

**COORDINATED PUBLIC TRANSIT –  
HUMAN SERVICES TRANSPORTATION  
INTERIM PLAN**

**ASSISTANCE PROVIDED UNDER FEDERAL TRANSIT ADMINISTRATION  
PROGRAMS:  
SECTION 5310, ELDERLY AND DISABLED  
SECTION 5316, JOB ACCESS REVERSE COMMUTE  
SECTION 5317, NEW FREEDOM**

**GEORGIA DEPARTMENT OF HUMAN RESOURCES  
OFFICE OF FACILITIES AND SUPPORT SERVICES  
TRANSPORTATION SERVICES SECTION**

**GEORGIA DEPARTMENT OF TRANSPORTATION  
OFFICE OF INTERMODAL PROGRAMS**

## **Foreword:**

**The Coordinated Public Transit – Human Services Transportation Plan is submitted as a joint effort between two state agencies: the Georgia Department of Human Resources and the Georgia Department of Transportation. This is an interim plan for the State of Georgia. Throughout the next year, the final Coordinated Public Transit – Human Services Transportation Plan for the State of Georgia will be completed. Upon completion, it will be submitted to the FTA on behalf of the state agencies and local partners represented in the planning process.**

**For the purposes of this plan, references are made to different areas of the state utilizing the regions as designated by the Georgia Department of Human Resources (DHR). A map of the DHR regions is included as Appendix 4.**

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**Section I**  
**Overview of FTA Programs**

## **Section 5310, Elderly and Disabled**

The state of Georgia Section 5310 Program is administered by the Georgia Department of Human Resources (DHR), Office of Facilities and Support Services, Transportation Services Section (TSS). The state of Georgia's administrative responsibilities for the Section 5310 Program were transferred under an executive order from the governor from Georgia Department of Transportation (GDOT) to DHR in 1988. The main reason the program was transferred to DHR was to allow non-profit organizations (primary sub-recipients) to title the vehicles purchased through the program to DHR. Previously GDOT titled the vehicles to the non-profits and held lien to the vehicle. Non-profit entities were forced to obtain commercial insurance coverage, which proved to be extremely costly. Titling the vehicles to DHR permitted the non-profits to continue to operate the vehicles and allowed the entities to take advantage of the state's self-insurance program. This resulted in significant cost savings to the local operators.

Initially, DHR operated the program much like GDOT did, which required county boards to identify and approve local operators. After several years DHR waived this requirement, which resulted in a considerable increase in the number of operators statewide. Much of the focus of this move was to include more organizations that provided services to disabled persons.

During the mid 1990s, with FTA's approval, DHR began to move from purchasing vehicles to purchasing services using funds to contract with transportation providers. The intent was to put more emphasis on providing funding to those organizations that participated in coordinated transportation systems, particularly those systems that purchased transportation services under 5311 and 5307 programs.

In 1998, DHR began to implement coordinated social service transportation systems in each of its 12 regions. DHR continued to emphasize and provide support to those organizations that participated in each of those coordinated systems by providing funding to support the purchase of transportation services. While the department does not prohibit eligible participants from requesting a vehicle, or some other transportation related equipment, an applicant requesting such equipment must certify that the purchase would enhance the coordinated system in their area.

DHR administers the Section 5310 Program for the State of Georgia employing federal and state funding authorized for the implementation of public transportation programs. The 5310 program provides funding for projects to assist private nonprofit groups in meeting the transportation needs of the elderly and people with disabilities when public transportation in the area does not meet those needs.

The Georgia Department of Human Resources has the principal responsibility and authority of the Section 5310 Program, including developing program criteria. The department's role in working with transportation providers include:

1. Ensuring adherence to federal program guidelines by all recipients;
2. Notifying eligible local recipients of the availability of the program;
3. Developing project selection criteria;
4. Soliciting applications;

5. Ensuring fair and equitable distribution of program funds;
6. Ensuring maximum coordination of public transportation, and
7. Ensuring a process whereby private transit and paratransit operators are provided an opportunity to participate to the maximum extent feasible.

It is not the intent of FTA nor DHR that funds provided for herein should supplant or be substituted for other federal funds available and previously used for the purposes of these grant programs.

The DHR Regional Transportation Coordinators prepare the publication for the newspaper notifying eligible local recipients of the availability of the appropriated Section 5310 dollar amount by FTA. Regional Transportation Coordinators receive responses from interested entities and provide an application packet. Entities complete the application and return to Regional Transportation Coordinator. Regional Transportation Coordinators review applications for completeness, accuracy and pre-approval. Application is then submitted to DHR state office for final approval. Approved agencies are notified by the Regional Transportation Coordinators.

The goal of the Section 5310 Program is to provide assistance in meeting the transportation needs of elderly and disabled persons where public transportation services are unavailable, insufficient or inappropriate. Specifically, the program goal is to provide capital assistance for transportation of the elderly and disabled persons by private nonprofit organizations or public bodies in urbanized, small urban and rural areas. Where it may be more appropriate, assistance may be provided by the program for the purchase of passenger trips from an existing transportation provider.

For a listing of recipients of 5310 funds, please see Appendix 8.

### **Section 5316, Job Access Reverse Commute (JARC)**

The purpose of Section 5316 Program is to provide transportation services to welfare recipients and low income individuals to and from jobs. Another purpose is to develop transportation services for residents of urban centers as well as rural and suburban areas to suburban employment opportunities. Emphasis is placed on projects that use existing mass transportation services.

Outside of Metro Atlanta, the Georgia Department of Transportation (GDOT) and 5307 recipients administer the program and are designated recipients of the Section 5316 funds. In the Metropolitan Atlanta, Metro Atlanta Rapid Transit Authority (MARTA) is the proposed designated recipient for the Section 5316 funds. The Atlanta Regional Commission (ARC) has developed the Coordinated Human Services Transportation (HST) Plan for the 18-county Atlanta region ([www.atlantaregional.com/hst](http://www.atlantaregional.com/hst)).

For a listing of recipients of 5316 funds, please see Appendix 8.

### **Section 5317, New Freedom**

Section 5317 New Freedom Program is designed to encourage services and facility improvements to address the transportation needs of persons with disabilities that go beyond those required by the Americans with Disabilities Act (ADA). Funds are allocated through a formula based upon population of persons with disabilities. Projects that enhance transportation options in urban, rural and suburban areas will be selected on a competitive basis. Specifically, federal funding will pay for up to 80% of capital and up to 50% of operating costs of a selected project. Ten percent of project costs may be used for planning, administration and technical assistance.

According to the Atlanta Regional Commission's Coordinated Human Services Transportation (HST) Plan for the 18-county Atlanta region, the funds will be made available for capital and operating expenses that support new public transportation services beyond those required by the ADA and new public transportation alternatives beyond those required by the ADA designed to assist individuals with disabilities with accessing transportation services, including transportation to and from jobs and employment support services.

For the purpose of the New Freedom program, "new" service is any service or activity that was not operational before August 10, 2005 and did not have an identified funding source as of August 10, 2005, as evidenced by inclusion in the Transportation Improvement Plan (TIP) or the State Transportation Improvement Plan (STIP). In other words, if not for the New Freedom program, these projects would not have consideration for funding and proposed service enhancements would not be available for individuals with disabilities.

Both new public transportation services and new public transportation alternatives are required to go beyond the requirements of ADA and must (1) be targeted toward individuals with disabilities; and (2) meet the intent of the program by removing barriers to transportation and assisting persons with disabilities with transportation, including transportation to and from jobs and employment services.



**Section II**  
**System Administration**

## **DHR Coordinated Transportation System**

The DHR Coordinated Transportation System is administered by the Transportation Services Section within the Office of Facilities and Support Services. The system is designed to provide services to DHR clients, and therefore is a human service transportation system. The system provides services to the Division of Aging, Division of Family and Children's Services (DFCS) (Temporary Assistance to Needy Families (TANF)) and the Division of Mental Health, Developmental Disabilities, and Addictive Diseases (MHDDAD) clients. The system also serves clients from the Department of Labor's Vocational Rehabilitative Services.

The state is divided into twelve regions. A Regional Transportation Coordinator (RTC) is assigned to one of each of the state's regions. The RTC is the focal point within each region, and is responsible for transportation provider monitoring and compliance. Three Field Operations Coordinators (FOCs) oversee the RTCs. Each FOC is responsible for one of three districts. Each district contains four of the twelve regions.

The coordinated system operates through a series of purchase of service contracts within each region. Providers are a mix of governmental entities, for-profits, and private non-profits. In many regions a lead provider is the prime contractor. A prime contractor, such as a Regional Development Center (RDC), provides overall contract management in coordination with the RTC and subcontracts with additional entities to provide the transportation services.

Each region has a Regional Transportation Coordinating Committee (RTCC). The purpose of the committee is to establish policies and procedures within each region. In addition, the committee is responsible for contractor oversight and approval of new contracts and contractors each year. The Committee is made of regional division and human service provider representation. All committee members have a vested interest in the system and are either provided services by the system or play an active role in the system.

In state fiscal year 2006 the system served almost 20,000 clients and provided approximately 2,700,000 trips to the various client groups. The system relies on a complex system of reports and tools to track the various fund sources which support the system. Since initial system design relied on multiple funding sources, the accounting and tracking systems were developed to be able to track each trip by fund source. The process involves allocating resources to each region by fund source and developing tools to enable tracking funds through the entire system.

A map of the DHR regions is included as Appendix 4.

## **Georgia Department of Transportation**

The GDOT Office of Intermodal Programs provides planning and operations support for non-highway transportation modes such as Aviation, Rail, Transit and Waterways. Each section is responsible for short and long-term planning, acquisition of funding, and grant administration. The office is responsible for the implementation of Section 5311 program, enhancing basic mobility for all Georgians especially those with disabilities.

## **Section 5311 Program Information**

*Excerpt from: Georgia Rural Public Transportation Program - Administrative Guide for Local Programs*

The Section 5311 Program offers local areas an opportunity to provide transit services improving access to business, commercial and activity centers. Section 5311 is the name of the Federal funding program administered by the FTA to provide assistance for rural public transportation. Federal funds are allocated to the states on a formula basis, and can be used for capital assistance, operating assistance, planning, and program administration. GDOT is responsible for administering the program. GDOT is the recipient of those funds, and it in turn provides Federal funding (and a limited amount of state capital funding) to local subrecipients in Georgia. This program has been in existence in Georgia since 1979, and until 1990, it was known as the Section 18 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 5311 Program Goals**

Georgia has established the following statewide goals for the Section 5311 program:

- Goal: Basic Mobility to Serve All Georgians:
  - serving those persons with the most critical needs for access and mobility, especially those without alternatives
  - providing service without any trip purpose restrictions or eligibility requirements— including medical, social services, personal shopping, business, and employment trips
  - serving all areas with appropriate levels of service, subject to the required local or regional participation
  - addressing economic development—through employment trips, services to support local employment sites, new ones, etc.
  
- Goal: Program Implementation:
  - partnering with the FTA in the administration of the Section 5311 program, meeting all FTA program requirements
  - managing a program of excellence that provides timely management direction, guidance, and reimbursement to allow local entities to provide quality service
  - partnering with local or regional entities to plan services to meet locally identified needs
  - partnering with local or regional entities to operate the services
  - providing technical assistance to help local providers improve effectiveness, efficiency, safety, and quality of service
  - providing technical information, policy analyses, and program management data to support transit program development

- Goal: Efficiency and Effectiveness:
  - while maximizing ridership, recognizing that there are significant differences in population density, trip characteristics, and client needs (accessibility, assistance, etc.) which will affect usage
  - subject to performance requirements appropriate to the area and type of service
  - with the appropriate type of service—demand-responsive, subscription route, route deviation, or fixed-route
  - using the appropriate vehicle type—accessible if needed, sedan, van, small bus, large bus
  
- Goal: Safe, Secure Quality Service:
  - operating equipment that is within its design life, inspected for safety and overall condition
  - operated by staff meeting the highest qualifications—appropriate license (Commercial Drivers License (CDL) if required), safe driving and criminal records checked, drug and alcohol tested, etc.
  - operated by a staff that is trained to proficiency in all necessary skills:
    - \_ Defensive Driving
    - \_ Passenger Assistance
    - \_ First Aid and CPR
  - providing a safe and secure service to the riders
  
- Goal: Accessible Service—Usable by Persons with Disabilities:
  - providing service that is accessible (adequate number of accessible lift- or ramp-equipped vehicles
  - using operators trained to proficiency in passenger assistance, lift use, restraints, mobility devices (folding, stowage, etc.)
  - user information and outreach to ensure that persons needing the service are aware of it and can obtain information
  
- Goal: Coordinated Provision of Transportation in Rural Areas:
  - coordinated policies at the state level through interagency coordination
  - coordinated at regional/local level—shared vehicles, shared ride, coordinated management—where it will result in more cost-effective, quality service that meets client and general public transit rider needs.

Information on current 5311 programs is included as Appendix 6.

### **Section 5307 Information**

The Georgia Department of Transportation administers this FTA grant in the State of Georgia. The appropriation is funded under a formula grant. The grant description is to urbanized areas and states for transit-related purposes. Eligible recipients under this grant are public bodies with the legal authority to receive and dispense Federal funds. The governor has designated the Georgia DOT as recipient for this grant and urban areas must have populations between

50,000 and 200,000 to qualify. Eligible purposes for this funding include: Planning, 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 complementary paratransit service are considered capital costs.

Further information on 5307 programs is included as Appendix 5.

**Section III**  
**Assessment of Available Services**

## Major Transportation Systems in Georgia

System	Human Service/ Public	How Funded	Who is Served	Operating Agency	Cost for Ridership
Georgia Department of Community Health Non-Emergency Transportation System (NET)	Human Service system. Not open to the general public.	Medicaid and state funds. Approximately 60% of the funding is Federal Medicaid with state match of about 40%.	Serves Medicaid Clients for "Medically Necessary Trips"	Department of Community Health	None for Medicaid clients.
Georgia Department of Human Resources Coordinated Transportation System	Human Service system. Not open to the general public.	Various federal and state fund sources. System funded by DHR.	Clients of the Department of Human Resources. *Targets elderly clients.	Department of Human Resources	None for clients of the Department.
Georgia Department of Transportation Rural Public Transit (FTA 5311 Program)	Public	FTA 5311 funds with a small state match. Counties fund 50% of the operating and 5% of Capital equipment costs.	General Public in rural counties.	Department of Transportation provides grants to individual counties, who actually run the systems.	Varies from county to county (ranges from \$1 to \$5 depending on distance).
Georgia Department of Transportation Small Urban Transit Program (FTA 5307 Program) – small urban <50,000	Public	FTA 5307 funds with a small state match. Cities fund operating and a small percentage of the capital costs.	General Public in small urban areas throughout the State.	Department of Transportation provides grants to individual cities, which actually run the systems.	Varies across the state (ranges from \$1 to over \$3).
Georgia Department of Transportation Large Urban Transit Program (FTA 5307) Large Urban > 50,000 (MARTA)	Public	FTA 5307 funds with a small state match. Cities fund operating and a small percentage of the capital costs. One percent sales tax in Fulton and DeKalb Counties.	General Public in large small urban areas (Atlanta only).	Fulton and DeKalb counties, through a transit authority. Federal Transit Administration provides grant assistance.	\$1.75 general ridership and \$3.50 for paratransit.

Further information on these programs can be found in the Appendices.

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

As discussed earlier, the Georgia Department of Transportation administers this FTA grant in the State of Georgia. The appropriation is funded under a formula grant. The goals of the program are: to enhance access for people in non urbanized areas to health care, shopping, education, employment, public services, and recreation. Secondly, the goals are to assist in the maintenance, development, improvement and use of public transportation systems in rural and small urban areas. The third objective is 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. Finally, program goals would be to assist in the development and support of intercity bus service.

A map of current 5311 programs is included as Appendix 6.

### **Section 5307 Urban Public Transit Systems**

The Georgia Department of Transportation administers this FTA grant in the State of Georgia. The appropriation is funded under a formula grant. The grant description is to urbanized areas and states for transit-related purposes. Eligible recipients under this grant are public bodies with the legal authority to receive and dispense Federal funds. The governor has designated the Georgia DOT as recipient for this grant and urban areas must have populations between 50,000 and 200,000 to qualify. Eligible purposes for this funding include: Planning, 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 complementary paratransit service are considered capital costs.

Further information on 5307 programs is included as Appendix 5.

### **DHR Coordinated Transportation System**

The DHR Coordinated Transportation System is administered by the Transportation Services Section within the Office of Facilities and Support Services. The system is designed to provide services to DHR clients, and therefore is a human service transportation system. The system provides services to the Division of Aging, Division of Family and Children's Services (DFCS) (Temporary Assistance to Needy Families (TANF)) and the Division of Mental Health, Developmental Disabilities, and Addictive Diseases (MHDDAD) clients. The system also serves clients from the Department of Labor's Vocational Rehabilitative Services. The state is divided into twelve regions. A Regional Transportation Coordinator (RTC) is assigned to one of each of the state's regions. The RTC is the focal point within each region, and is responsible for transportation provider monitoring and compliance. Three Field Operations Coordinators



(FOCs) oversee the RTCs. Each FOC is responsible for one of three districts. Each district contains four of the twelve regions.

The coordinated system operates through a series of purchase of service contracts within each region. Providers are a mix of governmental entities, for-profits, and private non-profits. In many regions a lead provider is the prime contractor. A prime contractor, such as a Regional Development Center (RDC), provides overall contract management in coordination with the RTC and subcontracts with additional entities to provide the transportation services. The use of a government agency as prime contractor makes maximum use of the available resources.

Each region has a Regional Transportation Coordinating Committee. The purpose of the committee is to establish policies and procedures within each region. In addition, the committee is responsible for contractor oversight and approval of new contracts / contractors each year. The Committee is made of regional division and human service provider representation. All committee members have a vested interest in the system and are either provided services by the system or play an active role in the system.

In FY06 the system served almost 20,000 clients and provided approximately 2,700,000 trips to the various client groups. The system relies on a complex system of reports and tools to track the various fund sources which support the system. Since initial system design relied on multiple funding sources, the accounting and tracking systems were developed to be able to track each trip by fund source. The process involves allocating resources to each region by fund source and developing tools to enable tracking funds through the entire system. Each component in the financial system has a purpose.

The Department of Human Resources (DHR) has partnered with the Department of Transportation on several "Demonstration" projects. These projects combine resources of both agencies to enable a coordinated system to be fielded in a region. The combined efforts of both agencies allow for an expanded public system to meet both public needs and serve human service clients as well.

## Department of Community Health Medicaid Non-Emergency Transportation Services

*Excerpt from: Presentation to HUMAN SERVICES TRANSPORTATION SUMMIT,  
June 1, 2007*

In order for the Georgia Department of Community Health (DCH) to further achieve its mission, it is essential that Medicaid members be able to get to and from health care services provided under the Medicaid program.

In accordance with the Code of Federal Regulation (CFR) (42CFR431.53), the Non-Emergency Transportation Service program (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

- Medical evaluations
- Obtaining prescription drugs
- Medical equipment

Prior to State Fiscal Year 1997, DCH reimbursed on a fee-for-service basis for NET services to transport Medicaid members, which enabled them to receive necessary Medicaid covered services from enrolled Medicaid providers.

Members were able to access these services on demand through direct contact with enrolled NET providers, the County Departments of Family and Children Services and the County Offices of the Division of Public Health.

In State Fiscal Year 1997, DCH requested proposals for the implementation of a NET Broker system to administer and provide NET services for eligible Medicaid members. The State was divided into five (5) regions for NET services and a broker was sought for each of the five (5) regions. The program became operational on October 1, 1997.

The agreements from the original procurement for services ended in June 2000. The next procurement, in which service contracts became effective July 1, 2000, resulted in two (2) Brokers for the entire State. Those agreements ended in December 2006. As a result of another successful procurement effort there are three (3) Brokers who provide NET services throughout the state.

The Brokers are responsible for:

- Recruitment and contracts with transportation providers;
- Payment administration;
- Gatekeeping and verification of need;
- Reservation and trip assignment;
- Quality assurance; and
- Administration oversight and reporting.

The Brokers are paid a capitated rate for each eligible Medicaid member residing their region(s).

The Broker system has proven to be a more effective and efficient means of providing transportation to our Medicaid members as opposed to the previous fee for service delivery model. The Broker system provides transportation services in areas of the state where there was no transportation for Medicaid members who had not other transport options prior to 1997. This system has also been successful in reducing and in most cases eliminating fraud and abuse of the NET services for the State of Georgia.

A map of the DCH NET system can be found as Appendix 9.

**Section IV**  
**Strategies to Address Gaps in Service**

## **Local Planning Process**

An integral part of the planning process has been soliciting public input local issues, needs and possible solutions. The DHR Coordinated Transportation System has, in each region of the state, a Regional Transportation Coordinating Committee (RTCC). These local committees are uniquely set to address gaps in service and other transportation service delivery issues. Membership is comprised of the key transportation personnel who perform limited planning and provide oversight of local human service transportation. All of the human service client groups affected by transportation in their local region are part of these committees. This includes those who serve the elderly, the disadvantaged, and the developmentally disabled.

Since all areas of the state are covered by an RTCC, local human service transportation planning is truly local, but encompasses the entire state in its process. All human service client groups are represented as well as the needs of the public, including the disability community. Through the individual committees' looking at local issues and developing solutions to their problems, the State of Georgia is developing a final human service coordination plan gathered from the twelve committee plans. The final plan will be locally derived and reflect the needs of citizens in that region.

## **Needs Assessments**

In conjunction with RTCC and public input, needs assessments, questionnaires and evaluations are conducted within each region to determine the transportation resources available, number of unmet needs, and resources needed to meet the needs. The RTCCs are able to identify program shortfalls and develop solutions that meet the identified needs. Additionally, the needs assessment determines how current transportation resources are being used, classify unmet need by population group and classify additional providers by type. The overall results of the DHR needs assessment, as well as the local needs assessment results, can be found as Appendices 1 and 2. The following strategies to address gaps in service are in direct relation to the findings of the research performed during the local planning process.

## Local Strategies by Region

### Region 1

State-wide, we are in the beginning of a paradigm shift moving from automated systems to improving system processes through automation of manual systems. The State of Georgia has made significant progress in the area of human service coordination. At this juncture we have an opportunity to be national leaders in the area of transportation services and innovations.

The following proposed projects include ideas for strengthening current transit systems with the DHR Region One/DOT District Six service area and provide a vision for continued improvements in an attempt to make the State of Georgia leaders in the vital area of transportation services.

**Use of 5310 funding:** due to the unmet needs within the DHR Coordinated system it is the recommendation of the RTCC to continue to secure 5310 funds to be used in support of the human service population within Region One. The Regional Transportation Coordinating Committee is in favor of continuing use of this Federal grant for the purpose of human service transportation for DHR consumers.

- **Potential Project One – Floyd County – Rome Transit Department 5307 program Full implementation of “Smart Card” technology**

Currently, the Georgia Department of Human Resources (DHR) and Rome Transit Department (RTD) have partnered together to field a Swipe Card test pilot in Rome. In addition to the public systems operated, Rome Transit currently provides services to DHR clients in the Rome city limits. After an initial phase of the pilot that includes tracking DHR services only, the test would expand to include public ridership as well. DHR clients would use smart cards for travel to services and use on the public systems. Rome Transit would provide cards to public users of their systems. The test would run for three years with options to extend the test for one year periods under a Memorandum of Understanding between the parties. This initiative will allow all parties to maximize federal and state matching grants to cover 90% of the smart card equipment costs. Smart cards will allow DHR to better service its clients, those with and without disabilities, while also providing more accurate information regarding client trips. Currently this pilot is being funded by DHR and DOT funding.

One recommendation under this potential project is to incorporate a transit voucher program for use by DHR agency consumers in conjunction with the Smart Card fare management system for Rome Transit Department. Rome Transit Department serves approximately 50 DHR consumers in the Rome city limit area.

This project would include funding for a sophisticated Smart Card system. Scanners allow a Smart Card to be read when placed within 3 – 5 inches of the scanner. In addition, cards used by DHR consumers could also be used to access transportation

services for shopping, medical, employment, education, recreation or other human services. These additional trips could be provided through use of a voucher system where Smart Cards could be loaded with trips at fare box rates.

Smart cards will allow Rome Transit and DHR to better service its clients, while also providing more accurate information regarding client trips. Smart Cards are a contactless card able to exchange or transmit data to a smart card reader through the use of magnetic or electromagnetic fields rather than actual physical contact with a card reader. Contactless smart cards are plastic cards that are approximately the size of a credit card. A smart card has an integrated circuit (IC) microprocessor which includes electronically erasable programmable memory (EEPROM), and it has read-only memory (ROM) capabilities embedded in it.

As noted above, smart cards have a number of viable uses in various systems from security to financial. A fairly new but very valuable application is the use of Smart Cards in transit systems. Smart cards can replace the need for change and money handling by bus operators. The cards can be encoded to safeguard the user. Various passenger types can be identified to provide transit managers the client type using the system, along with various data associated with that client. Ridership data can also be captured such as trips, miles per trip, number of users, time of trip, and when coupled with a global positioning system, where riders entered and exited the system can be tracked. Data can be captured and downloaded to primary computer systems for analysis. The need for money counters and manual entry of driver manifests can be done away with and accuracy increased. Smart cards can also be used to interact with other transit systems to create a seamless interface for users.

- **Potential Project Two – Feasibility Study for the I-75 corridor shuttle service Regional project to include Whitfield, Catoosa, Gordon, and Bartow counties**

Explore feasibility of a bus shuttle service which would connect transportation services for the counties of Whitfield, Catoosa, Gordon, and Bartow counties. This shuttle could include transfer points at Park N Ride lots located off the I-75 corridor from Chattanooga to Dalton. The feasibility study should include projected costs of transfer stations that may be a future transportation hub within each of those counties for future transit use as the population continues to increase. The transfer stations may include private industry kiosks which would make public use more attractive. The shuttle would travel north and south down the I-75 corridor with stops in each county. From Bartow County connecting service to Cobb could be an option and then direct service to Marta in Atlanta. Bus service would be established on a scheduled basis. This would ease commuter traffic along this heavily traveled corridor. Reductions in commuter traffic would reduce ground level ozone levels. As part of this project the DOT would secure and re-locate Park N Ride locations for each county in close proximity to I-75 exit in each proposed county. Currently Park N Rides are not located near I-75 exits making use of lots inconvenient. JARC funding may be used as well as 5317 funding for this proposed project.

There is a need for connecting direct service down the I-75 corridor in order to alleviate congestion on I-75. Currently the DOT Park N Ride lots allow for carpooling by individuals but a shuttle service would greatly enhance available options and further reduce commuter hour traffic patterns along this corridor. County 5311 systems could set up transfer points for anyone using the shuttle service for further transportation into their county of need and back again. This would promote a regional transit system and collaboration between county governments and state government functions and available funding sources. This would be a good test to see how a high speed commuter train might be received, which has been studied for this corridor. Transfer stations built could also include potential for expansion should a commuter rail system ever become a reality.

- **Potential Project Three**

- Whitfield County 5307 Urban Transit program**

- Public Survey results of the Whitfield Metropolitan Planning Organization 2006**

- Whitfield County low income residents, the elderly, human service clients and other transportation disadvantaged individuals would benefit from an in-city limit fixed route service with transfer station or points linking city limit and county citizens to the transit system. This would allow them access to needed services such as shopping, medical, courts, social services, Public Health, Department of Labor, and employment that they would otherwise be unable to access. The fixed route service would loop continually during service hours so that bus stops are serviced on the quarter, half or whole hour.

- **Potential Project Four**

- JARC – 5316 Project – Floyd County**

- Rome Transit Department operates within the city limits of Rome, Georgia. There are needs for transportation from the city limits into the county. These needs exist for access to employment and access to the Coosa Valley Technical College and Georgia Highlands College, both which are located outside city limits. Purchase of one or more small 12 passenger vans would meet this need cost effectively. Transit is an investment in our future. A citizen can evolve from relying on public transit to advocating for transit, thereby continuing a positive cycle for communities.

Unmet need includes access to dependable, low cost transportation alternatives for people living in the city and seeking employment or requiring transportation for educational reasons outside the city limits.

- **Potential Project Five**

- 5311 Enhancements – DOT District Six – DHR Region One**

- **Potential Project Six - Transportation subsidies for older adults**

- Begin a voucher system in Region One which would allow DHR consumers to access transportation services for their independent living needs at a rate below farebox. Currently, very few transit systems offer any subsidies for older adults. Subsidies provide an incentive for individuals to use public transportation. Many of the elderly who need transit would use this option, if more affordable. Those elderly on limited incomes

and without either a car or driver's license need public transportation. Para-transit, which is the option most elderly need to take, is an expensive option on a regular basis. Reduced fares would encourage more elderly to use transit systems and increase ridership and validate added routes.

The Task Force recommended that two or three pilot areas (rural, suburban and rural) be selected throughout the state and an exploratory committee be formed to further develop community support programs. Funding to field some of the programs could be a mix of Federal Transit Administration funds and State funds. The committee would develop, put in place, and evaluate the following initiatives:

- Part-time Public employee driven transportation services.
- Neighborhood car and van pools.  
(Currently, a Vanpool study is underway in the Coastal region of the state.)
- Neighborhood bus services.
- Volunteer driver programs.
- Community sitter services.
- Buddy system services.
- Neighborhood managers for transportation programs.
- Development / expansion of older adult transportation programs by civic and church groups.

- **Potential Project Seven**

In conjunction with DOT/DHR, a feasibility study is recommended in order to determine the level of interest by the public for a Floyd County 5311 Transit system. A Public assessment of need using the Needs Assessment form could be distributed or solicited through local malls, grocery stores, DHR/DOL agencies, etc. These surveys would reinforce the need for public transit within Floyd County and help in gaining support of this system with County Commissioners and other county administrators, as well as the public.



