Tri-Cities Region

Coordinated Public Transit - Human Services Transportation Plan

October 2016

Prepared for: Tennessee Department of Transportation



Prepared by: TranSystems Corporation



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See Appendix: Table of Contents for additional attachments and supplemental materials.

Advisory Committee Organizations

Bristol Metropolitan Planning Organization Comcare, Inc. Community Healthy of East Tennessee, Inc. Dawn of Hope First Tennessee Area Agency on Aging & Disability First Tennessee Area Agency on Aging & Disability First Tennessee Human Resource Agency First Tennessee Rural Planning Organization Frontier Health Greene County Skills, Inc. Johnson City Metropolitan Transportation Planning Organization Johnson City Transit Kingsport Area Transit Service Kingsport Metropolitan Transportation Planning Organization Tennessee Department of Transportation

List of Acronyms

ADA: Americans with Disabilities Act of 1990 CPT-HSTP: Coordinated Public Transit - Human Services Transportation Plan FHWA: Federal Highway Administration FTA: Federal Transit Administration HRA: Human Resource Agency MAP-21: Moving Ahead for Progress in the 21st Century Act MSA: Metropolitan Statistical Area MPO: Metropolitan Planning Organization TDOT: Tennessee Department of Transportation UZA: Urbanized Area VDOT: Virginia Department of Transportation

EXECUTIVE SUMMARY

Introduction

Plan Purpose

The Coordinated Public Transit - Human Services Transportation Plan (CPT-HSTP) for the Tri-Cities region is prepared in compliance with federal transportation legislation, Moving Ahead for Progress in the 21st Century (MAP-21). MAP-21 states that projects selected for funding through the Enhanced Mobility of Seniors and Individuals with Disabilities program (Section 5310) be "included in a locally developed, Coordinated Public Transit - Human Services Transportation Plan."

The purpose of the CPT-HSTP is to create a better transit system for transportation disadvantaged populations: older adults, persons with disabilities, and persons with low income. The planning process included an evaluation of existing services and current service gaps and unmet needs faced by transportation disadvantaged populations. Using the information gathered through a public involvement process, a series of strategies was then created to address the identified service gaps and unmet needs. The plan then prioritizes strategies and activities for funding and implementation.

Study Area

The Tri-Cities region is comprised of ten counties: Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, and Washington counties in Tennessee and Scott and Washington counties in Virginia. The selected eight counties in Tennessee and two counties in Virginia include major cities in the region: Johnson City, Kingsport, and Bristol TN-VA. The First Tennessee Human Resources Agency serves the eight counties in Tennessee within the study area.

Inventory of Services

There are a number of transportation service providers within the Tri-Cities region. The primary fixedroute public transportation providers are Johnson City Transit, Kingsport Area Transit Service, Bristol Tennessee Transit, and Bristol Virginia Transit. The primary demand response public transportation providers are Mountain Empire Older Citizens Inc. Transit, District Three Public Transit, and Northeast Tennessee Rural Public Transit. In addition, there are 11 agency transportation providers, 23 private transportation providers, and 10 non-emergency medical transportation providers.

Service Gaps and Unmet Needs

Older adults, persons with disabilities, and persons with low income often have the most difficulty accessing transportation services. In addition to the three transportation disadvantaged populations, zero-vehicle households are an important transportation disadvantaged population as well. In the Tri-Cities region, these transportation disadvantaged populations have challenges finding transportation for medical trips, employment trips, and shopping and personal errands. To evaluate the service gaps and unmet needs of transportation disadvantaged populations, it is important to review demographic information for the specific populations, summarized in Exhibit ES-1. In general, the transportation disadvantaged populations are more concentrated around the urban areas of Johnson City, Kingsport, and Bristol TN-VA. However, the geographical layout of the study area and the challenges faced by transportation disadvantaged populations creates unique transportation service gaps and unmet needs.

The service gaps and unmet needs, outlined in Exhibit ES-2, are arranged into five categories: information and awareness, geographical, time-based, client-based, and service quality. The items were identified and prioritized throughout the public engagement process that included Advisory Committee meetings, a public survey, and a public meeting.

| Population Group | Population | Percent |
|---------------------------|------------|---------|
| Older Adults | 110,782 | 18.4% |
| Persons with Disabilities | 119,188 | 19.8% |
| Persons with Low Income | 110,137 | 18.3% |
| Zero-Vehicle Households | 3,898 | 1.6% |
| Total Regional Population | 602,462 | - |

Exhibit ES-1: Transportation Disadvantaged Populations

Source: U.S. Census Bureau, American Community Survey five-year estimates (2014)

Exhibit ES-2: Prioritized Service Gaps and Unmet Needs

| Category | Service Gap or Unmet Need | High | Mod | Low |
|------------------------------|---|------|-----|-----|
| | Lack of public information regarding services | ٠ | | |
| lu fa waa ti a u | Lack of understanding of needs among community leaders | | | • |
| Information and Awareness | Lack of provider and agency participation in coordination | | • | |
| | Lack of evaluation of demographic information to adapt service as appropriate | | | • |
| | Lack of service to key urban activity centers | | • | |
| | Lack of service within the urbanized area outside of city limits | • | | |
| | Limited access to employment and educational facilities on the periphery of urban areas | • | | |
| Geographical | Lack of coverage in suburban and rural areas | | • | |
| | Lack of transfer locations for coordinated service delivery | | • | |
| | Lack of connectivity with multiple modes of transportation | • | | |
| | Lack of accessible first-mile and last-mile connections | • | | |
| Time-Based | Lack of night and weekend service | ٠ | | |
| | Lack of service for low density, rural customers | | • | |
| Client-Based | Lack of rider assistance | | | • |
| | Lack of affordable transportation options | | | ٠ |
| Service Quality | Lack of same-day service for ADA customers | | | • |

| Lack of funding to maintain or expand services • | | | |
|--|---|---|--|
| | Lack of funding to purchase new or replacement vehicles | • | |
| | Lack of funding to purchase new technology | • | |

Source: Advisory Committee, public meeting, public survey

Strategies and Activities

Following the prioritization of service gaps and unmet needs within the Tri-Cities region, potential strategies and activities were identified. Some challenges may likely take several years to address while others can be completed in the near-term. Therefore, strategies and activities are classified as short-term or long-term items.

Short-term strategies include:

- Enhance planning activities and public education efforts to raise awareness of transit opportunities within the region.
- ► Explore the development of a one-stop transportation call center to coordinate services.
- Review service routes and expand service to key activity centers currently underserved or not served by transit, paratransit, or service agencies.
- Evaluate current accessibility to transit stops and identify ways to improve first-mile and lastmile connections.
- Expand service hours to include weekday early morning and evening service.
- Expand service hours to include weekend service.
- ► Identify funding opportunities for capital improvements or service expansion.
- Identify funding opportunities to purchase technology systems to improve operations and customer service.

Long-term strategies include:

- Develop a regional coordination policy body or council composed of public and private stakeholders to enhance coordination.
- ► Coordinate service delivery in lower density areas, including the evaluation of transfer locations.
- Evaluate training opportunities to improve rider assistance.
- Evaluate and identify day pass programs.
- Evaluate the costs of various modes of transportation and identify ways to make transportation more affordable through policies, subsidies, partnerships, and adjustments.
- Consider policy changes to improve communication and operations.

Next Steps

The Tri-Cities CPT-HSTP focuses on creating a tailored response to the information gathered through public outreach efforts, stakeholder expertise, and research. After adoption of the plan, the three MPOs representing Johnson City, Kingsport, and Bristol TN-VA and the First Tennessee Human Resources Agency will monitor transportation issues in the Tri-Cities region to determine how the strategies outlined in the plan may apply to ongoing planning efforts. Changes to existing transit conditions could require the addition, deletion, or re-prioritization of strategies or activities in the future in accordance with local policies and procedures.

INTRODUCTION

Plan Purpose

The Coordinated Public Transit - Human Services Transportation Plan (CPT-HSTP) for the Tri-Cities region is prepared in compliance with federal transportation legislation, Moving Ahead for Progress in the 21st Century (MAP-21). MAP-21 states that projects selected for funding through the Enhanced Mobility of Seniors and Individuals with Disabilities program (Section 5310) be "included in a locally developed, Coordinated Public Transit - Human Services Transportation Plan" and that the plan be "developed and approved through a process that included participation by seniors, individuals with disabilities, representatives of public, private, and non-profit transportation and human services providers, and other members of the public."

The purpose of the CPT-HSTP is to create a better transit system for transportation disadvantaged populations: older adults, persons with disabilities, and persons with low income. The planning process included an evaluation of existing paratransit, demand response transportation, human service agency, non-profit, and private for-profit providers. The current service gaps and unmet needs faced by transportation disadvantaged populations were then assessed. Using the information gathered, a series of strategies was created to address the identified service gaps and unmet needs. The plan then prioritizes strategies and activities for funding and implementation.

Study Area

The Tri-Cities region is comprised of ten counties as displayed in Exhibit 1: Carter, Green, Hancock, Hawkins, Johnson, Sullivan, Unicoi, and Washington counties in Tennessee and Scott and Washington counties in Virginia. The selected eight counties in Tennessee and two counties in Virginia include major cities in the region: Johnson City, Kingsport, and Bristol TN-VA. The study area was determined by an Advisory Committee based on regional travel patterns and existing services. The ten-county area was selected because residents of the ten counties rely on trips to and from the cities of Johnson City, Kingsport, and Bristol TN-VA as well as the surrounding area for medical trips, employment trips, and other travel needs.

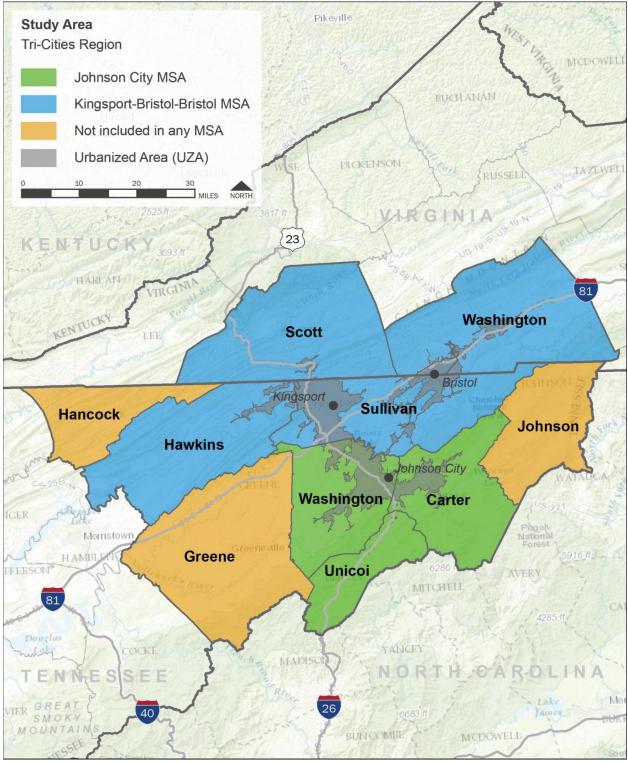
Plan Development Process

Overall, the development of the plan included four main steps:

- Define study parameters and gather preliminary service data
- Identify service gaps and unmet needs
- Identify and prioritize strategies and activities
- Develop a plan document

It is required by federal law that a CPT-HSTP be developed locally in a manner that includes the participation of older adults, persons with disabilities, representatives of public, private, and non-profit transportation and human services providers, as well as members of the public. In order to meet the requirement, an Advisory Committee was formed as an integral part to the development of the plan. The Advisory Committee functioned as an oversight board to guide the progression of the plan from a local perspective. Organizations represented on the Advisory Committee included the Metropolitan Planning Organizations (MPOs), transit agencies, human service agencies, and other stakeholders listed

Exhibit I: Study Area



Source: Advisory Committee

on page ii. In addition to the Advisory Committee, various stakeholder and public meetings were held to obtain additional feedback. A timeline of engagement activities is summarized below.

Define study parameters and gather preliminary service data: The first Advisory Committee meeting was held in August 2016 to define the study area, identify preliminary service gaps and unmet needs to be addressed by the plan, and discuss specific characteristics of the various communities within the study area. These conversations provided direction for the inventory of services and overall development of the plan.

Identify service gaps and unmet needs: In addition to the preliminary service gaps and unmet needs identified by the Advisory Committee, a fourteen-question survey was developed through input from the Tennessee Department of Transportation (TDOT) and the MPOs. The online and paper survey was distributed to customers and organizations to help identify transportation challenges and needs. The survey was available for approximately one month from mid-August 2016 through mid-September 2016. Nine fully or partially completed survey responses were received. A summary of the survey responses is included below with detailed information in the appendix.

- Current Transportation Use: Most respondents indicated that they rely on rides with a friend or relative for transportation (17%) or walk/bike (17%) to their destination. Other than use of personal vehicles (15%), other respondents commonly use public transportation providers (9%) or transportation provided by a program (8%).
- ► Trip Origins and Destinations: Most specific trip destinations mentioned were medical-related facilities in cities such as Bristol TN-VA, Erwin, Kingsport, and Sneedville. Other generic responses included medical offices, shopping centers, grocery stores, schools, and substance abuse assistance meetings. Some respondents noted difficulty travelling to services on the urban periphery. All respondents (100%) indicated that lack of transportation frequently prohibits themselves or clients from participating in programs, activities, or services.
- Transportation Needs: The needs identified by the greatest number of respondents included doorto-door transportation (20%) and weekday early morning service (20%). Other frequent responses included weekday late night service (17%), access to employment (15%), and wheelchair accessibility (14%). When asked why customers have not used public transportation, common responses included no service to the desired destination (23%), no service at the desired date or time (18%), trip cost (14%), or length of time to reach the destination (14%).
- ► Days and Hours of Service: As mentioned above, respondents mentioned that they would like to travel via public transportation on weekday late nights (24%), weekend late nights (21%), weekday early mornings (17%), and weekends (17%).
- Other Comments: One respondent mentioned that a transit stop was removed from their facility and individuals with mobility issues need to walk a significant distance to reach their facility. Others provided anecdotes in which customers were picked-up too early or too late for appointments and some inconsistencies between driver interpretation of policies.

The survey results helped inform the Advisory Committee of service gaps and unmet needs. Some key information gathered from the survey indicated the modes of transportation used within the study area as well as challenges to meeting customer needs. Overall, the survey information was used to refine the service gaps and unmet needs for future Advisory Committee and stakeholder meetings.

Identify and prioritize strategies and activities: The second Advisory Committee meeting was held in September 2016 to expand upon the identified service gaps and unmet needs and begin to highlight strategies to address the challenges. A public meeting was also held in Johnson City in October 2016 to gather additional input from older adults, persons with disabilities, persons with low income, other stakeholders, and the general public. Information presented at the public meeting included the purpose of the study, the study area, an inventory of service providers, demographic information, and service gaps and unmet needs previously identified throughout other phases of the planning process. The meetings provided stakeholders and the public with the opportunity to discuss the planning efforts to date and suggest other service gaps, unmet needs, or potential strategies to best meet the needs of customers within the study area. At both the Advisory Committee meeting and the public meeting, attendees participated in an exercise to prioritize service gaps and unmet needs and discuss strategies that would be more likely to be successful when applied to the study area. Overall, the prioritized list will help direct funding towards the strategies and activities that would help communities alleviate key challenges. The result of the process was a locally-designed approach to addressing service gaps and unmet needs.

Develop a plan document: A final Advisory Committee meeting was held in October 2016 to review the draft plan document that resulted from the previous planning efforts. Final comments and feedback was collected from the public to finalize the plan in a manner that best reflects the Tri-Cities region. Overall, the plan meets all federal requirements and provides a funding strategy to ensure that the service needs of transportation disadvantaged populations are met.

Peer Review Documentation

A component of the plan development process included a peer review of various similar plans. Six different regions, outlined in Exhibit 2, were selected based on similarities to the Tri-Cities region such as population size, proximity, and multi-state regions as well as the discussion of innovative strategies.

All of the plans feature an inventory of service providers, a demographic assessment of target populations, an evaluation of service gaps and unmet needs, and prioritized strategies. Innovative procedures or strategies from each plan are summarized below. Overall, the reviewed resources helped outline different approaches to plan development as well as strategies that could be evaluated in the Tri-Cities region.

- ► Chattanooga, TN-GA: Since the original adoption of the plan in 2007, the document has been updated three times. Each update of the plan includes a review of needs previously identified and an evaluation of progress in meeting the needs. The strategies and priorities are then adjusted accordingly to plan effective future efforts. Three key priorities are specifically highlighted as criteria to assist with Section 5310 funding project scoring and selection.
- ► Asheville, NC: The plan includes an extensive matrix outlining transportation needs and related strategies that were selected based on a numerical prioritization scoring process. In addition to providing total scores for each item, the matrix also outlines the scores from each individual stakeholder or public meeting to provide a snapshot of which needs and strategies are most critical to specific geographic areas or population groups. One innovative strategy discussed in the plan included a taxi-voucher program to increase trip flexibility and fleet capacity.

- ► Davenport-Moline-Rock Island, IA-IL: The required elements of the CPT-HSTP were incorporated into a larger Transit Development Plan in order to present a unified strategy of public transportation service delivery for the region. Priorities were classified into groups such as convenience, investment, affordability, land use, geographic coverage, and safety. Innovative strategies discussed in the plan included support for Complete Streets concepts to promote access and mobility options through new infrastructure and development and organized group trips in low density areas to share the high cost of services.
- ► Savannah, GA: Since the original adoption of the plan in 2007, the document has been updated twice to reflect program and project changes. The plan outlines improvements on two specific high-demand transit routes as well as innovative ideas to implement incentives to encourage taxicab and vanpool operators to purchase wheelchair-accessible vehicles.
- ► Eugene, OR: The plan includes an extensive discussion on the specific needs of veterans and military families in the assessment of transportation disadvantaged populations. In addition to identifying needs and accompanying strategies, a project description for each item is included. The project description outlines the entities responsible for implementation, potential funding sources, and action steps. Innovative concepts in the plan included expansion of a one-call center to match customer needs and capacities with the most appropriate service, volunteer driver programs to increase capacity, and technology compatibility to increase efficiency.
- ► Evansville, IN-KY: Rather than outline all needs and strategies in one large section, the plan segregates the items by transportation disadvantaged population as each group had diverse challenges and priorities. The plan also outlined specific funding amounts and sources utilized in the past to assist with the programming and prioritization of eligible activities. Innovative concepts in the plan included a few key destinations to expand service frequency and the use of travel training activities to assist those with limited mobility.

| МРО | Region | Population | Year |
|--|-------------------------------------|------------|------|
| Chattanooga-Hamilton Regional Planning Agency | Chattanooga, TN-GA | 550,000 | 2015 |
| French Broad River Metropolitan Planning Organization | Asheville, NC | 450,000 | 2012 |
| Bi-State Regional Commission (Quad Cities MPO) | Davenport-Moline-Rock Island, IA-IL | 380,000 | 2015 |
| Coastal Region Metropolitan Planning Organization | Savannah, GA | 380,000 | 2011 |
| Central Lane Metropolitan Planning Organization | Eugene, OR | 360,000 | 2013 |
| Evansville Metropolitan Planning Organization | Evansville, IN-KY | 320,000 | 2007 |

Exhibit 2: Peer Review Regions

Source: U.S. Census Bureau, respective CPT-HSTP

¹ Year of most recent plan update

INVENTORY OF SERVICES

Service Providers

Many transportation services operate within the study area. Public, non-profit, and private for-profit providers all play an important role in ensuring mobility for older adults, persons with disabilities, and persons with low income. An inventory of public transit providers, agency transportation providers, and private transportation providers is summarized in the following sections. The inventory is an update from previous documents as well as services that were identified through research and industry knowledge during the planning process.

