

Locally Developed Human Services Transportation Coordinated Plan

1. Demand for public transportation services come from disabled individuals who can not operate a private automobile and low income individuals who can not afford to own or operate a private automobile. Latent demand for public transit-human services transportation is estimated at 40,000 riders for the Delta HRA service area.
2. Two categories of services are currently available in our planning service area. The first one is contract based semi-demand responsive services that travel on flexible routes but with fixed schedule(s); and the second one is total demand responsive services that travel on flexible routes and flexible schedules in response to customers' requests.

Van service and cab/car service are two modes of service currently available in the service area. The van service is wheelchair accessible. The customer groups that are served in the service 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.

The general public, especially those who reside in remote rural areas, are not well informed of available rural public transportation services. There is a lack of coordination between human services providers to bundle trips with similar schedules and/or purposes to simultaneously enhance quality of service and quantity of rides. Patients with behavioral problems and their families are not well served by the available services. 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.

3. Long-term strategies would be to focus on macro issues such as rebuilding walkable communities in areas with existing 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 additional 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.

4. Prioritization of implementation 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 assessable 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.
 - 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.

Stakeholder and Community 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; 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.

List of Transportation Stakeholders:

1. Biars Davis and Associates	General Public
2. Covington Manor	Elderly Individuals
3. Davita Dialysis Clinic	Disabled People
4. Delta Human Resource Agency	General Public, Elderly, Disabled, & Low
5. Dyson's Garage	General Public
6. JARC, TN Dept. Transportation	General Public, Elderly, Disabled, & Low
7. Memphis Area Assoc. Govt.	General Public & Member Service
8. Memphis Area Transit Authority	General Public, Elderly, Disabled, & Low
9. Metropolitan Inter Faith Assoc.	Elderly & Disabled
10. Premier Transportation Services	General Public & Elderly
11. St. Luke MB Church	Member Service
12. TN Dept. Human Services	General Public & Low Income
13. The NBM Associates	Member Service
14. Tipton County Commission Aging	Elderly Individuals & Disabled Persons
15. West Tennessee Drug Screens	General Public
16. Memphis Center Independent Living	Member Service & Disabled
17. Shelby Residential Voc. Service	Member Service & Disabled
18. Aging Commission Mid-South	Elderly Individuals & Disabled
19. Arrow Transportation	General Public, Elderly, Disabled, & Low
20. Associated Catholic Charities	Member Service
21. Friends for Life	Member Service
22. Helen R. Tucker Developmental Ctr.	Disabled Individuals
23. Memphis Metro. Planning Org.	General Public

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| 24. Southaven Taxi Company | General Public |
| 25. TN Dept. Labor Workforce Dev. | General Public & Low Income |
| 26. The Assisi Foundation Memphis | Member Service |
| 27. Wheelchair Getaways | Disabled Individuals |