## Region 2

Several projects have been conducted in other parts of the country with some impressive results. The main issue that has been identified in this community to prevent better transportation opportunities is funding. If this grant is awarded and we are able to revise the system, we must be creative, learn from the experiences of others and make the most of all coordinated resources currently available in our area. To that end, it is suggested that we consider the following:

- Utilizing all available private transportation options to provide van route services to the areas with the greatest need and at times not currently available through the current public transit service. A survey of fees and availability may be taken to arrive at an average cost per trip and some portion of the funding could be used to provide tokens or vouchers for the identified providers.
- Broward County, Florida applied for \$1.5 million dollars and was awarded same. They then used that to match with another \$1.5 million from TANF. As a result they were able to hire a transportation planner. With his assistance, ridership increased from 11,000 to 21,000 in one month. Also the transportation system rerouted some on its buses and now carries 1600 employees to one employer. It is suggested that we consider the services of an outside transportation planner to assist with maximizing the ridership of our system.
- In one community, a GIS (Geographic Information System) to locate jobs along transit lines was developed with the grant funds. It also plots and identifies child care centers and residential neighborhoods. In addition, a Job Line was created. It began as an over-the-phone info listing of job openings along the bus routes. It has now developed to the point that the largest radio station announces the bus route job listings each morning with the number of the accompanying bus route.

The need to develop a more extensive and user-friendly transit system will result in generating additional dollars that are needed to expand services to longer routes, longer service hours and more frequent runs. Once people who are low-income and disabled have access to employment, they will pay into the tax base of our community, far more than is needed to transport them to work. Failure to address this issue has a long-term negative financial impact on our community.

### **Region 3**

Region 3 is the Metro Atlanta area and is therefore included in the Atlanta Regional Commission's Coordinated Human Services Transportation (HST) Plan for the 18-county Atlanta region ([www.atlantaregional.com/hst](http://www.atlantaregional.com/hst)).

## Region 4

It is anticipated that in order to successfully fill the identified service gaps, projects will need to be identified that support and expand existing transportation options and/or assist in the development and maintenance of additional transportation services designed for older adults, low-income individuals and persons with disabilities. In addition, those projects may require additional labor and expense. The use of the available funding for eligible projects may include, but is not limited to capital investment, planning, and operating assistance.

### Goals

- Improve accessibility and mobility for the transportation disadvantaged target groups.
- Increase local interest and involvement in public transit programs.
- Maximize the resources available through good coordination in planning, service delivery and reporting.
- Increase cost effectiveness as well as system efficiency.
- Take advantage of existing technological innovations that currently exists and/or make enhancements where feasible and advantageous to the overall effectiveness and efficiency of the system.

### Potential Projects

- **Increase hours and days of operation on existing public transit systems.**  
In the Region 4 counties that have existing public transit systems, no system runs after 5:00 p.m. or before 8:00 a.m. and there is no public service on the weekends. This places barriers and limits on the transportation disadvantaged target groups.
- **Reduce geographical restrictions within existing public transit systems not currently involved in a regional 5311 project.**  
These systems do not currently transport across county boundary lines. This creates a hindrance for the transportation disadvantaged when trying to access work, education, training, daycare, medical, and other life essential options.
- **Increase the number of transit systems involved in regional 5311 projects and/or establish additional 5311 regional projects.**  
By creating boundary crossing systems; work, education, training, daycare, shopping, social service and medical options for the transportation disadvantaged could be greatly increased and in turn provide safe, affordable, available, usable, clean, comfortable, and responsive transit services.

- **Establish public transit systems in areas that currently do not currently have those systems available as well as increase capacity in systems that are currently available.**

This would increase access to safe, affordable transportation within the region where, in the past, transportation has been a barrier to independence and self-sufficiency.

- **Work towards a more cohesive coordination effort within State of Georgia agencies that sponsor transit systems.**

Establish consistent policies, program guidelines and annual activities whenever possible to decrease redundancy and multiple monitoring, inspection, and reporting for transportation providers.

- **Establish a voucher/token system that would allow the transportation disadvantaged target groups to solicit transit assistance from family, friends, neighbors, co-workers, and faith based organizations.**

This would help individuals access services during times when they are not eligible for human service transportation and the public system is at capacity.

- **Make use of and/or increase the availability of technological innovations that would increase system efficiency and enhance access to transportation for the disadvantaged target groups.**

Such innovations could include by should not be limited to: Geographic Information System (GIS) tools, customer trip information technology (smart cards), automate a web-based regional public transit and human service transportation information system, and vehicle position-monitoring systems.

## Region 5

The following strategies have been determined to address identified gaps in service:

- Greene County Transit needs to expand or run a fixed route to transport employees to needed job sites and employment areas.
- Transportation for Independent Living Council members and clients as well as other aging and disabled members of the community to work, activities in the community, medical appoints, etc.
- Mental Health and Development Disability transportation to jobs and work sites, with or without a job coach.
- Mental Health and Developmental Disability transportation for clients to address program goals and community integration.
- Address the Department of Family and Children Services needs for transportation for transitional services clients to continue access to work. Build a transportation support system to sustain employment.
- Additional trips needed for the elderly and aging population to the senior centers as well as to additional services in the community.
- Additional trips needed for the disabled who can not access the current transportation and need transportation to work, medical appointments, as well as additional services in the community.
- Provide transportation resources to residents who need transportation to medical appointments and dialysis that do not reside in an area that has a transportation system, and are not eligible for the Medicaid NET transportation.
- Expand the current transportation services to incorporate trips to work, shopping, medical appointments, etc. This could be by adding additional vehicles, drivers, adjust operating hours and routes.
- Add additional Rural Transportation programs in counties that do not currently operate a 5311 program. Allow DHR Transportation System to assist with public trips in these areas.
- Expand the transportation services to the senior centers, MHDDAD and DFCS transitional services and non-TANF services that we currently do not provide due to funding.

## Region 6

The purpose of this transportation plan is to aid policy makers, planners, and administrators in using available funds to effectively plan for the transportation needs of welfare recipients and other low-income adults served by the Georgia Department of Human Resources, Division of Family & Children Services (DFCS) in Region VI. DFCS is specifically responsible for welfare and employment support, protecting children, foster care, and other services to strengthen families. Located within DFCS, there are two divisions: Social Services and the Office of Family Independence (OFI). The social services section primary responsibilities include child protection services, foster care, and adoption services. The OFI section is responsible for administering food stamps, Medicaid, Temporary Assistance for Needy Families (TANF), childcare, and refugee resettlement for Georgia's vulnerable families.

The specific objectives of this project are: (1) to identify the transportation obstacles facing welfare recipients and other low-income individuals present, new, and returning DFCS clients, (2) to provide additional trips and transportation options to better enable welfare clients and low-income individuals find and keep, and improve their employment and (3) to provide information and county-specific data to better assist local welfare-to-work transportation programs; and finally to develop a regional strategy for applying for and allocating funding through the Job Access and Reverse Commute Program.

The Personal Responsibility and Work Opportunities Reconciliation Act of 1996 and the creation of TANF with its emphasis on reducing the welfare rolls has sparked DFCS' interest in Region VI in examining the extent to which barriers related to transportation affects welfare recipients and other low-income individuals' transition into the labor market. With the passage of federal and state welfare reform measures, DFCS, throughout the state of Georgia, has had to establish programs to help welfare recipients find jobs. The pertinent issue, therefore, is not whether welfare recipients ought to work, but rather how to enable welfare recipients to make the difficult transition off public assistance and into the labor market.

There are many different approaches to helping recipients find paid employment including programs to provide basic education, child care, job training, job placement, transitional Medicare etc. However, one important component to welfare-to-work programs is transportation services, which improve welfare recipients' access to jobs, and other employment-related support services. Access to transportation, either automobiles or public transit, affects welfare recipients' ability to find and retain employment.

Although the empirical evidence of the relationship between transportation and welfare usage is sparse, anecdotal evidence has been well documented by Region VI case managers who have worked closely with clients receiving TANF for many years. One of the common themes noted by case managers centers on the difficult commutes of welfare recipients who often live far from employment centers, particularly in rural areas and whether or not welfare recipients have access to reliable forms of transportation to take them to and from work.

Since limited empirical data exists about the correlation between transportation and the welfare usage, DFCS of Region VI has developed and implemented a tracking tool known as the Area

VI TANF Data Collection Form that not only will track the number of TANF clients who identify transportation as their barrier to employment, but will also examine the number of low-income families who identify other barriers to employment such as child care, pregnancy, illness, domestic violence, workplace conflict, etc.

Getting and maintaining a job involves much more than the ability to commute to and from work; transportation also affects commuting, job search, job turnover, and child-serving trips to mention a few. Research, to examine whether or not a relationship exists between job access and welfare use in these areas, will need to be explored in Region VI. According to the Federal Highway Administration, ninety-one percent of all person trips to work are in private vehicles compared to 3 percent on public transit.<sup>1</sup> Yet, low-income households have less access to automobiles than other households. Twenty-six percent of low-income households do not have a car compared to 4 percent of other households; and the percentage of low-income, single-parent households without an automobile is even higher—36 percent (Murakami and Young, 1997). As a result, low-income commuters travel to work using public transit compared to 2 percent of the non-poor (Murakami and Young, 1997).<sup>2</sup>

If funding is provided to assist in addressing the problem relating to transportation as a barrier to employment for welfare recipients and other low-income persons, more empirical data and anecdotal evidence should be received. Region VI DFCS will seek to examine several areas such as:

- Given the myriad of obstacles that welfare recipients face in moving into the labor market, what is the particular relationship between welfare usage and transportation?
- If there is a relationship between welfare usage and access to transportation, what types of programs and services are most effective in meeting the needs of the recipients?
- What exactly do welfare recipients need to access to?
- When do welfare recipients need access to these services?
- How much transportation access do welfare recipients currently have? (In other words, how easy is it for them to get to where they need to go?)
- How can individuals from a diverse array of agencies and organizations collaborate to plan and provide, transportation programs aimed at welfare recipients?

The organization will utilize the case study and exploratory approach as the primary methodological devices for examining and describing the relationships between welfare usage

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<sup>1</sup> Federal Highway Administration

<sup>2</sup> Murakami and Young, 1997.

and access to transportation and to examine what types of programs and services are most effective in the meeting the needs of recipients. These approaches include working with local employment, social service agencies, public housing, child care organizations, etc. to develop a collaborative network for placing welfare recipients in jobs and considering a mix of transportation approaches that will not only rely solely on mass transit systems as the primary method for transporting welfare recipients to and from jobs.

According to Earl Babbie, Exploratory studies are typically done for three purposes 1) to satisfy the researcher's curiosity and desire for more clear understanding of an occurrence, 2) to test the feasibility of undertaking a more careful study, and 3) to develop the methods to be employed in a more careful study. Engaging in an extensive analysis of available information regarding the subject material can carry out an exploratory investigation.

Thus an exploratory investigation for this study is predicted on analyzing primary and secondary data pertaining to the obstacles welfare recipients and other low-income individuals face in moving into the labor market. An attempt will be made answer the above-mentioned hypotheses with respect to data collected by Region VI Office of Family Independence by utilizing the Area VI TANF Data Collection Form. Secondary data will collected by interviewing the case managers in the local DFCS offices. DFCS will work closely with the Office of Regional Transportation in analyzing the data and overseeing the project.

The goals will be to bridge the gap between where poor people live and where jobs are located, to provide better coordination of existing transportation resources between the local government, public agencies in Region VI, and the private sector to in order to enhance the ability of clients to access transportation services. The existing transportation systems were originally established to transport inner city residents to city locations and bring suburban residents to central-city work locations. However, the majority of the entry-level jobs that welfare recipients and the poor would be likely to fill are located in suburbs that have limited or no accessibility through existing public transportation systems. Furthermore, many entry-level jobs require shift work in the evenings or on weekends, when public transit services are either unavailable or limited.

Although an evaluation will be conducted reviewing the number of transportation programs and the decline in the percentage of people who are on welfare, the number of former welfare recipients who no longer live in poverty will measure the real measure of success. The followings area shall be examined: (1) identification of the transportation obstacles facing welfare recipients and other low-income individuals present, new, and returning DFCS clients, (2) examination of transportation options to better enable welfare clients and low-income individuals find and keep, and improve their employment and (3) an analysis of county-specific data to better assist local welfare-to-work transportation programs and to develop a regional strategy for applying for and allocating funding through the Job Access and Reverse Commute Program. Success will be achieved through effective policies and programs, including transportation policies, which enable welfare recipients to find and keep jobs that pay enough to adequately support their families.



## Region 7

Project Central Savannah River Area (CSRA) will use all coordinated resources and funds to address gaps in transportation services to elderly, disabled and low-income individuals by providing transportation services to medical appointments, medically-related appointments, employment, service providers, and other related appointments. Several projects have been conducted in other parts of the country with some impressive results. The main issue that has been identified in this community to prevent better transportation opportunities is funding. New Freedom Funds, 5310 Funds, and Job Access and Reverse Commute funds will enable gaps to be addressed, while enhancing the Quality of Life of the targeted population and being creative to reduce duplication of services and learning from the experiences of others to address service gaps.

Project CSRA will:

- Improve accessibility and mobility for the transportation disadvantaged.
- Improve customer services for Human Services Transportation Users and Providers
- Improve the Cost Effectiveness and Efficiency of Services.

Making medical transportation available, providing transportation to employment sites for low-income individuals, and enabling the disabled to have readily available transportation will be achieved through this federal funding, state and local resources. Project CSRA will:

- Utilize private transportation providers to expand Para Transit services to all eligible residents of Richmond County that are not located in the Augusta Public Transit (APT) service area.
- Use private transportation providers to address transportation gaps to South Augusta Health Department. They service approx 2,000 consumers per month and have documented a 20% no show rate for appointments due to the client having no transportation to the Health Department.
- To address the growing population of Windsor Spring Rd/Tobacco Rd/Deans Bridge Rd --- Offer Express Service to a limited number of stops provided by Augusta Public Transit.
- Utilize private transportation providers (and public transits where appropriate) to provide Medical Transportation to seniors and people with disabilities to medical and medical related appointments who are not eligible for Medicaid transportation.
- Develop transportation for economically disadvantage individuals to cover times when APT is not operating for employment/job transportation.
- Hire a Transportation Planner or contract with a Transportation Planner to work with public and private transit companies as well as industry and business to determine most needed and appropriate routes and systems for CSRA transportation.
- Rural/Urban Transportation Collaboration: Rural counties to bring consumers to a central drop-off such as Augusta Mall and then the consumer takes the Augusta Public Transit to Medical College of Georgia or doctors appointment and this would allow rural van to take consumers to other locations or return to county to provide

transportation until time to return to central drop-off to return consumers to their rural county.

Some additional considerations are:

- Utilizing all available private transportation options to provide van route services to the areas with the greatest need and at times not currently available through the current public transit service. A survey of fees and availability may be taken to arrive at an average cost per trip and some portion of the funding could be used to provide tokens or vouchers for the identified providers.
- Take advantage of existing Intelligent Transportation that currently exists and/or make enhancements where feasible.
- Create a seamless network of transportation services among the 5307, 5309, 5311, GADHR, private, and non-profit providers. This effort directly will reduce duplication and enhance services.
- Address the transportation gaps throughout the CSRA (instead of targeting certain counties) to eliminate political barriers and boundaries. For example, rural areas and Urban Augusta may partner to identify transfer points to exchange passengers to enable each to serve a larger area with minimum time delays.
- Broward County, Florida applied for \$1.5 million dollars and was awarded same. They then used that to match with another \$1.5 million from TANF. As a result they were able to hire a transportation planner. With the planner's assistance, ridership increased from 11,000 to 21,000 in one month. Also the transportation system rerouted some on its buses and now carries 1600 employees to one employer. There are opportunities like that available to Richmond County, Georgia and the CSRA. It is suggested that we consider the services of an outside transportation planner to assist with maximizing the ridership of our system.
- In one community, a GIS (Geographic Information System) to locate jobs along transit lines was developed with the grant funds. It also plots and identifies child care centers and residential neighborhoods. In addition, a Job Line was created. It began as an over-the-phone info listing of job openings along the bus routes. It has now developed to the point that the largest radio station announces the bus route job listings each morning with the number of the accompanying bus route. There is certainly opportunity for Richmond County to coordinate existing resources to link bus routes with existing job openings.

## Region 8

Implementing an effective coordinated transportation system is dependent on the key players coming to the table and working together to achieve the desired results. Key players, involved in providing transportation to both DHR clients and the general public, included the Department of Human Resources (DHR), the Department of Transportation (DOT), the Department of Labor (DOL), the Regional Development Centers (RDC), under the Department of Community Affairs (DCA), and the Department of Community Health (DCH).

Many of the key transportation personnel already comprise the membership of the local committee which perform limited planning and provide oversight of local human service transportation. Active members of this committee include DOL, DOT, and DHR personnel who are directly involved with or which has a vested interest in the transportation resources for the local region. The purpose of this committee is to provide oversight and recommendations for the DHR Coordinated system. However, the DHR system contracts with many of the rural public systems, and one small urban system, DOT is very much involved in the RTCC. All of the Human service client groups affected by transportation in the local region – those who serve the elderly, the disadvantaged; the developmentally disabled are all part of this group. The only local entity which does not have current formal membership is Vocational Rehabilitation (DOL). However, this group participated in the survey conducted by the RTCC.

The creative use of New Freedom Funds, 5310 Funds and Job Access and Reverse Commute funds will enable the gaps identified to be addressed:

- Improve the cost effectiveness and efficiency of existing and potential transportation services for the transportation disadvantaged in Region 8.
- Improve and increase the accessibility and mobility of existing and potential transportation services to transportation disadvantaged in Region 8 to include:
  - Maximizing the resources available through coordination of planning, customer service, service delivery, and reporting;
  - Take advantage of technological innovations to enhance the system.
- Improve the quality of life for the transportation disadvantaged in Region 8.

### **METRA – Columbus, GA. Transit System**

The Department of Transportation /METRA is applying through the Department of Community and Economic Development for funding for a public transportation program called the "Night Owl Transportation Program". The need for evening public transportation after METRA's regular fixed route service ends at 8:30 P.M., Monday through Saturday, has been documented by METRA's customers request and surveys over the years. Columbus has gradually increased its work destinations outside of the central business district and the traditional retail centers. METRA recognizes that access to the new and growing economic centers and the subsequent job markets poses a challenge to individuals with few transportation options at their disposal. METRA feels that reasonable and accessible transportation removes a major barrier of low-income citizens.

### **Lower Chattahoochee Regional Development Center**

The Lower Chattahoochee RDC service delivery boundary includes: Chattahoochee, Clay, Harris, Muscogee, Quitman, Randolph, Stewart and Talbot counties in Region 8.

The RDC has developed a Four County Rural Transportation Development Plan for Clay, Quitman, Randolph and Stewart counties under contract with and financial support from the Georgia

Department of Transportation (GDOT). The transportation study is a collaborative effort of the RDC with DOT, DHR, and the counties and cities within the four county rural region of Georgia. The plan serves as an initiative to implement a consolidated regional transportation system that serves the general public.

The RDC states that public transportation is not only important in urban areas, but also in the rural areas of Georgia. In fact, the RDC expresses that the challenges posed by everyday transportation activities (i.e. buying groceries or prescription drugs, visiting medical facilities, or going to educational institutions, shopping centers, and recreational areas) and even greater in rural areas, where services are often widely spread apart. The goals of the project are:

- Provide public transportation for community residents to area destinations facilitating access to business, commercial, educational, and other activities supporting economic development.
- Support the development of a regional transportation system that is economically efficient, effective, and includes significant improvements in public transportation necessary to achieve regional goals for improved mobility for elderly persons with disabilities and economically disadvantaged persons in the region.

## **Potential Projects**

The following list of potential projects is intended to illustrate, but not exclude additional potential projects.

- **Coordination** – continue to support coordination between public transportation and the wide variety of transportation services provided on behalf of human service agencies are brought together to meet the mobility needs of Region 8 by developing services that
  - Shared rides on the same vehicle by persons whose trip may be funded by different agencies, or
  - Shared vehicles that are used by different client or passenger groups at different times, or
  - Shared resources among transportation programs, such as shared training, maintenance, administration, insurance pools, etc.
  - Continue to support Coordination at the state level, DOT, DCH, NET, etc.

Make accessibility improvements to the transportation system that remove barriers to the transportation disadvantaged that include the acquisition of intelligent transportation technologies to help plan and operate coordinated systems inclusive of Geographic Information Systems (GIS) mapping, Global Positioning System Technology, coordinated vehicle scheduling, dispatching and monitoring technologies as well as technologies to track costs and billing in a coordinated system and single smart customer payment systems.

- **Expansion of current hours of operation of the existing public transit systems.**  
In Region 8 all existing public transit systems do not provide services before 8:00 A.M. and after 5:00 P.M.
- **Implement Feeder Services between Public and Human Services Transit Systems.**  
Removing geographic restrictions such as crossing county boundaries would enhance the accessibility of the transportation disadvantaged to: employment, training, education, daycare, medical, and other life essential options.

## Region 9

### Goals

- Improve accessibility and mobility for the transportation disadvantaged target groups.
- Increase local interest and involvement in public transit programs.
- Maximize the resources available through good coordination in planning, service delivery and reporting.
- Increase cost effectiveness as well as system efficiency.
- Take advantage of existing technological innovations that currently exists and/or make enhancements where feasible and advantageous to the overall effectiveness and efficiency of the system.

### Potential Projects:

- The DHR Coordinated Transportation System is utilized by eleven (11) Senior Centers for Aging Consumers in the Region 9 area and fifteen (15) MHDDAD centers. There is an increasing need for services in this area. Transportation is a major concern of older people living in DHR Region 9 and MHDDAD consumers. It has been the number one priority as identified in our public hearings since we began holding hearings.
- The DHR Coordinated Transportation System is utilized by two (2) core providers of mental health, developmental disabilities and addictive diseases providers in the Heart of Georgia Region 9 area. There is an increasing need for services across the State with an associated increased need for transportation services. This is particularly relevant given the initiative to reduce State Hospital admissions and serve more consumers with developmental disabilities from the waiting lists and those being moved from hospitals to the community.
- Since January of 2005 the number of TANF trips in the 17 county area including Appling, Bleckley, Candler, Dodge, Emanuel, Evans, Jeff Davis, Johnson, Laurens, Montgomery, Tattnall, Telfair, Toombs, Treutlen, Wayne Wheeler and Wilcox, Counties has reduced in size from approximately 19,000 in FY07 from 32,246 in FY06 and 69,177 in FY05. These former recipients all represent a population that could benefit from JARC funding. The reduction of TANF cases in the rural impoverished counties has been largely to the employment of former TANF recipients in low paying service industry jobs and manufacturing jobs. Most of the service industry and factories in the rural counties are located in the cities of these counties or at industrial parks which in many cases are not closely located to the inhabitants of the rural communities. The average per capita in 2005 for these Heart of Georgia Counties was \$14,091, which was much less than the state per capita average of \$21,587. Former TANF recipients are largely low-income households that are also faced with increased fees in childcare services and are overburdened with the rising cost of energy and transportation. The support services that can currently be paid through DFCS for transportation is limited to

six months post TANF. After TANF support services are exhausted there is no assistance with transportation needs. JARC funding will be the instrument of providing a continuum of employment support for individuals leaving TANF where they have exhausted their TANF support services. JARC will be a support for those that must gain experience in a low paying job before they are able to increase their income and no longer require assistance with transportation. The TANF transportation currently being used to support active TANF recipients can be used as the draw down for JARC funds and will be used by the local RDC to support the efforts of making public transportation more assessable. JARC funds will be used to enhance the ability of the former TANF recipients in providing the necessary labor for the small business and industry where minimal wages are the norm. In turn economic development will be encouraged, families will be stronger, business and industry will have a more reliable work force and individuals will continue to have the dignity of a job.

## Region 10

DHR Region 10 consists of 14 rural counties in Southwest Georgia. The Region 10 plan is targeted for low income elderly, disabled, and low income employed individuals in the counties of Baker, Decatur, Dougherty, Calhoun, Early, Colquitt, Grady, Miller, Mitchell, Lee, Seminole, Thomas, Terrell, and Worth.

We are seeking funds to assist with providing transportation services to Ga. Dept of Human Resource clients as well as Georgia citizens that have transportation barriers to needed services or jobs.

Percent of Population in Poverty: Region 10			
	Total/County	Poverty Level/County	Percent
<b>Baker</b>	4,074	951	23%
<b>Calhoun</b>	6,320	1,328	27%
<b>Colquitt</b>	42,053	8,205	20%
<b>Decatur</b>	28,240	6,240	23%
<b>Dougherty</b>	96,065	22,974	25%
<b>Early</b>	12,354	3,094	26%
<b>Grady</b>	23,659	4,982	21%
<b>Lee</b>	24,757	1,958	8%
<b>Miller</b>	6,383	1,322	21%
<b>Mitchell</b>	23,932	5,793	26%
<b>Seminole</b>	9,369	2,141	23%
<b>Terrell</b>	10,970	3,069	29%
<b>Thomas</b>	42,737	7,231	17%
<b>Worth</b>	21,967	4,050	19%

Aging Population: Region 10			
	Total/County	Aging/County	Percent
<b>Baker</b>	4,074	551	14%
<b>Calhoun</b>	6,320	809	13%
<b>Colquitt</b>	42,053	5,461	13%
<b>Decatur</b>	28,240	3,762	13%
<b>Dougherty</b>	96,065	11,310	12%
<b>Early</b>	12,354	2,000	16%
<b>Grady</b>	23,659	3,125	13%
<b>Lee</b>	24,757	1,550	6%
<b>Miller</b>	6,383	1,099	17%
<b>Mitchell</b>	23,932	2,836	12%
<b>Seminole</b>	9,369	1,468	16%
<b>Terrell</b>	10,970	1,464	13%
<b>Thomas</b>	42,737	5,985	14%
<b>Worth</b>	21,967	2,678	12%

#### Potential Projects:

- The DHR Coordinated Transportation System is utilized by two (2) core providers of mental health, developmental disabilities and addictive diseases providers in Southwest Georgia. The system is also utilized by four (4) providers of day and employment services to individuals with developmental disabilities. There is an increasing need for services in Southwest Georgia and across the State with an associated increased need for transportation services. This is particularly relevant given the initiative to reduce State Hospital admissions and serve more consumers with developmental disabilities from the waiting lists and those being moved from hospitals to the community. The DHR Regional Transportation Coordinator recently surveyed the providers in Southwest Georgia who utilize the Coordinated Transportation System. 11 of 19 providers responded, and indicated that they need approximately 12,000 additional trips for new consumers who have come into services. Additionally, these providers indicated the need for approximately 35,000 more trips for existing consumers. These needs are due to the increasing costs and associated trip reductions experienced in the last two (2) fiscal years. Without additional funding to offset trip costs, many consumers are likely to experience problems accessing needed services. Also, the human service providers will incur greater financial liability relative to providing more transportation services.
- Since January of 2005 the number of TANF cases in the 13 county area including Baker, Calhoun, Colquitt, Decatur, Early, Grady, Miller, Mitchell, Seminole, Terrell, Thomas and Worth County has reduced in size from 729 to 9. These former recipients all represent a population that could benefit from JARC funding. The reduction of TANF



cases in the rural impoverished counties has been largely to the employment of former TANF recipients in low paying service industry jobs and manufacturing jobs. Most of the service industry and factories in the rural counties are located in the cities of these counties or at industrial parks which in many cases are not closely located to the inhabitants of the rural communities. The average per capita in 2005 for these Southwest Georgia Counties was \$13,455, which was much less than the state per capita average of \$21,587. In many Southwest Georgia counties, poverty is greater than 22% of the population. These Southwest Georgia Counties also have a population where 19 % of the population receives Medicaid in comparison to the state average of 13%; many of these Medicaid families are former TANF recipients whose income from earnings remains low enough to qualify for Medicaid. Former TANF recipients are largely low-income households that are also faced with increased fees in childcare services and are over burdened with the rising cost of energy and transportation. The support services that can currently be paid through DFCS for transportation is limited to six months post TANF. After TANF support services are exhausted there is no assistance with transportation needs, no mass transit or many opportunities to car pool. JARC funding will be the instrument of providing a continuum of employment support for individuals leaving TANF where they have exhausted their TANF support services. JARC will be a support for those that must gain experience in a low paying job before they are able to increase their income and no longer require assistance with transportation. The TANF transportation currently being used to support active TANF recipients can be used as the draw down for JARC funds and will be used by the local RDC to support the efforts of making public transportation more assessable. JARC funds will be used to enhance the ability of the former TANF recipients in providing the necessary labor for the small business and industry where minimal wages are the norm. In turn economic development will be encouraged, families will be stronger, business and industry will have a more reliable work force and individuals will continue to have the dignity of a job.

## Region 11

It is anticipated that in order to successfully fill the service gaps identified, projects will need to be identified that support and expand existing transportation options and/or assist in the development and maintenance of additional transportation services designed for older adults, low-income individuals and persons with disabilities. In addition, these projects may require additional labor and expense. The use of the available funding for eligible projects may include, but is not limited to capital investment, planning, and operating expense.

### GOALS:

- To improve accessibility and mobility for the transportation disadvantaged target groups.
- To increase local interest and involvement in public transit programs.
- To maximize the resources available through good coordination in planning, service delivery and reporting.
- To increase cost effectiveness as well as system efficiency.
- To take advantage of existing technological innovations that currently exists and/or to make enhancements where feasible and advantageous to the overall effectiveness and efficiency of the system.

### POTENTIAL PROJECTS:

- The list of potential projects is intended to be illustrative, not exhaustive.
  - Increase hours and days of operation on existing public transit systems.
  - Establish additional 5311 projects that currently do not have 5311 systems and increase capacity in systems that are currently available.
  - Make use of and or increase the availability of technological innovations that would increase system efficiency and enhance access to transportation for the disadvantaged groups.
- Transportation service gaps were identified from the AAA Public Hearings, as well as Needs Assessments. The RTCC recommends that Section 5310 – Elderly and Persons with Disabilities funding continue to be used in support of the existing Coordinated Transportation System as any modification in the use of this funding would negatively impact access to needed transportation and social services for these target groups. They further recommend that Section 5316 – Job Access and Reverse Commute and 6417 – New Freedom funding be used to address the service gaps listed below.

### TRANSPORTATION NEEDS FOR THE ELDERLY:

- **Transportation to and from the Senior Center.** Current levels of funding do not meet the need for transporting elderly DHR consumers from their home to the senior center and return. The shortfall is approximately \$50,000 or 9,000 trips. Current funding levels provide approximately 11 months of transportation per year. Additional funds are needed for the last month of the fiscal year and to ensure the elderly are able to access services provided at the senior center.