Public Transit Providers

Public transportation is shared-ride transit services that are open to the general public and charge a set fare. There are generally two types of public transit: fixed-route and demand response transportation services. Fixed-route services operate on a set schedule along a fixed alignment. Demand response transportation services function between origin and destination along the most efficient route possible and scheduled pick-ups and drop-offs are prearranged between the customer and the service provider. Demand response transportation includes those services required by the Americans with Disabilities Act of 1990 (ADA). The public transit providers in the study area, as well as information available from the National Transit Database, are outlined in Exhibit 3.

| Area | Provider | Revenue Miles | Revenue Hours | Passenger Trips |
|---|---|------------------|------------------|--------------------|
| Johnson City | City Johnson City Transit ¹ | | 22,697 | 45,708 |
| Kingsport Area Transit Service | | 80,43 I | 10,061 | ,875 |
| Kingsport | Mountain Empire Older Citizens Transit | - | - | - |
| | Bristol Tennessee Transit ² | 100,104 | 8,464 | 72,436 |
| Bristol Bristol Virginia Transit ¹ | | 8,796 | 1,423 | 1,631 |
| District Three Public Transit | | - | - | - |
| All | Northeast Tennessee Rural Public Transit ¹ | 2,762,048 | 101,713 | 154,445 |

Exhibit 3: Public Transit Providers

Source: National Transit Database, 2014 (as available)

¹ Demand response trips only

² Fixed-route and demand response trips

The Johnson City area is served by two primary public transportation providers. Johnson City Transit serves within the city corporate limits and Northeast Tennessee Rural Public Transit serves the urbanized area outside the corporate limits. Johnson City Transit operates fixed-route service, including service to the Eastern Tennessee State University campus and demand-response service. All fixed-route vehicles are lift-equipped or equipped with ramps to meet the needs of customers with specific needs. Curb-to-curb demand-response service is provided for the mobility impaired and Job Access service is provided for low-income individuals, welfare recipients, and persons with disabilities for employment-

related trips. Northeast Tennessee Rural Public Transit is the provider for the First Tennessee Human Resource Agency and provides trips within an eight-county region in Tennessee for trips with an origin and/or destination outside the Johnson City Transit service area. Vehicles are primarily 15-passenger, lift-equipped vans that generally operate on routes and schedules dictated by the needs of customers. In addition to providing general public transportation in non-urbanized areas, Northeast Tennessee Rural Public Transit provides Job Access service. The Job Access program provides transportation for employment-related and childcare trips for eligible customers with a focus on linking rural areas with job opportunities.

The Kingsport area is served by three primary public transportation providers. Kingsport Area Transit serves within the city corporate limits while Northeast Tennessee Rural Public Transit serves the urbanized area outside the corporate limits. Kingsport Area Transit operates six vehicles on fixed-route service and four vehicles for curb-to-curb demand-response service for older adults and persons with disabilities. Similar to the Johnson City area, Northeast Tennessee Rural Public Transit is the provider for the First Tennessee Human Resource Agency and provides trips within an eight-county region in Tennessee. The third provider, Mountain Empire Older Citizens, Inc. is a designated Area Agency on Aging and a public transit provider in southwestern Virginia, including Scott County. Mountain Empire Older Citizens provides demand response transportation to customers of all ages.

The Bristol TN-VA area is served by four primary public transportation providers. Bristol Tennessee Transit and Bristol Virginia Transit operate as a coordinated service. Six vehicles operate six fixedroutes that arrive and depart from a downtown transfer center in Bristol, Tennessee and serve key locations in the bi-state service area. Wheelchair-accessible vehicles are utilized for both fixed-route service as well as demand response service. ADA service is available for persons with disabilities within the corporate limits of the respective city with transfers at the downtown center as necessary. The Job Access program is available for residents of Tennessee only. District Three Public Transit provides service in Washington County, Virginia and the Town of Abingdon. Flexible-fixed route service is available in Abingdon along a loop route for any rider that requests transportation within the corporate limits. All vehicles are wheelchair accessible. Weekly service is provided to various parts of Washington County, Virginia based on location and weekday. Transportation is typically provided to designated commercial centers in Bristol, Abingdon, and Damascus. Similar to the Johnson City and Kingsport areas, Northeast Public Transit is the provider for the First Tennessee Human Resource Agency and provides trips within an eight-county region in Tennessee.

Characteristics such as hours of service, fare, and reservation procedures are summarized for each public transit provider in Exhibit 4.

Exhibit 4: Public Transit Provider Characteristics

| Provider | Hours | Fare | Reservation |
|---|--|---|---|
| Johnson City Transit | Monday-Friday 6:15 am - 11:00 pm Saturday 8:15 am - 5:15 pm | \$1.00 adult \$0.50 older adults and persons with disabilities \$2.00 demand response with zone fees beyond ADA service area | Previous day by 5:00 pm |
| Kingsport Area Transit Service | Monday-Friday 7:30 am - 5:30 pm | \$1.00 adult \$0.50 older adults, persons with disabilities, and veterans \$2.00 demand response with zone fees beyond ADA service area | Previous day by 5:00 pm |
| Mountain Empire Older Citizens, Inc. Transit | Monday-Friday 7:00 am - 5:00 pm | \$1.50 adult \$0.75 older adult | 24-hour notice by 6:00 pm |
| Bristol Tennessee Transit | Monday-Friday 6:15 am - 6:00 pm | \$0.60 adult \$0.30 older adult and persons with disabilities \$0.10 transfer Free demand response | One day in advance |
| Bristol Virginia Transit | Monday-Friday 6:15 am - 6:00 pm | \$1.00 adult \$0.50 older adult and persons with disabilities \$0.10 transfer \$2.00 demand response | One day in advance |
| District Three Public Transit | Monday-Friday 8:00 am - 5:00 pm (Town of Abingdon) Monday-Friday varies (County) | \$0.50 all fares Free transfers | Previous businesses day by 3:00 pm |
| Northeast Tennessee Rural Public Transit Source: Public Transit Pr | Monday-Friday 6:00 am - 6:00 pm Saturday limited hours | \$2.00 demand response with zone fees (up to \$12.00 for 50+ miles) | Previous day by 12:00 pm 72 hours for out- of-region trips |

Source: Public Transit Provider websites

Agency Transportation Providers

Agency transportation providers, also known as human services transportation, are services that operate for the sole benefit of program participants. Traditionally, the agency operating the service has a non-transportation core mission and elects to provide transportation services to meet the overall core mission. The agency transportation providers are outlined in Exhibit 5.

Exhibit 5: Agency Transportation Providers

Agency Transportation Provider

Bristol Slater Senior Center Dawn of Hope Frontier Health Johnson City Senior Citizens Center Kingsport Senior Center Mountain Home Veterans Affairs Medical Center Mountain States Health Alliance TennCare Transportation Tennessee Department of Human Services Upper East Tennessee Human Development Agency Washington County Community Residential Services

Source: National Provider Identifier Database, Advisory Committee

Private Transportation Providers

Private transportation providers offer services that are not specifically for the general public and operate as for-profit entities. The services play an important role in providing on demand or niche services. Private transportation providers can be categorized as private demand services or non-emergency medical transportation. Private demand services can include taxi, limousine, or rideshare services. Non-emergency medical transportation services are a type of medically-related transportation that offers support to customers in non-emergency situations. These services can be hired for personal use but are predominantly contracted with Medicare providers, hospitals, and other private facilities. The private transportation providers are outlined in Exhibit 6.

| Area | Private Transportation | Non-Emergency Medical Transportation |
|-----------------|--|--|
| Johnson City | Doe River Taxi Greyhound Lines ¹ Reliable Taxi & Delivery Service Trinity Taxi W.W. Taxi Company | C & SQ Transport Dawn of Hope, Inc. First Tennessee Human Resource Agency Tri Cities Transportation TriStarr Transportation, LLC |
| Kingsport | Anytime Taxi Arrow Cab City Cab Courtesy Cab Double Deuce Taxi F&L Limo Greyhound Lines ¹ Kingsport Cabbie Kwick Transport Tri City Cab | Kwick Transport, Inc. Michael L. Shelton Thompson Delivery Services LLC |
| Bristol | Abingdon Taxi Service Ace Taxi Service Airport Yellow Cab Blountville Taxi Blountville Taxi Cab Bristol Limousine Service Cabbie Cab F&L Limo Plus-AAA Taxi United Airport Taxi | Abingdon Ambulance Service Chilhowie Ambulance Service, Inc. |

Exhibit 6: Private Transportation Providers

Source: National Provider Identifier Database, Advisory Committee I Inter-city bus services

SERVICE GAPS AND UNMET NEEDS

Transportation Disadvantaged Populations

Older adults, persons with disabilities, and persons with low income often have the most difficulty accessing transportation services. In the Tri-Cities region, these transportation disadvantaged populations have challenges finding transportation for medical trips, employment trips, and shopping and personal errands. Services may be:

- ► Inappropriate (existing services or available vehicles do not meet the needs of the customer)
- ► Insufficient (low trip frequency)
- Unavailable (lack of service in a specific geographic area or at a specific time)

In addition to the three transportation disadvantaged populations introduced above, the following sections summarize characteristics for zero-vehicle households as well. Lastly, population change from 2015 to 2025 was examined to understand any potential changes in service that may be warranted due to population growth or decline.

Total Population

There are an estimated 602,462 people residing in the Tri-Cities region. The majority of the region's population lives in Sullivan County, Tennessee (26%), which contains the City of Kingsport and the City of Bristol, and Washington County, Tennessee (20%), which contains the City of Johnson City. There are three rural counties that contain relatively low populations compared to areas near the urban centers. The total population by county is outlined in Exhibit 7. The density of the total population, or persons per square mile, is displayed in Exhibit 13.

| County | Population | | County | Popu | lation |
|---------------------|------------|-------|-------------------------------|---------|--------|
| Carter County, TN | 57,298 | 9.5% | Unicoi County, TN | 18,175 | 3.0% |
| Greene County, TN | 68,596 | 11.4% | Washington County, TN | 124,798 | 20.7% |
| Hancock County, TN | 6,706 | 1.1% | Scott County, VA | 22,781 | 3.8% |
| Hawkins County, TN | 56,741 | 9.4% | Washington County, VA | 54,833 | 9.1% |
| Johnson County, TN | 18,089 | 3.0% | Bristol City, VA ¹ | 17,595 | 2.9% |
| Sullivan County, TN | 156,850 | 26.0% | | | |

Exhibit 7: Total Population by County

Source: U.S. Census Bureau, American Community Survey five-year estimates (2014)

¹ Bristol City is considered an independent city and separate from Washington County, VA according to census estimates

Older Adults

Title 49 of the United States Code defines older adults as individuals 65 years or older. There are an estimated 110,782 older adults residing in the Tri-Cities region, which accounts for approximately 18.4 percent of the total population in the region. The population of older adults is more highly concentrated near urban centers and the areas between the major cities in the Tri-Cities region. The older adult

population by county is outlined in Exhibit 8. The density of this transportation disadvantaged population, or number of older adults per square mile, is displayed in Exhibit 14.

Persons with Disabilities

The Americans with Disabilities Act of 1990 utilizes a federal definition that states that an individual with a disability is a person who has a mental or physical impairment that limits a major life activity, has a history of such an impairment, or who is perceived by others as having such an impairment. Additionally, the population of persons with disabilities is defined as an individual five years or older according to data from the U.S. Census Bureau. There are an estimated 119,188 persons with disabilities residing in the Tri-Cities region, which accounts for approximately 19.8 percent of the total population in the region. Similar to the older adult population, persons with disabilities are more highly concentrated near urban centers. However, the persons with disabilities population is more widespread throughout the rural portions of Greene, Hawkins, Sullivan, Washington counties in Tennessee. Hancock County, Tennessee has the lowest number and density of persons with disabilities. The persons with disabilities population by county is outlined in Exhibit 9. The density of this transportation disadvantaged population, or number of persons with disabilities per square mile, is displayed in Exhibit 15.

| County | Population | County | Population |
|---------------------|------------|-------------------------------|------------|
| Carter County, TN | 10,569 | Unicoi County, TN | 3,761 |
| Greene County, TN | 12,735 | Washington County, TN | 19,968 |
| Hancock County, TN | 1,181 | Scott County, VA | 4,671 |
| Hawkins County, TN | 10,049 | Washington County, VA | 10,399 |
| Johnson County, TN | 3,484 | Bristol City, VA ¹ | 3,359 |
| Sullivan County, TN | 30,606 | | |

Exhibit 8: Older Adults by County

Source: U.S. Census Bureau, American Community Survey five-year estimates (2014)

¹ Bristol City is considered an independent city and separate from Washington County, VA according to census estimates

Exhibit 9: Persons with Disabilities by County

| County | Population | County | Population |
|---------------------|------------|-------------------------------|------------|
| Carter County, TN | 12,759 | Unicoi County, TN | 4,266 |
| Greene County, TN | 14,823 | Washington County, TN | 20,691 |
| Hancock County, TN | 1,649 | Scott County, VA | 5,090 |
| Hawkins County, TN | 12,246 | Washington County, VA | 9,673 |
| Johnson County, TN | 4,122 | Bristol City, VA ¹ | 3,614 |
| Sullivan County, TN | 30,255 | | |

Source: U.S. Census Bureau, American Community Survey five-year estimates (2014)

¹ Bristol City is considered an independent city and separate from Washington County, VA according to census estimates

Persons with Low Income

The U.S. Census Bureau defines a person as having low income if an individual has a household income at or below the poverty threshold set annually by the Department of Health and Human Services. There are an estimated 110,137 persons with low income residing in the Tri-Cities region, which accounts for approximately 18.3 percent of the total population in the region. Persons with low income are more highly concentrated in city centers and along the Interstates that connect the major cities. The persons with low income population by county is outlined in Exhibit 10. The density of this transportation disadvantaged population, or number of persons with low income per square mile, is displayed in Exhibit 16.

| County | Population | County | Population |
|---------------------|------------|-------------------------------|------------|
| Carter County, TN | 13,060 | Unicoi County, TN | 3,683 |
| Greene County, TN | 14,780 | Washington County, TN | 21,605 |
| Hancock County, TN | 1,816 | Scott County, VA | 4,236 |
| Hawkins County, TN | 9,511 | Washington County, VA | 6,576 |
| Johnson County, TN | 3,785 | Bristol City, VA ¹ | 3,369 |
| Sullivan County, TN | 27,716 | | |

| Exhibit 10 | : Persons w | ith Low I | ncome by | County |
|------------|-------------|-----------|----------|--------|
| | | | | ocancy |

Source: U.S. Census Bureau, American Community Survey five-year estimates (2014)

¹ Bristol City is considered an independent city and separate from Washington County, VA according to census estimates

Zero-Vehicle Households

The U.S. Census Bureau identifies workers 16 years or older by means of transportation to work. Although not specifically identified as a transportation disadvantaged population in the CPT-HSTP, the Tri-Cities region expressed interest in reviewing demographic information for households that do not have access to a vehicle, referred to as zero-vehicle households. There are an estimated 3,898 zerovehicle households in the Tri-Cities region, which accounts for approximately 1.6 percent of the total households in the region. Concentrations of zero-vehicle households include the cities of Abingdon, Bristol, Elizabethton, Erwin, Greenville, Johnson City, and Kingsport. The zero-vehicle household population by county is outlined in Exhibit 11. The density of this population, or number of zero-vehicle households per square mile, is displayed in Exhibit 17.

Population Change 2015-2025

Population projection estimates from Woods & Poole Economics, Inc. were provided by the Tennessee Department of Transportation. Per the data, Bristol City is included in the data for Washington County, Virginia. All counties are projected to increase in population. Washington County, Virginia is projected to grow significantly with a percent change over 38 percent. Other areas that will grow by at least 10 percent include Hawkins County, Johnson County, and Washington County in Tennessee. Scott County, Virginia is estimated to experience the slowest growth in population in the Tri-Cities region. The demand for service is likely to grow with the increase in population. The projected change in total population from 2015 to 2025 by county is outlined and displayed in Exhibit 18.

| County | Households | County | Households |
|---------------------|------------|-------------------------------|------------|
| Carter County, TN | 240 | Unicoi County, TN | 109 |
| Greene County, TN | 428 | Washington County, TN | 965 |
| Hancock County, TN | 25 | Scott County, VA | 96 |
| Hawkins County, TN | 418 | Washington County, VA | 446 |
| Johnson County, TN | 57 | Bristol City, VA ¹ | 139 |
| Sullivan County, TN | 975 | | |

Source: U.S. Census Bureau, American Community Survey five-year estimates (2014)

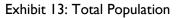
¹ Bristol City is considered an independent city and separate from Washington County, VA according to census estimates

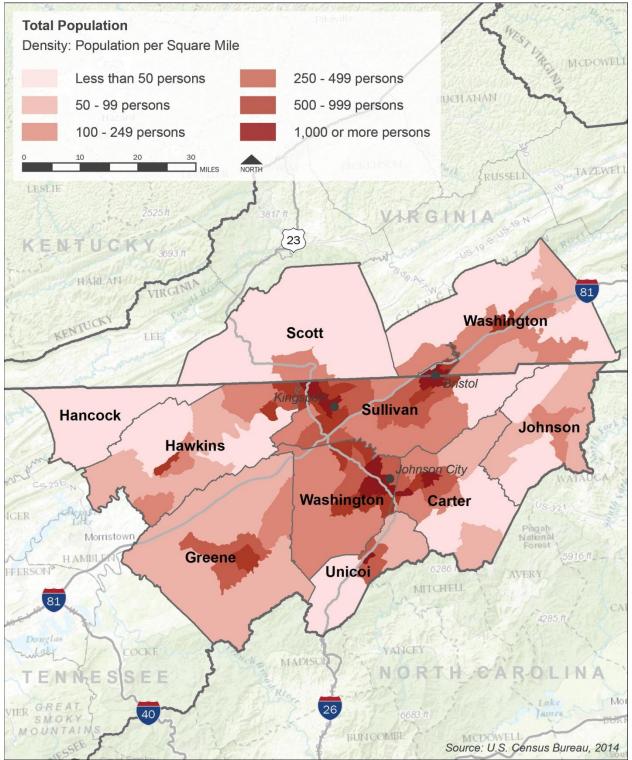
| County | Percent Change | County | Percent Change |
|---------------------|----------------|-------------------------------|----------------|
| Carter County, TN | 8.3% | Unicoi County, TN | 3.2% |
| Greene County, TN | 6.0% | Washington County, TN | 15.4% |
| Hancock County, TN | 2.9% | Scott County, VA | 0.4% |
| Hawkins County, TN | 10.5% | Washington County, VA | 38.7% |
| Johnson County, TN | 17.0% | Bristol City, VA ¹ | N/A |
| Sullivan County, TN | 4.1% | | |

Exhibit 12: Population Change 2015-2025 by County

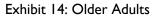
Source: Woods & Poole Economics Inc. (2014)

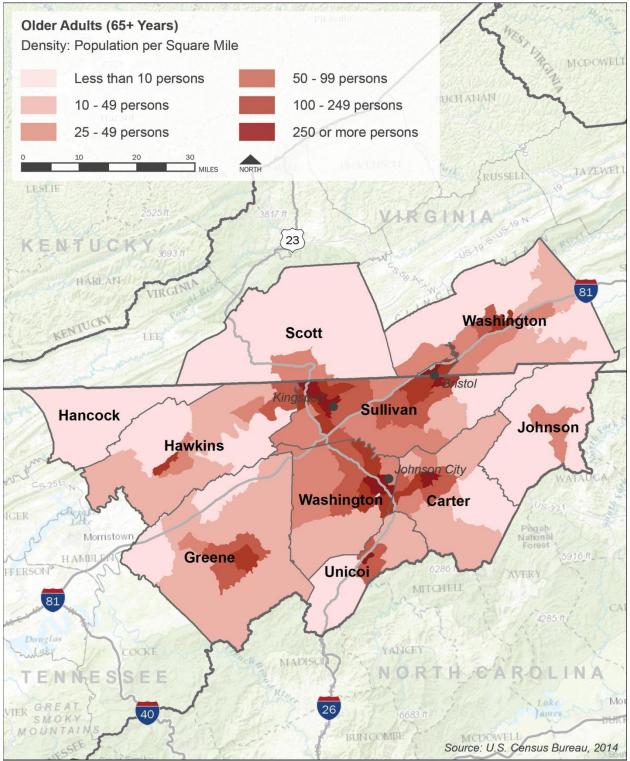
Bristol City is included in data for Washington County, VA according to Woods & Poole Economics estimates



