



A Coordinated Human Services Transportation Plan for the Service Area Of the Delta Human Resource Agency

Prepared for

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TABLE OF CONTENTS

EXECUTIVE SUMMARY	1
INTRODUCTION	6
Purpose of the Plan	6
Plan Development Process.....	6
The CHSTP Planning Area.....	7
Vision Statement and Coordination Goals.....	8
THE PLANNING PROCESS	9
Public and Stakeholder Participation	9
Human Services Transportation Market Supply Analysis.....	9
Human Services Transportation Market Demand Analysis.....	10
Human Services Transportation Unmet Needs Analysis.....	10
Transportation Unmet Needs Root Cause Analysis.....	10
Studying Coordination Plans of Other Areas.....	10
STAKEHOLDER PARTICIPATION	11
Identification of Stakeholders	11
Public Involvement Outreach Efforts.	11
Stakeholder Participation and Representation	12
List of Human Services Transportation Stakeholders	14
AVAILABLE SERVICES	15
Categories of Services.....	15
Modes of Services and Customer Groups.....	16
Existing Coordination	17
Summary of Key Stakeholders	17
NEEDS AND GAPS	21
Populations with Special Transportation Needs	21
Latent Demand for Human Services Transportation	25
Common Origins and Common Destinations	28
Unmet Needs and Service Gaps.....	33
MEETING UNMET NEEDS	36
Causes of Unmet Transportation Needs	36
Strategies for Meeting Unmet Needs.....	36
Meeting Unmet Needs through Coordination.....	37
Category of Services for Meeting Unmet Needs	38
DELTA HRA TRANSPORTATION USER SURVEY SUMMARY	40
Respondent Characteristics	40
User Transportation Needs	40
Needed Services/Facilities and Felt Inconvenience.....	41
Means for Knowing Delta HRA Transportation.....	42
Ideas for Improving the Services of Delta HRA Transportation	42

DELTA HRA COORDINATED TRANSPORTATION PLAN

PLAN IMPLEMENTATION	44
Short-Term Tasks.....	44
Long-Term Tasks.....	45
APPENDIX	47

EXECUTIVE SUMMARY

Purpose of the Plan: The Coordinated Human Services Transportation Plan (CHSTP) for the Service Area of the Delta Human Resource Agency (Delta HRA) is prepared in response to federal requirements, as set by the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU).

SAFETEA-LU requires that projects selected for funding under the Elderly Individuals and Individuals with Disabilities program (Section 5310); the Job Access and Reverse Commute program (Section 5316); and the New Freedom program (Section 5317) be “derived from a locally developed, coordinated public transit-human services transportation plan” and that the plan be “developed through a process that includes representatives of public, private, and nonprofit transportation and human services providers, and participation by the public.”

The purposes of the CHSTP are to:

- inventory available transportation services;
- assess transportation needs of transit-dependent populations including older adults, persons with disabilities, and low-income individuals;
- identify gaps and duplications of services;
- evaluate projects for meeting unmet transportation needs; and
- produce an action plan for project implementation.

The Planning Process: The CHSTP is developed through a process consisting of both a vertical component and a horizontal component. The vertical component includes identification of human services-public transportation stakeholders; invitation of the public and stakeholders to the public meeting/planning workshop; and conducting a full-day public meeting/planning workshop for public and stakeholder participation in the CHSTP planning process. The horizontal component of the planning process includes several parallel lines of effort for data gathering, needs assessment, deficiency areas analysis, and for gaining insight from studying coordination plans of other areas/regions.

Stakeholder Participation: Delta HRA is the agency leading the CHSTP planning process. Stakeholders are categorized as transportation services providers, human services providers, planning organizations, and representatives of human services transportation users. In total, fifteen organizations participated in the CHSTP planning process, representing public agencies, private for-profit businesses, private nonprofits, and faith-based organizations in the CHSTP Planning Area.

Attending public meeting/planning workshop, responding to survey questionnaires, providing data support, and participating in telephone interviews are the four channels of participation used by stakeholders to get involved in the CHSTP planning process. In summary, fourteen (14) agencies attended the public meeting/planning workshop; eight (8) agencies responded to survey questionnaires; four (4) organizations provided data support; and three (3) organizations participated in telephone interviews.

Available Services: Two categories of services are currently available in the planning area. The first are contract based semi-demand responsive services that travel on flexible routes but with fixed schedule(s); and the second are total demand responsive services that travel on flexible routes and flexible schedules in response to customers' requests.

Minibus service, van service, cab/car service, and limo service are the four modes of services currently available to patrons in the market/study area. Minibus service and most of the van service are accessible to wheelchairs. Customer groups served by the various transportation services providers in the planning area are the general public, elderly individuals, people with disabilities, and low-income people. Some non-profits and churches only provide transportation services to their members.

Transportation Needs: Current demand for public transit services in the Planning Area mainly comes from two groups of users. The first is transit-dependent elderly and disabled individuals who can not operate a private automobile; the second is low-income individuals who can not afford to own and operate a private automobile. Latent demand for public transit-human services transportation is estimated at 24,119 riders in the Delta HRA Service Area.

Areas of Deficiencies: During the public meeting/planning workshop, participants were asked to comment on their experienced inconvenience of transportation services and perceived areas of deficiencies in human services transportation. The following is a list of issues that have concerned the stakeholders in the Planning Area:

- The time of Medical trips to Memphis is too long for patients and the elderly: Disregard the patient's appointment time in Memphis, he/she needs to be picked up early in the morning but will not be able to ride his/her return trip until mid afternoon.
- There is a lack of coordination between human services providers (i.e. senior centers, dialysis clinics, etc.) and existing transportation providers to bundle trips with similar schedules and/or purposes to simultaneously enhance quality of service and quantity of rides.
- Transportation providers like Delta HRA need to coordinate with dialysis clinics' treatment schedules so that dialysis patients, after being dialyzed, don't have to wait long hours to ride public transportation home.
- Patients with behavioral problems and their families are not well served by the available services.
- The general public, especially those reside in remote rural areas, are not well informed of available rural public transportation services. The perception of public transportation is usually negative.
- Liability concerns are the issues preventing faith-based organizations and other grass-root organizations with transportation facilities or programs from participating in the coordinated human services transportation.
- Trips on bordering counties are not efficiently served due to the service boundaries pre-established for the Delta HRA and other transit agencies by the Tennessee Association of Human Resource Agencies

Common Origins and Destinations: Affordable housing sites, senior housing sites, and highway corridors with the most noted number of human services transportation users are identified as common origins of human services transportation users (see Exhibit 20 for the top thirty common origins of human services transportation users in the Delta HRA Service Area). Career centers, workforce development centers, cultural and recreational locations, educational destinations, human services agencies, medical facilities, retail places, and transportation hubs are locations identified as common destinations of human services transportation users (see Exhibit 21 for the top thirty common destinations of human services transportation users in the Delta HRA Service Area).

Strategies for Meeting Unmet Needs: There should be long-term strategies as well as short-term strategies for meeting both the long-term goals and the short-term goals of coordinated human services transportation. Long-term strategies should focus on macro issues such as rebuilding walkable communities in areas with existing public transportation infrastructure; committing to supporting public transportation and spending continuous efforts to improving the effectiveness and efficiency of public transit services; and educating the public about the importance of public transportation and the benefits of using public transit services.

Short-term strategies should be more operational, targeting specific issues such as adding transit services to a desired location, increasing the frequency of service, adding mid-day and night time services, allowing same-day and at least second-day scheduling, providing cab companies with wheelchair accessible taxicabs, removing barriers for collaboration among agencies, and subsidizing employees for commuting costs with employer-funded transportation programs, etc.

Services for Meeting Unmet Needs: Categories of services along with sample projects for meeting unmet human services transportation needs are listed below:

1. Maintain current levels of public transportation service.
 - a. Purchase replacement vehicle
 - b. Maintain facilities for shared maintenance
2. Improve service to transit-dependent persons.
 - a. Purchase vehicles to expand service
 - b. Provide new service – time, location, capacity
 - c. Expand existing service – time, location, capacity
 - d. Modify existing vehicles and facilities to enhance ADA standards
3. Review state and local policies to enhance public transportation service.
 - a. Conduct planning studies
 - b. Evaluate policies related to drivers, insurance, etc.
 - c. Location of human service offices relative to the clients they serve.
 - d. Conduct market studies to help taxi companies justify their investment in purchasing wheelchair accessible taxicabs
4. Develop model contracts/agreements for interagency coordination.
 - a. Develop contracts for sharing drivers, mechanical needs, fueling, and vehicle utilization, etc.

DELTA HRA COORDINATED TRANSPORTATION PLAN

- b. Coordinate to leverage funds, riders, risk management insurance, and liability, etc.
- c. Form alliance to meet the requirements for Commercial Driver License and Drug/Alcohol compliance, etc.
5. Improve public transportation service for elderly persons.
6. Improve public transportation service for persons with disabilities.
7. Improve public transportation service for persons with low-incomes.
8. Evaluate existing and future needs of public transportation dependent persons.
 - a. Review routes and schedules relative to origin and destination. Especially where there are high concentrations of public transportation dependent persons.
 - b. Identify connection points among providers to better utilize equipment.
9. Conduct surveys of providers and users to evaluate service effectiveness and efficiency.
10. Develop facilities to meet the needs of public transportation dependent persons.
 - a. Construct information center, one stop center, transit website, maintenance facilities, etc.
11. Coordinate services with emergency response agencies.
12. Provide more efficient and effective service delivery.
 - a. Improve scheduling, routing, maintenance, equipment utilization, etc.
 - b. Address duplication of service.
13. Provide easier access to systems, facilities and service.
 - a. Improve or develop infrastructure, vehicles, or service.
 - b. Fix sidewalks, construct wheelchair accessible curbs.
14. Provide a better quality of life for public transportation dependent persons.

Plan Implementation: Specific objectives for implementing the CHSTP for the Delta HRA Service Area are summarized under two categories of tasks:

- Short-term Tasks: defined as tasks to be implemented from 2007 up to 2011.
- Long-term Tasks: defined as tasks to be implemented from 2007 up to 2030.

Short-Term Tasks include:

- Establishing a committee on coordinated human services transportation for the Delta HRA Service Area.
- Identifying projects for funding under the three FTA formula programs (Sections 5310, 5316 and 5317) through the 2006-2008 funding period.
- Adopting the CHSTP Newsletter for documenting ongoing coordination efforts on coordinated human services transportation and providing a platform for information exchange and data-sharing on human services transportation.
- Conducting public awareness campaign to educate elected officials and potential public transportation users about the importance of human services transportation and the benefits of using public transit services.
- Locating funds to support efforts on human services transportation coordination.
- Identifying demonstration projects for meeting unmet needs for human services transportation and document those in the CHSTP plan update.

Long-Term Tasks include:

- Forming successful partnerships among public transit providers and human services providers in the Delta HRA Service Area.
- Developing a practical regional coordination model for coordinated human services transportation in the Memphis-Delta Area.

Assumptions and Limiting Conditions: This CHSTP document contains a significant portion of market assessment, which is subject to the following assumptions and limiting conditions:

- To the best knowledge of the consultant, the information regarding human services transportation in the Delta HRA Service Area provided in this report is reliable. All direct and indirect information in writing supplied by the client, its agents and assigns, concerning the subject matter is assumed to be true, accurate and complete; additionally, information identified as supplied or prepared by others is believed to be reliable. However, no responsibility is assumed for the accuracy of such information.
- The analysis contained in this report is based on currently available information, estimates, and assumptions about future events. The estimates and assumptions are believed to be reasonable. However, there will usually be differences between the projected and the actual results, because events and circumstances frequently do not occur as expected. The actual results achieved may vary materially from the estimated results. The assumptions disclosed in this study are those that are believed to be significant to the projections of future results.
- Except as specifically stated to the contrary, this study will not give consideration to the following matters to the extent they exist: 1) matters of a legal nature, including issues of legal title and compliance with federal, state and local laws and ordinances; and 2) environmental and engineering issues, and the costs associated with their correction. The user of this study will be responsible for making his/her own determination about the impact, if any, of these matters.
- The stated recommendation(s) included in this report represent the considered judgment of The NBM Associates based on the facts, analyses and methodologies described in the report.
- This report is intended to be read and used as a whole and not in parts.

INTRODUCTION

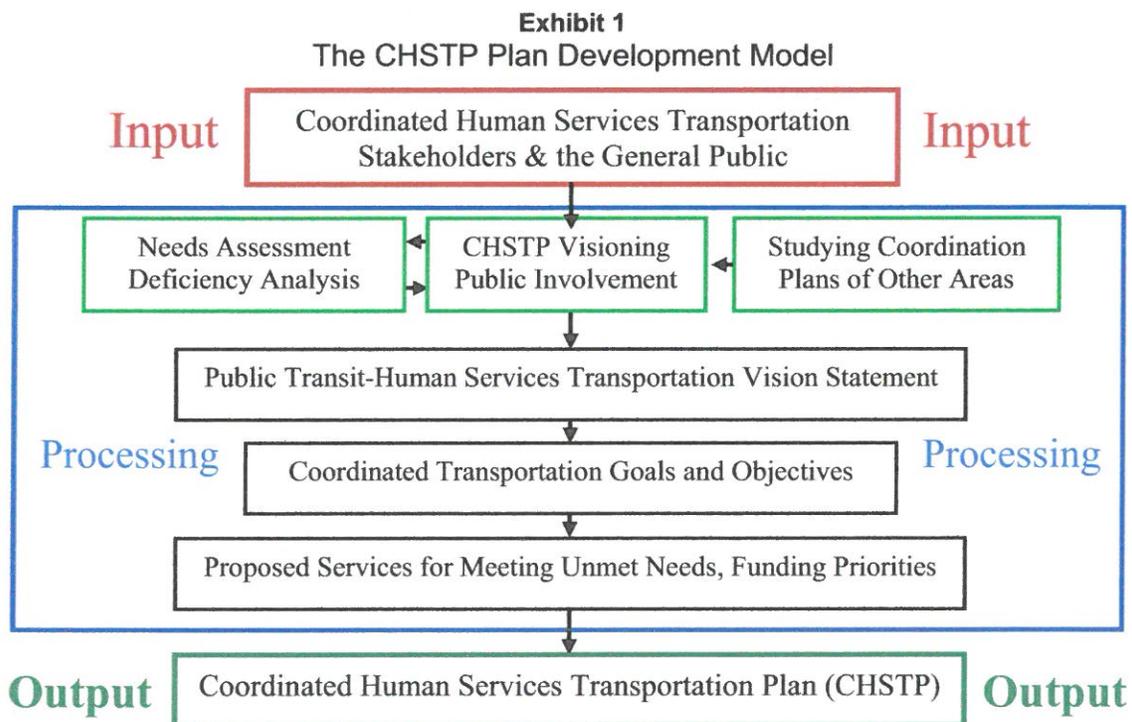
PURPOSE OF THE PLAN

The Coordinated Human Services Transportation Plan (CHSTP) for the service area of the Delta Human Resource Agency (Delta HRA) is prepared in response to federal requirements, as set by the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU).

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PLAN DEVELOPMENT PROCESS



Source: The NBM Associates

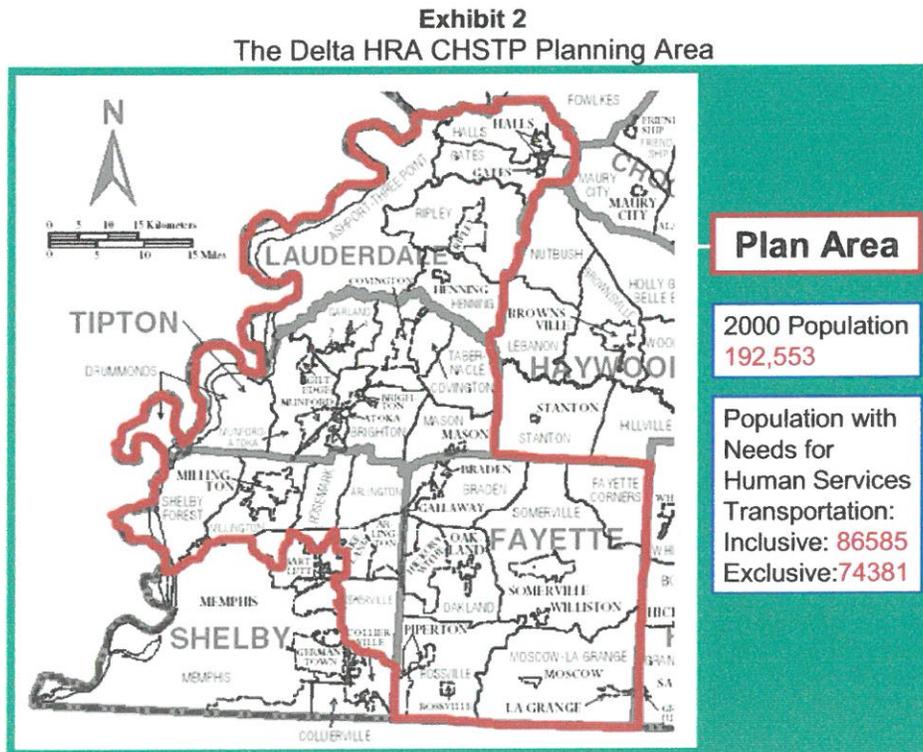
DELTA HRA COORDINATED TRANSPORTATION PLAN

The development of the CHSTP is a vision-driven process (Exhibit 1). The process is comprised of three stages: *Input/Ideas-Getting Stage*; *Information/Data-Processing Stage*; and *Output/Plan-Preparation Stage*. The contents of the CHSTP are derived from three aspects of the visioning process: *Planning Area Human Services Transportation Needs Assessment and Deficiency Analysis*; *Visioning from CHSTP Public Involvement and Stakeholder Participation*; and *Studying Coordination Plans of Other Areas*.

The CHSTP for the Delta HRA Service Area has been developed with a MIRV approach that is Market-driven, Interactive, Research-based, and utilizes a Variety of methods. The MIRV approach to the development of the CHSTP is to ensure that the process for developing the CHSTP is both interactive and integrated. The market-driven aspect will ensure that the goals and objectives developed during the planning process are practical; the interactive aspect will make certain that all interested parties are engaged with the plan development process; and the research-based aspect will make sure that the needs assessment, identification of service gaps, and recognition of duplicated services are objective and based on sound methods.

THE CHSTP PLANNING AREA

The planning area of the CHSTP for the Delta HRA Service Area includes the counties of Fayette, Lauderdale and Tipton, and the Rural Area of Shelby County in the State of Tennessee. Exhibit 2 shows a map of the CHSTP Planning Area. Population for the planning area was estimated at 192,553 according to Census 2000.