- **Older Americans Community Senior Employment Program (OACSEP)** The Older American Act allocates funds for the Older Americans Community Senior Employment Program (OACSEP). Participants must be 55 or older and 75% of the participants must be at or below the federal poverty level. Many elderly individuals cannot participate because they do not have transportation. Approximately 60 low-income elderly individuals who are capable of working and need and want to work could participate in this program if transportation was available.

Specific type of transportation needed:

- Transportation from home to an assigned worksite and return to home during program participation.
- Transitional transportation assistance for OASCEP participants who complete training and obtain employment for a period of three months after the inception of employment.

#### **Seniors at Personal Care Homes:**

- The Southeast Georgia AAA has approximately 1000 personal care home beds. These individuals need the following trips:
  - Medical appointments (doctor, dentist, or other type of medical appointments). At a minimum, two (2) trips per quarter are needed, or 8 per year. A total of 8,000 trips per year are needed for residents of personal care homes.

#### **Seniors that receive Home and Community Based Services (HCBS).**

- In December 2006, the AAA provided HCBS services to approximately 725 seniors, with the majority (546) receiving home delivered meals. At a minimum, an HCBS client would need two trips per month or 24 per year. A total of 17,400 trips per year are needed for HCBS clients.

#### **Seniors that receive services through the Community Care Services Program (CCSP).**

- In December 2006, the CCSP enrollment was 1,020. At a minimum, two trips per month are needed or 24 per year. A total of 24,480 trips per year are needed for CCSP clients.

#### **Seniors on the waiting list for HCBS services.**

- The largest waiting list in the Southeast Georgia AAA for HCBS services is for homemaker services. In December 2006, 1,236 individuals were waiting for homemaker services. At a minimum, two trips per month are needed, or 24 per year. A total of 29,664 trips per year are needed for seniors on the HCBS waiting list.

#### **Transportation for necessary trips:**

- Transportation to access needed medical and health related services including, but not limited to:
  - Medical appointments and treatments that are not Medicaid eligible;
  - Pharmacy visits;
  - Grocery shopping

- Mental Health services

### **TRANSPORTATION NEEDS FOR LOW INCOME YOUTH:**

In Area 19 (Atkinson, Bacon, Berrien, Brantley, Clinch, Charlton, Coffee, Pierce, and Ware Counties), barriers to entry into the workforce have been identified for economically disadvantaged youth. The resources to remove many of these barriers have been provided; however, the lack of transportation still remains. In more than one county, no form of public or private transportation is available. It is anticipated that the provision of transportation would affect approximately 30 low-income youth who are currently enrolled in training (Atkinson – 3, Bacon – 4, Brantley – 1, Coffee – 6, Pierce – 12 and Ware – 13).

### **TYPES OF TRANSPORTATION NEEDED FOR LOW-INCOME YOUTH:**

- Transportation to and from a local technical college, community college, or other training facility to enable low-income youth to pursue occupational skills training and employment. These youth may or may not meet the eligibility requirements for WIA registration.
- Transportation assistance for dependents of low-income youth to and from a school, childcare provider, school or medical facility.
- Transitional transportation assistance for a WIA youth who completes training and obtains employment for a period of three months after the inception of employment.

### **MHDDAD TRIPS:**

At the current transportation level only 2 counties are being provided transportation for two (2) Developmental Disabilities Centers, Cook and Turner Counties. As indicated by the Needs Assessment, twelve counties out of eighteen responded with 246 clients not being served. Public trips are also needed in all areas MHDDAD.

For MH Service Centers there are 35 clients not receiving transportation with a need for additional trips for consumers currently receiving transportation.

For AD Service Centers there are 66 consumers not receiving transportation with a need for additional trips for consumers currently receiving transportation.

1. Transportation to access needed medical and health related services including, but not limited to:

Medical appointments and treatments that are not Medicaid eligible;

Pharmacy visits;

Grocery shopping;

Mental health services;

Substance abuse services; and

Court ordered treatments.

2. Transportation to access goods and services that are considered to be life essential or preventive in nature including but not limited to:

Grocery shopping;

Social services;

Food stamps;

Pharmacy;  
Bill paying;  
Energy assistance programs; and  
Commodities programs.

## Region 12

Region 12 encompasses nine counties: Bryan, Bulloch, Camden, Chatham, Effingham, Glynn, Liberty, Long and McIntosh counties. (NOTE: Screven County information is being used in some areas for statistical information only. While it is not included in the Region 12 DHR Transportation area it is included in the Coastal RDC data.) The region borders South Carolina to the north, Florida to the south and the Atlantic Ocean to the east. The region is approximately 4,461 square miles in size and is the second fastest growing region in the state, only behind Atlanta.

We are seeking funds to assist with providing transportation services to Georgia Department of Human Resource clients, as well as, Georgia citizens that have transportation barriers to needed services or their jobs.

### Potential Projects:

- The DHR Coordinated Transportation System is utilized by two (2) core providers of mental health, developmental disabilities and addictive diseases providers in Coastal Georgia. There is an increasing need for services in Coastal Georgia and across the State with an associated increased need for transportation services. The DHR Regional Transportation Coordinator recently surveyed the providers in Coastal Georgia who utilize the Coordinated Transportation System. Seven providers responded, and indicated that they need additional trips for new consumers who have come into services. Additionally, these providers indicated the need for more trips for existing consumers. Without additional funding to offset trip costs, many consumers are likely to experience problems accessing needed services. Also, the human service providers will incur greater financial liability relative to providing more transportation services.
- Since 2005 the number of TANF cases throughout the State of Georgia has been drastically reduced. These former recipients all represent a population that could benefit from JARC funding. The reduction of TANF cases in the rural impoverished counties has been largely due to the employment of former TANF recipients in low paying service industry jobs and manufacturing jobs. Most of the service industry and factories in the rural counties are located in the cities of these counties or at industrial parks which in many cases are not closely located to the inhabitants of the rural communities. Former TANF recipients are largely low-income households that are also faced with increased fees in childcare services and are over burdened with the rising cost of energy and transportation. The support services that can currently be paid through DFCS for transportation is limited to six months post TANF. After TANF support services are exhausted there is no assistance for transportation needs, no mass transit or opportunity to car pool. JARC funding will provide a continuum of employment support for individuals leaving TANF where they have exhausted their TANF support services. JARC will be a support for those that must gain experience in a low paying job before they are able to increase their income and no longer require assistance with transportation. The TANF transportation currently being used to support active TANF recipients can be used as the draw down for JARC funds and will be used

by the local RDC to support the efforts of making public transportation more assessable. JARC funds will be used to enhance the ability of former TANF recipients in providing the necessary labor for the small business and industry where minimal wages are the norm. In turn economic development will be encouraged, families will be stronger, business and industry will have a more reliable work force and individuals will continue to have the dignity of a job.

**Section V**  
**Human Service Transportation Coordination in Georgia**



## Overview

Coordination can be thought of as the process by which public transportation and the wide variety of transportation services provided on behalf of human service agencies are brought together to meet the mobility needs of the community by developing services that offer:

- Shared rides on the same vehicle by persons whose trip may be funded by different agencies.
- Shared vehicles that are used by different client or passenger groups at different times.
- Shared resources among transportation programs, such as shared training, maintenance, administration, insurance pools, etc.

A primary focus of coordination has been an effort to bring human service agency programs that provide transportation together to allow them to better meet client transportation needs by developing coordinated plans, reducing costs, improving service quality, sharing vehicle capital, and shifting the administrative and operational burden of transportation to agencies that specialize in the provision of transportation. The level of coordination between agencies can vary from simple information-sharing about available resources, to coordinated brokering of trips onto services provided by different agencies, and ultimately to the consolidation of transportation services under a single provider that serves multiple agencies.

An additional dimension of coordination involves the coordination of human service agency transportation with general public transportation provided by public transit programs. Typically, each human service agency program has client eligibility requirements and trip purpose restrictions, but public transportation systems serve the general public without limitations based on eligibility or trip purpose. The federal programs that provide much of the funding and program structure for both human service transportation and public transit are increasingly encouraging such coordination as a means of increasing mobility, particularly for low-income persons, seniors, youth and persons with disabilities that are served by many of these programs.

## **Guiding Principles of Coordinated Transportation**

Guiding principles provide orientation for transportation specialists and all others involved in the provision of services related to meeting transportation needs of the consumers.

- **The Right to Mobility**

People with specialized transportation needs have a right to mobility. Individuals with limited incomes and people with disabilities rely heavily, sometimes exclusively, on public and specialized transportation services to live independent and fulfilling lives. These services are essential for travel to work and medical appointments, to run essential errands, or simply to take advantage of social or cultural opportunities.

The costs of providing human service transportation are rising. However, cost containment should not be achieved at the expense of service delivery. Fortunately, coordination of human service transportation offers the potential to improve service delivery by reducing duplication, making use of available capacity elsewhere in the system, and achieving economies of scale in providing these services.

- **Customer Service Focus**

In providing public transportation, the transportation needs of the customer should always be kept at the forefront. The abilities of individual riders vary in different aspects of the transportation experience, from accessing program information to trip scheduling, to route navigation. Policies and procedures should be clear and flexible enough to allow for different abilities, and to provide support as needed. The goal of every transportation provider should be to facilitate a safe, courteous and timely trip every time.

- **Elimination of Service Gaps**

While Georgia has achieved significant results in coordinating human service transportation efforts, gaps still exist in human service transportation, which limits the mobility of the individuals who rely on it. Across the region, users of specialized transportation programs live and work in different areas and have different travel patterns. To the maximum extent feasible, gaps in human service transportation services should be eliminated to ensure individuals have a viable transportation option when they need it.

- **Maximize Efficiency of Service Delivery**

Accessible vehicles are expensive to acquire and maintain. Maximizing the efficiency of human service transportation vehicles helps to reduce program costs by combining trips while also helping to eliminate gaps in service, without the need for additional capital purchases. Transportation providers should collaborate to provide services where extra capacity exists. The Human Services Transportation Plan will help to identify opportunities for collaboration, as well as providing venue for resolving any issues related to cross-jurisdictional service delivery.

## **Coordinated Transportation Services Mission**

The overall goals of Human Services Transportation Plan is to follow the guiding principles of coordinated transportation as outlined in this plan and use the strategies mentioned in this plan to increase the level of coordination in the delivery of cost-effective transportation solutions. The state's mission with regard to coordination of human service transportation arises from its role as the recipient of both federal human service and transportation funds. These funds come from a number of different sources for programs that involve the provision of transportation services to eligible clients to enable them to reach the intended programs and obtain the services provided.

The programs involved provide services primarily through four state departments: Department of Human Resources (DHR), Department of Community Health (DCH), Department of Labor (DOL), and the Department of Transportation (GDOT). As the state has the responsibility for administering and managing these programs to meet federal requirements, and because of its role in providing matching funds, these state departments have as their primary transportation mission the cost-effective delivery of services that meet the requirements of safety, accessibility and service quality.

Each of these state departments has taken on a mission regarding human service transportation coordination. However, coordination is not as an end in itself, it is a tool used to better meet the overall goals of their programs in providing the needed mobility in the best way possible. For that reason, each of the departments has worked over the past decade to implement within its own programmatic framework measures that support coordination in achieving their service goals. The result of such efforts is a relatively high level of coordination at the service delivery level.

At the federal level, an inter-agency effort to increase coordination has taken on the name "United We Ride" (UWR). The President of the United States has signed an Executive Order directing federal agencies to increase coordination with the aim of further increasing the efficiency of client transportation, working with public transportation providers, and expanding the overall mobility of persons that are transportation disadvantaged, including both service clients and the general public. A particular focus has been placed on the older adults, persons with disabilities, and lower income individuals. In Georgia, the federal initiative is met by the coordination efforts on the part of the agencies responsible for administering the federal funds. In order to meet the UWR challenge, personnel involved with programs funded through the agencies involved in the UWR initiative are actively increasing communication and coordination between the state's departmental programs, as well as programs on the regional and local levels where the service is actually being provided.

## **Coordination and Collaboration among State Agencies and Other Partners**

Although Georgia's achievements have not had as much publicity as the coordination programs in other states, Georgia has been working on coordination for over a decade with a substantial amount of success "on the ground". Since 1994 DHR has worked on developing a statewide Coordinated Transportation System, which is now in place providing coordinated transportation for most DHR programs. It utilizes a variety of federal and state funding sources, tracking all trips by program and funding source. The FTA Section 5310 program is administered by DHR, and is fully integrated with other agencies transportation funding sources. These agencies often purchase transportation from DHR through this program. The DHR program is managed by a dedicated transportation program staff. The DHR transportation program staff includes regional transportation coordinators (RTCs), who are advised by the Regional Transportation Coordinating Committees (RTCCs) that include agency/provider representatives and GDOT regional staff. This coordinated system is now providing 2.7 million trips annually.

For instance, The Department of Labor provides much of its client transportation through the DHR Coordinated Transportation program. Also, GDOT's Section 5311 program of rural public transportation is closely coordinated with the DHR coordinated program as just over 50 percent of its annual ridership is provided as purchased service, mostly provided by the DHR Coordinated Transportation program. Similar transportation arrangements exist with DCH Medicaid Non-Emergency Medical Transportation (NET) Program. DCH's NET program is operated in five regions by brokers contracted on a "per-member, per-month" basis to provide trips to eligible individuals who do not have their own transportation. The brokers contract with service providers seeking the most cost-effective service delivery arrangements. Of the 126 NET providers, 13 are public transit systems. The NET brokers utilize transit systems when the service meets the needs of the client. The brokers are required to maximize their coordination and utilize public transportation wherever possible.

There are currently two existing regional coordination demonstration projects involving the DHR Coordinated Transportation program and the GDOT Section 5311 program. They are being implemented under the direction of Regional Development Centers. A third such regional demonstration project is in the ten-county region served by the Coastal Georgia Regional Development Center. This project is currently in the planning stages, drawing on the evaluations of the first two.

## **Coordination at the State Level**

DHR and GDOT work with other State agencies to encourage coordination at the local level. Through the state's intergovernmental consultation process, projects are coordinated with all relevant state agencies and local agencies. This assures that all the interested individuals are aware of the nature of the proposed project and have an opportunity to comment on how the project complements their activities. Coordinated planning also ensures that there is a common vision about the project among all of the participants. Coordination and consistency is ensured through sharing of information and sharing of assumptions about the project among those who are either directly or indirectly involved with it.

For a listing of shared providers, utilized by both DOT and DHR, please see Appendix 3.

DHR also encourages broad-based coordination with other programs that require or provide transportation for clients or other consumers. At the state level, the DHR works with the DOT regarding its Section 5311 Program. As part of this program, DOT administers the FTA Section 5311 Rural Public Transportation Program. DHR utilizes all Section 5310 funding to purchase service for eligible persons. Section 5311 providers are among the entities contracted to provide this service. DHR also maintains contacts with the Department of Community Health (DCH) and its Medicaid Non-Emergency Transportation (NET) program. Again, the NET program includes a number of Section 5311 operators and DHR providers among its Medicaid transportation contract providers. Joint efforts are under way to create a more formal coordination body as part of the state's response to the federal "United We Ride" (UWR) coordination effort.

## **"UNITED WE RIDE"— Organizing for State Level Coordination**

The Office of Intermodal Programs of the Georgia Department of Transportation has convened a staff-level Interagency Working Group to perform the state self-assessment and guide the development of a state coordination action plan, all as part of the current UWR planning study. In addition to GDOT, the Working Group includes representatives from the Governor's office and the Departments of Human Resources (DHR), the Department of Community Health (DCH), the Department of Labor (DOL), and the Atlanta Regional Commission (ARC).

Under the current UWR planning grant, consultants are helping the Working Group establish an on-going management framework for coordination efforts. The Working Group is developing a mission that is being refined as the group develops its draft Action Plan. One of the key elements of the Action Plan is to formalize the role of the Working Group and to create a Cabinet-level interagency coordination committee to work with the Governor to address key coordination policy issues. Pursuing the objective of enhancing transportation options for eligible clients and the public at large, Georgia Transit Authority (GTA) proposed to create a study group in order to evaluate transportation coordination opportunities existing in Georgia. The Working Group assessment of the state's current coordination progress is that there is already a relatively high level of existing coordination in Georgia, and that major issues in the future relate to the need to expand funding and services within a more formally coordinated network to meet unmet needs.

**Section VI**  
**Priorities for Implementation**

## **Overview**

The local priorities will be developed through the same process which sets forth goals and objectives for the development of the region-wide Human Services Transportation Plan and approved by the local Regional Transportation Coordination Committees (RTCC). Since program funds are limited, the applicant review process is designed to identify and prioritize projects of exceptional merit.

As a precursor to the evaluation criteria, it was decided that applicants must qualify for funding under the guidelines set by the Federal Transit Administration (FTA) under at least one of the programs known as Job Access and Reverse Commute (JARC, 5316), Elderly and Disabled (5310) or New Freedom (5317). In order to provide an incentive to serve all eligible customers in an efficient and convenient manner, proposals serving populations that qualify for JARC and New Freedom funding will be given priority. Additionally, in order to ensure that projects are cost-effective, proposals must include adequate measures of effectiveness. These measures must be able to demonstrate that the service can provide improved transportation to HST groups. Without adequate measures of effectiveness, proposals will not be given further consideration.

The following criteria will be used for the evaluation and selection of applicants for funding. Applicants should carefully plan the development of their project description based on state's implementation priorities outlined below. Efforts to meet the criteria should be described in as much detail as possible so as to make it possible to determine the quality of service provided by the applicant agency and its financial capability accurately and in a timely manner.

## **Coordination**

The application must describe any working relationships that the applicant has with local governments, public agencies, or the private sector to ensure both maximum use and operating efficiency of vehicles operated by the applicant and the best use of existing transportation resources. The application must include:

1. A list of any and all public and private transit providers in the area to be served, and the ability of customers to access these services;
2. A report on the degree of coordination with local transportation providers;
3. Any and all existing agreements the applicant may have with public or private maintenance facilities, and
4. Description of any other areas where the applicant works closely with other organizations, such as driver training, submitting a joint application with other applicants in the area, or sharing vehicles with other transportation providers in the area;
5. A description of how the proposal meets a currently unmet need and how it will help the disabled or other pertinent community.

Applicants that maximize transportation benefits to the elderly persons and persons with

disabilities in their community will be ranked highest.

### **Need and Use of Proposed Funds**

Applications must also include documentation describing the degree and urgency of need for funds and or transportation equipment as it relates to the applicant's ability to expand or continue program services; as well as the proposed use of funds and/or the vehicle and ridership projections. If a vehicle replacement is requested, the applicant must list the age, condition and mileage of the vehicle to be replaced.

### **Fiscal and Managerial Capability**

Applicant must describe their ability to provide efficient/effective transportation services. This would include ability to adequately perform scheduling, dispatching, compliance with reporting activities; its fiscal accountability; process for hiring and training of drivers and other personnel; and funding sources which will enable the applicant to provide required local match. Applicants may see their funding reduced for failing to comply with reporting procedures prescribed by the programs under which they receive their funding.

Applications are rated based upon the above criteria. Failure to adequately address every requirement will adversely affect the rating and may eliminate the application from further consideration. The review process committee intends to concentrate review time on the merits and technical aspects of an application and not on compiling missing or inadequate information.



## APPENDIXES

## ***Appendix 1***

### **DHR Transportation Needs Assessment**

A DHR transportation needs assessment is performed annually. Each Regional Transportation Office distributes Needs Assessment Survey forms to Human Service Providers in the Region. (Human Service Providers are the DHR sites that are authorized to order trips under the DHR Coordinated Transportation System.) A different form is used to survey each of the three Divisions. All three forms request the same basic information, but each addresses specific programs under a Division in order to avoid confusion by unfamiliar terms and programs. Surveys are returned to the Atlanta Office of the DHR Transportation Services Section where the consumer needs are compiled by Region and by Division. Regional information is linked in order to develop a statewide needs report. The results of the needs assessment are used for:

1. A basis of Requests for Proposals and Contract Negotiations
2. Planning and budgeting at the provider level;
3. Planning trip allocations at the regional level;
4. Budget Requests;
5. Funding Applications; and
6. Setting Transportation Priorities (See Section D).

The needs assessment data gathered in the last quarter of fiscal year 2006, is summarized on the following pages. Based on the data, the DHR Coordinated Transportation System is serving 49.43% of the consumers needing service and 39.46% of the total trip needs are being met. The projected costs of meeting the balance of needs are also shown in the Summary.

**Results of the 2006/2007 DHR Needs Assessment:**

**Division of Family and Children Services - Temporary Assistance to Needy Families Summary**

	Number of new Clients(Un-served)	Number of Trips Needed for New Clients	Additional Trips Needed for Current Clients
TANF	1,221	225,706	132,550
Non-TANF (to employment-TSS)	1,097	177,060	25,030
Other Non-TANF	1,173	106,660	66,084
Intensive Services	705	27,142	9,598
Public Trips*	790	55,154	21,874
<b>DFCS Total</b>	<b>4,986</b>	<b>591,722</b>	<b>255,136</b>

Total per Survey	4,986	591,722	255,136
Projected Total FY08	8,904	1,056,646	455,600
<b>Totals</b>	<b>8,904</b>	<b>1,512,246</b>	<b>\$16,664,955.64</b>

**DFCS RESPONSE**

Total counties	159
Counties responding	89
% responding	56%

**Division of Aging Services Summary**

	Clients	Trips - New Clients	Additional Trips - Current Clients
Aging	2,440	289,597	73,069
Congregate Meals/Senior Centers	377	122,610	119,307
Non-NET Medical Trips	110	17,836	9,628
Public Trips	101	8,864	17,030
Group Trips	235	14,774	16,526
<b>Aging Total</b>	<b>3,263</b>	<b>453,681</b>	<b>235,560</b>

Total per Survey	3,263	453,681	235,560
Projected Total FY08	5,598	778,333	404,126
<b>Totals</b>	<b>5,598</b>	<b>1,182,459</b>	<b>\$13,030,701.82</b>

**AGING RESPONSE**

Total Centers	187
Centers Responding	109
% Responding	58.3%

**Mental Health, Developmental Disabilities, and Substance Abuse Summary**

	Clients	Trips - New Clients	Additional Trips - Current Clients
MH Services	294	79,800	42,181
MH Public Trips*	189	61,776	6,924
DD Services	329	131,928	112,377
DD Public Trips*	124	19,846	38,268
AD Services	54	7,618	5,132
AD Public Trips*	20	5,240	1,598
<b>MHDDAD Totals</b>	<b>1,010</b>	<b>306,208</b>	<b>206,480</b>

Total per Survey	1,010	306,208	206,480
Projected Total FY08	2,860	866,974	584,612
<b>Totals</b>	<b>2,860</b>	<b>1,451,587</b>	<b>\$15,996,483.30</b>

**MHDDAD RESPONSE**

Total Centers	235
Centers Responding	83
% Responding	35.3%

**Needs Assessment Totals**

	Clients	Trips	Costs
Aging / MHDDAD / DFCS	17,361	4,146,292	\$45,692,141
Public Health	3,467	83,208	\$916,952
<b>Total Unmet Need</b>	<b>20,828</b>	<b>4,229,500</b>	<b>\$46,609,093</b>
Current Service (Met Needs)	20,363	2,756,674	\$28,631,641
<b>Total Needs</b>	<b>41,191</b>	<b>6,986,174</b>	<b>\$75,240,734</b>

## Appendix 2

### Gaps in Service Identified through Local Planning Process

#### *Results from Local Planning Process Needs Assessment Efforts, provided by Region:*

#### Region 1

In the Region One area we have a total of 209 DHR consumers awaiting services in the region. This represents up to 100,000+ additional trip needs.

Bartow: 11	Catoosa: 5
Chattooga: 4	Dade: 3
Fannin: 3	Floyd: 13
Gilmer: 4	Gordon: 3
Haralson: 5	Murray: 4
Paulding: 19	Pickens: 14
Polk: 5	Walker: 12
Whitfield: 13	

#### Whitfield County MPO Needs Assessment Results – 2006

##### Part One

Q1. Good public transit services should be a part of our community.  
 % Total  
 Strongly Agree 61%  
 Somewhat Agree 23%

Neither Agree/Disagree 13%  
 Somewhat Disagree 3%  
 Strongly Disagree 0%  
 No Response 0%  
 Response

Q2. Public transit services should be operated mostly for seniors and people who cannot drive.  
 % Total  
 Strongly Agree 16%  
 Somewhat Agree 19%

Neither Agree/Disagree 13%  
 Somewhat Disagree 29%  
 Strongly Disagree 19%  
 No Response 3%  
 Response

Q3. Public transit services should be comfortable and efficient.  
 % Total  
 Strongly Agree 71%  
 Somewhat Agree 19%

Neither Agree/Disagree 10%  
 Somewhat Disagree 0%  
 Strongly Disagree 0%  
 No Response 0%  
 Response

Q5. Public transit services should be expanded to allow people to commute to work locations outside Whitfield County.

% Total  
Strongly Agree 6%  
Somewhat Agree 19%

Neither Agree/Disagree 19%  
Somewhat Disagree 32%  
Strongly Disagree 23%  
No Response 0%  
Response

Q6. Public transit services should be expanded for seniors, disabled, and people who cannot afford to own and drive a car.

% Total  
Strongly Agree 65%  
Somewhat Agree 19%

Neither Agree/Disagree 6%  
Somewhat Disagree 3%  
Strongly Disagree 0%  
No Response 6%  
Response

Q7. Whitfield County should seek federal, regional, and state funding for better public transit services.

% Total  
Strongly Agree 68%  
Somewhat Agree 19%

Neither Agree/Disagree 6%  
Somewhat Disagree 3%  
Strongly Disagree 0%  
No Response 3%  
Response

Q4. Using public transportation would cost me more than driving my own car.

% Total  
Strongly Agree 0%  
Somewhat Agree 3%

Neither Agree/Disagree 39%  
Somewhat Disagree 32%  
Strongly Disagree 26%  
No Response 0%  
Response

Q8. Whitfield County should provide local funding for better public transit services.

% Total  
Strongly Agree 45%  
Somewhat Agree 29%

Neither Agree/Disagree 16%  
Somewhat Disagree 6%  
Strongly Disagree 3%  
No Response 0%  
Response

Q9. If good public transit services were available to travel to work, I would use them.

% Total  
Strongly Agree 16%  
Somewhat Agree 23%

Neither Agree/Disagree 19%  
Somewhat Disagree 10%  
Strongly Disagree 32%  
No Response 0%  
Response

Q10. If good public transit services were available to travel to places other than work, I would use them.

% Total  
Strongly Agree 16%

Somewhat Agree 35%  
Neither Agree/Disagree 19%  
Somewhat Disagree 13%  
Strongly Disagree 16%  
No Response 0%

## **Part Two**

### **Response Rankings by Priority**

- #1 Provide Safe and Secure Public Transit Facilities.
- #2 Provide Good Value for the Public's Investment in Public Transit.
- #3 Help Reduce Traffic Congestion.
- #4 Support Economic Vitality and Growth.
- #5 Protect the County's Natural Environment.
- #6 Provide Transportation Options for People Who Cannot or Choose Not to Drive.
- #7 Support Efficient Land Development Patterns.
- #8 Provide An Interconnected System of Public Transit Services for Users.

### **Employer Survey**

In addition, local employers were surveyed regarding transportation issues and the following were the results, also included in the Feasibility Study.

The Employer Survey consisted of a short series of questions to identify the basic trip taking behavior patterns of employees, attitudes about public transit, willingness to use the system, and desired methods for financing the system of employers. As a first step, the study team obtained a list of the largest major employers in Dalton- Whitfield County from the Dalton-Whitfield County Chamber of Commerce. To promote a higher response rate, a member of the study team made follow up phone calls to each employer to explain the purpose of the survey, how the information was going to be used, and to answer any questions or concerns. The surveys returned represented a 32% response rate. Of the respondents 37% were government or public sector employers, 31% were manufacturing employers, 19% were non-profits or other, while 13% were retail/wholesale industry. The following major employers in Dalton-Whitfield County responded to the survey (one survey did not list the business name):

J. C. Penney	SW Manufacturing
Dalton Beverage Company	Hamilton Home Health Care
Mohawk	Dalton Whitfield Public Schools
Baron Industries	Dalton Utilities
Whitfield County Department of Family and Children's Services	C&A Nurse
United States Postal Service	Whitfield County
City of Dalton	Caremore
	North Georgia Electric

The businesses who responded employ approximately 5,863 semi-skilled employees, 3,024 professionals, and 1,658 unskilled employees, according to the responses. Of these numbers 8,721 were full-time employees and 42 were part time employees.

The areas from which most employees commuted were Whitfield, Murray and Catoosa Counties. Other areas employees are commuting from in Georgia are Chatsworth, Gordon

County, Rocky Face, Tunnel Hill, Ringgold, and Resaca. Employees also commute from Tennessee, including Chattanooga, Hamilton, and Bradley Counties.

Transportation was noted as a barrier for employees with 18% of respondents indicating that as a factor. Estimates of employees who might use Public Transit if available ranged from 10-25% of respondents.

Employers would support the following transportation initiatives:

Marketing public transit services at work location (56%)

Preferred parking areas for carpoolers/vanpoolers (31%)

Subsidizing monthly transit passes for employees (12%)

Interested in subsidizing public transportation costs

When asked if they believed an expanded, reliable transit service will make Dalton-Whitfield County a more attractive place to do business 62% agreed that expanded, reliable transit service will make the area more attractive.

### **Human Service Agency Survey**

Human Service agencies were also surveyed and the following are results from their responses.

A total of twenty surveys were returned, representing a 26% response rate. The following social service organizations responded to the survey:

- United Way of Northwest Georgia
- Highland Rivers Mental Health
- Department of Family and Children Services
- North Georgia Health District
- Whitfield Family Connection/Children and Families First
- Family Support Council: Oak Haven Second Chance Home
- Whitfield County Schools
- Action Ministries, Inc. Rural Transitional Housing
- Whitfield County Health Department
- Children's Medical Services
- Phi Theta Kappa of Dalton
- Dalton State College Adult Literacy
- Team Resource Center
- North Georgia Health District Dental Program
- Dalton Education Foundation
- North Georgia Health District
- Looper Speech and Hearing Center
- Strain Family Charitable Foundation
- Environmental Health
- Northwest Georgia Regional Library System – Dalton Branch

Geographic area served was primarily Whitfield County. Most social agencies in Dalton-Whitfield

County provide the following services: health services (45%), children's services (40%); other services include adult education, immigrant services, employment services, and transitional housing.