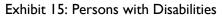


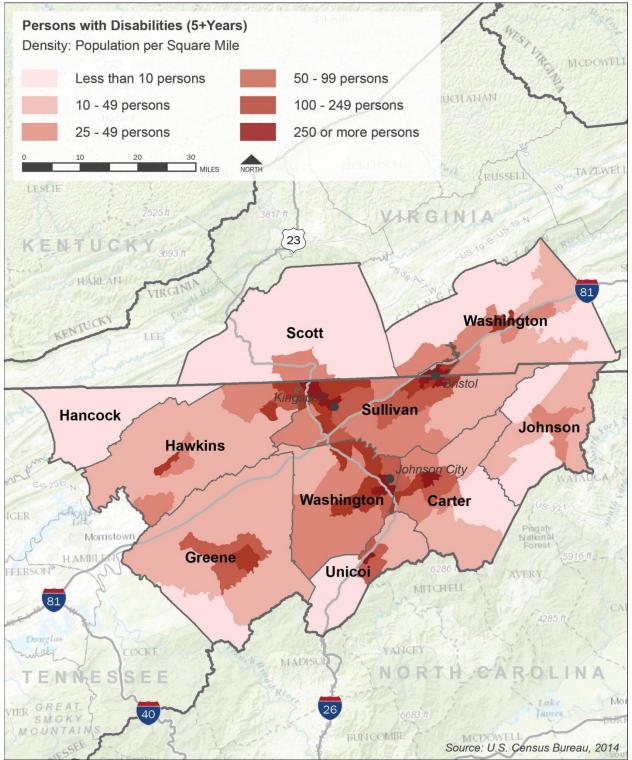
Source: U.S. Census Bureau, American Community Survey five-year estimates (2014)



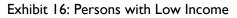


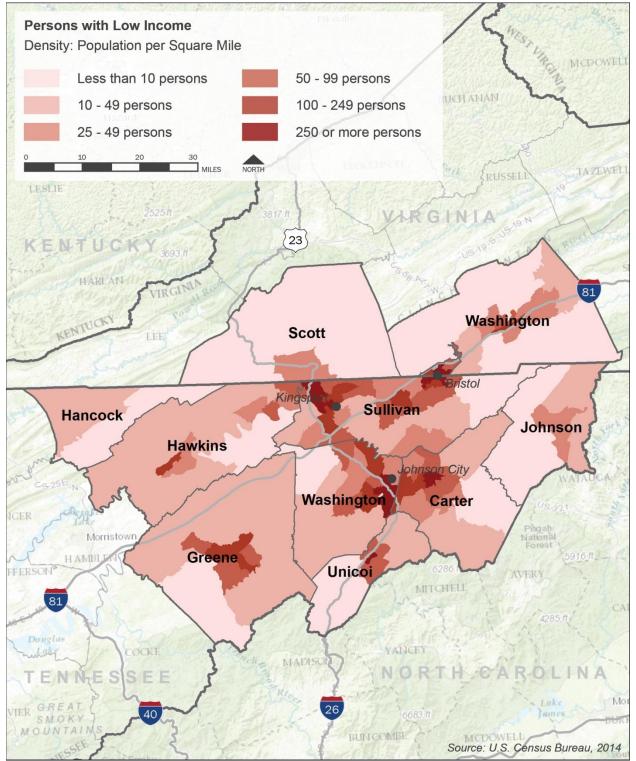
Source: U.S. Census Bureau, American Community Survey five-year estimates (2014)





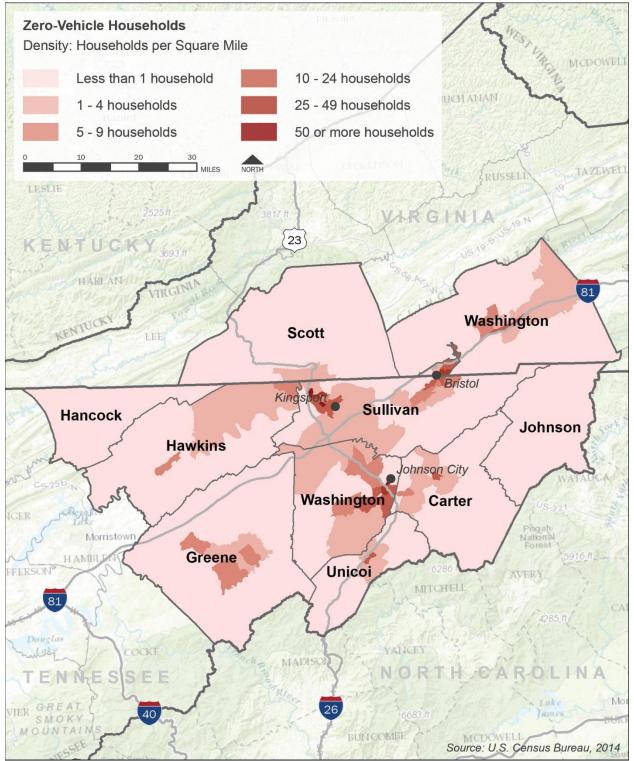
Source: U.S. Census Bureau, American Community Survey five-year estimates (2014)



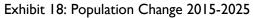


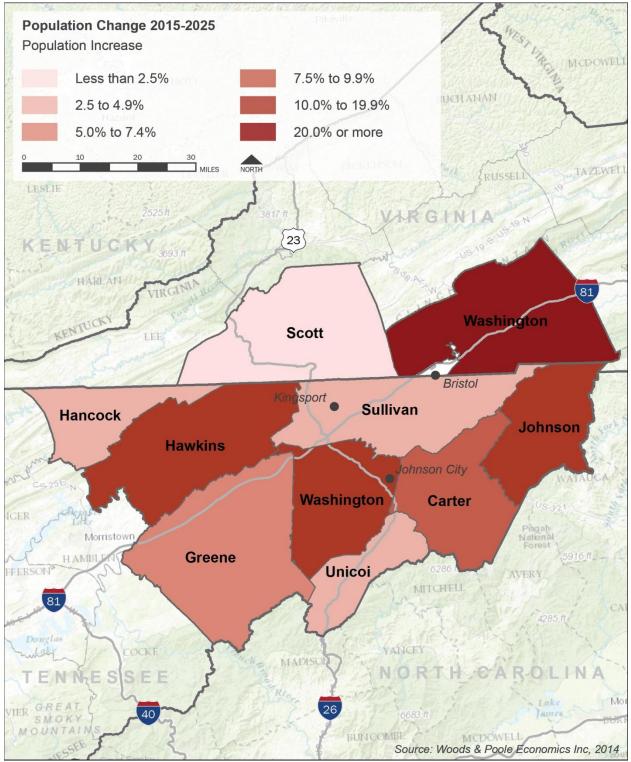
Source: U.S. Census Bureau, American Community Survey five-year estimates (2014)





Source: U.S. Census Bureau, American Community Survey five-year estimates (2014)





Source: Woods & Poole Economics Inc. (2014)

Service Gaps and Unmet Needs

During the public engagement process, which included Advisory Committee meetings, a public meeting, and a public survey, the transportation service gaps and unmet needs of the transportation disadvantaged populations were identified. Service gaps and unmet needs are arranged into five categories: information and awareness, geographical, time-based, client-based, and service quality. Exhibit 19 outlines the service gaps and unmet needs and whether the item applies to the user, provider, or both. Barriers and information about each of the items are discussed below.

| Category | Service Gap or Unmet Need | User | Provider |
|------------------------------|---|------|----------|
| Information and Awareness | Lack of public information regarding services | • | • |
| | Lack of understanding of needs among community leaders | | • |
| | Lack of provider and agency participation in coordination | | • |
| | Lack of evaluation of demographic information to adapt service as appropriate | • | • |
| | Lack of service to key urban activity centers | ٠ | • |
| Geographical | Lack of service within the urbanized area outside of city limits | ٠ | • |
| | Limited access to employment and educational facilities on the periphery of urban areas | ٠ | • |
| | Lack of coverage in suburban and rural areas | • | • |
| | Lack of transfer locations for coordinated service delivery | • | • |
| | Lack of connectivity with multiple modes of transportation | • | • |
| | Lack of accessible first-mile and last-mile connections | ٠ | • |
| Time-Based | Lack of night and weekend service | ٠ | • |
| | Lack of service for low density, rural customers | • | • |
| Client-Based | Lack of rider assistance | • | • |
| | Lack of affordable transportation options | • | |
| Service Quality | Lack of same-day service for ADA customers | ٠ | • |
| | Lack of funding to maintain or expand services | | • |
| | Lack of funding to purchase new or replacement vehicles | | • |
| | Lack of funding to purchase new technology | | • |

Source: Advisory Committee, public meeting, public survey

Information and Awareness

Lack of public information regarding services: The greatest challenge for a customer is finding information about available services and learning how to use available services. It may be difficult to collect, consolidate, and disseminate information about various services, but enhanced communication regarding service providers may alleviate public concerns. Transportation providers can offer rider guides, how-tovideos, and workshops to assist customers in learning how to utilize a service and offer referral procedures to coordinate with human service agencies.

Lack of understanding of needs among community leaders: Community leaders may have a lack of understanding of public transportation operations and service needs. As the individuals that shape policy and funding decisions, it is important to educate leaders about transportation challenges and the community benefits of investing in the multimodal transportation system.

Lack of provider and agency participation in coordination: Coordination is most effective when there is a high level of involvement among service providers and employment-related and medical-related agencies. The large geographical area and the restrictive nature of service areas may make it difficult for providers to coordinate services. This also includes evaluation of areas inside the urbanized area that are not connected to surrounding urban transportation services.

Lack of evaluation of demographic information to adapt service as appropriate: Collection and analysis of ridership and demographic information ensures that existing services align with customer needs. The information can also inform key growth areas for service.

Geographical

Lack of service to key activity centers: Transit systems should complement the existing built environment and connect to destinations customers frequently utilize. A transit system that connects key activity centers increases accessibility to needed or desired services, which may be reflected in increased ridership and fare recovery.

Lack of service within the urbanized area outside of city limits: Currently, rural providers are covering the service area that is outside of the city limits of Johnson City, Kingsport, and Bristol TN-VA, but still part of the urbanized area. This is not sustainable and a strategy to provide better coordination with urban agencies must be developed in order to continue to serve the populations in these areas.

Limited access to employment and educational facilities on the periphery of urban areas: Transportation services in some urban areas of the region are inappropriate, insufficient, or unavailable. Funding should be directed towards providing services where service deserts exist, including key locations on the periphery of urban areas. Transportation providers should coordinate to provide service in areas of high need or demand.

Lack of coverage in suburban and rural areas: Long distances and low density areas can make rural trips expensive for transportation providers and customers. Suburban communities are often comprised of low density planned unit developments with few access points to major roadways, which often results in higher operating costs or services with lower ridership. These areas are generally prohibitive to frequent fixed-route services and results in increasingly expensive transportation services. Lack of transfer locations for coordinated service delivery: In a primarily rural and low density region, long trips take a toll on provider resources and operation. Route convergence at regional transfer locations can reduce service duplication, decrease long headways, and increase cost efficiency. Transfer locations can also help bypass service challenges across municipal, county, and state boundaries.

Lack of connectivity with multiple modes of transportation: Many transportation providers face challenges with coordination and connectivity to other modes of transportation. Common challenges include lack of safe bicycle and pedestrian pathways, lack of infrastructure (i.e. crosswalks, sidewalks, ADA ramps, bicycle lanes), a lack of bicycle storage at high-volume transit stops, a lack of signage and wayfinding information, and difficulty coordinating with private transportation providers.

Lack of first-mile and last-mile connections: The distance between a trip origin or destination and the transit stop is referred to as the first-mile and last-mile. Connections to and from transit stops are a challenge for many customers. Infrastructure improvements, such as ADA-accessible sidewalks or bicycle paths and expanding demand response transportation options, can help alleviate the challenges caused by inaccessible first-mile and last-mile connections. Related transit amenities can make customers feel safe and welcomed. Quality of service can be improved by providing ample lighting, benches, or transit shelters.

Time-Based

Lack of night and weekend service: Generally, public transportation providers in the region operate weekdays from 6:00 AM at the earliest to 6:00 PM at the latest, with the exception of Johnson City Transit which has extended hours until 11:00 PM. Only two providers offer service on Saturdays. No service is provided on Sundays. Individuals working evening or night shifts often do not have transportation services available for return trips. In addition, without weekend service, individuals relying on transportation services have limited access to their communities.

Client-Based

Lack of service for rural customers in low density areas: Low density areas are difficult for transportation providers to access due to secluded locations and longer, expensive trips. There is particular difficulty addressing the needs of rural customers who need medical trips to urban areas such as Johnson City, Kingsport, or Bristol TN-VA.

Lack of rider assistance: Older adults and persons with disabilities may often need additional assistance beyond curb-to-curb service. Assistance could include door-through-door service and assistance with packages. In addition, two individuals with the same disability may need different levels of assistance in utilizing services. Transportation providers can train individuals that interact with customers to properly address their needs.

Lack of affordable transportation options: Transportation services are expensive for portions of the population. Viable solutions to provide more affordable services can include low-income pass programs, offering higher subsidies to persons with low income, or creating a lower cost pass for a shorter period of time.

Service Quality

Lack of same-day service for ADA customers: While not mandated by legislation, same-day service provides customers with increased trip flexibility and convenience. However, same-day service may cause concerns about capacity and scheduling constraints.

Lack of funding to maintain or expand services: Transportation services need to be maintained or augmented in order to provide quality service. With an aging population in the region, the number of customers requiring transportation services is expected to grow. It is also important to develop new services in underserved or non-served areas.

Lack of funding to purchase new or replacement vehicles: A key aspect of providing transportation is ensuring that appropriate vehicles are available to customers. Too few vehicles can lead to more expensive trips and increases in complaints as vehicles are not properly dispersed throughout the service area.

Lack of funding to purchase new technology: Real-time access to data and service information could enable operations to be more efficient and responsive. Technology can also improve the trip planning capabilities of customers.

Prioritization of Service Gaps and Unmet Needs

As described in the plan development process, Advisory Committee meeting and public meeting attendees participated in an interactive exercise to prioritize service gaps and unmet needs. In addition, the attendees identified potential strategies to address the challenges in the Tri-Cities region. Following the exercise, each response was weighted in order to determine high, moderate, and low priority service gaps and unmet needs. High priority responses received the highest weight (three points) while low priority responses received the lowest weight (one point). The scores for each item were then totaled to determine the final priority ranking. Exhibit 20 outlines the priority ranking for each of the identified service gaps or unmet needs.

| Category | Service Gap or Unmet Need | High | Mod | Low |
|------------------------------|---|------|-----|-----|
| Information and Awareness | Lack of public information regarding services | • | | |
| | Lack of understanding of needs among community leaders | | | • |
| | Lack of provider and agency participation in coordination | | • | |
| | Lack of evaluation of demographic information to adapt service as appropriate | | | • |
| Geographical | Lack of service to key urban activity centers | | • | |
| | Lack of service within the urbanized area outside of city limits | ٠ | | |
| | Limited access to employment and educational facilities on the periphery of urban areas | • | | |
| | Lack of coverage in suburban and rural areas | | • | |
| | Lack of transfer locations for coordinated service delivery | | • | |
| | Lack of connectivity with multiple modes of transportation | • | | |
| | Lack of accessible first-mile and last-mile connections | • | | |
| Time-Based | Lack of night and weekend service | • | | |
| Client-Based | Lack of service for low density, rural customers | | • | |
| | Lack of rider assistance | | | • |
| | Lack of affordable transportation options | | | • |
| Service Quality | Lack of same-day service for ADA customers | | | • |
| | Lack of funding to maintain or expand services | • | | |
| | Lack of funding to purchase new or replacement vehicles | • | | |
| | Lack of funding to purchase new technology | • | | |

Exhibit 20: Prioritized Service Gaps and Unmet Needs

Source: Advisory Committee, public meeting, public survey

STRATEGIES AND ACTIVITIES

Short-Term Strategies and Activities

Following the prioritization of service gaps and unmet needs within the Tri-Cities region, potential strategies and activities were identified. Some challenges may likely take several years to address while others can be completed in the near-term. Therefore, strategies and activities are classified as short-term or long-term items. The short-term strategies and activities help develop momentum and create a better opportunity for the success of long-term strategies and activities.

- ► Enhance planning activities and public education efforts to raise awareness of transit opportunities within the region. (Information and Awareness)
- Explore the development of a one-stop transportation call center to coordinate services. (Information and Awareness)
- Review service routes and expand service to key activity centers currently underserved or not served by transit, paratransit, or service agencies. (Geographical)
- Evaluate current accessibility to transit stops and identify ways to improve first-mile and lastmile connections. (Geographical)
- Expand service hours to include weekday early morning and evening service. (*Time-Based*)
- ► Expand service hours to include weekend service. (Time-Based)
- ► Identify funding opportunities for capital improvements or service expansion. (Service Quality)
- Identify funding opportunities to purchase technology systems to improve operations and customer service. (Service Quality)

Each description below summarizes the short-term strategy and the service gap or unmet need it attempts to address. Potential funding sources and discussion of entities to oversee implementation of the strategy are also included.

Information and Awareness

Enhance planning activities and public education efforts to raise awareness of transit opportunities within the region: Two of the greatest challenges for new customers are identifying the most appropriate service to use for their needs and how to utilize such service. Enhancing planning activities and public education efforts can increase the awareness of services to transportation disadvantaged populations by providing them with targeted information and assisting them with the initial eligibility and registration requirements. Furthermore, local stakeholders can work together to identify local challenges and develop materials that help customers overcome those challenges. A part of the education efforts can be directed towards providing how-to-ride guides and having staff available to discuss ride options with customers. Building a pointed public education campaign with distinct goals would help create a consistent and concise message that is suited to the region. Agencies can also identify public events and outreach locations to interact with target audiences. Public education efforts aimed at transportation disadvantaged populations are considered mobility management activities and are eligible for Section 5310 funds.

Explore the development of a one-stop transportation center to coordinate services: The implementation of a one-call-oneclick center is an effective way to make transportation services more customer-friendly. The main benefit of a one-stop transportation center is the consolidation of service information. A fully realized center could feature one website, one phone number, and one location for all customer transportation needs. The first step to developing a one-call-one-click center is to gather the service information of all of the region's transportation providers and placing the information in an easy-to-use directory. The resource can be placed online or used by call center representatives to help direct callers to the service that best suits the needs of each individual. A one-

Case Study: One-Call-One-Click Center The Transit 511 website in the San Francisco Bay Area features information on a variety of transportation providers in the region. Customers can call 511 to talk to an operator or they can access the information via a website. Other key characteristics on the website include a trip planner, real-time departures, schedules, maps, fares, and general travel and transit information.

call-one-click center is a mobility management tool that is eligible for Section 5310 funding. A one-stop transportation center may have significant start-up and operation and maintenance costs; as a result, concepts are often developed in phases. The one-call-one-click center could be housed in an agency with a regional call center and website or be an independent facility.

Geographical

Review service routes and expand service to key activity centers currently underserved or not served by transit, paratransit, or service agencies: To understand if an agency's service area is best serving its customers, it may be beneficial to evaluate existing service areas and customer perspectives on existing service areas. An analysis of existing service areas should illustrate the location of service deserts, areas where there is not any service, particularly in underserved areas within the UZA boundary or on the urban periphery. An on-board/off-board survey or customer survey would also help identify if there are desired destinations that are not being served. The goal of the service area analysis is to look at three key challenges in the region: coverage of rural areas and suburbs, providing better service to activity and employment centers, and ensuring there are ample services for transportation disadvantaged populations. When deciding on the type and level of service that may best serve a given area, the transportation provider would need to balance the costs and benefits of expanding the service area against portions of the existing service area that are performing lower than the rest of the system. It may be decided that it is best to not expand service and look at other options, like partnering with another provider to deliver service to that area. If there are a significant number of workers from a specific employer or business park, then the transportation provider may be able to develop an agreement on providing service to the area in exchange participation in an employer pass program. The commuter benefit associated with an employer pass program allows employers to save money on payroll taxes, employees to decrease their commute costs by utilizing pre-tax wages to buy transit passes, and transit providers to increase fare revenues and service ridership through the increased sale of transit passes. When the solutions do not come from service realignments, a mobility coordinator can be a great resource to help coordinate difficult trips and negotiate potential service partnerships.

Evaluate current accessibility to transit stops and identify ways to improve first-mile and last-mile connections: Customers of fixed-route transit may have difficulty accessing transit stops or making the short trip for a transit stop to the final destination. Accessibility from an origin to the transit pickup point and the drop-off point to the final destination is often referred to as the first-mile and last-mile, respectively. These connections can present challenges for a number of reasons: sidewalks may not exist or may not be in good condition, existing roads or land use systems may prevent access, or the transit stop may be too far from the trip origin or destination. Conducting an evaluation of a select number of transit stops may help the

Multimodal Funding Sources Common funding sources for multimodal improvements often include state Transportation Alternatives Programs (TAP), state Recreation Trails Programs (RTP), regional Surface Transportation Block Grant (STBG) programs, local Capital Improvement Plans (CIP), and other local matching sources.

transit provider identify the root cause of accessibility challenges. If the challenge is related to sidewalks, the transit provider may want to collaborate with city officials and staff or neighborhood organizations to develop a plan to build or repair sidewalk in priority locations. If the challenge is related to distance or lack of connectivity, the transit provider may work with other stakeholders to identify innovative solutions to link customers to the fixed-route system. Some innovative concepts may include micro-transit, service agreements with existing providers, or partnerships with taxicab or rideshare companies.