Source: 2000 Census, Delta HRA, and The NBM Associates

VISION STATEMENT AND COORDINATION GOALS

Coordinated Human Services Transportation Vision Statement: It is the vision of the public transportation stakeholders for the Delta HRA Service Area that:

1. Rural public transportation should not just pursue quantity of riders, but stress quality of service that respects the schedules and physical conditions of the ill and the elderly.
2. On-call service should not be limited to certain hours during the day, but be available 24 hours a day.
3. Rural public transportation should also make job access trips more economically feasible and timely efficient.

Public Transit-Human Services Transportation Coordination Goals: The following are goals of coordinated public transit-human services transportation:

1. To better serve the populations with special transportation needs, including elderly individuals, individuals with disabilities, and low-income individuals;
2. To eliminate waste in public transportation resources through reduction of duplicated and/or fragmented services among public transit providers;
3. To maximize efficiency in public transportation through collectively-developed funding prioritization and implementation strategies.

A holistic approach should be taken for accomplishing the goals of coordinated transportation and for achieving the vision for human services transportation in the Delta HRA Service Area. The following are strategies suggested by stakeholders for improving existing human services transportation in the Planning Area:

1. Start coordination by compiling an inventory of human services transportation providers in the Planning Area.
2. Make understanding the needs and wants of public transportation users/clients an important part of the transportation deficiency assessment.
3. Provide alternative transportation choices by separating “premier service” from “standard service.” This way, the need for time-sensitive trips can be met through the “premier service” with a higher rider cost; while those trips with less time-sensitivity can be served through the “standard service” with a lower user cost.
4. Educate the general public about the benefits of using public transportation, and inform them of the services provided by the Delta HRA.
5. Start coordination among human services providers (i.e. senior service providers, adult care agencies, and medical clinics, etc.) and Delta HRA so that designated routes/services can be provided for trips with concurrent schedules and/or similar purposes.
6. Educate riders how to ride safely and train drivers how to drive safely.

THE PLANNING PROCESS

The Coordinated Human Services Transportation Plan (CHSTP) is developed through a process consisting of both a vertical component and a horizontal component (Exhibit 1). The vertical component includes identification of public transportation stakeholders; invitation of the public and stakeholders to a full-day public meeting/ planning workshop; and conducting the public meeting/planning workshop for public involvement and stakeholder participation in the CHSTP planning process. The horizontal component of the planning process includes several parallel lines of efforts for data gathering, needs assessment, deficiency analysis, and for gaining insights from studying coordination plans of other areas.

PUBLIC AND STAKEHOLDER PARTICIPATION

Four methods of public outreach were used to involve the public and stakeholders in developing the CHSTP document. The first was by conducting a full-day public meeting/planning workshop; the second was by distributing survey questionnaires to targeted agencies and/or individuals; the third was by distributing the newsletter of the CHSTP planning project to a database of human services transportation stakeholders; and the fourth was by telephone interviewing selected/targeted transit providers, human services providers, area planning agencies, and other interested parties.

Public notices of the CHSTP planning process and the public meeting/planning workshop were advertised and published in the local area's major newspapers including The Fayette Falcon, The Lauderdale Enterprise, The Covington Leader, and The Millington Star. Stakeholders were informed of the CHSTP planning process and the choices available for them to get involved. Public transportation stakeholders and other interested parties of the public could choose to participate in the CHSTP planning process by doing one or several of the following:

- Attending the public meeting/planning workshop
- Subscribing to the CHSTP newsletter
- Responding to the survey questionnaires
- Assisting with distributing user survey questionnaires
- Visiting Community Transportation Association's website: <http://www.ctaa.org>
- Contacting Delta HRA and The NBM Associates (project planning consultant) for additional information, questions, and comments.

HUMAN SERVICES TRANSPORTATION MARKET SUPPLY ANALYSIS

An adequate supply of public transportation services is important for meeting the needs of transit-dependent populations. An undersupply of services will end up with insufficient coverage of areas and hours, and with undependable operation schedules. An oversupply of services could result in waste of precious public transportation resources. A human services transportation market supply analysis was undertaken to assess available services

to identify current providers, service capacity, geographic coverage, and operational deficiencies/limits.

HUMAN SERVICES TRANSPORTATION MARKET DEMAND ANALYSIS

An analysis of the demand for human services transportation was undertaken to understand the scale of the transportation needs for the transportation disadvantaged. The analysis will reveal both the total potential demand and the total served demand for human services transportation.

HUMAN SERVICES TRANSPORTATION UNMET NEEDS ANALYSIS

An unmet needs analysis is necessary for identifying gaps of services and quantifying the unmet demand for human services transportation. Unmet demand for human services transportation can be estimated by subtracting total served/captured demand from total potential/market demand in the study/planning area for human services transportation. Gaps of services can be identified by comparing the transportation needs of the targeted populations with available services for meeting those needs. Perceived deficiencies/limits of current transportation services can also be used for identifying gaps of services in human services transportation.

TRANSPORTATION UNMET NEEDS ROOT CAUSE ANALYSIS

A root cause analysis was undertaken to understand why there are unmet needs for human services transportation. The reasons for unmet needs are either because available services can not meet the current demand or simply that transportation providers are not aware of these unmet needs. For the former, it would be necessary for service providers to identify the causes why available services can not meet the demand and come up with strategies for meeting the unmet needs. For the latter, it would be necessary that the unmet needs of the transportation disadvantaged are identified and transportation providers are informed of those unmet needs

STUDYING COORDINATION PLANS OF OTHER AREAS

In developing this coordinated human services transportation plan, several plans from other areas were reviewed. Successful experiences, approaches and strategies were followed to help develop the CHSTP for the Delta HRA Service Area.

STAKEHOLDER PARTICIPATION

IDENTIFICATION OF STAKEHOLDERS

Delta HRA is the agency leading the CHSTP planning process. With the help from The NBM Associates (the CHSTP project consultant), Delta HRA prepared the contact list of stakeholders for the CHSTP project. In total, 110 organizations/agencies were included in the contact list of stakeholders. Stakeholders are categorized as transportation services providers, human services providers, government agencies, planning organizations, and representatives of human services transportation users.

Among the identified list of stakeholders, there are:

- Public transit providers
- Private transportation companies
- State and local government agencies
- Rural area planning organizations
- Labor and workforce development agencies
- Consumer advocacy groups for the disadvantaged
- Medical facilities and doctor's offices
- Economic development agencies
- Offices of elected officials
- Faith-based organizations
- Private businesses, etc.

PUBLIC INVOLVEMENT OUTREACH EFFORTS

In addition to identifying targeted stakeholders for participation in the planning process, the leading agency Delta HRA also made efforts to involve the general public in the CHSTP planning process. Listed below are several methods of outreach used for public involvement and stakeholder participation in the CHSTP planning process:

- Advertising public notices for the CHSTP planning process and the public meeting/planning workshop in several local and general circulation newspapers including The Fayette Falcon, The Lauderdale Enterprise, The Covington Leader, and The Millington Star;
- Sending public meeting/planning workshop invitation letters to 110 organizations and individuals of public transportation stakeholders and interested parties of the general public, followed by invitation with personal phone calls to selected major stakeholders;
- Mail delivery of the first issue of the CHSTP project newsletter along with the public meeting/planning workshop invitation letter to the 110 organizations and individuals on the contact list of stakeholders for the CHSTP project;
- Newsletter distribution via email to participating stakeholders;
- Distribution of survey questionnaires to stakeholders, transportation users, and to the general public through human services and transportation services providers;

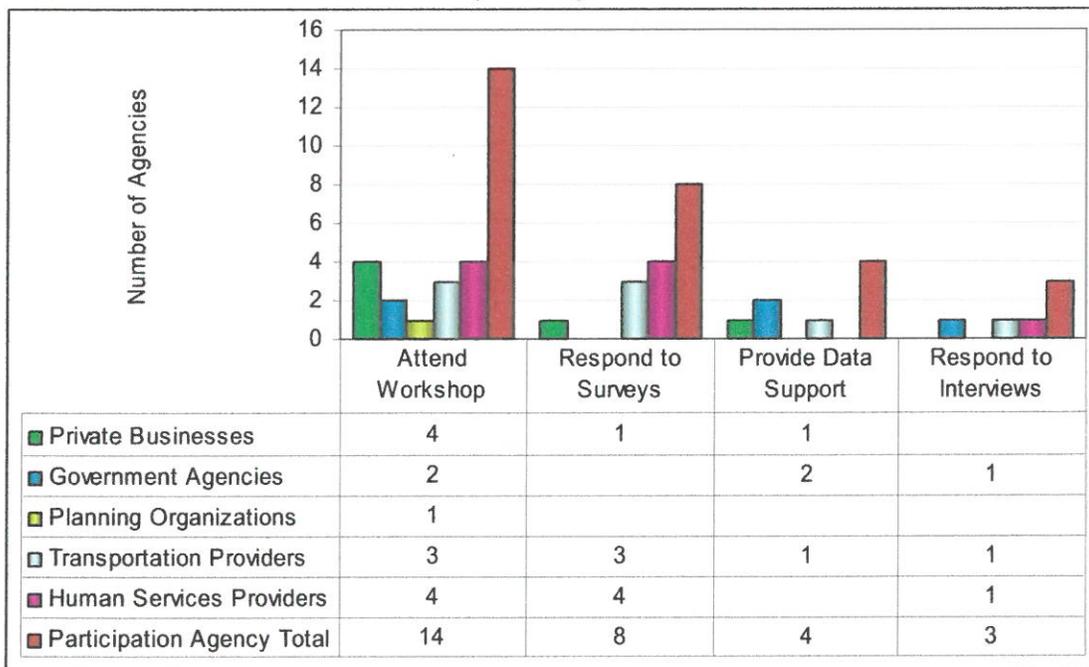
DELTA HRA COORDINATED TRANSPORTATION PLAN

- Telephone interviews of key stakeholders about their services, funding sources, and annual budget amount;
- Data request from human services providers and transportation providers for assessing available services and the needs of the transportation disadvantaged.

STAKEHOLDER PARTICIPATION AND REPRESENTATION

Stakeholder Participation by Means of Involvement: Attending public meetings, responding to survey questionnaires, providing data support, and participating in telephone interviews are the four methods used for stakeholders to participate in the planning process. In summary, fourteen agencies attended the public meeting/planning workshop; eight agencies responded to survey questionnaires; four agencies provided data support; and three organizations participated in telephone interviews (Exhibit 3).

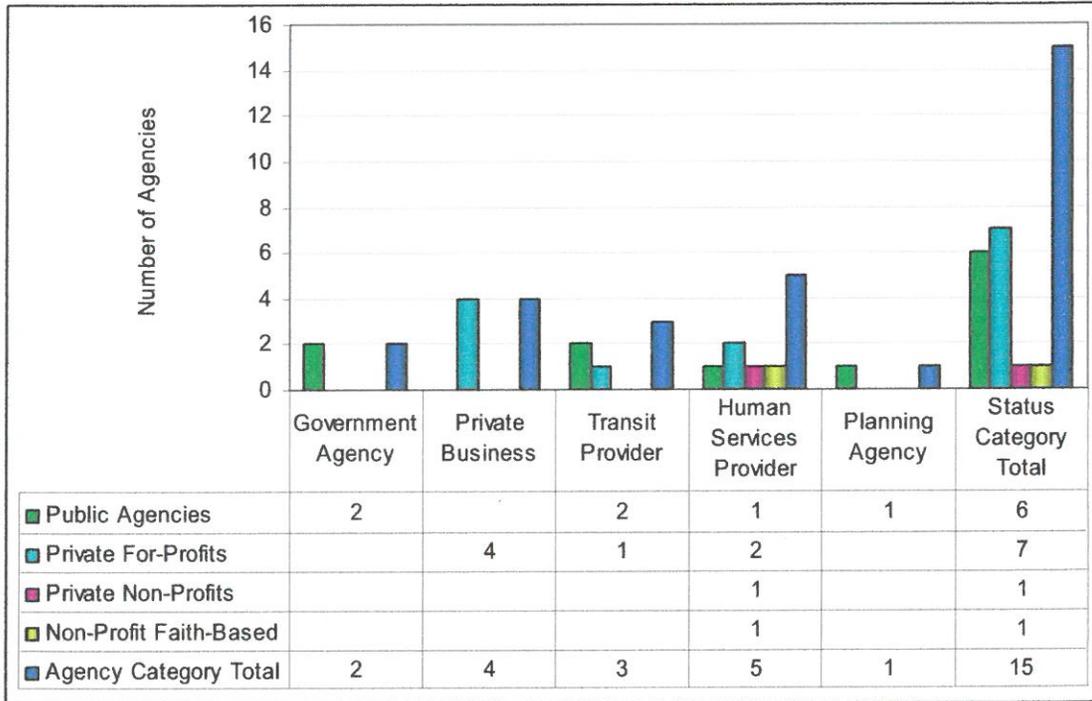
Exhibit 3
Stakeholder Participation by Means of Involvement



Source: Delta HRA, and The NBM Associates

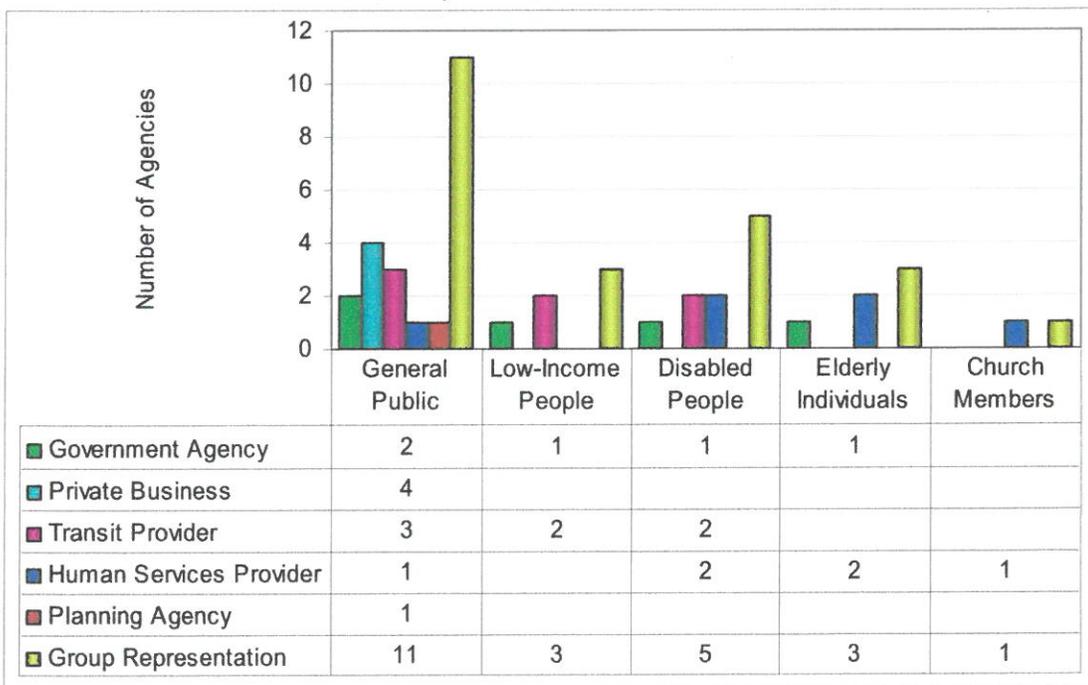
Stakeholder Participation by Agency Category and Legal Status: In total, there are fifteen agencies/organizations participated in the planning process through one or more of the four methods of participation. By agency category, two of the participating stakeholders are government agencies; four are private businesses; three are transit providers; five are human services providers; and one is a planning agency (Exhibit 4). By legal status, six of the participating stakeholders are public agencies; seven are private for-profits; one is a private non-profit; and one is a non-profit faith-based organization.

Exhibit 4
Stakeholder Participation by Agency Category and Legal Status



Source: Delta HRA, and The NBM Associates

Exhibit 5
Stakeholder Representation of Customer Groups



Source: Delta HRA, and The NBM Associates

Stakeholder Representation of Customer Groups: Customer groups served are the general public, low-income people, disabled people, church members, and elderly individuals. Among the 15 participating stakeholders, 11 agencies/organizations serve the general public; three serve low-income people; five serve disabled people; three serve elderly individuals; and another one only serves its members (Exhibit 5).

LIST OF HUMAN SERVICES TRANSPORTATION STAKEHOLDERS

Presented in Exhibit 6 is a list of stakeholders that participated in the planning process and/or worked with a participating stakeholder in providing transportation services to people with special transportation needs in the study/planning area.

Exhibit 6
List of Human Services Transportation Stakeholders

CHSTP Participant	Stakeholder Name	Contact Phone Number
Yes	Biars Davis and Associates	615-227-5499
Yes	Covington Manor	901-476-1820
Yes	Davita Dialysis Clinic	901-475-0410
Yes	Delta Human Resource Agency Transportation	901-475-1269
Yes	Dyson's Garage	901-476-5131
Yes	JARC, Tennessee Department of Transportation	615-253-1028
Yes	Memphis Area Association of Governments (MAAG)	901-729-2871
Yes	Memphis Area Transit Authority (MATA)	901-722-7118
Yes	Metropolitan Inter-Faith Association (MIFA)	901-529-4512
Yes	Premier Transportation Services	901-577-7711
Yes	St. Luke M.B. Church	901-476-9645
Yes	Tennessee Department of Human Services (DHS)	901-475-2505
Yes	The NBM Associates (project consultant)	901-383-6391
Yes	Tipton County Commission on Aging (TCCA)	901-476-3333
Yes	West Tennessee Drug Screens	901-488-4965
*Yes	Memphis Center for Independent Living	901-481-6180
*Yes	Shelby Residential and Vocational Services, Inc.	901-869-9214
No	Aging Commission of the Mid-south	901-324-6333
No	Arrow Transportation	901-332-7769
No	Associated Catholic Charities, Inc.	901-722-4782
No	Friends for Life	901-272-0855
No	Helen R. Tucker Adult Developmental Center	731-635-4290
No	Memphis Metropolitan Planning Organization (MPO)	901-379-7849
No	Southaven Taxi Company, Inc.	901-461-4642
No	Tennessee Dept of Labor & Workforce Development	901-543-7867
No	The Assisi Foundation of Memphis, Inc.	901-684-1564
No	Wheelchair Getaways	901-795-6533
* denotes participation without being able to attend meeting (Center for Independent Living) or indirect participation at a later time (Shelby Residential & Vocational Services)		

Source: Delta HRA, and The NBM Associates

AVAILABLE SERVICES

CATEGORIES OF SERVICES

Two categories of services are currently available in the planning area (Exhibit 7). The first are contract-based semi-demand responsive services that travel on flexible routes but with fixed schedule(s); and the second are total demand responsive services that travel on flexible routes and flexible schedules in response to customers' requests.