The total number of unduplicated clients served on an annual basis by the social agencies responding to the survey is approximately 62,000. Over 50% of respondents indicated that clients access their services using taxis.

Six organizations surveyed (20%) provide transportation services to clients in need. These services include taxi fare, pre-paid gas cards, van pick up, school bus for children of at risk families, and transporting family members in automobiles for food, medical, job hunting and other needs.

Agency coordinates transportation services with Medicaid, private taxi companies, Dads Matter and Better Beginnings are the organizations social agencies coordinated with to provide transportation services for their clients.

75% of the survey respondents indicated that additional public transit would help the social agency better fulfill its mission. Of the Social agencies responding the following types of public transit services were felt to be attractive to the clients.

- Local Bus Service (85%)
- Carpool/Vanpool (40%)
- Express Bus Service (35%)
- Commuter Rail (35%)
- Demand Response Service

When surveyed about the increase in demand for social services the responses were as follows:

- It has increased so much that we cannot meet all the needs (45%)
- It has increased, but we have been able to manage it (35%)
- It has stayed about the same (10%)

When asked if they felt Public transit services would help clients, the majority of survey respondents, 85%, believe expanded, reliable public transit service will help their clients in their daily lives.

They ranked the following as the most important transportation related issues or needs. The following is a list of key themes derived from written comments regarding the most important transportation related issues negatively impacting social service agencies in Dalton-Whitfield County:

- Our clients without transportation resources are much less likely to adhere to an ongoing treatment plan, to attend school, to get to and from work and medical appointments, and other community and social services because they cannot access services
- Often school bus transportation is not available for homeless children...a public transit system would allow students to remain in school
- Many of our clients are eligible for services but cannot access needed services due to the lack of transportation
- Problems with transportation are frequently discussed as major issues with our clients...we definitely need to find a solution for this community

These combined surveys show clear support of enhancing public transit services by the Whitfield County residents and businesses.

## Region 2

### CURRENT IDENTIFIED GAPS IN SERVICE REGARDING ACCESS TO EMPLOYMENT AND REVERSE COMMUTE:

- 1) There is currently no access to public transit anywhere in Hall County system prior to 6:30 am. This essentially eliminates the option of riders accessing early morning employment options.
- 2) There is currently no access to any public transit route later than 6:30 pm. This again limits the work hours and shift options for many, many employees.
- 3) There is currently no public transit service at all on the weekends. This not only prevents any employment opportunities for individuals on weekends, it denies access to religious services as well.

### REPORT BY REGION LEVEL MHDDAD:

Without transportation provided, the consumer often will just sit home. This creates boredom, depression, behavior problems, deterioration or loss of skills, regression, isolation from their community and reduction or loss of social interaction with others outside the home.

Sometimes families can pick up transportation on days when the provider is not doing it. However, most of our consumers' families are not able to do so. Parent(s) who would normally be working and earning income are now forced to stay home with the consumer. The effect on families includes the loss of income. This normally leads to increased emotional and mental stress on the family caring for a disabled family member. Families experience increase in conflicts and sometimes neglect of the consumer's needs. The inability of many of our consumers to access day services due to lack of transportation has a ripple effect on the consumer and his family. Often, families can meet other demands of caring for a consumer if they can access day services. Without day services, the family might be forced to place the consumer in custodial care.

The inability to access needed services sometimes results in increased risk to the consumer for criminal activity, abuse, and physical danger.

Without transportation service, or when there is reduced transportation service, providers usually must fill-in the gap. Otherwise, the consumers will not be able to get to much needed service. Providers are forced to shift funds from service delivery to transportation, which negatively impacts the quality and amount of services for consumers. Some providers have discontinued accepting new consumers because of the need to divert funds to transportation. This cost shifting negatively impacts the quality of services. Providers have a diminished capacity, and can't take in additional consumers who need services.

For many of our consumers, without transportation services, the consumer is cut off from needed services. There is a need for services, funding is available, but due to lack of transportation, the consumer cannot access the service.

## **REPORT BY DIVISION OF AGING**

What happens to clients who we don't transport or who may have been cut off from services due to funding shortages? Do they not attend services? Do they stay at home? What are the consequences for them not receiving services? Do they find other ways to reach services? Can we demonstrate that if they don't get transportation there is an impact on community services?

For aging, we would not likely discontinue services to individuals, but might have to reduce the amount of trips available overall. We try to use an attrition approach to reduce services, rather than terminating consumers. People who are on waiting lists for nutrition services and who have poor nutritional status will continue to decline if they cannot get to service sites or if the meals cannot be delivered to them. We have considered reducing serving days at nutrition sites/senior centers, but that action then impacts the meals program. If we reduce service days, then meals are not served and those funds potentially would lapse. Sites at which the meals are served still incur operating costs whether consumers attend the program or not. Alternate means of community transportation are not readily available in the more rural areas of the state. We consider transportation services to be a community service through the aging program as it supports independence and self-sufficiency.

What added value does transportation provide to the community services which your clients receive? Please, where possible, provide quantitative and qualitative results.

For the aging program, transportation services make it possible for consumers to attend senior centers and maintain their independence at home. The nutrition and wellness programs contribute to seniors' physical and emotional health and well-being. Keeping people well keeps them out of hospitals and prevents the consumption of more expensive health and long term care services. An example of added value is the community intervention provided at senior centers for persons with diabetes. As a result of nutrition and health education sessions provided, persons already diagnosed with diabetes have shown reductions in the blood marker for blood sugar level of 1% or more, which translates into an approximate health care cost savings of \$818 per person per year. (UGA community intervention data, 2006).

Preventing people who are pre-diabetic from progressing to the full-blown disease can save on the costs of hospitalization: 1/3 of people with diabetes were hospitalized two or more times (2001 data) for diabetes or related

conditions. Their costs averaged 3 times those of persons with only one hospital stay: \$23,100 versus \$8,500. (Agency for Healthcare Research and Quality).

## **Region 3**

Region 3 is the Metro Atlanta area and is therefore included in the Atlanta Regional Commission's Coordinated Human Services Transportation (HST) Plan for the 18-county Atlanta region ([www.atlantaregional.com/hst](http://www.atlantaregional.com/hst)).

## Region 4

Transportation service gaps were identified from the AAA Public Hearings, AAA Public Needs Assessment, Region 4 Human Service Provider Forum, and Regional Transportation Coordinating Committee Public Needs Assessment. It is the expectation of the RTCC that this plan make positive impacts in accessing transportation services for older adults, low-income individuals, and persons with disabilities. Therefore, the RTCC recommends that Section 5310 – Elderly and Persons with Disabilities funding continue to be used in support of the existing Coordinated Transportation System as any modification in the use of this funding would negatively impact access to needed transportation and social services for these target groups. They further recommend that Section 5316 – Job Access and Reverse Commute and 5317 – New Freedom funding be used to address the service gaps listed below. The following service gaps are in order of priority.

1. Transportation to access needed medical and health related services including, but not limited to:  
Medical appointments and treatments that are not Medicaid eligible;  
Pharmacy visits;  
Grocery shopping;  
Mental health services;  
Substance abuse services; and  
Court ordered treatments.
2. Transportation to access goods and services that are considered to be life essential or preventive in nature including but not limited to:  
Grocery shopping;  
Social services;  
Food stamps;  
Pharmacy;  
Bill paying;  
Energy assistance programs; and  
Commodities programs.
3. Transportation for the General Public.  
Carol, Coweta and Meriwether Counties have no public transportation. Butts, Heard, Lamar, Pike, Spalding, Troup and Upson have public transportation systems, but service is not available from 6:01 p.m. to 5:59 a.m. and on week-ends. Public services are needed for accessing training and employment and would help to address all of the needs listed in Priorities 1 and 2 above. As DHR consumers move towards independence, public transportation service is sometimes necessary to prevent them from turning back to public assistance.
4. Transportation to access training, employment, and child care.
5. Transportation services that cross geographic boundaries.

Traveling across geographical boundaries (city, county, regional, state) is often a challenge with many transit programs, both public and private; limit the geographical areas that they will serve.

The DHR Regional Transportation Office distributes Needs Assessment Survey forms to Human Service Providers in the Region. The target groups for the surveys include older adults, low-income individuals, and persons with disabilities. These target groups are reached by sending the survey forms through the DHR Division of Aging Services, Division of Family and Children Services, and the Division of Mental Health, Developmental Disabilities, and Addictive Diseases. A different form is used to survey each of the three Divisions in order to avoid confusion by unfamiliar terms. All three forms request the same basic information, but each addresses specific programs under a Division. Surveys are returned to the Atlanta Office of Transportation Services where the consumer needs are compiled by Region and by Division. Regional information is linked in order to develop a statewide needs report. The results of the needs assessment are used for:

- A basis of Requests for Proposals and Contract Negotiations;
- Planning and budgeting at the provider level;
- Planning trip allocations at the regional level;
- Budget Requests;
- Funding Applications; and
- Setting Transportation Priorities.

The results from the Region 4 HSP Needs Assessment Survey are shown below:

Region 4 Divisions	Number of Human Service Providers	Number of New Consumers (Un-served)	Trips Needed for New Consumers	Trips Needed for Current Consumers	Total Trips
Aging	15	20	10,000	1,000	11,000
DFCS	10	509	201,500	17,426	218,926
MHDDAD	8	99	23,190	22,725	45,915
Total	<u>33</u>	<u>628</u>	<u>234,690</u>	<u>41,151</u>	<u>275,841</u>

### Area Agency on Aging Assessment of Need

In October 2007, the Georgia Department of Human Resources, Division of Aging Services along with the Southern Crescent Area Agency on Aging (AAA) conducted a joint public hearing in Newnan, Georgia. The Region 4 older adult population was asked to attend the public hearing. Transportation related needs relayed from the joint public hearing are as follows:



- Transportation to and from doctor appointments.
- Provide \$2 a ride transportation to grocery stores.
- Remove restrictions on the DHR Coordinated System for taking new riders; increase transportation budget.
- Increase transportation budget so more group trips can be taken (Pigeon Forge, Biloxi).
- Encourage families to organize systems of care to provide transportation, daily care within the family.
- Need van to run people from senior center to pharmacy.
- Need van to run people to farmers market more often.
- A van is needed to pick people up for appointments.
- Vans donated by New Life Baptist Church.

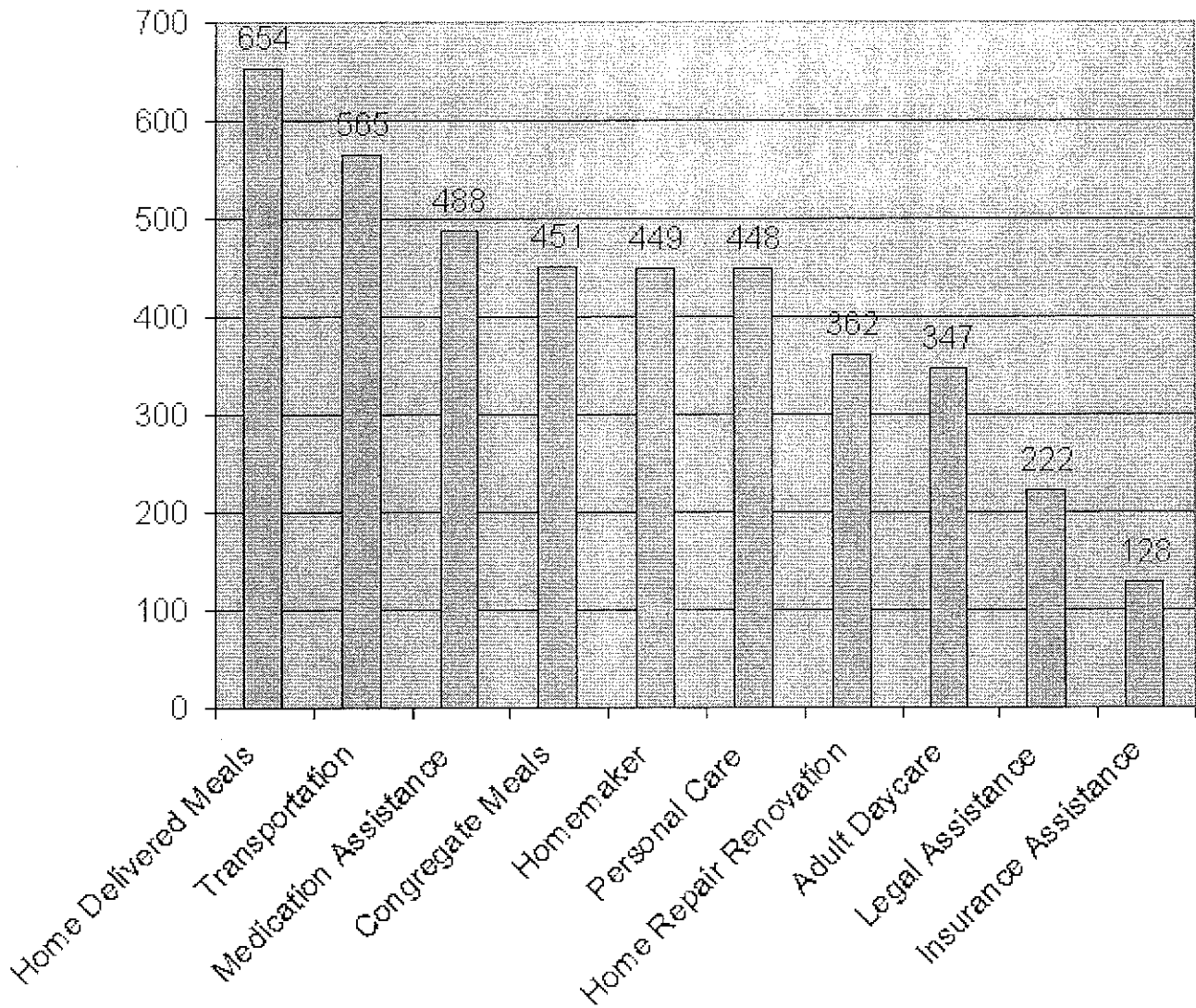
The Southern Crescent AAA conducts an annual needs assessment survey that is distributed publicly. The following survey results are used in the planning process for elderly services through out the ten county Region 4 area.

**Surveys Returned**

**794**

	Total Responses	Percent of Total Response	Need Based on # of Responses
Home Delivered Meals	654	82.58%	1
Transportation	565	71.34%	2
Medication Assistance	488	61.62%	3
Congregate Meals	451	56.94%	4
Homemaker	449	56.69%	5
Personal Care	448	56.57%	6
Home Repair Renovation	362	45.71%	7
Adult Daycare	347	43.81%	8
Legal Assistance	222	28.03%	9
Insurance Assistance	128	16.16%	10

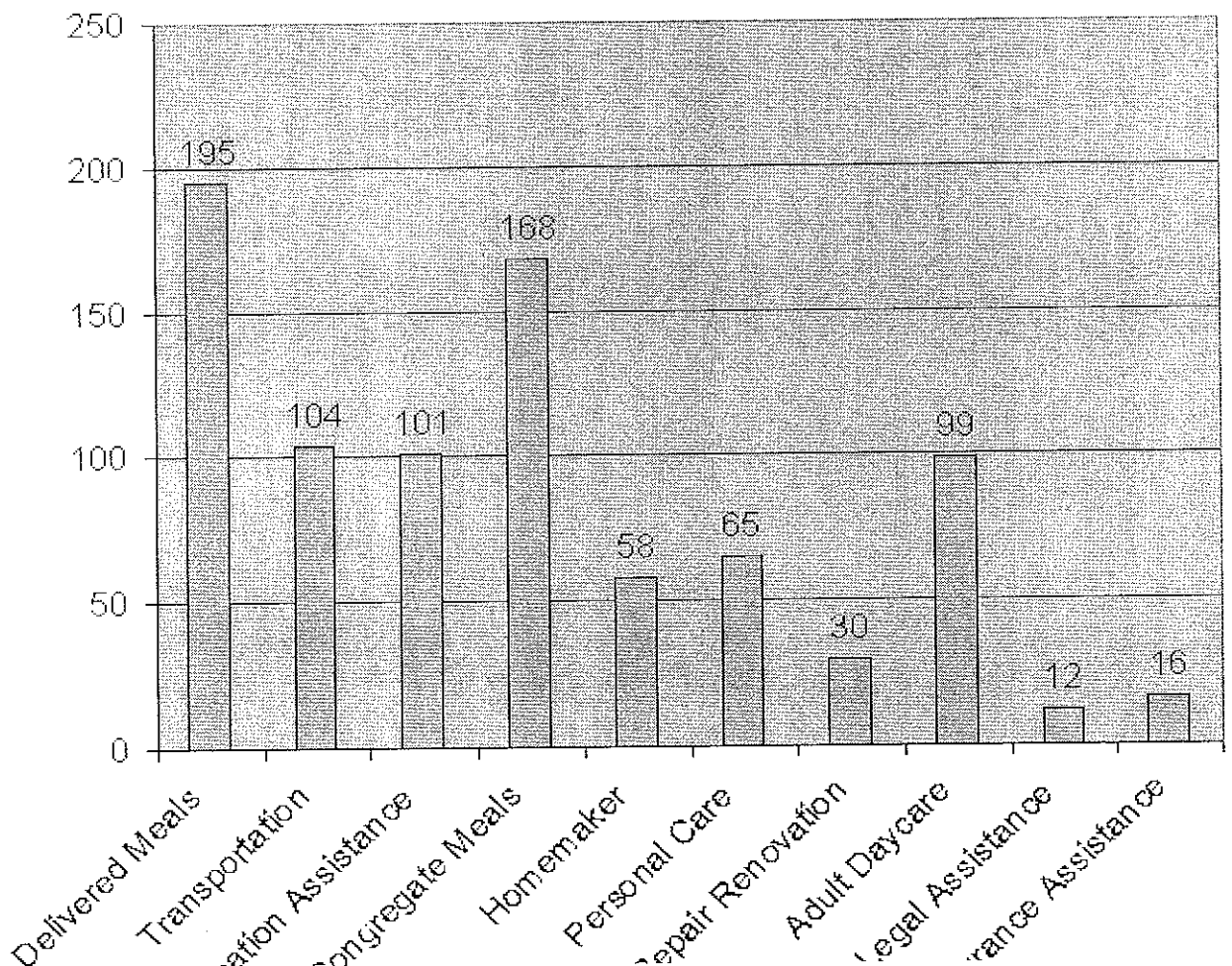
## Needs Assessment Survey Total Response

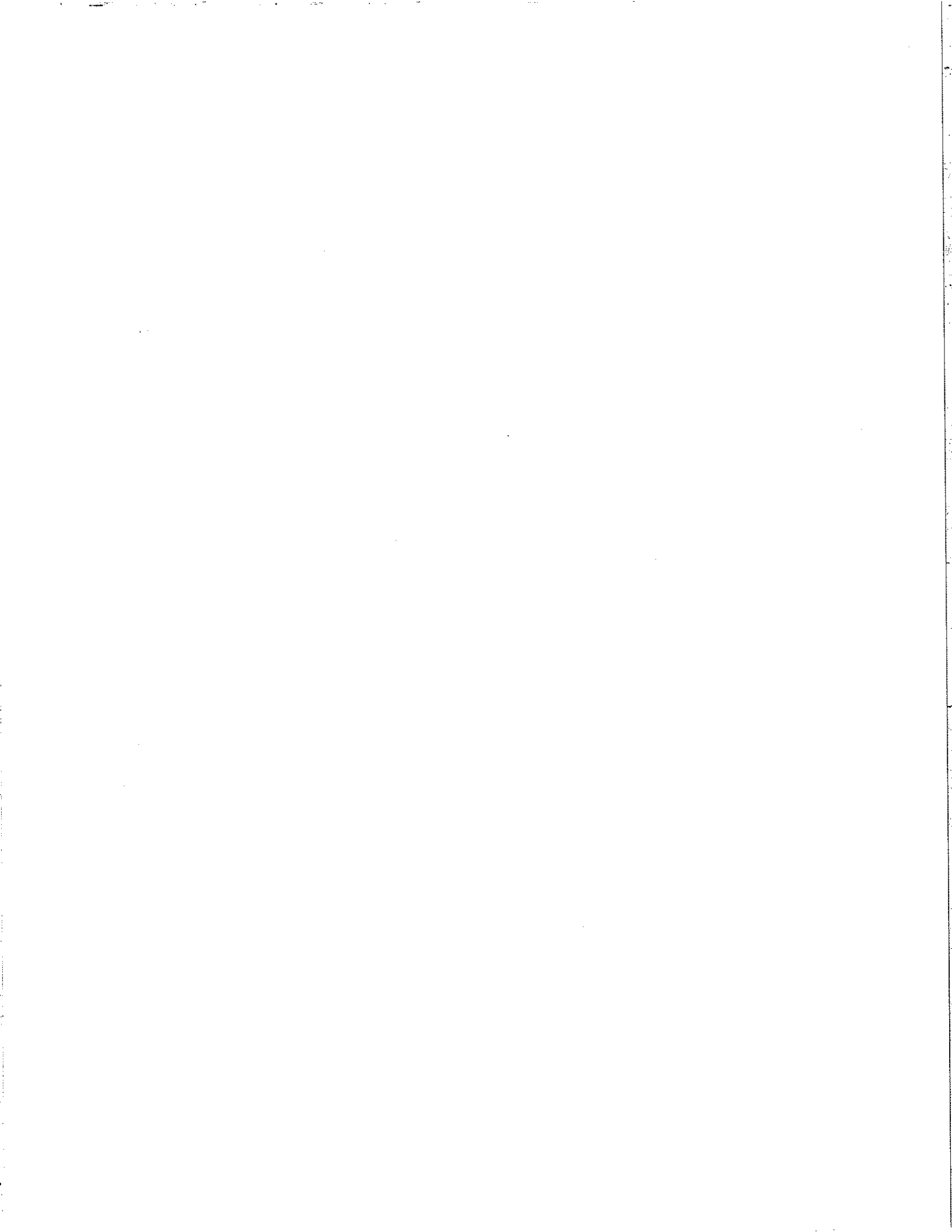


**Number of Respondents Reporting Service as:**

	#1 Need	#2 Need	#3 Need	#4 Need	#5 Need	Need Based on #1 Responses
Home Delivered Meals	195	206	119	72	62	1
Transportation	104	89	110	119	143	3
Medication Assistance	101	65	102	130	90	4
Congregate Meals	168	106	73	55	49	2
Homemaker	58	89	116	100	86	7
Personal Care	65	111	74	96	102	6
Home Repair Renovation	30	58	98	93	83	8
Adult Daycare	99	62	62	55	69	5
Legal Assistance	12	35	40	67	68	10
Insurance Assistance	16	12	28	26	46	9

**Frequency of Service Reported as #1 Need by Count**

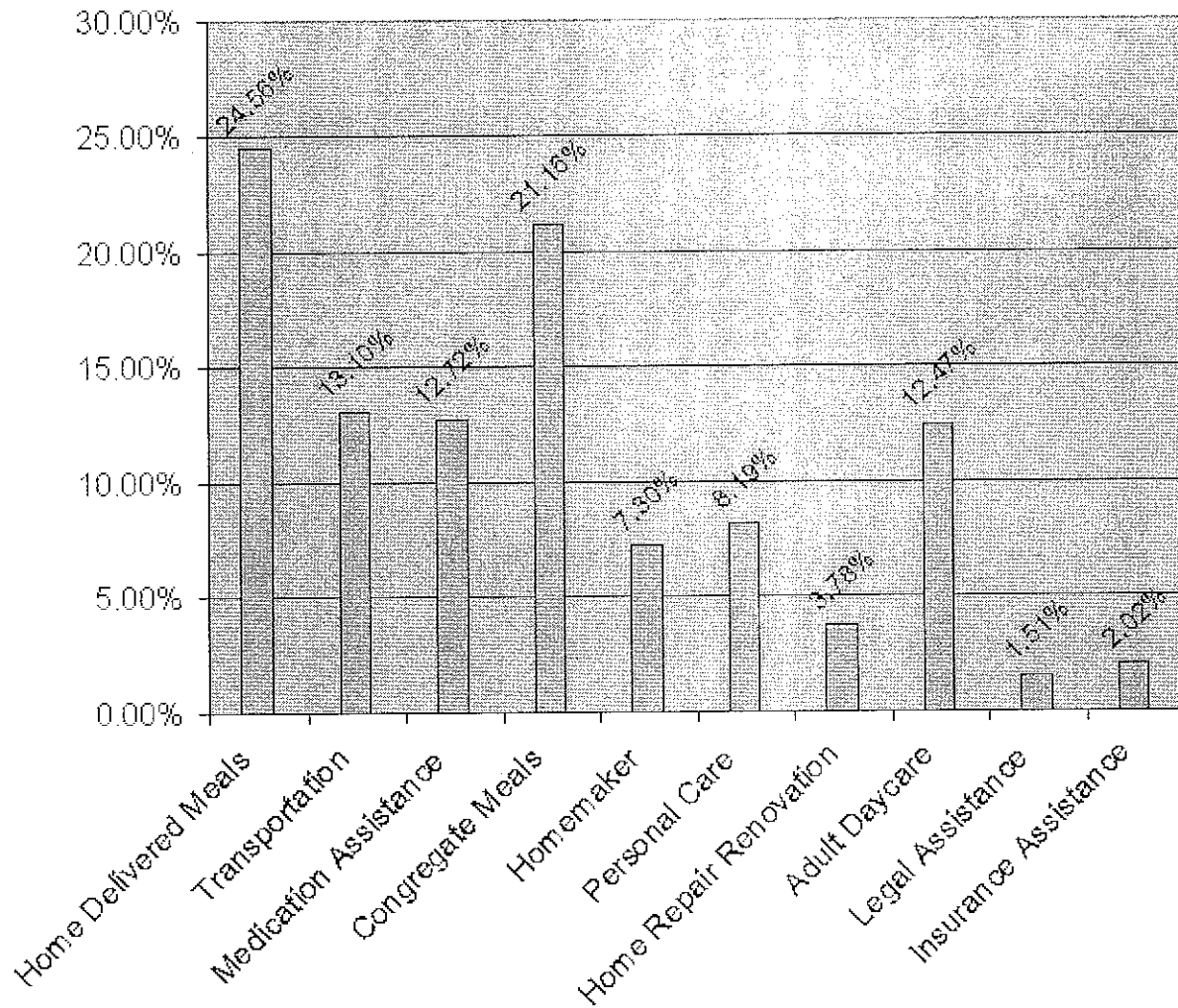




**Percent of Need Reported:**

	#1 Need	#2 Need	#3 Need	#4 Need	#5 Need	Need Based on #1 Responses
Home Delivered Meals	24.56%	25.94%	14.99%	9.07%	7.81%	1
Transportation	13.10%	11.21%	13.85%	14.99%	18.01%	3
Medication Assistance	12.72%	8.19%	12.85%	16.37%	11.34%	4
Congregate Meals	21.16%	13.35%	9.19%	6.93%	6.17%	2
Homemaker	7.30%	11.21%	14.61%	12.59%	10.83%	7
Personal Care	8.19%	13.98%	9.32%	12.09%	12.85%	6
Home Repair Renovation	3.78%	7.30%	12.34%	11.71%	10.45%	8
Adult Daycare	12.47%	7.81%	7.81%	6.93%	8.69%	5
Legal Assistance	1.51%	4.41%	5.04%	8.44%	8.56%	10
Insurance Assistance	2.02%	1.51%	3.53%	3.27%	5.79%	9

## Frequency of Service Reported as #1 Need by Percentage



## Public Assessment of Need

The public needs assessment designed by the RTCC was disseminated in February and March 2007. The results are as follows:

Number of surveys

559
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Age	Number of Responses	% of Responses
Under 16	6	1%
17-54	300	54%
55-59	59	11%
Over 60	193	35%
No Response	1	0%
<b>Totals</b>	<b>559</b>	<b>100%</b>

Comments on Age:

Disabled	Number of Responses	% of Responses
Yes	130	23%
No	410	73%
No Response	19	3%
<b>Totals</b>	<b>559</b>	<b>100%</b>

Comments on Disability:

An easily accessible van is needed.  
Need a van to carry electric scooters.

Willing to Pay Per Trip	Number of Responses	% of Responses
\$0.00	139	25%
\$2.00-\$5.00	315	56%
\$5.00-\$10.00	68	12%
Over \$10.00	7	1%
No Response	30	5%
<b>Totals</b>	<b>559</b>	<b>100%</b>

Comments on pay per trip:

Unmet Need Categories	Number of Responses	% of Responses
Going to Work	172	31%
Grocery Shopping	273	49%
Mental Health Services	35	6%
Social Services	172	31%
Finding a Job	175	31%
Attending a Senior Center	107	19%
Substance Abuse Services	19	3%
Attending School/Training	104	19%
Pharmacy and Drug Store	176	31%
Medical Care/Dr. Visits	316	57%

Comments on Unmet Need Categories:

4 responses received for church.  
2 responses received to pay bills.

\*\*Under unmet needs, the consumers were encouraged to check all that applied to their need situation.

## Unmet Need by Age Group

Need Categories	Under 16	17-54	55-59	Over 60
Going to Work	3	140	24	5
Grocery Shopping	0	119	31	123
Social Services	0	94	34	44
Finding a Job	3	151	14	7
Pharmacy and Drug Store	0	46	21	109
Medical Care/Dr. Visits	1	123	36	156

### % of Total Unmet Need by Age Group

Need Categories	Under 16	17-54	55-59	Over 60
Going to Work	2%	81%	14%	3%
Grocery Shopping	0%	44%	11%	45%
Social Services	0%	55%	20%	26%
Finding a Job	2%	86%	8%	4%
Pharmacy and Drug Store	0%	26%	12%	62%
Medical Care/Dr. Visits	0%	39%	11%	49%

### Demographic Modeling

In the Region 4 counties, the percentage of elderly persons per county ranges from 8% to 14.9%, Low-income persons range from 7.7% to 17.4 %, and households without vehicles range from 1.9% to 11.6%. These percentages echo the needs assessment information listed above. The ten county Region 4 area could certainly benefit from an increase in DHR Coordinated Transportation funding, increased hours of operation from the seven existing rural public transit systems (Butts, Heard, Lamar, Pike, Spalding, Troup, and Upson), and the establishment of rural public transit systems in the remaining three counties in the region (Carroll, Coweta, and Meriwether).