Time-Based

Expand service hours to include weekday early morning and evening service: Service hours can limit access to community resources, especially for early trips that require a significant travel distance or late return trips from appointments. The need for early morning and evening service was highlighted during the public engagement process, through both public meetings and the public survey. When possible, it may be best to reorient service hours to better suit customer needs and identify additional funding sources. Coordinating driver downtime could also increase service operation options. For paratransit and service agencies, Section 5310 funds could be used to bolster service. Another approach to support new service hours is to work with employers to develop an employer pass program or local businesses and offices to sponsor trips for customers.

Expand service hours to include weekend service: Weekend service can provide trips to medically-necessary appointments and increase opportunities for customers to connect with their community. The need for weekend service was highlighted during the public engagement process, through both public meetings and the public survey. A pilot program with limited service on Saturdays could provide insight into weekend demand and operations. For paratransit and service agencies, Section 5310 funds could be used to bolster service.

Service Quality

Identify funding opportunities for capital improvements or service expansion: Transportation services often need to be maintained or enhanced in order to provide quality service. With an aging population in the region, the number of persons requiring transportation services is growing. FTA has several programs that allocate funding for capital purchases (i.e. vehicles, transit facilities), operation of voucher programs, and other mobility management practices. For these activities, Section 5310 funds cover 80 percent of the cost with the remaining 20 percent provided by a local match. Local match can be provided from

sources such as state or local appropriations, dedicated tax revenues, private donations, revenue from service contracts, transportation development credits, and net income generated from advertising and concessions. Non-cash share such as donations, volunteered services, or in-kind contributions are eligible to be counted towards local match as long as the value of each is documents and supported, represents a cost which would otherwise be eligible under the program, and is included in the net project costs in the project budget. It may be beneficial for transportation providers and human services agencies to collaborate to ensure that they are able to meet local matching requirements and apply for the appropriate funds when needed.

Identify funding opportunities to purchase technology systems to improve operations and customer service: There are a variety of technology tools that can increase interaction between operators and customers. Creation of a digital road map, a plan that evaluates regional technology needs and goals, has become increasingly popular as agencies integrate technology to offer more effective and efficient transportation systems. Technological advancements that inform customers of real-time arrival, vehicle locations, or allow customers to purchase fare media have proven to increase customer satisfaction and may lead to increased ridership. Scheduling and reservation systems can also be enhanced to provide trip reminders or cancellation options to avoid no-show incidents, and therefore increase overall system capacity. Technological purchases are eligible for Section 5309, Section 5310, and Section 5339 funds as well as various discretionary funding opportunities. While technology purchases may have a large up-front capital cost, it is also important to consider operation and maintenances costs over time.

Long-Term Strategies and Activities

Long-term strategies and activities focus on items that may take longer to implement or require shortterm actions to be previously achieved. The long-term strategies and activities relate to complex, enduring challenges in the Tri-Cities region or are associated with lower priority needs:

- Develop a regional coordination policy body or council composed of public and private stakeholders to enhance coordination. (Information and Awareness)
- Coordinate service delivery in lower density areas, including the evaluation of transfer locations. (Geographical, Client-Based)
- ► Evaluate training opportunities to improve rider assistance. (Client-Based)
- Evaluate and identify day pass programs. (Client-Based)
- Evaluate the costs of various modes of transportation and identify ways to make transportation more affordable through policies, subsidies, partnerships, and adjustments. (*Client-Based*)
- ► Consider policy changes to improve communication and operations. (Service Quality)

Each description below summarizes the long-term strategy and the service gap or unmet need it attempts to address. Potential funding sources and discussion of entities to oversee implementation of the strategy are also included.

Information and Awareness

Develop a regional coordination policy body or council composed of public and private stakeholders to enhance coordination: A local council or body that focuses specifically on policy and planning issues for transportation disadvantaged populations can help improve coordination among service providers. The policy body would consist of local stakeholders such as public and private transportation providers, human services providers, local and regional government, funding sources, and customers that utilize the services. Bringing these groups together creates an environment where region-wide policy, coordination planning, and partnership decisions are developed by those who have a unique and deep understanding of challenges faced by transportation disadvantaged populations. The policy body would play an integral part in developing consistency among provider practices and potentially gathering information to support a one-call-one-click

Case Study: Mobility Advisory Committee The Mobility Advisory Committee is co-administered by the MPO and primary transit agency in the Kansas City region. The committee convenes bi-monthly to address issues regarding enhanced mobility in the region. A maximum of twenty voting members represent public and private stakeholders with others invited to participate in the meetings. The committee advises on mobility and compliance issues, facilitates coordination among funding sources, providers, and governments, and prioritizes Section 5310 program funds.

center component. The policy body could also assist in developing planning activities, public education efforts, and workshops that reach target audiences in a meaningful way. This could be seen as an opportunity to attract public and private service providers who have not been involved in regional service planning. Previously uninvolved private entities may be able to assist public service providers by assisting with niche challenges, like on-demand service, and the public providers may be able to assist private organizations through service delivery as a way to increase customer retention. The costs associated with developing and administering a local policy body are relatively low and are mostly associated with necessary staffing and materials to facilitate regularly scheduled meetings.

Geographical

Coordinate service delivery in lower density areas, including the evaluation of transfer locations: Lower density and rural areas are challenging places to provide transportation service. In many cases, trips of approximately fifteen miles or less can be serviced proficiently by one provider. Difficulty arises when a customer is traveling from a rural area to an urban area as the provider faces increased trip costs and the decreased utilization of vehicles. In these circumstances, service delivery among two or more providers could be coordinated at key transfer points, such as park-and-ride facilities or other transfer facilities within the UZA boundaries. Safe, monitored transfer locations can improve travel for both transportation providers and customers. To accommodate coordinated service delivery, costs and eligibility requirements could be addressed via service agreements between transportation providers. Partnerships can reduce overall operating costs and ensure customers are able to travel to desired destinations. The coordination of service between agencies can make use of the Department of Agriculture's Community Facilities and Loan grants or FTA Section 5309, Section 5310, or Section 5311 funds to construct a transfer facility if needed.

Client-Based

Evaluate training opportunities to improve rider assistance: Each customer experience on a transportation trip is different from another customer. Each individual may have different needs to be addressed

before, during, and after a trip. To ensure that customers are receiving the needed assistance, transportation providers should survey customers and vehicle operators to discover the specific needs. Once needs are identified, proper training should be provided to vehicle operators to help them identify and attend to specific needs of customers. Funding programs could be utilized to purchase additional equipment or driver training to meet customer needs.

Evaluate and identify day pass programs: Providing affordable service to some job centers, particularly those in isolated areas or on the urban periphery, has challenges similar to that of providing service to suburban and rural areas. The main difference is that transportation providers may have some leverage with employers. If there are a significant number of workers from a specific employer or business park, then the transportation provider may be able to develop an agreement on providing service to the area in exchange for participation in an employer pass program. The commuter benefit associated with an employer pass program allows employers to save money on payroll taxes, employees to decrease their commute costs by utilizing pre-tax wages to buy transit passes, and transit providers to increase fare revenues and service ridership through the increased sale of transit passes.

Evaluate the costs of various modes of transportation and identify ways to make transportation more affordable through policies, subsidies, partnerships, and adjustments: An operating budget is a finite source that allows a limited amount of service. Therefore, new demand or identified needs or gaps require additional or reallocated funds to ensure demands and issues are addressed. Transit providers should evaluate the costs associated with providing its own service, as well as the costs associated with providing the same trip with alternative modes of transportation. Once a baseline cost per trip is identified, transit agencies may wish to consider which services are less costly to operate and begin utilizing mobility management practices to differentiate service delivery among multiple modes of transportation. By shifting trips to less costly modes of transportation, transit agencies can alleviate operating budget constraints to enable increased service or meet new demands. Other innovative rideshare options, such as

Case Study: Voucher Program The mobility voucher program in Cobb County, Georgia is for customers who are eligible for Cobb County Transit paratransit services. Participants pay 10 percent of the voucher cost, up to an allotted maximum each year. To use the voucher, the participants contact one of the many eligible public or private service providers and use the voucher to pay for the trip. The participating service providers have contracts with the County DOT and Cobb County Transit to remit payment for the accepted vouchers on a monthly basis.

voucher programs, could be explored. An initial step may be to create a mobility management plan that assesses current services and operating costs, and then begins to prioritize and plan methods for orienting regional service delivery across multiple modes of transportation.

Service Quality

Consider policy changes to improve communication and operations: Policy changes and new procedures could include a structure for prioritizing trip purpose. For example, scheduling for shopping or personal errand trips could be further negotiated to better accommodate trips for medical appointments or specific customer groups. A prioritization structure may alleviate demand in order to better accommodate same-day service for ADA customers, specifically for urgent needs or medical trips.

NEXT STEPS

Funding Resources

In addition to the brief summary of potential funding sources below, a comprehensive list of grant programs and other funding resources is offered in the appendix. Agencies and non-profit organizations should consider the application of these various funding resources in order to implement the identified strategies and activities.

Enhanced Mobility of Seniors and Individuals with Disabilities Program (Section 5310)

The Section 5310 program is administered by the Federal Transit Administration. Established under the previous surface transportation legislation, MAP-21, the Section 5310 program allocates funding for capital and operations projects that provide transportation services to older adults over the age of 65 and persons with disabilities. With the passing of the latest surface transportation legislation, the FAST Act, the study area is expected to receive a slight increase over the amounts received under MAP-21. The rural areas and communities with a population less than 200,000 receive Section 5310 program funds from state appropriations.

Subrecipients are those entities who are eligible to receive funding through the designated direct recipient for an area. Eligible subrecipients include private non-profit organizations or state or local governmental authorities that are approved by a state to coordinate services for older adults and persons with disabilities, or such authorities that can certify that there are no non-profit organizations readily available in the area to provide the service.

Other Federal Programs and Tax Incentives

A study was performed by the United States Government Accountability Office to identify federal programs which are authorized to fund transportation services for transportation disadvantaged populations. Many of the programs identified were administered by federal agencies other than the Department of Transportation although transportation is not their primary mission. Most of the programs identified provide a variety of human services, such as job training, aging services, education, community services, vocational and rehabilitation services, services for veterans, or medical care, which incorporate transportation as an eligible expense in support of program goals.

In February 2004, Presidential Executive Order 13330 was issued in response to the results of the study. This led to the formation of the Coordinating Council on Access and Mobility. The interdepartmental Council assumed collective and individual departmental actions to reduce duplication among federally-funded human service transportation services, increase the efficient delivery of such services, and expand transportation access for older individuals, persons with disabilities, persons with low income, children, and other disadvantaged populations within their own communities. The order establishing the Council recognizes that transportation plays a critical role in providing access to employment, healthcare, education, community services, and activities necessary for daily living, and that transportation services are often fragmented, underutilized, or difficult to navigate and can be costly because of inconsistent, duplicative, and often restrictive federal and state program rules and regulations.

In addition to the grant programs administered through federal agencies, there are a few tax breaks and incentives that award coordinated planning activities. Some of these programs are the Qualified Transportation Fringe Benefit, the Work Opportunity Tax Credit, and the Ticket-to-Work Program.

- ► The transit commuting benefit of Section 132(f) of the Internal Revenue Code, better known as the Qualified Transportation Fringe Benefit, provides tax breaks for employers that provide transportation services to their employees such as rideshare services, transit passes, parking, and expenses incurred to facilitate bicycle commuting.
- ► The Work Opportunity Tax Credit helps targeted workers move from economic dependency into self-sufficiency as they earn a steady income and become contributing taxpayers, while participating employers are able to reduce their income tax liability. The targeted groups include veterans, Temporary Assistance for Needy Families (TANF) recipients, Supplemental Nutrition Assistance Program (SNAP) recipients, Social Security Income (SSI) recipients, and those with general disabilities.
- The Ticket to Work program is a free and voluntary program that can help Social Security beneficiaries go to work, get a good job that may lead to a career, and become financially independent, all while maintaining Medicare or Medicaid. Individuals who receive Social Security benefits because of a disability and are age 18 through 64 may already qualify for the program. Reimbursement for transportation costs are eligible expenses of this program.

Continuing Efforts

The Tri-Cities CPT-HSTP focuses on creating a tailored response to the information gathered through public outreach efforts, stakeholder expertise, and research. The plan has been completed in a manner compliant with MAP-21 federal transportation legislation. The plan assess available transportation services, identifies the service gaps and unmet needs of transportation disadvantaged populations, provides strategies to address the service gaps and unmet needs, and prioritizes strategies and activities for funding and implementation.

After adoption of the plan, the three MPOs representing Johnson City, Kingsport, and Bristol TN-VA and the First Tennessee Human Resources Agency will monitor transportation issues in the Tri-Cities region to determine how the strategies outlined in the plan may apply to ongoing planning efforts. Changes to existing transit conditions could require the addition, deletion, or re-prioritization of strategies or projects in the future in accordance with local policies and procedures.

Appendix: Table of Contents

Appendix A: Stakeholder and Public Involvement, August 2016

Advisory Committee, Meeting Notes Advisory Committee, Presentation

Appendix B: Stakeholder and Public Involvement, September-October 2016

Advisory Committee and Public Meeting, Meeting Notes Advisory Committee and Public Meeting, Presentation Advisory Committee Meeting, Sign-In Sheet Public Meeting Notice Prioritization Worksheet Prioritization Results

Appendix C: Public Survey

Survey Form Survey Results

Appendix D: Funding Resources

Federal Programs Providing Transportation Services to the Transportation Disadvantaged



Stakeholder and Public Involvement, August 2016



EXPERIENCE | Transportation

Memorandum

2400 Pershing Drive Suite 400 Kansas City, MO 64108

T (816) 329-8600 www.transystems.com

From: Tyler Means, TranSystems

To: Kwabena Aboagye, TDOT Matthew Long, TDOT Advisory Committee List Serve

Cc: Sarah Frost, TranSystems

Date: August 22, 2016

Re: First Tenn/Tri-Cities First AC Meeting

Summary

The following are contained within this memo:

- ► Attendance
- Project Introduction
- Inventory of Services
- Study Area and Demographics
- Unmet Transportation Needs and Service Gaps
- Survey
- Next Steps

In Attendance

Kathy Whitaker, Area Agency on Aging & Disability Chris Campbell, KATS James Story, Greene County Skills Candace Sherer, KATS Tony Daston, Frontier Health Candace Gump, First Tennessee HRA Rex Montgomery, Bristol MPO Shannon L. Haney, Dawn of Hope Trey Joiner, TDOT Michelle Bradburn, TDOT Sarah Frost, TranSystems Tyler Means, TranSystems

Project Introduction

Tyler Means and Sarah Frost introduced themselves and welcomed everyone to the first Advisory Committee (AC) meeting. They explained how this meeting begins the process of updating the Coordinated Public Transit – Human Services Transportation Plan.

Mrs. Frost and Mr. Means then provided an overview of the project content and the materials to be covered during the meeting. The AC members in attendance introduced themselves.

The project will meet all federal requirements and include additional items agreed upon by the AC. There will only be one plan, but the plan will separate, when necessary, information as it pertains to the MPO and First Tennessee HRA (FTHRA) service areas within the study area.

Inventory of Services

Mrs. Frost and Mr. Means presented the inventory of services that was built from a review of the previous Coordinated Plan and the National Provider Identifier Database. The AC was asked if there were any transportation providers missing from the list. The AC identified the Kingsport Senior Center and Bristol/Slater Senior Center as additional service providers, and FTHRA noted that FTHRA and NET Trans are the same entity. The inventory of services will be updated to denote those changes.

There was a discussion about who each county has a senior center, but not all senior centers have a transportation service. The AC also mentioned that it would be good to include all 5310 recipients within the study area, as well as any bikesharing programs that may exist within the region. TranSystems will be following up with the AC to get a list of 5310 recipients and to help identify which county's senior centers have transportation services.

Study Area and Demographics

The AC members were asked to discuss the study area map, and denoted a few discrepancies in the counties assigned to each of the metropolitan statistical areas (MSA). The study area should reflect the following:

- Johnson City MSA: Carter, Unicoi and Washington Counties in Tennessee
- Kingston-Bristol-Bristol MSA: Hawkins and Sullivan Counties in Tennessee, and Scott and Washington Counties in Virginia
- FTHRA Service Area (not within a MSA): Green, Hancock and Johnson Counties in Tennessee

Figure 1 on the next page shows the corrected study area.

Mr. Means presented on the various demographic data that would be gathered for the study area. This includes demographic information on older adults, persons with disabilities and persons with low income. In addition, the Coordinated Plan will provide a future population forecast of the study area in the year 2025. The population forecast will help to illustrate where all populations are likely to increase. The demographic data was gathered from the Census American Community Survey, 2014 5-year Estimates. The population forecast for each county was gathered from Wood and Poole data that has been provided by TDOT.

The AC expressed approval for using Census American Community Survey and Wood and Poole to gather the necessary data. There were recommendations to add the cities' names (Bristol, Johnson City and Kingsport) to the maps, and to have two new maps that show the Census Urbanized Areas (UZAs) and zero car households (to supplement low income maps). TranSystems will incorporate the necessary changes into the existing demographic maps, and TranSystems will create the additional maps showing UZA boundaries and the concentration of zero car households.

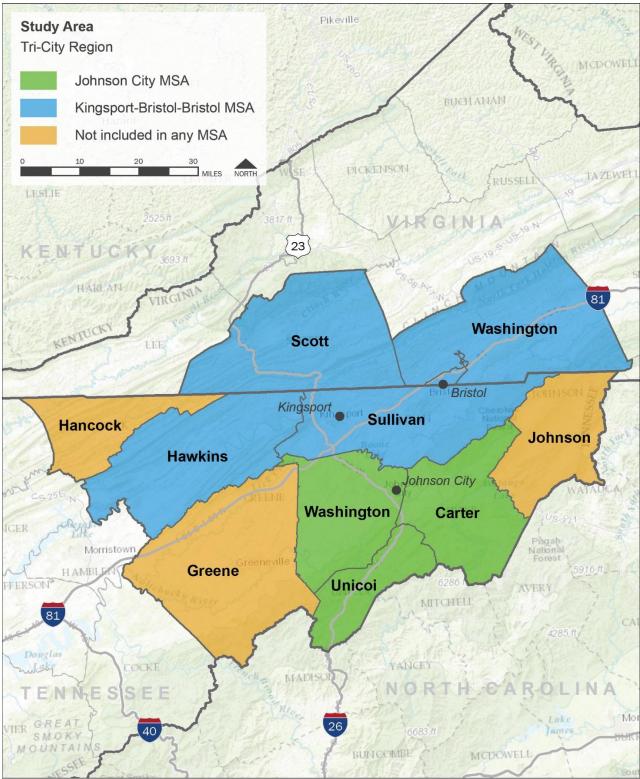


Figure 1. First Tennessee/Tri-Cities Study Area

Source: Advisory Committee and TranSystems.

Unmet Transportation Needs and Service Gaps

Mr. Means presented to the AC the list of unmet transportation needs and service gaps that were identified in the previous Coordinated Plans. The AC was asked to consider if the list of unmet needs and gaps were still a challenge for the study area and if there are other needs and gaps that should be added to the list. Figure 2 shows the various needs and gaps listed in the previous Coordinated Plans.

| Johnson City |
|--|
| Disconnect between land use and transportation services (difficult to access services) |
| Difficulty accessing employment or education facilities located on the periphery of city areas |
| Lack of funding to maintain existing level of service |
| Lack of public information and education opportunities regarding public transportation |
| Community leaders lack strong understanding of public transportation and service needs |
| Desire to improve coordination between service providers, especially coordination between |
| transportation providers and job-related and medical-related agencies |
| Expand service hours into the evening (JCT) |
| Expand the service area covered by public transportation providers |
| Expand paratransit service hours for ADA clients into the evening |
| Lack of same-day service for ADA clients |
| Lack of affordable transportation options for some individuals |
| Lack of rider assistance for some elderly and disabled customers |
| Need to periodically evaluate ridership and demographics to adapt service as necessary |
| Lack of funding to expand existing services or develop new services in underserved or non- |
| served areas |
| Bristol |
| Desire to strengthen and coordinate public transportation services with other modes of |
| transportation (e.g. bicycle, pedestrian, private) |
| Lack of alignment between transportation services' areas of service and the growth areas |
| where transportation services are needed |
| Lack of funding to expand existing services |
| Inability to meet the travel demands of a growing number of widespread, low density rural |
| customers |
| Lack of service availability to connect rural residents to regional destinations; greater number |
| of long-haul trips from rural areas to urban destinations |
| |
| Kingsport |
| Lack of funding to purchase vehicles for service expansion and vehicle replacement |
| Lack of transfer locations for coordinated service delivery |
| Lack of funding to purchase new technologies for vehicles, such as AVL systems. |
| Continued coordination and cooperation of all transportation service providers in the area |
| Source: Bristol, Johnson City and Kingsport's respective Coordinated Plans. |

Figure 2. Unmet Needs and Gaps from Previous Coordinated Plans

In addition to the unmet needs and gaps shown in Figure 2, the AC discussed adding a few more needs and gaps to the list. The AC mentioned adding the following items to the list of identified needs and gaps:

• Additional assistance for older adults and persons with disabilities. This included door-throughdoor service and assistance with packages and groceries.