Exhibit 7
Categories of Services Offered by Transportation Providers

CATEGORY	FIXED SCHEDULE	FLEXIBLE SCHEDULE
Flexible Route	<p>Semi-demand responsive services, Door-to-door services:</p> <p>Services providers include:</p> <ul style="list-style-type: none"> • Delta HRA; • Arrow Transportation; • Helen R. Tucker Adult Developmental Center. • Memphis Inter-Faith Association (MIFA) Senior Transit; • Shelby Residential & Vocational Services 	<p>Total demand responsive services, door-to-door services:</p> <p>Services providers include:</p> <ul style="list-style-type: none"> • Delta HRA, MIFA, MATA (through City Wide Cab); • Memphis Rideshare Program; • Southaven Taxi Company, Premier Transportation Services, Arrow Transportation; • Friends for Life, Associated Catholic Charities; • Shelby Residential & Vocational Services

Source: CHSTP Survey, CHSTP Planning Stakeholders, and The NBM Associates

Exhibit 8
Modes of Services Provided to Transportation Users

MODE OF SERVICE	SERVICE PROVIDERS
Minibus Service	MATA, Premier Transportation Services, Game Over Charters and Tours, etc. Bus service is wheelchair accessible.
Van Service	Delta-HRA, Tipton County Commission on Aging, MATA, Premier Transportation Services, Arrow Transportation, MIFA, Friends for Life, Wheelchair Getaways wheelchair accessible van rental services, Memphis Rideshare Program Van Pool service, Southaven Taxi Company, etc. Most van services are wheelchair accessible.
Cab/Car Service	MATA (through Citywide Cab), Memphis Rideshare Program (through City Wide Cab and/or Arrow Cab), Associated Catholic Charities, Southaven Taxi Company, Arrow Transportation, Premier Transportation Services, etc.
Limousine Service	Premier Transportation Services' Limousine services, etc.

Source: CHSTP Survey, CHSTP Planning Stakeholders, and The NBM Associates

MODES OF SERVICES AND CUSTOMER GROUPS

Minibus service, van service, cab/car service, and limo service are the four modes of services currently available to patrons in the market area (Exhibit 8). Minibus services are wheelchair accessible. Most van services are wheelchair accessible. Exhibit 9 presents the customer groups served by the various transportation providers in the planning area.

Exhibit 9
Customer Groups Served by Transportation Service Providers

CUSTOMER GROUP	SERVICE PROVIDERS
General Public	<i>Delta-HRA, MATA, Premier Transportation Services, Arrow Transportation, Game Over Charters and Tours, etc.</i>
Elderly Individuals	<i>Delta-HRA, Tipton County Commission on Aging, MATA, Premier Transportation Services, Arrow Transportation, MIFA, Southaven Taxi Company, etc.</i>
Disabled People	<i>Delta-HRA, MATA, Southaven Taxi Company, Helen R. Tucker Adult Developmental Center, Shelby Residential & Vocational Services, etc.</i>
Low-income People	<i>Delta-HRA, MATA, Memphis Ridershare Program (through City Wide Cab and/or Arrow Cab), Associated Catholic Charities, Southaven Tax Company, etc.</i>
Member Service	<i>Associated Catholic Charities, Friends for Life, Helen R. Tucker Adult Developmental Center, Shelby Residential & Vocational Services, etc.</i>

Source: CHSTP Survey, CHSTP Planning Stakeholders, and The NBM Associates

Exhibit 10
Existing Coordination Efforts among
Transportation Providers and Human Services Providers

ORGANIZATIONS	COORDINATION WITH THIRD-PARTY CONTRACTOR(S)
Delta HRA	<i>Delta HRA has worked with Christian Homes for Retarded Individuals to provide transportation services to its residents on a daily basis to and from residence to job sites. Delta HRA has a contract with Southwest Community Services Agency to provide transportation for the Work First TN program. Delta HRA Transportation has worked with schools and daycare centers in transporting their students and kids to various outdoor activities. Delta HRA is open to coordination with other agencies.</i>
MATA	<i>MATA has a contract with Citywide Cab to provide service to Families First recipients in areas beyond MATA's service area or when their transportation need is outside MATA's service hours. MATA annually enters into a charter bus agreement with local charter companies.</i>
MIFA	<i>MIFA currently coordinates with TennCare, the Aging Commission of the Midsouth and other agencies to provide transportation services to their clients.</i>

Source: CHSTP Survey, CHSTP Planning Stakeholders, and The NBM Associates

EXISTING COORDINATION

Summarized in Exhibit 10 are coordination efforts among transportation providers and human services providers. During the planning process, participating stakeholders expressed a strong desire for coordination and collaboration in providing better services to people with special transportation needs in the study area.

SUMMARY OF KEY STAKEHOLDERS

Delta Human Resource Agency (Delta HRA), Covington, TN: Delta HRA provides fixed demand-responsive rural public transportation in Fayette County (TN), Tipton County (TN), Lauderdale County (TN) and rural areas of Shelby County (TN). The service is provided Monday through Friday from 6:00 a.m. to 6:00 p.m. except on holidays. The services of Delta HRA can be categorized into two types:

- **Serving the general public:** The service is available to the general public, giving first priority to elderly, handicapped, and economically disadvantaged with medical needs. Reservation for transportation must be made at least three days in advance of a scheduled trip within the resident's county, and at least five days in advance of a scheduled out-of-area trip.
- **Serving contracted clients:** Delta HRA provides transportation for individuals to reach their jobs and to access their childcare givers through various contracts. For example, under the Job Access Program funds provided by Tennessee Department of Transportation (TDOT) and Federal Transit Administration (FTA), Delta HRA transports eligible Families First recipients and low income persons to access their jobs. Delta HRA provides transportation services for residents of Christian Homes for Retarded Individuals Inc. to access their job sites.

Delta HRA owns 48 passenger vans, half of which are ADA accessible. Average seating capacity is 15 people. Annual ridership is estimated at 45,000. Average daily travel per vehicle is ~200 miles.

Tipton County Commission on Aging, Covington, TN (TCCA): TCCA is a non-profit organization that promotes independence and wellness of senior citizens through advocacy; education, training, planning and programming. TCCA operates one multi-purpose senior center. TCCA regularly transports seniors in Tipton County to shopping destinations, doctor's office, paying bills, and recreation trips. TCCA owns 5 vans, two of which are wheelchair accessible. During FY2006 and FY2007, TCCA transported 450 people and conducted 12,000 one-way trips.

Memphis Area Transit Authority (MATA), Memphis, TN: MATA is the largest transit providers in the state of Tennessee. MATA provides four types of transportation services: fixed-route bus, paratransit, vintage rail trolley, and special event shuttle service. In 2006, MATA provided service for more than 11 million person trips.

DELTA HRA COORDINATED TRANSPORTATION PLAN

Fixed-route Bus Service: MATA operates 39 bus routes serving four cities: all 39 routes serve Memphis (TN), three routes serve West Memphis (AR), three routes serve Germantown (TN), one route serves Bartlett (TN) and one route serves Collierville (TN). All MATA fixed-route bus service is ADA accessible. MATA owns 195 fixed-route buses, of which 166 are in the active fleet. The 2006 fixed-route bus service ridership was 10,519,005.

Paratransit Service: MATA's paratransit service is provided through MATApplus, a curb to curb service that operates during the same days and hours as the fixed-route bus system. MATApplus' service area extends one mile beyond the fixed-route bus system to meet the transportation needs of persons with disabilities in the Memphis urbanized area. MATApplus only serves persons with disabilities. To utilize MATApplus service, a rider must meet eligibility requirements and make reservation to schedule a trip. MATA owns 67 demand-responsive vans, of which 63 are in the active fleet. The 2006 MATApplus demand-responsive service ridership was 245,712.

Vintage Trolley Service: MATA's trolley service is comprised of three routes: Main Street, Madison Avenue, and Riverfront Loop. MATA owns 20 trolley cars, of which 19 are in the active fleet. All trolley stations and stops are ADA accessible. The 2006 vintage trolley service ridership was 959,269.

Special Event Shuttles: MATA provides shuttle service to all Memphis Grizzlies basketball games and Memphis Tiger basketball games at the FedEx Forum.

Metropolitan Inter-faith Association (MIFA) Senior Transit (MIFA Senior Transit), Memphis, TN: MIFA Senior Transit provides fixed-route and demand-responsive rides to Shelby County (TN) senior residents. The fixed route service takes seniors to senior centers, nutrition centers, and senior companion worksites. The demand-responsive service takes seniors to medical or dental appointments, pharmacies, government agencies, post offices, banks, Alzheimer's day care centers, and nursing homes.

All clients are picked up at their origin and dropped off at their destination. Priority is given to low-income senior clients and disabled seniors who are unable to access traditional public transportation. The MIFA Senior Transit fleet has 19 vehicles, of which three are passenger cars, one is a minivan, nine are 15-passenger vans, two are lift vans, and four are cutaway buses with lifts. Annual MIFA Senior Transit ridership is estimated at 70,000 – 72,000. Average travel distance per trip is about 5 miles.

Shelby Residential & Vocational Services, Inc. (SRVS): SRVS provides both residential and day services to people with developmental disabilities. SRVS provides transportation to day activities, doctor and therapy appointments, shopping, recreation and family visits to its service recipients. Most of these trips are conducted within Shelby County. SRVS owns 115 cars and vans, of which 25 are wheelchair accessible. From FY2002 to FY2006, the average annual ridership had been increasing from 109,500 in FY2002 to 167,900 in FY2006. SRVS purchases ride tickets from MATA through a Bus Card program to bring its service recipients to the workshop or day center and return them

home. SRVS also reimburses parents or caregivers for using their private transportation to transport its service recipients to or from day service.

Memphis Area Ride Share Program, Memphis and Shelby County Department of Regional Services, Memphis, TN: Memphis Area Ride Share allows commuters to take up to six guaranteed rides to and from work per calendar year. When a commuter, who is participating in carpooling, vanpooling, or using mass transit, is unable to take their normal means of transportation, the Guaranteed Ride Home service is available through taxi cab services. This service is intended to promote ridesharing and encourage members to forego the convenience of “single-occupancy vehicle” travel in knowing that they will not be stranded if their rideshare mode of transportation is unavailable due to specified unforeseen circumstances.

Since 2001, over 12,000 such trips were provided to commuters under the Guaranteed Ride Home Program. The current service area of the Guaranteed Ride Home Program includes Shelby, Fayette, and Tipton counties of Tennessee, DeSoto County of Mississippi, and Crittenden county of Arkansas. The Guaranteed Ride Home program is available seven days a week, 24 hours a day via services provided by the contracted transportation provider(s). The Department of Regional Services is the contact point for Rideshare commuter registration. Transportation providers must meet all Federal ADA requirements for transporting challenged individuals.

Premier Transportation Services, Inc., Memphis, TN: Premier Transportation Services, Inc. is a private transportation provider located at the south end of downtown Memphis. It is comprised of two taxi cab companies, Yellow Cab (Southern Transportation) and Checker Cab, which provide taxi and courier services, and Premier Transportation, which provides bus, limo shuttle, minivan, and sedan services. Various human services agencies in the Memphis Metropolitan Area use Premier Transportation Services on demand basis. Annual ridership of Premier Transportation Services is estimated at 1.1 million. Fleet capacity is comprised of 70 taxi cabs, 8 mini passenger buses (each with 25 passenger seating capacity), 5 regular vans each with 14 passenger seating capacity, and 5 buses with 45 passenger seating capacity.

Arrow Transportation, Memphis, TN: Arrow Transportation’s base area of services includes Memphis, Shelby County (TN), Crittenden (AR), and DeSoto County (MS). Fayette and Tipton Counties of TN, Jackson, TN, are to be added to the service area. Arrow Transportation provides Taxi Cab/Van Service. Arrow Transportation owns a total of 50 vehicles; 40 taxi cabs, three 15-passenger vans, two 7-passenger vans, three sedans, and two wheelchair accessible vans with rear and side lift.

Arrow Transportation currently provides services to the Memphis Rideshare Program, to Memphis Housing Authority (MHA) for its HOPE Memphis program, and to senior citizen for different activities. Arrow Transportation provides transportation services to MHA residential association: where Arrow Transportation picks-up residents once every month to personal activities, cultural activities, and recreational activities. Annual

ridership for 2006 is estimated at 750,000 person trips. Average trip distance is 10 miles per one way trip.

Southaven Taxi Company, Inc., Southaven, MS: Southaven Taxi Company is a private transportation company solely provides transportation for beneficiaries of Medicaid's Non-Emergency Transportation (NET) program. The NET program is set up to help pay for rides to and from a doctor's office, clinic or other places for medical care that can be planned ahead of time. Southaven Taxi's primary service area includes North Mississippi, West Tennessee, and Eastern Arkansas. The company has 36 fulltime drivers and a fleet of forty-four (44) vehicles, of which 8 are ADA approved wheelchair lift equipped vans. Annual ridership is estimated at 300,000.

Friends for Life, Memphis, TN: Friends for Life provides critical services, basic needs, and outreach programs that empower people affected by HIV/AIDS to optimize their longevity and quality of life. The 2006 client base is 1,900. The agency's programs include education, housing, food, transportation, healthcare, and healthy life skills. Transportation is provided to medical appointments, support services and client related special events. Friends-for-Life coordinates the daily transportation schedule for the van drivers who travel all over the Memphis metropolitan area transporting those without vehicles to medical and other appointments. The organization owns 2 vans. Average length of trip is about 18 miles. Annual ridership is estimated at 500.

Wheelchair Getaways, Memphis, TN: Wheelchair Getaways is an independently owned franchise, private transportation provider of rental wheelchair accessible vans in over 450 cities nationwide. The Memphis office owns 6 vehicles (2 full-size vans, 4 minivans) and covers a service area of 100-mile radius of Memphis. Typical trips of Wheelchair Getaways are conducted for medical visits, physical rehab, and family outing. Rentals are made on a daily basis. Ridership is about 1,000 rental days. Utilization is around 50%.

Tennessee Department of Labor and Workforce Development: The Department of Labor and Workforce Development provides a bridge from social dependency to self sufficiency through life-skills training and career preparation assistance. Under the Food Stamps Employment and Training program, a \$25 Bus Card is issued on monthly basis to clients participating in job training and job search. Each student is given a check of \$25 and \$25 worth of MATA Bus Card (21 ride card). In 2006, 480 bus cards were issued to program participants. A lump sum amount is deposited to MATA for purchasing bus rides, MATA then uses funds from account.

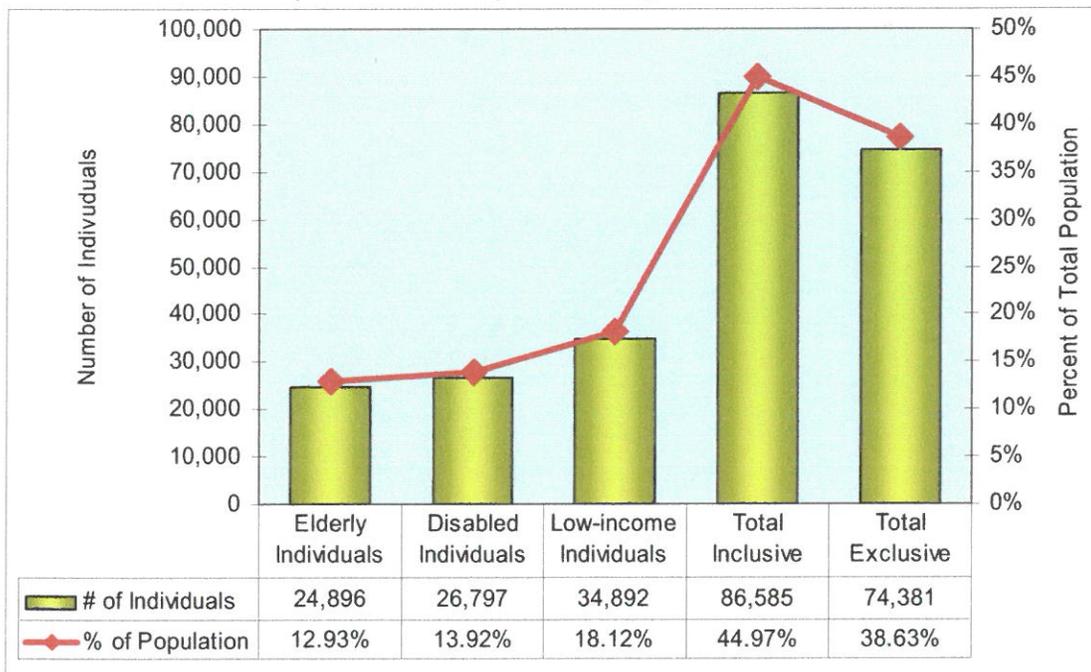
Associated Catholic Charities, Memphis, TN: Catholic Charities provides resettlement, cultural orientation, case management, residential treatment services, child care, employment training and placement services. Catholic Charities transport program enrollees for doctor and necessity trips, job sites, children to school, and educate program enrollees on how to use public transportation. Catholic Charities has 3 owned vehicles, and 1 leased vehicles. Annual ridership is estimated at 300.

NEEDS AND GAPS

POPULATIONS WITH SPECIAL TRANSPORTATION NEEDS

Number of Individuals with Transportation Needs: Under federal transit law, as set in SAFETEA-LU, three categories of people are considered as populations with special transportation needs: elderly people, people with disabilities, and low-income people. Federal Transit Administration (FTA) defines elderly people as individuals 60 years old and over; FTA defines low-income people as individuals live with an income below 150% of the national poverty level. Exhibit 11 shows the number of elderly individuals, disabled individuals, and low-income individuals in the planning area from 2000 Census.