Additionally, one long term consideration for this region is the establishment of the KIA Motors plant in Troup County (West Point). This is the first North American plant establish by KIA and is scheduled to open in 2009. Once the facility is fully up and running, they expect to employ 2,500 individuals from the surrounding areas. Rural public services in and around the facility could provide more economical and efficient transportation to the facility employees as well as the general public.



## Region 5

### Analysis of Census Data, Needs Assessment and Transportation Survey

Based on the information from the Census Data for this region, only 34.9% of the households have cars. Jackson County has the lowest percentage of households with cars. In Jackson County 24% have cars, 38.6% do not have transportation, and 45% would use public transportation. Jackson County operates a 5311 program within the county.

Oglethorpe County has the highest percentage of people with disabilities in the region, at 23.7%. They are also the fourth highest in older adults in the region. The senior center, as a subcontractor, provides over 5,870 trips.

Based on the Transportation Survey (see table), 40% of the respondents do not have transportation. Seventy-four percent would use public transportation. Barrow, Jackson, Jasper, Oconee and Walton Counties have the greatest percentages of respondents who would use public transportation. Sixty-four percent need transportation beyond their respective county lines. The majority of the trip purposes were medical appointments (60%), shopping (51%) and work (50%).

Based on the *Public and Human Service Trips – 2006* table, the trips provided through the DHR Coordinated Transportation System in Newton County, Clarke County and Walton County lead the way in trips provided to the DHR human services. The Division of Mental Health, Developmental Disabilities, and Addictive Diseases (MHDDAD) had 45% of the total trips and Division of Aging had 30%. MHDDAD has 26% of the total clients transported and Aging had 45%. The Aging program trips are only those that were counted and reimbursed through the DHR Coordinated System. There are additional trips that are provided by the senior centers that are captured on the Needs Assessment.

**Public and Human Service Trips – 2006**

<b>County</b>	<b>Public Trips</b>	<b>Human Service Trips</b>	<b>Human Service Riders</b>
Barrow		11,954	129
Aging		6,487	94
DFCS		778	16
DOL/VR		0	0
MHDDAD		4,689	19
Clarke	1,490,339	73,879	877
Aging		15,906	157
DFCS		31,995	416
DOL/VR		6,054	101
MHDDAD		19,924	203
Elbert	12,447	16,144	189
Aging		4,939	93
DFCS		1,264	39
DOL/VR		0	0
MHDDAD		9,941	57
Greene	24,511	15,817	173
Aging		4,585	75
DFCS		1,936	41
DOL/VR		1,406	17
MHDDAD		7,890	40
Jackson	13,794	16,624	710
Aging		7,961	663
DFCS		695	11
DOL/VR		0	0
MHDDAD		7,968	36
Jasper		4,040	67
Aging		3,333	32
DFCS		707	35
DOL/VR		0	0
MHDDAD		0	0
<b>County</b>	<b>Public Trips</b>	<b>Human Service Trips</b>	<b>Human Service Riders</b>
Madison		14,035	95
Aging		5,386	62
DFCS		353	10
DOL/VR		0	0
MHDDAD		8,296	23
Morgan	17,927	7,141	134
Aging		7,141	134
DFCS		0	0
DOL/VR		0	0

MHDDAD		0	0
Oconee		5,844	77
Aging		5,680	67
DFCS		164	10
DOL/VR		0	0
MHDDAD		0	0
Oglethorpe		5,870	58
Aging		5,784	55
DFCS		86	3
DOL/VR		0	0
MHDDAD		0	0
Newton		40,612	857
Aging		5,049	103
DFCS		8,500	244
DOL/VR		416	16
MHDDAD		26,647	494
Walton	13,997*	29,962	319
Aging		10,580	135
DFCS		4,054	112
DOL/VR		0	0
MHDDAD		15,328	72
<b>Total</b>	<b>1,573,015</b>	<b>226,016</b>	<b>3,685</b>
Public	1,573,015		
Aging		66,925	1,670
DFCS		50,532	937
DOL/VR		7,876	134
MHDDAD		100,683	944

\* Social Circle 5311 Program

## **Assessment of Need**

DHR Office of Facilities and Support Services, Transportation Services Section conducted a needs assessment in fiscal year 2006 at the local, regional level to ascertain additional needs for current clients as well as needs for non-serviced clients. See following the results of the FY2006 Needs Assessment – Region 5.

The committee also developed a questionnaire-survey and distributed it within the Region through local groups and human service providers. The target area was non-DHR clients and DHR clients that have non-program transportation needs. The results from this survey are attached.

Based on these two surveys it shows that there are additional transportation needs within Region 5 that encompass the public as well as DHR consumers that are not funded through the DHR Coordinated Transportation System or provided through the current public transportation systems. Many of the senior centers have waiting lists for consumers that need transportation to the center, to medical appointments, to work or quality of life outings. Funding, available vehicles and transportation resources are the barriers to providing these services. There are also needed services in areas where there are not public transit systems, Barrow, Jasper, Madison, Newton, Oconee, Oglethorpe, and Walton Counties. Public trips are needed for non-DHR services in these areas to allow riders and clients to be independent and self-reliant.

**Transportation Services Section  
Needs Assessment Region 5  
2006**

County	Human Service Provider	Number of New Clients (Unserved)	Number of Trips Needed for New Clients	Additional Trips Needed for Current Clients	Total Trips Needed
<b>Clarke</b>	<b>Clarke County DFCS</b>	<b>5</b>	<b>2,500</b>	<b>600</b>	<b>3,100</b>
	TANF			600	600
	Non-TANF (to employment-TSS)	5	2,500		2,500
	Other Non-TANF				0
	Intensive Services				0
	Public Trips*				0
<b>Walton</b>	<b>Walton County DFCS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	TANF	0	0	0	0
	Non-TANF (to employment-TSS)	0	0	0	0
	Other Non-TANF	0	0	0	0
	Intensive Services	0	0	0	0
	Public Trips*	0	0	0	0
<b>Elbert</b>	<b>Elbert County DFCS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	TANF	0	0	0	0
	Non-TANF (to employment-TSS)	0	0	0	0
	Other Non-TANF	0	0	0	0
	Intensive Services	0	0	0	0
	Public Trips*	0	0	0	0
<b>Newton</b>	<b>Newton County DFCS</b>	<b>119</b>	<b>40,512</b>	<b>4,000</b>	<b>44,512</b>
	TANF	0	0	0	0
	Non-TANF (to employment-TSS)	36	18,000	2,000	20,000
	Other Non-TANF	47	4,512	0	4,512
	Intensive Services	0	0	0	0
	Public Trips*	36	18,000	2,000	20,000
<b>Barrow</b>	<b>Barrow DFCS</b>	<b>0</b>	<b>0</b>	<b>488</b>	<b>488</b>
	TANF	0	0	0	0
	Non-TANF (to employment-TSS)	0	0	488	488
	Other Non-TANF	0	0	0	0
	Intensive Services	0	0	0	0
	Public Trips*	0	0	0	0

County	Human Service Provider	Number of New Clients (Unserved)	Number of Trips Needed for New Clients	Additional Trips Needed for Current Clients	Total Trips Needed
<b>Greene</b>	<b>Greene County DFCS</b>	<b>24</b>	<b>2,496</b>	<b>0</b>	<b>2,496</b>
	TANF	12	1,248	0	1,248
	Non-TANF (to employment-TSS)	12	1,248	0	1,248
	Other Non-TANF	0	0	0	0
	Intensive Services	0	0	0	0
	Public Trips*	0	0	0	0
<b>Oconee</b>	<b>Oconee County DFCS</b>	<b>12</b>	<b>1,248</b>	<b>0</b>	<b>1,248</b>
	TANF	6	624		624
	Non-TANF (to employment-TSS)	6	624		624
	Other Non-TANF				0
	Intensive Services				0
	Public Trips*				0
	<b>Counties in Region 5</b>	<b>12</b>			
	<b>Counties Responding</b>	<b>7</b>			
	<b>Region 5 Summary - DFCS</b>				
	TANF	18	1,872	600	2,472
	Non-TANF (to employment-TSS)	59	22,372	2,488	24,860
	Other Non-TANF	47	4,512	0	4,512
	Intensive Services	0	0	0	0
	Public Trips*	36	18,000	2,000	20,000
	<b>Region 5 Total</b>	<b>160</b>	<b>46,756</b>	<b>5,088</b>	<b>51,844</b>
<b>Jackson</b>	<b>Jackson County- Senior Center</b>	<b>35</b>	<b>210</b>	<b>3,542</b>	<b>3,752</b>
	Aging	0	0	0	0
	Congregate Meals/Senior Centers	35	210	3,542	3,752
	Non-NET Medical Trips	0	0	0	0
	Public Trips	0	0	0	0
	Group Trips	0	0	0	0
<b>Oconee</b>	<b>Oconee County- Service Center</b>	<b>125</b>	<b>18,000</b>	<b>1,000</b>	<b>19,000</b>
	Aging	25	7,800	200	8,000
	Congregate Meals/Senior Centers	25	7,800	200	8,000
	Non-NET Medical Trips	25	600	200	800
	Public Trips	25	1,200	200	1,400
	Group Trips	25	600	200	800

County	Human Service Provider	Number of New Clients (Unserviced)	Number of Trips Needed for New Clients	Additional Trips Needed for Current Clients	Total Trips Needed
<b>Oglethorpe</b>	<b>Oglethorpe County Senior Center</b>	<b>0</b>	<b>0</b>	<b>11,571</b>	<b>11,571</b>
	Aging				0
	Congregate Meals/Senior Centers			11,571	11,571
	Non-NET Medical Trips				0
	Public Trips				0
	Group Trips				
<b>Newton</b>	<b>Newton County Senior Center</b>	<b>0</b>	<b>0</b>	<b>5,830</b>	<b>5,830</b>
	Aging				0
	Congregate Meals/Senior Centers			5,322	5,322
	Non-NET Medical Trips			120	120
	Public Trips			168	168
	Group Trips			220	220
<b>Greene</b>	<b>Greene County Senior Center</b>	<b>94</b>	<b>2,403</b>	<b>7,896</b>	<b>10,299</b>
	Aging	15	360	720	1,080
	Congregate Meals/Senior Centers	30	507	6,000	6,507
	Non-NET Medical Trips	6	144	144	288
	Public Trips	28	672	672	1,344
	Group Trips	15	720	360	1,080
<b>Elbert</b>	<b>Elbert Co Senior Center</b>	<b>90</b>	<b>20,820</b>	<b>2,736</b>	<b>23,556</b>
	Aging	24	12,000		12,000
	Congregate Meals/Senior Centers	15	7,500	2,496	9,996
	Non-NET Medical Trips	26	720		720
	Public Trips				0
	Group Trips	25	600	240	840
<b>Morgan</b>	<b>Morgan County Transit</b>	<b>13</b>	<b>6,500</b>	<b>6,100</b>	<b>12,600</b>
	Aging	13	6,500	6,100	12,600
	Congregate Meals/Senior Centers				0
	Non-NET Medical Trips				0
	Public Trips				0
	Group Trips				0
<b>Clarke</b>	<b>Athens Community Council on Aging</b>	<b>36</b>	<b>3,744</b>	<b>6,136</b>	<b>9,880</b>
	Aging	10	1,040	5,512	6,552
	Congregate Meals/Senior Centers	0	0	0	0
	Non-NET Medical Trips	0	0	0	0
	Public Trips	11	1,144	264	1,408
	Group Trips	15	1,560	360	1,920
	ADC	12	1,872	104	1,976

County	Human Service Provider	Number of New Clients (Unserviced)	Number of Trips Needed for New Clients	Additional Trips Needed for Current Clients	Total Trips Needed
<b>Walton</b>	<b>Walton County Senior Center</b>	<b>85</b>	<b>12,640</b>	<b>12,200</b>	<b>24,840</b>
	Aging	25	5,200	5,200	10,400
	Congregate Meals/Senior Centers	25	5,200	5,000	10,200
	Non-NET Medical Trips	10	1,040	1,000	2,040
	Public Trips				0
	Group Trips	25	1,200	1,000	2,200
<b>Madison</b>	<b>Madison County Senior Ctr.</b>	<b>0</b>	<b>0</b>	<b>6,033</b>	<b>6,033</b>
	Aging				0
	Congregate Meals/Senior Centers			5,613	5,613
	Non-NET Medical Trips				0
	Public Trips				0
	Group Trips			420	420
	<b>Centers in Region 5</b>	<b>13</b>			
	<b>Centers Responding</b>	<b>10</b>			
	<b>Region 5 Summary - Aging</b>				
	Aging	112	32,900	17,732	
	Congregate Meals/Senior Centers	130	21,217	39,744	
	Non-NET Medical Trips	67	2,504	1,464	
	Public Trips	64	3,016	1,304	
	Group Trips	105	4,680	2,800	
	<b>Region 5 Total</b>	<b>478</b>	<b>64,317</b>	<b>63,044</b>	
<b>Clarke</b>	<b>Hope Haven of NEGA</b>	<b>34</b>	<b>1,150</b>	<b>4,000</b>	<b>5,150</b>
	MH Services				0
	MH Public Trips*				0
	DD Services	17	700	1,500	2,200
	DD Public Trips*	17	450	2,500	2,950
	AD Services				0
	AD Public Trips*				0
<b>Barrow</b>	<b>Barrow County - ABHS (Custom Industries)</b>	<b>2</b>	<b>624</b>	<b>0</b>	<b>624</b>
	MH Services				0
	MH Public Trips*				0
	DD Services	2	624	0	624
	DD Public Trips*				0
	AD Services				0
	AD Public Trips*				0



County	Human Service Provider	Number of New Clients (Unservd)	Number of Trips Needed for New Clients	Additional Trips Needed for Current Clients	Total Trips Needed
<b>Walton</b>	<b>Walton &amp; Morgan Counties - ABHS (Unlimited Services)</b>	<b>17</b>	<b>5,416</b>	<b>8,500</b>	<b>13,916</b>
	MH Services				0
	MH Public Trips*				0
	DD Services	10	3,960	2,500	6,460
	DD Public Trips*	7	1,456	6,000	7,456
	AD Services				0
	AD Public Trips*				0
<b>Madison</b>	<b>Madison County - ABHS Fine Finish</b>	<b>12</b>	<b>4,248</b>	<b>0</b>	<b>4,248</b>
	MH Services				0
	MH Public Trips*				0
	DD Services	6	3,000		3,000
	DD Public Trips*	6	1,248		1,248
	AD Services				0
	AD Public Trips*				0
<b>Elbert</b>	<b>Elbert County - ABHS Quali-Tech</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	MH Services	0	0	0	0
	MH Public Trips*	0	0	0	0
	DD Services	0	0	0	0
	DD Public Trips*	0	0	0	0
	AD Services	0	0	0	0
	AD Public Trips*	0	0	0	0
<b>Jackson</b>	<b>Jackson County - ABHS Jackson Creative</b>	<b>4</b>	<b>1,528</b>	<b>5,928</b>	<b>7,456</b>
	MH Services	0	0	0	0
	MH Public Trips*	0	0	0	0
	DD Services	4	904	0	904
	DD Public Trips*	0	624	5,928	6,552
	AD Services	0	0	0	0
	AD Public Trips*	0	0	0	0

County	Human Service Provider	Number of New Clients (Unserviced)	Number of Trips Needed for New Clients	Additional Trips Needed for Current Clients	Total Trips Needed
Barrow, Clarke, Elbert, Greene, Jackson, Oconee, Oglethorpe, Morgan, and Walton	<b>ABHS MH Residential</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	MH Services	0	0	0	0
	MH Public Trips*	0	0	0	0
	DD Services	0	0	0	0
	DD Public Trips*	0	0	0	0
	AD Services	0	0	0	0
	AD Public Trips*	0	0	0	0
Barrow, Clarke, Elbert, Greene, Jackson, Oconee, Oglethorpe, Morgan, and Walton	<b>ABHS MR Residential</b>	<b>20</b>	<b>5,200</b>	<b>0</b>	<b>5,200</b>
	MH Services	0	0	0	0
	MH Public Trips*	0	0	0	0
	DD Services	10	3,120	0	3,120
	DD Public Trips*	10	2,080	0	2,080
	AD Services	0	0	0	0
	AD Public Trips*	0	0	0	0
Barrow, Clarke, Elbert, Greene, Jackson, Oconee, Oglethorpe, Morgan, and Walton	<b>ABHS - CST Adult</b>	<b>23</b>	<b>0</b>	<b>4,784</b>	<b>4,784</b>
	MH Services	23	0	4,784	4,784
	MH Public Trips*	0	0	0	0
	DD Services	0	0	0	0
	DD Public Trips*	0	0	0	0
	AD Services	0	0	0	0
	AD Public Trips*	0	0	0	0

County	Human Service Provider	Number of New Clients (Unserviced)	Number of Trips Needed for New Clients	Additional Trips Needed for Current Clients	Total Trips Needed
Barrow, Clarke, Elbert, Greene, Jackson, Oconee, Oglethorpe, Morgan, and Walton	ABHS - CSI - Child	0	0	0	0
	MH Services	0	0	0	0
	MH Public Trips*	0	0	0	0
	DD Services	0	0	0	0
	DD Public Trips*	0	0	0	0
	AD Services	0	0	0	0
	AD Public Trips*	0	0	0	0
Clarke	Clarke ABHS - Inner Quest	4	1,248	0	1,248
	MH Services	2	624	0	624
	MH Public Trips*	2	624	0	624
	DD Services	0	0	0	0
	DD Public Trips*	0	0	0	0
	AD Services	0	0	0	0
	AD Public Trips*	0	0	0	0
Clarke	Clarke ABHS - Inner Light	10	0	2,600	2,600
	MH Services	0	0	0	0
	MH Public Trips*	0	0	0	0
	DD Services	0	0	0	0
	DD Public Trips*	0	0	0	0
	AD Services	5	0	1,560	1,560
	AD Public Trips*	5	0	1,040	1,040

County	Human Service Provider	Number of New Clients (Unserviced)	Number of Trips Needed for New Clients	Additional Trips Needed for Current Clients	Total Trips Needed
Barrow, Clarke, Elbert, Greene, Jackson, Oconee, Oglethorpe, Morgan, and Walton	ABHS	20	7,956	3,405	11,361
	MH Services	20	7,956	3,405	11,361
	MH Public Trips*				0
	DD Services				0
	DD Public Trips*				0
	AD Services				0
	AD Public Trips*				0
	<b>Centers Region 5</b>	18			
	<b>DD Centers</b>	9			
	<b>MH Centers</b>	7			
	<b>AD Centers</b>	2			
	<b>Centers Responding</b>	14			
	<b>Region 5 Summary</b>				
	MH Services	45	8,580	8,189	16,769
MH Public Trips*	2	624	0	624	
DD Services	49	12,308	4,000	16,308	
DD Public Trips*	40	5,858	14,428	20,286	
AD Services	5	0	1,560	1,560	
AD Public Trips*	5	0	1,040	1,040	
<b>Region 5 Totals</b>	<b>146</b>	<b>27,370</b>	<b>29,217</b>	<b>56,587</b>	
	<b>Region 5 Summary</b>	<b>Number of new Clients (Unserviced)</b>	<b>Number of Trips Needed for New Clients</b>	<b>Additional Trips Needed for Current Clients</b>	<b>Total Trips Needed</b>
	DFCS	160	46,756	5,088	51,844
	Aging	478	64,317	63,044	127,361
	MHDDAD	147	27,682	31,153	58,835
	<b>Total</b>	<b>785</b>	<b>138,755</b>	<b>99,285</b>	<b>238,040</b>

**Region 5 Transportation Needs Survey**  
**Transportation Services Section**  
**Needs Assessment Region 5**  
**2006**

County	Human Service Provider	Number of New Clients (Unserved)	Number of Trips Needed for New Clients	Additional Trips Needed for Current Clients	Total Trips Needed
<b>Clarke</b>	<b>Clarke County DFCS</b>	<b>5</b>	<b>2,500</b>	<b>600</b>	<b>3,100</b>
	TANF			600	600
	Non-TANF (to employment-TSS)	5	2,500		2,500
	Other Non-TANF				0
	Intensive Services				0
	Public Trips*				0
<b>Walton</b>	<b>Walton County DFCS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	TANF	0	0	0	0
	Non-TANF (to employment-TSS)	0	0	0	0
	Other Non-TANF	0	0	0	0
	Intensive Services	0	0	0	0
	Public Trips*	0	0	0	0
<b>Elbert</b>	<b>Elbert County DFCS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	TANF	0	0	0	0
	Non-TANF (to employment-TSS)	0	0	0	0
	Other Non-TANF	0	0	0	0
	Intensive Services	0	0	0	0
	Public Trips*	0	0	0	0
<b>Newton</b>	<b>Newton County DFCS</b>	<b>119</b>	<b>40,512</b>	<b>4,000</b>	<b>44,512</b>
	TANF	0	0	0	0
	Non-TANF (to employment-TSS)	36	18,000	2,000	20,000
	Other Non-TANF	47	4,512	0	4,512
	Intensive Services	0	0	0	0
	Public Trips*	36	18,000	2,000	20,000
<b>Barrow</b>	<b>Barrow DFCS</b>	<b>0</b>	<b>0</b>	<b>488</b>	<b>488</b>
	TANF	0	0	0	0
	Non-TANF (to employment-TSS)	0	0	488	488
	Other Non-TANF	0	0	0	0
	Intensive Services	0	0	0	0
	Public Trips*	0	0	0	0

County	Human Service Provider	Number of New Clients (Unserved)	Number of Trips Needed for New Clients	Additional Trips Needed for Current Clients	Total Trips Needed
<b>Greene</b>	<b>Greene County DFCS</b>	<b>24</b>	<b>2,496</b>	<b>0</b>	<b>2,496</b>
	TANF	12	1,248	0	1,248
	Non-TANF (to employment-TSS)	12	1,248	0	1,248
	Other Non-TANF	0	0	0	0
	Intensive Services	0	0	0	0
	Public Trips*	0	0	0	0
<b>Oconee</b>	<b>Oconee County DFCS</b>	<b>12</b>	<b>1,248</b>	<b>0</b>	<b>1,248</b>
	TANF	6	624		624
	Non-TANF (to employment-TSS)	6	624		624
	Other Non-TANF				0
	Intensive Services				0
	Public Trips*				0
	<b>Counties in Region 5</b>	<b>12</b>			
	<b>Counties Responding</b>	<b>7</b>			
	<b>Region 5 Summary - DFCS</b>				
	TANF	18	1,872	600	2,472
	Non-TANF (to employment-TSS)	59	22,372	2,488	24,860
	Other Non-TANF	47	4,512	0	4,512
	Intensive Services	0	0	0	0
	Public Trips*	36	18,000	2,000	20,000
	<b>Region 5 Total</b>	<b>160</b>	<b>46,756</b>	<b>5,088</b>	<b>51,844</b>
<b>Jackson</b>	<b>Jackson County- Senior Center</b>	<b>35</b>	<b>210</b>	<b>3,542</b>	<b>3,752</b>
	Aging	0	0	0	0
	Congregate Meals/Senior Centers	35	210	3,542	3,752
	Non-NET Medical Trips	0	0	0	0
	Public Trips	0	0	0	0
	Group Trips	0	0	0	0
<b>Oconee</b>	<b>Oconee County- Service Center</b>	<b>125</b>	<b>18,000</b>	<b>1,000</b>	<b>19,000</b>
	Aging	25	7,800	200	8,000
	Congregate Meals/Senior Centers	25	7,800	200	8,000
	Non-NET Medical Trips	25	600	200	800
	Public Trips	25	1,200	200	1,400
	Group Trips	25	600	200	800

County	Human Service Provider	Number of New Clients (Unserviced)	Number of Trips Needed for New Clients	Additional Trips Needed for Current Clients	Total Trips Needed
<b>Oglethorpe</b>	<b>Oglethorpe County Senior Center</b>	<b>0</b>	<b>0</b>	<b>11,571</b>	<b>11,571</b>
	Aging				0
	Congregate Meals/Senior Centers			11,571	11,571
	Non-NET Medical Trips				0
	Public Trips				0
	Group Trips				
<b>Newton</b>	<b>Newton County Senior Center</b>	<b>0</b>	<b>0</b>	<b>5,830</b>	<b>5,830</b>
	Aging				0
	Congregate Meals/Senior Centers			5,322	5,322
	Non-NET Medical Trips			120	120
	Public Trips			168	168
	Group Trips			220	220
<b>Greene</b>	<b>Greene County Senior Center</b>	<b>94</b>	<b>2,403</b>	<b>7,896</b>	<b>10,299</b>
	Aging	15	360	720	1,080
	Congregate Meals/Senior Centers	30	507	6,000	6,507
	Non-NET Medical Trips	6	144	144	288
	Public Trips	28	672	672	1,344
	Group Trips	15	720	360	1,080
<b>Elbert</b>	<b>Elbert Co Senior Center</b>	<b>90</b>	<b>20,820</b>	<b>2,736</b>	<b>23,556</b>
	Aging	24	12,000		12,000
	Congregate Meals/Senior Centers	15	7,500	2,496	9,996
	Non-NET Medical Trips	26	720		720
	Public Trips				0
	Group Trips	25	600	240	840
<b>Morgan</b>	<b>Morgan County Transit</b>	<b>13</b>	<b>6,500</b>	<b>6,100</b>	<b>12,600</b>
	Aging	13	6,500	6,100	12,600
	Congregate Meals/Senior Centers				0
	Non-NET Medical Trips				0
	Public Trips				0
	Group Trips				0
<b>Clarke</b>	<b>Athens Community Council on Aging</b>	<b>36</b>	<b>3,744</b>	<b>6,136</b>	<b>9,880</b>
	Aging	10	1,040	5,512	6,552
	Congregate Meals/Senior Centers	0	0	0	0
	Non-NET Medical Trips	0	0	0	0
	Public Trips	11	1,144	264	1,408
	Group Trips	15	1,560	360	1,920
	ADC	12	1,872	104	1,976

County	Human Service Provider	Number of New Clients (Unserved)	Number of Trips Needed for New Clients	Additional Trips Needed for Current Clients	Total Trips Needed
<b>Walton</b>	<b>Walton County Senior Center</b>	<b>85</b>	<b>12,640</b>	<b>12,200</b>	<b>24,840</b>
	Aging	25	5,200	5,200	10,400
	Congregate Meals/Senior Centers	25	5,200	5,000	10,200
	Non-NET Medical Trips	10	1,040	1,000	2,040
	Public Trips				0
	Group Trips	25	1,200	1,000	2,200
<b>Madison</b>	<b>Madison County Senior Ctr.</b>	<b>0</b>	<b>0</b>	<b>6,033</b>	<b>6,033</b>
	Aging				0
	Congregate Meals/Senior Centers			5,613	5,613
	Non-NET Medical Trips				0
	Public Trips				0
	Group Trips			420	420
	<b>Centers in Region 5</b>	13			
	<b>Centers Responding</b>	10			
	<b>Region 5 Summary - Aging</b>				
	Aging	112	32,900	17,732	
	Congregate Meals/Senior Centers	130	21,217	39,744	
	Non-NET Medical Trips	67	2,504	1,464	
	Public Trips	64	3,016	1,304	
	Group Trips	105	4,680	2,800	
	<b>Region 5 Total</b>	<b>478</b>	<b>64,317</b>	<b>63,044</b>	
<b>Clarke</b>	<b>Hope Haven of NEGA</b>	<b>34</b>	<b>1,150</b>	<b>4,000</b>	<b>5,150</b>
	MH Services				0
	MH Public Trips*				0
	DD Services	17	700	1,500	2,200
	DD Public Trips*	17	450	2,500	2,950
	AD Services				0
	AD Public Trips*				0
<b>Barrow</b>	<b>Barrow County - ABHS (Custom Industries)</b>	<b>2</b>	<b>624</b>	<b>0</b>	<b>624</b>
	MH Services				0
	MH Public Trips*				0
	DD Services	2	624	0	624
	DD Public Trips*				0
	AD Services				0
	AD Public Trips*				0



County	Human Service Provider	Number of New Clients (Unserviced)	Number of Trips Needed for New Clients	Additional Trips Needed for Current Clients	Total Trips Needed
Walton	<b>Walton &amp; Morgan Counties - ABHS (Unlimited Services)</b>	17	5,416	8,500	13,916
	MH Services				0
	MH Public Trips*				0
	DD Services	10	3,960	2,500	6,460
	DD Public Trips*	7	1,456	6,000	7,456
	AD Services				0
	AD Public Trips*				0
Madison	<b>Madison County - ABHS Fine Finish</b>	12	4,248	0	4,248
	MH Services				0
	MH Public Trips*				0
	DD Services	6	3,000		3,000
	DD Public Trips*	6	1,248		1,248
	AD Services				0
	AD Public Trips*				0
Elbert	<b>Elbert County - ABHS Quali-Tech</b>	0	0	0	0
	MH Services	0	0	0	0
	MH Public Trips*	0	0	0	0
	DD Services	0	0	0	0
	DD Public Trips*	0	0	0	0
	AD Services	0	0	0	0
	AD Public Trips*	0	0	0	0
Jackson	<b>Jackson County - ABHS Jackson Creative</b>	4	1,528	5,928	7,456
	MH Services	0	0	0	0
	MH Public Trips*	0	0	0	0
	DD Services	4	904	0	904
	DD Public Trips*	0	624	5,928	6,552
	AD Services	0	0	0	0
	AD Public Trips*	0	0	0	0