- Evaluating and addressing the lack pedestrian connectivity. This may also include addressing how to connect people to vehicles when roadways are inaccessible to vehicles.
- Evaluating and addressing rural agencies challenge with providing medical trips to either Bristol, Johnson City or Kingsport.
- Evaluate and address service coordination throughout the study area. This includes evaluating areas inside the urbanized areas that are not connected to surrounding urban services (i.e. identifying service deserts).
- Evaluate and identify ways to disseminate information regarding transportation services within the study area. This includes identifying innovative information and referral methods.

TranSystems will be reviewing the input received from the AC to develop a single, comprehensive list of identified transportation needs and service gaps to include in the plan.

Survey Questions

Mrs. Frost and Mr. Means provided the AC with a draft survey that TranSystems would like to distribute to transportation providers, service agencies, service customers, the general public and others who may be suited to respond to questions concerning the availability of transportation services within the study area. The AC reviewed the draft questions and requested that clarity be added to a few questions. Furthermore, the AC stated that East Tennessee State University and Kingsport are currently doing surveys. TranSystems will work with the AC to identify contacts at the university and Kingsport, so that any helpful input from the surveys can be added to the Coordinated Plan.

The survey will be available to be sent out on Monday, August 22nd, and will be available for responses for three weeks through September 12th. The information received from the survey will help identify any additional needs and gaps, as well as any additional concerns related to transportation services.

Next Steps

In the next few weeks, TranSystems will reach out to additional agencies for their interest in participating in the planning process, and TranSystems will make the necessary changes to the needs and gaps list, inventory of services and prepare the necessary demographic and informative maps. The next meetings will be in early September and will include the second AC meeting and the first general public and stakeholder meeting.

First Tennessee Area Coordinated Public Transit and Human Services Transportation Plan

August 16, 2016





EXPERIENCE Transportation

Agenda

- Project Introduction
- Study Area
- Area Demographics
- Necessary Data
 - Build service inventory
 - Define service areas, service hours, and other characteristics
- Area Transit Needs
- Next Steps
 - Review survey questions
 - Prepare for stakeholder and public meetings

Project Introduction

At a minimum, the CPT-HSTP must include:

- Identification of current transportation providers and services, including public, private and non-profit providers;
- Assessment of the transportation needs of older adults, persons with disabilities, and individuals with low incomes, as appropriate;
- Identification of strategies, activities, and/or projects to address those needs and transportation service gaps and increase the efficiency of transportation services; and
- Implementation of priorities among strategies or activities, based on time, resources and feasibility

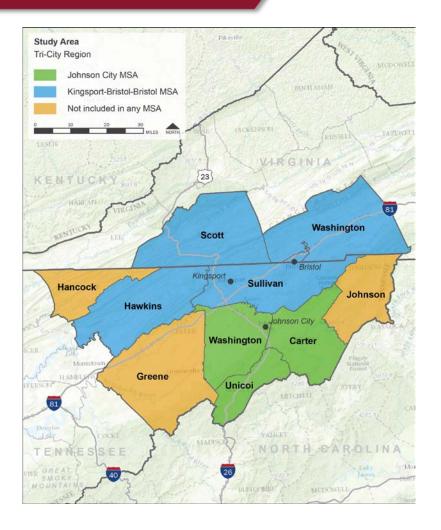
What types of services?



First Tennessee Area Coordinated Public Transit Human Services Transportation Plan

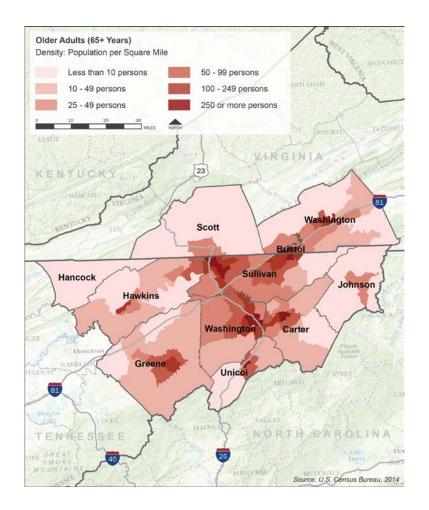
Study Area

- The preliminary study area is comprised of 8 counties in Tennessee and 2 counties in Virginia
- Our team is open to discussion about refining the study area

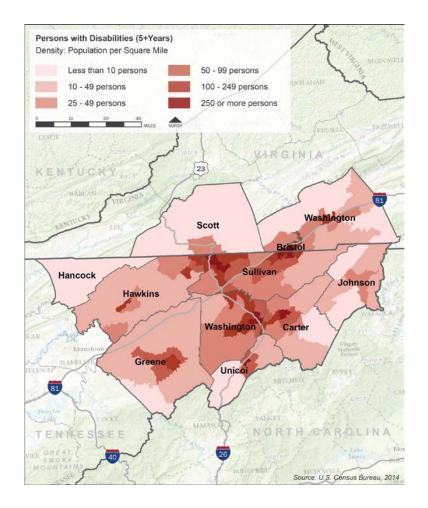


First Tennessee Area Coordinated Public Transit Human Services Transportation Plan

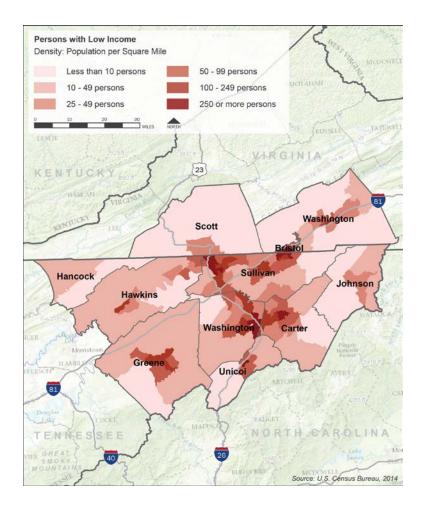
- Demographic analysis focuses upon transportation disadvantaged populations
 - Older adults
 - Persons with disabilities
 - Persons with low income
- Population projections to 2025 help understand the need to accommodate future growth



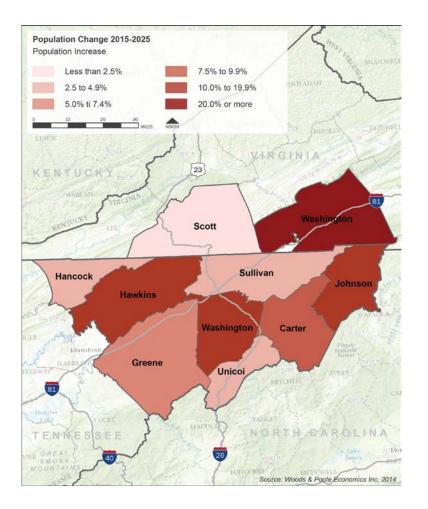
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- Demographic analysis focuses upon transportation disadvantaged populations
 - Older adults
 - Persons with disabilities
 - Persons with low income
- Population projections to 2025 help understand the need to accommodate future growth





Service Characteristics

- Service areas and service hours
- Fleet information (e.g. type and quantity of vehicles)
- Fare information
- Other Data
 - Park-and-ride facilities, MPO boundaries

Identified Needs and Gaps

- Unmet transportation needs and service gaps pulled from existing coordinated plans
 - Bristol MPO
 - Johnson City MPO
 - Kingsport MPO
- To be considered:
 - Are these needs and gaps still unmet?
 - Do other needs and gaps need to be added to the list?

Next Steps

Review survey questions (handout)

- Upon approval, send out survey
- Future Meetings
 - Advisory Committee Meeting Early September
 - Prioritize needs and gaps
 - Identify strategies to meet needs and gaps
 - General Public and Stakeholder Meeting Early September
 - Review plan development process
 - Prioritize needs and gaps, and identify strategies
 - General Public and Stakeholder Meeting Late September
 - Review draft Coordinated Plan

Thank you!

Sarah Frost, TranSystems (816) 329-8710 smfrost@transystems.com

Tyler Means, TranSystems (816) 329-8761 tomeans@transystems.com

Matthew Long, TDOT (615) 770-1039 matthew.long@tn.gov

First Tennessee Area Coordinated Public Transit Human Services Transportation Plan

Appendix B

Stakeholder and Public Involvement, September-October 2016



EXPERIENCE | Transportation

Memorandum

2400 Pershing Drive Suite 400 Kansas City, MO 64108

T (816) 329-8600 www.transystems.com

To: Kwabena Aboagye, TDOT Matthew Long, TDOT Advisory Committee List Serve

Cc:

Date: October 7, 2016

Re: First Tennessee Coordinated Plan

From: Sarah Frost, TranSystems

The following are contained within this memo:

- ► A Summary of the Advisory Committee Meeting
- ► A summary of the General Public and Stakeholder Meetings
- ► A summary of the Public Survey
- ► A summary of the Needs and Gaps Identified and Strategies to Address the Needs and Gaps

Advisory Committee Meeting

The Advisory Committee met on the afternoon of September 29, 2016. The meeting began by providing an overview of the public involvement process, and a review of the study area and area demographics.. As an exercise, the TranSystems team and the Advisory Committee reviewed and prioritized the unmet transportation needs and service gaps. There were some recommendations offered by the Advisory Committee that are reflected in the Needs and Gaps section below.

General Public and Stakeholder Meeting

• 9:00 to 10:00 am on October 7, 2016 in Johnson City, TN

The meeting was advertised in the local newspaper. The meeting was an opportunity for the general public and stakeholders to review and comment on the inventory of services, public survey, and unmet transportation needs and service gaps. There were no attendees at the public meeting.

Public Survey

In addition to the preliminary service gaps and unmet needs identified by the Advisory Committee, a fourteen-question survey was developed through input from the Tennessee Department of Transportation (TDOT) and the MPOs. The online and paper survey was distributed to customers and organizations to help identify transportation challenges and needs. The survey was available for approximately one month from mid-August 2016 through mid-September 2016. Nine fully or partially completed survey responses were received. The results of the survey have been summarized into a single document and will be included in the final plan.

Service Gaps and Unmet Needs

A summary of the transportation needs of the target populations covered by the plan, which may include older adults, persons with disabilities, and individuals with low incomes is outlined below. These needs were identified throughout the public engagement process. The table also indicated whether the service gap or need applies to the provider, customer, or both.

Following the charts that identify if the unmet need or gap applies to the transportation provider, customer that illustrate the prioritization of each unmet transportation need or service gap. This prioritization is based off information gathered from the unmet needs and gaps worksheets that were distributed at the Advisory Committee and general public meeting.

| Category | Service Gap or Unmet Need | User | Provider |
|------------------------------|---|------|----------|
| Information and Awareness | Lack of public information regarding services | • | • |
| | Lack of understanding of needs among community leaders | | • |
| | Lack of provider and agency participation in coordination | | • |
| | Lack of evaluation of demographic information to adapt service as appropriate | • | • |
| | Lack of service to key urban activity centers | • | • |
| | Lack of service within the urbanized area outside of city limits | • | • |
| | Limited access to employment and educational facilities on the periphery of urban areas | • | • |
| Geographical | Lack of coverage in suburban and rural areas | • | • |
| | Lack of transfer locations for coordinated service delivery | • | • |
| | Lack of connectivity with multiple modes of transportation | • | • |
| | Lack of accessible first-mile and last-mile connections | • | • |
| Time-Based | Lack of night and weekend service | • | • |
| | Lack of service for low density, rural customers | • | • |
| Client-Based | Lack of rider assistance | • | • |
| | Lack of affordable transportation options | • | |
| | Lack of same-day service for ADA customers | • | • |
| Service Quality | Lack of funding to maintain or expand services | | • |
| | Lack of funding to purchase new or replacement vehicles | | • |
| | Lack of funding to purchase new technology | | • |

Prioritized List of Unmet Transportation Needs and Service Gaps

To prioritize the list of unmet needs and service gaps each worksheet were scored using the following methodology:

- High ranking = 3 points
- Moderate ranking = 2 points
- Low ranking = I points

After scoring all the worksheets, a cumulative score was calculated. Each priority level was determined by dividing the total potential score (i.e. number of respondents multiplied by 3) and dividing that number by 3 (total number of priority levels). For example, seven respondents would have a total potential score of 21, and the high priority level would include any unmet need or gap that received between 15 and 21 points.

| Category | Service Gap or Unmet Need | High | Mod | Low |
|------------------------------|---|------|-----|-----|
| Information and Awareness | Lack of public information regarding services | ٠ | | |
| | Lack of understanding of needs among community leaders | | | • |
| | Lack of provider and agency participation in coordination | | • | |
| | Lack of evaluation of demographic information to adapt service as appropriate | | | • |
| | Lack of service to key urban activity centers | | • | |
| Geographical | Lack of service within the urbanized area outside of city limits | ٠ | | |
| | Limited access to employment and educational facilities on the periphery of urban areas | • | | |
| | Lack of coverage in suburban and rural areas | | • | |
| | Lack of transfer locations for coordinated service delivery | | • | |
| | Lack of connectivity with multiple modes of transportation | ٠ | | |
| | Lack of accessible first-mile and last-mile connections | ٠ | | |
| Time-Based | Lack of night and weekend service | • | | |
| Client-Based | Lack of service for low density, rural customers | | • | |
| | Lack of rider assistance | | | ٠ |
| | Lack of affordable transportation options | | | ٠ |
| Service Quality | Lack of same-day service for ADA customers | | | • |
| | Lack of funding to maintain or expand services | ٠ | | |

| Lack of funding to purchase new or replacement vehicles | • | |
|---|---|--|
| Lack of funding to purchase new technology | • | |

Short-Term Strategies and Activities

Following the prioritization of service gaps and unmet needs within the Tri-Cities region, potential strategies and activities were identified. Some challenges may likely take several years to address while others can be completed in the near-term. Therefore, strategies and activities are classified as short-term or long-term items. The short-term strategies and activities help develop momentum and create a better opportunity for the success of long-term strategies and activities.

- ► Enhance planning activities and public education efforts to raise awareness of transit opportunities within the region. (Information and Awareness)
- Explore the development of a one-stop transportation call center to coordinate services. (Information and Awareness)
- Review service routes and expand service to key activity centers currently underserved or not served by transit, paratransit, or service agencies. (Geographical)
- ► Evaluate current accessibility to transit stops and identify ways to improve first-mile and lastmile connections. (*Geographical*)
- Expand service hours to include weekday early morning and evening service. (*Time-Based*)
- ► Expand service hours to include weekend service. (*Time-Based*)
- ► Identify funding opportunities for capital improvements or service expansion. (Service Quality)
- Identify funding opportunities to purchase technology systems to improve operations and customer service. (Service Quality)

Long-Term Strategies and Activities

Long-term strategies and activities focus on items that may take longer to implement or require shortterm actions to be previously achieved. The long-term strategies and activities relate to complex, enduring challenges in the Tri-Cities region or are associated with lower priority needs:

- Develop a regional coordination policy body or council composed of public and private stakeholders to enhance coordination. (Information and Awareness)
- Coordinate service delivery in lower density areas, including the evaluation of transfer locations. (Geographical, Client-Based)
- Evaluate training opportunities to improve rider assistance. (*Client-Based*)
- Evaluate and identify day pass programs. (Client-Based)
- ► Evaluate the costs of various modes of transportation and identify ways to make transportation more affordable through policies, subsidies, partnerships, and adjustments. (*Client-Based*)
- ► Consider policy changes to improve communication and operations. (Service Quality)



Tri-Cities Area Coordinated Public Transit and Human Services Transportation Plan

Advisory Committee Meeting September 29, 2016







- Current Status
- Survey Results
- Prioritization of Service Gaps and Unmet Needs
- Potential Strategies to Address Gaps and Needs
- Next Steps

Current Status

- August: Advisory Committee Meeting
- September: Advisory Committee Meeting and Stakeholder/Public Meetings
- August : Advisory Committee Meeting
 - Review list of needs and gaps
 - Review potential strategies
 - Review survey results



- Online survey was available for one month from mid-August through mid-September
- Only one survey response was received
 - Use multiple types of transportation including fixed-route service, HRA services, rides from family and friends, or biking/walking
 - Difficulty accessing medical trips, shopping or personal trips, education trips, employment trips, childcare or school-related trips, and agency services.
 - A need of door-to-door service, weekday early morning and late night service, more frequent services, and increase accessibility through first-mile and last-mile connections.

Service Gaps and Unmet Needs

- Needs of older adults, persons with disabilities, and persons with low income
 - Information and Awareness
 - Geographical
 - Time-based
 - Client-based
 - Service Quality



Service Gaps and Unmet Needs

| Information and Awareness | Provider | User |
|--|----------|------|
| Lack of public information and education programs regarding services and how to utilize those services | • | • |
| Lack of understanding of needs among community leaders | | • |
| Lack of provider and agency participation in coordination | | • |
| Lack of evaluation of demographic information to adapt service as appropriate | • | • |

Barriers: Information & Awareness

- Lack of funding (local, state, federal, private)
- Collection and dissemination of information on services
- Large geographic area
- Getting providers together for discussion about coordination



Tri-Cities Area Coordinated Public Transit - Human Services Transportation Plan

Potential Strategies

- Develop a local coordination policy body/council.
- Develop a one-stop transportation traveler call center to coordinate services.
- Enhance planning activities and public education efforts to raise awareness of transit opportunities within the region.
- Host how-to-ride workshops.
- Evaluate existing transportation-related technologies and identify new technologies to implement in the region that may increase operator and customer interaction.

Service Gaps and Unmet Needs

| Geographical | Provider | User |
|---|----------|------|
| Lack of service to key activity centers | • | • |
| Limited access to employment and education centers on the periphery of urban areas | • | • |
| Lack of coverage of rural areas and suburban communities | • | • |
| Lack of transfer locations for coordinated service delivery | • | |
| Lack of connectivity with multiple modes of transportation | • | • |
| Lack of accessible first-mile and last-mile mile connections to transportation services | • | • |

Barriers: Geographical

- Dispersed population
- Cost of service
- Prioritization of trip purpose



Potential Strategies

- Review service routes and expand service to key activity centers and geographical areas currently underserved or not served by transit, paratransit or service agencies.
- Coordinate service delivery among lower density areas or difficult to access areas.
- Evaluate current accessibility to transit stops and identify ways to improve first-mile and last-mile connections.

Service Gaps and Unmet Needs

| Time-Based | Provider | User |
|-----------------------------------|----------|------|
| Lack of night and weekend service | • | • |



Barriers: Time-based

- Lack of funding (paying for additional service hours)
- Lack of vehicles



Potential Strategies

- Expand transit, paratransit, and service agency hours to include evening service.
- Expand or shift hours to include weekend service.



Service Gaps and Unmet Needs

| Client-Based | Provider | User |
|--|----------|------|
| Lack of service for low density, rural customers | • | • |
| Lack of rider assistance | • | • |
| Lack of affordable transportation options | • | • |

Barriers: Client-based

- Matching vehicle requirements to rider needs
- Lack of funding for capital expenditures
- Lack of programs to assist low-income customers



Potential Strategies

- Evaluate services for persons with disabilities and identify areas of expansion.
- Evaluate the costs of various modes of transportation and identify ways to make transportation more affordable, this includes but is not limited to policies, subsidies, partnerships and payment adjustments.