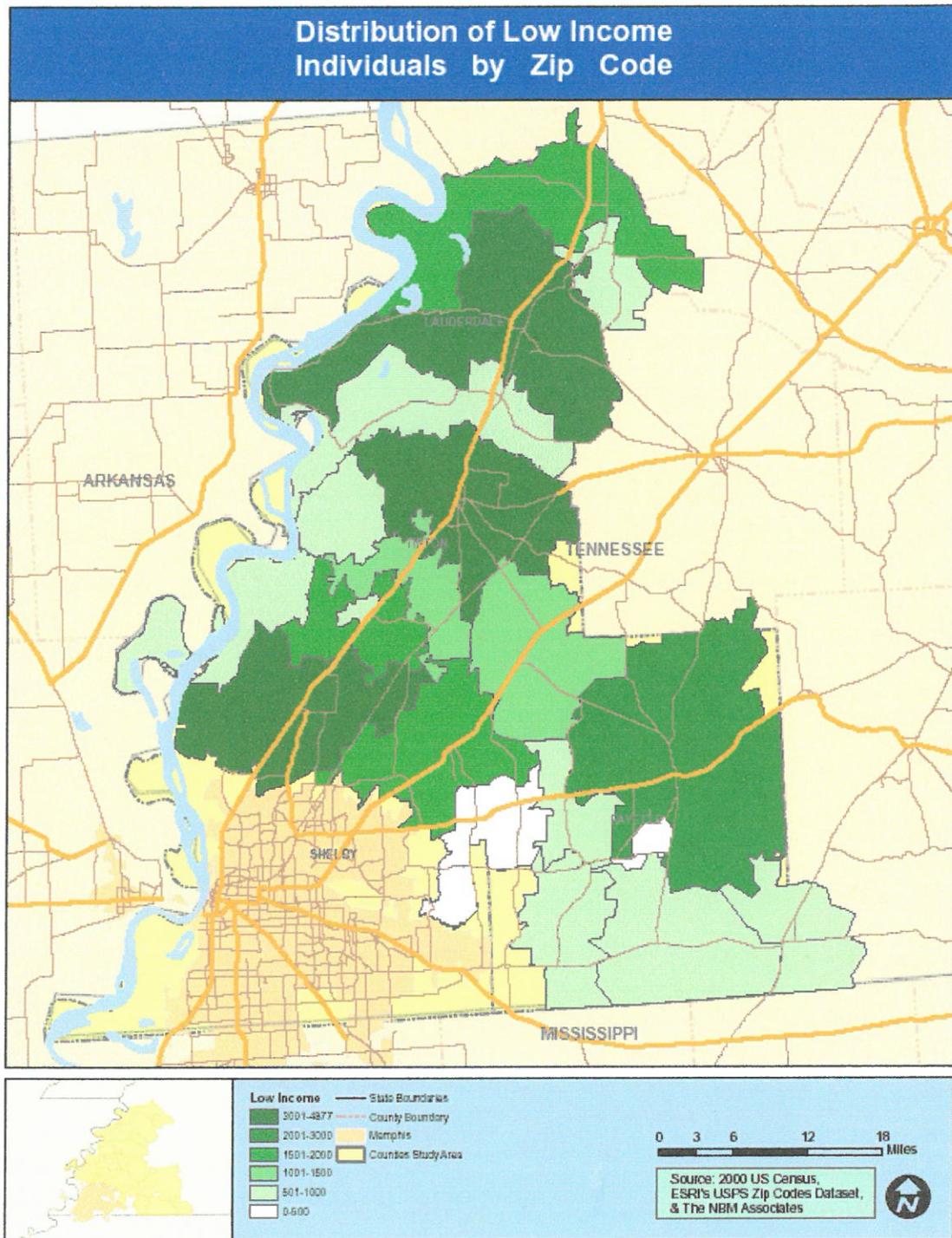
Exhibit 11
Populations with Special Transportation Needs



Source: 2000 Census, and The NBM Associates

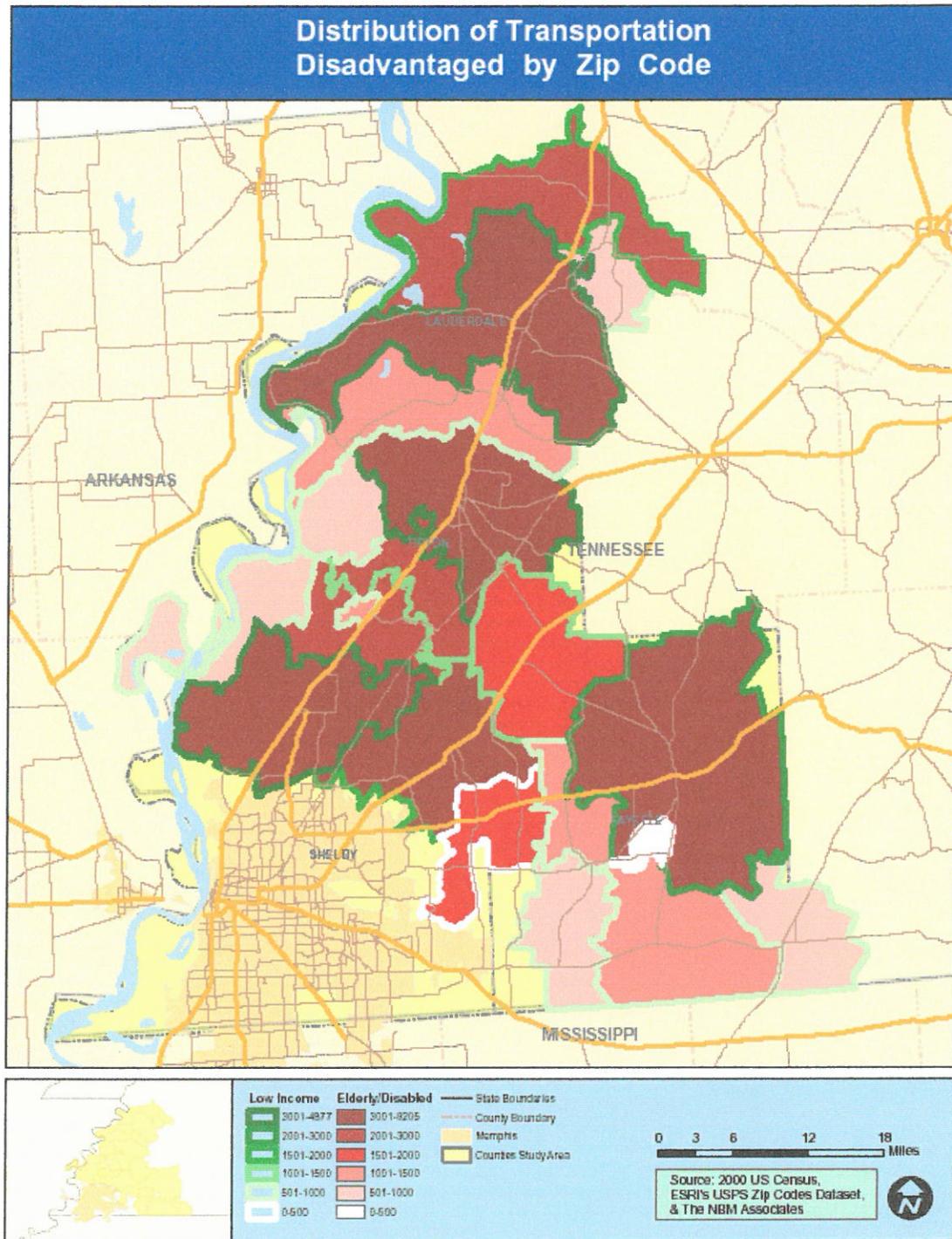
Distribution of Individuals with Transportation Needs: The spatial distributions of elderly individuals & individuals with disabilities, and individuals with limited income in the CHSTP Planning Area are illustrated, respectively, in Exhibit 12 and Exhibit 13. The most number of elderly individuals and individuals with disabilities is located in the central part of Lauderdale, in the northern part of Tipton, in the northeast part of Fayette, and in the northern part of rural Shelby County. The most number of low-income people is located in the central part of Lauderdale, in the northern part of Tipton, and in the northeast part of rural Shelby County. Compared with the distribution of the elderly & disabled individuals, there are relatively fewer low-income individuals located in the northeast part of Fayette and rural Shelby County (Exhibit 14). Most of the low-income people in the Planning Area are located along the US Highway 51 corridor.

Exhibit 13
Spatial Distribution of Individuals with Limited Income in the Planning Area



Source: Census 2000, ESRI's USPS Zip Codes Dataset, and The NBM Associates

Exhibit 14
 Distribution of Low-Income Individuals Overlay with the
 Distribution of Elderly & Disabled Individuals in the Planning Area



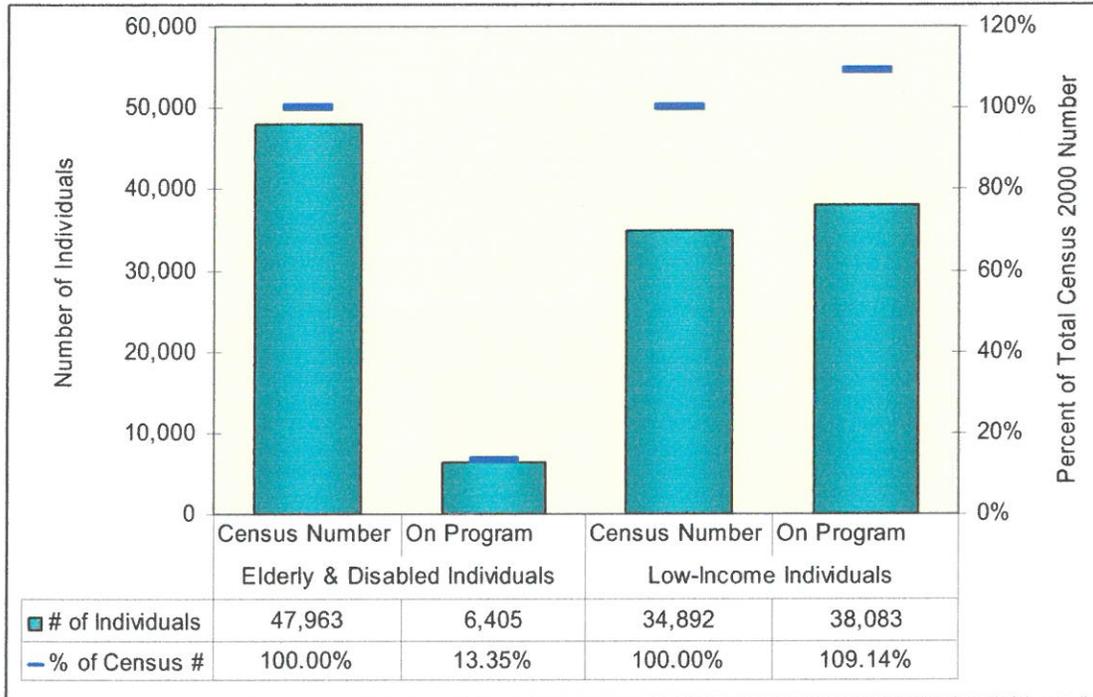
Source: Census 2000, ESRI's USPS Zip Codes Dataset, and The NBM Associates

LATENT DEMAND FOR HUMAN SERVICES TRANSPORTATION

People with Transportation Needs on Human Services Programs: According to the 2000 Census, 47,963 individuals or 24.91% of the population in the planning area are elderly individuals 60 years & older and individuals with disabilities 5 years & over; 34,892 individuals or 18.12% of the population are low-income people living with an income below 150% of the poverty level (Exhibit 15).

Exhibit 15

People with Special Transportation Needs Using Human Services Programs

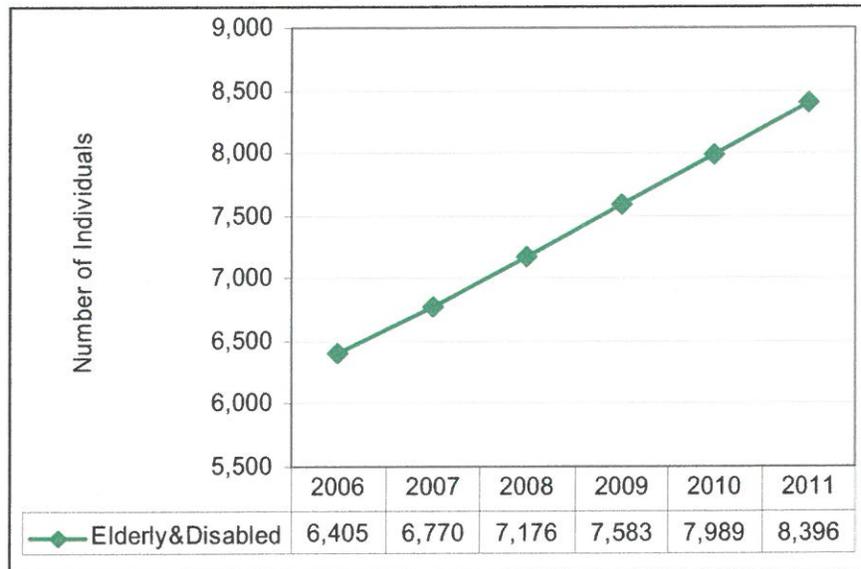


Source: TN Department of Human Services, TN Commission on Aging and Disability, Census 2000, Various CHSTP Planning Stakeholders, and The NBM Associates

It is estimated that 6,405 elderly and/or disabled individuals are currently using various human services programs; most of these individuals depend on public transportation for meeting their human services and medical services needs. For people with limited income, it is estimated that 38,083 individuals are currently on various human services programs. This number of individuals currently on federal assisted programs is over 9% more than the number of individuals living with an income below 150% of the poverty level by Census 2000 for the planning area. Possible reason for this could be due to the increase of the overall population since 2000 Census or due to temporary needs of some individuals from the more affluent income categories.

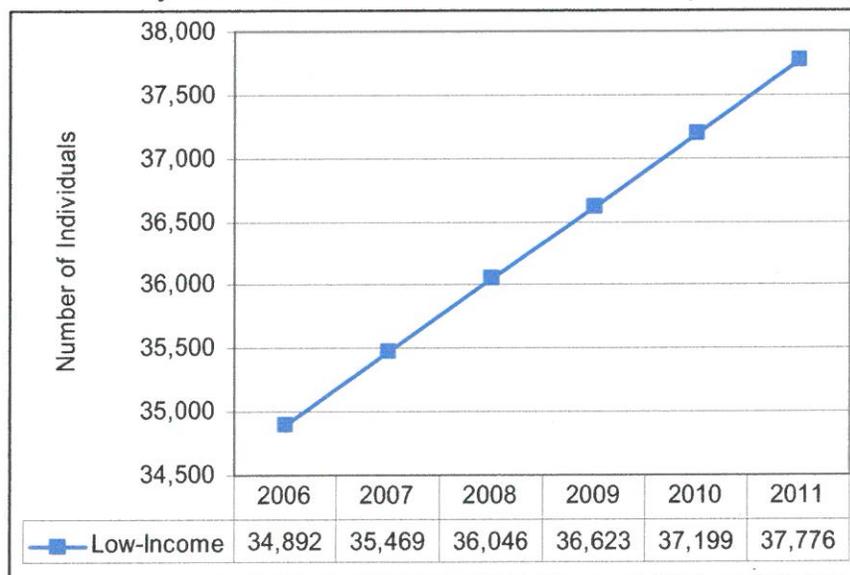
With the improvement of public transportation services and awareness about public transportation, it is expected that more elderly individuals, individuals with disabilities, and low-income individuals will use public transportation service for commuting to worksites and for meeting their regular human services and medical services needs.

Exhibit 16
Projections of Elderly & Disabled Individuals on Programs



Source: TN Commission on Aging and Disability, Census 2000, Various CHSTP Planning Stakeholders, and The NBM Associates

Exhibit 17
Projections of Low-Income Individuals on Programs



Source: TN Department of Human Services, Census 2000, Various CHSTP Planning Stakeholders, and The NBM Associates

Growth Trends of the Transportation Disadvantaged Populations Using Human Services Programs: Based on recent trends of elderly and disabled individuals in using the services of various human services programs, it is projected that 1,991 elderly and/or disabled individuals will be added in the next five years to human services programs of

DELTA HRA COORDINATED TRANSPORTATION PLAN

seniors and disabled people (Exhibit 16). This number of addition represents a 31% of growth in the number of elderly and disabled individuals in using human services programs for the next five years. The total number of elderly and disabled individuals on human services programs is projected at 8,396 by Year 2011. Most of these individuals will depend on public transportation for their human services and medical services needs.

For low-income population, it is projected that 2,884 individuals living with an income below 150% of the poverty level will be added within the next five years to the planning area (Exhibit 17). This number of addition represents an 8.27% increase in the number of low-income individuals in the planning area. The total number of low-income individuals is projected at 37,776 by the year 2011. Many of these individuals will have a need for public transit services to meet their day to day living schedules.

From 2011 to 2030, it is projected that another 7,725 elderly and disabled individuals will be added to human services programs of seniors and disabled people; and another 10,960 low-income individuals will be added to the planning area (Exhibit 18).

Exhibit 18
People with Special Transportation Needs
Using Human Services Programs: Growth Projections

Year	Low-income People		Elderly & Disabled Individuals	
	Total Number	Cumulative Growth	Total Number	Cumulative Growth
2007	35,469		6,770	
2011	37,776	6.51%	8,396	24.01%
2016	40,661	14.64%	10,429	54.04%
2021	43,545	22.77%	12,462	84.07%
2026	46,429	30.90%	14,494	114.10%
2030	48,737	37.41%	16,121	138.12%

Source: TN Commission on Aging and Disability, TN Department of Human Services, Census 2000, Various CHSTP Planning Stakeholders, and The NBM Associates

Latent Demand for Public Transportation Services: Current demand for public transit services in the Planning Area mainly comes from two groups of users. The first is transit-dependent elderly and disabled individuals who can not operate a private automobile; and the second is low-income people who can not afford to own and operate a private automobile. Latent demand for public transit-human services transportation is estimated at 24,119 riders in the Delta HRA Service Area (Exhibit 19).

Exhibit 19
Demand for Human Services Transportation in the Delta HRA Service Area

Total Excluding Overlapping		Census 2000	On Programs	Latent Demand
Elderly and/or Disabled People	Elderly Individuals	23,245	6,045	6,045
	Disabled Individuals	28,578		
People with Limited Income	below Poverty Line	18,074	38,083	18,074
	below 150% Poverty Line	30,477		
Total Excluding Overlapping		68,860	44,128	24,119

Source: TN Department of Human Services, TN Commission on Aging and Disability, Census 2000, Various CHSTP Planning Stakeholders, and The NBM Associates

COMMON ORIGINS AND COMMON DESTINATIONS

Top Thirty Common Origins of Human Services Transportation Users: Affordable housing sites, senior housing sites, and neighborhoods/corridors with the most noted number of human services transportation users are identified as common origins of human services transportation users. Listed in Exhibit 20 are the top thirty common origins of human services transportation users in the Delta HRA Service Area.