County	Human Service Provider	Number of New Clients (Unserved)	Number of Trips Needed for New Clients	Additional Trips Needed for Current Clients	Total Trips Needed
Barrow, Clarke, Elbert, Greene, Jackson, Oconee, Oglethorpe, Morgan, and Walton	<b>ABHS MH Residential</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	MH Services	0	0	0	0
	MH Public Trips*	0	0	0	0
	DD Services	0	0	0	0
	DD Public Trips*	0	0	0	0
	AD Services	0	0	0	0
	AD Public Trips*	0	0	0	0
Barrow, Clarke, Elbert, Greene, Jackson, Oconee, Oglethorpe, Morgan, and Walton	<b>ABHS MR Residential</b>	<b>20</b>	<b>5,200</b>	<b>0</b>	<b>5,200</b>
	MH Services	0	0	0	0
	MH Public Trips*	0	0	0	0
	DD Services	10	3,120	0	3,120
	DD Public Trips*	10	2,080	0	2,080
	AD Services	0	0	0	0
	AD Public Trips*	0	0	0	0
Barrow, Clarke, Elbert, Greene, Jackson, Oconee, Oglethorpe, Morgan, and Walton	<b>ABHS - CST Adult</b>	<b>23</b>	<b>0</b>	<b>4,784</b>	<b>4,784</b>
	MH Services	23	0	4,784	4,784
	MH Public Trips*	0	0	0	0
	DD Services	0	0	0	0
	DD Public Trips*	0	0	0	0
	AD Services	0	0	0	0
	AD Public Trips*	0	0	0	0

County	Human Service Provider	Number of New Clients (Unserved)	Number of Trips Needed for New Clients	Additional Trips Needed for Current Clients	Total Trips Needed
Barrow, Clarke, Elbert, Greene, Jackson, Oconee, Oglethorpe, Morgan, and Walton	ABHS - CSI - Child	0	0	0	0
	MH Services	0	0	0	0
	MH Public Trips*	0	0	0	0
	DD Services	0	0	0	0
	DD Public Trips*	0	0	0	0
	AD Services	0	0	0	0
	AD Public Trips*	0	0	0	0
Clarke	Clarke ABHS - Inner Quest	4	1,248	0	1,248
	MH Services	2	624	0	624
	MH Public Trips*	2	624	0	624
	DD Services	0	0	0	0
	DD Public Trips*	0	0	0	0
	AD Services	0	0	0	0
	AD Public Trips*	0	0	0	0
Clarke	Clarke ABHS - Inner Light	10	0	2,600	2,600
	MH Services	0	0	0	0
	MH Public Trips*	0	0	0	0
	DD Services	0	0	0	0
	DD Public Trips*	0	0	0	0
	AD Services	5	0	1,560	1,560
	AD Public Trips*	5	0	1,040	1,040

County	Human Service Provider	Number of New Clients (Unserviced)	Number of Trips Needed for New Clients	Additional Trips Needed for Current Clients	Total Trips Needed
Barrow, Clarke, Elbert, Greene, Jackson, Oconee, Oglethorpe, Morgan, and Walton	ABHS	20	7,956	3,405	11,361
	MH Services	20	7,956	3,405	11,361
	MH Public Trips*				0
	DD Services				0
	DD Public Trips*				0
	AD Services				0
	AD Public Trips*				0
	<b>Centers Region 5</b>	18			
	<b>DD Centers</b>	9			
	<b>MH Centers</b>	7			
<b>AD Centers</b>	2				
<b>Centers Responding</b>	14				
<b>Region 5 Summary</b>					
MH Services	45	8,580	8,189	16,769	
MH Public Trips*	2	624	0	624	
DD Services	49	12,308	4,000	16,308	
DD Public Trips*	40	5,858	14,428	20,286	
AD Services	5	0	1,560	1,560	
AD Public Trips*	5	0	1,040	1,040	
<b>Region 5 Totals</b>	<b>146</b>	<b>27,370</b>	<b>29,217</b>	<b>56,587</b>	
	<b>Region 5 Summary</b>	<b>Number of new Clients (Unserviced)</b>	<b>Number of Trips Needed for New Clients</b>	<b>Additional Trips Needed for Current Clients</b>	<b>Total Trips Needed</b>
	DFCS	160	46,756	5,088	51,844
	Aging	478	64,317	63,044	127,361
	MHDDAD	147	27,682	31,153	58,835
	<b>Total</b>	<b>785</b>	<b>138,755</b>	<b>99,285</b>	<b>238,040</b>

### Region 5 Transportation Needs Survey

Number of Responses Per County	Do you have transportation?		Would you use public transportation for a fee?		Out of county required?		Special Needs?			How would utilize transportation if available?				
	Yes	No	Yes	No	Yes	No	WC Lift	Other	Shopping	Medical	Pharmacy	Work	Other	
Barrow Co.	14	9	15	8	18	5	5	1	9	12	6	14	6	
Clarke Co.	3	0	0	3	2	1	0	0	2	1	1	1	0	
Elbert Co.	10	2	8	4	8	4	1	0	6	7	5	7	2	
Franklin Co.	1	0	0	1	1	0	0	0	1	1	1	1	0	
Gwinnett Co.	2	0	1	1	2	0	0	0	1	0	0	1	0	
Jackson Co.	27	17	24	20	30	11	9	2	20	25	17	18	7	
Jasper Co.	24	22	31	11	26	16	3	2	21	22	16	17	3	
Madison Co.	9	2	6	5	10	0	3	0	5	5	4	8	1	
Morgan Co.	2	0	2	0	1	1	0	0	0	0	1	0	0	
Newton Co.	9	12	14	7	14	7	3	1	8	9	7	12	6	
Oconee Co.	4	9	11	2	8	5	0	0	8	8	5	11	2	
Walton Co.	130	80	173	38	132	71	41	15	114	141	100	104	19	
<b>Total</b>	<b>236</b>	<b>154</b>	<b>286</b>	<b>101</b>	<b>253</b>	<b>122</b>	<b>66</b>	<b>22</b>	<b>196</b>	<b>232</b>	<b>164</b>	<b>195</b>	<b>47</b>	
	<b>61%</b>	<b>40%</b>	<b>74%</b>	<b>26%</b>	<b>65%</b>	<b>31%</b>	<b>17%</b>	<b>6%</b>	<b>51%</b>	<b>60%</b>	<b>42%</b>	<b>50%</b>	<b>12%</b>	

#### Explanations for Other:

School (3), Religious (1), Child Care (6), Visit (3), Auto Broken (1), Atlanta Events (1), Special Service (1), Cross Counties (1), Appointments (1), Social Events (2), Joy Ride (1), School Appointment (1), Family Visits (1), Community Service (1), Emergencies (1)

## Region 6

In reviewing the gaps in service and needs that currently exist, the following findings resulted:

A DHR transportation needs assessment is performed annually. Each Regional Transportation Office distributes Needs Assessment Survey forms to Human Service Providers in the Region. (Human Service Providers are the DHR sites that are authorized to order trips under the DHR Coordinated Transportation System.) A different form is used to survey each of the three Divisions. All three forms request the same basic information, but each addresses specific programs under a Division in order to avoid confusion by unfamiliar terms and programs. Surveys are returned to the Atlanta Office of the DHR Transportation Services Section where the consumer needs are compiled by Region and by Division. Regional information is linked in order to develop a statewide needs report. The results of the needs assessment are used for:

- A basis of Requests for Proposals and Contract Negotiations
- Planning and budgeting at the provider level;
- Planning trip allocations at the regional level;
- Budget Requests;
- Funding Applications; and
- Setting Transportation Priorities

The needs assessment data gathered in the last quarter of fiscal year 2006, is summarized on the following pages. Based on the data, the program is serving 49.43% of the consumers needing service and 39.46% of the total trip needs are being met. The projected costs of meeting the balance of needs are also shown in the Summary.

County	Population	Disabled Persons		Developmentally Disabled Persons		Elderly Persons		Persons Below Poverty Level		Households w/o a Motor Vehicle	
		Total	%	Total	%	Total	%	Total	%	Total	%
Baldwin	44,700	5,780	12.9	738	1.65	4,716	10.6	6,190	13.8	1,382	9.4
Bibb	153,887	22,256	14.5	2,539	1.65	19,620	12.7	28,370	18.4	7,423	12.4
Crawford	12,495	1,736	13.9	206	1.65	1,150	9.2	1,904	15.2	276	6.2
Houston	110,765	13,356	12.1	1,828	1.65	10,295	9.3	11,058	10.0	2,363	5.8
Jones	23,639	3,403	14.4	390	1.65	2,441	10.3	2,375	10.0	409	4.7
Monroe	21,757	3,774	1.65	359	10.3	2,251	10.3	2,069	9.5	653	8.5
Peach	23,668	3,589	15.2	391	1.65	2,331	9.8	4,585	19.4	1,022	12.1
Pulaski	9,588	1,232	12.8	158	1.65	1,272	13.3	1,388	14.5	321	9.4
Putnam	18,812	2,836	15.1	310	1.65	2,658	14.1	2,695	14.3	583	7.9
Twiggs	10,590	1,629	15.4	175	1.65	1,196	11.3	2,053	19.4	531	13.9
Wilkinson	10,220	1,758	17.2	169	1.65	1,334	13.1	1,815	17.8	308	8.0

Transportation Region	County	Number of new Clients(Unserved)	Number of Trips Needed for New Clients	Additional Trips Needed for Current Clients
<b>Region 6</b>				
	<b>Houston County-DFCS</b>			
	TANF	38	36000	28128
	Non-TANF (to employment-TSS)	12	6000	0
	Other Non-TANF	58	12064	0
	Intensive Services	0	0	0
	Public Trips*	0	0	0
<b>Region 6</b>	<b>Monroe County DFCS</b>			
	TANF	2	500	
	Non-TANF (to employment-TSS)			
	Other Non-TANF			
	Intensive Services			
	Public Trips*			
<b>Region 6</b>	<b>Bibb County DFCS</b>			
	TANF	150	75000	50000
	Non-TANF (to employment-TSS)	100	50000	
	Other Non-TANF			
	Intensive Services	18	9000	9000
	Public Trips*			
<b>6</b>	<b>Peach County</b>	Peach Transit Authority		
	TANF	20	10000	0
	Non-TANF (to employment-TSS)	20	10000	0
	Other Non-TANF	0	0	0



	Intensive Services	10	5000	0
	Public Trips*	0	0	0
6	<b>Twiggs County- DFCS</b>			
	TANF	1	500	500
	Non-TANF (to employment-TSS)	3	1500	0
	Other Non-TANF	1	208	0
	Intensive Services	1	208	0
	Public Trips*	0	0	0
6	<b>Wilkinson County- DFCS</b>			
	TANF	2	100	500
	Non-TANF (to employment-TSS)	5	2500	0
	Other Non-TANF	1	208	0
	Intensive Services	1	208	0
	Public Trips*	0	0	0
6	<b>Baldwin County DFCS</b>			
	TANF	60	30000	
	Non-TANF (to employment-TSS)	100	12600	
	Other Non-TANF	50	15600	
	Intensive Services			
	Public Trips*			

6	<b>Putnam County DFCS</b>		
	TANF	5	2500
	Non-TANF (to employment-TSS)	10	5000
	Other Non-TANF	15	3120
	Intensive Services	15	120
	Public Trips*	10	240
6	<b>Jones County DFCS</b>		
	TANF	5	2500
	Non-TANF (to employment-TSS)	3	1500
	Other Non-TANF		
	Intensive Services		
	Public Trips*		
<b>Counties region 6</b>		10	
<b>counties responding</b>		7	

## Region 7

- ❖ The Central Savannah River Area (CSRA) has a significantly higher than average Elderly, Low-Income, and Disabled population. Georgia's average Low-Income population is 13%; whereas the CSRA's same population is double this average at 26%. Georgia's average Elderly population is 9.6%; whereas the CSRA's same population is 13%. The CSRA also has 50,000 individuals with disabilities. These figures combined with 30% of the CSRA's household not having a vehicle, suggest that a significant transportation need to just vital appointments and services is needed.
- ❖ Most transportation provided by rural transit systems for the public shut down operations by 5:00 PM and offer no weekend transportation services.
- ❖ Augusta Public Transportation has staggered shut downs for each bus, with total operations shutting down by 8:30 PM Monday – Saturday and offers no Sunday service. Additionally some parts of Richmond County are not served by Augusta Public Transportation.
- ❖ DHR Coordinated Transportation Services through its limited funding is only able to contract for services for DHR consumers.
- ❖ Inadequate transportation services exist to provide medical transportation throughout Region 7.

As a result, the low-income, elderly, disabled often times find themselves without reliable transportation to medical appointments, employment, and other related appointments. A seamless transportation system is needed to address the gap; thus providing adequate and dependable service when needed 24 hours 7 day a week. Below are the results from several needs assessments and surveys conducted by various groups.

### Summary of AAA Data Collection Regarding Transportation

Period: February-March 2007

The CSRA Area Agency on Aging (AAA), a leader of community resources, is dedicated to serving older adults, persons with disabilities and caregivers. While we strongly advocate for service dollars, we believe that transportation specific to medical appointments and trips is high priority and have gathered data we hope will be used to obtain additional funding.

During the month of February (2007), the AAA mailed a letter and a transportation guide completed in-house to healthcare hospital social workers and discharge planners, clinics (both specialized and general), rehabilitation centers, senior centers and group level personal care homes throughout the Central Savannah River Area. The letter contained a question which inquired as to whether their clients/patients often miss appointments due to the lack of transportation. Most of those who responded informed us that they do have patients/clients who often miss appointments do to the lack of transportation.

While most responses generated were from social workers and case managers at hospitals, the most crucial was from a South Augusta Dialysis Center. According to a social worker at the dialysis center, three patients may have expired due to the lack of transportation. Because of the end stage renal disease and a high dependency on dialysis for survival, the social worker is inclined to believe the lack of transportation contributed to their deaths.

Early March, the AAA mailed a transportation needs assessment and survey to CSRA senior centers and the Augusta Housing Authority to inquire about their seniors' and disabled persons' lack of transportation for non-emergency medical appointments and trips. Based on the figures delivered, 210 persons lack transportation which totaled 27,382 trips. An inter-office survey

indicated that at least 20 clients served by the AAA this month stressed a need for transportation. The stated clients are those who contacted the AAA regarding transportation or informed information and referral staff of their lack of transportation during the telephone screening process for services.

### **Summary of Medical Transportation Survey – CSRA Partnership for Community Health**

The Central Savannah River Area Partnership for Community Health conducted a survey of Richmond County residents in 2003 and update with antidotal information in March 2007 on health related issues entitled "Health Status, Health Needs Assessment and Health Insurance Coverage." A total of 2,026 surveys were completed. In terms of transportation, respondents reported that on average they travel 10.4 miles to receive medical care. Most used a personal vehicle to visit a physician or nurse. This was higher for insured persons (55%) than for uninsured (45%). A high percentage also used a friend's or relative's vehicle (34% overall). More uninsured persons (37%) used this method than insured persons (32%). Other forms of transportation were used to a much lesser extent and were used by uninsured persons more than insured persons. The bus was used by 10% of uninsured persons and 7% of insured persons; taxis were used by 5% of uninsured persons and 4% of insured persons; walking was used by 4% of uninsured persons and 3% of insured persons.

This survey indicates that transportation is a problem, especially for uninsured persons. As we can see many use a friend or relative's vehicle to get to medical appointments. Anecdotal information has shown that often the friend or relative charges the patient and is not always available when it is time for the appointment.

### **Data collected by Neighbor Health Services Clinic:**

#### Clinic Statistics:

Number of patient visits, last 12 months:	5,986
% Female	73%
Pay-types of Patients (unduplicated)	
% Indigent (0-pay)	19.5%
Self-pay (no insurance)	18.8%
Medicaid	26.0%
Medicare	27.4%
Commercial Insurance	8.2%

Those in the indigent program and Medicaid are the lowest income, but many of the self-pay patients are by most standards poor, they just do not qualify for the indigent program. Please note that the Indigent and Medicaid patients account for a greater proportion of the visits than self-pay, insurance and Medicare patients. The Indigent and Medicaid patients are, on average, sicker than the average patient and have fewer resources available to achieve proper health care outside of the clinic. On average the patients made 2.4 visits per year.

The clinic has approximately 900 patients over age 65. The clinic staff estimates that 750 to 800 (of the 900 patients) need transportation or have difficulties with transportation. This includes patients who rely on friends and relatives to transport them to appointments and for whom no-show rates are also high due to unreliability of these arrangements. The estimate also includes patients who rely on existing door-to-door transportation systems that often bring them 2 hours early (sometimes before we are open) and/or pick them up 2 - 4 hours after their appointment. Of course it also includes those who use public transportation, but become confused on proper routes and often call the clinic from the mall to find out how to get to the clinic. The clinic now

keeps fruit juice and peanut butter crackers on hand for diabetics and others who have come in the morning after an overnight fast and/or end up sitting in our waiting room for transportation through the lunch hour.

### **Summary of Information from CSRA Transportation Task Force:**

**Discussion:** Attached is a summary of the CSRA transportation survey completed in May 2005. This survey focused on the needs of the elderly and persons with disabilities. Both of these groups fall through the cracks when it comes to transportation and their needs of being independent. Transportation within Richmond County and within the city of Augusta can be sporadic at best. Due to funding constraints services had to be reduced.

This has added to the complex problem that already exists in the county. These constraints affect the low-income, elderly, and persons with disabilities the most. Most can't afford to drive, can't afford the cost(s) of buying a vehicle or to maintain one or can't drive due to physical limitations. This becomes is a serious problem especially for those that work. If they can't get to work it affects the local economy with the lost revenue (taxes). Both of these groups want to contribute to the community and remain independent.

Just think if transportation continues on its path of extinction our local economy will suffer greatly. Plus there will be a segment of our population that wants to be included but can't due to the lack of transportation. Transportation is the key to our economy and independence for the elderly, persons with disabilities, and low-income.

**Recommendation:** We need federal and state funds to assist in the building and rebuilding of Richmond County's transportation system. With an improved system most customers could get around and contribute to the economy and the local community.

# Summary of Transportation Survey Results

MAY 2005

## 188 Total Respondents

### Disability vs. Non-disability

72% of respondents reported having a disability  
28% of respondents reported no disability

### Zip Code/County

92% of respondents are from Richmond County

### Age Groups:

12%	19 – 39 years
30%	40 – 59 years
36%	60 – 74 years
19%	75 +

### Marital Status:

17%	Married
35%	Single
19%	Divorced
29%	Widowed
83%	Not Married/no current spouse

### Race:

59%	African American
35%	White
6%	Hispanic/Asian/Other

### Gender:

26%	Male
74%	Female

### Size of Household:

61%	One-Person Household
20%	Two-Person Household
06%	Three-Person Household
13%	Four-Person + Household

### Household Income Level:

69%	0 - \$10,000
15%	10,001 - \$25,000
9%	25,001 - \$45,000

6% 45,001+

**Type of Income Received:**

73% Receive SSDI/SSD/SSI/SS  
16% Retirement Benefits  
5% Employment  
3% Unemployment  
2% other

**Highest Level of Education Achieved:**

27% Some Grade School/ High School  
31% High School Diploma/GED  
24% Trade School/Some College  
5% Associates Degree  
9% College Degree  
1% Master Degree  
3% Other

**Transportation Services in Area:**

66% report transportation services in their area  
34% report no transportation services in their area

**Mobility Devices:**

50% reported using a device for mobility  
Of the 50%  
65% utilize cane, crutch or walker  
35% utilize wheel chair, power chair or scooter

**Attendant or Escort Needed:**

15% require an attendant or escort for transportation  
85% do not require an attendant or escort for transportation

During the past year, how many times did you cancel appointments or services due to lack of transportation?

43% of respondents were "Not Sure" if they had to cancel an appointment due to lack of transportation services.

57% of respondents canceled 1 to 10+ appointments due to lack of transportation services. Of the canceled transportation appointments 79% were individuals with disabilities. Of the above PWD, 38% canceled 8 or more appointments during the last year due to lack of transportation.

**Rating Transportation's Impact on Access to Community Based Services:**

44% indicated that based on their experience, lack of transportation has not limited access to community based services.

44% indicated that lack of transportation was a significant limitation to access community based services and opportunities.

12% ranked this question in the middle categories (4..5..6..7).

**ADA Impact on Improving Transportation Services:**

19% reported that since the enactment of the 1990 ADA access to services and opportunities have not improved in their area.

27% report improvement

54% are not sure

**Survey Question:** Do you agree or disagree with the following statements regarding transportation in the CSRA for persons with disabilities and seniors? Please write X in the appropriate box if you don't know the answer.

Public or Private Transportation in the CSRA	Agree	Disagree	Don't Know
Transportation is largely for clients of agency programs	33%	21%	46%
Transportation is largely for "priority" needs (e.g., medical)	50%	20%	30%
Accessible transportation is not available in all parts of our area	52%	11%	37%
Lack of long-distance transportation to out-of-region services	40%	11%	49%
The weekday hours of operation are not long enough to support trips to and from work or other needs	49%	13%	38%
Limited evening and weekend service	54%	10%	36%
Not enough accessible (lift/ramp-equipped) vehicles	45%	10%	45%
Available services are not affordable for potential users	39%	16%	45%
Information about available services is hard to obtain	43%	17%	40%
Attendant care services during the trip are not always available	36%	14%	50%
Lack of door-to-door services (vs. curb-to-curb)	41%	18%	41%
Driver sometimes do not have adequate training in serving persons with disabilities	47%	16%	37%



**Survey Question:** Do you agree or disagree with the following statements regarding YOUR need for transportation. Also, please indicate how frequently you need it.

Public or Private Transportation in the CSRA	How many times per week		Average
	Agree	Disagree	
I need transportation for personal business	54%	46%	3.06
I need transportation for social and recreational activities	56%	44%	2.76
I need transportation for work and work training	50%	50%	4.29
I need transportation for grocery shopping and/or drug store	52%	48%	2.25
I need transportation for education	34%	66%	2.60
I need transportation for medical needs & services	53%	47%	2.00
I need transportation for clothing and/or household items	53%	47%	1.66
Other: Leisure, Out of town trips, Out of County trips	31%	69%	2.30

**Survey Question:** How often would you use this transportation?

32% Daily 31% Weekly 20% Monthly 17% Other

#### **CURRENT IDENTIFIED GAPS IN SERVICE REGARDING ACCESS TO EMPLOYMENT AND REVERSE COMMUTE.**

- 1) There is currently no access to public transit anywhere in the Augusta-Richmond County system prior to 5:45 am. This essentially eliminates the option of riders accessing early morning employment options.
- 2) There is currently no access to any public transit route later than 8:30 pm. This again limits the work hours and shift options for many, many employees.
- 3) There is currently no public transit service at all on Sundays. This not only prevents any employment opportunities for individuals on Sundays, it denies access to religious services as well.
- 4) Routes are established which require several legs to get across town. A separate fee is charged for each leg resulting in \$4-\$5 transit fees for a one-way ride. To compound this cost, the travel time is often 1 1/2 to 2 hours one-way as well. For individuals earning at or just above minimum wage, they have to invest up to 3 hours travel time and two hours of their wages just to get to work.
- 5) There are currently a limited number of buses scheduled on each route resulting in over-crowding on some buses. Some riders have no seat and must stand for extended trips. This creates safety concerns as well as comfort concerns.

- 6) Bus routes are limited to a minimal radius from downtown Augusta outward. These routes fall short of accessing several of the larger communities in Richmond County i.e. Hephzibah. They also stop prior to reaching several industrial parks where multiple shifts operate and large numbers of jobs are available within a 2 – 3 mile radius.

## Region 8

The Regional Transportation Coordinating Committee conducted a needs assessment survey of transportation needs within Region 8. Transportation results are as follows:

Surveys Returned 222

<b>Unmet Transportation Needs</b>	<b>Total Responses</b>	<b>% of Responses</b>
Going to Work	61	27%
Grocery Shopping	92	41%
Mental Health Services	25	11%
Social Services	61	27%
Finding A Job	35	16%
Attending Senior Center	68	31%
Substance Abuse Services	3	4%
Attending School/Training	18	8%
Pharmacy/Drug Store	96	43%
Medical Care	114	51%
Other	1	0%

<b>Age Group</b>	<b>Total Responses</b>	<b>% of Responses</b>
Under 16	2	1%
17-54	111	50%
55-59	11	5%
Over 60	97	44%
No Response	1	0%
Total	222	100%

<b>Amount Willing to Pay</b>	<b>Total Responses</b>	<b>% of Responses</b>
\$0	111	50%
\$2 - \$5/ one way	85	38%
\$5 - \$10/ one way	17	8%
Over \$10	0	0%
No Response	9	4%
Total	222	100%

<b>Disabled</b>	<b>Total Responses</b>	<b>% of Responses</b>
Yes	83	37%
No	111	50%
No Response	28	13%
Total	222	100%

## **Comments on Transportation from DAS/AAA Joint Public Hearing**

The Lower Chattahoochee Area Agency on Aging and the staff at the local service sites use standard assessment instruments determines eligibility. Individuals age 60 + are eligible. 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.

- Transportation – non-emergency transport system that is not coordinated with DHR has many problems that place frail older adults at risk.
- Quality of drivers with no background checks, lack of monitoring, lack of policies for the protection of passengers.
- Lack of dependable transport.
- There is a need for marketing of non-emergency transportation.
- There is a need for non-Medicaid transportation and supplemental funding to make care and support affordable for non-Medicaid.
- There is a need for transportation to exercise programs for strength training and balance training.
  - There is a need for transportation to wellness programs.
    - Remember those who do not qualify for Medicaid, who would like to go to exercise or wellness programs but cannot drive or obtain transportation.
    - Improve the system of van transport, which does not currently match the patient needs to the vans and drivers' characteristics.

## Region 9

In addition to the Regional Transportation Coordinating Committee (RTCC) involvement in the planning process, there has been involvement by public representatives that provided insight into local transportation service gaps. Public representatives consulted during the planning process included older adults, low-income individuals, and persons with disabilities.

In October 2007, the Georgia Department of Human Resources, Division of Aging Services along with the Heart of Georgia Altamaha Area Agency on Aging (AAA) conducted a joint public hearing in Dublin, Georgia. Those in attendance were given an opportunity to identify and discuss areas of need in their senior communities. The results of the AAA public survey are used in the annual planning process. The public entity will be involved through the coordination of routes using the existing fleet of the County Public Transit System (Section 5311) in the counties of; Bleckley, Dodge, Montgomery, Telfair, Treutlen, Wayne, Wheeler and Wilcox.

In order to assess the transportation needs for transportation disadvantaged groups in the seventeen county region, the RTCC distributed needs assessment forms. The needs assessment was disseminated in December and January of 2007. It was distributed to social service agencies, and public individuals around the region. In focus groups and public hearings conducted by the Division of Aging across the state, increased transportation was the number one service requested. The need for transportation has grown in last few years and, as the population ages; the need will continue to grow. Transportation is the key to keeping elderly Georgians independent and self-sufficient. The need for transportation services is essential for the elderly to attend medical appointments, obtain pharmaceutical prescriptions, attend congregate meals, engage in social activities and shop for groceries and other essentials of daily living. Adequate, safe, reliable transportation services allow all clients to achieve the goal of self-determination and independence which move them from dependence on government resources to self-sufficiency. A recent needs assessment conducted by the Department of Human Resources revealed that only 49% of elderly consumers and 39% of trip needs are being met. Other department surveys reveal that at least 67% of clients are unable to access transportation. As a result, they remain at home.

The above needs assessment reflects the significant shortfall in both funding and trips to meet transportation requirements. The Coordinated Transportation System (CTS) is key to meeting Georgia's elderly transportation needs. Focused on meeting congregate meal requirements, the system has very limited funding to meet other trip requirements. Additional funding would enable an expansion of services to meet other trip requests such as medical, shopping, pharmacy and other activities of daily living. Many of the clients served by the CTS are able to remain living at home or in the community because they can get to other vital community services that support independence. Elderly clients are able to take advantage of various community service programs and stay in their communities due to the availability of CTS. Transportation keeps these clients independent and self-sufficient and less dependent on the government

The DHR Regional Transportation Office distributes Needs Assessment Survey forms to Human Service Providers in the Region. The target groups for the surveys include older adults, low-income individuals, and persons with disabilities. These target groups are reached by sending the survey forms through the DHR Division of Aging Services, Division of Family and Children Services, and the Division of Mental Health, Developmental Disabilities, and Addictive Diseases. Surveys are returned to the Atlanta Office of Transportation Services where the consumer needs are compiled by Region and by Division. Regional information is linked in order to develop a statewide needs report. The results of the needs assessment are used for:

- A basis of Requests for Proposals and Contract Negotiations;
- Planning and budgeting at the provider level;
- Planning trip allocations at the regional level;
- Budget Requests;
- Funding Applications; and
- Setting Transportation Priorities.

The results from the Region 9 HSP Needs Assessment Survey are shown below:

Region 9 Divisions	Number of Human Service Providers	Number of New Consumers (Un-served)	Trips Needed for New Consumers	Trips Needed for Current Consumers	Total Trips
Aging	11	25	10,000	5,000	15,000
DFCS	17	20	10,000	10,000	20,000
Total	<u>28</u>	<u>45</u>	<u>20,000</u>	<u>15,000</u>	<u>35,000</u>

## Region 10

### Regional Profile

The SOWEGA Council on Aging/Area Agency on Aging (SCOA/AAA) covers the rural Southwest Georgia Region. This Region includes the following counties: Baker, Calhoun, Colquitt, Decatur, Dougherty, Early, Grady, Lee, Miller, Mitchell, Seminole, Terrell, Thomas and Worth. These counties cover 5,913 miles.

According to the U.S. Bureau of Census report for 2001, the population of the Southwest Georgia Planning and Service area (SOWEGA PSA) is approximately 353,735. This is a 5.5% increase in population since 1996.

The total African-American population of SOWEGA PSA is 148,009 or 41.9% of the total population.

In 2000, the per capital income for the SOWEGA PSA was approximately \$18,738, which is 32% below the state level. Service delivery is affected by the fact that the economic base of SOWEGA PSA includes a substantial number of low-income elderly people. There are more requests for services in the SOWEGA PSA than there would be in a more affluent area. SCOA/AAA serves elderly residents of all income levels; however, the agency's first priority is to serve low-income elderly.

In the SOWEGA 14-county area, Albany, (Dougherty County) is the largest and only metropolitan city with more than 95,723 people in the county. Most of the SOWEGA PSA is sparsely populated, rural areas. Three of the 14 counties have less than fifty (50) people per square mile. Population density ranges from 291.5 people per square mile in Dougherty County to 11.9 people per square mile in Baker County.

In 2000, there were 609 practicing physicians in Southwest Georgia. This is less than the standard set by the Graduate Medical Education National Advisory Committee, a group that sets the national and state standards for the number of physicians needed to meet health care needs of citizens. Residents of rural areas such as SOWEGA often lack needed medical services because of the lack of physician availability. All of the counties in SOWEGA, except for Dougherty, are medically underserved (in terms of number of physicians available).

There are 12 hospitals in the region with a 1,525 bed capacity. There are 24 nursing homes with 2,307 beds in Southwest Georgia. There are 118 Personal Care Homes in the same 14 county area. The chief causes of mortality in the SOWEGA PSA are heart disease, cancer, stroke and respiratory disease. These are also the chief causes of mortality in Georgia as a whole.

As for the educational attainment of people over 25 years old in SOWEGA PSA, there are significant differences when compared to state averages. An average of 69.1% completed high school (which is lower than the state average of 78.6%). The college graduation average in the state is 21.2% compared to 11.7% in SOWEGA PSA.

In Southwest Georgia, there are a limited number of post-secondary institutions. In Dougherty County, they include Albany Technical College, Darton College (a two year

institution), Albany State University, Christian Life School of Theology, LaGrange College at Albany and Troy State University (the latter two being outreach campuses offered in Albany). Southwest Georgia Technical College and Thomas University (four year institute) in Thomasville, Thomas County; Moultrie Area Technical College in Moultrie, Colquitt County and Bainbridge College (two year institute) in Bainbridge, Decatur County.

Area post-secondary institutions act as resources to the aging service delivery system in many different ways. ACOA/AAA calls on faculty and staff from area schools to present specific programs (for instance, a professor from Thomas College may present a SCOA/AAA-sponsored program on gerontology). Professionals from area schools are invited to the senior centers to present programs. The schools are an educational resource for SCOA/AAA when agency staff have specific questions or need educational materials. SCOA/AAA has worked with the schools in bringing in interns to work at the agency, and with college groups to do special events and projects with the elderly (such as nursing students assisting with osteoporosis screenings). Our Executive Director also serves on Darton College's Human Services Technology Advisory Committee and the Assistant Director also serves on the Social Work Advisory Council at Thomas College.

The SOWEGA PSA can be characterized as a rural region with a medically underserved population with special economic and educational challenges.

The Gateway Information and Assistance Program have 127 listings for subsidized rental housing in the SOWEGA PSA. There are 12 housing authority offices in the area. They are in the following towns: Albany (1007 units), Bainbridge (359 units), Blakely (159 units), Cairo (185 units), Camilla (460 units), Colquitt (89 units), Dawson (136 units), Leesburg (119 units), Moultrie (413 units), Pelham (210 units), Sylvester (193 units) and Thomasville (294 units). These total 3,624 conventional housing units.

Since the floods of 1994 and 1998, there are numerous private and church groups involved in low-income housing in the SOWEGA PSA. Thirteen such groups are in Albany. Some of these groups target low-income elderly and handicapped persons. Gateway keeps information on these groups, which is available to the public.

### **Trends and Elderly Demographic Profile**

The SCOA/AAA includes: Baker, Calhoun, Colquitt, Decatur, Dougherty, Early, Grady, Lee, Miller, Mitchell, Seminole, Terrell, Thomas and Worth Counties. The percentage of people older than 60 years of age range from 9.2% total population in Lee County to 22.2% in Miller County. The SOWEGA PSA average for 60+ is 16.8% of the total population. The average percentage of 60+ for the State of Georgia is 13.1%, lower than SOWEGA PSA. There is a 25.8% projected increase in the number of persons 60+ between 2000 and 2010. SOWEGA PSA grew slower than the state average of 19.9 from 1990 - 2000, the 60+ population grew 8.6%. The 85+ population increased from 1990 - 2000 by 51.2%. This group is the fastest growing, counted at 5,312 in 2000. The minority population of the 60+ is 17,447, or 32.7% of the 60+ population. Women are the majority of the 60+ group; 35 women to 23 men. Of the 65+ age group, 18.3% are below poverty level. The SOWEGA PSA has a total of 170,040 people living in rural settings, 64.9% of the population. The Georgia average in rural



settings is 28.3%. In this rural setting, there is an estimated 28,702 or 49.6% of their 60+ population. The frail, disabled 65+ total 9,418, or 21.6% of SOWEGA PSA 65+ population.

Considering all of these statistics, it is not surprising that the demand for services is so great. There are currently more than 600 people (346 for Community Care Services Program and 349 for Home and Community Based Services) on the waiting list. Programs such as transportation, home-delivered meals, and homemaker services are constantly full with an ever-increasing demand for more. With 24 nursing homes and 118 personal care/assisted living homes, the three ombudsmen are stretched beyond breaking.

The challenge continues to be to obtain quality services for an ever-increasing demand.

**Notes from Public Hearing  
January 12, 2007  
Arlington Senior Center**

Special Guests: Leon Connor, representing the City of Arlington  
Charlie Williams, Calhoun County Commissioner  
Suzanne Cowart, Calhoun Hospital Authority

**Access: How can we be sure that older people have access to the health care and support that they need:**

Discussion was slow in the beginning so Ms. Hind asked if people had transportation when needed or if all their doctors accepted Medicare or Medicaid. When they responded no to transportation, Charlie Williams spoke up to say that the (Arlington) transit system was turned over to a private owner and that there had been a (city) council meeting to discuss the issue, but no seniors were present to give input. A few raised their hands when asked if they ride the bus to the center. One woman commented that she had heard about the transportation issue but didn't know that she could go to the council to voice her opinion. It was agreed that the center would keep track of when council meetings were to be held and inform the clients. Leon Connor said that transportation had become too costly for the city to support alone. It is now done by a private contractor through the RDC but possibly could come back to the city. Ms. Hind commented that NET (non-emergency transportation) has now been contracted through the RDC. Suzanne Cowart said the Hospital Authority is always looking for ways to help and to call her, the CEO, or any board members. Elaine Wilson said that anyone in the nursing home who has a problem with NET could contact the ombudsmen and would receive help at no charge.

**Wellness: What are the problems/how can we increase the number of older people who stay active?**

A spokesperson for the Methodist Church said that they are hoping to install a track beside the center. Ms. Hind commented that we do have walking programs in some centers. One participant (male) said that their gym equipment is good but that they have no treadmill. Ms. Hind asked if the wellness program is a benefit and a woman (age 91) spoke up that the center had meant so much to her and had kept her going but would also like to go on more (pleasure) trips. Ms. Hand said that the participants receive a balanced meal with five kitchens preparing food for three centers each. A woman asked why they were not served salads year round and Ms. Hind responded that a dietician plans the menus and the meals might sometimes include fruit salads. Jami Harper said that the Community Intervention Project (through UGA) has just started and will concentrate on falls and fractures, as well as diabetes and heart health. She said that a volunteer leader is needed in each center. One woman said that she enjoys the center but that they did not take trips anymore (because of transportation). Ms. Hind said that we (SCOA) did transportation until three years ago and we could then do pleasure trips. Now the trips are limited to going to the centers. SCOA's transportation money was given to the RDC.

**Family Care giving: How can families be supported in their efforts to care for their loved ones at home and in the community:**

Ms. Hind commented that it would be very costly for caregivers to “burn out” and their care receivers institutionalized (nursing homes). Mr. Williams said that at one time, the black community cared for their own but that was no longer true. He said that if we could go back to being our “brother’s keeper” that would help and that we could take care of each other. Ms. Hind said that she agreed but that a large percentage of people do keep their loved ones at home. One woman said that she has a neighbor who needs someone with her at night and also has a problem arranging transportation because transit says that she must call two-four days in advance. Ms. Hind said that it should not be necessary to reserve transportation several days in advance and encouraged everyone to contact the RDC and their commissioners.

**Elder Rights: How can we increase the access to programs that protect rights and prevent abuse, neglect and exploitation for older people?**

Ms. Hind said that she knew everyone had heard of older people being scammed and that someone in Albany had recently lost their life savings because of answering an ad to make money at home. She asked if they know of anybody in similar circumstances. Elaine Watson said that if the hospital or the commissioners would like the Ombudsmen to speak, they would be happy to do so at no cost. Ms. Hind said that the Ombudsmen train people to recognize signs of abuse and that the hospital sometimes call Elaine in the case of mistreatment of elders.

**Additional Comments:**

Have been coming to center six-eight months and it’s the best thing that ever happened to Arlington.

This is wonderful! I don’t come every day but enjoy it.

I moved from Richmond Hill, GA but they (that center) did not have as much going on there.

The only complaint was a man who said the center is not big enough and that the participation has increased and they need more room

Ms. Hind suggested putting two or three tables in the craft room.

Linda Harper said that the staff is super and that the wellness programs are one of the best.

**Notes from Public Hearing  
November 6, 2006  
Sponsored by KSU & DOAS**

Special Guests: Rep. Ed Rynders  
Commissioner Dorothy Hubbard  
Commissioner Jon Howard

**Access: How can we be sure that older people have access to the health care and support that they need?**

1. "Needs-based" removes some people from access to services.
2. The word is not getting out about what services are available. The state should mail out brochures to all who are on Medicare.
3. Prescriptions are too high, even with prescription cards.
4. Not enough information out there - churches should have brochures, meetings, etc.
5. Transportation is a great need (and especially for services that involve confidentiality such as legal services).
6. Medicare alone is not enough; vision care is not covered.
7. Some medicines not covered by Medicare.
8. Non-emergency transportation is an issue for residents of NH and PCH - no regulation on contractors - unsafe - no background checks - fees too high.
9. Telephone Reassurance is good but needs to be explained to counties outside Dougherty.

**Wellness: What are the problems/how can we increase the number of older people who stay active?**

1. Lack of dental coverage (dentures) affects diet and health.
2. Medicaid as well as other insurers does not cover glasses or dentures.
3. No program to help with hearing aids (the Lions Club - Lighthouse Fund - helps but is limited).
4. Transportation is an issue in being able to attend evening wellness programs.
5. Foot care is important - need more foot care clinics (Medicare will pay for a podiatrist to cut nails if person is diabetic).
6. Need a centrally located senior center in Dougherty County to accommodate more people and have a place for walking and exercise.
7. Encourage home-delivered clients who are able to get out to centers.
8. Access and costs of fresh vegetables are prohibitive.
9. With better transportation, afternoon exercise programs could be scheduled.
10. A senior's farmer market is a possibility and has been piloted in several other areas.

The Albany-Dougherty Council on Aging was incorporated in 1966 to meet physical, mental and spiritual needs of older people in the area. In 1979, in order to accurately reflect the 14-county service area, the name was changed to the SOWEGA (Southwest Georgia) Council on Aging. At this time, the organization was designated as an Area Agency on Aging by the State Office on Aging. Over the years, the agency

has expanded to meet the needs of the ever-increasing number of older people in the public service area.

The Council on Aging (COA) plans, provides, develops and coordinates services for all people 60 years of age and older in a 14 county, 6,000 square mile area of Southwest Georgia. This area includes the following counties: Baker, Calhoun, Colquitt, Decatur, Dougherty, Early, Grady, Lee, Miller, Mitchell, Seminole, Terrell, Thomas and Worth. Ten percent of Southwest Georgia Georgia's population is 65 years old, which includes some 59,368 people. Of this population, 30% are minority; 31% are low income, 17.5% are low-income minority; 25% live alone; and 62% are rural. With counties whose total population ranges from 4,074-96,065, it is easy to understand the challenges which must be met to provide services in a cost-effective, but fair manner. The flexibility in developing service plans, given to Area Agencies on Aging by the Division of Aging Services, permits this to happen.

The COA, which directs all of its energies and resources in developing the best comprehensive, coordinated service delivery system for older Southwest Georgians, is a single purpose agency. The COA contracts with the following providers for services through Title III of the Older Americans Act: City of Arlington, Southern Home Care, Middle Flint Council on Aging, Archbold Memorial Hospital and Colquitt Regional Memorial Hospital. The Grady County Board of Education is the Title V senior employment contractor for Southwest Georgia under contract with the Council on Aging. The COA contracts with Albany Outreach Center to provide day care and respite care for Alzheimer's patients and their caregivers. During FY 06, the COA served as administrator for the Health Resources and Services for Caregivers of Alzheimer's victims in Colquitt and Thomas Counties. These services are not provided under Title III and HCBS. Many other new programs are outlined in this report.

The primary sources of Federal funding are Title III of the Older Americans Act, a Social Services Block Grant, a Community Service Block Grant, National Family Caregiver Program, and the Corporation for National and Community Service, which is the major funding source for the Retired and Senior Volunteer Program. United Way for Southwest Georgia is a funding source for the home-delivered meals and for the RSVP programs. Community support is received through church groups, civic organizations, city and county government, as well as from individuals. We are very proud of these collaborative efforts which contribute to making the SOWEGA Council on Aging one of the most successful and comprehensive aging programs in the state.

## Region 11

The DHR Regional Transportation Office distributes Needs Assessment Survey forms to Human Service Providers in the Region. The target groups for the surveys include older adults, low-income individuals, and persons with disabilities. These target groups are reached by sending the survey forms through the DHR Division of Aging Services, Division of Family and Children Services, and the Division of Mental Health, Developmental Disabilities, and Addictive Diseases. A different form is used to survey each of the three Divisions in order to avoid confusion by unfamiliar terms. All three forms request the same basic information, but each addresses specific programs under a Division. Surveys are returned to the Atlanta Office of Transportation Services where the consumer needs are compiled by Region and by Division. Regional information is linked in order to develop a statewide needs report. The results of the needs assessment are used for:

- A basis of Requests for Proposals and Contract Negotiations;
- Planning and budgeting at the provider level;
- Planning trip allocations at the regional level;
- Budget Requests;
- Funding Applications; and
- Setting Transportation Priorities.

## NEEDS ASSESSMENT RESULTS

### 18 Counties – 6 Responses

AGING	Number of New Clients (unserved)	Number of Trips Needed for New Clients	Additional Trips Needed for Current Clients
Congregate Meals/Senior CTR	12	6120	0
Non-Net Medical Trips	35	628	0
Public Trips	35	628	0
Group Trips	28	168	228
Home Delivered Meals	6	628	0

### 18 Counties – 14 Responses

DFCS	Number of New Clients (unserved)	Number of Trips Needed for New Clients	Additional Trips Needed for Current Clients
TANF	0	24	0
Non-TANF (to employment-TSS)	10	5000	0
Other Non-TANF	277	56792	96
Intensive Services	11	1608	72
Public Trips	312	15832	1020

### 18 Counties – 12 Responses

MHDDAD	Number of New Clients (unserved)	Number of Trips Needed for New Clients	Additional Trips Needed for Current Clients
MH Services	35	3008	600
MH Public Trips	55	03400	1200
DD Services	246	124518	0
DD Public Trips	4	1248	0
AD Services	066	035941	15600
AD Public Trips	52	25958	120

## Region 12

Four public hearings were held across the region: January 4, 2006 in Woodbine, January 9<sup>th</sup> in Richmond Hill, January 12 in Brunswick and February 2 in Savannah. Over fifty attendees provided input on a variety of topics concerning services available for senior citizens. The hearings were conducted by the Area Agency on Aging Director. Participants were asked to help prioritize needs as diverse as housing, safety, medical care, transportation and social and cultural activities. At each hearing the AAA Director reviewed the mission and activities of the AAA, the purpose of the Area Plan and the funding allocation methodology for programs and services across the region. All participants were then given the opportunity to comment, ask questions and submit written comments on the Plan. The three most repeated needs of the region were:

- 1) Transportation for shopping and doctors appointments
- 2) In-home services
- 3) Legal Assistance

### Age Characteristics

The 2000 census reported that there were 74,988 persons over the age of 60 living in the Coastal Region. It is projected that during the ten-year period between 2000 and 2010, Coastal Georgia will experience a 36.6% increase in the number of older adults. This would represent a dramatic increase over the previous ten-year period (1990-2000), which saw a 13% growth rate.

Although the percentage of the population aged 60 and older (13.81%) is only slightly higher than the overall state figure of 13.08%, those 74,988 seniors represent the second largest concentration of elders in Georgia outside the Atlanta region. Of the nine counties in the Coastal region, Glynn County has the largest percentage of residents aged 65 and older (18.9%). In contrast, Liberty County, with its large military base, has the smallest percentage of seniors (5.7%). (Source: *The Georgia County Guide, 2006*).

County	Total, % Age 65+	Median Age, Total Population, 2000
Bryan	7.23	32.7
Bulloch	9.18	27.3
Camden	6.79	29.8
Chatham	12.54	34.3
Effingham	8.04	33.2
Glynn	14.56	37.8
Liberty	4.56	25.1
Long	6.44	28.1
McIntosh	13.22	37.3



It is evident that transportation, or the lack thereof, affects every part of a senior citizen's life.

Region 12 is predominately rural in nature but also contains four urban centers: Savannah/Chatham County Metropolitan Statistical Area (MSA), which also includes Effingham County in the northeast; Statesboro in Bulloch County in the northwest part of the region; Hinesville/Liberty County/Fort Stewart Army Reservation in the central part; and Brunswick/Glynn County/St. Simons Island/Jekyll Island in the southern part.

The 2000 population for the region was 542,976. The 2005 estimate is just over 572,943, with the projection for the 2010 Census being 573,710. Coastal living continues to be the draw. A small percentage of the projected increase is due to the military bases in the region, Fort Stewart/Hunter Army Airfield and Kings Bay Naval Submarine Base. Interstate 95 traverses the region north to south. Interstate 16 traverses the northern part of the region in an east-west direction. The South Georgia Parkway (US 82/520) connects the coast with Interstate 75 and southwest Georgia. The Coastal Highway (US 17) meanders in a north/south direction through Chatham County to Camden County from South Carolina to Florida. Two seaports—located at Brunswick and Savannah—serve the region. Both are deep-water ports and operated by the Georgia Ports Authority. The Savannah port is a container handling facility and one of the most active ports in the southeast.

According to the Bureau of Economic Analysis of the US Department of Commerce, per capita income in Coastal Georgia in 2001 ranged from a low of \$13,278 in Long County to a high of \$29,998 in Glynn County. Of the nine counties in the region, only Glynn and Chatham had higher per capita incomes than the overall state figure of \$28,523. In fact, for the other seven counties, the per capita income was well below the state average. Despite these sobering statistics, coastal area counties realize significant economic benefit from the presence of three military installations – Fort Stewart Army Base in Hinesville/Liberty County, Hunter Army Air Field in Savannah/Chatham County, and Kings Bay Naval Base in Kingsland/Camden County. These installations also enhance their local communities by providing a large potential volunteer pool, along with residents with a broad range of knowledge and experience of programs in other regions and states.

All the counties, except Bulloch, are included in the newly enacted Coastal Zone management Program. The state of Georgia entered the congressionally funded program in January 1998. Most of the coastal land is within the 100-year flood plain as determined by the Federal Emergency Management Agency (FEMA). Wetlands abound throughout the region. The region contains five primary river basins: the Savannah, Ogeechee, Altamaha, Satilla, and St. Marys. The primary water supply for the region is groundwater from the Floridian aquifer system. However, the Savannah River is used to provide a potable water supply for industry and to supplement the domestic supply of Savannah and neighboring cities. The entire region is susceptible to Atlantic and Gulf of Mexico hurricanes. Parts of the region are at, or near, sea level, and rise to approximately 200 feet in Bulloch County.

## Trends and Elderly Demographic Profile

By the time of the 2000 census, the population had increased from a 1995 estimate of 500,000 to 542,976, an increase of 19%. Moreover, the numbers are expected to continue to swell, as the State Office of Planning and Budget projects that there will be 573,710 inhabitants in the Coastal region in 2010. Between 1960 and 2000, both Camden and Liberty Counties experienced a phenomenal growth rate of over 300%, while Bryan and Effingham Counties each saw increases of over 200%. Bryan and Effingham Counties were ranked 80<sup>th</sup> and 83<sup>rd</sup>, respectively, in a list of the "100 fastest growing counties with 10,000 or more Population in 2002". Approximately 62.8% of coastal residents are Caucasian, 32.7% African American, 3.1% Hispanic, and 1.4% Asian.

Not surprisingly, this aging trend is reflected in a tremendous increase in long waiting lists for services. As of March 27, 2006, there were 1,016 unduplicated clients waiting for Home & Community Based Services (HCBS). The demand for Homemaker and Home Delivered Meals (HDM) was particularly high; region wide, there were 638 people waiting for Homemaker services and 418 waiting for Meals. As a consequence of these growing lists, clients are waiting longer to receive services. Of those on the Homemaker waiting list, 48%, or 304 clients have been waiting for more than one year. Of these 13%, or 86 clients have been waiting for more than 2 years, and 9%, or 57 clients have been waiting 3 or more years.

While the numbers of waiting clients for HDM are not as alarming, they are nonetheless troubling. There are currently 159 clients (62%) who have been waiting for meals for more than one year, 40 (10%) waiting for more than 2 years, and 11 (3%) have been waiting for more than 3 years.

The coastal region has a total of eight (8) general hospitals to serve its growing populations, four of them with an established regional network. These facilities administer a combined bed capacity of 1,704. There are also twenty-seven (27) nursing facilities with a total bed capacity of 2,668. (*Source: The Georgia County Guide, 2006*). Along with approximately 109 personal care homes and assisted living facilities (1,405 bed capacity), residents have varied means to meet their health care needs.

Two of the nine coastal counties (Long and McIntosh) have been designated as medically underserved. In addition, Chatham County has pockets of underserved populations, while Glynn County has no apparent problem with medical accessibility. The impact of the lack of access to physicians and medical facilities for the remainder of the region is a high incidence of cancer and heart disease. According to 1990 Census information, these maladies are the leading causes of death in coastal counties. Low cost housing in the region is provided via three public housing authorities located in the communities of Brunswick, Hinesville, and Savannah. The AAA is collecting market information on the types of housing assistance available, locations of properties, and waiting list sizes in order to update the resources database accessed by our Information and Assistance Specialists.

Additional factors that present challenges to the aging services network are the elements of poverty, limited mobility, the dependency ratio, and areas considered

rural. Of the approximately 75,000 persons over age 60, census figures indicate that almost 11,000 have some form of physical impairment limiting their mobility.

The challenge continues to be the availability of quality services for the ever-increasing demand.

### Appendix 3

## Shared Providers: Georgia Department of Human Resources Coordinated Transportation System Transportation Providers and Georgia Department of Transportation Rural Public Transit Programs

### Georgia Department of Human Resources COORDINATED TRANSPORTATION PARTICIPATING TRANSIT SYSTEMS

DHR Region	County	Prime Contractor	Subcontractor	2nd Level Sub (If Applicable)	Urban or Rural Transit System
1	Bartow	Lookout Mountain CSB	Bartow County Transit	Not Applicable	Rural
1	Dade	Lookout Mountain CSB	Dade County Transit	Not Applicable	Rural
1	Fannin	Lookout Mountain CSB	MATS	Not Applicable	Rural
1	Floyd	Lookout Mountain CSB	Rome Transit	Not Applicable	Urban
1	Gilmer	Lookout Mountain CSB	MATS	Not Applicable	Rural
1	Gordon	Lookout Mountain CSB	MATS	Not Applicable	Rural
1	Murray	Lookout Mountain CSB	Murray County Transit	Not Applicable	Rural
1	Pickens	Lookout Mountain CSB	MATS	Not Applicable	Rural
1	Polk	Lookout Mountain CSB	Polk County Transit	Not Applicable	Rural
1	Whitfield	Lookout Mountain CSB	MATS	Not Applicable	Rural
2	Dawson	Dawson County	Dawson County Transit	Not Applicable	Rural
2	Hall	Hall County	Hall County Transit	Not Applicable	Urban
2	Hart	Hart County	Hart County Transit	Not Applicable	Rural
3	Cherokee	Cherokee Board of Commissioners	MATS	Not Applicable	Rural
3	Henry	Henry County Board of Commissioners	Henry Transit	Not Applicable	Rural
4	Butts	McIntosh Trail Regional Development Center (Regional 5311)	Council on Aging for McIntosh Trail, Inc.	Not Applicable	Rural
4	Heard	McIntosh Trail Regional Development Center	Heard County Board of Commissioners/ Heard Transit	Not Applicable	Rural
4	Lamar	McIntosh Trail Regional Development Center (Regional 5311)	Council on Aging for McIntosh Trail, Inc.	Not Applicable	Rural

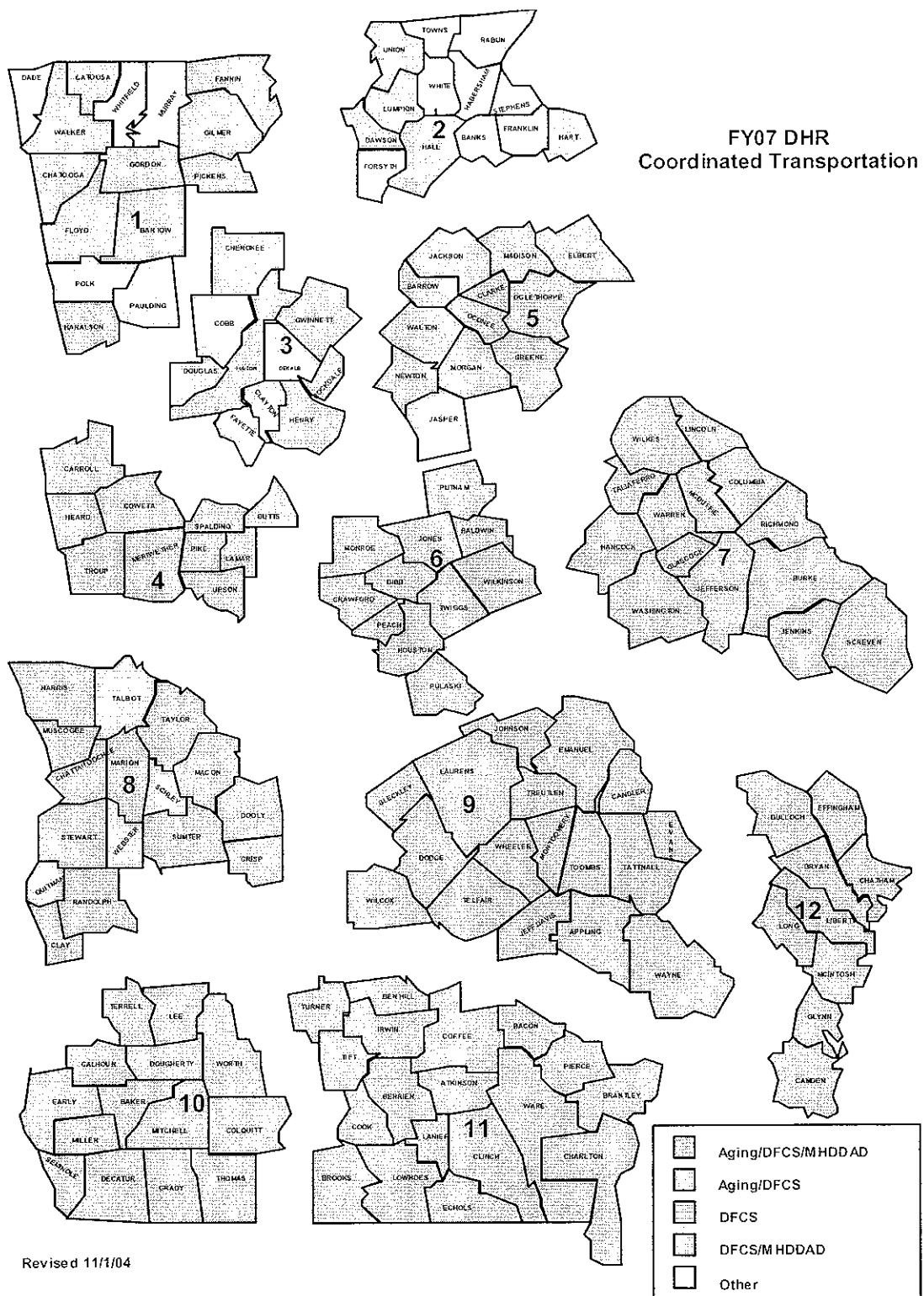
4	Pike	McIntosh Trail Regional Development Center (Regional 5311)	Council on Aging for McIntosh Trail, Inc.	Not Applicable	Rural
4	Spalding	McIntosh Trail Regional Development Center (Regional 5311)	Council on Aging for McIntosh Trail, Inc.	Not Applicable	Rural
4	Troup	McIntosh Trail Regional Development Center	Troup Board Of Commissioners/Troup County Parks and Recreation	Not Applicable	Rural
4	Upson	McIntosh Trail Regional Development Center (Regional 5311)	Council on Aging for McIntosh Trail, Inc.	Not Applicable	Rural
5	Clarke	Advantage Behavioral Health System	Athens Transit - no contract / purchase ticket books through the ABHS contract		Urban
5	Elbert	Advantage Behavioral Health System	NEG Regional Development Center	Elbert Senior Ctr/Elbert County Transit	Rural
5	Greene	Advantage BHS/Greene Co. Transit	Greene County Transit	not applicable	Rural
5	Morgan	Advantage Behavioral Health System	NEG Regional Development Center	Morgan Senior Ctr/Morgan County Transit	Rural
6	Jones	Middle GA Regional Development Center	Jones County Transit	not applicable	Rural
6	Peach	Middle GA Regional Development Center	Peach County Transit	not applicable	Rural
6	Pulaski	Middle GA Regional Development Center	Middle Ga Community Action	Pulaski County Transit	Rural
6	Twiggs	Middle GA Regional Development Center	Middle Ga Community Action	Twiggs County Transit	Rural
7	Burke	CSRA Regional Development Center	Burke County Transit	Not Applicable	Rural
7	Columbia	CSRA Regional Development Center	Columbia County Transit	Not Applicable	Rural
7	Hancock	CSRA Regional Development Center	Hancock County Transit	Not Applicable	Rural
7	Jefferson	Jefferson County	Jefferson County Transit	Not Applicable	Rural
7	Lincoln	CSRA Regional Development Center	Lincoln County Transit	Not Applicable	Rural
7	McDuffie	CSRA Regional Development Center	McDuffie County Transit	Not Applicable	Rural
7	Richmond	CSRA Regional Development Center	Augusta Public Transit	Bus Passes Only (DFCS & GoodWorks)	Urban

7	Taliaferro	CSRA Regional Development Center	Taliaferro County Transit	Not Applicable	Rural
7	Warren	CSRA Regional Development Center	Warren County Transit	Not Applicable	Rural
8	Clay	New Horizons Community Service Board	Clay County Transit	Not Applicable	Rural
8	Crisp	Middle Flint Behavioral Health Care	D-CUTS (Dooly-Crisp Unified Transportation Service)	Not Applicable	Rural
8	Dooly	Middle Flint Behavioral Health Care	D-CUTS (Dooly-Crisp unified Transportation Service)	Not Applicable	City (City of Vienna, GA. the City of Unidallia, GA)
8	Macon	Middle Flint Behavioral Health Care	Macon County Transit	Not Applicable	Rural
8	Muscogee	New Horizons Community Service Board	METRA	Not Applicable	Rural
8	Quitman	New Horizons Community Service Board	Quitman County Transit	Not Applicable	Rural
8	Taylor	Middle Flint Behavioral Health Center	Taylor County Transit	Not Applicable	Rural
9	Dodge	Quality Transportation, Inc.	Dodge Transit	Not Applicable	Rural
9	Montgomery	Quality Transportation, Inc.	Montgomery Transit	Not Applicable	Rural
9	Telfair	Quality Transportation, Inc.	Telfair Transit	Not Applicable	Rural
9	Wayne	Wayne County Board of Commissioners	Wayne County Transit	Not Applicable	Rural
9	Wilcox	Quality Transportation, Inc.	Wilcox Transit	Not Applicable	Rural
10	Baker	Southwest GA Regional Development Center	RMS - TPO for Baker County Transit	Not Applicable	Rural
10	Calhoun	Southwest GA Regional Development Center	RMS - TPO for Calhoun County Transit	Not Applicable	Rural
10	Colquitt	Southwest GA Regional Development Center	Destiny Tours - TPO for Colquitt County Transit	Not Applicable	Rural
10	Decatur	Southwest GA Regional Development Center	MID's Inc. - TPO for Decatur County Transit	Not Applicable	Rural
10	Dougherty	Southwest GA Regional Development Center	Destiny Tours - TPO for Dougherty County Transit	Not Applicable	Rural
10	Early	Southwest GA Regional	RMS - TPO for Early County Transit	Not Applicable	Rural

		Development Center			
10	Grady	Southwest GA Regional Development Center	MID's Inc. - TPO for Grady County Transit	Not Applicable	Rural
10	Lee	Southwest GA Regional Development Center	Destiny Tours - TPO for Lee County Transit	Not Applicable	Rural
10	Miller	Southwest GA Regional Development Center	RMS - TPO for Miller County Transit	Not Applicable	Rural
10	Mitchell	Southwest GA Regional Development Center	RMS - TPO for Mitchell County Transit	Not Applicable	Rural
10	Seminole	Southwest GA Regional Development Center	MID's Inc. - TPO for Seminole County Transit	Not Applicable	Rural
10	Terrell	Southwest GA Regional Development Center	Destiny Tours - TPO for Terrell County Transit	Not Applicable	Rural
10	Thomas	Southwest GA Regional Development Center	Thomas County Area Transit	Not Applicable	Rural
10	Worth	Southwest GA Regional Development Center	Destiny Tours - TPO for City of Sylvester, City of Dawson	Not Applicable	Rural
11	Brooks	Southeast GA Regional Development Center	MID's Inc.(5311 TPO)	Brooks County Transit	Rural
11	Cook	Southeast GA Regional Development Center	MID's Inc.(5311 TPO)	Cook County Transit	Rural
11	Lowndes	Southeast GA Regional Development Center	MID's Inc.(5311 TPO)	Lowndes County Transit	Rural
11	Pierce	Southeast GA Regional Development Center	Pierce County Transit	Not Applicable	Rural
11	Turner	Southeast GA Regional Development Center	MID's Inc.(5311 TPO)	Turner County Transit	Rural
12	Bryan	Coastal GA Regional Development Center	Bryan County Transit	Not Applicable	Rural
12	Chatham	Coastal GA Regional Development Center	Purchase bus passes from Chatham Area Transit		Urban
12	Long	Coastal GA Regional Development Center	Long County Transit	Not Applicable	Rural

# Appendix 4

## DHR Coordinated Transportation System – Regional Map



Revised 11/1/04



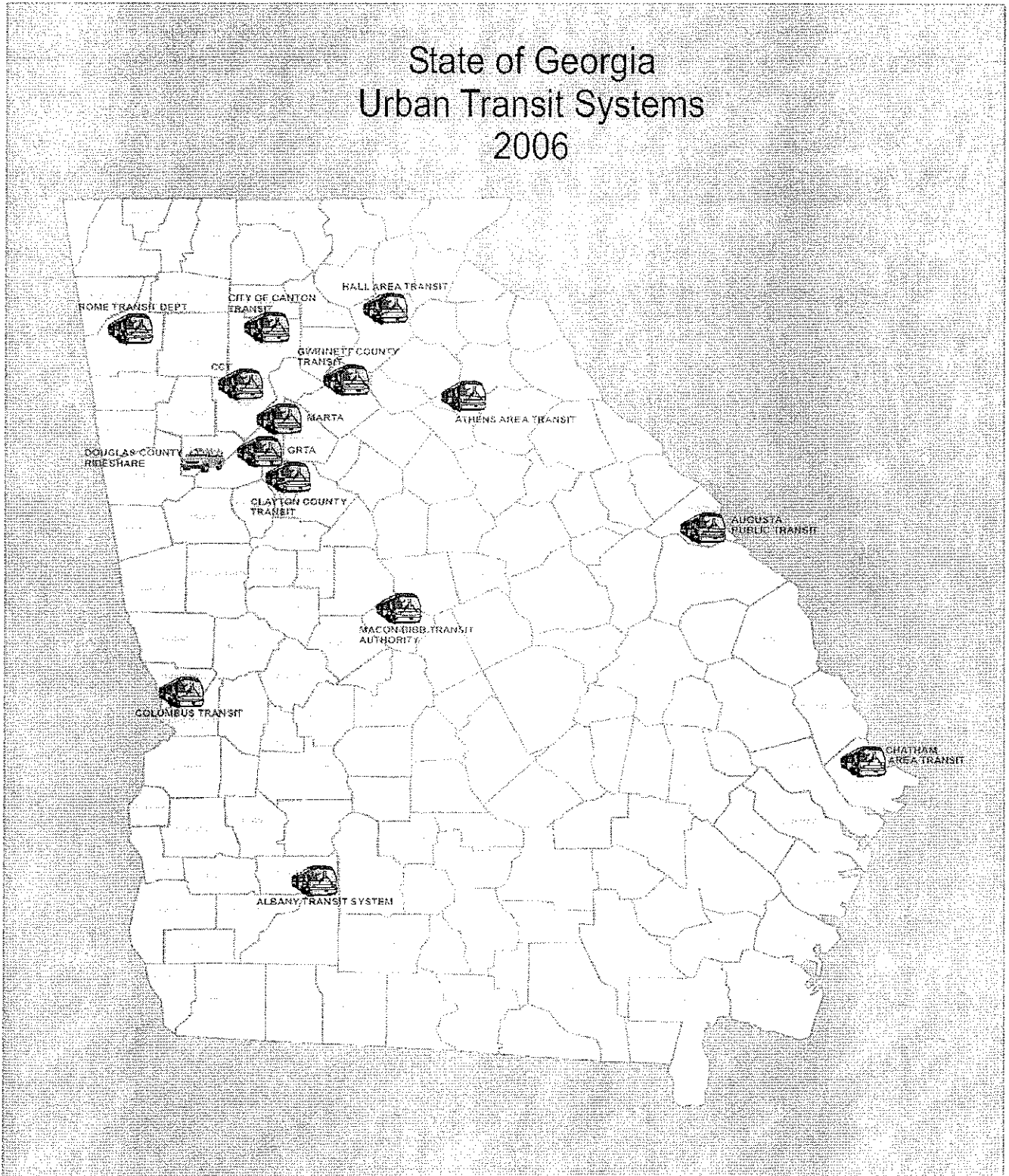
## **Appendix 5**

### **Urban Transits in Georgia**

- Albany Transit System (ATS)
- Athens Transit System (The Bus)
- Augusta Public Transit (APT)
- C-Tran Bus Service for Clayton County
- Chatham Area Transit (CAT)
- City of Rome Transit Department (RTD)
- Cobb Community Transit (CTT)
- Gwinnett County Transit (GCT)
- Hall Area Transit (HAT)
- MARTA Bus & Rail
- Macon-Bibb County Transit Authority
- METRA Transit System (Columbus Area)
- University of Georgia Campus Transit

5307 Programs

State of Georgia  
Urban Transit Systems  
2006





## DHR Coordinated Transportation Census Brief

### Target Population Served

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The Georgia population targeted by the Coordinated Transportation System can be broken-up into 4 categories: (1) the disabled; (2) the elderly; (3) those below the poverty level; and (4) households without a motor vehicle. Below, Census 2000 data are used to quantify the numbers of these target populations so that one can better gauge the level of service demanded of the system.

1. **The disabled** – Of Georgia's population between the ages of 5 and 64, as of the 2000 census, there were 1,098,267 disabled persons (roughly 13.5% of the population).

Notes: This group is made-up of the "civilian noninstitutionalized population" over the age of 4 years that exhibits a sensory, physical, or mental disability. Disabled individuals 65 years and older have not been included in this category because they fall into the "elderly" category as well.

2. **The elderly** – As of the 2000 census, there were 785,275 elderly persons (just under 10% of the population).

Notes: This group is made-up of individuals 65 years and older.

3. **Those below the poverty level** – As of the 2000 census, there were 1,033,793 individuals below the poverty level (roughly 12.5% of the population).

Notes: Please see the U.S. Census Bureau's website describing how the poverty level is determined. The address is:

<http://factfinder.census.gov/servlet/MetadataBrowserServlet?type=subject&id=POVERTYSF3&dsspName=DEC 2000 SF3&back=update&lang=en>

4. **Households without a motor vehicle** – As of the 2000 census, there were 248,546 households in Georgia that reported having no motor vehicle (roughly 7.5% of the nearly 3.3 million households in Georgia).

Notes: In this category, the household rather than the individual is the unit-of-analysis. This is due to the manner in which the 2000 census collected data on the topic. Households within this category are simply those where no motor vehicle is available for transportation purposes.

\*Data sources: All Census 2000 data used above can be found in the U.S. Census Bureau's *Census 2000 Data for the State of Georgia*, tables DP-1, DP-2, DP-3, and DP-4. These can be found at:

<http://www.census.gov/census2000/states/ga.html>

## Summary

It would not be appropriate to simply add-up all the numbers of persons or households falling into each of the above 4 categories, as many persons may qualify for more than one of the categories (for example, a 70 year-old impoverished person with no automobile would qualify for 3). However, we can use the *elderly* and *disabled* categories to create a minimum, or conservative, estimate of the target population. This is because these two categories are mutually exclusive; no 65 years and older persons were included in the disabled category, while only 65 years and older persons were included in the elderly category. When we add the population percentages of these two categories together (13.5% disabled + 10% elderly), we find that at a minimum, the target population is approaching 25% of Georgia's total population. While many of these individuals may not be dependant on the Coordinated Transportation System for their transportation needs (some may still have the capacity and means to transport themselves, while others may have friends and family able to provide transportation), this does demonstrate that a significant number of Georgians are experiencing, or have the potential to soon experience, inadequate motor vehicle mobility.

Census 2000 Data for Georgia								
Total Population	Disabled Persons		Elderly Persons		Persons below poverty level		Households w/o a motor vehicle	
	Total	%	Total	%	Total	%	Total	%
8,186,453	1,098,267	13.5	785,275	10	1,033,793	12.5	248,546	7.5

**Appendix 8**  
**Current 5310, 5316 and 5317 Recipients**

**Current Recipients of 5310 Funds**

<b>NAME</b>	<b>COUNTY(S) SERVED</b>
Lookout Mountain Community Service Board	Walker, Chattooga, Catoosa, Dade
Dawson Co Board of Commissioners	Dawson
Hall County Board of Commissioners	Hall
New Horizons Community Service Board	Chattahoochee, Clay, Harris, Muscogee, Quitman, Randolph, Stewart, Talbot
Middle Flint Behavioral HealthCare	Crisp, Dooly, Macon, Marion, Schley, Sumter, Taylor, Webster
Southwest Georgia Regional Development Center	Terrell, Lee, Turner, Ben Hill, Irwin, Calhoun, Dougherty, Worth, Tift, Early, Baker, Mitchell, Colquitt, Cook, Berrien, Lanier, Seminole, Decatur, Grady, Thomas, Brooks, Lowndes, Echols, Miller
Coastal Georgia Regional Development Center	Bryan, Bulloch, Camden, Chatham, Effingham, Glynn, Liberty, Long, McIntosh
Specialized Transportation Inc.	DeKalb
Cherokee County Board of Commissioners	Cherokee
Henry County Board of Commissioners	Henry
Cobb Association for Retarded Citizens	Cobb
McIntosh Trail Community Service Board	Fayette
Gwinnett Rockdale Newton Community Service Board	Gwinnett
McIntosh Trail Regional Development Center	Carroll, Heard, Coweta, Troup, Meriwether, Spalding, Butts, Pike, Lamar, Upson
Advantage Behavioral Health Systems	Barrow, Clarke, Elbert, Greene, Jackson, Madison, Morgan, Oconee, Oglethorpe, Walton
Middle Georgia Regional Development Center	Putnam, Baldwin, Jones, Monroe, Crawford, Bibb, Wilkinson, Peach, Twiggs, Houston, Pulaski
Central Savannah River Area Regional Development Center	Wilkes, Lincoln, Taliaferro, Warren, McDuffie, Columbia, Glascock, Richmond,
	Washington, Burke, Jenkins, Screven, Hancock
Jefferson Co Board of Commissioners	Jefferson
	Johnson, Laurens, Emanuel, Bleckley, Treutlen, Candler, Wilcox, Dodge, Wheeler, Montgomery, Telfair, Toombs, Tatnall, Evans, Jeff Davis, Appling, Wayne
Heart of Georgia Altamaha	
	Candler, Toombs, Evans, Tatnall, Jeff Davis, Appling, Bacon, Wayne, Pierce, Atkinson, Clinch, Ware, Brantley, Charlton, Coffee
Southeast Georgia Regional Development Center	

## Current Recipients of 5316 Funds

<b>State of Georgia Current 5316 Recipients</b>			
Albany	Mr. James Tolbert	Director	Albany Dougherty Planning Commission
Albany	Mr. Bert DeVlieger	Transit Director	Albany Transit System
Athens	Mr. Butch McDuffie	Director	Athens Clarke County Public Transit System
Atlanta	Mr. Chick Krautler, E. D.	Executive Director	Atlanta Regional Commission
Atlanta	Mr. Steven J. Kish	Manager, Transit Planning and Development	Georgia Department of Transportation
Atlanta	Mr. Nathaniel P. Ford, Sr.	General Manager	MARTA
Atlanta	Ms. Carolyn White	Job Access	Atlanta Regional Commission
Atlanta	Mr. Crew Heimer	Rail Manager	Georgia Regional Transportation Authority
Atlanta	Ms. Susie Dunn	Program Manager	Atlanta Regional Commission
Atlanta	Ms. Catherine Ross	Director	Georgia Regional Transportation Authority
Atlanta	Mr. Knox O'Callaghan	FTA Coordinator	Metropolitan Atlanta Rapid Transit Authority
Atlanta	Mr. Bill Harris	Director, Office of Technology & Support	Georgia Department of Human Resources
Atlanta	Mr. Hal Wilson	Administrator of Intermodal Programs	Georgia Department of Transportation
Augusta	Mr. Heyward L. Johnson	Transit Director	Augusta Public Transit
Augusta	Mr. Juriah Lewis	Transit Planner	Augusta-Richmond County Planning Commission
Augusta	Mr. Juriah Lewis	Planner	Augusta-Richmond County Planning Commission
Augusta	Mr. George Patty	Executive Director	Augusta-Richmond County Planning Commission
Columbus	Ms. Lisa Goodwin	Director	METRA Transit System

Columbus	Mr. Steve Dockter	Chief of Planning	Consolidated Government of Columbus
Columbus	Ms. Sandra Hunter	Grants Management and Planning Director	Columbus Consolidated Government
Douglasville	Mr. Gary Watson	Coordinator	Douglas County Rideshare
Lawrenceville	Mr. Brian Allen	Director, Gwinnett DOT	Gwinnett County Board of Commissioners
Marietta	Ms. Rebecca Gutowski	Division Manager	Cobb Community Transit
Marietta	Mr. David Jackson	Engineer	Cobb Community Transit
Marietta	Ms. Laraine Vance	Transportation Planner	Cobb County Department of Transportation
Savannah	Mr. Scott K. Lansing	Executive Director	Chatham Area Transit Authority
Savannah	Mr. Milton L. Newton	Executive Director	Chatham-Savannah MPC



## **Current Recipients of 5317 Funds**

Section 5317 does not have any recipients as of yet. The projects will be evaluated under applicable evaluation standards, through the application process.

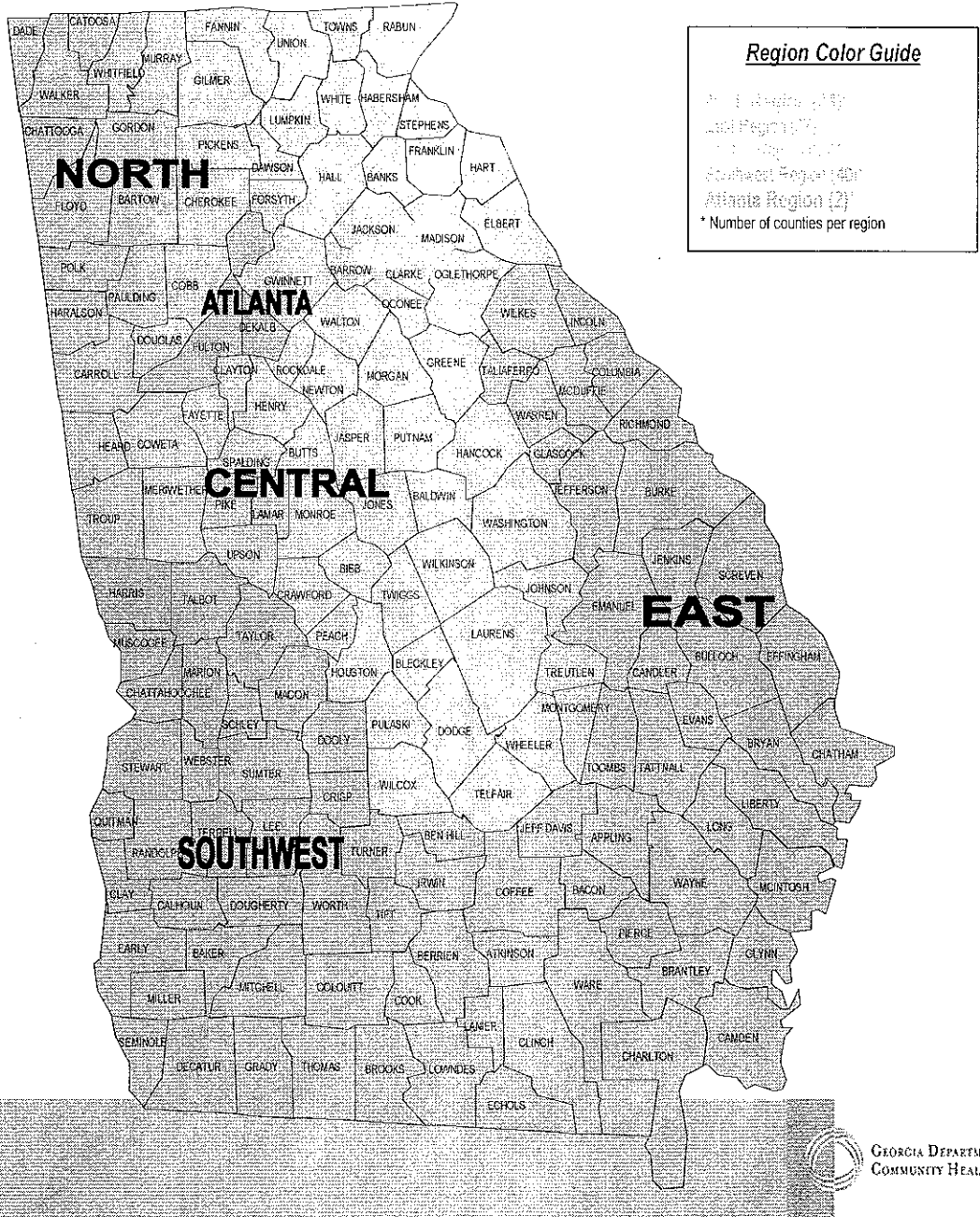
Atlanta Regional Commission (ARC) is currently reviewing projects to be funded. ARC will select up to ten (10) projects to be funded with FY 2007 monies. Projects will not be awarded more than \$1,000,000 in total federal funds. All project proposals must conform to the guidelines established by FTA funding under EITHER 5316 JARC OR 5317 New Freedom programs. Projects which do not qualify for either funding category will be eliminated from consideration.

There are three categories of eligible recipients of JARC and New Freedom Funds:

1. Private non-profit organizations. A non-profit organization is a corporation or association determined by the Secretary of the Treasury to be an organization described by 26 U.S.C. 501© which is exempt from taxation under 26 U.S.C. 501(a) or one which has been determined under State law to be non-profit and for which the designated State agency or urbanized area designated recipient has received documentation certifying the status of the non-profit organization
2. State or local government authority
3. Operators of public transportation services, including private operators of public transportation services.

**Appendix 9**  
**Georgia Department of Community Health**

**Georgia Non-Emergency Transportation Program**



## **Appendix 10**

### **Impact of Not Providing Transportation Services**

Transportation is critical to elderly and other types of consumers seeking to access community services. Without transportation, consumers remain isolated in their homes or group homes and have no opportunity to access community employment and move towards independence or achieve their full potential. The eventual outcome of continued reductions in transportation will be the increased demand for expensive in-home supports or residential services, including long-term hospitalization, as caretakers can no longer support their family members.

DHR Transportation can help to alleviate these issues and improve both the lives of the consumers and consumer service providers by producing:

- Consistent, reliable transportation service to insure attendance;
- Reduced need for hospitalization because consumers receive services that help to keep them out of the hospitals, and
- Maintained provider capacity supported by billing for consumers that receive services.

### **Impact of Service Interruption on MHDDAD Consumers**

Without transportation options, the consumer often will just sit home. This creates boredom, depression, behavior problems, deterioration or loss of skills, regression, isolation from their community and reduction or loss of social interaction with others outside the home.

Sometimes families can provide transportation on days when the provider is not doing it, but the majority of MHDDAD consumers' families are not able to do so. Parent(s) who would normally be working and earning income are now forced to stay home with the consumer. One of the most direct effects on families is the loss of income because a family member must stay home with the consumer. This often leads to increased emotional and mental stress on the family already laden with the need to care for a disabled family member. Other effects of inadequate transportation include increased family conflicts, and even neglect of the needs of the consumer. Inability to access needed services sometimes results in increased risk abuse and physical danger to the consumer.

Because many of MHDDAD consumers do not have the access to transportation, this has a ripple effect on the consumer and his or her family. A variety of day services are available if only a consumer can get to them. Often families can meet the other demands of caring for a consumer if they can access day services. Without day services, the family might be forced to place the consumer in custodial care. Transportation is a valuable link allowing consumers to access the needed services and families to maintain productive lives enhancing the overall quality of life for all.

Without transportation service, or when there is reduced transportation service, providers usually must fill-in the gap. Otherwise, the consumers will not be able to get

to much needed service. This means that providers are forced to shift funds from service delivery to transportation, which negatively impacts the quality and amount of services for consumers. Some providers have discontinued accepting new consumers because of the need to divert funds to transportation. Providers' capacity is diminishing even as the need for services increases.

The bottom line for many of MHDDAD consumers is that without transportation the consumer is cut off from needed services. The consumer needs the service, and funding is available, but due to a lack of transportation, the consumer cannot access the service.

### **Impact of Service Interruption on the Division of Aging**

Division of Aging is not likely to discontinue services to individuals, but might have to reduce the amount of trips available overall. Aging would try to use an attrition approach to reduce service, rather than terminating consumers outright, if at all possible. People who are on waiting lists for nutrition services and who have poor nutritional status will continue to decline if they cannot get to service sites or if the meals cannot be delivered to them.

Reducing serving days at nutrition sites/senior centers was under consideration but that action then impacts the meals program. If we reduce service days, then meals are not served and those funds would potentially lapse. Sites at which the meals are served still incur operating costs nonetheless, whether consumers attend the program or not. Alternate means of community transportation are not readily available in the more rural areas of the state. Transportation service is a community service through the aging program as it supports independence and self-sufficiency.

Transportation services make it possible for consumers to attend senior centers and maintain their independence at home. Keeping people well keeps them out of hospitals and saves on the need to provide more expensive health and long term care services. The nutrition and wellness programs also contribute to seniors' physical as well as emotional health and all of these services require effective transportation.

## **Appendix 11**

### **DHR Division of Aging Voucher Programs**

#### **DHR Region 2, Northeast GA**

To assist seniors with their transportation needs to services or programs offered by the Area Agency on Aging (AAA), the AAA contracts with Pace, Inc. to provide a voucher program called "Legacy Express". Consumers are issued a "Voucher" to access services, such as Homemakers, Respite, Home Health, etc and the consumer may choose to use the voucher for transportation services to any of the AAA programs. When services are rendered, the consumer keeps a copy of the voucher and the approved transportation provider keeps a copy and submits a copy to Pace for payment.

#### **DHR Region 7, Augusta Area**

The Region 7 Regional Transportation Office and the Area Agency on Aging is seeking to establish a "pilot" voucher program in Wilkes County. The Region 7 Regional Transportation Office's goal is to establish a Georgia Department of Human Resources (GADHR) – sponsored Volunteer Program by contracting with the CSRA RDC. Volunteers will use their personal vehicles to transport consumers who are issued vouchers to their medical appointments. The volunteers will not be paid for their service, but will be reimbursed a pre-established fuel reimbursement. The voucher program is targeted to begin in February 2007.

Several potential benefits exist under this voucher program:

- ✓ Transportation to medical appointments will be provided to eligible seniors. Currently no hospitals or medical facilities are located in Wilkes County.
- ✓ Using a GADHR-sponsored volunteer program entitles the volunteers to Liability Coverage via the Department of Administrative Services insurance program at no cost to the volunteer.
- ✓ Cost-savings are realized by GADHR by not paying the volunteer driver, but only providing a fuel reimbursement.

The AAA and TSS will evaluate the pilot program to determine if more funding should be allocated, the program should be expanded, and/or should this become a region-wide program.

## ***Appendix 12***

### **DHR Swipe Card Pilot**

The Georgia Department of Human Resources (DHR), Rome Transit Department (RTD) and the Hall Area Transit System (HAT) have partnered together to field a swipe card test pilot in Rome and the Hall/Gainesville areas. In addition to the public systems operated in each area, Rome Transit and Hall Area Transit systems currently both provide services to DHR clients in their respective areas.

DHR clients use swipe cards for travel to services. This initiative will allow all parties to maximize federal and state matching grants to cover 90% of the swipe card equipment costs.

Swipe cards have a number of viable uses in various systems from security to financial. A valuable application is the use of swipe or smart cards in transit systems. Swipe or smart cards can replace the need for change and money handling by bus operators. The cards can be encoded to safeguard the user. Various passenger types can be identified to provide transit managers information on the client type using the system along with various data associated with them. Other ridership data can also be captured such as number of trips, miles per trip, number of users, and when coupled with a global positioning system where riders entered and exited the system. Data can be captured and downloaded to primary computer systems for analysis. The need for counters and driver logs decreases while the variety, accuracy and usability of the information increase. Smart cards can also be programmed to interact with other transit systems to create seamless transition between different transportation networks for users. Although the current pilot project utilizes swipe cards, which are inexpensive to purchase and implement, the ultimate goal is to utilize smart cards. The use of smart cards could revolutionize the coordination among public transit systems and human services transportation systems.

Scanners allow a Smart Card to be read when placed within 3 – 5 inches of the scanner. In addition, cards used by DHR consumers could also be used to access transportation services for shopping, medical, employment, education, recreation or other human services. These additional trips could be provided through use of a voucher system where Smart Cards could be loaded with trips at fare box rates.

Smart cards will allow better service to clients, while also providing more accurate information regarding client trips. Smart Cards are a contactless card able to exchange or transmit data to a smart card reader through the use of magnetic or electromagnetic fields rather than actual physical contact with a card reader. Contactless smart cards are plastic cards that are approximately the size of a credit card. A smart card has an integrated circuit (IC) microprocessor which includes electronically erasable programmable memory (EEPROM), and it has read-only memory (ROM) capabilities embedded in it.

## ***Appendix 13***

### **DHR Transportation Request Information Processing Service (TRIP\$)**

In state fiscal year 2008, a web-based trip ordering system will be instituted for DHR's coordinated transportation system – the Transportation Request Information Processing Service (TRIP\$). This new system will provide a totally automated process for ordering, tracking and accounting for trips. The current process is a paper-intensive and relies heavily on faxes and phone calls to order and track client trips.

The TRIP\$ system will bring real time information and accessibility to all entities involved in providing transportation to DHR clients. In addition to on-line trip ordering and tracking, the system will allow human service providers the opportunity to track their own trips and funds via the web. Under TRIP\$ human service providers can simply log on and order a trip through this web-based system. The system administrator will have access to the complete system and all the information.

Each system user has a defined role within the system. System users (transportation providers, human service provider's, system administrators) will be assigned varying levels of access depending on their role in the transportation process. The scope of access to the information on the system and to the system's functions will be defined by the role of the user. This will ensure that each user is granted access to information pertinent to their operation but the information overall remains protected addressing privacy and information security concerns. TRIP\$ provides a significant improvement over the current system through:

1. Reducing administrative time / money in tracking data.
2. Providing real time information.
3. Having an automated web-based system for ordering trips.
4. Providing trip and funding data to human service providers, transportation providers and system administrators.
5. Generating invoices in real time.
6. Allowing reports to be generated locally, as needed.
7. Interaction / integration of other initiatives such as Swipe Cards.