Service Gaps and Unmet Needs

| Service Quality | Provider | User |
|---|----------|------|
| Lack of same-day service for ADA customers | • | • |
| Lack of funding to maintain or expand services | • | • |
| Lack of funding to purchase new or replacement vehicles | • | |
| Lack of funding to purchase new technology | • | |

Barriers: Service Quality

- Lack of funding and vehicles
- Lack of diverse types of service
- Lack of information regarding rider needs



Potential Strategies

- Evaluate existing paratransit and demand responsive transportation services and identify areas to expand services.
- Evaluate current service frequencies and identify ways to increase frequency of services.
- Evaluate rider experiences and identify ways to better meet rider needs.
- Evaluate existing transportation alternatives and identify ways to expand transportation options.
- Identify funding to purchase vehicles for increased service.

Prioritization Exercise and Survey





Prioritization of Gaps and Needs

Collect and score all of the worksheets from the July meeting

- High = 3 points
- Moderate = 2 points
- Low = I point
- Calculate highest potential score and divide by three
 - High = Top 1/3
 - Moderate = Middle1/3
 - Low = Bottom 1/3
- Let's take a moment to review the prioritized list of service gaps and unmet needs



- TranSystems incorporates the feedback received today into the draft plan and send it out to the group by October 7th
- TranSystems will deliver a final plan by October 14th



Sarah Frost, TranSystems

(816) 329-8710 smfrost@transystems.com

Matthew Long, TDOT

(615) 770-1039 matthew.long@tn.gov

JOHNSON CITY PRESS 204 W. Main Street Johnson City, TN 37604 AFFIDAVIT OF PUBLICATION

AD# DATES: **First Tennessee** Human Resource Agency The First Tennessee Human Resource Agency (FTHRA) is updating its Coordinated Human Services Transportation Plan. This plan will contain policies, goals, and objectives for the coordinated development of public transportation services in the FTHRA's service area, with an emphasis on services for the elderly, persons with disabilities, and low?Income individ-uals. The plan will identify strategies, activities, and/or projects to ad-dress those needs and service gaps, and increase the efficiency of those transportation services. State of Tennessee **Carter County** Washington County -) transportation services. Teresa Hicks makes the oath that she ing to provide information on the plan update and regional public survey, as well as to solicit input from the public on goals, objectives, and expect-ed outcomes for the updated Coordinated Human Services Transporta-tion Plan. The meeting will be held as follows: Eriday, Oct 7, 2016 - 9:00 AM located at FTHRA, 704 Rolling Hills Dr. advertisement was published in said paper for insertion (s) commencing on Old and ending on Téresa Hicks Sworn to and Subscribed before me this Month Day Year Connie N. Guinn **Notary Public** My commission expires on 03/28/2017

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Sign- In Sheet

September 29, 2016

Tri-Cities Area Coordinated Plan

Advisory Committee Meeting

Johnson City, Tennessee

Gray

| Name | Organization | Email | Phone |
|-------------------|------------------------------|-------|-------|
| Shamen Haney | Dawn of Hope Inc | | |
| Trog Joiner | TPOT | | |
| Cony Osborne | FTOD | | |
| I only Derturn | Frontie- Health | | |
| Michelle Bradburn | TDOT | | |
| A Stadley Osbarre | Johnson C. & Tranks FTHEA | | |
| Candace Gunp | FIRA | | |
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Name: _____

Affiliation:

Tri-Cities Area Coordinated Plan

In your opinion, please indicate if addressing each service gap or need should be a high, moderate, or low priority for the Tri-Cities Area Coordinated Plan.

| Category | Service Gap or Unmet Need | High | Moderate | Low |
|---------------|---|------|----------|-----|
| | Lack of public information regarding services | | | |
| Information | Lack of understanding of needs among community leaders | | | |
| and Awareness | Lack of provider and agency participation in coordination | | | |
| | Lack of evaluation of demographic information to adapt service as appropriate | | | |
| | Lack of service to key urban activity centers | | | |
| | Limited access to employment and educational facilities on the periphery of urban areas | | | |
| Geographical | Lack of coverage in suburban and rural areas | | | |
| | Lack of transfer locations for coordinated service delivery | | | |
| | Lack of connectivity with multiple modes of transportation | | | |
| | Lack of accessible first-mile and last-mile connections | | | |
| Time-Based | Lack of night and weekend service | | | |

| | Lack of service for low density, rural customers | | |
|-----------------|---|--|--|
| Client-Based | Lack of rider assistance | | |
| | Lack of affordable transportation options | | |
| | Lack of new equipment for older adults or persons with disabilities | | |
| Samica Quality | Lack of funding to maintain or expand existing services | | |
| Service Quality | Lack of funding to purchase new or replacement vehicles | | |
| | Lack of funding to purchase new technology | | |

If there are other service gaps or unmet needs not identified above, please outline the need and priority level below:

Potential Strategies

The following are potential strategies to address the service gaps and unmet needs.

Information and Awareness

- Develop a local coordination policy body or council.
- Explore the development of a one-click-one-call transportation center to coordinate services.
- Enhance planning activities and public education efforts to raise awareness of transit opportunities within the region.

Geographical

- Coordinate service delivery in low density or difficult to access areas.
- Review service routes and expand service to geographical areas not efficiently served by transit, paratransit, or service agencies.
- Review service options to and from Memphis and Nashville, and assess the possibility of additional services as needed.
- Evaluate current accessibility to transit stops and identify ways to improve first-mile and lastmile connections.

Time-Based

- Explore expanding transit, paratransit, and service agency hours to include evening service.
- Explore expanding hours to include weekend service.

Client-Based

- Evaluate training opportunities to improve rider assistance.
- Evaluate existing day pass programs and dispersion methodology, and identify ways to expand the availability of day passes.
- Evaluate the costs of various modes of transportation and identify ways to make transportation more affordable, this includes but is not limited to policies, subsidies, partnerships, and payment adjustments.

Service Quality

- ► Evaluate current service frequencies and identify ways to increase frequency of services.
- ► Identify funding to purchase transportation vehicles and equipment for enhanced service.

Comments

Please provide other comments and input for the Tri-Cities Area Coordinated Plan:

MASTER 9 participants

Name: _____

Affiliation:

Tri-Cities Area Coordinated Plan

In your opinion, please indicate if addressing each service gap or need should be a high, moderate, or low priority for the Tri-Cities Area Coordinated Plan.

| | | 3 pts | 3 pts | 1 pt |
|---------------|---|-------|----------|------|
| Category | Service Gap or Unmet Need | High | Moderate | Low |
| | Lack of public information regarding | 1117 | LHT | |
| | services | 4 | 5 | ø |
| | Lack of understanding of needs among | | HT III | 1 |
| Information | community leaders | ø | 8 | 1 |
| and Awareness | Lack of provider and agency participation | 111 | IHT | 1 |
| | in coordination | 3 | 5 | 1 |
| | Lack of evaluation of demographic | 11 | 11/1 | 111 |
| | information to adapt service as appropriate | 2 | 7+ | 3 |
| | Lack of service to key urban activity | IHT | 1 | 111 |
| | centers | 5 | 1 | 3 |
| | Limited access to employment and | IHT | 1111 | |
| | educational facilities on the periphery of | | | |
| | urban areas | 5 | 4 | Ø |
| | Lack of coverage in suburban and rural | IHT | 11 | 11 |
| Geographical | areas | 5 | 2 | 2 |
| | Lack of transfer locations for coordinated | 1/11 | 1117 | 1 |
| | service delivery | 1 | 4 | 1 |
| | Lack of connectivity with multiple modes | THE | 11) | 1 |
| | of transportation | 5 | 3 | 1 |
| | Lack of accessible first-mile and last-mile | 1111 | 11/ | 1 |
| | connections I non-answer | 4 | 3 | 1 |
| Time-Based | Lack of night and weekend service | UHT | 111 | 1 |
| 111116-04260 | Lack of hight and weekend service | 5 | 3 | 1 |

| | Lack of service for low density, rural customers | 1111 | 3 | 11 | 2.2 |
|-----------------|---|------------------------|--------------|---------|----------|
| Client-Based | Lack of rider assistance | 1 | Шт S | 3 | 1.8 L |
| | Lack of affordable transportation options | 1 | 1417 II 7 | 1 | 2.0 L |
| | Lack of new equipment for older adults or persons with disabilities | 1 | IHT I 6 | 11 2 | 1.9 L |
| Service Quality | Lack of funding to maintain or expand existing services | 14HT 11 7 | 1 | ۱ 1 | 2.7 H |
| | Lack of funding to purchase new or replacement vehicles | 5 | 3 | 11 2 | 2.6 |
| | Lack of funding to purchase new technology | 111 \ \ | JHT S | Ø | 24 H |

If there are other service gaps or unmet needs not identified above, please outline the need and priority level below:

- transfer locations in UZA regions
- · establish a structure for local coordination body -> examples to address barriers
- · explore methods to maintain the plan
- enhance transit access -> sidewalks
- · rideshare options -> Uber?
- · funding options for pike/ped improvements -> TAP, RTC, MPO STBG, city
- · flexibility in funding is critical for regional coordination
- · regional demand needs further analysis
- · service from rural areas to city hubs
- · lack of local match for funding
- "Serve all of UZA, not just city limits -> the "donut hole"
- · marketing and awareness of services

H = a. + or higher = 8 M = a.1 + o a.3 = 5L = a.0 or lower = 5



Public Survey

First Tennessee/Tri-Cities Area

Coordinated Public Transit-Human Services Transportation Plan

Stakeholder and Community Survey

Introduction

The First Tennessee HRA, in conjunction with the Tennessee Department of Transportation and many of your local transit providers, are conducting this survey as part of the greater effort to draft a locally-developed Coordinated Public Transit - Human Services Transportation Plan.

As part of this effort, we are interested in learning about your transportation needs. Note that we are gathering this information for planning purposes only and your answers are confidential. No one will contact you as a result of this survey. Thanks for participating!

Please note:

Survey responses will note be saved until the NEXT link on a page or the DONE link on the last page has been clicked.

The survey should take between 5-10 minutes to complete. We greatly appreciate your time and effort.

For questions or comments, or to receive this survey in an accessible format, please contact Sarah Frost.

Via email: smfrost@transystems.com

Via phone: 816-329-8710

Agency Type

- 1. Which of the following best describes your organization? If you are an individual, skip Question 2. (check the answer that fits you best)
 - o I am an individual responding to the survey on my own behalf
 - County Government
 - Municipal Government
 - Regional or State Government
 - Federal or State Human Service Agency
 - Private, Non-profit Human Service Agency
 - Private, For-profit Transportation Company
 - Private, Non-profit Transportation Company
- 2. What types of services does your agency provide? (check all that apply)
 - Health Care
 - Social Services
 - Public Transportation
 - Transportation for Older Adults or Persons with Disabilities
 - Bicycle/Pedestrian Transportation
 - Grant Funding
 - Economic Development

Service Details

- 3. How would you describe yourself or your clientele/constituents? (check all that apply)
 - General Public
 - Older Adult/Senior
 - Person with Disabilities
 - Person with Low Income
 - o Veteran
- 4. What are your specific transportation needs or the transportation needs of your clientele/constituents? (check all that apply)
 - Travel Assistance (i.e. and individual to offer assistance during trips)
 - Wheelchair Accessibility
 - Door-to-Door Transportation
 - Weekday Early Morning Service
 - Weekday Late Night Service
 - Weekend Service
 - Accessibility to Existing Services/Last Mile Connections (e.g. Sidewalks, Bike Lanes)
 - Other (please specify) ______

5. Please note the top three trip origins (where trips begin) and top three trip destinations (where trips end) for you or your clientele/constituents. Please include the facility or site name, if known, and/or address (street address, city/town and zip code) of each origin and destination.

| 0 | Origin I: |
|---|----------------|
| 0 | Origin 2: |
| 0 | Origin 3: |
| 0 | Destination I: |
| 0 | Destination 2: |
| | Destination 3: |
| | |

Unmet Transportation Needs

- 6. Does lack of transportation keep you or individuals in your area from participating in programs, activities or services? (check the answer that best fits your situation)
 - Yes, frequently
 - \circ Sometimes
 - $\circ \ \ \text{Never}$
 - \circ I don't know

- 7. What are your unmet transportation demands or the unmet transportation demands of your clientele/constituents? (check all that apply)
 - Weekday Early Morning Service
 - Weekday Late Night Service
 - Weekend Service
 - More Frequent Services
 - More Services for Older Adults and Persons with Disabilities
 - More Sufficient Service at the Location of Trip Origin or Trip Destination
 - $\circ~$ Access to Jobs
 - Access to Medical-related Locations
 - Accessibility to Existing Services/Last Mile Connections (e.g. Sidewalks, Bike Lanes)
 - Other (please specify) ______

- 8. Has lack of transportation options prevented you or your clientele/constituents from doing any of the following? (check all that apply)
 - $\circ\;$ Lack of transportation is not a problem for me
 - Shopping or Personal Errands
 - Medical Trips
 - Education
 - Seeking Employment
 - Getting to Work Reliably
 - Taking kids to daycare/school then continuing to my workplace
 - Agency Services (e.g. health, vocational or therapeutic services)
 - Recreation or Entertainment
 - Other (please specify) ______
- 9. Are there any days or hours that you or your clientele/constituents would like to travel VIA PUBLIC TRANSPORTATION when service is currently unavailable? (check all that apply)
 - Weekday Early Mornings
 - Weekday Late Nights
 - Weekend Late Nights (Friday and Saturday Nights)
 - Saturday Days
 - Sunday Days
 - Other (please specify) ______

10. Are there any specific places that you or your clientele/constituents would like to travel to VIA PUBLIC TRANSPORTATION that are currently unavailable? Please include the facility or site name, if known, and/or address (street address, city/town and zip code).

Individual Choices

- I I. Which of these services do you or your clientele/constituents currently use for transportation? (check all that apply)
 - Personal Motor Vehicle
 - Fixed-Route Bus or Train
 - Paratransit
 - Human Resource Agency (HRA)
 - o Other Agency Transportation Provider
 - Public Transportation Provider
 - Transportation provided by a program (e.g. subscription service)
 - o Greyhound/Other Private Carrier
 - Private Demand Service (e.g. Taxi, Uber)
 - Non-Emergency Medical Transportation (NEMT)
 - Carpool
 - Ride with Friends/Relatives
 - Walk/Bike
 - Currently, there is no reliable method of transportation
 - Other (please specify) ______

- 12.If you or your clientele/constituents do not use public transportation, please select the reason(s) why public transportation is not utilized. (check all that apply)
 - \circ It is too expensive
 - $\circ~$ It takes a long time to reach my final destination
 - Service does not go to desired destination
 - \circ Service does not operate at the times when transit is needed
 - There is limited accessibility (e.g. it is difficult to access the transit stops)
 - Lack of transit amenities (e.g. shelters, benches)
 - Service schedule is difficult to understand
 - Negative perception of service (e.g. I don't want people to know I use public transportation)
 - Travel assistance is needed
 - The service is unreliable
 - Other (please specify) ______
- 13.Do you have any other comments or suggestions you would like to share today?

Conclusion

Thank you!

14. Please provide the following information:

- Name:
- Organization (if applicable):
- Title (if applicable):
- Street Address:
- City, Town or Village:
- o State:
- ZIP Code:
- Email Address:
- Would you like to be added to the MPO's mailing list? (yes or no)

Tri-Cities Area - Coordinated Transportation Plan Survey (2016)

I. Which of the following best describes your organization?

| Individual | 0 | 0.0% |
|--|---|-------|
| County Government | 0 | 0.0% |
| Municipal Government | 0 | 0.0% |
| Regional or State Government | 0 | 0.0% |
| Federal or State Human Service Agency | 0 | 0.0% |
| Private, Non-Profit Human Service Agency | 8 | 88.9% |
| Private, For-Profit Transportation Company | 0 | 0.0% |
| Private, Non-Profit Transportation Company | 0 | 0.0% |
| Other | I | 11.1% |

2. What types of services does your agency provide?

| Health care | 2 | 20.0% |
|--|---|-------|
| Social services | 2 | 20.0% |
| Public transportation | 0 | 0.0% |
| Transportation for older adults or persons with disabilities | 0 | 0.0% |
| Bicycle and pedestrian transportation | 0 | 0.0% |
| Grant funding | 0 | 0.0% |
| Economic development | 0 | 0.0% |
| Other | 6 | 60.0% |
| Mental health and substance abuse services | • | |
| Mental health | | |
| Behavioral health | | |

3. How would you describe yourself or your clients?

| General public | 4 | 13.8% |
|---------------------------------------|---|-------|
| Older adult | 6 | 20.7% |
| Person with disabilities | 6 | 20.7% |
| Person with low income | 6 | 20.7% |
| Veteran | 2 | 6.9% |
| Other | 5 | 17.2% |
| Serious and persistent mental illness | | |
| Child and teen mental health | | |
| Homeless and substance abuse | | |

4. What are your specific transportation needs or the needs of your clients?

| Travel assistance | 3 | 8.6% |
|---|---|-------|
| Wheelchair accessibility | 5 | 14.3% |
| Door-to-door transportation | 7 | 20.0% |
| Weekday early morning service | 7 | 20.0% |
| Weekday late night service | 6 | 17.1% |
| Weekend service | 4 | 11.4% |
| Accessibility to existing services or last-mile connections | 2 | 5.7% |
| Other | I | 2.9% |
| Wider service area | - | • |
| Transportation for jobs (evening, weekend) | | |

5. What are the top origins and destinations for you or your clients?

| Bristol Regional Counseling Center, Bristol |
|---|
| Bristol Regional Medical Center, Bristol |
| Erwin Behavioral Health, Erwin |
| Holston Counseling Center, Kingsport |
| Frontier Health, Sneedville |
| Sneedville Medical Center, Sneedville |
| Rite Aid Pharmacy, Sneedville |
| AA meetings |
| Grocery store |
| Medical appointments |
| Medical offices |
| Pharmacy |
| Place of employment |
| Place of residence |
| School |
| Shopping centers |

6. Does lack of transportation keep you or your clients from participating in programs, activities, or services?

| Frequently | 9 | 100.0% |
|--------------|---|--------|
| Sometimes | 0 | 0.0% |
| Never | 0 | 0.0% |
| l don't know | 0 | 0.0% |

7. What are the unmet transportation demands for you or your clients?

| 7. What are the unified transportation demands for you or yo | ur cheftes. | |
|--|---------------------|-------|
| Weekday early morning service | 6 | 12.5% |
| Weekday late night service | 6 | 12.5% |
| Weekend service | 5 | 10.4% |
| More frequent services | 5 | 10.4% |
| More services for older adults or persons with disabilities | 5 | 10.4% |
| More sufficient service at trip origin or destination | 4 | 8.3% |
| Access to jobs | 7 | 14.6% |
| Access to medical-related locations | 4 | 8.3% |
| Accessibility to existing services or last-mile connections | I | 2.1% |
| Other | 5 | 10.4% |
| Access to sites outside of city limits (DMV and DHS in Blan | tville) | |
| Ability to go to school after appointments | | |
| Does not leave clients waiting for hours after office closes | | |
| KATS removed the stop from our facility - we have people | walking a far dista | ance |
| Grocery stores. | | |

8. Has lack of transportation prevented you or your clients from doing any of the following?

| I | I.6% |
|---|---------------------------------|
| 8 | 12.9% |
| 9 | 14.5% |
| 5 | 8.1% |
| 8 | 12.9% |
| 8 | 12.9% |
| 6 | 9.7% |
| 9 | 14.5% |
| 6 | 9.7% |
| 2 | 3.2% |
| | |
| | |
| | 9 5 8 8 6 9 6 |

9. Are there any days or hours that you or your clients would like to travel via public transportation when service is currently unavailable?

| Weekday early morning | 5 | 17.2% |
|---------------------------------------|---|-------|
| Weekday late night | 7 | 24.1% |
| Weekend late night (Friday, Saturday) | 6 | 20.7% |
| Saturday days | 5 | 17.2% |
| Sunday days | 5 | 17.2% |
| Other | I | 3.4% |
| There is no public transportation | | |

10. Are there any specific places that your or your clients would like to travel to via public transportation that are currently unavailable?

Grocery, retail stores, pharmacy

DMV office, Blountville

Watauga Behavioral Health, Johnson City

Pick-up and drop-off at schools

Holston Counseling Center, Kingsport

For errands, shopping, and medical specialists. Norristown, Knoxville, Kingsport, Johnson City areas.