Exhibit 20
Top Thirty Common Origins of
Human Services Transportation Users in the Planning Area

CATEGORY	LOCATION
Affordable Housing Sites (7 Sites)	Cottonwood Estates-Mueller Brass Road, Covington
	Lake Street Apts-307 Lake Street, Somerville
	Chapel Ridge of Ripley-449 Robeson St, Ripley
	Lauderdale Homes-Highland & Highway 19, Ripley
	Flat Irons Road Apts-1150 Simonton Street, Covington
	Mason Manor-Route. 1 Box 279, Mason
	Center Point-Church St., Henning
Highway Corridors (9 Locations)	U.S. Highway 51-Millington, Munford, Artoka, Brighton, Covington, Henning, Ripley
	U.S. Highway 70 -Mason
	U.S. Highway 64 -Somerville, Oakland
	Tennessee Highway 54-Covington
	Tennessee Highway 59 - Covington
	Tennessee Highway 209 - Henning, Ripley
	Tennessee Highway 384-Covington
	Tennessee Highway 76-Somerville
Tennessee Highway 205-Arlington	
Senior Housing Sites (14 Sites)	Covington Manor Inc - 1992 Highway 51 S., Covington
	Covington Senior Center - 401 S College St, Covington
	NHC Healthcare, Somerville-308 Lake Drive, Somerville
	Millington Health Care Center-5081 Easley Avenue, Millington
	Lauderdale Community Living Center - 215 Lackey Lane, Ripley
	Ripley Healthcare and Rehab Center - 118 Halliburton Drive, Ripley
	Brighton Senior Citizens Center-72 School St., Brighton
	Dunlap Retirement Center-1495 Dunlap Orphanage Road, Brighton
	Parkway Cove of Covington-805 Bert Johnston Avenue, Covington
	Butler Tree Service-9980 Tracy Road, Atoka
	Wesley Millington Towers - 5077 Easley Av., Millington
	Ripley Residential Care Center, 315 Asbury Avenue, Ripley
	Meadowview Elderly Apts-1000 Meadowview Cove. Covington
Oakwood Manor Apartments-49 Oakwood Manor Cove, Somerville	

Source: CHSTP Survey, CHSTP Planning Stakeholders, and The NBM Associates

Top Thirty Common Destinations of Human Services Transportation Users: Career centers, workforce development centers, cultural and recreational locations, educational destinations, human services agencies, medical facilities, retail places, and transportation hubs are locations identified as common destinations of human services transportation

DELTA HRA COORDINATED TRANSPORTATION PLAN

users. Exhibit 21 presents the top thirty common destinations of humans services transportation users in the Delta HRA Service Area.

Exhibit 21
Top Thirty Common Destinations of
Human Services Transportation Users in the Planning Area

CATEGORY	ORGANIZATION NAME OF COMMON DESTINATION
Career Centers/Educational Destinations	Tennessee Career Center - Tipton, Lauderdale, Somerville
	Dyersburg State Community College-Covington
	Southwest Community College- Millington, Somerville
Human Services Agencies	Delta HRA-Covington
	County Health Department - Tipton, Fayette, Lauderdale, Shelby
	TN Dept of Human Services - Tipton, Fayette, Lauderdale, Shelby
	Tipton County Commission on Aging/Covington Senior Center-Covington
	Tipton County Adult Developmental Center-Covington
	Helen R. Tucker Adult Development Center-Ripley
	Fayette County Developmental Center-Somerville
	Rehabilitation World-Somerville
Medical Facilities	Baptist Memorial Hospitals- Memphis, Tipton, Ripley
	Davita Dialysis Clinic-Covington
	Hospitals in Jackson-Various Locations, Jackson, Madison County
	Professional Care Service-Covington
	Poplar Avenue Doctor's Offices -Various Locations, Memphis
	Union Avenue Doctor's Offices -Various Locations, Memphis
	May Medical Group - Munford
	Star Physical Therapy-Covington
	University of Tennessee Family Medicine-Covington
	Methodist University Hospital-Union Avenue, Memphis
	Methodist Fayette Hospital - Somerville
	St. Francis Hospital - 3 Locations, Memphis
	Veterans Affairs Medical Center, Memphis
Retail Places	Kroger-Oakland, Covington, Millington, Arlington
	Grocery Stores - Various Locations
	Super D's Drug Store -Various Locations
	Wal-Mart Store - Millington, Covington, Ripley, Somerville
Utility Companies	Municipal/Private Gas, Light, Water Companies - Various Locations
Job Sites and Childcare Facilities	Various Locations

Source: CHSTP Survey, CHSTP Planning Stakeholders, and The NBM Associates

Common Origins as Identified by Locations of the Transportation Disadvantaged Using Human Services Programs: One way to identify the common origins of human services transportation users is to find the locations of transit-dependent populations using various human services programs; these groups of people are most likely to use human services transportation in the planning area. However, as it is against the law to

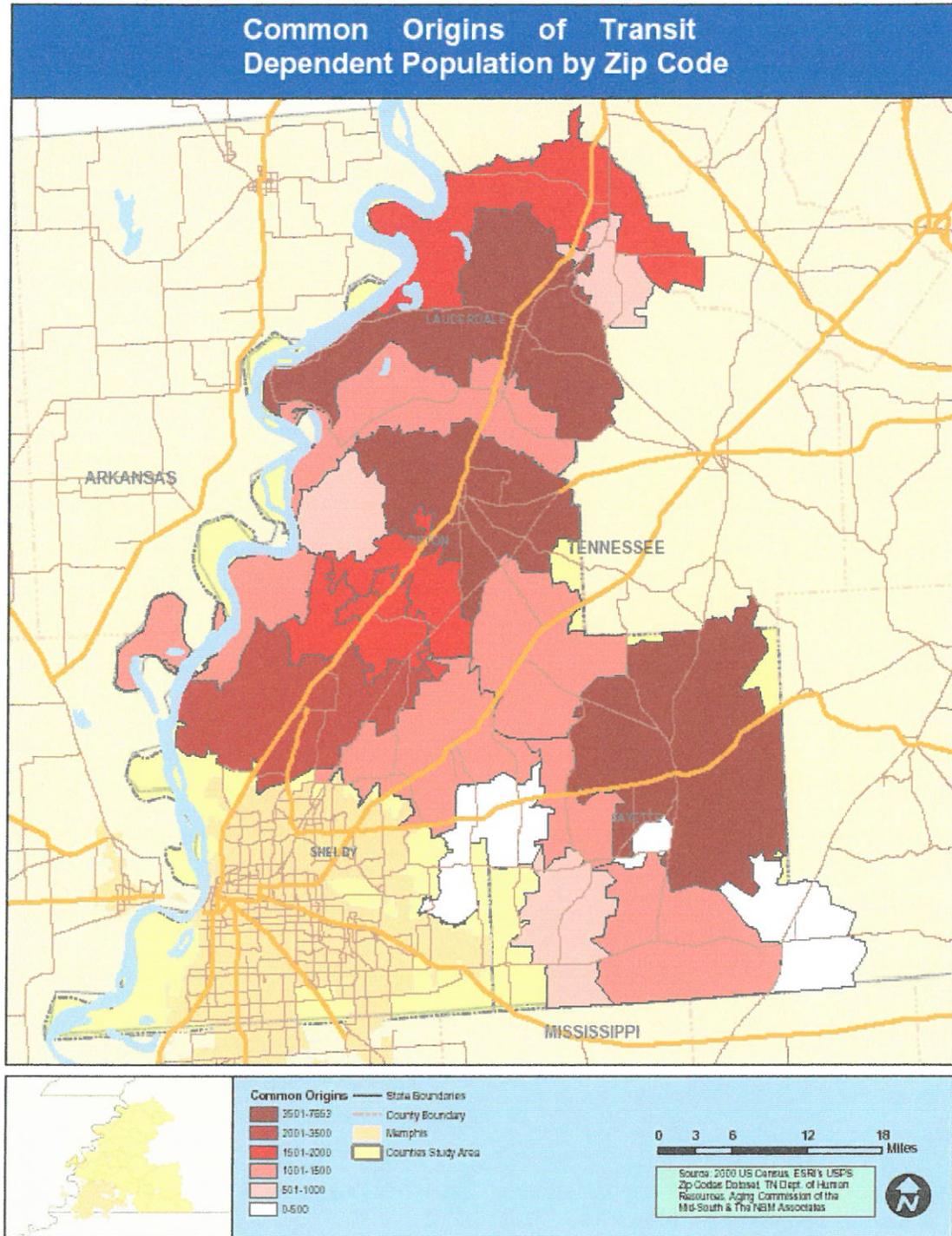
release location information of individuals, the locations of people on various human services programs are grouped into counts by zip code, which identifies a zip code area as a single common origin of individuals on human services programs. This zip code information is used in Geographic Information System (GIS) mapping to show the distribution of latent human services transportation users and to help identify the area(s) with the most counts of programs caseload by zip code as the most common origins of human services transportation users.

Shown in Exhibit 22 is the distribution of common origins of the populations with special transportation needs on human services programs by zip code. The most number of caseloads by zip code is located in the central part of Lauderdale, in the northern part of Tipton, and in the northeast part of Fayette. The second most number of caseloads is located in the northwest part of rural Shelby County.

Common Destinations as Identified by Locations of Employers and/or Businesses Employing or Serving Human Services Transportation Users: Common destinations of human services transportation users are identified as: employment/job centers; retail/shopping centers; job training/educational facilities; healthcare/medical facilities; transportation hubs; human services destinations; public administration destinations; and recreation/entertainment destinations. Employers/agencies that fall under these categories of organizations are selected for GIS mapping to locate the areas of common destinations for human services transportation users.

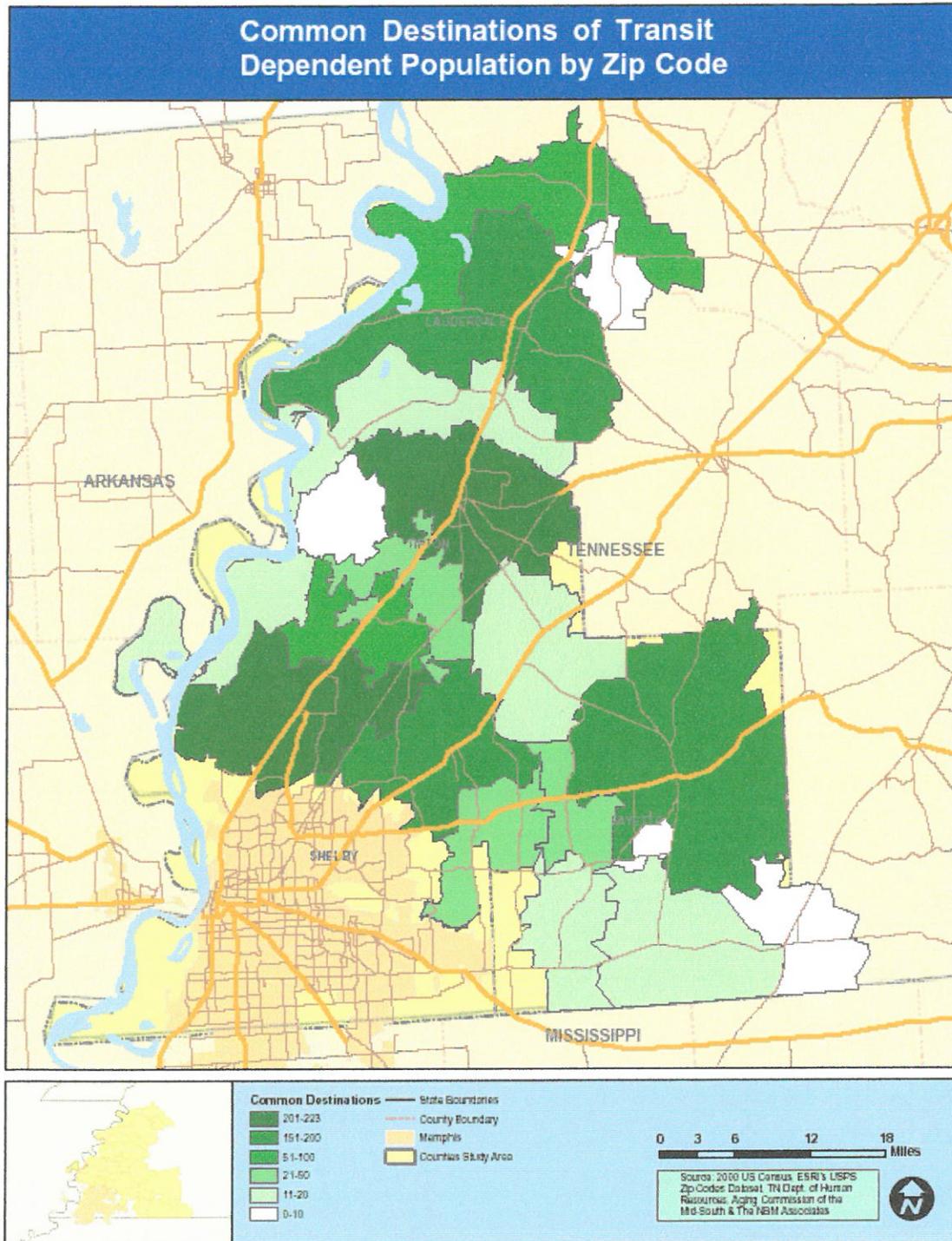
Exhibit 23 shows the distribution of common destinations of transit-dependent people in the CHSTP Planning Area by zip code. The most number of common destinations for human services transportation users is located along the US Highway 51 corridor in the northern part of Tipton and in the northeast part of rural Shelby County (including Millington). The second most number of common destinations for human services transportation users is located in the central part of Lauderdale, in the northeast part of Fayette and rural Shelby County.

Exhibit 22
Common Origins of Transit-Dependent Persons: Distribution by Zip Code



Source: TN Department of Human Services, Aging Commission of the MidSouth, Census 2000, ESRI's USPS Zip Codes Dataset, and The NBM Associates

Exhibit 23
Common Destinations of Transit-Dependent Persons: Distribution by Zip Code



Source: TN Dept. of Labor and Workforce Development, 2002 Economic Census, ESRI's USPS Zip Codes Dataset, and The NBM Associates

UNMET NEEDS AND SERVICE GAPS

Perceived Areas of Deficiencies: During the public meeting/planning workshop, participants were asked to comment on their experienced inconvenience of transportation services and perceived areas of deficiencies in human services transportation. The following is a list of issues that have concerned the stakeholders in the Planning Area:

- The time of Medical trips to Memphis is too long for patients and the elderly: Disregard the patient's appointment time in Memphis, he/she needs to be picked up early in the morning but will not be able to ride his/her return trip until mid afternoon.
- There is a lack of coordination between human services providers (i.e. senior centers, dialysis clinics, etc.) and existing transportation providers to bundle trips with similar schedules and/or purposes to simultaneously enhance quality of service and quantity of rides.
- Transportation providers like Delta HRA need to coordinate with dialysis clinics' treatment schedules so that dialysis patients, after being dialyzed, don't have to wait long hours to ride public transportation home.
- Patients with behavioral problems and their families are not well served by the available services.
- The general public, especially those reside in remote rural areas, are not well informed of available rural public transportation services. The perception of public transportation is usually negative.
- Liability concerns are the issues preventing faith-based organizations and other grass-root organizations with transportation facilities or programs from participating in the coordinated human services transportation.
- Trips on bordering counties are not efficiently served due to the service boundaries pre-established for the Delta HRA and other transit agencies by the Tennessee Association of Human Resource Agencies

Unmet Demand for Human Services Transportation: Unmet demand can be derived from subtracting served demand from total latent demand. Currently, Delta HRA and Tipton County Commission on Aging (TCCA) are the two major players providing human services transportation to the residents in the Planning Area. Annual ridership for Delta HRA transportation was estimated at 45,000 for 2006; annual ridership for TCCA was estimated at 12,000 for 2006.

Total latent demand for human services transportation is considered to be comprised of the total number of elderly and disabled individuals using senior and disabled care programs and of people living with an income below the poverty level (Exhibit 19). Average daily demand is calculated from dividing the total latent demand by three (based on the assumption that, on a daily basis, a reasonable one third of the total latent demand will need to use human services transportation). Average daily served demand is derived from annual ridership projections and average daily served number of riders. Average

DELTA HRA COORDINATED TRANSPORTATION PLAN

daily unserved demand is the difference between average daily demand and average daily served demand.

Assuming that both Delta HRA and TCCA are to experience an annual growth of 5% in their riderships and that their service accounts for at least 50% of the current service, the unmet demand for human services transportation in the Planning Area is projected at a minimum of 93.87% (Exhibit 24). These estimates and projections are based on the assumption that the current trends will persist.

