand how the workshop format and questions may be improved moving forward. She thanked participants for their time and input. The meeting concluded at 1:45PM.

### **Attachments**

Sign-In Sheets

Participant Surveys

# Human Services Transportation Regional Workshop I

## Atlanta Region

**ATLANTA REGIONAL COMMISSION****HUMAN SERVICES TRANSPORTATION (HST) WORKSHOP**

Friday, June 11, 2010, 10:30AM – 1:30PM

Executive Conference Room, ARC

**Attendee List**

Margo Waters, disABILITY LINK  
Ron Roberts, Cobb County DOT  
Kenyata Smiley, ARC  
Phil Boyd, Gwinnett County DOT  
Tyrhonda Edwards, GDOT  
David Williamson, Henry County Transit  
Jesse Weathington, Department of Community Health  
Danita Crawford, GA DHS  
Laura Keyes, ARC  
Erica Wheeler, DeKalb County  
Claudia Bilotto, HNTB

Yinghua Zhan, HNTB  
Andrew Smith, HNTB  
Daniel Foth, CHA  
David Cassell, GRTA  
Laraine Vance, Cobb County DOT  
Paul Grether, MARTA  
Carolyn White, ARC  
Jim Radford, ARC  
Sandra Morrow, DeKalb County  
Tim Sewell, Gwinnett County Transit

**Handouts**

Agenda  
Regional Assessment Tool  
Workshop Presentation  
HST Fact Sheet  
Participant Survey

**Workshop Summary**

The workshop began at 10:30AM. Mr. Daniel Foth, CHA, Project Manager, to provide an overview of the GDOT Human Services Transportation Plan Update and an explanation of the intent of the workshop. Mr. Foth turned the floor over to Ms. Claudia Bilotto, HNTB, to facilitate the workshop activities. Ms. Bilotto asked attendees to introduce themselves and provide an explanation of their role or interest in human services transportation delivery.

***Group Discussion***

Ms. Bilotto explained that the workshop was designed to give participants the opportunity to share their insight and views regarding human services transportation delivery in the region. To that end, the format includes a combination of presentation and group discussion. She explained that this was one the last in a series of 12 workshops conducted with each regional commission across the state. The team understands that ARC has recently completed their HST Coordinated Planning effort and has invested a lot of time in developing coordination concepts appropriate for the Atlanta region in recent years. GDOT's efforts are not intended to revisit or preclude these plans, but rather to look for opportunities to help the region achieve its goals through activities at the state level that may help to facilitate implementation of local coordination efforts, and ultimately, to better serve the users of the system.

Ms. Bilotto reviewed ground rules for discussion and provided a brief overview of FTA funding programs and other federal funding sources available for human services transportation. She then led the group through discussion of the following questions:

- What's working? Tell us about your successes?
- Are there unmet transportation needs? Why?
- How well does the transportation system respond to these needs in the region currently?
- What transportation needs are most often communicated to you by your client base?
- Are county or regional activities coordinated? How?

A summary of the issues discussed follows:

### **Successes**

- The Atlanta HST Advisory Committee has refocused and provided valuable oversight to the regional coordination plan.
- Great regional entity to share successes, approaches, and best practices.
- Great success from individual counties: Cobb County
  - Hired a dedicated staff person (Mobility Manager) to coordinate between senior services and local transit as a result of Cobb County Senior Plan – ARC would like to see more mobility managers in the region.
  - Cobb has a successful voucher program – people who live outside of the paratransit service area benefit from this program.
  - More providers; New clients and customers; Better and faster services.
  - Doubling paratransit services .
  - Travel training program.
  - Coordination with DHS 5310 program.
  - DHS supporting fare products to help seniors.
- Gwinnett County – involved in the HST Advisory Committee – learning from successful stories like Cobb – would like to follow “mobility manager” model.
- Lots of local interest in enhancement projects – bus stops, bus corridors, sidewalks, etc. (TSPLOST funding) - This will make the existing fixed-route systems more accessible.
- ARC Call Center Concept of Operations
  - Started sharing information in the database.
  - Need to implement in a larger scale with a champion.
  - Require more sharing for the people traveling through the jurisdictional line.

### **Unmet Transportation Needs**

- Lack of funding is hindering the ability to meet to the current demand.
- Need to consider building a public-private model – private volunteers would be beneficial to Human Services Transportation Delivery in the region.
- Coordinated approach is a fundamental need – coordinating existing resources will make those resources go further. We need agencies working together toward common goals.
- The region needs a forum to implement small/low hanging fruit. Get some small wins and expand it to a large scale afterwards.
- Lack of infrastructure / ADA access to the transportation system.

- Break the problems down to a small scale and solve them in increments. A pilot program can help. One example is the Salvation Army's program to transport their customers to programs and redundancy in those trips via other services like MARTA.
- More grass roots efforts and community involvement – everybody sees this as somebody else's problem. There is no political will to address the issue and there is an educational gap – need education and leadership at the local level.
- High concentration of areas where the demand is not met - could use a pilot project to look into solutions. How can we balance a comprehensive approach with the pilot or implementable solutions?

### Response to Needs

- Large portion of the counties are outside of paratransit service areas. Those with needs must depend on family and friends. Limited system service areas due to regulations and funding are an issue.
- Lack of available providers.
- There are pockets of Cobb that don't have any public or private providers.
- Many with needs are not eligible for DHS programs and clients must be associated with a program to use services. We need to provide sufficient information of how these customers can find transportation.
- MARTA is required to service paratransit trips. In order to make it work from a cost perspective, they often have to reduce funding to fixed-route services. One program is being sacrificed at the expense of another due to funding constraints – human services transit vs. urban transit.
- Geographic coverage is so limited for the 5307 program that it is difficult to make it work financially. In Gwinnett, paratransit costs = 12% of budget but is <1% of ridership. Eligibility pool is limited and constrained by the rules – could not maximize the utilization.
- HST travel patterns are becoming increasingly regional – regional hospitals are becoming more specialized.
  - Moving between systems/jurisdictional boundaries is very difficult.
  - If using combination of various services/systems, the trip has to meet all eligibility requirements; customer needs to make different reservations; limited time-slots are available.
- Taxi services are not ADA accessible, can't pick folks up outside "medallion" area.
- Department of Community Health (DCH)
  - Three brokers in the state.
  - Uses both private and public subcontractors.
  - Expect Medicaid population to increase 50% in next 3-4 years – requires improved efficiency to meet the needs.
- Broker program pushes as many trips as possible to public paratransit services to keep costs as low as possible. Not incentivized to make it easiest for the customer.
- Need Federal and State level mandates for HST cross-agency coordination – coordination should be tied to funding.
- Henry County
  - Have capacity issue
  - Scheduling software and dispatching program (funded by 5307) – more efficient
- Increased concerns of discontinued bus routes – some folks are totally depend on bus services – forced to move
- Bottom line need of folks getting to work – summer work for kids – work for low income population
- Roswell Road high-rise example: requires combination of involvement from multiple agencies
- Limitations on bus stop locations due to GODT requirement/design guidelines



- Constraints due to liability
- DRI process – ADA accessibility/turning radii

### **Overview of Coordination**

Ms. Claudia Bilotto, HNTB, provided an overview presentation on the definition and benefits of coordinating human service transportation. Her presentation included a series of success stories from across the country highlighting a range of coordination concepts, presented in order from less complex to more complex.

Ms. Bilotto asked the group to reconsider examples of coordination activities they currently participate in now that we have established a broad definition. The group was then asked to respond to a couple of coordination concepts that could be piloted across the state as part of the HST study efforts. Participants were asked to write down on a scale from 1-10 how they felt about each coordination concept, with 1 indicating that they didn't like the idea at all, and 10 indicating that they were very supportive of the concept. Discussion would then take place regarding why they did or didn't like the idea and potential barriers to implementing the concepts. A summary of the discussion follows:

### **Group Discussion**

**Concept 1:** *Do you agree with this statement? (1-10) A centralized call center, where customers can make one telephone call or visit one website to find out about all transportation options in the region, is needed for the Atlanta region.*

*Why has this been a challenge in the region? How can we overcome this challenge?*

Highly agree

- Complex of eligibility
- Service area - Challenge due to size of the region
- Funding
- Need political will and a champion

**Concept 2:** *Do you agree with this statement? (1-10) The use of technology, such as scheduling software and automated vehicle locators, would increase efficiency for local service providers.*

*Why has this been a challenge in the region? How can we overcome this challenge?*

Highly Agree

- Different providers have different software
- TMCC concept – need one software that can be compatible with all the existing ones
- Ability to schedule, share and send trips to other agencies and even private providers
- Share Real-Time Info – Bus departure and arrival info

**Concept 3:** *Do you agree with this statement (1-10)? Human service agencies and transportation providers should coordinate the shared purchase and use of vehicles.*

*Why or Why not? Potential obstacles?*

Highly Agree

- Liability and insurance issue – a unified state broker insurance might work
- Guaranteed time of use when needed
- Challenge due to size of the region
- Need third party for O&M
- Recommend a Para Transit Agency for the region

**Concept 4:** *Do you agree with this statement (1-10)? Human service agencies and transportation providers should coordinate to schedule multiple agency trips on a single vehicle.*

*Why or Why not? Potential obstacles?*

Agree

- Different clients have different perceptions – some might not want to share the ride with others, especially with people with mental disabilities
- Privacy issue
- Ideal in concept – practical difficulties
- Trip sharing – should also maximize the utilization of the fixed route services

**Concept 5:** *Human service agencies and transit providers should establish a regional fare system and regional eligibility for services.*

*Why has this been a challenge in the region? How can we overcome this challenge?*

Highly Agree

- Different programs have different rules – hard to consolidate
- Possible to establish a Regional Para Transits eligibility standard – developed using ADA requirements
- Organization capacity issue
- No available regional subsidy program – issue related to revenue allocation
- Equity issue

**Concept 6:** *If the state sponsored a TMCC pilot project, human service agencies and transit providers in the Atlanta region would be willing to provide support on a pro-rata basis.*

*Why or Why not? Potential obstacles?*

Agree

- State needs to invest heavily
- Good-timing/opportunity with HB 277
- Need for dedicated funding during a period of time
- Share best practice in the nation – how the coordination works for specific issue

**Concept 7:** *If the state provided seed money for regional coordination, human service agencies and transit providers in the Atlanta region would be willing to work jointly and/or utilize the Regional Transit Committee to move forward.*

*Why or Why not? Potential obstacles?*

Agree

- Need state's continuous investment and commitment
- Region is fragmented and it is hurting us on the Federal level

- Better coordination will also help GA to apply for federal funding
- Capitalize existing taxing mechanisms – vehicle registration, driver licenses, etc.
- Interested in results from the technology demonstration programs.

### ***Open Forum / Closing Comments***

Participants were given the opportunity to offer final thoughts regarding future coordination activities that the state may be able to facilitate. They provided the following:

- DOT need to attend all the meeting
- Happy to see DCH
- The recipe to filling the vans is eliminate eligibility
- Not enough outreach to non-English speaking populations – continue to expand outreach program
- Community issue – Need grassroots approach

Ms. Bilotto reminded the group to complete the Regional Assessment Tool questionnaire at their convenience, and also collected Participant Surveys to understand how the workshop format and questions may be improved moving forward. She thanked participants for their time and input. The meeting concluded at 1:35PM.

### **Attachments**

Sign-In Sheets

Participant Surveys

# Human Services Transportation Regional Workshop I

## Three Rivers Region

## THREE RIVERS REGIONAL COMMISSION

### HUMAN SERVICES TRANSPORTATION (HST) WORKSHOP

Wednesday, June 9, 2010, 10AM – 2PM

Three Rivers Regional Commission Offices

120 North Hill Street • Griffin GA 30224

#### Attendee List

Leigh Ann Trainer, DHS

Cathy Perry, DHS

Samantha McKinney, Heard County Transit

Donna Auth, Upson County Senior Center

Kyle Hood, Upson County BOC

Lynn Howard, Troup County

Tavores Edwards, Coweta County

Linda Sisco, Region 4 DHS

Brenda Sell, COATS

Joy Shirley, SCAAA/TRRC

Danita Crawford, DHS

Robert Hiett, Three Rivers RC

Andrew Smith, HNTB

Garth Lynch, HNTB

Yinghua Zhan, HNTB

#### Handouts

Agenda

Regional Assessment Tool

Workshop Presentation

HST Fact Sheet

Participant Survey

#### Workshop Summary

The workshop began at 10:00 AM. Mr. Andrew Smith, HNTB, welcomed participants and provided an overview of the GDOT Human Services Transportation Plan Update and an explanation of the intent of the workshop. Mr. Smith asked attendees to introduce themselves and provide an explanation of their role or interest in human services transportation delivery.

#### Group Discussion

Mr. Smith explained that the workshop was designed to give participants the opportunity to share their insight and views regarding human services transportation delivery in the region. To that end, the format includes a combination of presentation and group discussion. He explained that this was one of a series of 12 workshops that would take place in each regional commission across the state. Any feedback regarding the format of the workshop would be appreciated so that the format may be adjusted and improved moving forward.

Mr. Smith reviewed ground rules for discussion and provided a brief overview of FTA funding programs and other federal funding sources available for human services transportation. He then led the group through discussion of the following questions:

- What's working? Tell us about your successes?
- Are there unmet transportation needs? Why?
- How well does the transportation system respond to these needs in the region currently?
- What transportation needs are most often communicated to you by your client base?
- Are county or regional activities coordinated? How?

A summary of the issues discussed follows:

### Successes

- Current coordinated regional public transportation service area includes Spalding, Butts, Pike, Lamar and Upson Counties. The coordinated program is administered by the Three Rivers Regional Commission (TRRC)
- DHS covers all 10 counties in the region and provides services for the Division of Aging, Family and Children Services, and Mental Health, Developmental Disabilities and Addictive Diseases.
- Three counties currently receive the 5311 funding: Heard, Troup and Coweta County.
- Coweta County is fairly new to 5311 program – started in 2009.
- Carroll is in the process of developing a DOT 5311 program.
- There is no transit service in Meriwether County.
- By next year, 9 out of 10 counties in the region will be coordinated to a certain extent with the exception of Meriwether County.
- There are not enough DOT vehicles to accommodate the needs for all counties in the region.
- The coordinated regional public transportation service:
  - Provides greater flexibility.
  - Regional concept makes the service available and can serve trips cross the county line – within the 5-county service area.
  - Serves more people and provides better service.
- Coweta County Transit:
  - 20K ridership in the last 10 months.
  - There is a need for coordination with other counties.
  - Have a third party operator.
  - Not allowed to serve trips outside of the county line.
  - Currently no demand for the trips going outside the county – will need to perform assessment to understand the future needs.
- Needs for combining DOT and DHS program – can leverage both funding sources and make it more economic feasible – will be beneficial to local government as well
- Troup county – also not allowed to serve trips outside of the county line.
- DHS thinks the human transit services are well coordinated at the local level – the locals are providing the good support for what needs to be done – but their hands are tied – certain restrictions need to be lifted for better coordination.
- Taxi service is expensive – people who need it the most can't afford it.
- Started using the swipe card – good first step to bring technology into the system.
  - Swipe card documents time, name of the individuals, site of the trip, which service type.
  - Used mainly for invoicing purpose.
  - Can be downloaded weekly, daily – can be used to address complain issues.
  - There were some concerns of confidentiality in the beginning – *what information will I lose if I lose the card, etc.* – working quite well now.

- Consider moving to Smart Card in the future – more sophisticated system.

### **Unmet Transportation Needs**

- Need to provide transit services for those people who don't fit the criteria – elderly, disabled.
- Need to broaden the eligibility requirements.
- Certain areas are left out for service due to the distance.
- Operating hours are limited for certain services – cannot expand operation hours due to limited funding (expanding operating hours means hiring more drivers, purchasing more vehicles and higher O&M costs).
- Cannot provide services to meet all of the needs – priority issue.
- Hard to justify the transit service in the start up period (lower demand in the beginning) – as the service is established, demand will grow - need to establish different criteria for the transition period.
- Increased demand for transit service as economy turns around.
- Need to take advantage of general riders – those who do not fit in the human service transit category but who are willing to pay to use the public transit service.
- DHS - Funding is extremely limited this year, was able to fund more trips to summer work program, etc in the past.
- TRRC – last year had to cut hours (4 hours in each operation day) to cover the operating expenses due to the increased fuel prices.

### **Transportation Response from DHS**

- Need to educate public with reality of transportation service – there is a general education gap.
- There is good coordination among GDOT, DHS, RC and the locals – good communication.
- Need to try to utilize the regional T-SPLOST to help fill the funding gaps.
  - Need to have champion & leadership to push for the transit share, even 1% can go a long way.
  - Locals don't think they have control of the project list.
  - Money could be used for operating hour expansion, new technology, more vehicles, etc.
- Expected to have 90% increase in senior population in suburban Atlanta and rural counties – more challenging to meet the needs for those communities

### **Client Base Requests**

- Medical trips are critical
- Field trips
- Senior centers

## Overview of Coordination

Mr. Smith provided an overview presentation on the definition and benefits of coordinating human service transportation. His presentation included a series of success stories from across the country highlighting a range of coordination concepts, presented in order from less complex to more complex.

Mr. Smith asked the group to reconsider examples of coordination activities they currently participate in now that we have established a broad definition. The group was then asked to respond to a couple of coordination concepts that could be piloted across the state as part of the HST study efforts. Participants were asked to write down on a scale from 1-10 how they felt about each coordination concept, with 1 indicating that they didn't like the idea at all, and 10 indicating that they were very supportive of the concept. Discussion would then take place regarding why they did or didn't like the idea and potential barriers to implementing the concepts. A summary of the discussion follows:

## Group Discussion

**Concept 1:** *Do you agree with this statement? (1-10) A centralized call center, where customers can make one telephone call or visit one website to find out about transportation options in the region, is needed for the Three Rivers region. Why or why not? Potential obstacles?*

Eight of 12 people agreed with the statement while the other 4 were neutral.

- The staff needs to have the knowledge to identify the right service based on eligibility, etc and needs to have a general understanding of the areas and operators
- TRRC is working on updating their website – will have a transit page to share the related information.
- Upfront costs and ongoing operating costs are a consideration.
- Needs to be more than a call tree. i.e., more than directed from one contact to another.

**Concept 2:** *Do you agree with this statement? (1-10) The use of technology, such as scheduling software and automated vehicle locators, would increase efficiency for local service providers. Why or why not? Potential obstacles?*

Unanimously in favor of the concept.

- Provides consistency.
- Concerns regarding dependency on the system, i.e., what if system crashes? Still need to have the routing ability without software.
- The vehicle locator was used in the area before for scheduling. Not for a “big brother” type of system.
- Ongoing operating and maintenance costs are a consideration.
- Difficulty of implementation for larger counties in the rural areas - Some areas are very rural and GPS is unavailable.
- Possibility of abusing the vehicle locator – should the tool be used as a tool for supervision of the drivers behavior? Or only to provide knowledge of where the vehicles are to manage the service more effectively?
- Local drivers may be more knowledgeable than software.
- Concern over current GDOT procurement and use of system. There wasn't communication with locals about whether or not they have a choice of using it and / or whether they will be forced to use it.

**Concept 3:** *Do you agree with this statement (1-10)? Human service agencies and transportation providers should coordinate the shared purchase and use of vehicles. Why or why not? Potential obstacles?*

Concept support was varied. Most were not supportive (5 out of 13) while 2 people strongly agreed with the statement. The other 5 people were neutral in their reaction to the above.



- Improves the utilization of the vehicles – lots of vehicles are under-utilized now.
- Make perfect sense in theory, but not practical in reality.
- Concerns of how the purchase and use of vehicles can be shared – how to allocate the various costs (fuel purchase, O&M, insurance, etc.) to different agencies – a logistical challenge.
- DHS tried this concept previously with couple of senior centers. There were lots of issues.
- Liability issues – what if an accident happens? Who holds the title of the car?
- To be successful, you need to have a third party outside of the region to monitor the use of vehicles – need to have policy and enforcement in place – maybe set up an automatic account deduction program.
- Who has priority? How do you deal with prioritization of demand-response requests.

**Concept 4:** *Do you agree with this statement (1-10)? Human service agencies and transportation providers should coordinate to schedule multiple agency trips on a single vehicle. Why or why not? Potential obstacles?*

Six people supported the statement, while 5 remained neutral and 2 strongly disagreed.

- Already doing this to a certain extent in the region.
- Saves time and costs.
- Some concerns regarding misbehavior by some riders and mixing clients (i.e. mental health and 5311).
- DHS – there is a driver training program in place to educate and train the drivers to deal with the issue of mixed ridership and work on solutions. There has not been a disciplinary problem with public transit users before.
- RC – use a unified vehicle maintenance policy.

**Concept 5:** *Human service agencies and transit providers should establish a regional fare system and regional eligibility for services? Why or why not? Potential obstacles?*

Seven people gave this statement a score that ranged between 3 and 6 indicating a neutral reaction. Two people strongly supported the concept and one strongly disagreed with the statement.

- How do you determine the regional fare amount? Will it be related to socioeconomic characteristics? Will it be distance based? Gas is more expensive in Upson County; will this be taken into account?
- Operationally make sense – makes it simple to the customer – no need to reeducate the customers if they move to other counties.
- Provides consistency in the fare structure.

### **Open Forum / Closing Comments**

Participants were given the opportunity to offer final thoughts regarding future coordination activities that the state may be able to facilitate. They provided the following:

- Need to establish consistency of various transportation regulations. GDOT, DCH and DHS each have their own manual, although they are quite similar. All agencies should work together to agree on a unified policy to follow.
- To better coordinate, some funding restrictions from FHWA and GDOT have to be lifted, especially the ones from the state level.
- There have been changes to the vehicle procurement program with 5311. It will now go through DOAS who has its own interest – no price controls, makes operations and maintenance more challenging since the service might not be provided from local vendors. This will hurt coordination. The RC is trying to work on legislation to change that. It should allow GDOT to order vehicles directly for the RC or give the money to the RC to let them handle and purchase the vehicles by themselves.

Mr. Smith reminded the group to complete the Regional Assessment Tool questionnaire at their convenience, and also collected Participant Surveys to understand how the workshop format and questions may be improved moving forward. He thanked participants for their time and input. The meeting concluded at 2:00PM.

**Attachments**

Sign-In Sheets

Participant Surveys

# Human Services Transportation Regional Workshop I

## Northeast Georgia Region

## **NORTHEAST GEORGIA REGIONAL COMMISSION HUMAN SERVICES TRANSPORTATION (HST) WORKSHOP**

Tuesday, June 1, 2010, 10:30AM – 2:30PM

Georgia Center, Athens, GA

### **Attendee List**

Dot Jones, Georgia Council of the Blind, Athens Chapter  
Jerrie Toney, Athens Transit Citizen Advisory Group  
William Holley, Athens Transit Citizen Advisory Group  
and Multiple Choices  
John Devine, NEGRC  
Helen Smith, ABHS  
Debra Wynn, Athens Transit  
Butch McDuffie, Athens Transit  
Sherry Moore, MACORTS (Athens MPO)  
Kerri Waddell, Jackson County Transit  
Charles Hunt, Oconee County Planning Commission  
Kerima Hayne, Georgia Transit Association  
Melvin Davis, Oconee County Board of Commissioners

Alan Ortiz, Southeastrans  
Kathy Hill, Division of Child Support Services  
Beth Gavrilles, OneAthens Transportation Committee  
Deborah Auher, Oglethorpe County Senior Center  
Renee Gardner, Oglethorpe County Senior Center  
Peggy Jenkins, Northeast Georgia Area Agency on Aging  
Tony Lay, Athens Community Council on Aging  
Perry McMillon, Department of Human Services  
Heidi Davison, Athens-Clarke County  
Rich Amadon, CHA, Inc.  
Steve Kish, GDOT  
Natasha Cobb, GMG

### **Handouts**

Agenda  
HST Fact Sheet  
Regional Assessment Tool  
Participant Survey

### **Workshop Summary**

The workshop began at 10:30AM. John Devine, of the Northeast Georgia Regional Commission welcomed participants and introduced Ms. Connie Soper, NNA, to provide an overview of the GDOT Human Services Transportation Plan Update and an explanation of the intent of the workshop. Ms. Soper introduced Butch McDuffie of Athens Transit and President of the Georgia Transportation Association to explain Senate Bill 22 and its relevance to human services transportation in the region. Ms. Soper asked attendees to introduce themselves and provide an explanation of their role or interest in human services transportation delivery.