II. Which of these services do you or your clients currently use for transportation?

| Personal vehicle | 8 | 15.1% |
|---|---|-------|
| Fixed-route bus | 4 | 7.5% |
| Paratransit | I | 1.9% |
| Human Resource Agency | 3 | 5.7% |
| Other agency provider (i.e. subscription service) | 3 | 5.7% |
| Public transportation provider | 5 | 9.4% |
| Transportation provided by a program | 4 | 7.5% |
| Greyhound or other private carrier | 0 | 0.0% |
| Private demand service (i.e. Uber) | | 1.9% |
| Non-emergency medical transportation | 2 | 3.8% |
| Carpool | | 1.9% |
| Ride with relative or friend | 9 | 17.0% |
| Walk or bike | 9 | 17.0% |
| There is no reliable method of transportation | 3 | 5.7% |
| Other | 0 | 0.0% |

12. If you or your clients do not use public transportation, why is public transportation not utilized?

| Expensive | 3 | 13.6% |
|--|---|-------|
| Length of time to reach destination | 3 | 13.6% |
| No service to desired destination | 5 | 22.7% |
| No service at desired day or time | 4 | 18.2% |
| Limited accessibility | I | 4.5% |
| Lack of transit amenities | 0 | 0.0% |
| Difficult to understand service schedule | 2 | 9.1% |
| Negative perception of service | 0 | 0.0% |
| Need for travel assistance | I | 4.5% |
| Unreliable service | I | 4.5% |
| Other | 2 | 9.1% |

13. Do you have any other comments or suggestions?

Drivers are rude and picked up early, sometimes two hours before appointment. Some clients have been told that they can only stay at an appointment 30 minutes per client. There is no public transportation.



Funding Resources

| | Feder | al Programs Providing Transp | portation S | Services to th | | tation Disadvan | taged | | EI | igib | le A | ppli | ican | ts |
|--|---|---|---|--|---|---|--|--|------------|-------|-----------|-------|------------------|--------|
| Catalog of Federal Domestic Assistance no. | Program name | Objectives | Popular title or original source of program legislation | U.S. Code or other provision cited as authorizing transportation | Typical use of transportation funds as reported by program officials | Purpose of trips as reported by program officials | Target population as defined by program officials | Federal Agency | Individual | Local | NonProfit | State | U.S. Territories | Tribal |
| 10.561 | Supplemental Nutrition Assistance Program, Employment and Training Program | Funds provide grants to States to provide E&T education to assist SNAP participants in finding work. An E&T program may consist of many different types of components, including but not limited to: independent job search; job search training and support; workfare; educational programs to improve employability; work experience or training to improve employability; other employment oriented activities (e.g., job placement, supported work experience, Workforce Investment Act (WIA) services); and selfemployment training. USDA provide States with 100 percent Federal funding for E&T based on a specific formula. | Food Stamp Act of 1977 | 7 U.S.C. § 2015(d)(4)(l)(i) (l) | Reimbursement or advanced payment for gasoline expenses or bus fare | To access education- and employment- related services | Low-income persons between the ages of 16 and 59 | Department of Agriculture | | | | | * | |
| 10.766 | Community Facilities Loans and Grants | To construct, enlarge, extend, or otherwise improve community facilities providing essential services to rural residents. | Consolidated Farm and Rural Development Act of 1972 | 7 U.S.C. § 1926 | Purchase of vehicles | Routine medical appointments, shopping, entertainment, etc. | People who are disabled, senior citizens, and low- income persons | Department of Agriculture | | ~ | ~ | ~ | | √ |
| 14.157 | Supportive Housing for the Elderly (Section 202) | To expand the supply of multifamily housing with supportive services for very low income elderly persons. | Housing Act of 1959 | 12 U.S.C. 1701g(g)(1) | Information not known | To access supportive services, such as medical treatment, employment, or job training, etc. | Very low- income persons aged 62 and older | Department of Housing and Urban Development | ~ | | ~ | | | |
| 14.170 | | This program prevents premature and unnecessary institutionalization of frail elderly, nonelderly disabled, and temporarily disabled persons; provides a variety of innovative approaches for the delivery of meals and nonmedical supportive services while making use of existing service programs; fills gaps in existing service systems; and ensures availability of funding for meals and other programs necessary for independent living. An earlier CHSP program, created by the Congregate Housing Services Act of 1978, continues to receive funding on the same basis as the current program. | | 42 USCA § 8004 | Accessible taxis, local transportation programs, buses, etc. | To access medical appointments, work, shopping, and other services | Elderly and people with disabilities | Department of Housing and Urban Development | | ~ | | * | | |

| | Feder | al Programs Providing Trans | portation S | Services to th | ne Transport | tation Disadvan | taged | | Eli | igib | le A | ppli | cants |
|--|--|---|---|--|--|---|--|--|------------|-------|-----------|-------|----------------------------|
| Catalog of Federal Domestic Assistance no. | Program name | Objectives | Popular title or original source of program legislation | U.S. Code or other provision cited as authorizing transportation | Typical use of transportation funds as reported by program officials | Purpose of trips as reported by program officials | Target population as defined by program officials | Federal Agency | Individual | Local | NonProfit | State | U.S. Territories Tribal |
| 14.218 | | To develop viable urban communities by providing decent housing, a suitable living environment, and expanding economic opportunities, principally for persons of low and moderate income. | Housing and Community Development Act of 1974 | 42 U.S.C. § 5305(a)(8) | Transit services | To access social services, medical services, jobs, etc. | Low- and moderate- income persons, mobility-impaired persons, and jobseekers | Department of Housing and Urban Development | | | | | |
| 14.228 | Community Development Block Grants/State's program and Non- Entitlement Grants in Hawaii | The primary objective of this program is the development of viable urban communities by providing decent housing, a suitable living environment, and expanding economic opportunities, principally for persons of low- and moderate-income. Each activity funded must meet one of the program's National Objectives by: Benefiting low- and moderate- income families; aiding in the prevention or elimination of slums or blight; or meeting other community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community where other financial resources are not available. | Housing and Community Development Act of 1974 | 42 U.S.C. § 5305(a)(8) | Transit services | To access social services, medical services, jobs, etc. | Low- and moderate- income persons, mobility-impaired persons, and jobseekers | Department of Housing and Urban Development | | | | ~ | |
| 14.231 | Emergency Shelter Grants Program | The ESG program provides funding to: (1) engage homeless individuals and families living on the street; (2) improve the number and quality of emergency shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents, (5) rapidly re-house homeless individuals and families, and (6) prevent families and individuals from becoming homeless. | McKinney- Vento Homeless Assistance Act | 42 U.S.C. § 11374 | Bus or transit tokens, taxi fares, and any related organizational transportation expenses | To access training programs and other services to enhance independence | Homeless | Department of Housing and Urban Development | | ~ | | | |
| 14.235 | Supportive Housing Program | The Supportive Housing Program is designed to promote the development of supportive housing and supportive services, including innovative approaches to assist homeless persons in the transition from homelessness, and to promote the provision of supportive housing to homeless persons so they can live as independently as possible (24 CFR section 583.1 | Housing and Community Development Act of 1992 | 42 U.S.C. § 11385 | Bus or transit tokens, taxi fares, and any related organizational transportation expenses | To access training programs and other services to enhance independence | Homeless | Department of Housing and Urban Development | | ~ | ~ | * | |

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| 14.241 | Housing Opportunities for Persons with AIDS | To provide States and localities with the resources and incentives to advance the National HIV/AIDS Strategy by devising long- term comprehensive strategies for meeting the supportive housing needs of low-income persons and their families living with HIV/AIDS in order to prevent homeless and sustain housing stability for HOPWA program beneficiaries | AIDS Housing Opportunity Act | 42 U.S.C. § 12907(a)(3) | Bus tokens, taxi fares, and any related organizational transportation expenses | To access supportive services, such as medical treatment, employment, job training, etc. | Low to extremely low income persons living with HIV/AIDS | Department of Housing and Urban Development | | * | * | * | | |
| 14.862 | Indian Community Development Block Grant | To provide assistance to Indian tribes and Alaska Native villages in the development of viable Indian communities | Housing and Community Development Act of 1974 | 42 U.S.C. § 5305(a)(8), 17 | Information not collected | To access public services, which are directed toward improving the community's public services and facilities | Indian and Alaska Native communities, primarily for persons with low- and moderate- incomes | Department of Housing and Urban Development | | | | | | ~ |
| 14.866 | HOPE VI Revitalization | Revitalization Grants enable PHAs to improve the living environment for public housing residents of severely distressed public housing projects through the demolition, substantial rehabilitation, reconfiguration, and/or replacement of severely distressed units; revitalize the sites on which severely distressed public housing projects are located and contribute to the improvement of the surrounding neighborhood; lessen isolation and reduce the concentration of low-income families; build sustainable mixed-income communities; and provide well-coordinated, results-based community and supportive services that directly complement housing redevelopment and that help residents to achieve self- sufficiency, young people to obtain educational excellence, and the community to secure a desirable quality of life. | Housing Act of 1937 | 42 U.S.C. § 1437v(d)(1)(L), (i)(3) | Transportation services | To access employment, education, and other supportive services | Public housing residents | Department of Housing and Urban Development | | | | | | |
| 14.867 | Indian Housing Block Grant | To provide Federal assistance for Indian tribes in a manner that recognizes the right of tribal self-governance, and for other purposes | | 25 U.S.C. § 4132(3) | Information not collected | To access self- sufficiency services | Low- income Native Americans | Department of Housing and Urban Development | | | | | | ~ |

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| 14.889 | Choice Neighborhoods Implementation Grants | Choice Neighborhoods Implementation Grants will employ a comprehensive approach to community development centered on housing transformation. The program aims to transform neighborhoods of poverty into viable mixed-income neighborhoods with access to economic activities by revitalizing severely distressed public and assisted housing and investing and leveraging investments in well-functioning services, effective schools, and education programs, public assets, public transportation, and improved access to jobs. | Housing Act of 1937 | 42 U.S.C. §1437v(d)(1)(L), (i)(3) | Transportation services | To access employment, education, and other supportive services | Public housing residents and HUD- assisted multifamily housing residents | Department of Housing and Urban Development | ✓ | ✓ | ✓ | • | |
| 15.043 | Indian Child and Family Education | The Family And Child Education (FACE) program is designed to serve families with children from prenatal to age 5 in home and center-based settings. Families may receive services in one or both settings. FACE provides early childhood for all children from birth - to age five and adult education for their parents through family literacy, parental involvement, increasing school readiness, high school graduation rates among Indian parents, and encouraging life-long learning. | 2001 | 25 U.S.C. § 2001(b)(8)(C)(v) | School bus, off- road, and other vehicle leases | To access school and educational activities | Preschool through adult students | Department of the Interior | | | | | |
| 15.044 | Indian Schools - Student Transportation | To provide funds to each Bureau of Indian Education (BIE) funded school for the round trip transportation of students between home and the school site. | No Child Left Behind Act of 2001 | 25 U.S.C. § 2001(b)(8)(C)(v) | School bus, off- road, and other vehicle leases; use of commercial vehicles | To access school, educational activities, and for use in emergency situations | Day and residential students | Department of the Interior | | | | | ~ |
| 15.130 | Indian Education Assistance to Schools | To fund programs that meet the unique and specialized needs of eligible Indian students. | Johnson- O'Malley Act of April 16, 1934 | 25 U.S.C. ch. 14, subchapter II | Transporting students | Trips could be to and from the project site or an educational field trip | Eligible students are aged 3 through grade 12 | Department of the Interior | | | | ~ | ~ |

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| 17.207 | Employment Service/Wagner-Peyser Funded Activities | To assist persons to secure employment and workforce information by providing a variety of services to both job seekers and employers free of charge. Job seekers are provided career services, which include: labor exchange services, job search assistance and workforce information services. and referrals to employment and other programs of assistance. These services are available universally to all job seekers. Employers can use these services to post job orders and be referred qualified applicants. | The Workforce Innovation and Opportunity Act (WIOA) | | | | | Department of Labor | | | | | ~ | |
| 17.235 | Senior Community Service Employment Program | To foster individual economic self sufficiency; provide training in meaningful part-time opportunities in community service activities for unemployed low-income persons who are age 55 years of age or older, particularly persons who have poor employment prospects; and to increase the number of older persons who may enjoy the benefits of unsubsidized employment in both the public and private sectors. | | 42 U.S.C. § 3056(c)(6)(A) (iv) | Information not known | To access program services and jobs | Unemployed Americans 55 years of age or older, earning no more than 125% of the poverty level | Department of | | | * | ~ | | |
| 17.245 | Trade Adjustment Assistance - Workers | The Trade Adjustment Assistance (TAA) for Workers Program is a federal entitlement program that assists workers impacted by foreign trade n. Through the provision of a number of employment-related benefits and services, the TAA Program provides trade- affected workers with opportunities to obtain the support, resources, skills, and credentials they need to return to the workforce in a good job in an in-demand industry. The program services include training, employment and case management services, job search allowances, relocation allowances, wage supplements for workers aged 50 and older, and Trade Readjustment Allowances (TRA). | Trade Act of 1974 | 19 U.S.C. § 2296(b) | Information not known | To access job training programs, job searches outside the normal commuting area, and relocation expenses | Program participants and workers who seek employment outside the normal commuting area | Department of Labor | | ✓ | | | | |

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| 17.258 | Workforce Investment Act | To prepare workers particularly individuals with barriers to employment for good jobs by providing job search assistance and training. The Adult Program provides an emphasis on serving public assistance recipients, other low-income individuals, and individuals who are low-skilled. Program performance is measured by entry into unsubsidized employment and earnings. The program serves individuals and helps employers meet their workforce needs. The employment goals will be measured using the Unemployment Insurance Wage Records Information System. | | 29 U.S.C. § 2864(d)(2) | Information not known | Supportive services to enable program participation | Adults, with priority to veterans and covered spouses, and individuals receiving public assistance | Department of Labor | | * | | | ¥ |
| 17.259 | | To help low income youth, between the ages of 14 and 24, acquire the educational and occupational skills, training, and support needed to achieve academic and employment success and successfully transition into careers and productive adulthood. | Workforce Investment Act of 1998 | 29 U.S.C. § 2854(a)(4) | Information not known | To access job training and related activities | Low income youth, ages 14-21 years old with barriers to employment | Department of Labor | | | | | |
| 17.264 | National Farmworker Jobs Program | To help individuals, and their dependents, who are primarily employed in agricultural and fish farming labor that is characterized by chronic unemployment and underemployment, obtain and retain unsubsidized employment, or stabilize their unsubsidized employment, including upgraded employment in agriculture. Grant organizations provide career services, job training, housing assistance, and other related assistance | of I 998 | 29 U.S.C. § 774 (3)(A), 29 U.S.C. §2912 (d) | Information not known | To access supportive services | Disadvantaged migrant and seasonal farm workers | Department of Labor | | ~ | ~ | ~ | |

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| 17.265 | Native American Employment and Training | To support employment and training services for Native Americans, Alaska Natives, and Native Hawaiian individuals in order to develop more fully the academic, occupational, and literacy skills of such individuals; to make such individuals more competitive in the workforce; and to promote the economic and social development of Native Americans, Alaska Natives, and Native Hawaiian communities in accordance with the goals and values of such communities. All programs assisted under this section shall be administered in a manner consistant with the principles of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) and the government-to-government relationship between the Federal Government and Indian tribal governments. Supplemental youth funding is also awarded to help low-income Native American youth and Native Hawaiian youth, between the ages of 14 and 24, acquire the educational and occupational skills needed to achieve academic and employment success and transition to careers and productive adulthood. | Workforce Investment Act of 1998 | 29 U.S.C. § 2911(d)(2) | Bus passes, vehicle mileage, gas for program vehicles, and reasonable car repairs | To access employment activities | Indian tribes, Alaska Natives, and Native Hawaiians | Department of Labor | | | | | * |

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| 17.274 | Youthbuild | Grant funds will be used to provide disadvantaged youth with: the education and employment skills necessary to achieve economic self sufficiency in occupations in high demand and post-secondary education and training opportunities; opportunities for meaningful work and service to their communities; and opportunities to develop employment and leadership skills and a commitment to community development among youth in low-income communities. As part of their programming, YouthBuild grantees will tap the energies and talents of disadvantaged youth to increase the supply of permanent affordable housing for homeless individuals and low-income families and to assist youth to develop the leadership, learning, and high-demand occupational skills needed to succeed in today's global economy. | | 29 U.S.C. §§2801(46) | Information not known | To access program services | Youth, including those from low- income families or those with a disability | Department of Labor | | ¥ | * | | | * |
| 17.802 | Veterans' Employment Program | To provide services to assist in reintegrating eligible veterans into meaningful employment within the labor force; and to stimulate the development of effective service delivery systems that will address the complex problems facing eligible veterans. | Workforce Investment Act of 1998 | : 29 U.S.C. § 2913 | Transit tickets, bus fare, or cab fare | To access employment activities | Veterans | Department of Labor | | * | | ~ | | |
| 17.805 | Homeless Veterans' Reintegration Project | To provide services to assist in reintegrating homeless veterans into meaningful employment within the labor force; and to stimulate the development of effective service delivery systems that will address the complex problems facing homeless veterans. | Homeless Veterans Comprehensiv e Assistance Act of 2001 | 38 USCA §§ 2011, 2021 | Transit tickets, bus fare, or cab fare | To access employment activities | Homeless veterans | Department of Labor | | ~ | | ~ | | |

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| 20.500 | Capital Investment Grants | To assist in financing the design and construction of new fixed guideway systems, or extensions to existing fixed guideway systems, or corridor-based bus rapid transit systems, or core capacity projects. The new fixed guide-way systems can include rapid rail, light rail, bus rapid transit, commuter rail, and ferries. (New Starts/Small Starts discretionary program for new fixed guideway systems and extensions of existing systems, and core capacity projects). | Transportation Act of 1964 | 49 U.S.C.§ 5309 | Funding for bus and bus facilities, new fixed guideway and modernization, and other capital expenses | General transportation | General public | Department of Transportation | | ✓ | ~ | ~ | | ~ |
| 20.507 | Urbanized Area Formula Program | To support public transportation services in urbanized areas (Census designated areas over 50,000 in population). | Mass Transportation Act of 1964 | 49 U.S.C. § 5307 | Funding for transportation service for transportation projects in cities | Support transit service in cities over 50,000 population | General public in urbanized areas | Department of Transportation | | * | | ~ | | |

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| 20.509 | Nonurbanized Area Formula Program | To improve, initiate, or continue public transportation service in nonurbanized areas (rural areas and small cities under 50,000 in population) and to provide technical assistance for rural transportation providers. The Section 5311 program supports both the maintenance of existing public transportation services and the expansion of those services through the following program goals: enhancing access in rural areas to health care, shopping, education, employment, public services, and recreation; assisting in the maintenance, development, improvement, and use of public transportation systems in rural areas; encouraging and facilitating the most efficient use of all transportation funds used to provide passenger transportation in rural areas through the coordination of programs and services; providing financial assistance to help carry out national goals related to mobility for all, including seniors, individuals with disabilities, and low-income individuals; increasing availability of transportation options through investments in intercity bus services; assisting in the development and support of intercity bus | Federal Public | 49 U.S.C. § 5311 | Funding for transportation service for public transit and intercity bus transportation projects in nonurbanized areas | To increase and enhance public transportation service in nonurbanized areas and for tribes | General public and federally recognized tribes | Department of Transportation | | ~ | × | ~ | | |

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| 20.513 | Capital Assistance Program for Elderly Persons and Persons with Disabilities | To provide financial assistance in meeting the transportation needs of seniors and individuals with disabilities where public transportation services are unavailable, insufficient or inappropriate. The Section 5310 program is designed to supplement FTA's other capital assistance programs by funding transportation projects for seniors and individuals with disabilities in all areas - urbanized, small urban, and rural. The program was renamed under MAP-21 and modified to include New Freedom Program activities as eligible projects. This program would continue the goals of these programs by funding alternative forms of transportation where traditional services are unavailable, inappropriate, or insufficient. Funds can be used for capital planning and operations. | Act of 1970 | 49 U.S.C. § 5310 | Purchase of capital expenses to support transportation services | General transportation services | Elderly individuals and persons with disabilities | Department of Transportation | | * | * | * | | |
| 64.009 | Veterans Medical Care Benefits | To provide outpatient medical services, hospital care, medicines and supplies to eligible veterans in receipt of VA health care | Veterans Benefits Act of 1957 | 38 U.S.C. § 111 | Mileage reimbursement; special mode (ambulance, wheelchair van); common carrier (air, bus, train, boat, taxi) | To access VA or VA- authorized non-VA health care | Low-income and special-group veterans | Department of Veterans Affairs | | | | | | |
| 64.024 | VA Homeless Providers Grant and Per Diem Program | To assist public and nonprofit private entities in establishing new programs and service centers to furnish supportive services and supportive housing for homeless veterans through grants that may be used to acquire, renovate or alter facilities, and to provide per diem payments, or in-kind assistance in lieu of per diem payments, to eligible entities which established programs after November 10, 1992 that provide supportive services and supportive housing for homeless veterans. (Note: The number of vans was limited to 20 for the life of this grant. This Van Restriction has not been lifted.) | Veterans | 38 U.S.C. §§2011(b)(1)(B), 7721 Note | Purchase vans | Outreach to and transportation of homeless veterans by community- based providers | Homeless veterans | Department of Veterans Affairs | | | | | | |