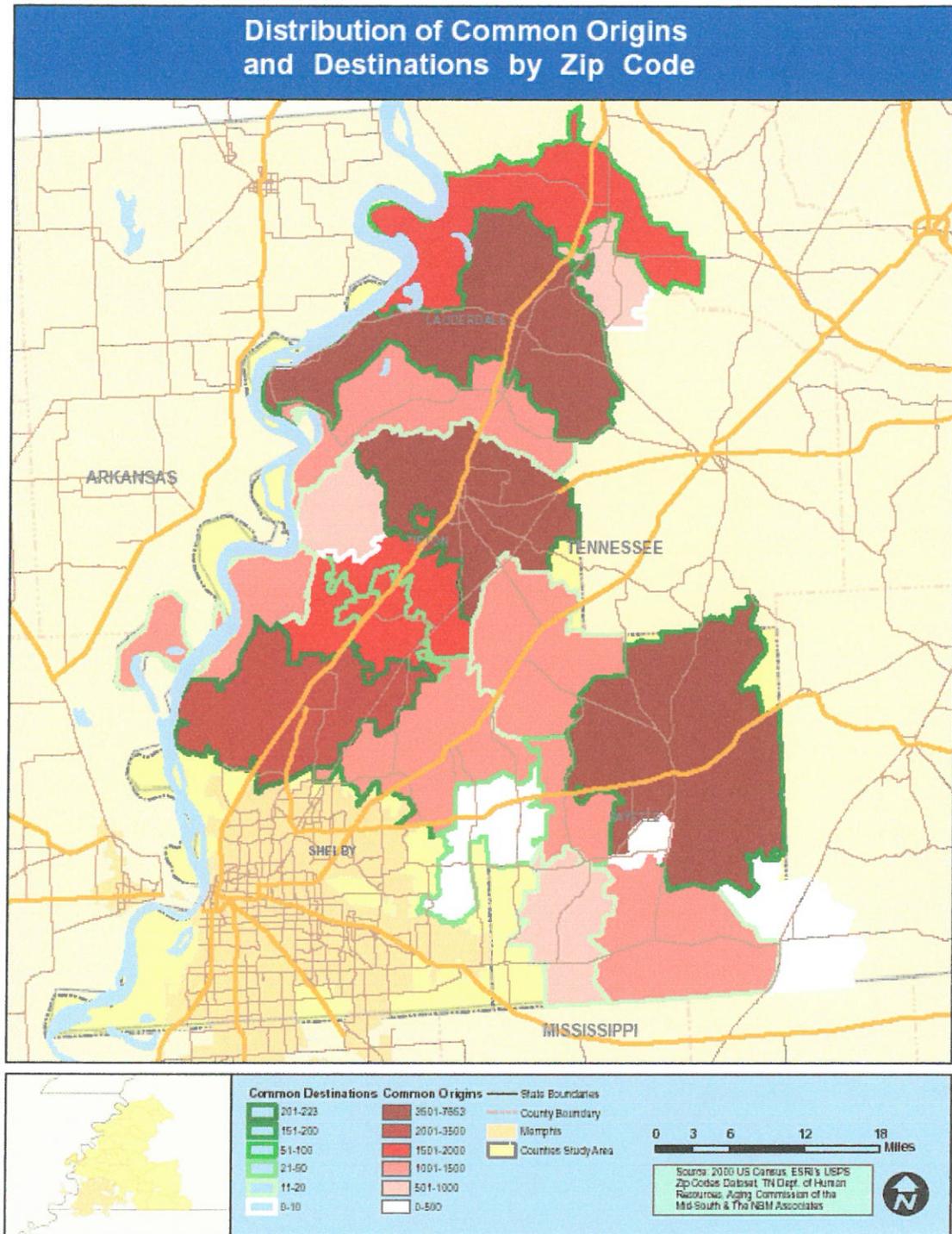
Exhibit 24
Unmet Demand for Human Services Transportation in the Planning Area

Fiscal Year	Total Latent Demand	Average Daily Demand	Average Daily Served Demand	Average Daily Unserved Demand	Unserved Demand as % of Average Daily Demand
FY2007	24,669	8,223	504	7,719	93.87%
FY2008	25,243	8,414	529	7,885	93.71%
FY2009	25,818	8,606	556	8,050	93.54%
FY2010	26,391	8,797	583	8,214	93.37%
FY2011	26,966	8,989	613	8,376	93.18%

Source: TN Department of Human Services, TN Commission on Aging and Disability, Census 2000, CHSTP Survey, CHSTP Planning Stakeholders, and The NBM Associates

Distribution Gaps Between Common Origins and Common Destinations: Presented in Exhibit 25 is a GIS map of the distribution by zip code of common origins and common destinations for human services transportation users in the Delta HRA Service Area. The common origins of transit-dependent individuals are mostly located in the central part of Lauderdale, in the northern part of Tipton, and in the northeast part of Fayette (Exhibit 22); while the common destinations for transit-dependent individuals are mostly located in the northeast part of rural Shelby and in the northern part of Tipton County (Exhibit 23). Although not included in this CHSTP Study Area, Memphis is one of the topmost common destination for human services transportation users in the Delta HRA Service Area. The distribution gaps between origins and destinations of transit-dependent populations create a demand for human services transportation to bridge the gaps in bringing users from their origins (homes) to their destination (places of work or getting human and medical services).

Exhibit 25
 Distribution of Common Origins and Common Destinations by Zip Code



Source: TN Department of Human Services, Aging Commission of the MidSouth, Census 2000, TN Dept. of Labor and Workforce Development, 2002 Economic Census, ESRI's USPS Zip Codes Dataset, and The NBM Associates

MEETING UNMET NEEDS

CAUSES OF UNMET TRANSPORTATION NEEDS

In order to identify the appropriate services for meeting the unmet transportation needs of transit-dependent populations, the causes for the existence of such unmet needs must be determined so that the right strategies and procedures can be applied to the selection of human services transportation projects for meeting the unmet transportation needs. No matter what the perceived areas of deficiencies are in human services transportation, all unmet transportation needs can be the results of the following four causes:

1. Services are not available.
2. Services are not affordable.
3. Services are not dependable.
4. Services are not frequent enough.

From the service provider's side, due to limited resources, services can only be provided to the most needy people at the most needed time and desired places; more riders are needed to support expanded services. From the consumer's side, because of its low frequency, inconvenience of transfer, and undependable schedules, public transportation is not considered as an alternative to private automobile; few people who can afford and operate a car really want to use public transit services.

These two sides of the issue seem to diverge from each other. For the two sides to reach a common ground, transportation providers must find ways to improve their services' cost effectiveness and efficiency so that more people are willing to use public transportation services; further, consumers/users should support public transportation by using public transit services to the maximum possible.

STRATEGIES FOR MEETING UNMET NEEDS

There should be long-term strategies as well as short-term strategies for meeting both the long-term goals and the short-term goals of coordinated human services transportation. Long-term strategies should focus on macro issues such as rebuilding walkable communities in areas with existing public transportation infrastructure; committing to supporting public transportation and spending continuous efforts to improving the effectiveness and efficiency of public transit services; and educating the public about the importance of public transportation and the benefits of using public transit services.

Short-term strategies should be more operational, targeting specific issues such as adding transit services to a desired location, increasing the frequency of service, adding mid-day and night time services, allowing same-day and at least second-day scheduling, providing cab companies with wheelchair accessible taxicabs, removing barriers for collaboration among agencies, and subsidizing employees for commuting costs with employer-funded transportation programs, etc.

MEETING UNMET NEEDS THROUGH COORDINATION

The goals of coordinated human services transportation are to maximize the benefits of public transportation resources and to reduce waste of existing public investment through better coordination among human services providers and/or public transit providers. For example, coordination through bundling various existing projects of different funding sources can help achieve expanded coverage of service areas and hours, and realize increased service frequency and dependability. The following sections illustrate the essence and strategies of coordination and summarize planning area coordination efforts.

Coordination Essence: The essence of coordinated human services transportation is to increase the effectiveness and efficiency in public transportation so that it can compete with private automobiles and is thus regarded as a true alternative means of transportation by potential users. This will be an incremental process that requires any new resources put into public transportation in the Planning Area be measured against a baseline year (2007) under a set of predefined criteria of effectiveness and efficiency. This measurement serves two purposes: a) To ensure equitable selection of new projects for funding; b) To gauge how much progress has been made towards the desired level of effectiveness and efficiency.

Level of Coordination: As coordination is the key to achieving the goals of coordinated human services transportation, an important criterion for project selection and evaluation should be the level of coordination in a proposed project. A high priority project should involve significant coordination among existing human services providers and/or human services transportation providers.

Increase of Ridership: Increase of ridership is a good measurement of progress in coordinated human services transportation. Thus, increase of ridership should be an important objective of a proposed human services transportation project.

Reduction in Cost: Cost reduction should be an important objective of a proposed project. One way to lower the cost of services is by eliminating duplicated services through coordination among human services providers and transportation providers. A high priority project should result in significant reduction in cost of services.

Coordination Strategies: The job of coordination is really to get people to work together. This is a daunting task due to the fact that individual organizations have their own special interests and when they work together there may be conflicts of interest to be resolved. Given such, effective coordination strategies must build on the following three basic elements: 1) committing effort to coordination; 2) forming synergistic partnerships; and 3) educating the public about the benefits of supporting public transportation.

Commit Effort to Coordination: For coordinated human services transportation to really produce results, it is important that government and various agencies commit effort and resources to human services transportation coordination.

Form Synergistic Partnerships: A key to forming successful partnerships in coordinated transportation is to build synergy among human services and transit services partners.

Educate the Public for Support: Broad support for community transportation is vital to establishing successful human services transportation and coordination programs in our community. Unfortunately, there has been a low awareness of the importance and the benefits of public transportation among our citizens and elected officials, which has prohibited public transportation from gaining broad support. Listed below are several strategies that can be used to awake the public to supporting public transportation:

- **Public Education and Awareness:** Citizens, communities, and elected officials need to be educated to understand that public transit services not only serve low-income people, but also serve seniors, disabled individuals, and commuters. Elected officials need to be informed of the economic impact of human services transportation on the local and regional economy to endorse transit services.
- **Dedicated Funds for Coordination:** Effective coordination among agencies requires committed leadership and resources. Dedicated funding needs to be identified to support human services transportation coordination in the Planning Area.
- **Reaching Out to Foundations:** Foundations that provide grants to assist community transportation should be part of the coordinated human services transportation system.

CATEGORY OF SERVICES FOR MEETING UNMET NEEDS

Provided below is a list of services/strategies for meeting the unmet needs for human services transportation, along with sample projects to be supported under each category of services/strategies.

1. Maintain current levels of public transportation service.
 - a. Purchase replacement vehicle
 - b. Maintain facilities for shared maintenance
2. Improve service to transit-dependent persons.
 - a. Purchase vehicles to expand service
 - b. Provide new service – time, location, capacity
 - c. Expand existing service – time, location, capacity
 - d. Modify existing vehicles and facilities to enhance ADA standards
3. Review state and local policies to enhance public transportation service.
 - a. Conduct planning studies
 - b. Evaluate policies related to drivers, insurance, etc.
 - c. Location of human service offices relative to the clients they serve.
 - d. Conduct market studies to help taxi companies justify their investment in purchasing wheelchair accessible taxicabs
4. Develop model contracts/agreements for interagency coordination.
 - a. Develop contracts for sharing drivers, mechanical needs, fueling, and vehicle utilization, etc.
 - b. Coordinate to leverage funds, riders, risk management insurance, and liability, etc.

DELTA HRA COORDINATED TRANSPORTATION PLAN

- c. Form alliance to meet the requirements for Commercial Driver License and Drug/Alcohol compliance, etc.
5. Improve public transportation service for elderly persons.
6. Improve public transportation service for persons with disabilities.
7. Improve public transportation service for persons with low-incomes.
8. Evaluate existing and future needs of public transportation dependent persons.
 - a. Review routes and schedules relative to origin and destination. Especially where there are high concentrations of public transportation dependent persons.
 - b. Identify connection points among providers to better utilize equipment.
9. Conduct surveys of providers and users to evaluate service effectiveness and efficiency.
10. Develop facilities to meet the needs of public transportation dependent persons.
 - a. Construct information center, one stop center, transit website, maintenance facilities, etc.
11. Coordinate services with emergency response agencies.
12. Provide more efficient and effective service delivery.
 - a. Improve scheduling, routing, maintenance, equipment utilization, etc.
 - b. Address duplication of service.
13. Provide easier access to systems, facilities and service.
 - a. Improve or develop infrastructure, vehicles, or service.
 - b. Fix sidewalks, construct wheelchair accessible curbs.
14. Provide a better quality of life for public transportation dependent persons.

DELTA HRA TRANSPORTATION USER SURVEY SUMMARY

User Survey Questionnaire was distributed to Delta HRA Transportation users during the week of July 8 -14. Respondents were asked to provide information on themselves; about their transportation needs; and how they felt about the services of Delta HRA Transportation. In total, there were 23 completed responses covering the counties of Tipton and Lauderdale. The findings of the survey results are summarized as follows:

RESPONDENT CHARACTERISTICS

To learn about whom the users are for Delta HRA Transportation, respondents were asked to provide information on their age bracket, home location, dwelling type, and whether they currently receive any benefits. Among the surveyed users, 39.13% are elderly individuals 60 years and over; 56.52% of the users from Tipton and Lauderdale reside in the 38019 and 38063 zip code areas; 26.09% of the respondents/users live in government assisted public housing; and more than half (56.52%) of them are currently receiving benefits from more than one source (Exhibit 26).

Exhibit 26
Delta HRA Transportation User Characteristics

RESPONDENT/USER CHARACTERISTICS		PERCENT OF TOTAL
Age	Elderly Individuals 60 Years Old and Over	39.13%
Location	Located in Zip Codes 38019 and 38063	56.52%
Housing	Live in Government Assisted Public Housing	26.09%
Benefits	Receive Benefits from More Than One Source	56.52%

Source: Delta HRA Transportation User Survey, and The NBM Associates

USER TRANSPORTATION NEEDS

Among the reasons for using public transportation, 56.52% of the respondents checked disability/health issue as the top reason for using public transportation; 21.74% of the respondents listed “no valid driver license” as the reason for using public transportation service; and another 21.74% of the respondents answered “cannot afford a private vehicle” as the main reason for using public transportation (Exhibit 27).

When asked about the needs and purposes for using public transportation, 86.96% of the respondents checked “visit doctor/health clinic” as the top need for using the services of Delta HRA transportation; 26.09% of the respondents listed “shopping/go to pharmacy” as their needs for using public transportation; 21.74% of the respondents listed “access job & job training” as their needs for using Delta HRA’s transportation services; 13.04% of the respondents listed “visit friends/social” as their needs for using the services of Delta HRA Transportation (Exhibit 27).

Other needs for using the services of Delta HRA Transportation include going to places to “get benefits” and to “access childcare”. None of the surveyed users had used Delta HRA Transportation for “going to church/temple/place of worship”.

Exhibit 27
Reasons and Needs for Using Delta HRA Transportation

RESPONDENT/USER TRANSPORTATION NEEDS		PERCENT OF TOTAL
Reasons for Using Public Transportation	Disability/Health Issue	56.52%
	No Valid Driver License	21.74%
	Cannot Afford a Private Vehicle	21.74%
	Other	21.74%
Needs for Using Public Transportation	Visit Doctor/Health Clinic	86.96%
	Shopping/Go to Pharmacy	26.09%
	Access Job & Job Training	21.74%
	Visit Friends/Social	13.04%
	Other	13.04%
	Get Benefits	4.35%
	Access Childcare	4.35%
	Go to Church/Temple/Place of Worship	0.00%

Source: Delta HRA Transportation User Survey, and The NBM Associates

NEEDED SERVICES/FACILITIES AND FELT INCONVENIENCE

To understand what additional services/facilities are needed in the Planning/Service Area of Delta HRA Transportation, a list of potential services/facilities was presented to respondents for them to choose. Among the top-ranked items are “door to door service”, “curb to curb service”, “escort to accompany you” to get to their destinations, “assisting in getting riders into and out of the vehicle”, and to have “bench to sit on while waiting for a ride” (Exhibit 28). Among the top-ranked inconvenience for using the services of Delta HRA Transportation are “difficult to find someone to car/vanpool with”, “low frequency makes waiting time too long”, “lack of a public transportation resource center to get information”, and “even the nearest transit stop is too far away to walk to”.

Exhibit 28
Needed Services/Facilities and Felt Inconvenience

USER SURVEY RESPONSES		PERCENT OF TOTAL
Top Ranked Service/Facility for Meeting Users' Needs	Door to Door Service	26.09%
	Curb to Curb Service	21.74%
	Escort to Accompany You	21.74%
	Assistance Getting into and out of the Vehicle	17.39%
	Bench to Sit on While Waiting for a Ride	17.39%
Top Ranked Inconvenience for Using Public Transportation	Difficult to Find Someone to Car/Vanpool with	34.78%
	Low Frequency Makes Waiting Time too Long	26.09%
	Lack of a Public Transportation Resource Center to Get Information	26.09%
	Even the Nearest Transit Stop Is too Far Away to Walk to	21.74%

Source: Delta HRA Transportation User Survey, and The NBM Associates

DELTA HRA COORDINATED TRANSPORTATION PLAN

see a dedicated 'Job Access' route; and another 13.04% of the respondents expressed their willingness to pay a higher (but affordable) cost to ride the 'Premier Service'.

In their responses, respondents also expressed their acknowledgements to Delta HRA Transportation for helping them meet their medical and human services needs. Further, they have made quite a few useful comments and insightful suggestions for improving the transportation services of the Delta HRA (Exhibit 31).

Exhibit 30
Appealing Ideas for Improving the Services of Delta HRA Transportation

USER SURVEY RESPONSES		PERCENT OF TOTAL
Top Ranked Appealing Ideas for Improving the Services of Delta HRA Transportation	To Have Same- or Second-Day Scheduling	73.91%
	Be Nice to Have Night-Time Service	60.87%
	To Have Dedicated Medical Route to Memphis	39.13%
	Separate "Premier" from "Standard" Services	30.43%
	Love to See a Dedicated "Job Access" Route	13.04%
	Willing to Pay Extra to Ride the "Premier Service"	13.04%

Source: Delta HRA Transportation User Survey, and The NBM Associates

Exhibit 31
Respondent/User Acknowledgements,
Comments and Suggestions for Delta HRA Transportation

ID	ACKNOWLEDGEMENTS, COMMENTS AND SUGGESTIONS
1	If not for the Van, I would miss most of my doctor's appointment.
3	There is a greater need for same day service, and night service. Sometimes your grocery needs cannot always wait based on a two or three day notice. A person or client may or may not be close to a food market or not affordable enough. Some people have transportation and some people do not have transportation that fact is not always a consideration. My other comments: Some neighbors have commented that they have called the Dispatcher earlier enough for service but have been refused service or services several times. All Dispatchers should be people-person friendly. They should leave personal issues at home and not bring them to work. The people or clients need Delta Transportation and Delta Transportation needs the clients.
13	Yes, Delta HRA could use news letters, website, pamphlets to companies, churches, social services agencies, newspapers, and establish a mailing list of clients, both past and present. A monthly letter would be very helpful to clients, so clients would know what is going on. There is a strong need for adequate transportation in the Tipton County area. It is needed very badly, since this is rural areas, and under service.
16	I think you should have an emergency line to call and reschedule a ride, before 8:00am.
18	It would be nice not to have to leave home at 5:00 o'clock for a 10:30 appointment at the Dr's office in Memphis. Also the long wait afterwards trying to get home is bad also. It would be a lot better to come back home before 5 or 6 o'clock. Almost everyone on the van is going to their doctors'.
23	Advertising Delta HRA Transportation. People think it is only for doctor appointments.

Source: Delta HRA Transportation User Survey, and The NBM Associates

PLAN IMPLEMENTATION

To realize the public transportation vision and to achieve the coordination goals established for the Planning Area, a progressive and systematic approach must be implemented over the course of the CHSTP (2007-2011) and its subsequent plan update. This chapter illustrates the tasks to be undertaken for implementing the CHSTP.

SHORT-TERM TASKS (2007-2011)

Establish a Committee on Coordinated Human Services Transportation for the Planning Area: To ensure ongoing efforts on coordination and desired outcomes from coordination efforts, an ad hoc committee on coordinated human services transportation should be established for the Planning Area. Initially, this committee should be affiliated with the Delta Human Resource Agency (Delta HRA). Members of the committee should represent the following stakeholders:

- Tennessee Department of Transportation (TDOT) - the Governor's Designated Recipient for Sections 5310, 5316, and 5317 programs in the Planning Area
- Rural Area Planning Organizations
- Representative(s) from Each County in the Planning Area
- Public/Private/Non-profit Transit Operators
- Public/Private/Non-profit Human Services Providers
- Public Transportation Users

The Ad Hoc Committee's major responsibilities would be:

- Monitoring ongoing and new human services transportation coordination efforts in the Planning Area, and presenting issues and suggestions for consideration.
- Reviewing proposed human services transportation projects to be funded under Sections 5310, 5316, and 5317 programs in the Planning Area.
- Educating the general public about the needs and wants of coordinated human services transportation, and preparing for lobbying legislative and general public support for coordinated human services transportation in the Planning Area.