### ***Group Discussion***

Ms. Soper explained that the workshop was designed to give participants the opportunity to share their insight and views regarding human services transportation delivery in the region. She then gave a primer on FTA Funding Programs to make sure everyone understood the various streams of money, what types of transportation programs they fund, and how those programs are administered. She also discussed other relevant transportation programs, including Medicaid and Temporary Assistance for Needy Families (TANF), among others.

Ms. Soper introduced the discussion, asking a series of questions and getting input on each:

- How is human service transportation provided in the Northeast Georgia Region? What's working? Tell us about your successes.

- (DHS) Clients are being well-served, but there is little coordination between the groups (i.e. senior citizens and disabled community contract separately)
- Would like to see the regional commission more involved in the process
- Use 5316 and 5317 as well as DHS funds (5310)
- Represent all 12 counties
- (GTA) Only fixed-route provider in the area and only community with fixed-route services
- Other groups come to them and purchase passes from GTA/Athens transit
- 4 out of 12 counties are funded by 5316, but there is no knowledge about who is and is not providing transportation in the other counties
- Greene and Morgan come to Athens, but not sure about the other counties
- Most clients want direct trips b/c they don't want to deal with a transit system (i.e. Athens) that they aren't familiar with
- Problem with transportation for people with disabilities: Limited to one provider (Advantage Behavioral) for the region but their buses don't have lifts for wheelchair-bound clients; They are a mental health provider (client-based) but they provide transportation for their own clients and do not contract out (contracted with DHR)
- Medicaid Non-Emergency – responsible for NE Georgia and 20 counties north of I-20
- How well does the transportation system respond to these needs in the region currently?
  - (Jackson County) Brings people into Athens b/c Jackson does not have medical specialists in the county
  - Provide door-to-door services to doctors (non-emergency): Biggest challenge is that 70% of trips are ambulatory, but 80% can use public transit, but won't; They use a call center to determine whether or not a caller is eligible and then the trip is scheduled; Ride-share program based; No control on input; They must go where they're told to go (controlled by DCH)
- What transportation needs are most often communicated to you by your client base?
  - (Agency on Aging) Primary goal to keep clients out of the nursing home; they get to the senior center but cannot get them to necessities (i.e. pharmacy, grocery store, etc.)
  - Some gaps are being filled by the 5316 and 5317 providers, but gaps still exist
- Are there unmet transportation needs? Why?
  - Lack of 5311 in many counties
  - Grocery, pharmacy, social trips unserved
- Are county or regional activities coordinated? How?
  - Athens Advisory Committee meets monthly
  - DHR meets quarterly
  - Funding – collaboration between a number of groups (i.e. school system, transportation groups)
  - Affordable public transportation to Atlanta is needed
- What barriers have you encountered? What successes?
  - Trip rates and lack of cooperative policy – The fully allocated cost of trips are becoming prohibitive and not allowing enough people to be transported

### ***Overview of Coordination***

Ms. Soper then provided an overview presentation on the definition and benefits of coordinating human service transportation. Her presentation included a series of success stories from across the country highlighting a range of coordination concepts, presented in order from less complex to more complex. She then divided the attendees into two groups to discuss current coordination activities and the concepts. A summary of each group's discussion follows.

**Breakout Group Discussion****Question #1: What coordination activities do you currently participate in?****Group One:**

- Athens – CC working with other counties
- Try Transit Day – One Athens – deliver to Multimodal Center – free pass
  - Greene, Jackson
  - Weekend – not coming for medical
  - Lower cost shopping options
  - Communications issues with county providers
- One Athens, Citizen Advisory Council
  - Pick up this effort
- Observe Models from Coastal, Middle
- Need to Know what services are in region now
- 10 years ago – attempt – no one to head up after set up
- Must have buy-in; advisor to leader
- Directory of Services/Resource Manual

**Group Two:**

- Athens Advisory Committee meets monthly
- DHR meets quarterly
- Funding – collaboration between a number of groups (i.e. school system, transportation groups)

**Question #2: What are the potential barriers to implementing these types of solutions?****Group One:**

- Public information
- Get rid of turf concerns
- Examine previous efforts and results
- Business vs. service perspective
- Pricing issues

**Group Two:**

- Trip rates and lack of cooperative policy – The fully allocated cost of trips are becoming prohibitive and not allowing enough people to be transported

**Concept 1:** *Do you agree with this statement? (1-10) A centralized call center, where customers can make one telephone call to find out about transportation options, is needed for the Coastal Georgia region. Why / why not? Potential barriers?*

**Group One:**

Unanimously in favor of the concept.

**Potential barriers:**

- Learning curve for drivers, riders, and providers
- Need for trip booking

- Need to consider trip types, programs, and funding
- Transition period to implement hardware, software, and processes
- Been suggested before 1989 – NE-GA
- Web can help
- People engaged after decisions made
- People lost interest/involvement
- One provider took it over, but it ended
- Centralized web page would be helpful
- Meeting regularly
- DHS/HS/Aging list for people on committee
- Central call center will not schedule but serve as broker to contractors / providers.

#### Group Two:

General consensus, but nothing below a 5.

- One exists for NE Georgia, but there needs to be more marketing to let people know about it
- Most of the calls go to the local level

**Concept 2:** *Do you agree with this statement (1-10)? The use of technology, such as automated vehicle locators, would increase efficiency for local service providers. Why / why not? Potential barriers?*

#### Group One:

Unanimously in favor of the concept.

- Athens Transit uses AVL

Potential barriers:

- Support concept – implementation concerns

#### Group Two:

Consensus around 9-10.

Potential barriers:

- Funding
- GPS being able to find rural areas (911 markers)
- GDOT rolling out software that is geared towards the rural systems (one size does not fit all)

**Concept 3:** *Do you agree with this statement (1-10)? Human service agencies and transportation providers should coordinate the shared purchase and use of vehicles. Why / why not? Potential barriers?*

#### Group One:

Concept scored an average 7 out of 10 in favor of the concept.

Potential barriers:

- Concerns about maintenance/operations
- Use shared

- No if maintenance
- Shared purchase – reduced cost
- M/O shared
- DOT – replace vehicles/DHS doesn't have same rotation
- Not a lot of surplus vehicles

**Group Two:**

Consensus around 3-8.

Potential barriers:

- Mental health, Aging and Oglethorpe (some are county-owned and some are DHR-owned) are doing this already for the services they provide; other agencies are not allowed to use them
- Insurance/liability
- Scheduling
- Turfism

**Concept 4:** *Do you agree with this statement (1-10)? Human service agencies and transportation providers should coordinate to schedule multiple agency trips on a single vehicle. Why / why not? Potential barriers?*

**Group One:**

Concept scored an average 9 out of 10 in favor of the concept.

- Aging/DD/Gen Pub. – Greene (mix since 1983)
- Could involve common criteria

Potential barriers:

- Concerns about aging population mixing
- Assistants help with mixing
- Contract monitor for vehicle
- Turf/accountability/liability

**Group Two:**

Consensus between 8-10.

Potential barriers:

- Oglethorpe is already doing this, others are not
- Some contracts will not allow ride share

**Concept 5:** *Do you agree with this statement? (1-10) Human service agencies and transit providers should establish a regional fare system and regional eligibility for services. Why or why not? Potential obstacles?*

**Group One:**

Concept scored an average 9 out of 10 in favor of the concept.

Potential barriers:



- Want Equitable formula
- Coastal \$2 wherever, extra cost for crossing county
- Where limits/boundaries
- Density
- Allocation from beginning
- Urban vs. rural driving eligibility
- Most 10
- Entitlement – all with criteria can take advantage vs. additional requirements
- Legal issues

**Group Two:**

Concept scored an average 8 out of 10 in favor of the concept.

Potential barriers:

- Equitable fares are important

***Open Forum / Closing Comments***

The two groups rejoined as one large group to share highlights regarding the discussion. Ms. Soper asked people to complete the Participant Survey and Assessment tool. Thanking participants, Ms. Soper concluded the meeting at 2:30 PM.

**Attachments**

Sign-In Sheets

Participant Surveys

# Human Services Transportation Regional Workshop I

## Middle Georgia Region

## **MIDDLE GEORGIA REGIONAL COMMISSION**

### **HUMAN SERVICES TRANSPORTATION (HST) WORKSHOP**

Tuesday, May 25, 2010, 10:30AM – 2:30PM

Middle GA Regional Commission Offices

#### **Attendee List**

Jalean Green, MGCAA  
Bob Rychel, MGRC  
Charlie Cruze, MGCAA  
Linda Batchelor, Putnam County Transit  
Andrail Adams, Macon-Bibb EOC  
Sharon Dawson, MGRC/AAA  
Beverly Dugger, Macon-Bibb EOC  
Geri Ward, MGRC/AAA  
Steve Kish, GDOT  
Tyrhonda Edwards, GDOT

Amber Poole, Macon-Bibb EOC  
Ralph McMullen, Baldwin County  
Jessica Bird, WRATS  
Greg Floyd, MATS  
Rick Jones, Macon-Bibb County  
Cheryl Herrington, Region 6 DHS  
Claudia Bilotto, HNTB  
Yinghua Zhan, HNTB  
Andrew Smith, HNTB

#### **Handouts**

Agenda  
Regional Assessment Tool  
Workshop Presentation  
HST Fact Sheet  
Participant Survey

#### **Workshop Summary**

The workshop began at 10:30AM. Ms. Claudia Bilotto, HNTB, welcomed participants and provided an overview of the GDOT Human Services Transportation Plan Update and an explanation of the intent of the workshop. Ms. Bilotto asked attendees to introduce themselves and provide an explanation of their role or interest in human services transportation delivery.

#### ***Group Discussion***

Ms. Bilotto explained that the workshop was designed to give participants the opportunity to share their insight and views regarding human services transportation delivery in the region. To that end, the format includes a combination of presentation and group discussion. She explained that this was one of a series of 12 workshops that would take place in each regional commission across the state. Any feedback regarding the format of the workshop would be appreciated so that the format may be adjusted and improved moving forward.

Ms. Bilotto reviewed ground rules for discussion and provided a brief overview of FTA funding programs and other federal funding sources available for human services transportation. She then led the group through discussion of the following questions:

- What's working? Tell us about your successes?
- Are there unmet transportation needs? Why?
- How well does the transportation system respond to these needs in the region currently?
- What transportation needs are most often communicated to you by your client base?

- Are county or regional activities coordinated? How?

A summary of the issues discussed follows:

- DHS coordination system works well, but there are some issues:
  - level of coordination could be better with DHS folks b/c they lose sight of all of the obstacles and problems experienced by transportation providers); Concerns are not always addressed completely or timely when they are passed up the food chain to DHS.
- Area Agency on Aging – Clients are mostly satisfied and providers are responsive to complaints, but there is not enough service to match the growing demand of the elderly population and economically disadvantaged population that are isolated in the more rural areas; dictated by budget and there is not enough money; Can only provide transportation to the aggregate meal locations; Not enough transportation to get to basic places for food (i.e. Wal-Mart and Kroger); Last year had to terminate some transportation services and some were limited to three times a week; Funded through DHS and the Area Agency on Aging puts in Title 3B money.
- Urban Paratransit (Macon-Bibb County Area) – There is a larger demand for services. Macon-Bibb took on paratransit services two years ago (operated previously by a private provider). The services currently expand beyond the limits dictated by law (given on  $\frac{3}{4}$  mile on any fixed route, but they go beyond that). Senior transportation ridership has decreased. ADA laws, as interpreted, need to be enlarged to provide what's necessary. So far, they're meeting the needs, but don't know how long that will last.
- Middle Georgia Community Action Agency, a DHS subcontractor to the RC, had to reduce some services due to the economy.
- Baldwin County - Operates 5311 services. The county is currently conducting a transit assessment with assistance from the RC. Public knowledge is low so there is little involvement. The purpose of the assessment is to disseminate information and find out where the gaps are.
  - There is no Greyhound or intercity bus system, in very rural areas, so many have to travel to Macon to get service to the airport. Budget is scarce, so increased ridership demand is not being met. The program needs to grow, but can't b/c of the inherent problems in the grant and lack of funding.
  - Grant funding is very limited – There are not enough vehicles. Rate increases are not necessarily positive because they do not always translate into more service. The grant punishes you for making fee/rate changes. It is difficult to maximize ridership numbers with rural systems - they have hit a wall. Problems are not unique to Baldwin County. Other rural areas have the same problems. Some people don't know about the service, but if they publicized it, there would be more people, but there isn't enough money to accommodate more people...specific to 5311.
- There is some cross-county coordination, but there are issues with limited funding. It is difficult to raise 5311 rates for the general public, but the negotiated rates for DHS are much higher and limit the number of participants that can be served. A feasibility study is needed to support a regional system, and there is a need to understand how the system can be sustainable long-term.
- Putnam County is leading efforts to start a regional transit structure unifying Putnam, Morgan and Green Counties. Further study is required to see whether a regional system could be sustained monetarily. Not sure if the fact that they are in different RCs would create an issue.

- Challenges identified for rural service – Putnum County:
  - Cannot guarantee on-time service all the time
  - 24-hour advance demand response system
  - Current system responding needs well
  - 24 to 48-hour notice
  - Can provide cross county service, 20 mile trip distance
  - Rural citizen might need to go to urban area for service
  - Have unmet needs for senior
  - Needs in unincorporated county areas
- Are there geographic limitations - Not really; needs are being met, except for maybe in Eastman and in some of the more rural communities. In many cases, crossing county lines is not a problem. There are definitely some providers that cross county lines – many must head to Macon for services. Baldwin County does not go out of county because there is a regional hospital and the community is small and very rural. If someone in Jeffersonville has to go out of county (i.e. to Macon) because there are no services offered in the area, they have to hook up with other services to get out of the county.
- Warner Robins – there is currently no transit service so there are needs for the elderly and disabled and for people getting to and from the base. They are looking at a park-and-ride scenario, but nothing concrete yet. Looking at a countywide project so they don't have to worry about city limits to reach services b/c they are not a 5311 recipient; they are an MPO and will qualify for urban funds. Looking at doing a feasibility study in 2012. Some private companies provide offer services but cost is higher and definitely a barrier.
- Medicaid Non Emergency does not have interaction with the DHS coordinated system.
- Macon-Bibb Economic Opportunity Council is a DHS subcontractor to the Middle Georgia Regional Commission. As long as they have a referral, they provide service.
- Need for trips is most often associated with visits to the Doctor and meeting everyday needs like shopping.
- Area agency on aging is mostly concerned – Mostly concerned about condition of vehicles and lack of accessibility. There was a specific issue with a bus leaking significantly inside. This is a big issue because the senior population is frail and vulnerable. Egress and entering buses is a huge issue.
- Maintenance for DHS is evaluated under one standard. Each agency has a maintenance plan. Each vehicle should be replaced if the problem can't be fixed.
- The urban paratransit system requires registration – users come in, apply and then qualify for service.
- Macon-Bibb has been meeting with Warner Robins about coordinating some level of service, but it's in the very preliminary stages.
- Macon Transit Authority plans to expand services in the future if the need is there, but will reevaluate routes/services first for extensions and changes to provide coverage in areas where it is needed while eliminating routes that aren't being used. They have been receiving requests from new places (i.e. college campuses) so that will be included and considered in their reevaluation plans.

**County/Regional Activity Coordination additional comments:**

- DHS does not have to interact much with the subcontractors, but if they can help, they do. Macon-Bibb Transit has not had to interact with DHS thus far. Rick Jones, executive director, provided an example of a coordinated system he was involved with in Dutchess County, NY when he was a coordinator there. The transit system was fully coordinated through a mix of funding mechanisms including FTA Urban, Rural, and human services funding.
- Some service providers (i.e. Twiggs & Wilkinson) provide unified transport at certain times of the day. This means they serve both 5310 and 5311 (DHS Coordinated and Public Service) on the same vehicles.
- Providers currently advertise through word of mouth, flyers, ads in the paper, or direct contact with clients. Advertising is a double-edged sword since many providers are close to capacity and don't have the funding to grow their programs.

**Overview of Coordination**

Ms. Claudia Bilotto, HNTB, provided an overview presentation on the definition and benefits of coordinating human service transportation. Her presentation included a series of success stories from across the country highlighting a range of coordination concepts, presented in order from less complex to more complex.

Ms. Bilotto asked the group to reconsider examples of coordination activities they currently participate in now that we have established a broad definition. The group was then asked to respond to a couple of coordination concepts that could be piloted across the state as part of the HST study efforts. Participants were asked to write down on a scale from 1-10 how they felt about each coordination concept, with 1 indicating that they didn't like the idea at all, and 10 indicating that they were very supportive of the concept. Discussion would then take place regarding why they did or didn't like the idea and potential barriers to implementing the concepts. A summary of the discussion follows:

**Group Discussion**

**Concept 1:** *Do you agree with this statement? (1-10) A centralized call center, where customers can make one telephone call or visit one website to find out about transportation options, is needed for the Middle Georgia region. Why or why not? Potential obstacles?*

About half of the group was fully supportive of the concept. Another 30% rated the idea an 8 or 9. 15% rated the concept with a 5.

- Lowers stress and frustration for clients. This is particularly helpful for the elderly.
- Anything centralized is best for efficiency.
- Clients didn't know what services are out there – this would help to link clients to services.
- More cost effective solution – eliminate calling tree and duplication of services.
- This equates to great customer service.
- Cost is a concern.
- Jurisdictional concerns.
- Member agencies should have dedicated staff to the call center / coalition of all the players.

**Concept 2:** *Do you agree with this statement? (1-10) The use of technology, such as scheduling software and automated vehicle locators, would increase efficiency for local service providers. Why or why not? Potential obstacles?*

The group was divided on the issue – 25% of the group was very supportive (9-10), 50% were in the middle, rating the concept with a 6 or 7, and 25% were not supportive, rating the concept with a 1 or 2.

- Easy to manage services, direct driver, monitor drivers, routing efficiency, make sure nothing inappropriate going on, handling assignment appropriately, keep better tabs on the drivers.
- Scheduling software is cost prohibitive for small systems (\$200k – \$1.5m). Low-end software solutions are not as effective and more expensive are unattainable.
- Difficult because you need an economy of scale.
- In small areas it may be difficult to get technical support.
- Client have different technical/technology skill sets.
- Don't see any advantage in rural areas – drivers are local and know the best routes to take. This is not a one size fits all – different needs, different requirements out of the software.
- Helps keep tabs on the providers, reduce over-charging.
- Some areas are so rural and not registered in GIS.

**Concept 3:** *Do you agree with this statement (1-10)? Human service agencies and transportation providers should coordinate the shared purchase and use of vehicles. Why or why not? Potential obstacles?*

The group was divided on the issue – 30% of the group was supportive, rating the idea between 7 and 10. 25% were in the middle, rating the concept with a 5, and 40% were not supportive, rating the concept with a 1 or 2.

- Not comfortable with shared use concept.
- See some conflicts arising.
- Needs to a top down approach – “godfather” – is a critical success factor. The State must take the lead and make this happen.
- Would allow a larger fleet, but could have ownership problems “sharing”.

**Concept 4:** *Do you agree with this statement (1-10)? Human service agencies and transportation providers should coordinate to schedule multiple agency trips on a single vehicle. Why or why not? Potential Obstacles?*

The group was supportive of the concept – 75% of the group was very supportive (rating of 8-10), 17% were in the middle (rating of 5) and 8% were not supportive, rating the concept with a 1.

- Pooled resources – this is what coordinated services are all about.
- Saves time and costs.
- Different levels of service – door to door vs. curb to curb, etc. – would need to be a consideration.

**Concept 5:** *Human service agencies and transit providers should establish a regional fare system and regional eligibility for services? Why or why not? Potential obstacles?*

The group was divided on the issue – 40% of the group was supportive (rating of 7-10), 23% were in the middle (rating of 4-5) and 14% were not supportive, rating the concept with a 1.

- Beneficial to the customer – easy to understand.
- Operationally make sense.
- Not all areas are the same - there are urban vs. rural considerations
- Difficult for the providers to represent cost – different trips have varying lengths / cost.

- Issue of placing administrators in a position they are not familiar with.

***Open Forum / Closing Comments***

Participants were given the opportunity to offer final thoughts regarding future coordination activities that the state may be able to facilitate. Ms. Bilotto reminded the group to complete the Regional Assessment Tool questionnaire at their convenience, and also collected Participant Surveys to understand how the workshop format and questions may be improved moving forward. She thanked participants for their time and input. The meeting concluded at 1:30PM.

**Attachments**

Sign-In Sheets

Participant Surveys



# Human Services Transportation Regional Workshop I

## Central Savannah River Area Region

## **CENTRAL SAVANNAH RIVER AREA REGIONAL COMMISSION HUMAN SERVICES TRANSPORTATION (HST) WORKSHOP**

Tuesday, June 9, 2010, 10:30AM – 1:30PM  
University Prompt Care Center, Augusta, GA

### **Attendee List**

Pam Parton, Lincoln County Senior Citizens  
Claudice Williams, Lincoln County Senior Citizens  
Alchester Kinlaw, Lincoln County Senior Citizens  
Jerry Peel, Lincoln County Senior Citizens  
Shontrill Baskin, CSRA Regional Commission  
Sylvia Cobb, Jefferson Transit  
Flora Birt, DHS Regional Transportation  
Belinda Smith, T&T Transportation  
Jacqueline Brayboy, CSRA-EDAINC Burke  
Beth Miller, Walton Rehabilitation Health Systems  
Evelyn Kendrick, Taliaferro County, Board of Commissioners  
Lillie Rosier, Augusta Recreation and Park Department

Milledge Samuels, Samuels Transportation  
Elaine Samuels, Samuels Transportation  
Heyward Johnson, Augusta Transit  
Julie Allsup, Richmond County Transit  
Denise Mulkey, Augusta Public transit  
Willie Quinn, private Citizen  
Sherry Utley, CSRA-RC  
Jeff Asmann, Columbia county Transit  
Jerry Counts, Jerry Counts Transportation  
Cindy Counts, Jerry Counts Transportation  
Brittany Counts, Jerry Counts Transportation  
Daniel Foth, CHA  
Natasha Cobb, GMG

### **Handouts**

Agenda  
Regional Assessment Tool  
Workshop Presentation  
HST Fact Sheet

### **Workshop Summary**

#### **Opening:**

The workshop began at 10:30AM. Mr. Daniel Foth, CHA, Project Manager, welcomed participants and provided an overview of the GDOT Human Services Transportation Plan Update and an explanation of the intent of the workshop. Mr. Foth then asked the attendees to introduce themselves and provide an explanation of their role or interest in human services transportation delivery.

#### ***Group Discussion***

Mr. Foth explained that the workshop was designed to give participants the opportunity to share their insight and views regarding human services transportation delivery in the region. To that end, the format includes a combination of large group discussion and breakout groups. He explained that this was the tenth in a series of 12 workshops that have been taking place in each regional commission across the state. Any feedback regarding the format of the workshop would be appreciated so that the format may be adjusted and improved moving forward.

Mr. Foth then reviewed ground rules for discussion and then provided an overview of the various federal funding programs.

**Overview of Funding Mechanisms:**

- 5307 Urban Area Public Transit
- 5310 Elderly and Disabled
- 5311 Rural Area Public Transit (<50,000 people)
- 5316 Job Access and Reverse Commute
- 5317 New Freedom Program – Disabilities (above and beyond the ADA)
- Medicaid (DCH)
- Temp Assistance for Needy Families (DFCS / DHS)
- Vocational Grants
- Veterans

**Workshop Discussion Questions:** Mr. Foth then led the group through discussion of the following questions:

- What transportation needs are most often communicated to you by your client base?
- How well does the transportation system respond to these needs in the region currently?
- Are there unmet transportation needs? Why?
- Are county or regional activities coordinated? How?

A summary of the issues discussed by the group follows:

**What transportation needs are most often communicated to you by your client base?**

- Current Trips are DCH, DHS-AAA, 5311 and POS
- Columbia County runs its service 7:00am to 6:00pm
- Urban Services:
  - Fixed route service in Augusta
- Rural Transportation
  - Service in Columbia and Richmond County
  - Rural program is funded by 5311, 5316, and 5317.
- Regional Rural Public Services:
  - DHS Regionally Coordinated System
  - DCH Medicaid Non-Emergency Transportation (NET)
- New Broker for Medicare
  - Broker System
  - LogistiCare / Cab System

**How well does the transportation system respond to these needs in the region currently?**

- Region wide problem – how to help non-DCH and DHS/AAA trips
- Ability to mix trip types – some AAA's want exclusive service for their senior clients, versus allowing provider to mix in other trip types.
- Some gaps exist in urban/rural services. There is a purchase of service contract with the Regional Commission to fill in some of the gaps.
- Potential increase in demand is there, just not served due to budget constraints.
- Some potential customers are not aware of services – there is a need for education.
- Routes do not cover all of the city / county effectively in urbanized area.

- There is a lack of flexibility in federal funding to address urban and rural needs.
- Difficulty in making cross-regional trips due to boundary issue.
- Areas without service due to urban / rural designations for receipt of FTA funds as well as paratransit service areas.
- Veteran's trips are not coordinated with existing services. There are VA facilities in Augusta and Dublin as well as clinics and many vets need transportation to these locations.

#### Level of Coordination Efforts Summary

| Coordinated Efforts                 | Issues   |
|-------------------------------------|--|
| DHS Coordinated System              | – Counties without providers are excluded  |
| Providers serving multiple programs | – Different rates and payment schedules per program  |
| Unified Plan Not Working            | – Leadership / Champion  |
| Ability to Mix Trips                | – Strong Opposition by Agencies<br>– Available technology  |
| Vehicle Purchase                    | – Finance options for private purchase vehicles – one year guarantee on revenue – annual contracts |

#### Are there unmet transportation needs? Why?

- There is an issue in connecting rural or HST to fixed route service. It is easy for Columbia to connect to Augusta, but difficult connections for fixed route riders onto Columbia's rural service.
- Riders - one provider noted a lack of senior customers and sees a need for service promotion
- Extended service hours- especially for weekends and after 6:00pm – this is a big concern for Columbia County
- How to move to Automated Dispatch / Mobile Data Communications additional Issues:
  - maintenance responsibility and cost.
  - how to coordinate with Agency IT
- Payment for Service and Reimbursement delays are really hurting small providers
- Total travel time on the van, especially for AAA trips, some seniors on the van for 2+ hours one way. This is due to the travel distance and number of seniors on each van.
- 5311 Trip requirements - red tape is always an issue
- Vehicle Purchase
  - Finance options for private purchase vehicles – one year guarantee on revenue – annual contracts
- Poor vehicle condition, especially for DHS service – vans usually are high mileage and roughly used
- Unified Transit Plan is not working
- The need for a shared database
- Adequate funding is always an issue
- Locals coordinate well, but there is a need for better coordination at the state level.
- Lack of coordination between the Rural/DHS and DCH systems. The DCH provider can be going to the same location and not take both clients.
- Medicare trips have easy access across county lines.
- Accessible transportation for folks with disabilities.
- Services are not in a single county.
- Job search needs can't afford to keep up personal transportation
- Rural to urban transportation is okay, but urban to rural is not.
- Growing aging needs due to increasing population.
- Folks are unsure of which program they qualify for.
- Service across States – can't serve today.
- Customers don't know who to call.
- Use vouchers rather than services.

**Unmet needs / Service Gaps Summary**

| <b>Need or Gap Identified</b>        | <b>Factors</b>  | <b>Category / Theme</b>  |
|--------------------------------------|---|--|
| Ability to mix trips                 | <ul style="list-style-type: none"> <li>– Agency desire not to mix trips</li> <li>– Trip costs</li> <li>– Geographic barriers</li> </ul> | <ul style="list-style-type: none"> <li>– Funding</li> <li>– Change</li> <li>– Efficiency</li> </ul>                      |
| Red Tape                             | <ul style="list-style-type: none"> <li>– Reporting requirements</li> <li>– Funding limitations</li> </ul>                               | <ul style="list-style-type: none"> <li>– Efficiency</li> <li>– Funding</li> <li>– Leadership / Champion</li> </ul>       |
| Extended Service Hours               | <ul style="list-style-type: none"> <li>– Lack of funding</li> </ul>   | <ul style="list-style-type: none"> <li>– Funding</li> <li>– Resources</li> <li>– Leadership / Champion</li> </ul>        |
| Reimbursement                        | <ul style="list-style-type: none"> <li>– Red Tape</li> <li>– Inattention</li> </ul>   | <ul style="list-style-type: none"> <li>– Funding</li> <li>– Resources</li> <li>– Leadership / Champion</li> </ul>        |
| How to Provide for non-DHA/AAA trips | <ul style="list-style-type: none"> <li>– Lack of funding</li> </ul>   | <ul style="list-style-type: none"> <li>– Funding</li> <li>– Review Resources</li> <li>– Leadership / Champion</li> </ul> |

**Overview of Coordination**

Mr. Foth provided an overview presentation on the definition and benefits of coordinating human service transportation. Her presentation included a series of success stories from across the country highlighting a range of coordination concepts, presented in order from less to more complex.

**Discussion Questions:** He asked the group to consider examples of coordination they may participate in now that we have established a broad definition. He asked the group to vote on each Question and then a follow-up discussion ensued. A summary of Question discussion follows:

**Group Discussion -**

**Question #1: A centralized call center, where customers can make one telephone call or visit one website to find out about all transportation options in the region, is needed for the Heart of Georgia region. Why or why not? Potential obstacles?**

1 – Strong Support 16-10's; 2-8's; 1-7

| <b>Concepts</b>                    | <b>Pros</b>  | <b>Concerns / Barriers</b>   |
|------------------------------------|--|--|
| Concept 1: Centralized Call Center | <ul style="list-style-type: none"> <li>– Strong Interest</li> <li>– Good customer service</li> </ul> | <ul style="list-style-type: none"> <li>– Who would operate and operating resources</li> <li>– Frequent updates needed</li> </ul> |

**Question #2: Do you agree with this statement? (1-10) - The use of technology, such as scheduling software and automated vehicle locators, would increase efficiency for local service providers. Why has this been a challenge in the region? How can we overcome this challenge?**

2 – Strong Support – 19-10's; 1-9; 3-5's; 1-1

| Concepts              | Pros  | Concerns / Barriers   |
|-----------------------|---|---|
| Concept 2: Technology | <ul style="list-style-type: none"> <li>– Improves efficiency by booking more people on fewer vehicles</li> <li>– Allow real time booking</li> </ul> | <ul style="list-style-type: none"> <li>– Cost</li> <li>– Local IT coordination, using local School district scheduling/dispatching</li> </ul> |

**Concept 3: Do you agree with this statement? (1-10)**

**Do you agree with this statement (1-10)? Human service agencies should pool their funding sources available for transportation with a single service broker, who would then assign trips in the most cost effective manner. Why / why not? Potential barriers?**

3-Strong Opposition – 20-1's 1-1's; 4-3's; 1-5's; 1-8's

| Concepts                   | Pros   | Concerns / Barriers  |
|----------------------------|--|--|
| Concept 3: Vehicle Sharing | <ul style="list-style-type: none"> <li>– May Improve efficiency</li> </ul> | <ul style="list-style-type: none"> <li>– Strong Opposition</li> <li>– Use Parameters</li> <li>– Illusionary Cost Benefits</li> </ul> |

**4 - Do you agree with this statement? (1-10) - Human service agencies and transportation providers should coordinate to schedule multiple agency trips on a single vehicle. Why or why not?**

Strong Support – 16-10's; 1-9's; 1-8's

| Concepts                   | Pros  | Concerns / Barriers   |
|----------------------------|---|---|
| Concept 4: Mixed Clientele | <ul style="list-style-type: none"> <li>– Improves efficiency</li> </ul> | <ul style="list-style-type: none"> <li>– Agency Opposition</li> <li>– Technology</li> <li>– Leadership</li> </ul> |

**5 - Do you agree with this statement? (1-10) - Human service agencies and transit providers should establish a regional fare system and regional eligibility for services. Why has this been a challenge in the region? How can we overcome this challenge?**

Mild Support – 10-10's; 1-9's; 3-8's; 1-7'a; 2-6's; 1-5's; 5-1's

| Concepts                             | Pros  | Concerns / Barriers   |
|--------------------------------------|---|---|
| Concept 5: Regional Fare/Eligibility | <ul style="list-style-type: none"> <li>– Improves efficiency</li> </ul> | <ul style="list-style-type: none"> <li>– Cost Allocation</li> <li>– Local IT coordination, how to tie in with each provider's systems</li> <li>– Ability for region to agree on a regional fare structure.</li> </ul> |

**Open Forum / Closing Comments**

The group reconvened to share the highlights of each group discussion and to offer final thoughts regarding future coordination activities that the state may be able to facilitate. Mr. Foth reminded the group to complete the Regional Assessment Tool questionnaire at their convenience, and also collected Participant Surveys to understand how the workshop format and questions may be improved moving forward. He thanked participants for their time and input. The meeting concluded at 1:30PM.

### ***Participant Survey***

In lieu of a formal participant survey, Mr. Foth asked two questions with the participants “voting” using their 3x5 cards

- 1) Has Today’s workshop been a valuable use of your time?  
Strong Support – 11-10’s; 3-9’s; 5-8’s; 1-5; 1-4; 1-1
- 2) Do you believe that this GDOT HST Statewide Plan Update is a good idea?  
Strong Support – 11-10’s; 5-9’s; 3-8’s; 1-7; 2-5’s;

### **Attachments**

Sign-In Sheets

# Human Services Transportation Regional Workshop I

## River Valley Region



## RIVER VALLEY REGIONAL COMMISSION

### HUMAN SERVICES TRANSPORTATION (HST) WORKSHOP

Thursday, June 3, 2010, 10:30AM – 2:30PM

Pope Center, South Georgia Technical College, Americus, GA

#### Attendee List

Amanda Hughes, Alzheimers Association  
Angela Alford, Region 8 DFCS  
Donna Tennison, Marion and Chattahoochee County  
DFCS  
Emma Chatman, Taylor County Senior Center  
Jana Beavers, MFCOA Vienna/Dooly County  
Linda Waters, DFCS  
Linda Lewis, Americus Senior Center  
Mary Day, River Valley AAA

Mary Little, Rescare HomeCare Cordele  
Michael Erwin, RMS, Inc  
Mickey Tucker, Direct Service Corp  
Richard Hollins, MCA  
Roger Williams, Region 8 DHS  
Sekema Harris Harmm, Talbot/Taylor County DFCS  
Tina Rust, RVRC  
Zonia Tate, Columbus Housing Authority  
Terri Taylor, Bryan County BOC

#### Handouts

Agenda  
Regional Assessment Tool  
Workshop Presentation  
HST Fact Sheet  
Participant Survey

#### Findings

Discussion during the Coordination Workshop in River Valley Region covered the transportation support and transit services currently provided in the region. The majority of those attending represented agencies that referred people to transit services or provided transportation support, and they reported that the problems that face the region, such as a lack of employment, literacy issues, and the provision of adequate health care also affect its ability to provide transportation to those who need it. The region is interested in beginning the coordination of its services as a way to cut costs and provide more benefits to residents from the assets already present in the region.

#### Workshop Summary

After thanking those present for their attendance and participation, and conducting introductions, Randy Farwell with the consultant team explained the purpose of the meeting, ground rules and the agenda items. Mr. Farwell then opened the meeting to a facilitated group discussion, described below. He also presented on the various ways other areas have coordinated their transportation systems and resources before breaking for lunch.

##### *Group Discussion*

Mr. Farwell reviewed ground rules for discussion and led the group through discussion of the following questions:

**Question: What transportation needs are most often communicated to you by your client base?**

- Getting to and from doctor's office and other medical trips
- Mental health, substance abuse and counseling appointments
  - Can be daily, weekly or monthly.
  - Visitation of children and parents for children in foster care.
- Employment
  - Non-traditional hours and shift work.
  - Job training.
- Shopping – grocery and malls
  - One county lost its grocery store
- Recreation – kids to football and soccer games and practices, other events
- To and from senior center and other program trips
- Disabled and developmentally disabled
- To services like haircuts, hairdressers

### **How well does the transportation system respond to these needs in the region currently?**

- This region does not have adequate resources to provide transportation for everyone's needs
- Columbus has service for the general public (paid service)
- Case managers fill in, providing rides when needed, even though it is beyond scope of job
- Many rides are provided via informal service for fee
- DHS provides transportation support to aging and family services in 16-county region via TANF
- DFCS doesn't have funding for social service. There's no transportation funding, and yet the people it serves don't qualify for "aging" funds, so there is a gap in service.
- Gap in service for trips that go outside the region.
- For some trips, like weekly trips to Mitchell County and field trips to Atlanta, TANF funding is not available, so agencies do own transportation.
- Medicaid provides vans to medical appointments and needy adults, but specific strings are attached.

### **Are there unmet transportation needs? Why?**

- Appropriate funding sources can be confusing and restrictive.
- Geographic restrictions are placed on service.
- GDOT region boundaries do not match the RC boundary – there are two GDOT regions in the RC.
- The judicial circuit and mental health regions, which healthcare providers interviewed were familiar with, do not match boundaries for transportation service provider agencies.
- Persons who are not eligible for TANF or Medicaid riders, especially men, face lack of service.
- Seniors are doing okay, because there is consistent service to and from senior centers and, for most, to health care.
- The Department of Labor coordinates with local agencies for vocational rehabilitation, but they sponsor a lot more programs in Columbus, which the unemployed in the surrounding rural areas cannot access. It remains expensive to be employed, as jobs are located at a distance that requires car ownership. Shift work, which makes up a lot of the available jobs, takes place outside the hours transit is available.
- Children in foster care are allowed by law to continue attending their old school to avoid disruption, but arranging transportation for them to do so is difficult.
- Transit Cooperative Research Program (TCRP) integrates people and public transportation resources.
- Program restrictions, "pockets" related to funding restrict service.
- Eligibility determined by each program.
- Columbus has public transit via small urban 5307. 5311 provided by counties, mostly.

**Are county or regional activities coordinated? How?**

- Providers have Trapeze, but call it expensive. No agencies have it currently.
- Volunteer drivers are not used by agencies.
- Taxi subsidies not used in this region.

**Overview of Coordination**

Mr. Farwell provided an overview presentation on the definition and benefits of coordinating human service transportation. Her presentation included a series of success stories from across the country highlighting a range of coordination concepts, presented in order from less complex to more complex. The group then broke for lunch. Upon their return, they broke into two groups for discussion facilitated by Audra Rojek and Jenny Lee of Jacobs-JJG.

**Breakout Group Discussion****Question #1: What coordination activities do you currently participate in and are you interested in participating in?****Group One:**

- Pooling drivers and sharing insurance might keep drivers busy and vans full. Drivers are working split shifts, and staggering rides would maximize their use and make the job more attractive. Hard to train and retain. Driver position could be used as part of job-training efforts.
- Transportation issue could be framed as a health issue, since people missing appointments or having to wait three days for an appointment can compromise their health.
- It can also be framed as an employment and anti-poverty issue, as lack of reliable transportation is a barrier to steady employment, and jobs in local transit would be local job opportunities.
- Using off-season or off-hour school buses would maximize some of the only transit vehicles in these counties. Could offer bus drivers year-round jobs.
- Bus routes in Columbus provide a challenge to rural riders, who don't understand bus schedules, and may have literacy issues. There is also discomfort with "urban" style service. So, just providing connections to the Columbus bus service won't work for most transit riders in region. Need door to door, flexible service.
- Unreliability in pick-up and drop-off times discourages use of existing system.
- There are gaps in coverage among grass roots groups.
- There are barriers to the state agencies even entering into coordination discussions with other providers in region, if they are not also state agencies.
- Transit seems to be based on what can be funded, not as a response to area's needs.
- Region should form a standing committee with regular meetings to address coordination and begin communication among services.
- Many would-be transit rides are done informally, and are unknown to state and other agencies.

**Group Two:**

- Transportation service for the counties in the RVRC is covered by Sec 5307, Sec 5311, or private contractors.
  - Harris, Chattahoochee, Macon, Schley Counties do not have Sec 5311 funding
- Under DHS coordinated transportation system, the following counties fall under DFCS/MHDDAD - Talbot, Schley, Webster and Quitman
- Currently half of the counties in the region are covered by Middle Flint Behavior HealthCare CSB and the other half are covered by New Horizons CSB. There are plans for the RVRC to take over for New Horizons services in the future.
- Per recommendations from a study by the RC, there are plans for a centralized operations facility to house and maintain vehicles to be located in Randolph County using Sec 5311 and 5307 funds.

- DHS board applies for FTA grants. DHS board is made up of client representatives, RVRC, Human Services representatives, officials. They recently received 5317 funding for mental health.
- Columbus Metra Transit System recently applied for funding to operate two buses for night owl service for general public and DFCS. A major challenge is coordinating with the Columbus MPO which crosses state border into Alabama.
- There is a disconnect in the transportation service provided in the 40-county DCH service area. Columbus should play a greater role in providing transportation service in the region. However, Columbus has different challenges than the surrounding rural areas
- It is important to have consistent boundaries among DOT, DCH, DHS and RC service areas
- Flexibility in service is needed; there are too many program restrictions
- General comments related to the potential scenarios:
  - Insurance sharing would be a huge benefit. Currently, providers can purchase private vehicle insurance through state at reduced cost
  - Sharing maintenance would be a huge benefit. The recent rural transit study by the RC determined the benefits of implementing an integrated transportation system in the 4-county area of Clay, Quitman, Stewart and Randolph. The proposed centralized operation and maintenance facility would be located in Randolph County.
  - DHS has standard service characteristic in place, along with driving training.
  - Providers can buy fuel from city of Columbus and WEX (state) at reduced cost
  - Currently, shared vehicles practice is implemented within DHS with 180 vehicles in operation. However, DHS wishes to no longer own and maintain vehicles to save on costs.

**Question #2: What are your reactions to these potential coordination scenarios? What are potential barriers to implementing these types of solutions?**

**Group One**

**Concept 1:** *Do you agree with this statement? (1-10) A centralized call center, where customers can make one telephone call to find out about all transportation options, is needed for the River Valley region. Why / why not? Potential barriers?*

Scored an “11” on the 1 to 10 scale.

**Benefits:**

- Riders would need to give their information only the first time they called.
- Could be used to also spread awareness of other current services that could help callers beyond just transportation services.

**Potential barriers:**

- Unless the intended clients know that this service will work, and trust it to work, they won’t use it.
- Some people don’t show up for their transit appointments.
- Many trips scheduled by providers anyway; and many people don’t have phones.

**Concept 2:** *Do you agree with this statement (1-10)? The use of technology, such as scheduling software and automated vehicle locators, would increase efficiency for local service providers. Why / why not? Potential barriers?*

Scored a “10” on the 1 to 10 scale.

**Benefits:**

- Shared scheduling of bus shuttle service to Macon and Columbus
- Allows for tracking and accountability.
- Recommended that this study talk to shuttle providers in the area, as they do a steady business.

**Potential barriers:**

- Funding it.
- IT issues – whatever is implemented would have to be very simple for the end users. A lot of the population is illiterate.
- Would require extra training and even job training for potential drivers and users of software.
- Some roads are dirt roads, or unnamed, and are only locally known.

**Concept 3:** *Do you agree with this statement (1-10)? Human service agencies and transit providers should coordinate the shared purchase and use of vehicles. Why / why not? Potential barriers?*

Scored it “5” on the 1 to 10 scale.

**Benefits:**

- Other agencies – grass roots and smaller AAA agencies, for example, may want to look into this away from the state initiative.
- Could be a way to save money, if practicable.

**Potential barriers:**

- DHS won’t purchase vehicles, and would not purchase for joint use.

**Concept 4:** *Do you agree with this statement (1-10)? Human service agencies and transit providers should coordinate to schedule multiple agency trips to a single vehicle. Why / why not? Potential barriers?*

Scored it “7” on the 1 to 10 scale.

**Benefits:**

- Effective and efficient use of resources.
- For arranging shuttle or longer trips would work well

**Potential barriers:**

- Could result in prolonged time on a vehicle for those that have to wait for other pick- ups and drop-offs along the route.
- Delays from additional riders already hurt the dependability of transit in the Americus area.
- Delays and unreliability of transit hurt the employability of the transit-bound.
- Many trips are not to urban centers but to locations spread throughout rural area, so routes may be hard to coordinate.

**Concept 5:** *Do you agree with this statement (1-10)? Human service agencies and transit providers should establish a regional fare system and regional eligibility for services. Why / why not? Potential barriers?*

Scored it “10” on the 1 to 10 scale.

**Benefits:**

- Establishing shared eligibility and rates would allow quality control and begin coordination process.
- Could open doors to sliding scale for transit fees based on ability to pay.

Potential barriers:

- Diversity of income levels across region—some very well off counties and five of the state's poorest counties—means populations from different counties face differing challenges in terms of need, frequency of use, age, and literacy, to name a few.

### Group Two:

**Concept 1:** Do you agree with this statement? (1-10) A centralized call center, where customers can make one telephone call to find out about all transportation options, is needed for the River Valley region. Why / why not? Potential barriers?

*Scored it an "10" on the 1 to 10 scale.*

Benefits:

- This would be helpful if River Valley RC would take the lead.

Potential barriers:

- General lack of computer access

**Concept 2:** Do you agree with this statement (1-10)? The use of technology, such as scheduling software and automated vehicle locators, would increase efficiency for local service providers. Why / why not? Potential barriers?

*Scored it an "10" on the 1 to 10 scale.*

Benefits:

- Flexible rural service could benefit from having software to track and monitor
- Great pay off for rural transit

Potential barriers:

- Software is very expensive. Would it provide enough benefit for the cost?
- Navigation system can't pick up rural collectors.

**Concept 3:** Do you agree with this statement (1-10)? Human service agencies and transit providers should coordinate the shared purchase and use of vehicles. Why / why not? Potential barriers?

*Scored it an "10" on the 1 to 10 scale.*

Benefits:

- Would be great if possible.

Potential barriers:

- State is pushing to get out of owning vehicles.
- Many of the state-owned vehicles are old and not well maintained. It would be safer to use 5311 and private vehicles.
- Providers can't realistically share cost of insurance and gas.

**Concept 4:** Do you agree with this statement (1-10)? Human service agencies and transit providers should coordinate to schedule multiple agency trips to a single vehicle. Why / why not? Potential barriers?

*Scored it "10" on the 1 to 10 scale.*

Benefits:

- Already being done to some degree - currently, DHS trips have mixed clients

**Concept 5:** Do you agree with this statement (1-10)? Human service agencies and transit providers should establish a regional fare system and regional eligibility for services. Why / why not? Potential barriers?

*Scored it "10" on the 1 to 10 scale.*

Benefits:

- Could be used to expand some eligibility to more people
- Columbus already has all requirements in one standard sheet – need to expand that to the region.

### ***Open Forum / Closing Comments***

The group reconvened to share the highlights of each group discussion and to offer final thoughts regarding future coordination activities that the state may be able to facilitate. Mr. Farwell reminded the group to complete the Regional Assessment Tool questionnaire. Participant Surveys were collected and will be used to improve the format and content of future workshops. Mr. Farwell thanked the participants for their time and. The meeting concluded at 2:30PM.

## **Attachments**

Sign-In Sheets

Participant Surveys

# Human Services Transportation Regional Workshop I

## Heart of Georgia Altamaha Region



## HEART OF GEORGIA REGIONAL COMMISSION HUMAN SERVICES TRANSPORTATION (HST) WORKSHOP

Wednesday, May 19, 2010, 10:30AM – 2:30PM

Heart of Georgia Airport, Eastman, GA

### Attendee List

Diane Joyce, Heart of Georgia Community Action  
Council, Inc.

Daniel Floyd, Quality Trans Inc.

Jan Law, DHS Region 9

Lewis Spears, DHS

Christi Brown, DHS

Ezra Price, Emanuel County Administrator

Kelly Bowen, Dodge County

Delores Kesler, Heart of Georgia Altamaha Regional  
Commission

Gail Thompson, Heart of Georgia Altamaha Regional  
Commission Area Agency on Aging

Joel Wiggins, Heart of Georgia Altamaha Regional  
Commission

Alan Mazza, Heart of Georgia Altamaha Regional  
Commission

John Benner, Wayne County Transit

Carolyn McKenzie, Wayne County Transit

Cindy Brower, Pineland Community Service Board

Eloise Crawford, Pineland Community Service Board

Nancy Livingston, Telfair County

Joey Goldman, Nelson\Nygaard Consulting Associates

Alice Walkup, Nelson\Nygaard Consulting Associates

### Handouts

Agenda

Regional Assessment Tool

HST Fact Sheet

Participant Survey

### Workshop Summary

The workshop began at 10:30AM. Mr. Alan Mazza, Executive Director of the Heart of Georgia Altamaha Regional Commission, welcomed participants and introduced Mr. Joey Goldman, Nelson\Nygaard, to provide an overview of the GDOT Human Services Transportation Plan Update and an explanation of the intent of the workshop. Mr. Goldman then asked attendees to introduce themselves.

### Group Discussion

Ms. Goldman provided a brief introduction to the discussion topics and opened the floor to input from the participants. The attendees responded to the questions with the following comments.

- How is human service transportation provided in the Northeast Georgia Region? What's working? Tell us about your successes.
- Are county or regional activities coordinated? How?
  - Coordination for the DHS contract with the Regional Commission
  - Same boundaries for many services
  - Some 5311 programs exist
  - Blend of state and federal money
  - Coordination improvement in past few years
  - Collaboration between agencies

- Good communication → resolving issues
- Complaints less than 1%
- RC, DHS, and sub-contractors – great communication – great relationship
- Reasonable cost to the public
- What transportation needs are most often communicated to you by your client base?
- How well does the transportation system respond to these needs in the region currently?
- Are there unmet transportation needs? Why?
  - Generally does well
  - Some counties with 5311
  - DOT doesn't promote 5311 in counties
  - Telfair – operations turned over to Middle GA – improvement
  - Rehab – students (better coordination of timing)
  - DCH – to brokers – make profit if costs less
    - Hard to get to table
    - Capped at 20% - most services in Region 6
  - Counties – don't hear about transportation very much unless a problem
    - Do have concerns about liability
  - Need to educate about 5311 – need guidance for counties without service to take advantage
  - GDOT should provide more education
  - More funding for day-to-day, especially dialysis and other daily trips, which can be expensive

### **Overview of Coordination**

Mr. Goldman provided a short presentation that included descriptions of coordination and examples of best practices that varied from the least complex coordination to those with the greatest complexity. With this presentation in mind, Mr. Goldman asked participants to consider the role coordination could play in the Heart of Georgia Altamaha region. Rather than dividing the group up, the full group stayed intact to provide reactions to the concepts. Mr. Goldman asked participants to determine how they would rank the concept, and asked for a show of hands, then initiated the discussion after getting a sense of people's preferences.

### **Group Discussion**

**Concept 1:** *Do you agree with this statement? (1-10) A centralized call center, where customers can make one telephone call to find out about transportation options, is needed for the Coastal Georgia region. Why / why not? Potential barriers?*

Most participants (11) voted a 10; some (4) voted 9.

- Information-sharing is very useful
- Need to recognize the difference between client of agency and individual customer
- Aging – works well for them
  - Each county – call service centers

Potential Barriers:

- Reliance on phone books → making sure telephone information is up-to-date and accessible
- 800# in past that didn't work out
  - SPOI

**Concept 2:** *Do you agree with this statement (1-10)? The use of technology, such as automated vehicle locators, would increase efficiency for local service providers. Why / why not? Potential barriers?*

Most participants (10) voted an 8 or 9; one participant voted a 1 and a 5/6/7 each.

- Increasing scale – technology helps
- Dividing up between AVL and routing/scheduling
- QTI – would like AVL

#### Potential Barriers

- AVL less reliable for Wayne County
- Smartcards – helpful for reconciling usage/costs
  - Hasn't worked for QTI
- Concerns about technology being used properly
- Routing – may not take into account local/country roads

**Concept 3:** *Do you agree with this statement (1-10)? Human service agencies and transportation providers should coordinate the shared purchase and use of vehicles. Why / why not? Potential barriers?*

Most participants (10) voted between 3 and 6; some (3) voted between 0-2.

- Loosen time limits for additional purchase
- GDOT and DHS – Would prefer a better use of vehicles
- Some idle vehicles – centers, Meals on Wheels
  - Pre-trip inspection
- Dividing out purchase/use – still not favorable towards the idea
- Put money in system and IT purchase

#### Potential Barriers

- Concerns about care of vehicles
- QTI – vehicles always in use; some lighter usage at certain hours

**Concept 4:** *Do you agree with this statement (1-10)? Human service agencies and transportation providers should coordinate to schedule multiple agency trips on a single vehicle. Why / why not? Potential barriers?*

#### Group One:

Unanimous vote (11 people voted 10).

- Working well, transfers as needed

**Concept 5:** *Do you agree with this statement? (1-10) Human service agencies and transit providers should establish a regional fare system and regional eligibility for services. Why or why not? Potential obstacles?*

10 voted 8-10; 1 vote for 5.

- County knows what to charge for residents
- Fares are already very low
- If DOT changed formula – maybe it would work

***Open Forum / Closing Comments***

After the concept discussion, the group spent a bit of time considering future plans moving forward after this workshop. Below are the comments that they shared

- Participants would like to keep meeting
- Would like to know about nearby regions – their practices and level of coordination
- Would like to have DCH at the meetings
- No state money for operational costs is a significant barrier
- Would like information sharing at quarterly meetings
- Provide a resource for clients to know about service
- ARI – maintenance – have to use some efficiency but some costs much greater; more flexibility for maintenance
- Private companies not in on insurance- would be good to create partnerships for sharing of benefits
- Good surplus of DOT vehicles – would like to use them
- Would have liked to have a representative from DOT present at this workshop

The group also stressed the importance of the difference between urban and rural areas in Georgia, and making sure that the plans for rural areas fit those places. Additionally, participants feel that state agencies can improve communication within their departments and across agencies, which they believe would help improve service delivery in this region.

Mr. Goldman asked participants to complete the Surveys and email the Assessment tools to Alice Walkup. He thanked the attendees and concluded the meeting at 2:30PM.

**Attachments**

Sign-In Sheets

Participant Surveys

# Human Services Transportation Regional Workshop I

## Southwest Georgia Region

## **SOUTHWEST GEORGIA REGIONAL COMMISSION**

### **HUMAN SERVICES TRANSPORTATION (HST) WORKSHOP**

Wednesday, June 2, 2010, 10:30AM – 2:30PM

30 West Broad Street, Camilla, GA

#### **Attendee List**

Allen Blue, DHS  
James Ard, DHS, DFCS  
Lewis Spears, DHS/OFSS/TSS  
Corey McGee, Thomas County Transit  
Donnie Baggett, Thomas County Transit  
Evelyn G. Phillips, Baker County  
Danny Saturday, MIDS Inc  
John Hobdy, MIDS Inc  
Debbie Hobdy, MIDS Inc  
Michael Erwin, RMS Inc  
Orlando R. Rambo, Destiny Transit

Tineke Melvin, Destiny Transit  
Gail G. Alston, SOWEGA Council on Aging  
Dan Bollinger, Sr., Executive Director, SWGRC  
Robert McDaniel, SWGRC  
Brad Hurst, SWGRC  
Pascha Spence, SWGRC  
Lauren Miller, SWGRC  
Daniel Foth, CHA  
Audra Rojek, Jacobs-JJG  
Jenny Lee, Jacobs-JJG  
Randy Farwell, Jacobs

#### **Handouts**

Agenda  
Regional Assessment Tool  
Workshop Presentation  
HST Fact Sheet  
Participant Survey

#### **Findings**

The major findings from the workshop include the methods by which the Southwest Georgia Region coordinates its transit services, would like to further coordinate services, and the lessons they have learned from their coordination efforts. The Regionally Commission (RC) coordinates funding for the region, but reports that the need for mobility is greater than the supply of service. In fact, the region would like to provide more rides to the public or to those who do not qualify for agency funding. However, in the face of limited operations and maintenance funding, the region is unsure what, if anything, they should be doing to raise awareness of the services that are currently provided. The rules associated with funding make the delivery of transit to all those who need it difficult, as do low reimbursement rates and variations in the geographic boundaries of all the agencies involved.

#### **Workshop Summary**

The workshop began at 10:30AM. Robert McDaniel of the Southwest Georgia Regional Commission (SWGRC) opened the meeting with a welcome to the group, thanking them for their attendance and participation. Following introductions, Randy Farewell with the consultant team explained the purpose of the meeting and the agenda items.

#### **Group Discussion**

Mr. Farwell reviewed ground rules for discussion and led the group through discussion of the following questions:

- What transportation needs are most often communicated to you by your client base?
- How well does the transportation system respond to these needs in the region currently?
- Are there unmet transportation needs? Why?
- Are county or regional activities coordinated? How?

A summary of the issues discussed follows:

#### Transportation Coordination Needs

- Public wants affordable/inexpensive trips for general (non-emergency) trips.
- Rural general public service is often the hardest to meet because, for a private contractor, public trips are not as profitable as other types of trips. Some trips pay providers better than others, and so are more sought after. If trip costs were standardized across agencies, better universal service would result.

#### Ability to Respond to Transit Needs

- SWGRC started pulling together resources to provide coordinated transportation service about 10 years ago using available funding sources for rural transit. In 2007, the region became 'truly coordinated' with the RC in control of the direct operation of the transportation services for SWGA DHS, DCH, and GDOT public transportation.
- Between the Section 5311 program, coordinated service with DHS and Medicaid, and private companies, the providers and agencies work together to meet the basic transportation needs in this region.
- SWGRC is able to apply Section 5311 program funding across county boundaries because all funding for rural transit is coordinated through the RC, who in turn, allocates payment to the providers. For Medicaid trips, the RC is paid per trips per month (capitated payment) from DCH.
- Currently, a call center operated by the RC is used to book Medicaid trips for the 40-county DCH service area. SWGRC determines Medicaid eligibility directly over the phone. Volunteer drivers are available for Medicaid trips. Additionally, although used infrequently, taxi service contracts are in place in the Albany area to bridge the gap if necessary. The portion of the Medicaid region outside the RC boundaries does not have coordinated service.
- Other trips are booked through the individual providers in each geographical area. There are plans to implement a single directory assistance phone number to direct customers for non-Medicaid trips based on place of residence.
- Having the RC serve as the broker is advantageous because it does not have to operate like a for-profit entity. The RC's business model is to break even with some reserve for equipment, which is vastly different than a for-profit company.
- The region takes pride in being the only one to provide coordinated transit in Georgia. They are interested in learning from the experiences of the regional transit system that was recently started in the Coastal Georgia region.
- About three years ago, there was a payment delay from the state for one week. Despite this issue, the contractors worked free of charge on good faith to provide transportation service to their clients.
- Providers reported that if they served just one agency, they would be insolvent. Serving a variety trips makes their business viable.

#### Reasons for Unmet Needs

- The representatives within the region are satisfied with the coordinated service that they offer, but wish they could expand service to help more people. There are many potential riders who do not qualify for transit assistance.
- Coordinated service within the region faces the challenge of deciding which agency will pay for which trips.
- GDOT has state funding for capital investments but not operations. The region believes that the federal government provides for "Over Match" funds, but that GDOT does not recognize this practice. Under "Over Match," the region would be able to keep funds it raises beyond the minimum for which it is responsible. GDOT currently absorbs those funds.

- There was frustration that the RC geographic region does not match the other regions – DOT, DHS, etc— with which it coordinates. Each agency requires the use of its own method of reporting and particular software. Finally, methods and mounts of payment vary among agencies.
- The costs that agencies ascribe to each ride are not realistic for the region. Rural trips are much longer than the reimbursement levels set for them indicate. Nor does the state allow for the region to make up the difference between cost and reimbursement with Point of Sale fees (POS). This is another reason public trips are not sought. The region would like to be able to pursue public trips as a source of additional operating expenses to allow for better service for both qualified and unqualified riders.
- Urban-rural trips were not an issue for the region. The use of rural trips alleviates some demand for paratransit for the urban area.

#### Bus Stop Statements

- How to get the word out about available services?
- O& M funding availability
- Need is greater than the supply of service
- Many individuals don't qualify for transportation support but still need it
- Develop public transit system and compatible land use
- Funding for transportation is less than the need for mobility
- Make DHS, DCH, RC geographic regions the same
- How can the region deliver service and comply with the rules?
- Cost of service is higher than the cost of reimbursement

#### **Overview of Coordination**

Mr. Farwell provided an overview presentation on the definition and benefits of coordinating human service transportation. The presentation included a series of success stories from across the country highlighting a range of coordination concepts, presented in order from less complex to more complex.

Mr. Farwell asked the group to participate in further discussion by responding to five coordination concepts that could be piloted across the state as part of the HST study efforts. A summary of the second group discussion follows:

#### **Afternoon Group Discussion**

**Question: What are your reactions to these potential coordination scenarios? What are potential barriers to implementing these types of solutions?**

**Concept 1:** *Do you agree with this statement? (1-10) A centralized call center, where customers can make one telephone call to find out about all transportation options, is needed for the River Valley region. Why / why not? Potential barriers?*

Scored "10" on the 1 to 10 scale.

- Medicaid trips are booked through a centralized call center. Other trips are booked through individually advertised providers/subcontractors.

Benefits:

- Push "5" for VA, allows for better service to riders and is doable now.
- Call one number for a ride is simple and service oriented.
- Medicaid has one call center for all forty counties, but other agencies don't, so there are 3 to 4 call centers now, one per provider.



**Barriers:**

- Agency- vs. rider-ordered trips.
- Provider scheduling.
- Coordinated software.
- Eligibility – do riders know theirs?

**Concept 2:** *Do you agree with this statement (1-10)? The use of technology, such as scheduling software and automated vehicle locators, would increase efficiency for local service providers. Why / why not? Potential barriers?*

Scored “10” on the 1 to 10 scale.

- There was some general consensus on the importance of the use of technology to increase efficiency for local service providers.
- There is some ARRA funding available to purchase software. Some of the providers are looking to purchase AVL, however the ARRA funding is currently on hold.

**Benefits:**

- Agencies are about to use vehicle location with integrated software

**Barriers:**

- Many software packages are in use now, even with GDOT’s goal of on statewide software package. While they determine compatibility of the software, ARRA monies are held up. The “one size fits all” approach of the statewide package may result in expensive tailoring of the software to each location.

**Concept 3:** *Do you agree with this statement (1-10)? Human service agencies and transit providers should coordinate the shared purchase and use of vehicles. Why / why not? Potential barriers?*

Scored “10” on the 1 to 10 scale.

- The group generally agreed that there are too many challenges to sharing purchase of vehicles due to insurance coverage and maintenance. The state is pushing to get rid of DHR vehicles.
- Perhaps the RC could purchase vehicles

**Barriers:**

- Might need funding pool at state level
- DHS are not involved with vehicle purchasing now
- Insurance costs
- Maintenance costs

**Concept 4:** *Do you agree with this statement (1-10)? Human service agencies and transit providers should coordinate to schedule multiple agency trips to a single vehicle. Why / why not? Potential barriers?*

Scored “10” on the 1 to 10 scale.

- Although ideally, coordinating multiple trips with a single vehicle may appear to be efficient, there are problems associated with how the trips will be paid and incompatible clientele.

**Benefits**

- Known trip type, purpose, rider limitations

**Barriers**

- Aging gets a certain amount per trip
- Mental health riders may be incompatible with other types
- Driver routine and stability for MHDD

**Concept 5:** *Do you agree with this statement (1-10)? Human service agencies and transit providers should establish a regional fare system and regional eligibility for services. Why / why not? Potential barriers?*

*Scored "10" on the 1 to 10 scale.*

- A regional fare system based on a range of trip distances is already in place.

### **Open Forum / Closing Comments**

- Major issue: DOT funding is mostly available for capital expenditures. There is a need for greater operational funding. GDOT does not recognize the concept of 'Over Match' to give local government the ability to draw in more income to reserve for later use or capital improvements.
- How can trips be maximized using 'private' and 'public' vehicles tied to their specific uses?
- General public trips are rarely advertised due to limited funding; however, the providers understand the need for this service and will not deny these trips. GDOT (through Sec 5311) provides vans and reduced gas for general public trips.
- GRTA is tasked to take the lead on HST coordination under the HB 277. The recommendations from the current work order under GDOT will be incorporated into GRTA's efforts.
- Destiny currently provides the ADA complementary service for the Urban Transit System in Albany.
- Currently, the service areas for rural transit do not align. There is a need to have commonality in the geographical service area for rural transit.
- In order to implement fully coordinated transportation system, a clear inventory of all trips by type must be made. Although the SWGRC does a sufficient job with record keeping, they are still unaware of the extent of other trips (e.g., VA trips) provided in the region.

Mr. Farwell thanked the group for their participation and invaluable input. He advised the group that they would have a chance to review the meeting minutes and the findings from the needs assessment of the HST Plan. He also requested that the group to fill out the Regional Assessment Tool and the Participant Survey. The meeting was adjourned at 2:30 pm.

### **Attachments**

Sign-In Sheets

Participant Surveys

# Human Services Transportation Regional Workshop I

## Southern Georgia Region

## **SOUTHERN GEORGIA REGIONAL COMMISSION**

### **HUMAN SERVICES TRANSPORTATION (HST) WORKSHOP**

Tuesday, June 10, 2010, 10:30AM – 1:30PM

SGRC Offices, Waycross, GA

#### **Attendee List**

Wendy Guinn, DHS Transportation Region XI  
Lowanda Smith, Clinch DFCS, Region XI  
Lewis Spears, DHS, OFSS, TSS  
Charles Faribon, Waycross Drug Court  
Angie Bowen, Pierce County Transit  
Roxanne Farr, Farr Healthcare Services  
Karen Yawn, The Haven  
Danny Saturday, MIDS, Inc.  
Debbie Taylor Hobdy, MIDS, Inc.

Corey Hull, Valdosta MPO  
Lavera Stephens, DHS, TSS, RTO  
Roger D. Crews, Rouse DRC  
Connie Lott, Coffee Senior Center  
Michael Jacobs, SGRC  
Chris Willian, Bacon Senior Center  
Daniel Foth, CHA  
Natasha Cobb, GMG

#### **Handouts**

Agenda  
Regional Assessment Tool  
Workshop Presentation  
HST Fact Sheet

#### **Workshop Summary**

The workshop began at 10:30AM. Mr. Daniel Foth, CHA, Project Manager, provided an overview of the GDOT Human Services Transportation Plan Update and an explanation of the intent of the workshop. Mr. Foth then moved to facilitate the workshop activities. He asked attendees to introduce themselves and provide an explanation of their role or interest in human services transportation delivery.

Overview:

- Explanation of workshop and study being conducted
- Workshop Overview – Explanation of study and why it's being conducted; Explanation of HB277; Plan to be completed by February 2011
- Ground Rules and Housekeeping; Bus Stop Issues – Things that can't be resolved in this workshop, but we'll do research to find an answer for you

#### ***Group Discussion***

##### **Group Discussion: What's working?**

- Transportation (Pierce and MIDDs) and human service providers work well within the SGRC region to meet trip needs.
- No barriers at county lines
- Transportation is provided not only in the region, but outside the region as well. HSP's order the trips and providers provide them. Some scheduling and travel time issues with longer trips (to Atlanta)
- Corrections – Quick turnaround (less than 24 hours) and people are picked up the next day;
- SG RC is the DHS coordination broker
- Good communications

- Battered Women's Shelter at the meeting, very happy with SGRC service and assistance, but concerns with mixing other riders with their clients for confidentiality reasons.
- Local court drug program was at the meeting, very happy with SGRC service and assistance

### Level of Coordination Effort Summary

| Coordinated Efforts   | Issues   |
|---|--|
| SG-RC / DHS Coordinated System  | <ul style="list-style-type: none"> <li>– Providers Happy with coordination RC coordination</li> <li>– Counties without providers are excluded</li> </ul> |
| Providers are working together  | <ul style="list-style-type: none"> <li>– Despite challenges to meet various program requirements</li> </ul>  |
| Ability to fully coordinate with other POS trips (School Systems, etc.) | <ul style="list-style-type: none"> <li>– Education</li> <li>– Resources</li> </ul>   |
| Providers serving multiple programs                                     | <ul style="list-style-type: none"> <li>– Different rates and payment schedules per program</li> </ul>  |
| Call Centers  | <ul style="list-style-type: none"> <li>– MIDS and Pierce have a call center</li> </ul>   |

### Identified Unmet Needs

- Funding
- Real Time Response
- Providing Seniors with Doctor/shopping and other trips (no longer available due to lack of funding)
- Areas with no service 9 GARC counties do not have 5311 service
- No fixed route service in entire SGRC
- Long range trips a problem – moving riders from N GA to SGRC
- DOT Rural Transit Plans – not helpful
- Medicaid – drivers repeatedly not showing up
- In Waycross – local taxis picking up the slack
- How to sell 5311 benefits to the 9 counties w/o service – GDOT disconnect - Encourage, now discouragement 5311 service provision
- Educations trips missing – ability to serve people needing transportation to tech and colleges
- Only 2 insurance companies in GA providing insurance
- RC has a basic website
- Mids and Pierce have a call center
- Any solutions need the KISS approach
- Can we piggyback technical solutions with School Systems IT dispatch and vehicle locaters
- Need Coordination at the State level
- Rider Eligibility is an issue
- DHS – pays on flat rate in SGRC
- FTA – overmatch – GDOT misreading of Federal Rules
- Need State supported operating assistance
- Need for an Urban system in Valdosta – how to get local match for capital and operating – coordination of local governments behind fixed route service
- How to define “true cost”, dealing with escalation issues (fuel, insurance, fully allocated, capitated, fixed cost)
- ARRA funded softward
- GDOT staffing and oversight
- Funding from DHS
- Valdosta – working to start an urban transit system;
- problems with people not calling ahead at least 24 hours for trips; No ability to provide real-time responses (lack of resources)

- Senior Program – Transportation only provides rides to the Senior Center, but not the doctor; they used to have funding for it, but the funding dried up; They are unable to pay their bills b/c they can't get to the places they need to go; Lack of transportation in some rural areas (fixed-route services needed)
- Nine counties do not have 5311 transit
- DFACS visitation sometimes needed for visitation to parents; but if they could piggyback with other trans providers, it would make the process a lot easier
- Private trans (i.e. Greyhound) have eliminated service to a lot of the areas; Closest area is Jacksonville
- Problems with scheduling Medicaid trips; Drivers not showing up (Logisticare)
- Taxi services are acting as buses for a lot of people
- GDOT is discouraging areas from beginning 5311 transit programs b/c funding is so limited
- Transportation is not being provided for higher/continuing education

### Unmet needs / Service Gaps Summary

| Need or Gap Identified                           | Factors   | Category / Theme   |
|--|---|--|
| Funding  | <ul style="list-style-type: none"> <li>– Trip costs</li> <li>– Reimbursements</li> </ul>  | <ul style="list-style-type: none"> <li>– Funding</li> </ul>  |
| Real Time Response                               | <ul style="list-style-type: none"> <li>– Dispatch and vehicle locaters</li> </ul>   | <ul style="list-style-type: none"> <li>– Technology</li> </ul>   |
| Underserved rural areas                          | <ul style="list-style-type: none"> <li>– Lack of local support</li> <li>– No private providers available.</li> <li>– Lack of funding</li> </ul>       | <ul style="list-style-type: none"> <li>– Funding</li> <li>– Resources</li> <li>– Leadership / Champion</li> </ul>            |
| Long range trips                                 | <ul style="list-style-type: none"> <li>– moving riders from N GA to SGRC</li> <li>– Lack of funding</li> </ul>  | <ul style="list-style-type: none"> <li>– Funding</li> <li>– Leadership / Champion</li> </ul>                                 |
| Sell 5311 benefits to the 9 counties w/o service | <ul style="list-style-type: none"> <li>– GDOT disconnect - Encourage, now discouragement 5311 service provision</li> <li>– Lack of funding</li> </ul> | <ul style="list-style-type: none"> <li>– Funding</li> <li>– Operations Resources</li> <li>– Leadership / Champion</li> </ul> |
| Educations trips missing                         | <ul style="list-style-type: none"> <li>– Ability to serve people needing transportation to tech and colleges</li> </ul>                               | <ul style="list-style-type: none"> <li>– Funding</li> <li>– Operations Resources</li> <li>– Leadership / Champion</li> </ul> |
| Insurance  | <ul style="list-style-type: none"> <li>– Competition - Only 2 insurance companies in GA providing insurance</li> </ul>                                | <ul style="list-style-type: none"> <li>– Operations Resources</li> <li>– Leadership / Champion</li> </ul>                    |

### Overview of Coordination

Mr. Foth provided an overview presentation on the definition and benefits of coordinating human service transportation. The presentation included a series of success stories from across the country highlighting a range of coordination concepts, presented in order from less complex to more complex.

### Overview of Coordination

- Reporting problems – People would prefer to produce only ; Would like to do only one report, but there are not enough resources or funding available for it
- Difficult time finding people to insure the vans for the type of service provided; There are only two providers, so this could work in GA
- Fuel Purchase – Could purchase fuel from one provider with many locations

### • **Overview of Coordination**

- Mr. Foth provided an overview presentation on the definition and benefits of coordinating human service transportation. Her presentation included a series of success stories from across the country highlighting a range of coordination concepts, presented in order from less to more complex.
- Discussion Questions:** He asked the group to consider examples of coordination they may participate in now that we have established a broad definition. He asked the group to vote on each Question and then a follow-up discussion ensued. A summary of Question discussion follows:

**Question #1: A centralized call center, where customers can make one telephone call or visit one website to find out about all transportation options in the region, is needed for the Heart of Georgia region. Why or why not? Potential obstacles?**

1 – Strong Support 14-10's; 2-8's; 1-7

| Concepts                           | Pros   | Concerns / Barriers  |
|------------------------------------|--|--|
| Concept 1: Centralized Call Center | <ul style="list-style-type: none"> <li>Strong Interest</li> <li>Good customer service</li> </ul> | <ul style="list-style-type: none"> <li>Resources</li> <li>Frequent updates needed</li> </ul> |

Concept #1: Valdosta has a very basic website, but only lists phone numbers. Is this a good idea? – Lukewarm response; Problems with funding, eligibility, communication, cancellations

**Question #2: Do you agree with this statement? (1-10) - The use of technology, such as scheduling software and automated vehicle locators, would increase efficiency for local service providers. Why has this been a challenge in the region? How can we overcome this challenge?**

2 – Strong Support – 14-10's; 1-9; 3-5's

| Concepts              | Pros  | Concerns / Barriers   |
|-----------------------|---|---|
| Concept 2: Technology | <ul style="list-style-type: none"> <li>Improves efficiency by booking more people on fewer vehicles</li> <li>Allow real time booking</li> </ul> | <ul style="list-style-type: none"> <li>Cost</li> <li>Local IT coordination, using local School district scheduling/dispatching</li> </ul> |

Concept #2: Education system is using software to track buses in relation to students' homes to use for scheduling

**Concept 3: Do you agree with this statement? (1-10)**

**Do you agree with this statement (1-10)? Human service agencies should pool their funding sources available for transportation with a single service broker, who would then assign trips in the most cost effective manner. Why / why not? Potential barriers?**

3-Strong Opposition – 16-1's; 1-3's; 1-5's

| Concepts                   | Pros   | Concerns / Barriers  |
|----------------------------|--|--|
| Concept 3: Vehicle Sharing | <ul style="list-style-type: none"> <li>May Improve efficiency</li> </ul> | <ul style="list-style-type: none"> <li>Strong Opposition</li> <li>Use Parameters</li> <li>Illusionary Cost Benefits</li> </ul> |

Concept #3 – Overwhelmingly negative reaction; funding and no responsibility for repairing the vehicle

**4 - Do you agree with this statement? (1-10) - Human service agencies and transportation providers should coordinate to schedule multiple agency trips on a single vehicle. Why or why not?**

Strong Support – 16-10's; 1-9's; 1-8's

| Concepts                   | Pros                  | Concerns / Barriers   |
|----------------------------|-----------------------|---|
| Concept 4: Mixed Clientele | – Improves efficiency | <ul style="list-style-type: none"> <li>– Agency Opposition</li> <li>– Technology</li> <li>– Leadership</li> </ul> |

It was noted that trip coordination done at provider level, but also needs to occur at the state level.

**5 - Do you agree with this statement? (1-10) - Human service agencies and transit providers should establish a regional fare system and regional eligibility for services. Why has this been a challenge in the region? How can we overcome this challenge?**

Mild Support – 6-10's; 1-9's; 3-8's; 1-7; 2-6's; 1-5's; 4-1's

| Concepts                             | Pros                  | Concerns / Barriers   |
|--------------------------------------|-----------------------|---|
| Concept 5: Regional Fare/Eligibility | – Improves efficiency | <ul style="list-style-type: none"> <li>– Cost Allocation</li> <li>– Local IT coordination, how to tie in with each provider's systems</li> <li>– Ability for region to agree on a regional fare structure.</li> </ul> |

Concept #5 – Flat rate for each type of trip (private); nothing established for public; No vote needed b/c this is already happening

***Open Forum / Closing Comments***

The group reconvened to share the highlights of each group discussion and to offer final thoughts regarding future coordination activities that the state may be able to facilitate. Ms. Bilotto reminded the group to complete the Regional Assessment Tool questionnaire at their convenience, and also collected Participant Surveys to understand how the workshop format and questions may be improved moving forward. She thanked participants for their time and input. The meeting concluded at 2:30PM.

**Open Forum**

- Valdosta – Difficult to get the local matching funds to go with the available federal money
- State operating assistance is lacking
- Lack of cooperation between governing agencies (i.e. DCA and DHS)
- Definition of the true cost of operating a transportation system is not understood

***Participant Survey***



In lieu of a formal participant survey, Mr. Foth asked two questions with the participants “voting” using their 3x5 cards

- 1) Has Today’s workshop been a valuable use of your time?

Strong Support – 7-10’s; 2-9’s; 6-8’s; 2-7’s; 1-5

- 2) Do you believe that this GDOT HST Statewide Plan Update is a good idea?

Mild Support – 5-10’s; 2-9’s; 5-8’s; 5-7’s; 1-5

On the second question, there was a healthy skepticism that GDOT would follow through with any of the effort. There have been similar efforts in the past that did not bear and benefit for the Southern Georgia region.

## **Attachments**

Sign-In Sheets

# Human Services Transportation Regional Workshop I

## Coastal Georgia Region

## COASTAL GEORGIA REGIONAL COMMISSION

### HUMAN SERVICES TRANSPORTATION (HST) WORKSHOP

Tuesday, May 5, 2010, 10:30AM – 2:30PM

Coastal Electric Cooperative, Midway, GA

#### Attendee List

|  |  |
|--|--|
| Terri Taylor, Bryan County BOC             | Doris Pons, Doris Transport              |
| Wykoda Wang, CORE MPO                      | Rick Cross, Winn Army Community Hospital |
| Beth Kersey, Coastal Regional Commission   | Lewis Spears, GA DHS / TSS               |
| Barbara Hurst, Coastal Regional Commission | Ricky McCoy, City of Pembroke            |
| Carlene Dukes, GA DHS Transportation       | Steve Kish, GDOT                         |
| Bonnie Martin, GA DHS Transportation       | Tyrhonda Edwards, GDOT                   |
| Mary Hamilton, Long County                 | Alice Richhart, Private Citizen          |
| Patti Fort, Georgia Department of Labor    | Daniel Foth, CHA                         |
| Denise Howard, Private Citizen             | Andrew Smith, HNTB                       |
| Rich Olson, Ft. Stewart – Hunter AAF       | Claudia Bilotto, HNTB                    |
| Joseph Porter, Private Citizen             | Randy Farwell, Jacobs                    |
| Al Burns, CRC                              | Connie Soper, NNA                        |
| Jan Bass, City of Richmond Hill            | Natasha Cobb, GMG                        |
| Shvonna Hearn, TF&S Transport              |  |

#### Handouts

Agenda  
Regional Assessment Tool  
Workshop Presentation  
HST Fact Sheet  
Participant Survey

#### Workshop Summary

The workshop began at 10:30AM. Ms. Barbara Hurst, Coastal Regional Commission, welcomed participants and introduced Mr. Daniel Foth, CHA, Project Manager, to provide an overview of the GDOT Human Services Transportation Plan Update and an explanation of the intent of the workshop. Mr. Foth turned the floor over to Ms. Claudia Bilotto, HNTB, to facilitate the workshop activities. Ms. Bilotto asked attendees to introduce themselves and provide an explanation of their role or interest in human services transportation delivery.

#### Group Discussion

Ms. Bilotto explained that the workshop was designed to give participants the opportunity to share their insight and views regarding human services transportation delivery in the region. To that end, the format includes a combination of large group discussion and breakout groups. She explained that this was the first in a series of 12 workshops that would take place in each regional commission across the state. Any feedback regarding the format of the workshop would be appreciated so that the format may be adjusted and improved moving forward.

Ms. Bilotto reviewed ground rules for discussion and led the group through discussion of the following questions:

- What transportation needs are most often communicated to you by your client base?
- How well does the transportation system respond to these needs in the region currently?

- Are there unmet transportation needs? Why?
- Are county or regional activities coordinated? How?

A summary of the issues discussed follows:

#### Current Services / Needs

- Urban Services:
  - Fixed route service in Savannah
  - Hinesville – starting up service
  - Brunswick / Glynn County – no service available
- Regional Rural Public Services:
  - Regionally Coordinated System
  - Cabs
  - Medicaid Non-Emergency
- New Broker for Medicare
  - Broker System
  - LogistiCare / Cab System
  - Not all provide a transportation program
- Rural program has five providers. It is funded by 5311, 5316, and 5317.
- There is a 10-County region in the coordinated system.
- Tel-a-ride in Chatham County for ADA service – operates 3/10 of a mile from fixed route
- There is an accessible taxi that is not in use.
- Some gaps exist in urban/rural services. There is a P.O. Contract with the Regional Commission to fill in some of the gaps.
- Some counties are not “buying in” (i.e., Brunswick does not have a system).
- There’s no technology / call center.
- Funding is frozen.
- 800# calls goes to provider. If a provider is not applicable, the customer is not transferred.
- Potential increase in demand is coming.
- Some potential customers are not aware of services – there is a need for education.
- Routes do not cover all of the city / county effectively in urbanized area.
- There is a lack of flexibility in federal funding to address urban and rural needs.
- Concerns regarding cross-regional trips.
- Areas without service due to urban / rural designations for receipt of FTA funds as well as paratransit service areas.
- Veteran’s trips are not coordinated with existing services. There are VA facilities in Augusta and Dublin as well as clinics and many vets need transportation to these locations.

#### Additional Comments / Gaps to Address:

- Locals coordinate well, but there is a need for better coordination at the state level.
- Lack of coordination between the Rural/DHS and DCH systems. The DCH provider can be going to the same location and not take both clients.
- Medicare trips have easy access across county lines.
- Accessible transportation for folks with disabilities.
- Services are not in a single county.
- Job search needs can’t afford to keep up personal transportation
- Rural to urban transportation is okay, but urban to rural is not.

- Growing aging needs due to increasing population.
- Folks are unsure of which program they qualify for.
- Service across States – can't serve today.
- Customers don't know who to call.
- Use vouchers rather than services.

### ***Overview of Coordination***

Ms. Connie Soper, NNA, provided an overview presentation on the definition and benefits of coordinating human service transportation. Her presentation included a series of success stories from across the country highlighting a range of coordination concepts, presented in order from less complex to more complex.

Ms. Bilotto asked the group to reconsider examples of coordination they may participate in now that we have established a broad definition. She divided participants into two breakout groups for further discussion, and explained that after discussion current coordination activities, each group would be asked to respond to a couple of coordination concepts that could be piloted across the state as part of the HST study efforts. A summary of discussion in each breakout group follows:

### ***Breakout Group Discussion***

#### **Question #1: What coordination activities do you currently participate in?**

##### **Group One:**

- The region currently operates a 10-County Rural Transit System with a 42 bus fleet. Five providers are under contract in the region. There is an 800-call in number to schedule a trip and the caller is directed to 1 of 5 providers based on location. There are plans to implement regional call center software.
- Logisticare is the broker responsible for DCH (Medicaid Non-Emergency) trips in the region.
- DOT is procuring software for statewide scheduling and booking.
- Need technology for location and scheduling.
- DHS currently uses TRIPS. There is a need to coordinate multiple software systems. DHS and CRC are coordinating now. Reporting is also a factor.
- There is a need to coordinate regulations across the state such as: operations/management/driver regulations, eligibility requirements and uniformity in establishing eligibility, funding restrictions and service, geographic coverage.

##### **Group Two:**

- Coordinated funding.
- Invoices to DHS (determine funding category).
- DHS state/regional funds to RC; Bidding process to providers.
- Case workers schedule rides – call providers directly.
- DHS' 12 regions in GA have been coordinating since 1998.
- 5310 funds are administered by DHS and they use funds to purchase service from 5311.
- State-owned vehicles are employed by DHS.
- DHS budget is \$2.8 million and includes Regions 9, 10, 11, and 12; the FY '11 Budget will be \$12 Million.
- Each DHS region has a coordination committee made up of HST providers.

#### **Question #2: What are your reactions to these potential coordination scenarios? What are potential barriers to implementing these types of solutions?**

**Group One:**

**Concept 1:** *Do you agree with this statement? (1-10) A centralized call center, where customers can make one telephone call to find out about transportation options, is needed for the Coastal Georgia region. Why / why not? Potential barriers?*

Unanimously in favor of the concept.

Potential barriers:

- Learning curve for drivers, riders, and providers
- Need for trip booking
- Need to consider trip types, programs, and funding
- Transition period to implement hardware, software, and processes

**Concept 2:** *Do you agree with this statement (1-10)? The use of technology, such as automated vehicle locators, would increase efficiency for local service providers. Why / why not? Potential barriers?*

Unanimously in favor of the concept.

Potential barriers:

- Central call center will not schedule but serve as broker to contractors / providers.

**Concept 3:** *Do you agree with this statement (1-10)? Human service agencies should pool their funding sources available for transportation with a single service broker, who would then assign trips in the most cost effective manner. Why / why not? Potential barriers?*

Concept scored an average 7 out of 10 in favor of the concept.

Potential barriers:

- This is currently taking place in the region.
- Medicaid trips are not working as well because of capitated rates.
- Coastal Region coordination is working well because it covers the cost of the service.

**Group Two:**

**Concept 1:** *Do you agree with this statement? (1-10) A centralized call center, where customers can make one telephone call to find out about transportation options, is needed for the Coastal Georgia region. Why / why not? Potential barriers?*

Unanimously in favor of the concept.

- CRC would host/manage the call center
- Need to have transportation requests that can be integrated within scheduling, timing, GPS, etc.
- “Smart” card technology; understands why costs should be allocated based on trip

**Concept 2:** *Do you agree with this statement (1-10)? The use of technology, such as automated vehicle locators, would increase efficiency for local service providers. Why / why not? Potential barriers?*

Unanimously in favor of the concept.

- AVL
- Call Center / Auto Telephone System
- System that detects location and routes to the correct provider
- Smart Card / Swipe Card: limits on cost or card and are too expensive with photo.

Potential barriers:

- Funding for technology
- Still need more research on the technology
- Software needs to be comparable to statewide systems

*Concept 3: Do you agree with this statement (1-10)? Human service agencies should pool their funding sources available for transportation with a single service broker, who would then assign trips in the most cost effective manner. Why / why not? Potential barriers?*

Concept scored an average 7 out of 10 in favor of the concept. There was confusion about the meaning of the question, and a recommendation to revise this moving forward. DHS works with contract vehicles (fleet management). Discussion took place regarding the existing process for administering the DHS coordinated program.

### ***Open Forum / Closing Comments***

The group reconvened to share the highlights of each group discussion and to offer final thoughts regarding future coordination activities that the state may be able to facilitate. Ms. Bilotto reminded the group to complete the Regional Assessment Tool questionnaire at their convenience, and also collected Participant Surveys to understand how the workshop format and questions may be improved moving forward. She thanked participants for their time and input. The meeting concluded at 2:30PM.

### **Attachments**

Sign-In Sheets

Participant Surveys

# Human Services Transportation Regional Workshop II



# Human Services Transportation Regional Workshop II

## Northwest Georgia Region

# Human Services Transportation Regional Workshop II

## Georgia Mountains Region

**GEORGIA MOUNTAINS REGIONAL COMMISSION****PHASE 2: HUMAN SERVICES TRANSPORTATION (HST) WORKSHOP**

Thursday, 11/04/2010, 9:30 a.m.

**Attendee List****Handouts**

Agenda

Participant Survey

Maps:

- GaMRC Transit & DHS Service Providers
- GaMRC Transit Service Providers
- GaMRC DHS Service Providers
- GaMRC Funding Sources Flowchart
- Mobility Management Current Activities for the GaMRC

**Workshop Summary**

-Discussion of HST Project

-Remarks regarding GDC

***Presentation on Phase 1 Key Findings and Updates from Region***

-Description Existing Coordination Efforts and Needs

- Concerns and Needs:
  - There is a region-wide need for education people about available services.

-Corrections to Funding Flow

- Dawson County does not get 5310 funds. They receive other funds from DHS, but not 5310 because they cannot meet the match for funding. There is a challenge in getting information from Dawson County because there is not a GDOT representative. Dawson contracts directly with senior centers and not with Legacy Link.
- The Regional Commission and the MPO, other than planning, is not involved in the provision of transit services.

-Corrections to Case Study

- 80% of the population of this region is in Hall and Forsyth Counties
- Legacy Link – They sign contracts with senior centers and they are connected to the AAA. They do not use 5310 funds.
- The AAA is not related to the Regional Commission.

-Corrections to Maps

- Townes and Dawson Counties receive 5311 funds.
- Add Townes and Dawson Counties to the combined map.

***Presentation on Coordination Continuum and Activities***

-Best Practices from other States

***Presentation on Georgia Case Study Coordination Activities***

-Best Practices from other GA Regions

- Director of Services – This would be a good idea (i.e. call-in number or a joint website for getting information). The GaMRC has an existing website and could add information for the entire region or link to other websites.

***Discussion of Activities in Case Study Regions and Applicability to the Central Savannah River Area Region***

- Starting a regional non-profit organization that would serve as the hub of the rural HST coordination effort and handle the funding as well as working with commissioners and a hosting a roundtable would be welcomed in the region. Dawson County would support a regional approach. With the exception of Hall County, there has been no formal effort to coordinate.
- Driver Training – GDOT has already started satellite training for the funding sources, a procedural manual, drug/alcohol training and DHS has done “DIP” training. More trainers are needed. The CTAA has provided some help via online training to ease the trainer availability issue.
- Joint Maintenance Facility – There aren’t enough vehicles for this to be an issue. Hall County is having a problem because they are working with county public works, which means the HST vehicles are given last priority for maintenance. The challenge would be in finding the facility, convincing the commissioners to fund it and the possible loss of jobs for the county at existing facilities.
- Volunteer Drivers – There is an interest in Stephens County through a non-profit program.

***Prioritization of Mobility Management Activities/Next Steps***

- Currently there is no real coordination.
- Pilot Projects –
  - Establishing a mobility manager
  - Website with inventory and information that would be run/maintained by the GaMRC

***Lessons Learned*****Attachments**

Sign-In Sheets

Participant Surveys

Software Question Responses

# Human Services Transportation Regional Workshop II

## Atlanta Region

# Human Services Transportation Regional Workshop II

## Three Rivers Region

## **THREE RIVERS REGIONAL COMMISSION**

### **HUMAN SERVICES TRANSPORTATION (HST) WORKSHOP 2**

Wednesday, November 10, 2010, 9:30AM-1:45PM

Three Rivers Regional Commission Office

120 North Hill Street – Griffin, GA 30224

#### **Attendee List**

Leigh Ann Trainer, DHS

Cathy Perry, DHS

Kyle Hood, Upson County BOC

Linda Sisco, Region 4 DHS

Brenda Sell, COATS

Danita Crawford, DHS

Robert Hiatt, Three Rivers RC

Maimie Tomys, Quality Trans, Inc.

Robert Pittman, Logisticare Solutions, LLC

Andrew Smith, HNTB

Kirsten Berry, HNTB

Nicole Hall, CHA

Keith Ziobron, CHA

Joey Goldman, Nelson/Nygaard

#### **Handouts**

Agenda

Workshop Maps, Flowchart, Table

HST Fact Sheet 2

Software Questionnaire

Participant Survey

#### **Workshop Summary**

The workshop began at 9:30 AM. Mr. Joey Goldman, Nelson/Nygaard, welcomes participants and provides an overview of the GDOT Human Services Transportation Plan Update and an explanation of the intent of the workshop. Mr. Goldman asks attendees to introduce themselves and their organization/agency.

Mr. Keith Ziobron introduces himself and gives an overview of the Statewide Plan process and explains how the outcomes of the workshop will be incorporated into the plan. He explains that the intended goal is to create up to three pilot projects at the state level to improve efficiency of human services transportation across the state. Mr. Ziobron concludes with the schedule of the project and informs the participants that the next round of workshops will be held in January, 2011.

Mr. David Cassell with the Governor's Development Council (GRTA) gives a brief update of the House Bill 277. He explains that his roll involves the Rural Human Services Transportation (RHST) Committee which is tasked with "drafting a coordination plan among RHST agencies and developing policy recommendations for cost effectiveness while maintain or improving service".

#### **Group Discussion**

Mr. Goldman explains that this workshop is intended to promote regional feedback for the Georgia Department of Transportation, and encourages all participants to give insight and views regarding potential projects and efforts to promote coordination among human service transportation providers in the region. The format of the workshop is a combination of presentations and group discussions.

Mr. Goldman starts the presentation with the purpose of the study being conducted at this point in time and explains that there is a growing demand for HST due to an aging population, the passing of the healthcare bill, economic challenges, and systemic challenges. Mr. Goldman provides a brief overview of the conclusions and findings from the first round of workshops held in June 2010. He then leads the group through discussion to confirm these findings and correct any mistakes on the flowcharts, maps, and table of existing service in the region.

### Corrections

- Quality Trans does not provide DCH services to Meriwether and Carroll counties. These services are provided by Burlansey.
- The 5316 and 5317 funding does not get distributed to the counties and Three Rivers Regional Commission; instead it flows to the Georgia DHS to be distributed.
  - DHS is currently working on a voucher system using 5317 funds.
- 5307 funds are available to Coweta and Spalding Counties but are not currently being utilized. Funding is flowing from GDOT to the Atlanta Regional Commission and is being banked until the counties find a use for the funds.
- Quality Trans provides third party transportation service for Coweta County
- Carroll County is no longer pursuing a 5311 program. Miscommunication between the county and the state led the county to pull out of their application process.
- Meriwether County is in the process of developing a 5311 program.

Group discussion continues on the topic of how and why the Three River Transit, their budget, and their administration were centralized. This allowed for counties to travel beyond the boundaries making service more efficient and report easier. It was discussed that Coweta, Troup and Heard Counties did not join the transit because they were not a part of the Three Rivers Regional Commission at the time and started their own transit before becoming a part of the region. It was mentioned, that while these counties are not formally coordinated, the counties work together to move people across the region and beyond county limits.

It was expressed that other counties may be interested in joining the Three Rivers Transit in the future, but no near future plans are in the works. They continued by saying that the process may move along quicker if GDOT personnel were involved in educating the political leaders of the counties, but there remains a disconnect and many GDOT personnel, themselves, are not necessarily in the loop on how to get coordination started.

On a side note of the discussion, it was mentioned that perhaps it would be beneficial if there could be more age appropriate talking points for seniors. There was some concern that people over the age of 65 may be offended by being categorized as “aging” or “senior”.



## ***Regional Approaches to Coordinated Service Delivery***

Mr. Goldman provided an overview of regional coordination in general and three themes of regional coordination: administration/oversight, operations/service delivery, and funding. His presentation included two examples in the state of Georgia which are currently exhibiting at least one of these levels of coordination. He gave a brief overview of South West Georgia Regional Commission (SWGRC) and their administration/oversight coordination efforts. He also gave a brief overview of Coastal Regional Commission and their funding coordination efforts.

Following the presentation, Mr. Goldman asked the participants to respond to five questions related to regional coordination within the Three Rivers region.

### ***Group Discussion***

***Question 1: Are any of the elements from the two case studies relevant to the Three Rivers region? Why?***

- The incorporation of all of the counties into one regional transit system seemed to be realistic. However, there are concerns that while the region has made progress towards this effort in the past, the region has been stagnant for a few years
- TSPLOST was a favored method to promote more coordination because it would all them to receive funding without GDOT approval or oversight.

***Question 2: Which elements are least likely to succeed here?***

- There were no elements that were specifically mentioned which would not succeed in this area. However, the participants agreed that the Southwest Georgia region was in a much different situation and the opportunities for coordination in that area was not available to the Three Rivers region.
- There was some concern about the fleet sizes and not being able to accommodate a mix of clientele during peak hours.

***Question 3: How would you benefit from following any of these examples?***

- DHS made it clear that their organization would benefit greatly from following these examples, as the cost for vehicles and trip would be reduced and would promote a more efficient use of the vehicles throughout the region.
- A regional system creates economies of scale allowing for products and necessities to become cheaper, a centralized administrative service with a lower overall budget, and the ability to cross county lines. The participants believe that going regional will save capital.

***Question 4: What obstacles might prevent implementation of these strategies?***

- Political and bureaucratic barriers at every level of coordination.
- There have been big socioeconomic shifts in the region, the region is very diverse from one area to another, so a centralized transit system may be difficult to implement
- There is a fear of Atlanta spilling over into the region

- There is “turf guarding” occurring between counties, but there is also territory issues between GDOT and DHS
- The only reason coordination happened with the five counties was because it was a pilot project and these counties did not have preexisting systems.
- Policies and procedures are not consistent across the state, a unified system at the state level must happen before implementation can occur at the regional level
- GDOT standards are preventing expansion in some cases. They refer to Coweta County and the issue of them applying for an additional vehicle and being denied by GDOT due to not meeting criteria which was not previously in place.
- Vehicle procurement process and the current vehicle moratorium
- The existing services in the area are unknown to many of the citizens. More citizens need to become aware of the services offered.

***Question 5: How would following any of the approaches impact you?***

- There were no specific impacts mentioned during the discussion

***Potential for Change at the Regional Level***

Mr. Goldman gave a presentation about mobility management and the different levels of implementation at the regional level. After the presentation, Mr. Goldman asked for insight and views on the mobility management concept in their region. Mr. Goldman asked a series of questions regarding what the region would like to see in order to successfully coordinate their human services transportation.

***Question 1: Name some good things about the mobility management model? Positive impact? Weaknesses about this model?***

- There was concern surrounding the number of providers allowed under the DCH program and the regulation that no one provider can accommodate more than 20% of the trips within a region. They stated that if the boundaries of the DCH were similar to the regional commission boundaries, this would help alleviate some of issues.
- The participants liked the idea of one mechanism to handle a region wide system, but there was some debate about who could head up this initiative
- The participants were concerned about there being a statewide recommendation for software, practices, etc. However, they stated that if the state was reasonable with prices for software and tools, the region would be on board with the state recommendation.
- The participants felt that it was the role of the regional commission to approach the other counties not already included in the Three Rivers Transit and invite them into the regional transit system. As mentioned before, the regional commission feels they would need the support of the DHS and GDOT to help educate and promote a coordinated transportation approach.

**Question 2: Could this work in the Three Rivers region?**

- The overall consensus was that yes, the region could implement a mobility management model in the future.
- The region felt that they needed a regional or statewide scheduling/dispatching system to effectively and successfully implement a region wide mobility manager
- They believe that the state needs to recognize that software and technology is a part of the “true cost” of transportation and needs to provide funding for these resources.

**Question 3: Who could be mobility manager in the Three Rivers region?**

- The participants felt that the Regional Commission would be the best candidate for the mobility manager
- The Regional Commission stated that they do not want to take charge of this unless DCH is involved in the process. They did state that they would be willing to dispatch for Medicaid trips (similar to Southwest Georgia Regional Commission).

**Question 4: Who needs to work together to make this happen?**

- The participants felt that the most important relationship was between the Regional Commission and DHS. However, it was also stated that the other counties not already involved in the transit system and the Regional Commission was an important relationship to start building

**Question 5: Who will be the champion?**

- The Regional Commission Board who is usually made up of elected officials. These officials are typically the ones who have the best relationships with the Regional Commission staff and also serve on other boards and committees for the region and the state.

**Question 6: What kind of support is needed (at the state level)?**

- Most of these recommendations came earlier in the workshop meeting. There was overall consensus that GDOT is not necessarily interested in their region since they did not send a representative to either of the two workshops.
  - A unified system at the state level must happen before implementation can occur at the regional level
- The participants felt that GDOT was a major barrier to coordination for their region. They felt that the inconsistent requirements by the agency prevented them from progressing forward include vehicle procurement and funding levels.
  - GDOT personnel are not actively involved in the coordinating process and many of them are not aware of how the process needs to be started.
  - DHS would like to see more consistency from the state level on funding and overmatching issues but still allow for some flexibility to make transportation available to all who needs it.
  - GDOT needs to improve the reporting process

**Question 7:** *What would you like to see as some potential pilot projects that could be developed for the region?*

- Moving forward with software consistency across the state
- Improved, organized, and consistent vehicle procurement process
- Include education in the transportation budget
- Pilot a public system without GDOT involvement/funding
- Driver training program (sensitivity and passenger assistance training)
- Vehicle recycling program from GDOT to providers or regions to other providers
- Create a separate agency at the state level that is focused on transit (not transportation) that would collect all federal funding and distribute rather than three state agencies collecting federal funding.

**Open Forum/Closing Comments**

Mr. Goldman closed the meeting with the next steps in the planning process and reminded participants that the next round of workshops would be occurring in January 2011. He thanked everyone for their participation and asked for any additional thoughts or comments. The participants agreed that the third round of workshops should be marketed toward the Regional Commission Board and inform them of the transportation coordination needs. The Board should be the authority to come up with an action plan for the region. The meeting concluded at 1:45PM.

**Attachments**

Sign-In Sheets

Participant Surveys

Software Questionnaire

# Human Services Transportation Regional Workshop II

## Northeast Georgia Region

## **NORTHEAST GEORGIA REGIONAL COMMISSION**

### **HUMAN SERVICES TRANSPORTATION (HST) WORKSHOP**

Friday, November 5, 2010, 9:30 am – 2:30 pm

Classic Center, Athens, GA

#### **Attendee List**

Alan Ortiz, Southeastrans Inc  
Butch McDuffie, Athens Transit  
Chris Hill, Athens Community Council on Aging  
Chuck Hunt, Planning Commission- Oconee County  
Gina Mitsdarffer, Jackson County  
Heidi Davidson, Clarke County – Mayor  
Jerrie Toney, Athens Transit Citizen Advisory Group  
John Devine, NEGRC  
Nina Kelly, NEGARC  
Pat Hale, Athens Transit  
Peggy Hackett, DHS  
Shameka Wharton, DHS  
Tony Lay, Athens Community Council on Aging

William Holley, Multiple Choices Center for Independent Living  
Robert Pittman, LogistiCare Solutions, LLC  
Tom Cheatham, Newton County  
Shameka Wharton, Division of Child Services  
David Cassell, Governor's Development Council  
Charlotte Nash, Governor's Development Council  
Daniel Foth, CHA  
Connie Soper, Nelson Nygaard  
Alice Walker, Nelson Nygaard  
Audra Rojek, Jacobs-JJG  
Jenny Lee, Jacobs-JJG

#### **Handouts**

Agenda  
HST Fact Sheet #2  
Funding Flowchart and Service Maps  
Participant Survey  
Software Survey

#### **Workshop Summary**

The workshop began at 9:30 a.m. Daniel Foth began the meeting by introducing the study and the progress made thus far. He reported that the alternatives analysis portion of the study would begin with the second round of workshops and finish in December. A third and final round of workshops are scheduled for January. Mr. Foth then lead introductions and explained the how the recommendations from this study will tie into the efforts by Governor's Development Council, which was represented at the meeting by Charlotte Nash and Dave Cassell.

#### ***Presentation on Phase 1 Key Findings and Updates from Region***

Alice Walkup reviewed the highlights from the Northeast Georgia Region Case Study including the flow of funding and the existing transportation services.

#### **Changes to Maps and Flow Chart**

- The Madison-Athens-Clarke-Oconee Regional Transportation Study (MACORTS, the MPO) receives Federal 5303 funding.
- UGA Transit is covered by student fees (it is open to the public on campus and near to campus. Its service helps to extend the transit operating hours in Athens-CC, as it operates later than Athens Transit.
- Morgan and Elbert may combine general public and senior populations, but none of the attendees know if that is happening. Details regarding services in both counties will be investigated. Both should be represented as collecting farebox monies and have resources from Purchase of Service.

- GRN CSB and ABHS both provide some Medicaid trips and should be represented as such.
- An “e” is needed at the end of Clarke in the Velstar Medical Transportation box.
- On the Transit and DHS Service Providers map, Social Circle should be striped to show its service from Social Circle Area Transit and ABHS.

### ***Presentation on Georgia Coordination Activities in Case Study Regions***

Connie Soper continued the presentation by providing an overview of the regional approaches to coordinated service delivery. She then presented examples of best practices around the state including Southwest Georgia (SWGA), Coastal and Three Rivers Regions. Relevant comments include:

- These three regions are successful because they are able to provide coordinated 5311 programs in a multi-county region and having county buy-ins.
- 5311 program should be used to fill in gaps in service because it has the greatest flexibility and has no eligibility requirements

### ***Discussion of Activities in Case Study Regions and Applicability to Northeast Georgia***

At this workshop, several issues that were mentioned at the first workshop were again mentioned as needs within the region. Such needs identified were:

- Eligibility Differences: People may meet the qualification for service for one Department, but not another, and it can be confusing for providers
- Accessible Vehicles: Dearth of wheelchair accessible vehicles, particularly those within the fleet of DHS service provider, ABHS, which serves trips in eleven of the twelve counties, does not have enough wheelchair accessible vehicles to meet demand

### **Funding**

- Can't use FTA funding for local match
- Overmatch issue challenged by SWGA Region
- Sustainable Funding, particularly related to adding service based on JARC & New Freedom
  - Not guaranteed year-to-year
  - Increasing levels of competition
  - Public relations concern if service started then ends for lack of funding
  - Money from previous funding years is being used up more quickly (two years' worth of money being spent in one year)
- Reauthorization Issues - Concern whether federal funding will be renewed
- Lack of funding for operations
  - Georgia one of 6 states without money for operations
  - Most operations money from federal and local level - General Fund, Farebox, Capital Match, Special Purpose Local Option Sales Tax (SPLOST)
- Reduced risk on a regional level
- Champion can manage application and reporting processes

### **Reporting**

- Different Standards for each state department/agency reporting

### **Political**

- Need for outreach/buy-in

- County-level officials control funding, receive calls in support or against and play a major role in funding of senior centers
- Passengers want to feel comfortable with riding with different populations
- Need for understanding of the product

### Technology

- Need for a common software system
- Swipe/Smartcard – one system for tracking
  - Questions regarding trip purpose: Can you monitor work versus medical trips?
  - Questions regarding getting card to the rider
- DHS Online trip ordering program- possible to centralize where requests come in and send them to providers
- AVL – allows for more real time scheduling

### Rider Equipment Concerns

- “Powered Mobility” – Transportation providers cannot transport riders in their chairs

### Trip Pricing and Other Background Information

At the workshop, several people, including Alan Ortiz of Southeastrans, for Medicaid; Peggy Hackett for DHS, and Chris Hill for the Athens Council on Aging provided details regarding trip costs.

- Southeastrans (Medicaid/DCH)
  - At-risk provision at a capitated rate
  - Based on a bid price offered nearly 5 years ago
  - Trip cost set by mobility and distance and depends upon whether the trip is wheelchair or ambulatory
  - Trip cost can be based on bucket fees or can be based on load fees and miles
- DHS
  - Variation in prices depending on length of trip (less than 25 miles, more than 25 miles and less than 75, more than 75 miles; Wheelchair rate for 11 ABHS counties is \$25 one-way
- Child Support Services provide clients with bus passes
- Athens Clarke-County Council on Aging
  - Have to be seniors to be eligible for service; do not have to be senior center clients
  - Receive their funding from DHS; receive some New Freedom funding
  - Operate as a nonprofit
  - Not a Medicaid provider
  - Senior Center determines what trip purposes are served
  - Gateway program: Screens trip requests, and from requests have determined that senior centers are not serving medical trips

### ***Prioritization of Mobility Management Activities/Next Steps***

Attendees at the Phase 2 Workshop voiced an interest in seeing a multiple county coordinated public transit system, in the same vein as those developed in the Southwest, Coastal, and Three Rivers Regions. Mayor Heidi Davison shared that there is apparently interest on the part of some county leadership within the region in turning over service to a third party, which could be such a coordinated transit system. She said that those interested county leaders need to get concrete funding details to know what their share would be in such a system, and the deadline for adding such a project to a list of potential projects to be funded is coming up very quickly.

### Champion

- Need for an entity to guide coordination process
- Advocate to elected officials, particularly in regards to roundtable funding priority decision
- Monitor the direction of the program in the region
- Potential Champions- suggested by John Devine



- Elected Officials/Regional Commission Committee
- Nonprofit advocate
- GDOT
- Need for Local Engagement and Advocacy
  - Multiple Choices (nonprofit) Regional Committee convenes many stakeholders
  - Representatives of Region
- Regional Commission
  - Led activity in case study regions
  - Can reach across county boundaries
  - Can bring parties together
  - Funding seems to be the barrier
- Potential for Pilot project in region
  - Start with current services and interest

#### Standard Reporting Process

- Recognition that reporting is driven by federal requirements
  - Explore potential for waiver of federal requirements
  - NET- Inclusion as part of “medical encounter” – medical reporting in addition to transportation reporting
- Role for GDC
  - Support and advocate for streamlined reporting process at federal level

#### Public Information/Marketing

- Need for education regarding the cost of transit in non-5311 counties
- Metric is always Athens Transit, and the costs and services are very different than would be in rural counties
- Older adult engagement (need buy-in from senior centers)
- Utilizing Coastal’s approach (significant outreach effort)

#### Next Steps

The meeting drew to a close with Ms. Soper thanking the regional representatives for their attendance. She explained that today’s discussion will shape the game plan for moving forward. She provided contact information for Daniel Foth, the consultant project manager, and Steve Kish, the GDOT project manager, for further information and comment.

#### ***Lessons Learned***

- Significant need for buy-in from counties and education regarding true costs and benefits
- Public Information/Marketing to older adults, general public
- Opportunity and Need to leverage funding resources
- Technology can help to streamline and achieve some goals
- Need for standardized reporting process

#### **Attachments**

Sign-In Sheets

Participant Survey Summary

Software Survey Summary

# Human Services Transportation Regional Workshop II

## Middle Georgia Region

## MIDDLE GEORGIA REGIONAL COMMISSION

### PHASE 2: HUMAN SERVICES TRANSPORTATION (HST) WORKSHOP

Tuesday, November, 9, 2010, 9:30AM-1:30PM

Middle Georgia Regional Commission Office

175 Emery Highway, Suite C • Macon, GA 31217

#### Attendee List

Linda Bachelor, Putnam County Transit

Sharon Dawson, MGRC/AAA

Greg Floyd, MATS

Valean Green, MGCAA

Cheryl Herrington, Region 6 DHS

Ralph McMullen, Baldwin County

Bob Rychel, MGRC

June Slaughter, MTA

David Cassell, GRTA/GDC

Natalie Prater, MGRC/AAA

Robert Pittman, Logisticare Solutions

Leigh Ann Trainer, DHS

Nicole Hall, CHA

Kirsten Berry, HNTB

Andrew Smith, HNTB

Joey Goldman, Nelson/Nygaard

Lara Hodgson, GRTA/GDC

#### Handouts

Agenda

HST Fact Sheet 2

Software Questionnaire

Participant Survey

#### Workshop Summary

The workshop began at 9:30 AM. Mr. Joey Goldman, Nelson/Nygaard, welcomed participants and provided an overview of the GDOT Human Services Transportation Plan Update and an explanation of the intent of the workshop. Mr. Goldman asked attendees to introduce themselves and their organization/agency.

Ms. Nicole Hall, CHA, introduced herself and gave an overview of the Statewide Plan process and explained how the outcomes of the workshop will be incorporated into the plan. She reviewed the HST Fact Sheet 2 found in the participant's handouts. She explains that the overall goal is to create up to three pilot projects at the state level to improve the efficiency of human services transportation across the state. Ms. Hall concluded her presentation with the schedule of the HST state project and informed the participants that the next round of workshops will be held in January 2011.

Mr. David Cassell with the Governor's Development Council/GRTA gave a brief update of the House Bill 277. He explained that his roll involves the Rural Human Services Transportation (RHST) Committee which is tasked with "drafting a coordination plan among RHST agencies and developing policy recommendations for cost effectiveness while maintain or improving service".

#### *Presentation on Phase 1 Key Findings and Updates from Region*

Mr. Goldman explained that this workshop was intended to promote regional feedback for the Georgia Department of Transportation, and encouraged all participants to give insight and views regarding potential projects and efforts to

promote coordination among human service transportation providers in the region. The format of the workshop was a combination of presentations and group discussions.

Mr. Goldman started the presentation with the purpose of the study being conducted at this point in time and explains that there is a growing demand for HST due to an aging population, the passing of the healthcare bill, and economic and systemic challenges. Mr. Goldman provided a brief overview of the conclusions and findings from the first round of workshops held in June 2010. He then led the group through discussion to confirm these findings and correct any mistakes on the flowcharts, maps, and table of existing services in the region.

### **Corrections**

- Putnam County understands that Putnam, Jasper, Morgan, Green and Baldwin County are interested in a unified public transit system. However, the manager of Baldwin County, Mr. Ralph McMullen, was not aware of any intent.
- 5316/5317 funds are going to Macon Transit Authority, no 5316/5317 funding to rural providers
- Middle Georgia CAA is the provider for Jones, Peach, Pulaski, and Crawford counties.
- Southeastern Trans covers Macon and those counties to the north
- Wilkinson County Transit DHS services are operated by Twiggs County Transit, but have its own 5311 service.
- Baldwin County has its own 5311 vans and T&T is not associated with the 5311 program, only the DHS service in the county.
- Putnam County has its own 5311 vans and T&T is not associated with the 5311 program, only the DHS service in the county.
- Oconee CSB does not receive DHS funding from the Middle Georgia Regional Commission. They receive their funding directly from Region 6 DHS.
- Macon-Bibb is interested in collaborating with Baldwin about incorporating the Macon-Bibb Transportation 5316 and 5317 funds.
- While there is no existing transit in Houston County, this could change as talks are going on about expanding Macon Transit Authority service to the Air Force Base and beyond. The Warner Robins MPO is looking into a feasibility study, but has not yet been started.
- There is a lack of regional service, but other counties outside the region do travel into some of the counties within the region. Twiggs goes beyond the county limits but cannot travel to Jones or Baldwin because they carry their own 5311 service.
- The Middle Georgia Action agency stated that the service description and hours of service were incorrect on the table.

- The Twiggs County transit stated that their service description needed to be expanded to include the fees of \$2-\$5 per trip with no one way trips.

There was additional discussion regarding the potential suggestion to look at university and college transportation services as potential HST transportation services. This discussion led to a larger discussion involving the Department of Education in general and how/if their transportation systems (buses) could be utilized during off peak hours.

### ***Presentation on Coordination Continuum and Activities***

Mr. Goldman gave a presentation on coordination continuum and keys to success. He made clear that coordination is always a process and never an outcome. In order to work towards greater coordination, education of transportation coordination is most important. He also noted that there are various levels of coordination and the path towards greater coordination is creating small ideas and building upon them.

The keys to successful coordination includes but is not limited to collaborative partnerships between funding sources, merging HST with rural public transit, financial support and partnership with cities and counties, centralized reporting, identifying a champion, and a mobility management approach.

### ***Presentation on Georgia Case Study Coordination Activities***

Mr. Goldman provided an overview of regional coordination in general and three themes of regional coordination efforts: administration/oversight, operations/service delivery, and funding. His presentation included three examples in the state of Georgia which are currently exhibiting at least one of these levels of coordination. He gave a brief overview of South West Georgia Regional Commission (SWGRC) and their administration/oversight coordination efforts, Coastal Regional Commission and their operation/service delivery efforts, and Three Rivers region and their funding coordination efforts.

### ***Discussion of Activities in Case Study Regions and Applicability to Middle Georgia Region***

Following the presentation, Mr. Goldman asked the participants to respond to five questions related to regional coordination within the Three Rivers region.

#### ***Question 1: Are any of the elements from the two case studies relevant to the Middle Georgia region? Why?***

- The general consensus was that some type of coordination could be successful in the region.
- It was mentioned that Middle Georgia had discussions with Coastal Georgia region but there was no overriding action
  - There was a question concerning how the counties participate financially in the Coastal Georgia example. No specific answer was given.
- The participants suggested that they would like to see the funding get funneled through one agency rather than multiple
- The participants felt that Twiggs County may be a good starting point for coordination efforts as there are no services located within the county so all HST trips must be taken outside of the county boundaries.

- Macon believes that they could work out coordination efforts with other services since their current service area is small. Allowing other smaller transit services to come and provide trips to the city would help expand the service Macon currently offers.
- The Regional Commission made clear that they work on behalf of the various counties. If the counties want to move forward with coordination efforts, the Regional Commission will back those efforts. However, if the counties are not interested in regional coordination, the Regional Commission will not pursue the efforts.

**Question 2:** *Which elements are least likely to succeed here?*

- There were no elements that were specifically mentioned which would not succeed in this area. However, the participants agreed that the Southwest Georgia region was in a much different situation and the opportunities for coordination in that area was not available to the Middle Georgia region.
  - The question was asked whether the costs per trip and vehicle utilization rates were compared between “more coordinated” regions versus other regions.

**Question 3:** *How would you benefit from following any of these examples?*

- The participants felt that combining services with other agencies may allow for more availability of vehicles and the ability to expand service to extremely rural areas where service cannot be provided currently.

**Question 4:** *What obstacles might prevent implementation of these strategies?*

- Political and bureaucratic barriers at every level of coordination.
- The participants voiced concern that many municipalities are afraid of losing additional tax revenue if vehicles are allowed to travel outside their limits and boundaries.
  - The participants were interested in knowing what the impact might be on economic activity. They are concerned that it may be a challenge to overcome and may influence decision making.
- The region feels that since they have many areas where people need to travel (Macon, Warner Robins, Milledgeville, etc) there is a large obstacle of efficiently moving people all around the region. This is different than the situation in Southwest Georgia where there is only one main service city (Albany).
- There is concern about turning services over to another service or operator that the clients may not know or feel comfortable with. The region is proud of the fact that they have built relationships with their clients and do not want to break those personal relationships because they are moving up to a regional coordination level.

**Question 5:** *How would following any of the approaches impact you?*

- It was discussed, and there was general consensus that a statewide program will not work well. The solutions need to be customized to the individual needs of the regions.

***Prioritization of Mobility Management Activities/Next Steps***

Mr. Goldman gave a presentation surrounding mobility management and the different types of implementation at the regional level. After the presentation, Mr. Goldman asked for insight and views on the mobility management concept in their region. Mr. Goldman asked a series of questions regarding what the region would like to see in order to successfully coordinate their human services transportation.

***Question 1: Is there local support and interest in a mobility management model?***

- Yes and no. There is interest in the idea, but the support is in question in terms of the local officials.

***Question 2: Is there a “champion” to carry it out? Who is it?***

- The participants stated they have not been able to identify a particular agency in the region that would want to head up the effort. However, it may be the Regional Commission who would be the correct agency if they wanted to champion this effort.
  - The Regional Agency said they would head up the effort if and only if they have the support of the local counties and cities.
- The Macon MPO was mentioned as a potential “champion” but they feel they do not have large enough jurisdiction and the staff levels could not support the effort. Even if there were enough resources and staff, the effort is best left to the Regional Commission.

***Question 3: Is it feasible to implement?***

- The participants felt that the only way this could be implemented in the Middle Georgia region would be to bring more resources and funding.

***Question 4: Could this effort be sustained over the long term?***

- The participants agreed that if coordination efforts could get started, then they believe the coordination would take hold and grow. Sustainable funding will be critical to its success.

***Question 5: To make Middle Georgia’s vision of regional coordination happy here, what must State of Georgia agencies to for support?***

- The GDOT and DHS need to speak as a unified state agency to locals about cost saving but also educate on how to maintain or improve the level of service at the same time.

***Question 6: What would you like to see as some potential pilot projects that could be developed for the region?***

- Feasibility study on movement of people between regions and how that might impact local revenues.
- Feasibility study for a commuter system between Macon and Warner Robins.
- A coordination effort between Jones, Putnam, Morgan, Green, Baldwin, and Jasper counties.

***Closing Comments***

Mr. Goldman closed the meeting with the next steps in the planning process and reminded participants that the next round of workshops would be occurring in January 2011. He thanked everyone for their participation and asked for any additional thoughts or comments. The participants agreed that the third round of workshops should be marketed for county managers, commissioners, and the Regional Commission Board. They should be presented with the case studies of the three regions which were presented in today's presentation. The participants felt that these officials should be come up with an action plan for the region. Mr. Goldman thanked all of the participants for being at the workshop and the meeting concluded at 1:30PM.

**Attachments**

Sign-In Sheets

Participant Surveys

Software Question Responses



# Human Services Transportation Regional Workshop II

## Central Savannah River Area Region

## CENTRAL SAVANNAH RIVER AREA REGIONAL COMMISSION

### PHASE 2: HUMAN SERVICES TRANSPORTATION (HST) WORKSHOP

Wednesday, 11/10/2010, 9:30 a.m.

CSR Regional Commission Office / 3023 River Watch Parkway, Suite A, Augusta, GA 30907

#### Attendee List

Shontrill Baskin, CSRA RC  
Flora Birt, DHS Regional Coordinator  
Milledge Samuels, Samuels Transportation  
Sherry Utley, CSRA RC  
Christine Morris, Burke County Transit

Chuck DeZearn, Logisticare  
Tyrhonda Edwards, GDOT  
Connie Soper, NNA  
Daniel Foth, CHA  
Natasha Cobb, GMG

#### Handouts

Agenda

Participant Survey

Maps:

- Central Savannah River Area Transit & DHS Service Providers
- Central Savannah River Area Transit Service Providers
- Central Savannah River Area DHS Service Providers
- Central Savannah River Area Funding Sources Flowchart
- Mobility Management Current Activities for Central Savannah River Area

#### Workshop Summary

-Discussion of HST Project

-Remarks regarding GDC

#### *Presentation on Phase 1 Key Findings and Updates from Region*

-Description Existing Coordination Efforts and Needs

- Concerns and Needs:
  - The reporting process is delayed because the reporting program does not match the state's reporting system
  - Payments are delayed
  - Limits to Usage (i.e. cannot take senior to social gatherings or shopping; There needs to be more flexibility in the types of trips allowed)
  - Public awareness of services being offered – There is a disconnect at DFACS about what services are available, which limits the amount of trips for some service providers and limits the clientele's knowledge of the benefits for which they are eligible
  - Vehicle maintenance and age of vehicles is a problem, but not in Burke County
- Coordination of Funding:
  - No mixing of funds
  - Services are perceived as being county-based; difficulty in people going from county to county and some places have no public transit at all

-Corrections to Funding Flow

- 5037 (blue) – No changes
- 5311 (blue/green) – Five counties don't have public transportation services at all; Also Wilkes and Glascock County have public transportation.

- 5310 (purple) – GA DHS: One provider missing (Quinn Taxi Service – Wilkes County); Will double check the list received from CSRC and compare it to the service providers shown on the flowchart
- GA DCH (olive) – They also use Augusta public transit and Burke County Transit; uses GPS coordinates to show who is eligible and who is not eligible for service

#### -Corrections to Maps

- Corrections to DHS Service Provider Map:
  - Augusta Regional Transit reaches over into South Carolina
  - All the counties should be in purple
  - Lincoln County – the senior center is the provider of DHS services
- Changes to Transit Providers Map:
  - Glascock and Wilkes Counties may use 5311 funds (need to confirm)
  - There are some places that are not covered by public transportation in at least two counties
- Changes to Transit and DHS Providers Map:
  - Lincoln County provides two kinds of service in this county

### ***Presentation on Coordination Continuum and Activities***

-Best Practices from other States

### ***Presentation on Georgia Case Study Coordination Activities***

-Best Practices from other GA Regions

### ***Discussion of Activities in Case Study Regions and Applicability to the Central Savannah River Area Region***

- JARC funds are being used as backup funds, but only for TANF clients to access employment or training; funds are administered by DHS
- Area Agency on Aging (Lee Walker) has a number people can call for information and calls are filtered to where they should go (an ad hoc call center / replacement for 211)
- LogistiCare will sometimes receive a call, but they don't always know to where the call should be forwarded
- Standardization of expectations and Standards is something that does not exist as a region, but some providers (i.e. LogistiCare) have created their own set of standards; Burke County also has a set of standards and has adopted the majority of the DHS standards for other services
- Driver Training – Defensive driving and passenger safety training is currently being provided by the DHS coordinator for the providers and it is offered once a year, but training can be performed on-site on an as-needed basis but there needs to be at least 30 participants; Training is open to all providers
- Joint Insurance Purchasing – Burke County gets their insurance through the county; there are no non-profit organizations offering services, so joint insurance purchasing may not be a good fit for this region.
- Volunteer Services – The County will not allow volunteer drivers for liability reasons.
- Purchase of Service – The region would like to consolidate but there are some practical challenges.

### ***Prioritization of Mobility Management Activities/Next Steps***

- Informal Coordination – There is an annual Regional Commission meeting at the CSRC office and includes the coordinators of the agencies they serve (i.e. DHS, etc.); There is an upcoming meeting in January 2011; The meetings do not include Medicaid
- The Regional Commission does not provide training and technical support, but they sit in on TCC and CA meetings for training.
- Lincoln has an active volunteer program

- Alternatives Analysis:
  - Common Information Source / Directory
  - Educating the consumer about what services are available and who is eligible to receive them
  - How does the region see itself as far as complexity 0 Majority says about 3:4 on a scale of 1:5
- Mobility Manager for the CSRA Region – Is this something the region wants? Yes!
  - Advantages – Consistency of knowing what is going on around the region (i.e. not sending multiple vehicles to the same location); Shared services under a variety of programs (i.e. not sending Medicaid on DHS trips), which broadens the client base
  - Disadvantages – There may be resistance because some people may not want to give up ownership of certain job functions; the providers believe there would be interest because it would eliminate the reporting factor
- Regional Wish List – One inspection that would satisfy all agencies

### ***Lessons Learned***

### **Attachments**

Sign-In Sheets

Participant Surveys

Software Question Responses

# Human Services Transportation Regional Workshop II

## River Valley Region

## **RIVER VALLEY REGIONAL COMMISSION**

### **HUMAN SERVICES TRANSPORTATION (HST) WORKSHOP**

Monday, November 1, 2010, 9:30 am – 2:30 pm

Pope Center, South Georgia Technical College, Americus, GA

#### **Attendee List**

Allen Davis, LogistiCare  
Jan McGowan, DOL – VR Program  
Janice Short, Taylor County Transit  
Mary Day, River Valley AAA  
Mary Jane Ethridge, Southern Star  
Roger Williams, Region 8 DHS  
Rosa Evans, METRA Transit  
Rush Wickes, Columbus Consolidated Government  
Shelly Montgomery, River Valley Regional Commission

Sue Davis, Southern Star  
Tina Rust, River Valley Regional Commission  
Danita Crawford, DHS  
Daniel Foth, CHA  
Audra Rojek, Jacobs-JJG  
Jenny Lee, Jacobs-JJG  
Dave Cassell, Governor's Development Council  
Charlotte Nash, Governor's Development Council  
Bethany Whitaker, Nelson Nygaard

#### **Handouts**

Agenda  
HST Fact Sheet #2  
Participant Survey  
Software Survey

#### **Workshop Summary**

The workshop began at 9:30 a.m. Daniel Foth with CHA began the meeting by introducing the study and the progress made thus far. He reported that the alternatives analysis portion of the study would begin with the second round of workshops and finish in December. A third and final round of workshops are scheduled for January. Mr. Foth then lead introductions and explained the connection between this study and the Governor's Development Council, which was represented at the meeting by Charlotte Nash and Dave Cassell.

#### ***Presentation on Phase 1 Key Findings and Updates from Region***

Bethany Whitaker then began her presentation on the River Valley Region Case Study, which included a summary of the results from the Needs Assessment.

#### **Overview of the Existing System**

Department of Human Services (DHS) contracts with the River Valley Regional Commission (RVRC) and Southern Star CSB to provide coordinated human service transportation to its clients in the 16-county region. RVRC, in turn, contracts with MCA Transportation and RMS to provide transportation for the DHS clients in eight counties previously covered by New Horizons CSB (since August of this year). The RVRC also purchases bus passes and tickets from METRA in Columbus. Southern Star CSB, previously called Middle Flint Behavioral Healthcare, provides transportation services for its clients the remaining eight counties.

Trips in this area are booked by agencies, not directly by clients. Southern Star utilizes a combination of sub-contracting trips to the 5311 providers and delivering the service themselves. If there is a 5311 provider available, they use them because they tend to be less expensive. Also, all providers in this region also provide Medicaid trips that they get assigned from SWGRC.

Muscogee County is the only one to receive 5307 funds, while Talbot, Taylor, Macon, Crisp, Dooly, Clay and Quitman Counties receive 5311 funds.

#### Changes to Maps and Flow Chart

Ms. Whitaker presented the funding flow chart and maps of services for review and possible correction by the group. The region noted that:

- Six county-wide systems (Dooly-Crisp United Transportation System (DCUTS), Taylor, Macon, Talbot, Quitman and Clay)) and one city-wide system (Americus) provide 5311 public transit service.
- Southern Star provides Medicaid trips to its clients.
- Southern Star does not provide 5311 trips but contracts with 5311 providers where they are available and less expensive.
- 5311 service will be available for Stewart and Randolph Counties by next summer.

#### DOL –VR

Unlike other regions, the Department of Labor's Vocational Rehabilitation is not part of the funding formula for the DHS coordinated system. They tried coordination in the past but it was not successful. In addition, the existing DHS service is not appropriate and reliable enough for employment use. As a result most of vocational rehabilitation's transportation service is in the form of mileage reimbursements and flex vouchers. Drivers in rural areas are reimbursed for fuel and this system uses METRA passes in Columbus.

#### RVRC Coordinated Service Initiative

River Valley is starting a 4-county 5311 program. This will be available in Quitman, Clay, Randolph and Stewart (Randolph and Stewart currently do not currently have 5311 service). The program is scheduled to start in the summer 2011. They are building a facility in Springdale, Randolph County that will include a call center, staff parking and vehicle maintenance. They will also be hiring a new service provider, but have not yet done so. The goal is to provide public transit service in these areas. Construction and ongoing costs are supported by state and federal funds, primarily 5309 funds, and possibly 5311 funds in the future. The counties are primarily providing in-kind match including property and some construction help. The bulk of the money from the equipment and facility is coming from GDOT. Currently, there are no plans to further expand this consolidated service in the future as it will be the first time the RC has taken on this role.

#### 5311 Providers

There was only one 5311 provider at the session, Janice Short, who is responsible for running the transit call center and arranging trips in Taylor County. Ms. Short said the county is able to operate the service using combined funding from 5311 with contracts (DHS and DCH), farebox and some county contributions. As such, she currently has to report to GDOT, DHS and DCH. She uses a basic spreadsheet to schedule her trips. The county program experiences a shortage of vehicles which constrains the service.

#### DHS Service Providers

Only Southern Star CSB was present at the meeting. They function as both a call center/broker and as a service provider. They currently provide service in counties that do not have a 5311 provider as well as some after-hours trips. Funding for Southern Star comes from DHS and DCH (who assigns them trips). They also provide transportation for some of the other CSB programs; these services are 100% locally funded. Southern Star also does its own reporting, monitoring, purchase its own vehicles (without using GDOT funds, although some of their vans are titled by DHS).

#### Frustrations/Challenges

In order to receive funding from DOT, DCH and DHS, the providers must be concurrent with three different procedures and produce three different sets of reports. Streamlining some of these requirements would help enable the providers to offer better service:

- Driver qualifications
- Safety guidelines (although DHS/DOT and DCH will accept each other inspections)
- Complaint processes
- Client eligibility
- Boundaries for reporting

Payment channels get blocked up by certain things, such as staff vacancies or changes in personnel, unsigned contracts, etc. The providers feel it takes them longer than it should to get money from the state. One of the things that providers like about Medicaid is that they pay within 15 days of receiving the invoice. The inflexibility of federal guidelines was regarded as hurting the service delivery of the programs they supported.

State-level decision-makers were seen as lacking experience in rural transit service delivery, and therefore unfamiliar with the approaches that may work best in rural areas. In this region, the DOL purchased one man a bicycle so he would have transportation to work. The region does not want to surrender their ability to solve problems in this manner as part of this study. The region feels it has some good ideas locally that are challenged as they try to work their way up.

The RVRC may be interested in expanding its role in coordinating transportation in the future, but not necessarily now. At this time, they would most value additional staff training, especially for at the RC as they are about to start their 5311 service. They need help in billing/grants management/contracts management/RFPs. They liked the idea of peer-to-peer training more than attending a NTI course.

### ***Discussion of Activities in Case Study Regions and Applicability to River Valley Region***

Ms. Whitaker presented examples of best practices from other regions around the state. In discussing these possibilities, the following points were made:

- Regional DHS Board has a Regional Transportation Coordinating Committee (RTCC) which oversees the coordinated transportation services. RVRC sits on this board and participates – both from a transportation perspective and as the administrator of the aging program.
- Not much issue with insurance, in part because it does not use volunteer drivers. Southern Star subcontracts with one taxi service, but outside of Americus and Columbus, there isn't taxi service for the providers to use in a pinch.
- Funding for some programs is too specific – some programs have excess funding, while others are underfunded. The region felt that it leveraged its DHS funds well and managed to avoid shortfalls. TANF funds were routinely left over at the end of the year due to lack of TANF trips, and the region would like to be able to use more of those funds.
- DOL -Vocational Rehabilitation and CASA are preparing a resource directory which will include transportation. This will be published in electronic and hard copy version. It is due out in Jan 2011.
- The region has explored/considered establishing some fixed-route service. For example, the region previously explored the possibility of DCUTS dedicating a vehicle to the I-75 corridor, for trips up to Atlanta with a stop at the trade school in Warner Robins.
- Crossing county lines is challenging – not always easy or fluid. Part of the difficulty stems from the cost of making long trips for one or very few passengers. In Taylor County, however, almost all the trips have to cross the county line to get medical services, which are unavailable within the county.
- They are working on urban-rural coordination, such that rural providers can bring people to a transfer point for METRA buses. This coordination was begun in earnest at the last Georgia Transit Day, and METRA appears to be increasingly willing to work with the surrounding counties. 5311 programs appreciate the option of transferring some passengers to METRA in order to free up van space for other riders.
- There is a wide range of technology available – some use pen and paper, excel, Trapeze (primarily for billing for Medicaid/SWGRC – not scheduling trips). LogistiCare also said they have proprietary software that they share with providers which assists in scheduling, billing, trip reservations, cancellations and re-routing.



- METRA applied for 5316/5317 funding to provide Night Owl service so that 2<sup>nd</sup> shift employees could ride the bus to/from work. This has fallen through because FTA requires cash match and DHS can only provide in-kind match.

### Next Steps

The meeting drew to a close with Ms. Whitaker thanking the regional representatives for their attendance. She provided contact information for Daniel Foth, the consultant project manager, and Steve Kish, the GDOT project manager, for further information and comment.

### ***Lessons Learned***

- Need for streamlined reporting process and requirements
- Need for 5311 service for all counties in the region
- Coordination occurs at the provider level by mixing and matching funds
- Good ideas locally are challenged as they try to work their way up
- With assistance from the state and regional partners, RVRC may be interested in expanding its role in coordinating transportation in the future

### **Attachments**

Sign-In Sheets

Participant Survey Summary

Software Survey Summary

# Human Services Transportation Regional Workshop II

## Heart of Georgia Altamaha Region

## HEART OF GEORGIA ALTAMAHA REGIONAL COMMISSION

### PHASE 2: HUMAN SERVICES TRANSPORTATION (HST) WORKSHOP

Monday, November 8, 2010, 9:30 am – 2:30 pm

Eastman/Dodge County Airport Terminal Building Board Room

#### Attendee List

Eloise Crawford, Pineland CSB

Cindy Brower, Pineland CSB

Joel Wiggins, HOGARC

Delores Kesler, HOGARC

Gail Thompson, HOGARC

David Brown, Wilcox County

Christi D. Gray, DHS

Jan Law, DHS

Lewis Spears, DHS

Leigh Ann Trainer, DHS

Nancy Livingston, Telfair County

David Cassell, Governor's Development Council

Daniel Foth, CHA

Joey Goldman, Nelson Nygaard

Alice Walker, Nelson Nygaard

Audra Rojek, Jacobs-JJG

Jenny Lee, Jacobs-JJG

#### Handouts

Agenda

HST Fact Sheet #2

Funding Flowchart and Service Maps

Participant Survey

Software Survey

#### Workshop Summary

The workshop began at 9:30 a.m. Joel Wiggins with the Heart of Georgia Altamaha Regional Commission (HOGARC) began the meeting with welcoming remarks. Daniel Foth then introduced the purpose of the study and the progress made thus far. He reported that the alternatives analysis portion of the study would begin with the second round of workshops and finish in December. A third and final round of workshops are scheduled for January. After introductions, David Cassell explained the how the recommendations from this study will tie into the efforts by Governor's Development Council.

#### ***Presentation on Phase 1 Key Findings and Updates from Region***

Alice Walkup reviewed the highlights from the Heart of Georgia Case Study including the flow of funding and the existing transportation services.

#### Changes to Maps and Flow Chart

- Quality Trans should be listed as the provider in Dodge, Montgomery, Wilcox, and Telfair Counties, since it is responsible for the service, but subcontracts to the Heart of Georgia Community Action Council
- Add Wheeler County's rural public transportation service
- Indicate that 5316/17 funding is transferred to DHS from DOT on the state level
- For Pineland CSB, indicating that some trips are provided to Wayne County group homes
- Middle GA provides service to clients for Medicaid, not those general Medicaid clients requesting service.
- A box for other smaller providers of Medicaid transportation service.
- Change text color on the maps to something other than black

***Presentation on Georgia Case Study Coordination Activities***

Joey Goldman continued the presentation by providing an overview of the regional approaches to coordinated service delivery. He noted that with respect to the level of coordination, the HOGA Region ranked in the middle range compared to the other regions around the state. He explained that the HOGA Region employs some regional approach to transportation by using Quality Transit and Pineland CSB to serve the DHS trips. He then presented examples of best practices around the state including Southwest Georgia (SWGGA), Coastal and Three Rivers Regions. Relevant comments include:

- Coastal demonstrates that regional service is more effective than county by county
- Counties in the SWGGA Region cannot afford to provide contributions for the 5311 service but SWGRC is able to leverage non-FTA funds to be used as the local match for 5311 funds
- SWGGA is facing challenges associated with overmatch; Improving the overmatch policy would help to gain support for 5311 service.
- Many providers in the region are likely unaware of the overmatch issue and the associated savings.

***Discussion of Activities in Case Study Regions and Applicability to Heart of Georgia Altamaha*****Existing Service**

Following bullets highlight some of the concerns raised by the participants during a discussion on the existing transportation services available in the HOGA Region.

- DHS trips are booked through agencies, not client calling in for service.
  - Central call center may not be necessary for DHS
  - POS for DHS has mandatory trip requirements (e.g., 24/7 service hours, seniors only)
- DHS has plans for web-based ordering for trips is put into its contract with providers each year
- Regional Transportation Coordinating Council meets quarterly, which has human services transportation representation and one of the District DOT representatives in attendance. The RC is represented there, and Pineland CSB is planning to attend.
- 5311 program is county owned and managed with limited hours and trips
  - Some counties previously had 5311 program but could not keep it running
  - Liability concerns and cost are seen as barriers for public transit
- Pineland CSB could not take on public transit provision with its current resources. However, if funding and other resources did become available, there is potential for them to incorporate public transit into their services.
- More resources are needed to start and sustain public transit services in the region.
- Attention is needed to address gaps in service and limitations on service.
- Exploring the potential for technical assistance would be helpful.

**GDOT**

The participants mentioned the problems of not only different agency boundaries within the region, but the fact that there are three different DOT representatives with jurisdiction in their region. The different representatives can interpret issues in their own ways and provide divergent guidance. Having education from DOT, particularly in reporting, would be helpful. Attendees said that regions without 5311 service have no relationship with DOT.

**Education**

Attendees cited the need for collaboration in transportation planning, a need for a better understanding of funding opportunities, and for the education of elected officials regarding the benefits of public transportation. Developing an understanding of “What’s in it for the county?” for those that do not have 5311 service is important. Attendees expressed that providing information to elected leaders on the growing need for transportation services, particularly due to demographic shifts, would help to “sell” the service.

### Opportunities for Further Study

Transportation in Wayne County was raised as a model for of coordinated services for the region, but it was noted that Wayne County's proximity to larger cities makes its service better for urban center trips, while many other counties have less of that connection. Wayne was compared to Wilcox County, which allows cross-boundary trips, but does so because it has to leave the county in order to reach most destinations. Investigating the travel patterns within (and to destinations beyond) the region would be very helpful in determining how transportation needs might best be met in the region. It was suggested that a study of Laurens and Wilcox Counties, and their relationship with Warner Robbins, with potential for worker shuttles, would be a good opportunity for study. GDOT has funded similar studies in the past, including Coastal. Coastal's needs assessment discovered new and different destinations and travel patterns that originally thought.

Attendees also described how a regional approach to transportation might help to address the county boundary limiting issue that faces current 5311 programs in HOGA. It was also suggested that investigating county policies might help to determine if those play a role in limiting the county approach. For regions that have subcontracted 5311 service, it has worked well and it is could become a model for those counties without public transit.

Instituting a Mobility Manager might be an opportunity that could be explored from the pilot projects associated with this project, but such a leader would need to represent all perspectives. The RC is in the best position to lead the discussion regarding a regional approach to transportation services, serving as an outside party that can bring everyone together. At this point, however, other priorities currently take the attention of this group, and without additional resources, it could not take on this champion role. It was suggested that a feasibility study could be conducted to determine the role it could play. Of course, since Executive Director Alan Mazza was not present at the meeting, and without the input of other counties, it was not possible to speak in concrete terms about what the RC could take on.

### ***Prioritization of Mobility Management Activities/Next Steps***

While there is an interest in transit, to make get the buy-in of seventeen counties is critical, but also very difficult. It was suggested that the next workshop in the project, which is planned for January, should be in a meeting or symposium format to educate and inform counties that have not been in attendance previously. The lack of participation of certain counties in the earlier workshops was noted by attendees. Some attendees believed that involvement in transit activity would only come from a directive, it would not be voluntary. Guidance coming from the Association County Commissioners of Georgia is what counties pay attention to, but again, it has different boundaries from other agencies in the state.

It was suggested that the meeting/symposium take place as an adjunct to the RC board meeting, which would reach the appropriate audience. The event should be one to two hours (maximum) and in the evening. The Executive Meeting for the Regional Commission board takes place after the business meeting. The DOT has been very involved in Wayne County and it was suggested that Wayne County present at this event, as well as the RC leader from the Coastal region.

An alternative to the RC taking on the champion role could be DHS taking on the Mobility Manager responsibilities, as they are currently serving the transportation needs for the Department of Labor and the Department of Behavioral Health and Developmental Disabilities. Attendees that there would be political concerns from DHS taking on 5311, and attendees considered the option of separating the DHS transportation office into an agency of mobility management, to make the idea more politically palatable. As part of the next steps, workshop participants would like to have DOT and DCH at the table, as DHS has been very engaged in the process.

### Next Steps

The meeting drew to a close with Mr. Goldman thanking the regional representatives for their attendance. He provided contact information for Daniel Foth, the consultant project manager, and Steve Kish, the GDOT project manager, for further information and comment.

### ***Lessons Learned***

- Regional approach to transportation may help to address the county boundary limiting issue
- Mobility Manager or feasibility study as potential pilot projects
- Significant need for buy-in from the county decision makers
- Need for opportunities to educate and inform counties that have not been in attendance
- Need for a better understanding of funding opportunities

### **Attachments**

Sign-In Sheets

Participant Surveys

Software Question Responses

# Human Services Transportation Regional Workshop II

## Southwest Georgia Region

## **SOUTHWEST GEORGIA REGIONAL COMMISSION**

### **HUMAN SERVICES TRANSPORTATION (HST) WORKSHOP**

Monday, November 1, 2010, 9:30AM – 2:30PM

30 West Broad Street, Camilla, GA

#### **Attendee List**

|   |  |
|---|--|
| Allen Blue, DHS                               | Sonia Maxwell, NET                             |
| Lewis Spears, DHS/OFSS/TSS                    | Mya Mitchum, NET                               |
| Corey McGee, Thomas County Transit            | Suzanne Angell, SWGRC                          |
| Donnie Baggett, Thomas County Transit         | Leigh Ann Trainer, DHS                         |
| Danny Saturday, MIDS Inc                      | Daniel Foth, CHA                               |
| Donna Jones, Seminole County                  | Audra Rojek, Jacobs                            |
| Gail G. Alston, SOWEGA Council on Aging       | Jenny Lee, Jacobs                              |
| Dan Bollinger, Sr., Executive Director, SWGRC | Randy Farwell, Jacobs                          |
| Robert McDaniel, SWGRC                        | Dave Cassell, Governor's Development Council   |
| Brad Hurst, SWGRC                             | Charlotte Nash, Governor's Development Council |
| Allen Davis, LogistiCare                      | Bethany Whitaker, Nelson Nygaard               |
| Gerald Goosby, SWGRC                          |  |

#### **Handouts**

Agenda  
HST Fact Sheet #2  
Participant Survey  
Software Survey

#### **Workshop Summary**

The workshop began at 9:30 a.m. Daniel Foth with CHA began the meeting by introducing the study and the progress made thus far. He reported that the alternatives analysis portion of the study would begin with the second round of workshops and is scheduled to finish in December. A third and final round of workshops are scheduled for January. Mr. Foth then lead introductions and explained the connection between this study and the Governor's Development Council, which was represented at the meeting by Charlotte Nash and Dave Cassell.

#### ***Presentation on Phase 1 Key Findings and Updates from Region***

Bethany Whitaker then began her presentation on the Southwest Georgia (SWGA) Region Case Study, which included a summary of the results from the Needs Assessment. She reported that the SWGA region was a forerunner among regions in making the process easier on consumers. Ms. Whitaker then reviewed the findings from the case study including the funding flow chart and maps of services.

The attendees commented that mismatching agency boundaries are a challenge facing coordinated transportation in the region. SWGRC provides Medicaid service for a forty-county region, which includes the entire regions of SWEGA and River Valley and a portion of the Southern Region.

SWGRC purchases bus passes on Albany transit for ambulatory patients who live within an acceptable range (0.5 mile) of a bus stop. Bus passes can be purchased for one day, one week, or one month. Pass recipients enjoy having the flexibility to make other trips while the pass is active, Medicaid appreciates that the multi-day passes are less expensive than other options, and Albany Transit benefits from the revenue. For non-ambulatory patients, Medicaid either qualifies them for paratransit service on Albany Transit and buys them the appropriate pass or provides the trip in one of



their own vans. Passes are purchased in bulk from Albany Transit and distributed from the Medicaid regional call center. Medicaid also assigns trips to paratransit in Columbus.

Functional assessments are not performed at the call center. Customer representatives follow a list of questions and provide referrals to agencies, dialysis centers, or social workers, if necessary. Customer representatives do assess the needs of each patient in terms of the needs that will require accommodation on their ride.

Randy Farwell, of Jacobs, asked if the RC would want Albany and Columbus to share their paratransit client databases. In many cases, paratransit service can be seen as a burden instead of a productive use of their additional available capacity. The RC has begun to work more cooperatively with the urban transit agencies to address the gaps in the system and work more cost-effectively. However, DCH under the federal policy cannot share its database with other agencies.

Ms. Whitaker continued her presentation with a discussion of the concerns and needs in the region, which included the GDOT policy toward excess purchase of service. Attendees reported that GDOT's formula assumed that providers should break even, which does not consider the for-profit service providers that operate to make revenue. The "overmatch" concept introduced here was discussed in greater detail later in the meeting.

### ***Presentation on Coordination Continuum and Activities***

Ms. Whitaker presented various regional approaches to the delivery of service in Georgia. She also provided examples of coordination approaches that other states have taken. When asked if she had any examples from the Southeast, she described North Carolina as a model for best practices. North Carolina distributes community block grants as bundled funds to each county, and uses financial incentives to encourage coordination. Florida coordinates transportation through boards at the regional and county level which receive funds and pay providers.

The participants pointed out that one negative repercussion of the coordination of regional service has been the loss of service at the senior centers. Initially, senior centers had their own transportation and drivers, and used their labor and vans to provide services such as meals on wheels and informal trips. These services were lost with coordination at the regional level.

### **Suggestions for the State**

The region would like to see the state implement uniform districts and standardize trip rates across agencies. DHS trip reimbursements in particular were considered low enough to discourage new companies from bidding on the provision of service. Providers have grouped counties in order to be profitable, although this approach leaves some counties without service. Trip reimbursements, it was noted, vary within each agency by trip type (e.g., stretcher vs. ambulatory trips).

State-level regulations were perceived as constantly shifting, with new rules supplanting old ones just as the region had adapted its system. Answers to questions about regulations were perceived as varying from agency representative to another.

The region was also in favor of bundling funds at the state level, but not in allowing too much state control over regional services. The region wanted to continue providing service at the regional level.

### ***Discussion of Activities in Case Study Regions and Applicability to Southwest Georgia***

#### **Overmatch**

Ms. Whitaker led a discussion on the rules of overmatch. In a non-overmatch trip/service, SWGRC may fund a trip (or service) with 45% in 5311 funds, 45% with DHS funds and 10% through county contributions, fares, etc. This formula is

based on the FTA formula where 5311 will pay for up to 50% of operating costs after farebox revenues. GDOT imposes the 10% farebox requirement.

An overmatch situation occurs when a larger number of Medicaid clients or DHS clients are on the same vehicle, so that their combined funding for the service (or trip) is greater than 45%. This excess funding is counted as farebox, such that GDOT reduces the amount that the 5311 program contributes so that total sum of the funding source is held at 100%. SWGRC would like to use this overmatch for capital funds (matching funds) and reinvest into the system. They are frustrated that GDOT will not allow this because they feel it results from hard and creative efforts. The region was also in favor of exploring the possibility of using over matching funds (capital use only) to support a mobility manager.

The region also faces the challenge of getting less 5311 funding at the end of the year than they budgeted. This makes things difficult because they had counted on that funding. At the same time, providers also feel frustrated because they work hard to attract a lot of contracts. This makes their services more efficient and more coordinated, yet they are penalized when they are successful.

One idea for untangling the farebox problem was the introduction of regional fixed route service. However, the region is not certain this approach would work. Even deviated or flex service would be challenging because the service area is so rural.

#### Budgeting

- In general, many agencies experience difficulties in budgeting their annual purchase of trips, because revenues are based on who is using the system and why, factors that are difficult to predict.
- In comparison to other agencies, Medicaid's per capita payments are easier to budget.
- DCH contract estimate of need should be revised annually and the amount of variation in trips should be lessened from the required 5%.

#### Reporting

- Similarly, reporting requirements were described as onerous - Federal monies dispersed at the state level by GDOT were determined to have the most complex reporting requirements.
- State interpretations of the federal guidelines do not always benefit the programs. For example, the FTA has determined that providers should be paid a rate, but the state requires that provider expenses be reported, in a system that was described as like "being paid per diem but also submitting receipts."
- There is a lot of work that is required for each of the programs. RC estimated that it spent at least 80 hours annually monitoring its subrecipients for GDOT.
- Other subtleties such as the use of both non-DOT funded vehicles and DOT funded vehicles must be considered for reporting purposes.
- Medicaid reporting was seen as detailed and bulky, but relatively simple due to its regularity.
- The region asked that this study not generate a plan that would contribute to the complexity of the existing system.

#### Billing and Reimbursement

- The region is challenged by the different billing methods. They wish there was a standardized rate to reimburse trips.
- Without standardized rate for reimbursement, it is difficult to avoid inadvertent prioritizing of trips. This is a bigger problem for the public operator (Thomas County) because they are required to provide public transit trips.

***Prioritization of Mobility Management Activities/Next Steps*****Centralized Call Center**

The region is contemplating a centralized call center, which would allow for better service to new users but might also be disruptive, since agencies order most of the trips anyway. Service providers are not in favor of this, because they think it will be easier if the calls just go directly to them. The region, however, would enjoy easier reporting and invoicing with the centralized trip booking that a call center could create. A single dial-in number which directed customers to various providers may be sufficient for the time being.

**Next Steps**

SWGRC expressed a need for a marketing and communications plan to inform public officials on the region's success and the need for coordinated transportation services.

**Next Steps**

The meeting drew to a close with Ms. Whitaker thanking the regional representatives for their attendance. She provided contact information for Daniel Foth, the consultant project manager, and Steve Kish, the GDOT project manager, for further information and comment.

***Lessons Learned***

- Recommendations from this plan must not contribute to the complexity of the existing system
- Need for uniform planning districts and standardize trip rates across agencies
- Need for streamlined reporting process and requirements
- Need for the state to reconsider the overmatch rules
- Need for the state to reconsider the mandatory 10% farebox requirement

**Attachments**

Sign-In Sheets

Participant Survey Summary

Software Survey Summary

# Human Services Transportation Regional Workshop II

## Southern Georgia Region

## **SOUTHERN GEORGIA REGIONAL COMMISSION**

### **PHASE 2: HUMAN SERVICES TRANSPORTATION (HST) WORKSHOP**

Thursday, 11/04/2010, 9:30 a.m.

Southern Georgia Regional Commission Office / 1725 South Georgia Parkway, West, Waycross, Georgia

#### **Attendee List**

Corey Hull, Valdosta MPO

Missy Rowland, SGRC

Cindy Odum, The Haven

Donna Gonzalez, Project Light

Al Nash, GRTA Board Member

Stephanie Goddard, Drug Court

Dori Clifton, SCS-Garden Gate

Michael Jacobs, SGRC

Betty Thornton, Pierce Transit

Lavera Stephens, DHS TSS RTO

Angie Bowen, Pierce County Transit

Sandra Miles, Magnolia House

Phillis Smith, Pierce Transit

Janice McKinnon, SGRC

John Hobby, Jr., MIDS, Inc.

Danny Saturday, MIDS, Inc.

Debbie Hobby, MIDS, Inc.

#### **Handouts**

Agenda

Participant Survey

Maps:

- SGRC Transit & DHS Service Providers
- SGRC Transit Service Providers
- SGRC DHS Service Providers
- SGRC Funding Sources Flowchart
- Mobility Management Current Activities for the SGRC

#### **Workshop Summary**

-Discussion of HST Project

-Remarks regarding GDC

#### ***Presentation on Phase 1 Key Findings and Updates from Region***

-Description Existing Coordination Efforts and Needs

- Concerns and Needs:
  - Reporting process is cumbersome for GDOT and DHS; Regionally there is a lot of duplication
  - More funding is needed
  - DCH – 3-5% of public ridership (Pierce) – serve an approximate 100-mile radius; as long as the trip originates in Pierce County, they can go anywhere they would coordinate with another county that can pick up the remainder of the trip; Mostly Albany, Savannah and Tifton have the main medical facilities
- Coordination of Funding: TANF programs are the only ones that do not cost the providers money; Some come from the AAA; They depend on 5310 funds and DHS (Title 3B funds); Does not mix 5311 funds, although it is provided in the contract; 5311 is going directly to the counties and third parties are the recipients; they are using POS contracts to match the 5311 funds and there is a \$3/\$5 fare per trip; 5311 averages 3-4% of 5311 funds except for Lowndes

County; they are losing 6% because of the way GDOT has it set up; They were originally told there would be a local match so there would be some financial responsibility and the regional commission is not putting anything into it

#### -Corrections to Funding Flow

- DHS is paying a trip fee by program/funding source – Fees do not capture the true cost; paid more for TANF trips and less for seniors/mental health. Before the recession, there were not as many TANF trips. To subsidize the increase in trips, TANF AD (addictive diseases) is being used.
- The 5311 funds are reimbursed based upon the percentage of people and POS. If there is a lot of POS, then you don't get reimbursed. They reimburse about 45% local and 45% federal.
- 

#### -Corrections to Maps

- MDS and MIDS are the same company. They operate in 17 counties, but not in Tift County. They do not provide Medicaid trips in those counties because their regions do not line up with DHS regions.
- Ware and Bacon Counties fall under the Coastal Region for DCH.
- Tift-Lift (a county-based system) is the transit system in Tift County.
- MIDS provides all DHS service except in Pierce County. The Haven House is not a provider.
- Pierce receives 5311 funds and Medicaid funds.
- Lowndes County is an MPO and has a proposed system, but should not be shaded differently than the other counties.
- There is a proposed 5307 urban system in Valdosta. Local funding is off the table for the next five years, but if they get money from the proposed tax, it could be sooner. They are working with GDOT (see 12/14/10 meeting) to develop a list of projects as a result of HB277. Urban transit would be put on the list, but would have to go through the vetting phase at the roundtable. It is required by the federal government to provide certain para-transit services and they were looking at using a third-party provider to meet that requirement.

### ***Presentation on Coordination Continuum and Activities***

#### -Best Practices from other States

There is a Regional Transportation Coordinating Committee (comprised on the Regional Transportation Office, MIDS, Pierce and human service providers). They do not have regularly scheduled meetings, but they meet approximately two times a year. The frequency of meetings has been curtailed by cutbacks in many offices limiting travel. There is a need to meet more often, but many people are not able to be reimbursed for their travel expenses. Topics of discussion typically include updates from providers and regional commission as well as any problems that come up which require group discussion. Providers prefer when people contact them directly so problems can be solved at the provider level.

### ***Presentation on Georgia Case Study Coordination Activities***

#### -Best Practices from other GA Regions

Coordination Elements – If there are ideas that exist, they are brought to the RTCC and evaluated in conjunction with the SGRC transportation office (Missy Rowland). RTCC submitted a plan last year for which they received funds to work with the AAA because a number of the AAA's clientele do not qualify for Medicaid transportation. Currently the RTCC and the AAA are working to increase the number of non-Medicaid senior trips.

***Discussion of Activities in Case Study Regions and Applicability to the Central Savannah River Area Region***

- Lanier County did a study to see if they could operate a transit system and it was decided that they should NOT go into the 5311 business because the budget just isn't there. In other words, the costs are too high to start a system.
- MIDS joined with Ware County to create a system (same in Bacon County). Now both counties understand the benefits of a transit system. The counties are now very willing to put up the 10% matching funds, which amount to approximately \$6,000 and they receive tax-free fuel to operate.
- Pierce County is very willing to be part of a regional transit system. One of the benefits is that it eliminates boundaries between the counties. The SGRC is willing to take responsibility for operating the system. Currently, the SGRC has a transportation committee separate from the RTCC that deals with all of the agencies in Region 10.
- The RIDESHARE/vanpool program in the Coastal Region is very successful and something the Southern GA Region would like to implement.

***Prioritization of Mobility Management Activities/Next Steps***

State is considering Mobility Management – What can be done to make this process easier?

Since a lot of agencies don't have transportation managers, they depend on the SGRC Transportation Office (Missy Rowland) to handle a lot of those issues. Would a GDOT-funded mobility manager help spread out the resources? DHS does not have funding for additional staff, so it would help. DHS applied for additional 5316/17 funds for money and received them. Including GDOT makes the process more political and prohibits coordination. Valdosta has a transportation board. Do they have support? How do we get the pot of money to be bigger? In Valdosta, there was a definite need, but they didn't want to start a new system that would cost \$2-3M when they had to cut another \$10M from the overall budget. There was a tension between the city and county about who would manage the system, so there was an eventual idea to have the regional commission operate the system or possible a third party that would own/operate the system. It was also difficult to convince rural areas that they would also be served and that their money would not be wasted. Has the senior community been involved? No they haven't. The third party system in Valdosta was a temp fix and they decided that within 5 years they should create a regional transit authority.

***Lessons Learned*****Attachments**

Sign-In Sheets

Participant Surveys

Software Question Responses

# Human Services Transportation Regional Workshop II

## Coastal Georgia Region



## **COASTAL REGIONAL COMMISSION**

### **PHASE 2: HUMAN SERVICES TRANSPORTATION (HST) WORKSHOP**

Wednesday, November 10, 2010, 9:30 a.m.

Midway, Georgia

#### **Attendee List**

Carlene Dukes, GA DHS Transportation  
Natasha Cobb, Gude Management Group  
Shvonna Hearn, TF&S Transport  
Barbara Hurst, Coastal Regional Commission  
Beth Kersey, Coastal Regional Commission  
Bonnie Martin, GA DHS Transportation  
Joseph Porter, Laura Gina Transport  
Lewis Spears, GA DHS/TSS  
Terri Taylor, Bryan County BOC  
Darlene V. Bell, Camden County Senior Center  
Chuck DeZearn, LogistiCare  
Yovancha Lewis-Samuels, GDOL/VR Programs  
Wykoda Wang, CORE MPO  
Dane Bickley, Coastal Workforce Services  
Mark Swift, Private Citizen, Life, Inc.  
Allen Davis, LogistiCare  
Chris Vogt, TF&S Transport  
William T. Austin, City of Rlceboro  
Steve Tomlinson, GDOT  
Clementine Washington, City of Midway, GA  
LaTora Bostic, Laura Ginn Transport  
Rachel Hatcher, HAMPO / Liberty Transit

#### **Handouts**

- Region 12 flowchart showing funding streams for FTA Sections 5307, 5311, 5310 and Medicaid / Non-Emergency Medical Transportation Funding
- Region 12 map showing Coastal GA Transit and DHS coverage
- Region 12 map showing Coastal GA service providers
- Region 12 map showing Coastal GA additional human services (non-DHS) transportation providers

#### **Workshop Summary**

- Discussion of HST Project
- Remarks regarding GDC

**Presentation on Phase 1 Key Finding and Updates from Region**

1. Description Existing Coordination Efforts and Needs
2. Corrections to Funding Flow *(notes from yellow writing sheet are highlighted in yellow)*
  - a. Only four (4) counties provide DHS and public transit and is specifically DHS
  - b. Two (2) out of four (4) of the aforementioned counties provide Medicaid services
  - c. Chatham and Liberty Counties have started fixed route transit systems that went active in October 2010
  - d. All counties in the region receive 5311 funds and have GDOT contracts
  - e. The 5311 counties subcontract with providers to offer services
  - f. The regional system is called Coastal Regional Coaches
  - g. Camden, Macintosh and Glynn counties receive 5311 funds
  - h. Ten counties and Pineland CSB (5-6 providers) received DCH (Medicaid) funding; Pineland CSV is not included in the regional system and does not receive 5311 funds
  - i. Chatham Tell-a-Ride receives local funds
3. Corrections to Maps – As shown no Yellow Writing Sheet
  - a. DHS Provider MAP Changes –
    - 1) Bryan and Long Counties – providers are run by county employees
    - 2) C.U.T.S. has changed its name to Coastal Regional MPO (this change needs to be made in the legend)
  - b. Non-DHS Providers Map Changes – Effingham County and Savannah need to be shown as providing Medicaid services
  - c. There are no changes to the Coastal Region Service Providers map

**Presentation on Coordination Continuum and Activities**

-Best Practices from other States

**Presentation on Georgia Case Study Coordination Activities**

-Best Practices from other GA Regions

**Discussion of Activities in Case Study Regions and Applicability to the Coastal Region**

- There is strong need for funding a centralized call center (GDOT is a possible funding source). Currently there is an 866-number a client can call and go through a series of prompts to get to the correct transit provider. The senior population has a difficult time navigating the prompt system. The call system is sorted by geographic area and not type of service needed. TS&F Transportation maintains a database of previous callers so they save time ascertaining the services needed.
- The aging population does not always know which service they need; Education of this population is needed.
- Per the 5311 guidelines, there must be at least one trip outside of the urban areas (Savannah, Hinesville and Brunswick).

**Prioritization of Mobility Management Activities/Next Steps**

- Technology – GPS and real-time locating services are needed
- Dispatch Center – A locating service would make things easier for dispatching because you can find out exactly where is a vehicle is and how long it would take to reach a client
- Software – Funds are in place to purchase scheduling software but no purchase has been made yet because the region does not want to conflict with what is being purchased by GDOT for the statewide software rollout

### ***Lessons Learned***

### **Attachments**

Sign-In Sheets

Participant Surveys

Software Question Responses