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| 64.026 | Veterans State Adult Day Health Care | To provide a community-based program designed to meet the needs of adults with impairments through individual plans of care. This type of structured, comprehensive, nonresidential program provides a variety of health, social, and related support services in a protective setting. By supporting families and caregivers, an adult day services program enables the person to live in the community. An adult day services program assesses the needs of the persons served and offers services to meet those needs. The persons served attend on a planned basis. Nothing in this generic description of adult day services may be construed to modify the specific services or eligibility requirements referenced in the definition of adult day care and adult day health. | Veterans Millennium Health Care and Benefits Act | 38 U.S.C. § 1720; 38 U.S.C. § 111 | Any expenses for transportation | Adult day health care | Veterans | Department of Veterans Affairs | | | | | |
| 64.035 | Veterans Transportation Program | This program furthers the Department's mission by establishing a program to provide grants to eligible recipients to assist veterans in highly rural areas through innovative transportation services to travel to Department of Veterans Affairs Medical Centers, and to otherwise assist in providing transportation services in connection with the provision of VA medical care to these veterans. | Veterans Omnibus Health | Public Law 111- 163. | Transportation services | To access VA or VA- authorized non-VA health care | Veterans | Department of Veterans Affairs | | | | | |
| 84.027 | Special Education Grants to States | To provide grants to States to assist them in providing special education and related services to all children with disabilities. | Individuals with Disabilities Education Act | 20 U.S.C.§§ 1411(a)(1) and 1401(26) | School district bus expenditures and other modes of transportation, including wheelchair- accessible vans | To access school and special education and related services | Children with disabilities | Department of Education | | * | | ~ | |

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| 84.126 | State Vocational Rehabilitation Services Program | To assist States in operating comprehensive, coordinated, effective, efficient and accountable programs of vocational rehabilitation (VR); to assess, plan, develop, and provide VR services for individuals with disabilities, consistent with their strengths, resources, priorities, concerns, abilities, capabilities, and informed choice so they may prepare for and engage in competitive integrated employment. | Rehabilitation Act of 1973 | 29 U.S.C. § 723(a)(8) | Transit subsidies for public and private transportation, training in the use of public transportation | To access vocational rehabilitation services | People with disabilities | Department of Education | | | | ~ | |
| 84.173 | Special Education Preschool Grants | To provide grants to States to assist them in providing special education and related services to children with disabilities ages 3 through 5 years, and at a State's discretion, to 2- year- old children with disabilities who will reach age three during the school year. | | 20 U.S.C. §§1419(a) and 1401(26) | School district bus expenditures and other modes of transportation, including wheelchair accessible vans | To access programs and special education services | Children with disabilities ages 3-5 | Department of Education | | | | ~ | |
| 84.177 | Independent Living Services for Older Individuals Who Are Blind | To provide any independent living services that are described in 34 CFR Section 367.3(b) of the IL program regulations to older individuals who are blind that improve or expand services for these individuals; and conduct activities to help improve public understanding of the problems of these individuals. | Rehabilitation Act of 1973 | 29 U.S.C. § 796k(e)(5) | Transit subsidies for public and private transportation, training in the use of public transportation | To access program services | Individuals who are blind and age 55 or older | Department of Education | | | | ~ | |
| 84.181 | Special Education-Grants for Infants and Toddlers | To provide grants to States to assist them to implement and maintain a Statewide, comprehensive, coordinated, multidisciplinary, interagency system to make available early intervention services to infants and toddlers with disabilities and their families. | Individuals with Disabilities Education Act | 20 U.S.C. §§1433 and 1432(4)(E)(xiv) | Various modes of transportation, including wheelchair accessible vans | To access program services such as screening and early intervention services | Infants and toddlers with disabilities or at risk, in need of early intervention services | Department of Education | | | | ~ | |
| 84.187 | Supported Employment Services for Individuals with Most Significant Disabilities | To provide grants for time limited services leading to supported employment for individuals with the most significant disabilities. | Rehabilitation Act of 1973 | 29 U.S.C. §§ 795g and 705(36) | Transit subsidies for public and private transportation, training in the use of public transportation | To access work, training, and vocational rehabilitation services | People with the most significant disabilities | Department of Education | | | | ~ | |

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| 84.196 | Education for Homeless Children and Youth | To ensure that all homeless children and youth have equal access to the same free, appropriate public education available to other children, the Education for Homeless Children and Youth program provides assistance to States to: (1) establish or designate an Office of Coordinator for Education of Homeless Children and Youths; (2) develop and carry out a State plan for the education of homeless children; and (3) make subgrants to local educational agencies (LEAs) to support the education of those children. | McKinney- Vento Homeless Assistance Act | 42 U.S.C. § 11433(d)(5) | Student transportation to school of origin | To access educational services and programs | Homeless students | Department of Education | | | | • | | |
| 84.287 | 21st-Century Community Learning Centers | To provide opportunities for communities to establish or expand activities in community learning centers that provide opportunities for academic enrichment for children, particularly students who attend high-poverty and low-performing schools. The program is intended to help students meet state and local student academic achievement standards in core academic subjects, such as reading and math; to offer students a broad array of enrichment activities that reinforce and complement their regular academic programs; and to offer literacy and other educational services to the families of participating children. | Elementary and Secondary Education Act of 1965 | 20 U.S.C. § 7173(a)(10) | Student transportation | To access educational services and programs | Students in underserved communities | Department of Education | | * | * | ¥ | | |
| 84.421 | Disability Innovation Fund | To support innovative activities aimed at improving the outcomes of individuals with disabilities as defined by section 7(20)(B) of the Rehabilitation Act. | Department of Education Appropriations Act, 2014, Department of Education Appropriations Act, 2015 | Public Law 113- 76; , Public Law 113-235. | Expand individuals with disabilities' access to information and communication technologies (ICT). | To access program services | Individuals with disabilities | Department of Education | | | ✓ | | | |

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| 93.044 | Special Programs for the Aging, Title III, Part B, Grants for Supportive Services and Senior Centers | To encourage State Agencies on Aging and Area Agencies on Aging to concentrate resources to develop and implement comprehensive and coordinated community- based systems of service for older individuals via Statewide planning, and area planning and provision of supportive services, including multipurpose senior centers. The objective of these services and centers is to maximize the informal support provided to older Americans to enable them to remain in their homes and communities. Providing transportation services, in-home services, and other support services, this program insures that elders receive the services they need to remain independent. | Americans Act of 1965 | 42 U.S.C. § 11433(d)(5) | Contract for services | To access supportive services, such as nutrition services and aging services | Adults age 60 and older | Department of Health and Human Services | | | | < | | |
| 93.047 | Special Programs for the Aging, Title VI, Part A, Grants to Indian Tribes, Part B, Grants to Native Hawaiians | To promote the delivery of supportive services, including nutrition services, to American Indians, Alaskan natives, and Native Hawaiians that are comparable to services provided under Title III. | Older Americans Act of 1965 | 42 U.S.C. §§ 3057, 3030d(a)(2) | Purchase and operate vehicles | To access supportive services, including nutrition services | American Indian, Alaskan Native, and Native Hawaiian elders | Department of Health and Human Services | | ~ | ~ | | | |
| 93.104 | Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances | To provide community-based systems of care for children and adolescents with a serious emotional disturbance and their families. The program will ensure that services are provided collaboratively across child-serving systems; that each child or adolescent served | Public Health Service Act | 42 U.S.C. § 290ff-1 | Any transportation- related use | To access program services | Children and families with serious emotional disturbance | Department of Health and Human Services | | ✓ | | • | | |

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| 93.193 | Urban Indian Health Services | Grants provide health-related services to Urban Indians including: (1) Alcohol and substance abuse prevention, treatment, rehabilitation, and education; (2) Mental health needs assessment and services; (3) Health promotion and disease prevention services; (4) Immunization services; and (5) HIV/AIDS prevention and care. Cooperative Agreement provides services and advocacy for Urban Indian Organizations including: (1) Public policy; (2) Research and data; (3) training and technical assistance; (4) Education, public relations and marketing. | Snyder Act: Indian Health Care Improvement Act | Act of Nov. 2, 1921, ch, 115, 42 Stat. 208, as amended, and Pub. L. No. 94-437, as amended | Public transportation, mileage reimbursement, GSA lease, etc. | Transportation costs for clients/patients | American Indian/Alaska Natives | Department of Health and Human Services | | | | | | |
| 93.224 | Health Centers | To improve the health of the Nation's underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services. To continue comprehensive, primary health care services in areas already supported by the Health Center Program. Individual health center grant mechanisms include: (1) Community Health Centers; (2) Migrant Health Centers; (3) Health Care for the Homeless; and (4) Public Housing Primary Care Program. | | 42 U.S.C. § 254b | Bus tokens, vouchers, transportation coordinators, and drivers | To access health care services | Medically underserved populations | Department of Health and Human Services | | ✓ | * | ✓ | | ~ |

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| 93.237 | Special Diabetes Program for Indians Diabetes Prevention and Treatment Projects | To promote improved health care among American Indians/Alaska Natives through special diabetes prevention and treatment services with objectives and priorities determined at the local level. Extension of SDPI funds for FY 2010 and FY 2011 now includes a new grant application process that directs Community-Directed Diabetes Programs to identify and implement at least one Indian Health Diabetes Best Practice with defined goals, objectives and key measures based on community assessment and results of diabetes care and outcomes audit. The funding mechanism is a competitive grant program. An additional initiative located at CFDA #: 93-442 called the SDPI Diabetes Prevention and Healthy Heart Initiatives cooperative agreements transitions the SDPI Demonstration Projects activities to determine lessons learned, tools and resources and to plan for dissemination into American Indian and Alaska Native communities. | 1997 | 42 U.S.C. § 254c-3 | Public transportation, mileage reimbursement, etc. | To access diabetes prevention and cardiovascular disease services | American Indian/Alaska Natives | Department of Health and Human Services | | ¥ | | | | * |

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| 93.275 | Substance Abuse and Mental Health Services- Access to Recovery | To implement voucher programs for substance abuse clinical treatment and recovery support services pursuant to sections 501 (d)(5) and 509 of Public Health Service Act (42 U.S.C. sections 290aa(d)(5) and 290bb-2). This program, called Access to Recovery (ATR), is to provide client choice among substance abuse clinical treatment and recovery support service providers, expand access to a comprehensive array of clinical treatment and recovery support options (including faith-based programmatic options), and increase substance abuse treatment capacity. Monitoring outcomes, tracking costs, and preventing waste, fraud and abuse to ensure accountability and effectiveness in the use of Federal funds are also important elements of the ATR program. Through the ATR grants, States, Territories, the District of Columbia and Tribal Organizations (hereinafter collectively referred to as "States") will have flexibility in designing and implementing voucher programs to meet the needs of clients in the State. The key to successful implementation of the voucher programs supported by the ATR grants will | Public Health Service Act | 42 U.S.C §§ 290aa(d)(5), 290bb 2 | Bus tokens, cab fare, or van purchase by provider | To access substance abuse treatment or recovery support services | Persons with substance use or mental disorders | Department of Health and Human Services | | * | | < | | ~ |

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| 93.550 | Transitional Living for Homeless Youth | The overall purpose of the Transitional Living Program (TLP) for homeless youth and the Maternity Group Homes (MGH) is to establish and operate transitional living projects for homeless youth, including pregnant and parenting youth. This program is structured to help older homeless youth achieve self-sufficiency and avoid long-term dependency on social services. Transitional living projects provide shelter, skills training, and support services to homeless youth, including pregnant and parenting youth, ages 16 to less than 22. This extends the residential stay for homeless youth to 635 days or 21 months. MGHs provide the same services that are offered include, but are not limited to, transportation, family planning, and pregnancy prevention services. | Runaway and Homeless Youth Act of 1974 | 42 U.S.C. §§ 5701, 5712 | Information not collected | Education, employment, training, and health care | 16 to 21 year olds | Department of Health and Human Services | | * | * | * | | * |
| 93.558 | Temporary Assistance for Needy Families | To provide grants to States, Territories, the District of Columbia, and Federally- recognized Indian Tribes operating their own Tribal TANF programs to assist needy families with children so that children can be cared for in their own homes; to reduce dependency by promoting job preparation, work, and marriage; to reduce and prevent out-of-wedlock pregnancies; and to encourage the formation and maintenance of two-parent families. | Personal Responsibility and Work Opportunity Reconciliation Act of 1996 | 42 U.S.C. § 604(a), (k) | States have wide flexibility in what they may fund | To access work, employment training, and child care providers | Low-income families | Department of Health and Human Services | | | | | * | V |

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| 93.566 | Refugee and Entrant Assistance - State Administered Programs (Transitional and Medical Services and Social Services Formula Grants Only) | The Refugee Cash and Medical Assistance program reimburses states for the cost of cash and medical assistance provided to refugees, certain Amerasians from Viet Nam, Cuban and Haitian entrants, asylees, victims of a severe form of trafficking, and Iraqi and Afghan Special Immigrants during the first eight months after their arrival in this country or grant of asylum. Reimbursement is also provided for care of unaccompanied refugee minors and grantee administrative costs. Social Services formula funding may be used for employment and other social services for same population for five years after their date of arrival or grant of asylum. | 1980 | 8 U.S.C. §§ I522(b)(7)(D), I522© | Bus or transit passes | To access employment services | Refugees and asylees | Department of Health and Human Services | | | | * | | |
| 93.600 | Head Start | To promote school readiness by enhancing the social and cognitive development of low- income children, including children on federally recognized reservations and children of migratory farm workers, through the provision of comprehensive health, educational, nutritional, social and other services; and to involve parents in their children's learning and to help parents make progress toward their educational, literacy and employment goals. Head Start also emphasizes the significant involvement of parents in the administration of their local Head Start programs. | Head Start Act | 42 USCA § 9835(a)(5)(B) | Information not provided | Transporting children to Head Start and Early Head Start centers | Low-income children | Department of Health and Human Services | | ✓ | • | | | v |

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| 93.612 | Native American Programs | To fund a wide range of discretionary activities for the purpose of: (1) providing resource information, training and technical assistance to improve the capacity of individuals, organizations, government entities, and communities to prevent family violence, domestic violence, and dating violence and to provide effective intervention services; (2) improving the design, delivery, and coordination of services to address family violence, domestic violence and dating violence; (3) gathering information on the incidence and prevalence of family violence, domestic violence and dating violence; and (4) increasing knowledge and understanding of the issues through research, demonstration, and evaluation projects. Specific sections in the Act authorize funding for such discretionary projects as a National Resource Center on Domestic Violence; a National Indian Resource Center Addressing Domestic Violence and Safety for Indian Women; Special Issue Resource Centers including Culturally-Specific Issue Resource Centers; State Resource Centers to Reduce Tribal Disparities; Specialized Services for | Native American Programs Act of 1974 | 42 U.S.C. §§ 2991- 2991¢ | Bus passenger | Community meetings and activities | Native American communities | Department of Health and Human Services | | ¥ | * | | | ~ |
| 93.630 | State Councils on Developmental Disabilities and Protection and Advocacy Systems | Developmental Disabilities Basic Support and Advocacy Grants: To enable individuals with developmental disabilities to become independent, productive, integrated and included into their communities. Funding under these programs is to assist States in the development of a plan for a comprehensive and coordinated system of services and other activities to enhance the lives of individuals with developmental disabilities and their families to their maximum potential, and to support a system which protects the legal and human rights of individuals with developmental disabilities. | Developmental Disabilities Assistance and Bill of Rights Act of 2000 | 42 U.S.C. §§ 15002, 15082 | General travel expenses | Limited travel expenses to participate in grant activities | People with intellectual and developmental disabilities, their families, and other grant participants | Department of Health and Human Services | | | | | | |

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| 93.631 | Developmental Disabilities Projects of National Significance | To provide for grants, contracts and cooperative agreements for projects of national significance that create opportunities for individuals with intellectual and developmental disabilities to directly and fully contribute to, and participate in, all facets of community life; and support the development of national and State policies that reinforce, promote the self-determination, independence, productivity, and integration and inclusion of individuals with intellectual and developmental disabilities in all facets of community life. | Developmental Disabilities Assistance and Bill of Rights Act of 2000 | 42 U.S.C. §§ 15002, 15082 | General travel expenses | Limited travel expenses to participate in grant activities | People with intellectual and developmental disabilities, their families, and other grant participants | Department of Health and Human Services | | V | ✓ | ✓ | | |
| 93.667 | Social Services Block Grants | To enable each State to furnish social services best suited to the needs of the individuals residing in the State. Federal block grant funds may be used to provide services directed toward one of the following five goals specified in the law: (1) To prevent, reduce, or eliminate dependency; (2) to achieve or maintain self-sufficiency; (3) to prevent neglect, abuse, or exploitation of children and adults; (4) to prevent or reduce inappropriate institutional care; and (5) to secure admission or referral for institutional care when other forms of care are not appropriate. | Social Security Act | 42 U.S.C. § 1397a(a)(2)(A) | Provide or arrange for travel, such as accessible vans | Access services, or obtain medical care or employment | Adults and children | Department of Health and Human Services | | | | * | | |
| 93.674 | Chafee Foster Care Independence Program | To assist States and eligible Indian Tribes in establishing and carrying out programs designed to assist foster youth likely to remain in foster care until 18 years of age, youth who leave foster care for adoption or kinship guardianship after attaining age 16, and youth who have left foster care because they attained 18 years of age and have not yet attained 21 years of age, to make the transition from foster care to self-sufficiency. | Foster Care Independence Act of 1999 | 42 U.S.C. § 677 | Information not provided | Information not provided | Foster youths who are transitioning to independence | Department of Health and Human Services | | | | ~ | | ~ |

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| 93.958 | Community Mental Health Services Block Grant | To provide financial assistance to States and Territories to enable them to carry out the State's plan for providing comprehensive community mental health services to adults with a serious mental illness and to children with a serious emotional disturbance; monitor the progress in implementing a comprehensive community based mental health system; provide technical assistance to States and the Mental Health Planning Council that will assist the States in planning and implementing a comprehensive community based mental health system. | ADAMHA Reorganization Act of 1992 | 42 U.S.C. § 300x- 1(b)(1) | Any transportation- related use | To access program services | Adults with mental illness and children with emotional disturbance | Department of Health and Human Services | | | | ~ | |
| 93.959 | Substance Abuse Prevention and Treatment Block Grant | To provide financial assistance to States and Territories to support projects for the development and implementation of prevention, treatment and rehabilitation activities directed to the diseases of alcohol | ADAMHA Reorganization Act of 1992 | 42 U.S.C. § 300x- 21 | Any transportation- related use | To access program services | Persons with a substance- related disorder | Department of Health and Human Services | | | | ~ | |
| 93.994 | Maternal and Child Health Services Block Grant to the States | and drug abuse. To enable States to maintain and strengthen their leadership in planning, promoting, coordinating and evaluating health care for pregnant women, mothers, infants, and children, children with special health care needs (CSHCN) and families in providing health services for maternal and child health populations who do not have access to adequate health care. | Social Security Act | 42 U.S.C. § 701(a) | States have broad discretion in implementing program | To access prenatal care visits, medical appointments, and other health care services | Maternal and child health population | Department of Health and Human Services | | | | ~ | |
| 96.009 | Ticket to Work | To comply with the Ticket-to-Work and Work Incentives Improvement Act legislation passed in December 1999, permitting the SSA to make payments to each State to the protection and advocacy system established for the purpose of providing services to disabled beneficiaries who want to work. Populations, Federal Coordination Efforts | Social Security Act | 42 U.S.C. 6041 | Transportation services, travel reimbursement | To access employment services | Recipients of Social Security Disabilty Insurance (SSDI) or those eligible for SSI benefits based on disability or blindness | Social Security Administration | | | | ~ | |