Identification of Projects for Funding through the 2006-2008 Period: Identification of competitive projects to be funded under the three FTA formula programs (Section 5310, Section 5316, and Section 5317) for the 2006-2008 period should begin immediately after the CHSTP's approval and adoption. A project that is currently in service and is successful should be given priority for continuing to receive funding. A project that addresses an area with the greatest need; that is cost effective; and that demonstrates high levels of coordination among partners should be given high priority for getting funding for new projects.

TDOT is responsible for selection of competitive projects for funding under the three FTA programs (Section 5310, Section 5316, and Section 5317) in the Planning Area. TDOT will establish its project selection procedures and conduct its competitive project

selection process. Please contact Sherri Carroll of TDOT (Tel: 615-253-1043; Email: Sherri.Carroll@state.tn.us) for details on project selection guidelines.

Document Ongoing Coordination Efforts on Human Services Transportation: The existing newsletter for the CHSTP project should continue to serve as an educational, information-sharing venue for coordinated human services transportation for the Planning Area. The Newsletter will document ongoing and new human services coordination efforts among stakeholders in the Planning Area. It will also present issues of coordination and invite discussion and suggestions for efficient and effective human services transportation coordination in the Planning Area. New activities and new players in transportation coordination will be added to the CHSTP participating stakeholder database for information sharing. The coordination efforts and outcomes documented by the Newsletter will serve as a basic source of data input for future CHSTP plan update.

Conduct Public Awareness Campaign on Human Services Transportation: Public awareness campaign on coordinated human services transportation will be conducted to different target audiences, including the general public, elected officials, and potential human services transportation users, etc. Public education and awareness about the benefits and limitations of public transportation should become an ongoing effort. The events, process, and outcomes of public awareness campaign will be documented through the coordinated human services transportation newsletter.

Locate Funds to Support Human Services Transportation Coordination: Effective coordination requires committed leadership and resources. Dedicated funding to support human services transportation coordination is crucial to achieving success in coordinated human services transportation. Coordinated human services transportation planning can be considered as an annual transportation planning activity performed by the Memphis Area Association of Governments – the Rural Planning Organization in conjunction with state and local agencies in the Memphis-Delta Development District.

CHSTP Plan Update: FTA has recommended biennial update for the coordinated human services transportation plan with a flexibility of one to three years. During the first year of plan implementation, the coordinated human services transportation committee should determine the appropriate time period for plan updates. The data and information documented in the CHSTP newsletter will be used as a basis for the CHSTP plan update. Expanded and increased coordination among human services providers and/or public transportation providers should be a goal of the CHSTP plan update. Another goal for the plan update is to identify good demonstration projects for meeting unmet human services transportation needs through increased coordination among human services providers and transportation providers.

LONG-TERM TASKS (UP TO 2030)

Form Successful Partnerships among Public Transit Providers and Human Services Providers in the Delta HRA Service Area: A key step to the success of coordinated human services transportation movement is to establish successful partnerships among

coordination partners in the region for human services transportation. Examples of coordination partners are listed below:

- Existing community transportation systems, transportation operators (private non-profits, private for-profits, brokers, intercity bus operators, volunteers, etc.)
- Workforce training boards, school districts, security & emergency agencies, faith-based organizations, and others
- Existing and potential riders (consumers)
- Local transportation committees or boards; local chambers of commerce
- Metropolitan and rural area planning organizations, regional and county planning agencies, councils of governments
- Local advocacy groups, such as American Association of Retired Persons, Centers for Independent Living, Easter Seals, United Way, Dialysis Centers, Hospitals, Health Management Organizations, etc.
- Businesses (banks, retail stores, foundations); purchasing agencies
- Economic Development Districts
- Elected officials

Help Develop a Regional Coordination Model for Human Services Transportation:

To achieve the vision of “arranging a ride by public transportation should be as easy as making a phone call to get to where one wants to go,” a practical and successful regional coordination model for coordinated human services transportation in the Memphis-Delta Area must be established to provide a system for efficient and effective coordination among all affected parties and individuals. The following are examples of coordination models for coordinated human services transportation:

- Information and resources sharing
- Central call centers and central dispatching
- Lead agency and/or brokerage coordination
- Total coordination and/or consolidation

APPENDIX

1. Call for Public Participation
2. CHSTP Development Project Schedule
3. CHSTP Project Newsletter, Issue One
4. CHSTP Project Newsletter, Issue Two
5. CHSTP Public Meeting/Planning Workshop Agenda
6. Survey Questionnaires for Human Services-Public Transportation Users
7. Survey Questionnaires for Human Services Transportation Providers
8. Data Request Form for Human Services Providers in the Planning Area

**Delta Human Resource Agency (Delta HRA) Call for
Public Participation in the Development of a Human Services Transportation Plan
for Fayette, Tipton, and Lauderdale Counties and Rural Area of Shelby County, TN**

Delta Human Resource Agency (Delta HRA) invites the public to participate in the development of a Coordinated Human Services Transportation Plan (CHSTP) for Fayette, Tipton, and Lauderdale Counties and Rural Area of Shelby County, TN (the Planning Area). Delta HRA provides public transportation to the Planning Area and is leading the CHSTP planning process. The purpose of developing the CHSTP is to have better coordination among human services providers and transportation providers in providing public transportation services to human services transportation users. Populations with special transportation needs, including elderly individuals, individuals with disabilities, and individuals with limited income are the current focus of the Coordinated Human Services Transportation Plan. The CHSTP will establish a vision for human services transportation in the Planning Area and identify areas of deficiency in existing services.

To ensure that the CHSTP reflects the wisdom of all concerned parties in the Planning Area, Delta HRA encourages interested individuals and organizations to participate in the public meeting/interactive planning workshop to be held on Tuesday, June 26 from 9:30am to 3:00pm at Covington Integrated Arts Academy (760 Bert Johnston Avenue, Covington, TN) Refreshments and lunch will be provided.

For more information about the public meeting and the CHSTP project, please contact Wesley Fowler, Director of Transportation, at 901-475-1269. To ensure compliance with the Americans with Disabilities Act (ADA), persons with disabilities that require aids or services to participate in the meeting may contact Wesley Fowler by phone (901-475-1269), fax (901-475-1333), or through email (alan_flwr@yahoo.com) to make accessibility arrangements no less than two days prior to the June 26 meeting.

CHSTP Project Work Plan Schedule

Project Objectives/Milestones	Timeline								
	Week1 01-07/June	Week2 08-14/June	Week3 15-21/June	Week4 22-28/June	Week5 29-5/July	Week6 6-12/July	Week7 13-19/July	Week8 20-26/July	Week9 27-01/Aug
Project Kick-off	1-Jun								
Project Work Plan Schedule	1-Jun								
Identify Stakeholder List									
Delta HRA's Available Stakeholder List to NBM									
NBM Identify Stakeholder in the Planning Area									
Delta HRA & NBM Combined Stakeholder List to Delta HRA									
1ST CHSTP Newsletter									
Public Notice and Stakeholder Invitation									
NBM Draft Public Notice to Delta HRA									
Delta HRA Advertise Public Meeting									
Delta HRA conduct Stakeholder Invitation Mailing									
Stakeholder/Public Meeting & Planning Workshop									
Transportation User/Stakeholder Survey Questionnaire to Delta HRA									
NBM Meeting Agenda to Delta HRA									
NBM Meeting Presentation to Delta HRA									
Meeting Date: Week of June 25th									
2nd CHSTP Newsletter									
Prepare CHSTP Draft Report									
Common Origins and Destinations Analysis									
Deficiency Assessment									
Client-Consultant Internal Meeting									
Identify Potential Projects									
Discuss Plan Implementation									
CHSTP Draft Report for Internal Review									
Draft Plan to Delta HRA									
Delta HRA Review Comments Back to NBM									
CHSTP Draft Report for Key Stakeholder Review									
Key Stakeholder Review									
Key Stakeholder Review Comments Back to NBM									
CHSTP Final Report to Delta HRA									
NBM Finalize CHSTP Report									
Final Report to Delta HRA									
Biweekly Project Progress Report									

TENNESSEE DELTA AREA RURAL PUBLIC TRANSPORTATION

Enhancing Rural Mobility through Coordinated Transportation Planning

*The Newsletter for the Locally Coordinated Human Services Transportation Plan Project
Fayette, Tipton, Lauderdale Counties and Rural Area of Shelby County*

Issue 1, June 2007

In this issue:

- CHSTP Project Overview
- Why You Need to Participate?
- How to Get Involved?
- Announcement: CHSTP Planning Workshop to be held on June 26, 2007!

CHSTP Project Overview

What is the CHSTP Project?

- CHSTP is the acronym for Coordinated Human Services Transportation Plan.
- The CHSTP Planning Area is comprised of Fayette, Tipton, Lauderdale counties and rural area of Shelby County in Tennessee.
- The CHSTP project, which lasts until July 31st, will result in the development of a locally coordinated human services transportation plan for the Planning Area.
- Delta Human Resource Agency (Delta HRA), which provides rural public transportation in the Planning Area, is the agency leading the CHSTP planning process.

Why do we need to have a CHSTP plan for the Planning Area?

- To meet the requirements of the Safe, Accountable, Flexible, and Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU). SAFETEA-LU is the federal law which authorizes funds for all surface transportation programs of the Department of Transportation for Fiscal Years 2005 to 2009.
- To better serve rural populations with special transportation needs, including individuals with disabilities, elderly individuals, and individuals with limited income.
- To optimize resource allocation among human services transportation providers by reducing duplicated areas of services and better addressing service gaps.

- To prepare the Planning Area to be more competitive for federal funds.

What is included in the CHSTP planning process?

- One public meeting/planning workshop to be held at Covington Integrated Arts Academy. (See Announcement on the next page for details about the meeting.)
- Human services provider survey.
- Transportation services provider survey.
- Public transportation user survey.
- Preparation and distribution of two issues of the newsletter for the CHSTP project.
- An Analysis of Common origins & destinations.
- CHSTP Plan preparation and publication.

What are the anticipated outcomes of the CHSTP project?

- A comprehensive list of human services providers and transportation providers in the Planning Area.
- Common origins & common destinations of human services transportation users.
- Service areas of transportation providers.
- Identification of deficiency areas in human services transportation.
- Identification of eligible human services transportation projects.

Why You Need to Participate?

The CHSTP planning process will establish a vision for human services transportation in the Planning Area. Your participation is critical for ensuring that the vision is a reflection of collected wisdom of all concerned parties. Also, the CHSTP planning process is educational, information sharing, and networking. By participating, you will be informed of:

- Who are the human services transportation players in the market?



- What are the concerns of public transportation users?
- What resources are available for partnership and coordination?
- Where are the underserved areas?
- When and how to develop competitive projects?

How to Get Involved?

To participate in the CHSTP planning process, you can do the following:

- Come to the public meeting
- Subscribe to the CHSTP newsletter
- Respond to the survey questionnaires
- Help distribute user survey questionnaires
- Visit Community Transportation Association's website: <http://www.ctaa.org>
- Contact Delta Human Resource Agency (Delta HRA) for additional information, questions, suggestions, and comments.

Announcement:

Please mark your calendar and be prepared to come to the public meeting/planning workshop for the CHSTP project:

Time: 9:30am – 3:00pm, Tuesday, June 26th
(Refreshment and lunch will be provided.)

Location: Covington Integrated Arts Academy

Meeting Agenda:

- 9:30-10:00am Registration
- 10:00-10:45am Presentation: "Why do we need to develop a locally coordinated human services transportation plan for our area?"
- 10:45-11:00am Break
- 11:00-12:00pm Discussion: "What should be the Vision for Human Services Transportation in the Planning Area?"
- 12:00-1:00pm Lunch
- 1:00-2:00pm Discussion: "Where are the deficiencies in human services transportation in the Planning Area?"
- 2:00-3:00pm Discussion: "How are we going to reduce duplicated services and to meet unmet demand for human services transportation in the Planning Area?"

Directions to Covington Integrated Arts Academy:

- **From Memphis:** Take Hwy 51 North to Covington, turn left at the light by Super D drug store onto Bert Johnston Avenue. The school is located at 760 Bert Johnston Avenue.
- **From Ripley:** Take Hwy 51 South to Covington, turn right at the light by Super D drug store onto Bert Johnston Avenue. The school is located at 760 Bert Johnston Avenue.
- **From Haywood:** Take Hwy 54 West into Covington, turn left at the light onto Hwy 51, turn right at the light by Super D drug store onto Bert Johnston Avenue. The school is located at 760 Bert Johnston Avenue.
- **From Fayette:** Take Hwy 59 West into Covington, turn left at the light onto Hwy 51 S, turn right at the light at Super D drug store onto Bert Johnston Avenue. The school is located at 760 Bert Johnston Avenue.

For comments, discussions, and questions, please contact:

Wesley Fowler, Director of Transportation,
Delta Human Resource Agency
915 Highway 51 South
Covington, TN 38019
Tel: 901-475-1460
Cell: 901-598-0137
Fax: 901-475-1333
Email: alan_flwr@yahoo.com

TENNESSEE DELTA AREA RURAL PUBLIC TRANSPORTATION

Enhancing Rural Mobility through Coordinated Transportation Planning

*The Newsletter for the Locally Coordinated Human Services Transportation Plan Project
Fayette, Tipton, Lauderdale Counties and Rural Area of Shelby County*

Issue 2, June 2007

In this issue:

- Coordinated Human Services Transportation Plan (CHSTP) Project Overview
- How large are the needs for public transportation in the Planning Area?
- Summary of CHSTP Stakeholder Meeting
 - Participants' Representation
 - Human Services Transportation Vision
 - Perceived Deficiencies
 - Coordination Strategies
- Transform Deficiencies into Qualified Projects
- Announcements

CHSTP Project Overview

- CHSTP is the acronym for Coordinated Human Services Transportation Plan.
- The CHSTP Planning Area for the Tennessee Delta region is comprised of Fayette, Tipton, Lauderdale counties and the rural area of Shelby County (Exhibit 1). Population in the Planning Area was 192,553 in 2000 Census.
- The CHSTP project, which lasts until July 31st, will result in the development of a locally coordinated human services transportation plan for the Planning Area.
- Delta Human Resource Agency (Delta HRA), which provides rural public transportation in the Planning Area, is the agency leading the CHSTP planning process.

Exhibit 1: CHSTP Planning Area



Why do we need to have a CHSTP plan for the Planning Area?

- To meet the requirements of the Safe, Accountable, Flexible, and Efficient Transportation Equity Act: A Legacy for User (SAFETEA-LU). SAFETEA-LU is the federal law that authorizes funds for all surface transportation programs of the Department of Transportation for Fiscal Years 2005 to 2009.
- To better serve rural populations with special transportation needs, including individuals with disabilities, elderly individuals, and individuals with limited income.
- To optimize resource allocation among human services transportation providers by reducing duplicated areas of services and better addressing service gaps.
- To prepare the Planning Area to be more competitive for federal funds.

What is included in the CHSTP planning process?

- One stakeholder meeting/planning workshop.
- Survey of Human Services Transportation Stakeholders and Users.
- Preparation and distribution of two issues of the newsletter for the CHSTP project.
- Transportation needs and service gaps study.
- CHSTP Plan preparation and publication.

What are the anticipated outcomes of the CHSTP project?

- A comprehensive list of human services providers and transportation providers in the Planning Area.
- Common origins & common destinations of human services transportation users.
- Service areas of transportation providers.
- Identification of deficiency areas in human services transportation.
- Identification of eligible human services transportation projects.

Prepared by The NBM Associates, Cordova, Tennessee

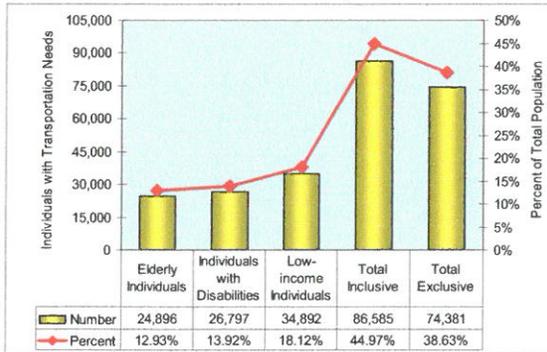
Distributed by Delta Human Resource Agency (Delta HRA), Covington, Tennessee



How Large Are the Needs for Public Transportation in the Planning Area?

Three groups of individuals are more likely to use public transportation. They are elderly individuals, individuals with disabilities, and individuals with limited income. According to the 2000 Census, 12.93% of the population or 24,896 individuals in the Planning Area are 60 years and over; 13.92% of the population or 26,797 individuals are 5 years and older with disabilities; 18.12% of the population or 34,892 individuals are people living with an income below 150% of the poverty level. Excluding overlapping, 38.63% of the population or 74,381 individuals are people 60 years and older, with disabilities, or with limited income (Exhibit 2).

Exhibit 2
Populations with Special Transportation Needs



Summary of CHSTP Stakeholder Meeting

The CHSTP public/stakeholder meeting and planning workshop was held on June 26th at Covington Integrated Arts Academy. The meeting covered the following themes/topics:

- What should be the Vision for Human Services Transportation in the Planning Area?
- Where are the deficiencies in human services transportation in the Planning Area?
- How are we going to reduce duplicated services and to meet unmet demand for human services transportation in the Planning Area?

Participants' Representation

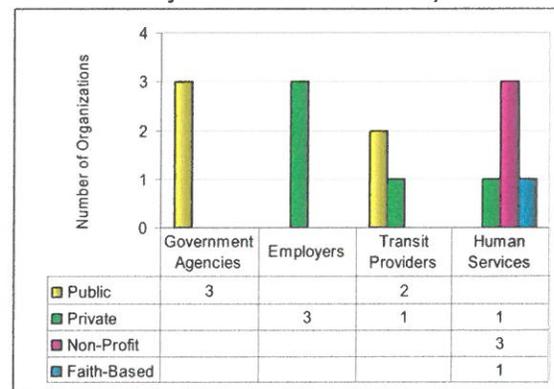
In total, seventeen participants attended the meeting, representing the following fourteen organizations:

- Delta Human Resource Agency (Delta HRA)

- Tennessee Department of Transportation (TDOT)
- Tennessee Department of Human Services (DHS)
- Memphis Area Association of Governments (MAAG)
- Memphis Area Transit Authority (MATA)
- Tipton County Commission on Aging (TCCA)
- Covington Manor
- Davita Dialysis Clinic
- St. Luke M.B. Church
- Dyson's Garage
- West Tennessee Drug Screens
- Premier Transportation
- Biars Davis and Associates
- The NBM Associates (project consultant)

These organizations represent state and local government agencies, public transit providers, private transportation company, private medical facilities, non-profit organizations serving senior citizens, private businesses/employers, and faith-based organizations (Exhibit 3).

Exhibit 3
Summary of Stakeholder Participation



What should be the Vision for Human Services Transportation in the Planning Area?"

In discussing the vision for coordinated human services transportation in the Planning Area, participants covered the following aspects:

- Rural public transportation should not just pursue quantity of riders, but stress quality of service that respects the schedules and physical conditions of the ill and the elderly.
- On-call service should not be limited to certain hours during the day, but be available 24 hours a day.



- Rural public transportation should also make job access trips more economically feasible and timely efficient.

Where are the deficiencies in human services transportation in the Planning Area?

When discussing their perceived areas of deficiency in human services transportation in the Planning Area, participants raised the following:

- The time of Medical trips to Memphis is too long for patients and the elderly: Disregard the patient's appointment time in Memphis, he/she needs to be picked up early in the morning but will not be able to ride his/her return trip until mid afternoon.
- There is a lack of coordination between human services providers (i.e. senior centers, dialysis clinics, etc.) and existing transportation providers to bundle trips with similar schedules and/or purposes to simultaneously enhance quality of service and quantity of rides.
- Transportation providers like Delta HRA need to coordinate with dialysis clinics' treatment schedules so that dialysis patients, after being dialyzed, don't have to wait long hours to ride public transportation home.
- Patients with behavioral problems and their families are not well served by the available services.
- The general public, especially those reside in remote rural areas, are not well informed of available rural public transportation services. The perception of public transportation is usually negative.
- Liability concerns are the issues preventing faith-based organizations and other grass-root organizations with transportation facilities or programs from participating in the coordinated human services transportation.
- Trips on bordering counties are not efficiently served due to the service boundaries pre-established for the Delta HRA and other transit agencies by the Tennessee Association of Human Resource Agencies.

How are we going to reduce duplicated services and to meet unmet demand for human services transportation in the Planning Area?

During the discussions, participants suggested the following strategies for improving existing human services transportation in the Planning Area:

- To start coordination, an inventory of all human services transportation providers in the Planning Area is necessary.
- To understand the needs and wants of public transportation users/clients should be part of the transportation deficiency assessment.
- To provide alternative transportation choices by separating "premier service" from "standard service." This way, the demand for time-sensitive trips can be satisfied through the "premier service" with a higher rider cost; while those trips with less time-sensitivity can be served through the "standard service" with a lower user cost.
- To educate the general public about the benefits of using public transportation, and to inform them of the services provided by the Delta HRA.
- To coordinate between human services providers (i.e. senior service providers, adult care agencies, and medical clinics, etc.) and Delta HRA so that designated routes/services can be provided for trips with concurrent schedules and/or similar purposes.
- To educate riders how to ride safely and to train drivers how to drive safely.

Transform Deficiencies into Qualified Projects

The CHSTP planning process will result in the development of a coordinated human services transportation plan for the Planning Area by July 31st, 2007. The Plan will determine deficiency areas in public transportation in the Planning Area. The deficiency areas can be transformed into qualified projects under the following four SAFETEA-LU programs. TDOT is the agency responsible for the competitive selection of qualified projects. Understanding what types of projects might be funded is important for



developing your project concepts. The following are examples of eligible projects:

Section 5310 Capital Projects for Non-Profit Agencies Serving Elderly and Disabled

- Buses and Vans
- Communication Equipment
- Vehicle Shelters
- Wheelchair Lifts and Restraints
- Vehicle Rehabilitation
- Preventive Maintenance
- Computer Hardware and Software
- Equipment Leasing
- Acquisition of Transportation Service

Section 5311 Projects for Rural Transportation

- Public transportation projects in non-urban areas
- Intercity bus in non-urban areas
- State must spend 15% of 5311 apportionment on intercity bus transportation
- Federally recognized Indian tribes are eligible
- Eligible for planning, capital and operating costs

Section 5316 Capital & Operating Projects for Job Access and Reverse Commute (JARC)

- Late night and weekend service
- Guaranteed ride home service
- Shuttle service
- Expanded fixed-route public transit
- Demand response service
- Ridesharing and carpooling activities
- Transit related bicycle improvements (bike racks, storage at stations)
- Local car loan programs for ride sharing
- Transit voucher programs for eligible recipients
- Use of transit by workers with non-traditional work schedules
- Development of employer-provided transportation
- Transit-pass programs
- Other eligible programs

Section 5317 Capital & Operating Projects for New Freedom Program

- Enhancing paratransit beyond minimum requirements of the ADA

- New feeder services to intercity bus/rail
- Accessibility improvements to transit
- Travel training
- Purchasing new vehicles to support accessible taxi/ridesharing
- New voucher programs
- New volunteer driver and aide programs
- New mobility management and coordination programs

Announcements:



1. TDOT expects to start its annual competitive project selection in August 2007. Please contact Sherri Carroll of TDOT (Phone: 615-253-1043, E-Mail:

Sherri.Carroll@state.tn.us) regarding details on the selection process.

2. The draft report of the CHSTP will be available around the 20th of July for public and stakeholders review. Your review of this document is important because the Plan is a prerequisite for applying for funding under the above-mentioned federal transit programs.

To obtain a copy, please contact the following:

Wesley Fowler
Director of Transportation,
Delta Human Resource Agency
915 Highway 51 South
Covington, TN 38019
Tel: 901-475-1460
Cell: 901-598-0137
Fax: 901-475-1333
Email: alan_flwr@yahoo.com



**Public Meeting/Planning Workshop for
Developing a Coordinated Human Services Transportation Plan (CHSTP) for
Fayette, Tipton, Lauderdale Counties, and Rural Area of Shelby County, TN**

Meeting Time: 10:00am -3:00pm, June 26, 2007
Meeting Location: Cafeteria, Covington Integrated Arts Academy
760 Bert Johnston Avenue, Covington, TN 38019

Agenda

9:30am – 10:00am	Registration
10:00am – 10:10am	Welcome/Introduction: Mr. Quincy Barlow, Executive Director, Delta Human Resource Agency
10:10am – 10:40am	Presentation: “Why do we need to develop a locally coordinated human services transportation plan for our area?” Dr. Jay Yuan, Principal, The NBM Associates (Project Consultant)
10:40am – 10:50am	Questions and Answers
10:50am – 11:00am	Announcements / Break: Ms. Yi Liu, Principal The NBM Associates
11:00am – 12:00am	Group Discussion: “What should be the vision for human services transportation in the Planning Area?”
12:00am – 1:00pm	Lunch
1:00pm – 2:00pm	Group Discussion: “Where are the deficiencies in human services transportation in the Planning Area?”
2:00pm – 2:55pm	Group Discussion: “How are we going to reduce duplicated services and to meet unmet demand for human services transportation in the Planning Area?”
2:55pm-3:00pm	Announcements / Meeting Adjourn

*For more information on the CHSTP project, please call
Ms. Yi Liu of The NBM Associates at (901)383-6391
Or
Wesley Fowler, Transportation Director
of Delta Human Resource Agency at (901) 475-1460*

Survey Questionnaire for Delta HRA Public Transportation Users

Dear Public Transportation User:

This questionnaire is designed to understand your transportation needs and how effective the current Delta HRA transportation programs are serving your needs. Thank you for taking your time to complete this questionnaire. You may turn in the completed questionnaire to the driver before you leave this ride or mail it to the following address by July 14th:

Melissa Holloway
Delta Human Resource Agency
Administrative Office: P. O. Box 634, Covington, TN 38019

Part 1: Tell Us about Yourself

1. How old are you?

18 or under

40-49

70-79

19-29

50-59

80-89

30-39

60-69

90 or above

2. Which city or town do you live? If you live in an unincorporated area, which city or town is nearest to where you live?

Fayette County, City/town: _____

Unincorporated Area: _____

Tipton County, City/town: _____

Unincorporated Area: _____

Lauderdale County, City/town: _____

Unincorporated Area: _____

Shelby County, City/town: _____

Unincorporated Area: _____

3. What is the zip code of your home address?

4. What are the nearest cross streets to where you live? _____ and _____

5. What type of housing do you currently live in?

Private House or Apartment

Public Housing

Transitional Housing (motel, homeless shelter)

Independent Living Senior Housing Community

Assisted Living Senior Housing Community

Nursing Home /Group Community

Other, please specify: _____

6. Do you currently receive benefits from any of the following sources? Please check all that apply.

Social Security Disability Income (SSDI) or Supplemental Security Income (SSI)

Social Security Income (SSA)

Medicare

Medicaid

Food Stamps

Tennessee Families First/TANF

Other social/retirement benefits

Part 2: Tell Us about Your Transportation Needs

7. You use public transportation because:

Disability/health issue No valid driver's license Cannot afford a private vehicle Other

8. Most often, you use public transportation to conduct which of the following activities? Please check all that apply.

Access job/job training

Visit doctor/Health Clinic

Get benefits

- Shopping/go to pharmacy
- Visit friends/social
- Access childcare
- Go to Church/Temple/Place of Worship
- Other.

9. Do you need the following transportation facilities/assistance when you travel? Please check all that apply.

- Wheelchair lift or ramp
- Bench to sit on while waiting for a ride
- Assistance getting into and out of the vehicle
- Service animal
- A vehicle with a "kneeling" feature for people who have difficulty climbing stairs
- Door to door service - from the door of the pickup location to the door of the drop off location
- Curb to curb service - from the curb of the pickup location to curb of the drop off location
- Hand to hand service - pick up from the care of one person and drop off in the care of another person
- Space for a fold-up wheelchair
- a place to rest when traveling by foot
- Assistance identifying bus stops
- Escort to accompany you
- Help loading and unloading packages

10. Approximately how far away is the nearest transit stop/public transportation to where you live?

- Less than 1/2 mile
- from 1/2 mile to 1 mile
- More than 1 mile

11. What is the greatest inconvenience(s) to you when you ride public transportation? Please check all that apply.

- Even the nearest transit stop is too far away to walk to.
- Low frequency makes waiting time too long.
- Very limited interchanges connecting different routes/destinations.
- Feel unsafe while waiting for a bus/van.
- It's difficult to find someone to car/vanpool with.
- Lack of a public transportation resource center to get information.

12. What are the top 5 most frequently traveled destinations of your trips when you use public transportation? (For example, Baptist Memorial Hospital in Ripley)

- Destination: _____, City/Town _____, County _____

13. Are there places that you have difficulty getting to because of transportation problems? If yes, please list the top 5 of such difficult-to-access places. (For example, Fayette Farmers Co-op in Somerville)

- Place: _____, City/Town: _____, County _____

14. In addition to the Delta HRA, have you used the services of other transit providers/operators to conduct your daily activities?

No. _____.

Yes. _____ (If yes, please specify the name of the organization.)

Part 3: Tell Us about How You Feel about the Services of Delta HRA

15. How did you get to know about the transportation services of the Delta HRA?

- From Department of Human Services From my doctor's office From my employer
 Through Delta HRA's website Referred by a friend/family member From news
 Other, please specify _____

16. Which of the following ideas are appealing to you when you think of improving transportation services provided by the Delta HRA?

- It would be nice to have night service.
 It would be convenient if same day scheduling or even 24-hour scheduling is available.
 If a dedicated medical route to Memphis can be established, it would save me a whole lot of time from waiting in Memphis.
 It would be nice if a dedicated dialysis treatment route can be established through coordinating various schedules of dialysis clinics in the area.
 I would love to see a dedicated job access route running in the area.
 I think it's a good idea to separate "Premier Service" from "Standard Service." Time sensitive trips can be served through "Premier Service" at a higher user cost; while less time-sensitive trips can be served through "Standard Service" at a lower user cost.
 I am willing to pay a higher cost to ride the "Premier Service."

17. Do you think the transportation services provided by the Delta HRA are well-known by the general public in the area?

- Yes.
 No. If no, could you give us some suggestions as to how Delta HRA could more effectively reach out to the general public about using public transportation?

Survey Questionnaire for Human Services Transportation Providers

Dear Human Services Transportation Provider:

This questionnaire is designed to understand your existing transportation programs/services so that an inventory of public transportation providers in Fayette, Tipton, Lauderdale counties, and rural areas of Shelby County of Tennessee can be established. This questionnaire is also used to determine common origins/destinations of public transportation trips. Please take your time to complete this questionnaire. We will share the above information with you once it becomes available. Thank you!

1. Your organization can be classified as a:

- | | |
|--|--|
| <input type="checkbox"/> Public Transit Agency | <input type="checkbox"/> Faith-based Non-profit Organization |
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> School District |
| <input type="checkbox"/> Private Transportation Provider | <input type="checkbox"/> Other, please specify |

2. Please provide a summary of how the transportation services are provided by your organization in the Planning Area (i.e. Fayette, Tipton, Lauderdale, and Rural Area of Shelby County)?

3. What federal agencies supply funding for the transportation services provided by your organization? Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Federal Transit Administration | <input type="checkbox"/> Department of Health and Human Services |
| <input type="checkbox"/> Department of Housing and Urban Development | <input type="checkbox"/> Administration on Aging |
| <input type="checkbox"/> Department of Veteran Affairs | <input type="checkbox"/> Department of Labor |
| <input type="checkbox"/> Department of Agriculture | <input type="checkbox"/> Department of Homeland Security |
| <input type="checkbox"/> Department of Education | <input type="checkbox"/> Other, please specify |

4. How many vehicles does your organization own/lease?

Numbers and Types of Vehicles Owned: _____, of these owned-vehicles, how many of them are wheelchair accessible? _____

Numbers and Types of Vehicles Leased: _____, of these leased-vehicles, how many of them are wheelchair accessible? _____

5. What is the average length of a typical one-way trip made by your transportation users? (For example, 10 miles, etc.)

6. In the last three years, what is your estimated annual ridership? Please give your best estimate.

Year 2004 Rideship Estimate _____

Year 2005 Ridership Estimate _____

Year 2006 Ridership Estimate _____

7. What criteria does your organization use to screen eligible transportation users?

Low income individuals Elderly individuals Individual with disabilities Other, please specify

8. What are the perceived top 10 common origins/destinations of transportation trips made by your users in the Planning Area? (For example, employment centers, doctors office, etc)

9. Where are the perceived top 10 common origins/destinations (corridors) of your transportation users? (For example, Highway 51 in Covington)

10. Does your organization currently coordinate/collaborate with other human services providers and/or transportation providers to provide transportation services in the Planning Area?

11. What suggestions do you have for improving rural public transportation services through better coordination among human services providers and/or transportation providers?

12. Do you have a website or a brochure that provides more comprehensive information about your organization?

Website address:

Please send your brochure to: Ms. Yi Liu, The NBM Associates, 6867 Gallop Drive, Cordova, TN 38018

13. Which person in your organization may we contact regarding questions on this survey?

Name:

Title:

Contact Information:

Data Request Form for Human Services Providers

Dear Human Services Provider:

This questionnaire is designed to understand how your organization coordinates or collaborates with public transportation providers to deliver human services in the Memphis-Delta Area. This questionnaire is also used to determine common origins/destinations of human services program users. Please take your time to complete this questionnaire. We will share the above information with you once it becomes available. Thank you!

1. Your organization can be classified as a:

- | | |
|--|--|
| <input type="checkbox"/> Public Transit Agency | <input type="checkbox"/> Faith-based Non-profit Organization |
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> School District |
| <input type="checkbox"/> Private Transportation Provider | <input type="checkbox"/> Other, please specify |

2. What is the number of your clientele/customer base? _____

3. Does your organization have a transportation program?

- Yes. No.

4. If yes, who is the transportation service provider?

- Your organization itself Contract to other transportation provider(s)

5. If the transportation service is provided by your own organization, how many vehicles does your organization own or lease?

Own Numbers & Types of Vehicle(s): _____, Number of Owned Vehicles that are Wheelchair Accessible: _____

Lease Numbers & Types of Vehicle(s): _____, Number of Leased Vehicles that are Wheelchair Accessible: _____

6. On average, how many one-way trips does a vehicle make on a typical weekday?

7. On average, how long (for example, 30 minutes, 1 hour, 2 hours, etc.) does it take to complete a one-way vehicle trip?

8. If contracted to other transportation provider(s), please list the name(s) of your transportation contractor(s).

- a. Name: _____, Type: Private Non-profit
b. Name: _____, Type: Private Non-profit
c. Name: _____, Type: Private Non-profit

9. If your transportation program is provided through a contractor(s), please describe who coordinates transportation with such contractor(s).

- Your organization coordinates transportation between the user and the transportation contractor
 The coordination is conducted through a third party broker

10. If the transportation coordination is conducted through a third party broker, please specify the name of the broker.

Name: _____, Type: Private Non-profit

11. What federal agencies supply funding for the transportation program(s) of your organization? Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Federal Transit Administration | <input type="checkbox"/> Department of Health and Human Services |
| <input type="checkbox"/> Department of Housing and Urban Development | <input type="checkbox"/> Administration on Aging |
| <input type="checkbox"/> Department of Veteran Affairs | <input type="checkbox"/> Department of Labor |
| <input type="checkbox"/> Department of Agriculture | <input type="checkbox"/> Department of Homeland Security |
| <input type="checkbox"/> Department of Education | <input type="checkbox"/> Other, please specify |

12. Can you briefly summarize how the transportation program of your organization is provided to your customers in the Memphis-Delta Area (for example, geographic coverage, trip purpose, coordination efforts, etc)?

13. In the last five years, what is your estimated annual ridership? Please give your best estimate.

FY 2002	FY2003	FY2004	FY2005	FY2006

14. What criteria does your organization use to screen eligible transportation users?

- Low income individuals Elderly individuals Individuals with disabilities

15. Where (what) are the perceived top 10 common origins/destinations of your transportation program trips users? (For example, shopping centers, employment centers, job training centers, medical facilities, etc.)

16. Where are the perceived top 10 common origins/destinations (corridors) of your service users? (For example, Highway 51 in Covington)

17. What suggestions do you have for improving rural public transportation services through better coordination among human services providers and/or transportation providers?

18. Do you have a website that provides more comprehensive information about your organization?

Website address:

19. Which person in your organization may we contact regarding questions on this survey?

Name:

Contact Information: