Memphis Urban Area Metropolitan Planning Organization
Coordinated Public Transit – Human Services
Transportation Plan

Prepared for:

Memphis MPO
METROPOLITAN PLANNING ORGANIZATION
Strengthening Regional Transportation

April 2016

Prepared by:

TranSystems
EXPERIENCE | Transportation

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Table of Contents

Table of Contents ii
Abbreviations and Acronyms iv
Adoption Resolution vi
Executive Summary 1
- Plan Purpose 2
- Transportation Service Providers 2
- Transportation Needs 3
- Strategies for Meeting Identified Needs 5
- Prioritization of Strategies and Activities 5

Introduction 7
- Plan Purpose 8
- Study Area 9
- Plan Development Process 9
- Public and Stakeholder Participation 10
- Peer Review Documentation 11

Available Services 13
- Service Providers 14
- Existing Levels of Coordination 22

Gaps Analysis and Unmet Need 23
- Transportation Disadvantaged Populations 24
- Service Gaps and Unmet Needs 31
- Prioritization of Service Gaps and Needs 37

Strategies and Activities 40
- Strategies for Meeting Identified Needs 41
- Short-term Strategies and Activities 42
- Long-term Strategies and Activities 47

Next Steps 51
- Funding Resources 52
- Conclusion 54

Appendix A: Public and Stakeholder Outreach 57
Appendix B: Peer Agency Links and Contact Information 157
Appendix C: 2013 Poverty Guidelines 158
Appendix D: Table of Funding Sources 159
Appendix E: Public, State and Federal Comments and Responses 183

List of Figures

Figure i: Services Available in each State by Type of Service....3
Figure ii: Transportation Disadvantaged Populations within the Study Area....3
Figure iii: Transportation Service Gaps and Needs in the Study Area....4
Figure iv: Short-term Strategies/Activities for Each State....6
Figure v: Long-term Strategies/Activities for Each State....6
Figure 1: CPT-HSTP Study Area.... 12
Figure 2: 2013 Demand Response Ridership 14
Figure 3: Memphis Area Transit Authority System Map 15
Figure 4: Public Transit Providers' Service Areas within the Study Area.... 16
Figure 5: Public Transit Providers within the Study Area 17
Figure 6: Agency Transportation Providers by State.... 18
Figure 7: Private Demand Services in Arkansas Study Area.... 19
Figure 8: Private Demand Services in Mississippi Study Area.... 19
Figure 9: Private Demand Services in Tennessee Study Area 19
Figure 10: NEMT Services in Arkansas Study Area.... 20
Figure 11: NEMT Services in Mississippi Study Area.... 20
Figure 12: NEMT Services in Tennessee Study Area 21
Figure 13: Older Adult Populations in the Study Area 24
Figure 14: Number of Older Adults per Square Mile 25
Figure 15: Populations of Persons with Disabilities (5-years+) in the Study Area.... 26
Figure 16: Number of Persons with Disabilities (5-years+) per Square Mile 27
Figure 17: Populations of Persons with Low Incomes in the Study Area.... 28
Figure 18: Number of Persons with Low Incomes per Square Mile.... 29
Figure 19: Change in Population 2010-2025 30
Figure 20: Service Gaps and Unmet Needs.... 31
Figure 21: Service Areas of Public Transit Providers 34
Figure 22: Public Housing Locations within the Study Area.... 35
Figure 23: Service Hours of Public Transit Providers.... 36
Figure 24: Prioritized List of Service Gaps and Unmet Needs for Arkansas 37
Figure 25: Prioritized List of Service Gaps and Unmet Needs for Mississippi 38
Figure 26: Prioritized List of Service Gaps and Unmet Needs for Mississippi 39
Figure 27: Short-Term Strategies/Activities for Each State.... 42
Figure 28: Long-term Strategies/Activities for Each State 47
Figure 29: Section 5310 Program Funding Amounts for the Study Area 52

Abbreviations and Acronyms

ACS	American Community Survey
ADA	Americans with Disabilities Act of 1990
AHTD	Arkansas State Highway and Transportation Department
CCAM	Coordinating Council on Access and Mobility
CPT-HSTP	Coordinated Public Transit-Human Services Transportation Plan
DARTS	Delta Area Rural Transit System
Delta HRA	Delta Human Resource Agency
DOE	Department of Education
DOI	Department of Interior
DOL	Department of Labor
DOT	Department of Transportation
FAST	Fixing America's Surface Transportation Act
FHWA	Federal Highway Administration
FTA	Federal Transit Administration
GAO	Government Accountability Office
HHS	Department of Health and Human Services
HUD	Department of Housing and Urban Development
KCATA	Kansas City Area Transportation Authority
MAP-21	Moving Ahead for Progress in the 21st Century Act
MATA	Memphis Area Transit Authority
MDOT	Mississippi Department of Transportation
MIFA	Metropolitan Inter-Faith Association
MPO	Metropolitan Planning Organization
NDPDD	North Delta Planning and Development District
NEAT	Northeast Arkansas Transportation
NEMPDD	Northeast Mississippi Planning and Development District
NEMT	Non-emergency Medical Transportation
NMCS	Northeast Mississippi Community Services
NWTHRA	Northwest Tennessee Human Resource Agency
RTP	Regional Transportation Plan
SNAP	Supplemental Nutrition Assistance Program
SRVS	Shelby Residential Vocational Services
SWHRA	Southwest Human Resource Agency
TDOT	Tennessee Department of Transportation
TIP	Transportation Improvement Program
TMA	Transportation Management Association
UCAC	United Community Action Committee, Inc.

UPWP	Unified Planning Work Program
USDA	United States Department of Agriculture
VA	Department of Veteran Affairs
WOTC	Work Opportunity Tax Credit

A RESOLUTION
BY THE
TRANSPORTATION POLICY BOARD
OF THE
MEMPHIS URBAN AREA METROPOLITAN PLANNING ORGANIZATION
ADOPTION OF THE
COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLAN (CPT-HSTP)

RESOLUTION # 2016-03

WHEREAS, the Memphis Urban Area Metropolitan Planning Organization (MPO) is the organization responsible for planning & creation of an efficient transportation system in the Memphis Metropolitan Planning Area & for the appropriate use of federal transportation funds in that area; and

WHEREAS, Federal Transit Law (49 USC 5310) requires that projects selected for funding under the Elderly Individuals and Individuals with Disabilities (Section 5310) program be derived from a locally developed Coordinated Public Transit-Human Services Transportation Plan (CPT-HSTP) and that the plan be developed through a process that includes representatives of public, private, and non-profit transportation and human services providers and participation by members of the public; and

WHEREAS, the current CPT-HSTP for the Memphis Urban Area Metropolitan Planning Area was adopted in 2007; and

WHEREAS, the Memphis MPO has undertaken a year-long planning effort that included representatives of public, private, and non-profit transportation and human services providers and participation by members of the public to develop an updated CPT-HSTP; and

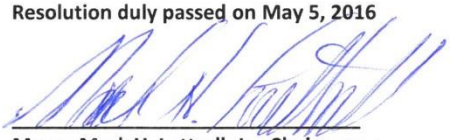
WHEREAS, the plan identified current transportation providers and services, assessed of the transportation needs of the elderly, persons with disabilities, and individuals with low incomes were performed; and developed recommended strategies, activities, and/or projects to address the identified needs and gaps were developed, and

WHEREAS, notice of public availability of the CPT-HSTP was published in the newspapers & made available in the public libraries in the Memphis Metropolitan Planning Area as specified in the approved Public Participation Plan for a period of thirty (30) days prior to consideration by the Transportation Policy Board to allow the public opportunity to review & comment; and

WHEREAS, the Engineering & Technical Committee has reviewed the CPT-HSTP & recommended adoption; and

NOW, THEREFORE, BE IT RESOLVED, that the Transportation Policy Board of the Memphis Urban Area Metropolitan Planning Organization does hereby adopt the 2016 Coordinated Public Transit-Human Services Transportation Plan (CPT-HSTP).

Resolution duly passed on May 5, 2016



Mayor Mark H. Luttrell, Jr., Chairperson
Memphis Urban Area Metropolitan Planning Organization

EXECUTIVE SUMMARY

Plan Purpose

Background

The Federal Transit Administration (FTA) under the Moving Ahead for Progress in the 21st Century Act (MAP-21) , as well as the recently adopted Fixing America's Surface Transportation Act (FAST), requires that projects chosen for funding through FTA's Section 5310: Enhanced Mobility of Seniors and Individuals with Disabilities Program be included in a locally developed, coordinated public transit – human services transportation plan" (CPT-HSTP) and that the plan be developed and approved through a process that includes participation by seniors, individuals with disabilities, representatives of public, private, and nonprofit transportation and human services providers and other members of the public. In addition, this plan aims to meet the federal requirements outlined in 49 U.S.C. 5310 and identify opportunities to achieve efficiencies in service delivery throughout the Greater Memphis region. To the maximum extent feasible, the services funded under this section will be coordinated with transportation services assisted by other Federal departments and agencies, including any transportation activities carried out by a recipient of a grant from the Department of Health and Human Services (HHS).

The tasks included in the development of the CPT-HSTP for the Memphis Urban Area Metropolitan Planning Organization (MPO), henceforth referred to as the Memphis MPO, are to:

- Assess the available transportation services;
- Identify transportation needs of older adults, persons with disabilities and persons with low incomes;
- Provide strategies for meeting those identified needs; and
- Prioritize transportation strategies and activities for funding and implementation.

Study Area

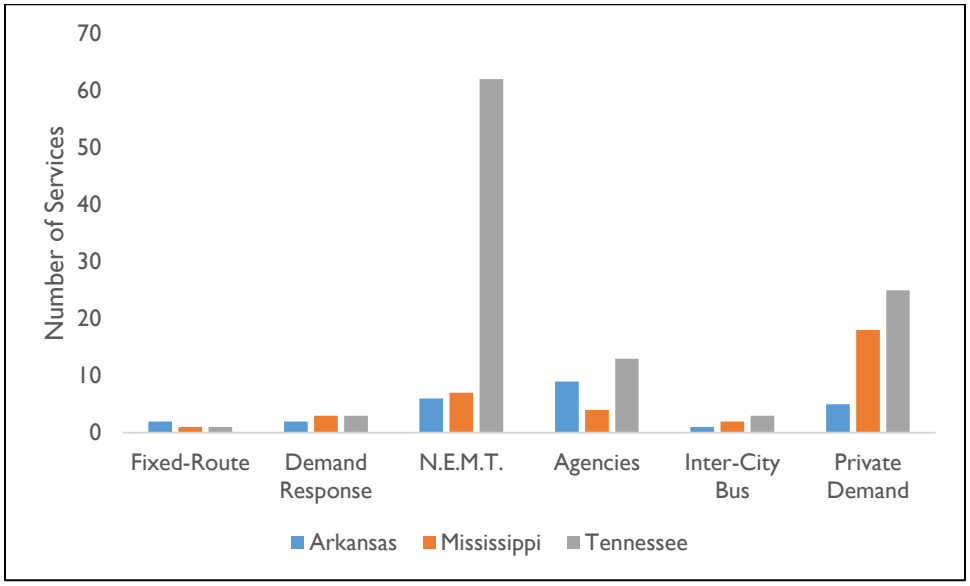
The study area is made up of the Greater Memphis region, which includes the boundaries of both the Memphis MPO area and the West Memphis MPO. The study area spans 20 counties in three states: five counties in Arkansas, five counties in Mississippi, and ten counties in Tennessee. Surrounding the City of Memphis are West Memphis in Arkansas; Millington and Bartlett, Tennessee to the north; Germantown, Tennessee to the east; and Southaven and Olive Branch, Mississippi to the south. Arkansas is mostly rural, and many trips that begin in Arkansas have destinations in Memphis. Beyond the Memphis suburbs in Mississippi, the remaining counties are mostly rural in nature. There are many trips originating in Mississippi that connect with the City of Memphis. Stretching north into Tennessee, the remaining study area consists of small towns and rural communities; with many of these trips destined for the City of Memphis.

Transportation Service Providers

There are a multitude of service providers in the study area. The primary fixed-route system in the region is the Memphis Area Transit Authority (MATA), which operates service in Tennessee and Arkansas. Other public transportation providers in the area are the Delta Human Resource Agency (Delta HRA), Northwest Tennessee Human Resource Agency (NWTHRA) and Southwest Human Resource Agency (SWHRA) in Tennessee; Mid-Delta Transit and Northeast Arkansas Transportation (NEAT) in Arkansas; and the Delta Area Rural Transit System (DARTS), North Delta Planning and Development District, Inc. (NDPDD) Northeast Mississippi Community Services (NMCS) and United Community Action Agency (UCAA) in Mississippi. Figure i shows the

many agency transportation providers, private demand services, non-emergency medical transportation (NEMT) providers and inter-city bus providers in the area.

Figure i: Services Available in each State by Type of Service



Caption: N.E.M.T., listed along other types of services, stands for non-emergency medical transportation.
Source: Memphis MPO, MATA and TranSystems.

Transportation Needs

A majority of the transportation disadvantaged populations (older adults, persons with disabilities and persons with low-incomes) are located in and around Memphis, Tennessee, but a little over 20% of such populations reside in Arkansas and Mississippi (see Figure ii below). The geographical layout of the study area and the challenges faced by transportation disadvantaged populations create unique problems and needs.

Figure ii: Transportation Disadvantaged Populations within the Study Area

Population	Arkansas	Mississippi	Tennessee	Total
Older Adults (65+)	16,544	27,007	131,831	175,382
Persons with Disabilities (5+)	24,140	31,178	159,511	214,829
Persons with Low Incomes	32,856	34,314	237,713	304,882

Source: Census Bureau, 2013 American Community Survey 5-year Estimates

The service gaps and needs are outlined below in Figure iii. These needs were identified throughout the public engagement process. The table also indicated whether the service gap or need applies to the provider, the user, or both.

Figure iii: Transportation Service Gaps and Needs in the Study Area

Category	Provider	User	Service Gaps and Needs
Information and Awareness	●		Lack of a sufficient centralized mobility coordinator
	●	●	Lack of sufficient public information regarding services
	●		Private sector participation
	●		Lack of sufficient provider participation in coordination
Geographical	●	●	Employers and medical providers are moving farther out into suburban areas (Example: Memphis Regional Megasite, Haywood and Fayette County)
	●	●	Increased service to job centers such as warehouses or industrial areas
	●	●	Coverage of rural areas, job centers, and economically-distressed neighborhoods.
Time-Based	●	●	Night and weekend service
	●	●	Early morning service
		●	Trip scheduling
Client-Based	●	●	Lack of sufficient service for persons with disabilities
		●	Passengers do not want to transfer services
		●	Dialysis transportation
Service Quality	●		Insufficient number of paratransit buses to provide service
	●		Lack of a voucher program (i.e. difficulty with provider participation)

Source: *A Coordinated Human Services Transportation Plan for the Memphis Area*, 2007, Survey, public meetings and Advisory Committee meetings.

Strategies for Meeting Identified Needs

The following are potential strategies to address the service gaps and needs that have been identified.

Information and Awareness

- Explore creating a Mobility Coordinator position for the region.
- Develop a regional committee composed of public and private stakeholders to enhance coordination, improve efficiency of services, and to conduct workshops.
- Explore the development of a one-stop transportation call center to coordinate services.
- Enhance planning activities and public education efforts.
- Host how-to-ride workshops or public events.

Geographical

- Review service routes and explore expanding service to geographical areas not currently served by transit, paratransit or service agencies.
- Coordinate service delivery among lower density areas.
- Establish Transportation Management Associations (TMAs) where appropriate.

Time-Based

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

Client

- Evaluate existing services for persons with disabilities and identify areas of expansion.
- Increase service to dialysis centers – coordinate scheduling.

Service Quality

- Explore funding opportunities to fund capital and operations for increased or improved service.
- Explore funding opportunities to create a voucher program.

Prioritization of Strategies and Activities

Following the prioritization of needs and gaps within the study area, proposed strategies and activities were identified. Because each state has varying demographics, geography and funding methodologies, it follows that each state has a different prioritized list of service gaps and unmet needs. To address the needs and gaps, stakeholders at public meetings in each state identified various strategies and activities. The strategies and activities that are best suited to addressing each state's needs and gaps were identified by stakeholder input and professional expertise. Figure iv and v below show the short-term and long-term strategies and activities, respectively, for each state.

Figure iv: Short-term Strategies/Activities for Each State

Strategies and Activities	State		
	Arkansas	Mississippi	Tennessee
Explore Creating a Mobility Coordinator Position for the Region	•	•	•
Evaluate Existing Services for Persons with Disabilities and Identify Areas of Expansion	•	•	•
Explore Expanding Transit, Paratransit and Service Agency Hours to Include Early Morning and Evening Service	•	•	•
Develop a Regional Committee Composed of Public and Private Stakeholders to Enhance Coordination, Improve Efficiency of Services, and to Conduct Workshops	•	•	•
Enhanced Planning Activities and Public Education Efforts	•	•	•
Host How-to-Ride Workshops or Public Events	•	•	•
Explore Expanding Hours to Include Weekend Service		•	•
Explore Funding Opportunities to Fund Capital and Operations for Increased or Improved Service		•	•

Source: Public stakeholders, the Advisory Committee and TranSystems.

Figure v: Long-term Strategies/Activities for Each State

Strategies and Activities	State		
	Arkansas	Mississippi	Tennessee
Review Service Routes and Explore Expanding Service to Geographical Areas not Currently Served by Transit	•	•	•
Coordinate Service Delivery Among Lower Density Areas	•	•	•
Explore the Development of a One-stop Transportation Traveler Center to Coordinate Services	•	•	•
Increase Service to Dialysis Centers - Coordinate Scheduling.		•	•
Explore Funding Opportunities to Create a Voucher Program	•		•

Source: Public stakeholders, the Advisory Committee and TranSystems.

Introduction

Plan Purpose

The Coordinated Public Transit – Human Services Transportation Plan (CPT-HSTP) for the Greater Memphis region is prepared in compliance with the federal transportation law Moving Ahead for Progress in the 21st Century (MAP-21), as well as the recently adopted Fixing America's Surface Transportation Act (FAST) Act.

The FAST Act requires that projects selected for funding through FTA's Section 5310: Enhanced Mobility of Seniors and Individuals with Disabilities Program be "included in a locally developed, coordinated public transit – human services transportation plan" and that the plan be "developed and approved through a process that included participation by seniors, individuals with disabilities, representatives of public, private, and nonprofit transportation and human services providers and other members of the public."

The purpose of the CPT-HSTP is to create a better transit system for transportation disadvantaged populations: older adults, persons with disabilities and persons of low-income. This includes evaluating the existing paratransit, demand response transportation, human service agency, non-profit and private for-profit providers. Similarly, the current service gaps and challenges faced by transportation disadvantaged populations are assessed. Using the information gathered, a catalog of strategies is created to address those gaps and challenges. Lastly, the plan prioritizes strategies and activities for funding and implementation.

The CPT-HSTP interacts with existing plans, such as the Regional Transportation Plan (RTP, currently the Livability 2040: RTP) which is updated every four years. The RTP is a planning document that assesses the current and projected future demand on the region's transportation system and establishes a fiscally constrained plan of action to guide the development of transportation projects for the next 25 years. Its preparation involves an integrated planning process that evaluates short-term and long-term strategies that will lead to the development of an integrated multimodal transportation system. The goal is to facilitate the safe and efficient movement of people and goods in addressing current and future transportation demand. The RTP embraces the livability principles to ensure that the planning process cultivates and sustains livable communities. Specifically, the CPT-HSTP and the RTP work together to support existing communities, provide more transportation choices, and enhance communities. While the RTP provides a long-range guide for transportation development over the next 25 years, the CPT-HSTP has a short-range focus of 10 years for specific transportation disadvantaged populations. These slight differences offer advantages in coordinating population demographics and projections, and short-term and long-term goals.

Projects highlighted in both the CPT-HSTP and RTP often become community focused and receive Federal, state and local funding. Upon receiving public funding, the projects are added to the regional Transportation Improvement Program (TIP), which lists all transportation projects that have received or are anticipated to receive public funding over the course of a three to five year period. Furthermore, planning efforts – such as some of those laid out in this document – are commonly coordinated among multiple communities and added to the Unified Planning Work Program (UPWP) in order to measure the work being completed by each of the partner communities in order to achieve the goals described within the UPWP and other regional plans.

Study Area

The study area includes 20 counties in three states; five counties in Arkansas, five counties in Mississippi, and ten counties in Tennessee (see Figure 1). To determine the boundaries of the study area the Advisory Committee looked at agencies that offer services in or near Memphis and evaluated travel patterns. The committee decided on the 20 county region because the residents of those counties rely on trips to Memphis and the surrounding area for medical, job-related and other travel needs.

Included within the study area are multiple transit agencies and human resource agencies (HRA). The agencies covered by the study area are: the Delta HRA, Northwest Tennessee HRA and Southwest HRA in Tennessee; Mid-Delta Transit and Northeast Arkansas Transportation (NEAT) in Arkansas; and the Delta Area Rural Transit System (DARTS), Northeast Mississippi Community Services (NMCS) and United Community Action Agency (UCAA) in Mississippi. The Memphis Area Transit Authority (MATA) operates service in Tennessee and Arkansas.

Plan Development Process

The development of the plan began by creating an Advisory Committee to review project material from a local perspective. Throughout the planning process the Advisory Committee provided insight that helped guide the plan. The committee included representatives from the Tennessee Department of Transportation (TDOT), Mississippi Department of Transportation, Arkansas State Highway and Transportation Department (ASHTD), Memphis Urban Area Metropolitan Planning Organization (MPO), West Memphis MPO, Memphis Area Transit Authority (MATA), Memphis Area Association of Governments, West Tennessee Rural Planning Organization, as well as representatives from human resource agencies and other human services agencies. The Advisory Committee broke the development of the plan into four main steps: setting parameters and gathering preliminary data, identifying unmet needs/service gaps and potential strategies, prioritizing strategies and activities, and producing a plan.

The Advisory Committee helped guide the project and identified local agencies to participate in the planning process. The committee's initial meeting in April 2015 focused on defining the study area, delineating the transportation needs to be addressed by the plan, discussing potential plan results, and elaborating of specific characteristics of the communities within the study area. This conversation helped create an outline of the final plan. The committee also reviewed data from the previous plan and offered new information that led to the development of a list of service providers and challenges to providing coordinated service delivery. Preliminary demographic data was gathered on the older adult, persons with disabilities and persons with low-incomes populations that live within the study area. These initial efforts helped shape an image of where needs exist, how existing services address those needs, and what the goals of the CPT-HSTP would be.

To identify unmet needs, service gaps and potential strategies the Advisory Committee met and discussed the challenges faced by communities throughout the study area. The committee helped decide where to hold a stakeholder workshop and various public meetings. It was imperative that efforts be taken to reach out to the public in a manner that made meetings easy to attend. The Advisory Committee, stakeholders and the general public not only listed and categorized the unmet needs and service gaps, but also identified existing barriers to addressing those challenges and developed potential strategies to overcoming those unmet needs and service gaps. The various meetings helped refine the list to better suit the communities within the study area.

The final step was to create a draft plan that pulled together the outcomes of the previous steps. As a whole the plan meets all federal requirements and provides a funding strategy to ensure that the service needs of transportation disadvantaged populations are met. Public input assisted the Advisory Committee in producing a final product. To review the minutes and agendas for the advisory committee meetings, please see Appendix A.

Public and Stakeholder Participation

To gather input from older adults, persons with disabilities and other stakeholders, a workshop and several public meetings were held to discuss the identification of unmet needs, service gaps and strategies. The public engagement allowed stakeholders and the public the opportunity to discuss and comment on the data gathered and suggest other information to be incorporated into the plan.

Throughout the month of July, a 16-question survey was developed and submitted to approximately 2,000 individuals and organizations to help identify transportation needs, gaps, and potential strategies. It was developed with input from TDOT, and the Memphis MPO. The survey was posted online with a link provided on handouts to meeting participants to distribute to customers at their own agencies. The survey was also sent via email to identified potential stakeholders. In total, 166 surveys were completed. A majority of the respondents, 113, were individuals answering on his/her own behalf. There were 22 municipal and county government respondents. Private, non-profit transportation and human service agency respondents totaled seven and there were three federal human service agency respondents. There were also a number of civic organizations, health care providers and the Area Agency on Aging and Disability.

The survey results helped identify the region's current service gaps and unmet needs. Some key information gathered from the survey illustrated the modes of transportation commonly used within the study area, as well as areas or places that are difficult to reach by transit or demand response transportation services. The complete survey results are presented in Appendix A.

A stakeholder workshop and general public meeting were also held in July 2015. The stakeholder workshop was attended by members of the Advisory Committee as well as stakeholders from various human service organizations. The focus of the workshop was to expand on the needs and identify additional service gaps and unmet needs. Information presented to the stakeholders and at the public meeting included the purpose of the study, description of the type of service being discussed, the defined study area, an inventory of service providers, and previously identified needs. The groups were asked to expand on the needs and identify additional unmet needs or service gaps, as well as to highlight any strategies that might address existing transportation challenges.

In October 2015, there was an Advisory Committee meeting and three public meetings, one in each state of the study area: Arkansas, Mississippi and Tennessee. The purpose for this round of meetings was to prioritize the needs and gaps identified through previous public engagement segments and to identify additional unmet needs and gaps. Furthermore, attendants of the meeting were asked to identify strategies that are more likely to be successful when applied to the study area. Ultimately the prioritized list is meant to direct funding towards those strategies and activities that help communities eliminate unmet needs and service gaps. The result was a locally designed approach to addressing gaps and needs in the Greater Memphis region.

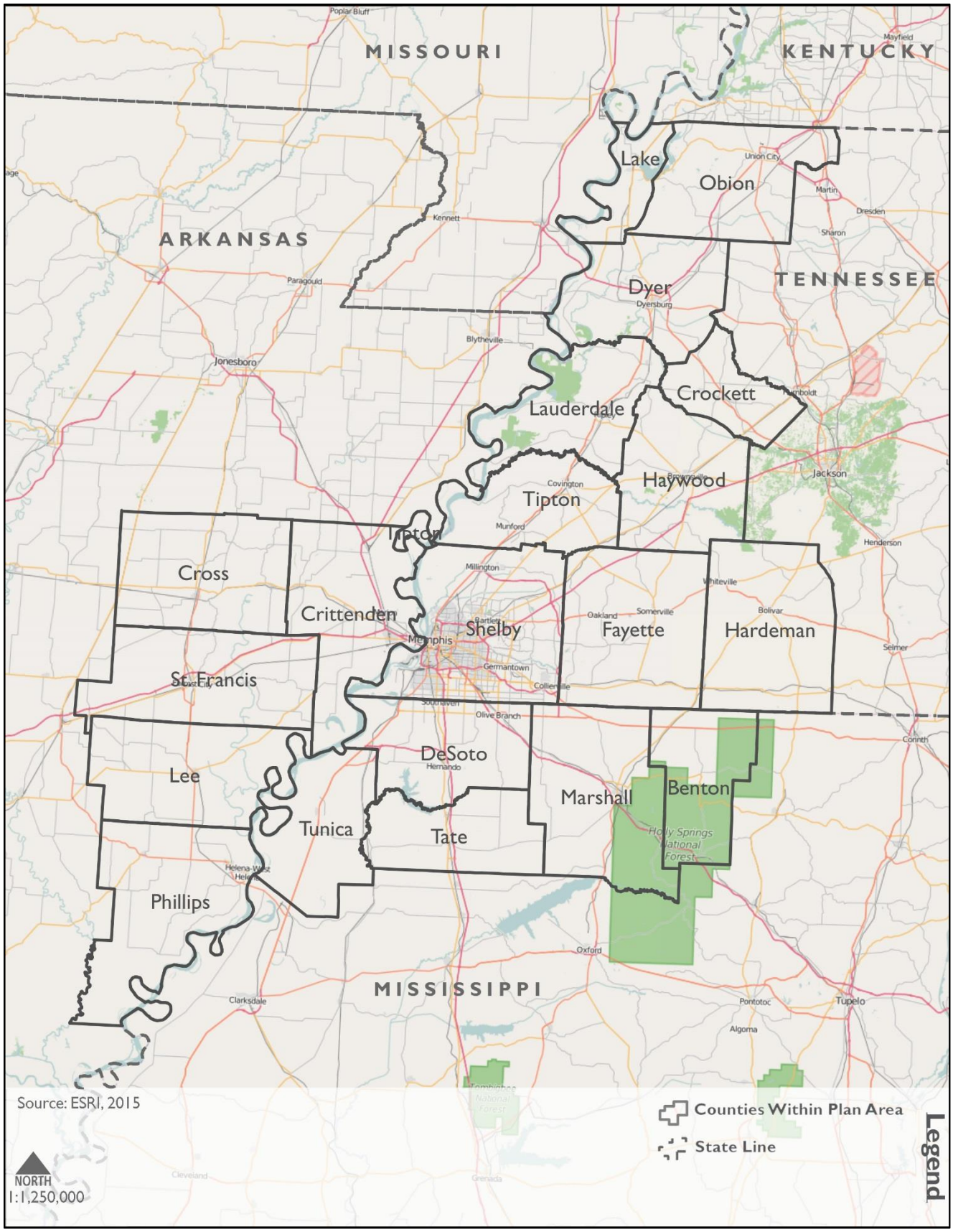
A final public meeting was held during the public review period of the draft plan, which was held on February 25, 2016. At this public meeting the draft plan was presented to the public and it also provided an opportunity to receive direct feedback from them.

Further information from all public and stakeholder meetings can be found in Appendix A.

Peer Review Documentation

As part of the planning process, a peer-review of various coordinated plans was conducted (see Appendix B for more information). The following organizations' plans were reviewed: The Indianapolis MPO, Mid-America Regional Council (Kansas City, MO region), Capital Area Regional Transportation Coordination Committee (Austin, TX region), and East-West Gateway (St. Louis, MO region). All of the plans featured an inventory of service providers, an evaluation of existing challenges and unmet needs, a prioritization of strategies, demographics of targeted populations and a plan organizing strategies and activities that address the challenges affecting the study area. The plan from Austin features an analysis on how to direct funding sources to potential activities, and the St. Louis plan provides a comprehensive list of federal funding programs that directed funding to serving transportation disadvantaged populations. The Indianapolis plan followed the *United We Ride Framework for Action.* The Kansas City plan featured a unique method of identifying service deserts and also discussed an online resource database called Link for Care. Through coordination with the local transit authority, Link for Care functions as a one-click/one-call center for the Kansas City region. Another strong example of a one-call/one-click center is Transit 511, a one-stop phone and web source for the San Francisco Bay Area featuring traffic, transit, rideshare and bicycling information. The Transit 511 website even features a trip planning tool that helps visitors, transportation disadvantaged populations and others find the most-efficient way to travel around the region. These resources were helpful in forming the general form of the plan. See Appendix B for the contact information of these peer review agencies.

Figure 1: CPT-HSTP Study Area



Source: Study area defined by the Advisory Committee

Available Services

Service Providers

There are many types of transportation services in the study area. Whether they are public, non-profit or private for-profit agencies they all help ensure that older adults, persons with disabilities and persons with low incomes are able to move around the region. This chapter provides an inventory of public transit providers, agency transportation providers and private transportation providers. At the end of the chapter there is a brief discussion about the various local entities that are currently coordinating service.

The various public, private and human services transportation providers that operate within the study area are listed below. This inventory is an update of inventories from previous reports, as well as services that were identified through research and industry knowledge during the plan process.

Public Transit Providers

Public transportation is defined as regular, continuing shared-ride surface transportation services that are open to the general public or open to a segment of the general public defined by age, disability, or low income. There are generally three types of public transit: fixed-route, flexible-route and demand response transportation services. Fixed-route operates on a set schedule along a fixed alignment. Demand response functions between origin and destination along the most efficient route possible, and scheduled pick-ups and drop-offs are prearranged between the customer and the service provider. Demand response transportation includes those services required by the Americans with Disabilities Act of 1990 (ADA). Flexible-route is a blend of the two.

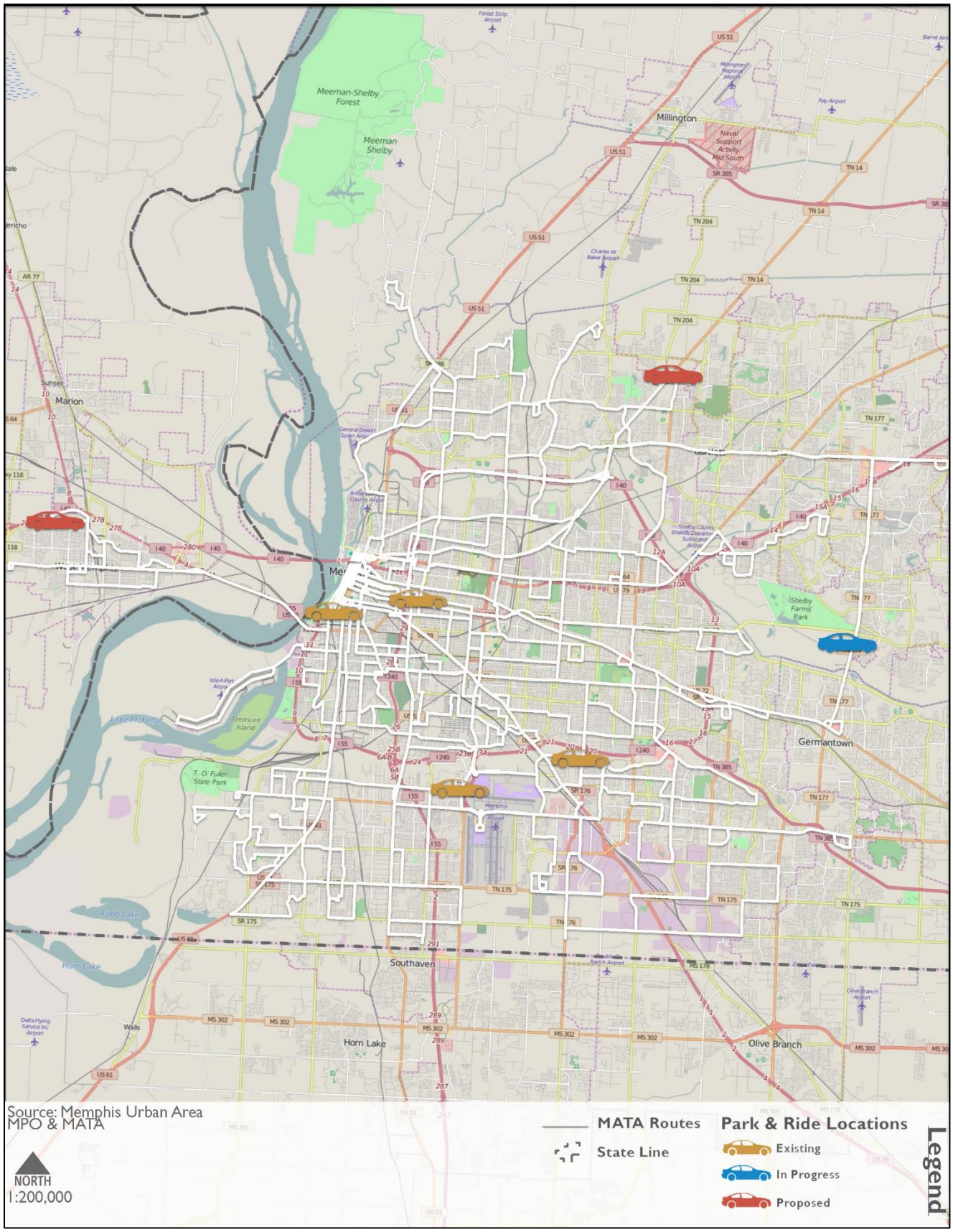
The Memphis Area Transit Authority (MATA) is the largest provider of transportation service in the Greater Memphis region. MATA operates fixed-route, ADA complementary paratransit and trolley services throughout 311 square miles in Memphis, Tennessee and West Memphis, Arkansas (see Figure 3). MATA provides 9.3 million passenger trips on 33 fixed routes annually and accrues 6.0 million revenue miles. Other public transit providers within the study area include Mid-Delta Transit and Northeast Arkansas Transportation (NEAT) in Arkansas; Delta Human Resource Agency (Delta HRA), Northwest Tennessee Human Resource Agency (NWTHRA) and Southwest Human Resource Agency (SWHRA) in Tennessee; and Delta Area Rural Transit System (DARTS), United Community Action Committee, Inc. (UCAC) and Northeast Mississippi Community Services (NMCS) in Mississippi. Figure 2 below provides the demand response ridership for the public transit providers. Figure 4 shows the public transit providers' service areas within the study area, and Figure 5 provides characteristics of the public transit providers.

Figure 2: 2013 Demand Response Ridership

Agency	State	Vehicle Revenue Miles	Vehicle Revenue Hours	Unlinked Passenger Trips	Sponsored Unlinked Passenger Trips	Total Trips
Mid-Delta Transit	AR	1,187,960	55,640	81,890	0	81,890
NEAT	AR	123,085	6,554	6,984	0	6,984
DARTS	MS	503,598	26,756	135,902	0	135,902
NMCS	MS	748,624	46,508	118,200	0	118,200
UCAC	MS	278,089	7,237	28,228	0	28,228
Delta HRA	TN	1,589,013	58,193	119,886	12,088	131,974
Northwest HRA	TN	3,136,575	146,268	104,924	77,900	182,824
Southwest HRA	TN	2,034,945	108,658	61,942	73,088	135,030
MATA	TN	1,777,290	104,467	252,589	0	N/A

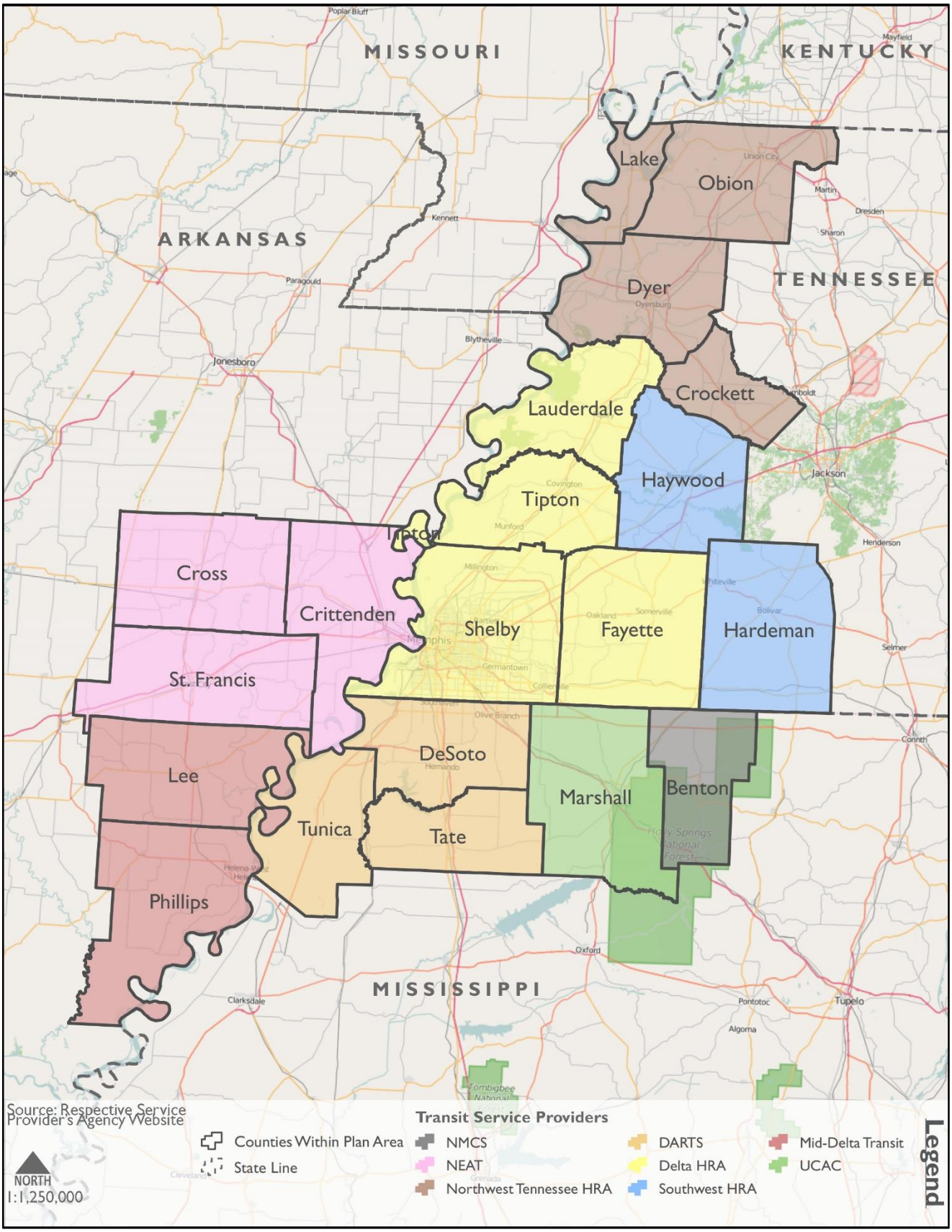
Source: 2013 Service Data and 2013 Subrecipient Service Data. National Transit Database (NTD).

Figure 3: Memphis Area Transit Authority System Map



Source: MATA

Figure 4: Public Transit Providers' Service Areas within the Study Area



Source: Respective public transit providers.

Figure 5: Public Transit Providers within the Study Area

Service Provider	Hours of Service	Fares	Fleet Size	Reservations
MATA	Seven day a week, 5:00am-12:00am	Local service: $1.75 per one-way; Express service: $2.35 per one-way; Reduced fare: $0.85-$1.35 per one-way; MATAplus: $3.50 base fare	144 Buses, 56 demand response vehicles, and 15 street cars	MATAplus requires 24-72 hours in advance of trip
Mid-Delta Transit	Monday-Friday, 8:00am-5:00pm, limited Saturday service	$3.30-$4.90 per one-way trip in Phillips County and $4.45 per one-way trip in Lee County	55 Vehicles	48 hours in advance of trip
NEAT	Monday-Sunday, 7:00am-5:00pm	Same city: $4 roundtrip; Within NEAT: $4-$40, based on trip distance	8 Vehicles	24 hours in advance of trip
Delta HRA	Monday-Friday, 6:00am-6:00pm	Same county: $5 roundtrip with a $0.75 surcharge per additional stop; Additional $3.50 for each county line crossed; Within Delta HRA, Jackson, Memphis: $28 roundtrip	64 Vehicles	48 hours in advance of trip
NWTHRA	Monday-Friday, 6:00am-6:00pm	Same city: $1 roundtrip, Same county: $3 roundtrip; Within NWTHRA: $7 roundtrip; Jackson or adjoining counties: $15 roundtrip; Memphis or Nashville: $25 roundtrip	98 Vehicles	48 hours in advance of trip
SWHRA	Monday-Friday, 6:00am-6:00pm	Senior citizen routes: $1 roundtrip with a $0.25 surcharge per additional stop; Same county: $6 roundtrip; SWHRA area: $10 roundtrip; Ouside SWHRA: $20 roundtrip	91 Vehicles	48 hours in advance of trip
DARTS	Monday-Friday, 8:00am-7:00pm	Same city: $3-$4 roundtrip; Same County: $7 rountrip; $1 per additional stop	24 Vehicles	24 hours in advance of trip
NMCS	Monday-Friday, 8:00am-4:30pm	Same City: $6-$10 roundtrip; varies per trip	27 Vehicles	24- 72 hours in advance of trip
UCAC	Monday-Friday, 8:00am-4:30pm	Same city: $5 roundtrip; Outside city: $10 roundtrip	11 Vehicles	48 hours in advance of trip

Source: Respective public transit providers.

Agency Transportation Providers

Agency transportation services, also known as human services transportation, are services that are operated for the sole benefit of program participants. Traditionally the agency operating the service has a core mission that is something other than transportation. Figure 6 below lists the various agencies that operate transportation services by the state in which the agencies operate.

Figure 6: Agency Transportation Providers by State

Arkansas	Mississippi	Tennessee
Counseling Service of Eastern Arkansas	Aaron E. Henry Community Services Center	Case Management, Inc.
Cross County Special Workshop	North Delta Planning and Development District	Goodwill Homes Community Services, Inc.
EastArk Enterprises	Northeast Mississippi Community Serviced, Inc.	Helen R. Tucker Adult Developmental Center
Frank A. Steudlein Learning Center	United Community Action Committee, Inc.	ITN Memphis
Lee County Cooperative Clinic		Metropolitan Inter-faith Association
Phillips County Development Center		Professional Care Services of West Tennessee, Inc.
Southland Adult Day Center		Regional Interfaith Association
St. Francis Area Development Center		Safe Shuttle
The Family Center, Inc./Anna's Place		Volunteers of America, Inc.
		Wesley at Adamsville, Inc.
		Wesley Housing Corporation of Memphis, Inc.
		Wesley at Millington Towers
		Wesley at Paris, Inc.

Source: A Coordinated Human Services Transportation Plan for the Memphis Area*, 2007 and the Advisory Committee.*

Private Transportation Providers

Private transportation providers offer services that are not specifically for the general public and operate as for-profit entities. These services play a vital role in providing on demand and/or niche services. Within the study area private transportation providers can be categorized as private demand services, inter-city bus or non-emergency medical transportation.

Private demand services consist of taxis, limousines/livery services and rideshare services (e.g. Uber). There are five private demand services operating in Arkansas, 18 operating in Mississippi and 25 operating in Tennessee. Figures 7-9 list the services operating in each state.

Figure 7: Private Demand Services in Arkansas Study Area

Arkansas
Bluff City Taxi
Helena Cab Co.
Limo Express Co.
Lyft
Razorback Cab Co.

Source: *A Coordinated Human Services Transportation Plan for the Memphis Area, 2007* and the Advisory Committee.

Figure 8: Private Demand Services in Mississippi Study Area

Mississippi		
Affordable Taxi Service	King's Way Shuttle service	Rose's Taxi Service
Angel Taxi	Limo Express Co.	Southaven Taxi Co.
Bluff City Taxi	Lyft	Sterling Limousines Inc.
Desoto County Cab Co.	Mr. Taxi	Tunica County Cab Co.
Jerry's Cab Co.	Oxford Limousine & Taxi Service	Uber
Jolly Cab	Rockstar Taxi and Limo	Wheelchair Getaways

Source: *A Coordinated Human Services Transportation Plan for the Memphis Area*, 2007 and the Advisory Committee.

Figure 9: Private Demand Services in Tennessee Study Area

Tennessee		
A Posh Limousine	Darren's Transportation	Orange Cab
Aim Limousine and Livery Service	Diamond Cab	Premiere Transportation Services
Arrow Cab and Transportation Services	Everything Express	Rapid Taxi
ASAP Car & Taxi Service	Germantown Cab Co.	Ron's Executive Taxi Services
Bartlett Taxi Co.	Limo Express Co.	Spirit of Excellence Limousine Service
Bluff City Taxi	Lyft	Uber
Checker Cab	Metro Cab Co.	Wheelchair Getaways
Citywide Taxi Cab Co.	Metro Cab East	Yellow Cab
Collierville Cab Co.		

Source: *A Coordinated Human Services Transportation Plan for the Memphis Area*, 2007 and the Advisory Committee.

There are three intercity bus companies that operate within the study area. Delta Bus Lines provides services in Tennessee and Mississippi. Greyhound, Inc. provides services in all three states. Megabus has service to and from Memphis, but the bus does not stop anywhere else in the study area.

Non-emergency medical transportation services are a type of medically related transportation that offers medical support to service users in non-emergency situations. These types of services can be hired for personal use, but are predominantly contracted with Medicare providers, hospitals and other private facilities. Figures 10-12 list the NEMT services available within each state.

Figure 10: NEMT Services in Arkansas Study Area

Arkansas
ACC Medlink
Mid-Delta Community Services, Inc.
National Medical Transportation Provider
Pafford Ambulance Service
Phillips County Transportation
Southern Ambulance Service

Source: National Provider Identifier Database.

Figure 11: NEMT Services in Mississippi Study Area

Mississippi
Aaron E. Henry Community Health Services Center, Inc.
ACC Medlink
Medstat Emergency Medical Services
Mid South Express Shuttle
National Medical Transportation Provider
Pafford Ambulance Service
United Community Action Committee

Source: National Provider Identifier Database.

Figure 12: NEMT Services in Tennessee Study Area

Tennessee		
A Touch of Caring Hands & Transportation	Emergency Mobile Healthcare	Priority One Transportation Services
Abundant Care Ambulance Service	Emmanual Medical Transport	Professional Medical Transportation
ACC Medlink	EMS of Hardeman County	Prompt Transportation
Accucare Medical	EMS of Haywood County	Pruitt, Ticco Darrell Sr.
All American Ambulette	First Choice Transportation	PS With Love, Inc.
All Star Ambulance Service	Global Mobile Care	Regional Non-emergency Medical Transport
American Medical Transportation, Inc.	Heavenly Healing Transportation	RMP Transportations
Angel Carriers	Imani Resource Services	River City Medical Transportation
A-Tran Non-emergency Medical Transport	Immediate Response	Royal Transportation Services
Banks Transportation Services	J&P Ambulette Services	Sanders, Precious
BTW Transportation	JVS Transport	SFA Transportation, LLC
Caliber Patient Transport of Memphis	Kumar Transportation, Inc.	Singleton, Mytina Nelms
Carestat Logistics	Med-care Ambulance Inc.	Stone, Phylantyniese, Lashunda
Caring Touch, LLC	Medtrans, LLC	Temple of Blessing Deliverance Outreach
Community Transporters	Metro Medical Transportation	Tennessee Carriers
Complete Patient Care, Inc.	Morrow, Marion	Top Priority Transportation
Count Own Transportation	National Medical Transportation Provider	Transcare of Memphis
D&D Enterprises	Natural Strength Development Center	Transconnect LLC
Davco Medical Transport Inc.	Open Hands Trans	Transportation 4U
Easy Medical Access Transportation	Premier Carrier	Wheelchair Express
Elite Transport, LLC	Premier Transportation Services	

Source: National Provider Identifier Database.

Existing Levels of Coordination

Coordination is a key method to increasing efficiencies in service delivery. Coordination may occur in the form of funding agreements, shared maintenance facilities, shared software or phone services or service delivery plans. Through coordination, service providers can reduce costs, grow services and improve customer relations; customers can get to the places they want to go with less hassle; and communities can rest assured that their investments are providing a benefit to the citizens who need it most. Currently many agencies are coordinating with other agencies, organizations and/or local communities. Below are effective coordination examples that are occurring at the local level.

In Arkansas there are two examples of coordination.

- Mid-Delta Transit has a partnership with the state Medicaid provider to offer free fares to eligible Medicaid recipients.
- The City of West Memphis and MATA have a partnership to provide transit services to West Memphis.

In Mississippi there is one example of coordination.

- DARTS partners with multiple employee agencies, local employers and human service agencies throughout northwestern Mississippi to provide transit services in 21 counties. DARTS provides a regional maintenance facility for the Delta Rides Regional Group.
- The Delta Rides Regional Group have a shared regional maintenance facility.
- Delta Bus Lines partners with Greyhound Lines to allow better rural connection. Rural residents are able to purchase tickets from one location and use Delta Bus Lines to reach Greyhound Lines' terminals. This greatly expands the service area of Greyhound Lines into Mississippi.

In Tennessee there are multiple examples of coordination.

- The Delta HRA has a partnership with TennCare to provide free rides to eligible Medicaid recipients.
- MATA has partnered with Memphis Shelby County Office of Sustainability, and Shelby County Health Department Air Quality Improvement Branch to contract with vRide to oversee the Memphis Area Rideshare Program, an area wide vanpool program.
- MATA coordinates trips with SRVS clients by allowing them to travel as groups on MATA's paratransit services, thus allowing MATA to serve more people at a lower cost.
- The Metropolitan Inter-Faith Association (MIFA) has partnerships with TennCare and other agencies to provide free or subsidized transportation trips to eligible riders.
- The Southwest HRA partners with TennCare and West Tennessee Workforce Development Board to provide free and subsidized transportation trips to eligible riders.

These relationships lay the groundwork for creating better coordination opportunities that address the existing service gaps and unmet needs. As services evolve in response to changing demographics, land uses and demands, it would be imperative that transportation and human services providers work together to deliver customers the best transportation experience possible.

Gaps Analysis and Unmet Need

Transportation Disadvantaged Populations

Older adults, persons with disabilities and persons with low incomes often have the most difficulty accessing transportation services. In the Greater Memphis region these transportation disadvantaged populations have challenges finding transportation for medical trips, shopping/personal errands and employment. The challenges may be that services are unavailable, insufficient and/or inappropriate. Services may be insufficient in that the frequency of trips is too low. Service may be inappropriate in that services exist, but do not meet the needs of the rider, such as a wheelchair accessible vehicle. Services may be unavailable in that services do not exist in a specific geographic area or operate at specific times. To evaluate the service gaps and unmet needs of transportation disadvantaged populations, it is imperative to look at the impacted populations.

Older Adults

Title 49 of the United States Code defines older adults, or elderly persons, as individuals who are at a minimum 65 years old. There are approximately 175,382 older adults residing in the study area; of which 9.4% are in Arkansas, 15.4% are in Mississippi and 75.2% are in Tennessee. Figure 13 shows the older adults populations in each county within the study area.

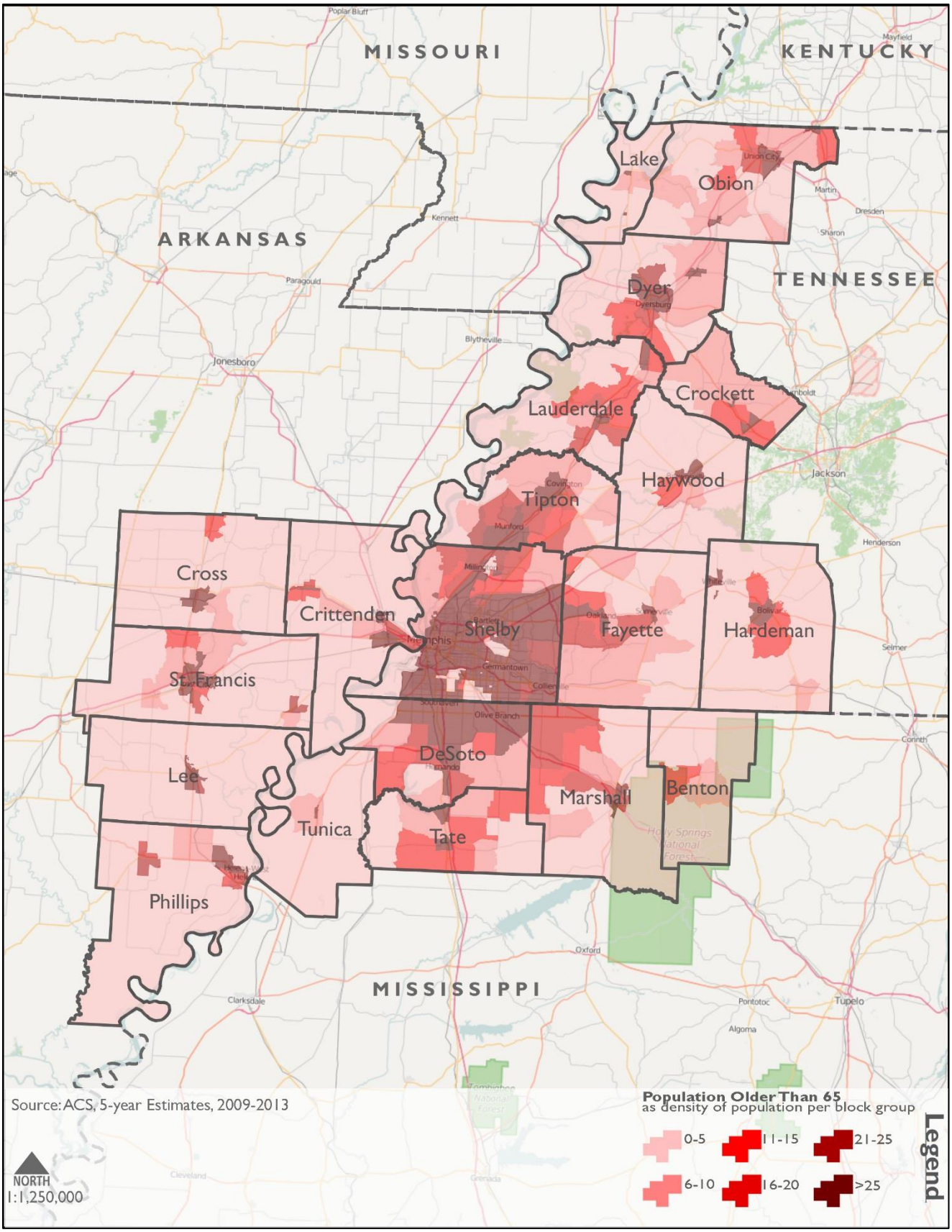
Figure 13: Older Adult Populations in the Study Area

Arkansas		Mississippi		Tennessee			
County	Population	County	Population	County	Population	County	Population
Crittenden	5,477	Benton	1,343	Crockett	2,395	Lake	1,074
Cross	2,759	Desoto	16,341	Dyer	5,517	Lauderdale	3,424
Lee	1,607	Marshall	4,727	Fayette	5,714	Obion	5,329
Phillips	3,254	Tate	3,577	Hardeman	3,811	Shelby	95,224
St. Francis	3,447	Tunica	1,019	Haywood	2,583	Tipton	6,760

Source: Census Bureau, 2013 American Community Survey (ACS) 5-year Estimates

A majority of older adults are located in and around Memphis in Shelby County, Tennessee. The county in Arkansas that has the highest population of older adults is Crittenden County, which is where West Memphis is located. A majority of older adults in the Mississippi study area are located in the Memphis suburbs of Desoto County. Figure 14 shows the density by illustrating the number of older adults per square mile.

Figure 14: Number of Older Adults per Square Mile



Source: Census Bureau, ACS 5-year Estimates

Persons with Disabilities

The Americans with Disabilities Act of 1990 utilizes the federal definition and states that an individual with a disability is a person who has a mental or physical impairment that limits a major life activity, has a history of such an impairment or who is perceived by others as having such an impairment. There are an approximate 214,829 individuals with disabilities residing in the study area; of which 11.2% are in Arkansas, 14.5% are in Mississippi and 74.3% are in Tennessee. A vast majority of persons with disabilities are located in Shelby County in Tennessee, Crittenden County in Arkansas and Desoto County in Mississippi. Figure 15 shows the population of persons with disabilities aged five years and older in each county within the study area.

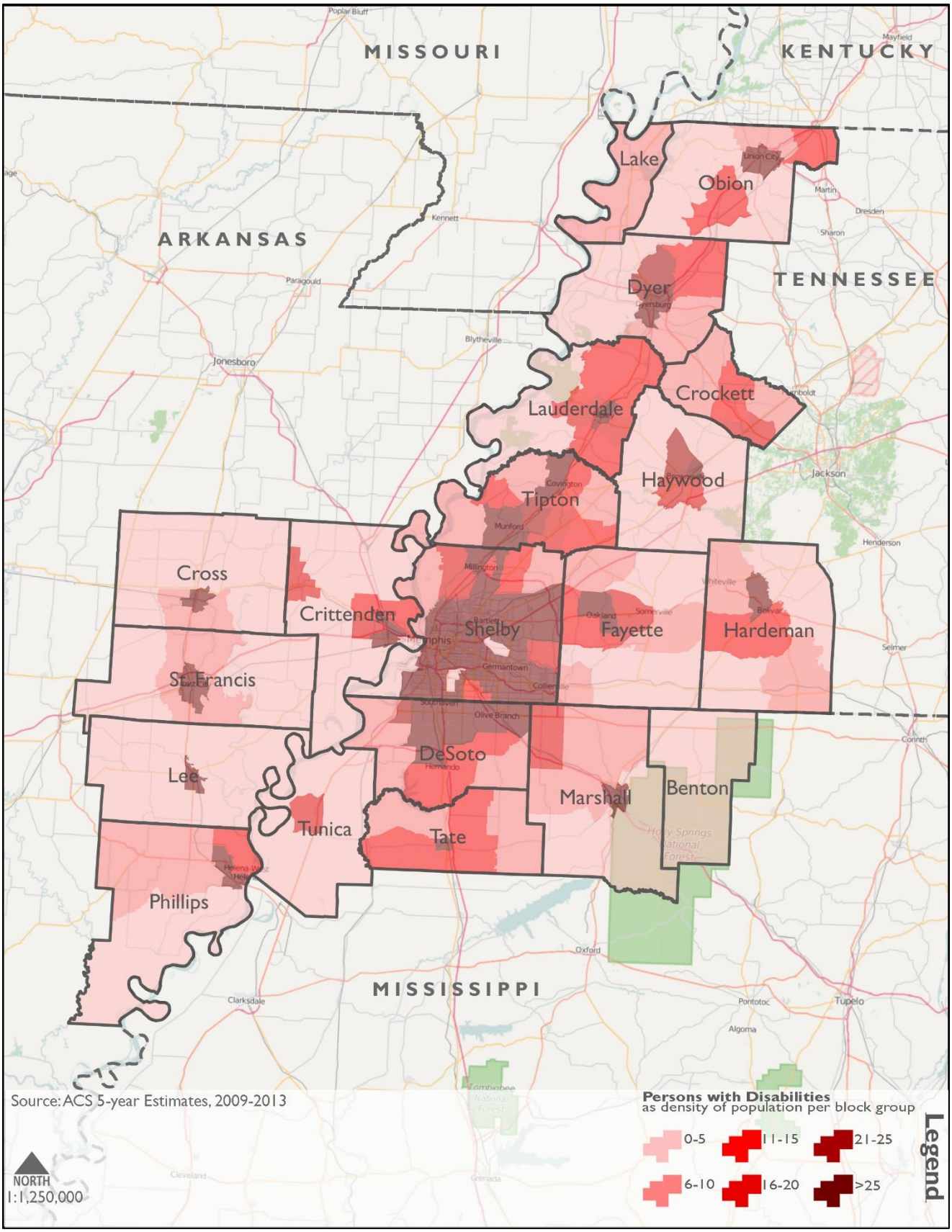
Figure 15: Populations of Persons with Disabilities (5-years+) in the Study Area

Arkansas		Mississippi		Tennessee			
County	Population	County	Population	County	Population	County	Population
Crittenden	8,394	Benton	1,580	Crockett	2,721	Lake	1,434
Cross	3,692	Desoto	17,729	Dyer	7,104	Lauderdale	5,514
Lee	2,017	Marshall	5,564	Fayette	6,068	Obion	5,469
Phillips	5,116	Tate	4,824	Hardeman	4,676	Shelby	114,961
St. Francis	5,088	Tunica	1,489	Haywood	3,324	Tipton	9,247

Source: Census Bureau, 2013 ACS 5-year Estimates

The pattern in which persons with disabilities are dispersed throughout the study area is similar to that of older adults. Nearly two thirds of the total population of persons with disabilities is located in and around Memphis in Shelby County, West Memphis in Crittenden County and the Memphis suburbs located in Desoto County. Figure 16 shows the number of persons five years of age and older with disabilities per square mile.

Figure 16: Number of Persons with Disabilities (5-years+) per Square Mile



Source: Census Bureau, 2013 ACS 5-year Estimates

Persons with Low Incomes

The Census defines a person as having low income if an individual has a household income at or below the poverty threshold set annually by the Department of Health and Human Services. This means if a family of five living in the same household has an annual income below the poverty threshold, all five individuals would be categorized as having low income (see Appendix C for more information). There are approximately 304,882 persons with low incomes in the study area; of which 10.8% are in Arkansas, 11.2% are in Mississippi and 78.0% are in Tennessee. Figure 17 shows the number of persons with low income that reside in each county within the study area.

Figure 17: Populations of Persons with Low Incomes in the Study Area

Arkansas		Mississippi		Tennessee			
County	Population	County	Population	County	Population	County	Population
Crittenden	13,111	Benton	2,074	Crockett	2,711	Lake	1,682
Cross	3,057	Desoto	15,983	Dyer	6,714	Lauderdale	6,494
Lee	2,800	Marshall	7,896	Fayette	5,332	Obion	5,562
Phillips	7,052	Tate	5,201	Hardeman	5,797	Shelby	191,503
St. Francis	6,836	Tunica	3,160	Haywood	3,866	Tipton	8,050

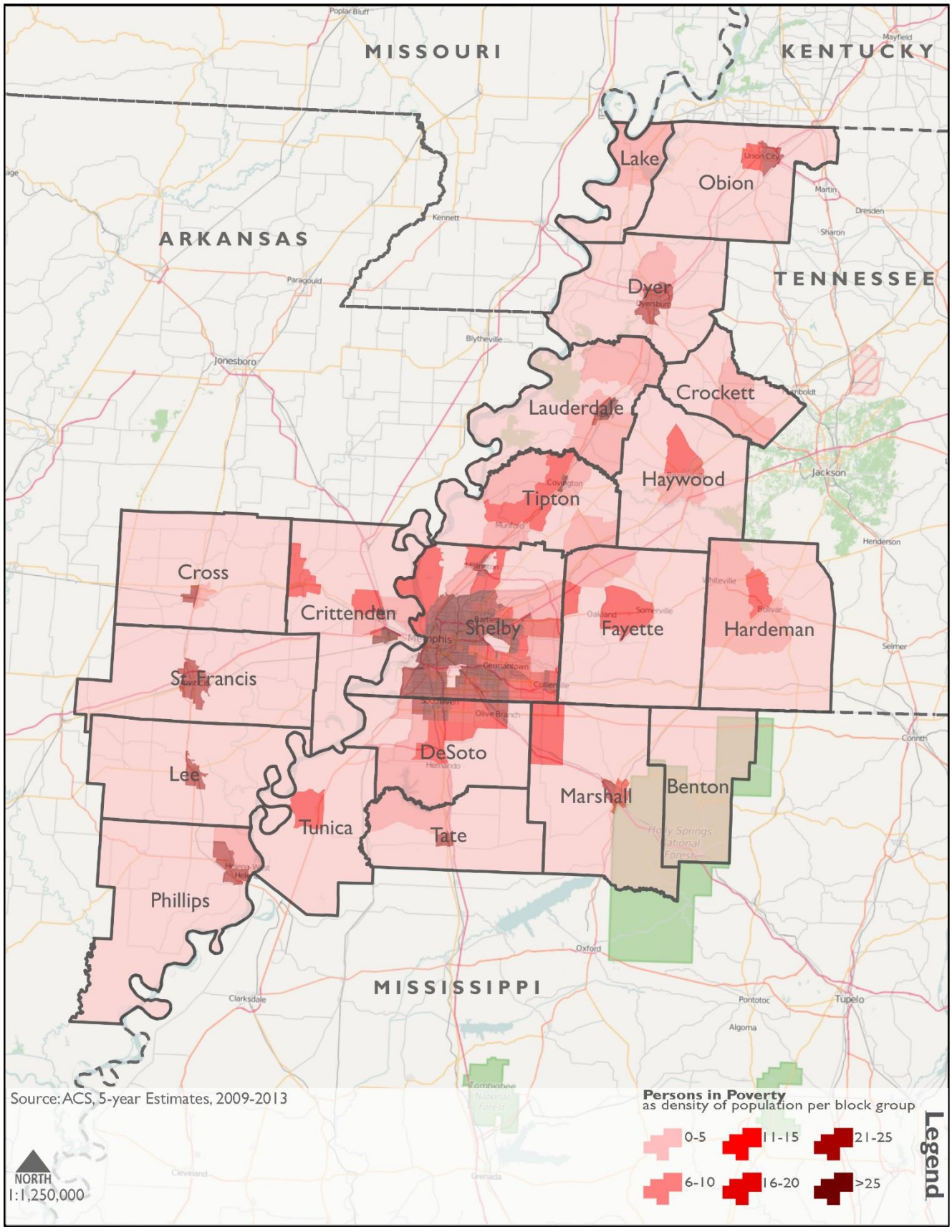
Source: Census Bureau, 2013 ACS 5-year Estimates

The population of persons with low incomes residing within the study area is heavily concentrated in and around Memphis. Figure 18 on page 28 illustrates the number of persons living at or below the poverty line per square mile.

Population Change 2010-2025

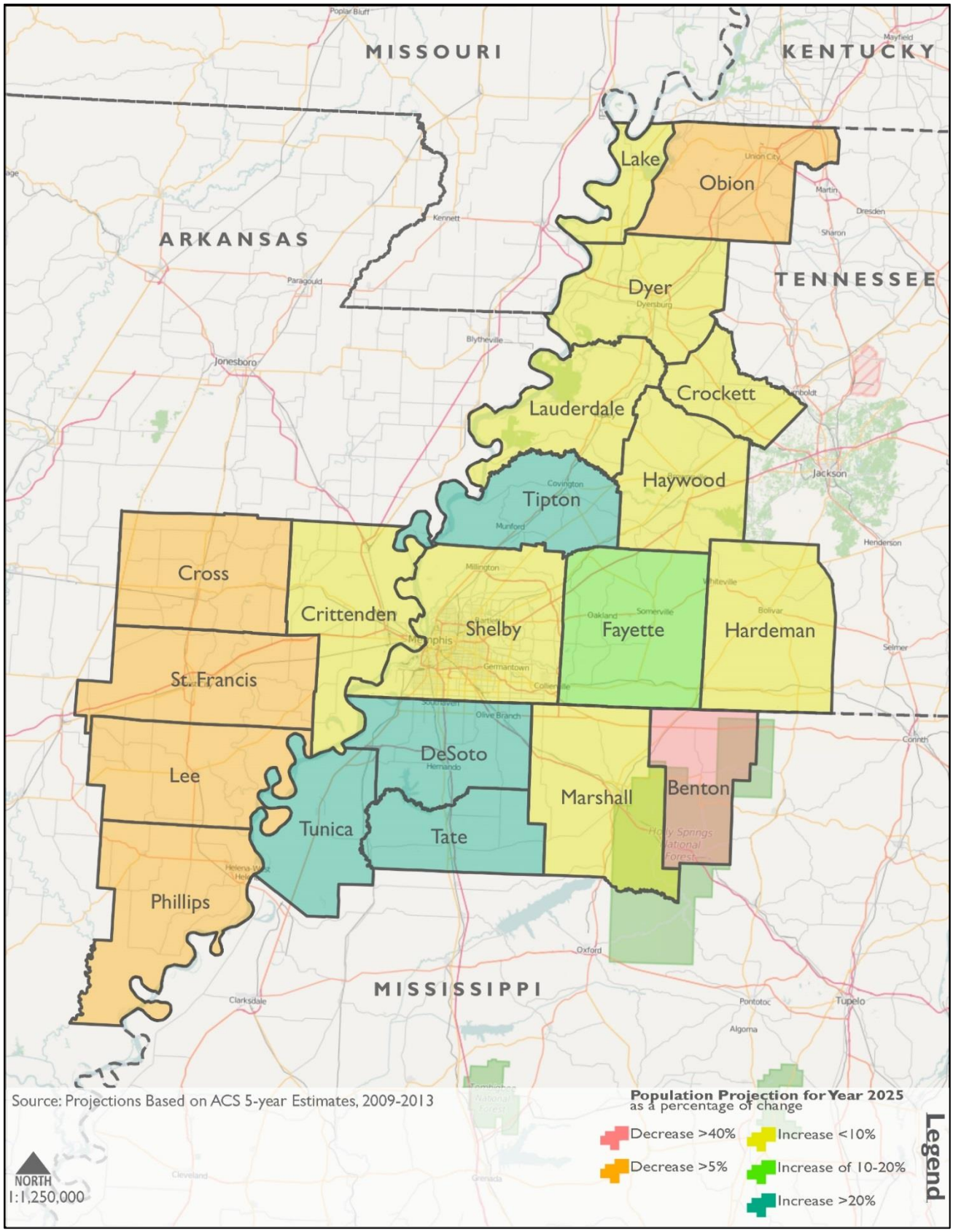
Figure 19 on page 29 shows the forecasted change in population for the study area. The map illustrates a population growth for Memphis and Shelby County, as well as the surrounding counties. Tipton County in Tennessee and Tunica, Desoto and Tate counties in Mississippi are forecasted to have the largest growth in population. Six of the twenty counties are forecasted to lose population: Cross, St. Francis, Lee and Phillips counties in Arkansas; Benton County in Mississippi; and Obion County in Tennessee. The study area will also experience a growth in the older adult, persons with disabilities and persons with low-incomes populations. Approximate populations for persons with disabilities and persons with low incomes may be 13.9% and 19.8%, respectively, of the total population. These percentages are similar to existing percentages as the proportion of persons with disabilities and persons with low incomes experiences little change over time. However, the population of older adults in the Memphis area experienced a growth of 55,000 older adults between 2000 and 2010, and nationally the number of older adults is projected to increase 65% by 2020. This increase in the number of older adults could potentially require more transportation trips, and therefore increase the challenges of meeting the service needs of transportation disadvantaged populations.

Figure 18: Number of Persons with Low Incomes per Square Mile



Source: Census Bureau, 2013 ACS 5-year Estimates

Figure 19: Change in Population 2010-2025



Source: University of Tennessee Center for Business and Economic Development, the University of Arkansas Institute for Economic Advancement, and the Mississippi Board of Trustees of States Institutions of Higher Learning

Service Gaps and Unmet Needs

During the public engagement process which included an advisory committee meeting, a stakeholder meeting, public meetings, and a public survey that was administered to users in the study area, the transportation service gaps and the unmet needs of the transportation disadvantaged populations were identified. Figure 20 shows the service gaps and unmet needs and whether that gap or need applies to the provider, user or both. Discussion on each of the gaps and needs follows. The gaps and needs were categorized into the following five topics:

- Information and Awareness
- Geographical
- Time-Based
- Client-Based
- Service Quality

Figure 20: Service Gaps and Unmet Needs

Category	Provider	User	Service Gaps and Needs
Information and Awareness	●		Lack of a sufficient centralized mobility coordinator
	●	●	Lack of sufficient public information regarding services
	●		Private sector participation
	●		Lack of sufficient provider participation in coordination
Geographical	●	●	Employers and medical providers are moving farther out into suburban areas (Example: Memphis Regional Megasite, Haywood and Fayette County)
	●	●	Increased service to job centers such as warehouses or industrial areas
	●	●	Coverage of rural areas, job centers, and disadvantaged urban communities
Time-Based	●	●	Night and weekend service
	●	●	Early morning service
		●	Trip scheduling
Client-Based	●	●	Lack of sufficient service for persons with disabilities
		●	Passengers do not want to transfer services
		●	Dialysis transportation
Service Quality	●		Increased number of paratransit buses to provide service
	●		Lack of a voucher program (i.e. difficulty with provider participation)

Source: *A Coordinated Human Services Transportation Plan for the Memphis Area*, 2007, Survey, public meetings and Advisory Committee meetings.

Barriers and more detailed information about each of the service gaps and unmet needs are discussed below.

Information and Awareness

- Lack of a sufficient centralized mobility coordinator: The study area spans across 20 counties in three states and involves a multitude of transportation providers. Currently it is difficult to coordinate services across long distances and throughout the day. There is also interest in better communication among the various providers and modes of services.
- Lack of sufficient public information regarding services: One of the greatest challenges for a service user is finding information about available services. It may be difficult to collect and consolidate the information on the various services, but enhanced communication regarding service providers may alleviate public concerns.
- Private sector participation: The private sector may help public transportation providers reduce service gaps and unmet needs. There are potential partnerships that could be formed.
- Lack of sufficient provider participation in coordination: The coordination is strongest when there is a high level of involvement. The large geographical area and the restrictive nature of service areas make it difficult for transportation providers to coordinate services. Figure 21 on page 32 shows overlapping service areas and Park & Ride locations; these could be used as transfer points for coordinated service delivery.

Geographical

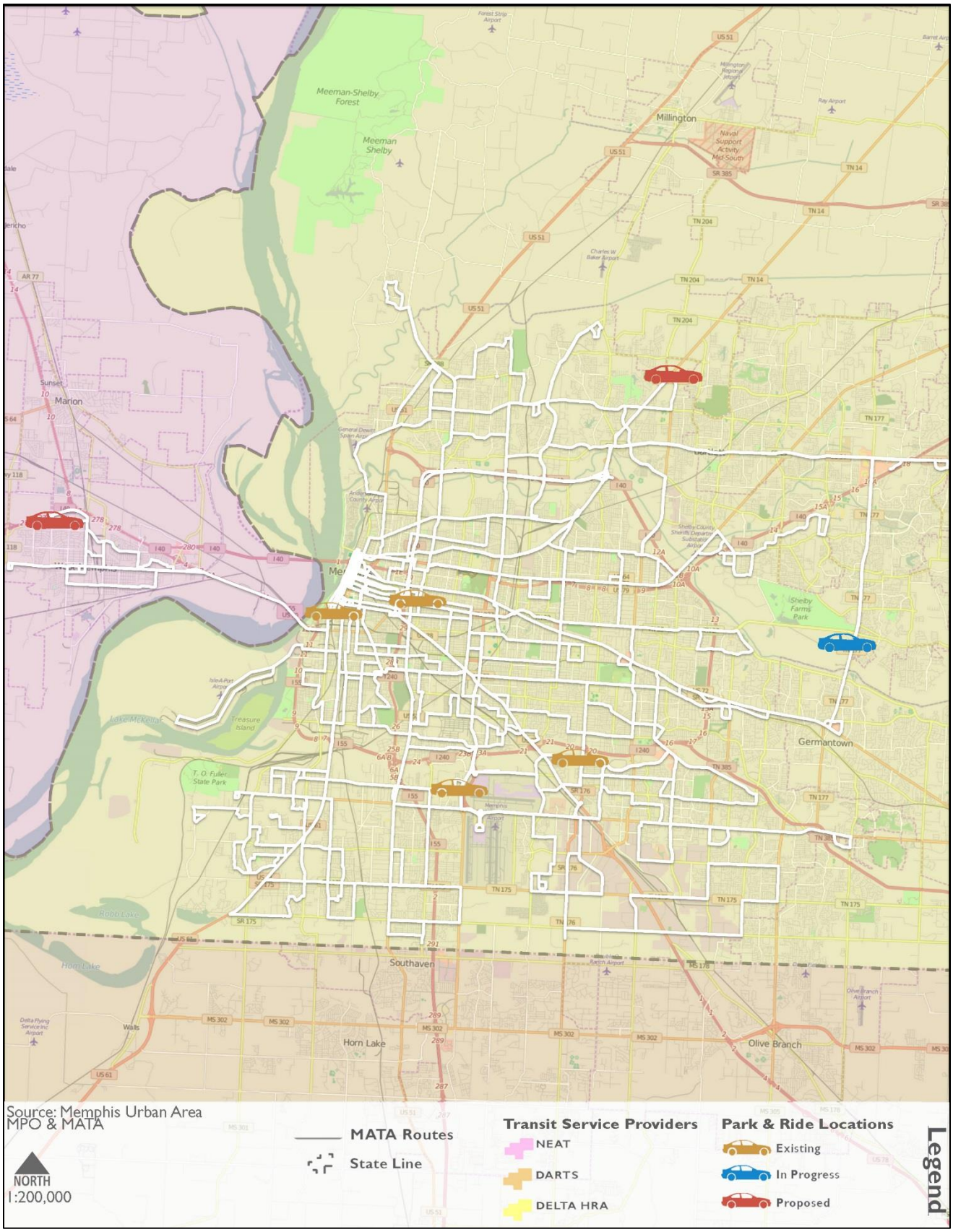
- Employers and medical providers are moving farther out into suburban areas: It is cost prohibitive and difficult to schedule long transportation trips from the core far to the large business parks and medical centers of the suburbs. It is also expensive, time consuming and cumbersome for riders to commute long distances.
- Increased service to job centers, such as warehouses or industrial jobs: Low density industrial areas or warehouse districts are difficult for transportation providers to access because of the low-density and often secluded locations. Despite the difficulties to access warehouse districts and industrial areas, riders hoping to commute to and from jobs necessitate better access to such sites.
- Coverage of rural areas, job centers, and disadvantaged urban communities: Long distances and low-density populations make rural trips expensive for transportation providers and service users. Job centers, due to their nature, are ingress destinations at one time of the day and egress points at another time of the day. This often results in higher cost commuter or express routes, or services with low ridership. Disadvantaged urban communities are often partly comprised of isolated planned unit developments or public housing units that feature neighborhoods with few access points to major thoroughfares. Figure 22 on page 33 shows the location of public housing units. These areas are often prohibitive to frequent fixed-route service, resulting in increasingly expensive transportation services.

Time-Based

- Night and weekend service: Individuals working twilight or night shifts often do not have transportation services available to them for return trips. Without weekend service, individuals relying on transportation services have limited access to their communities. Figure 23 on page 34 shows the hours of service for public transit providers within the study area.
- Early morning service: Much like a lack of night service, a lack of early morning service limits the ability of customers to use transportation services for one leg on their trip.

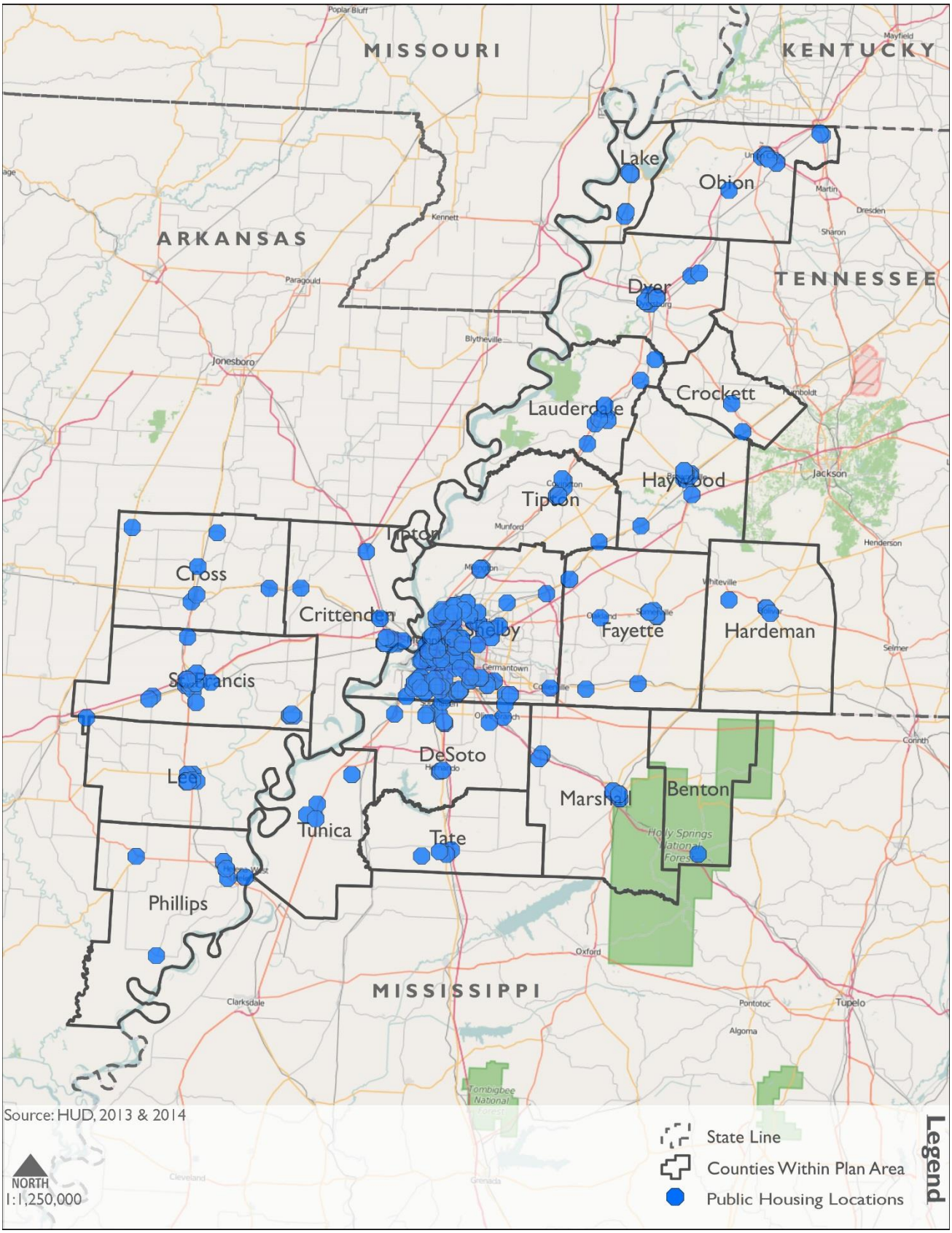
- Trip Scheduling: Many service providers require a three day window to schedule trips. This is a challenge for customers who need to schedule a trip within one or two days, or need an immediate ride.

Figure 21: Service Areas of Public Transit Providers



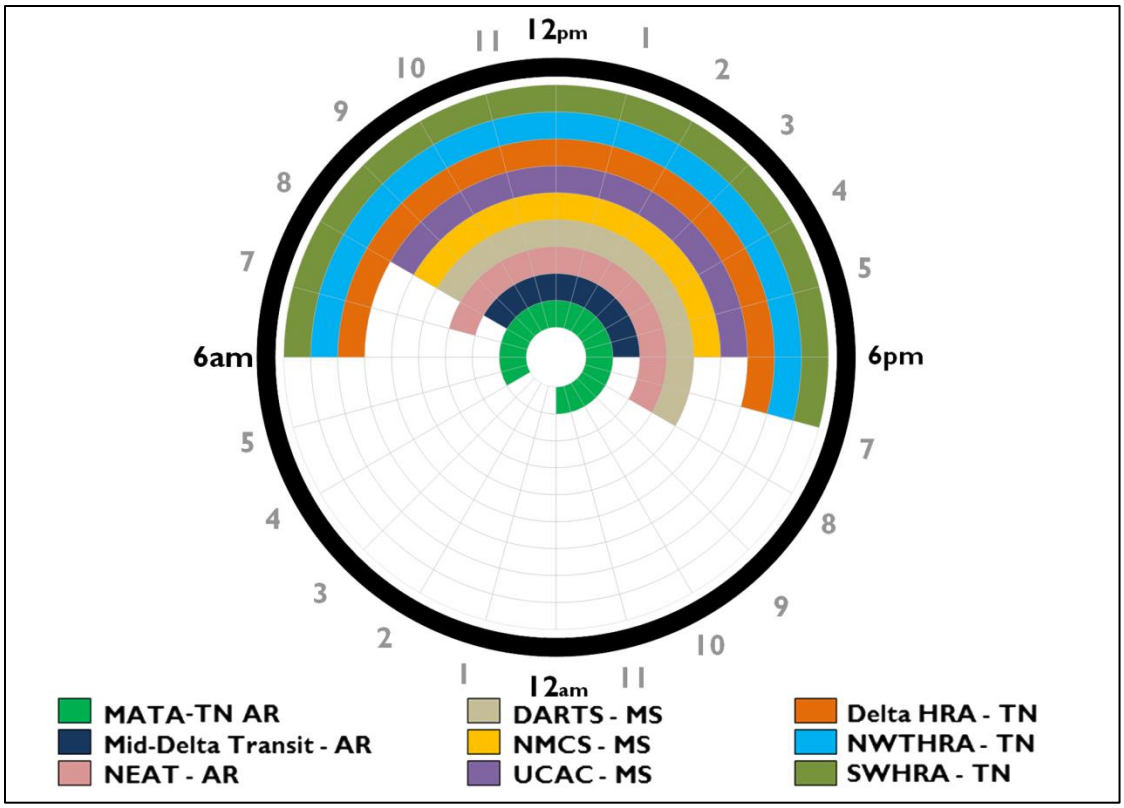
Source: Memphis MPO, MATA and respective service agencies.

Figure 22: Public Housing Locations within the Study Area



Source: U.S. Department of Housing and Urban Development's Yearly Data Picture Database.

Figure 23: Service Hours of Public Transit Providers



Source: Respective service providers.

Client-Based

- Lack of sufficient services for persons with disabilities: Transportation providers have a difficult time fulfilling the needs of their customers, and fewer wheelchair accessible vehicles limit the mobility of non-ambulatory residents.
- Passengers do not want to transfer services: Transfers, when not planned out appropriately, may cause long waits, double fares, more eligibility paperwork and difficulty scheduling the required trips.
- Dialysis transportation: Dialysis occurs at specialized facilities, requires up to three appointments per week and each appointment may last up to four hours. These factors contribute to the high cost of transportation to and from treatment facilities. Customers coming from rural areas are required to often commit a majority of a day to account for travel and treatment.

Service Quality

- Insufficient number of paratransit buses to provide service: Ensuring the proper transportation is available to customers is a key tenant of being a transportation provider. Having too few paratransit vehicles can mean more costly trips as vehicles are not properly dispersed throughout the service area.
- Lack of voucher program: A voucher program is a unique method to alleviate stress on existing transportation systems. Voucher programs often feature a coupon that is accepted by multiple transportation providers. In some cases a limited number of on-demand trips are offered. Considerations would have to be given to identifying either a new funding source or managing existing funding prior to adding a voucher program to the suite of services.

Prioritization of Service Gaps and Needs

Three public meetings and an Advisory Committee meeting were held where participants conducted an interactive exercise to prioritize service gaps and unmet needs – which were determined from the initial public and stakeholder input as well as the project team's professional knowledge – and identify potential strategies to meet those gaps and needs in the Greater Memphis region. This activity was done in Arkansas, Mississippi and Tennessee. Following the meetings, each response was scored by the project team in order to determine high, moderate and low priority service gaps and needs. Service gaps and unmet needs marked high-priority were given three points, those marked moderate-priority were given two points, and those marked low-priority were given one point. Then the scores were totaled, and gaps and needs were ranked by the project team. Figures 24-26 illustrate the service gaps and unmet needs for each state as being high-, moderate- or low-priority.

Figure 24: Prioritized List of Service Gaps and Unmet Needs for Arkansas

Category	Service Gap or Need	Priority Level		
		High	Moderate	Low
Information and Awareness	Lack of a sufficient centralized mobility coordinator			•
	Lack of sufficient public information regarding available services	•		
	Private sector participation			•
	Lack of sufficient provider participation in coordination			•
Geographical	Employers and medical providers are moving farther out into suburban areas			•
	Increased service to job centers, such as warehouses or industrial areas		•	
	Coverage of rural areas, job centers, and disadvantaged urban communities	•		
Time-based	Night and weekend service			•
	Early morning service	•		
	Trip scheduling	•		
Client-based	Lack of sufficient service for persons with disabilities	•		
	Passengers do not want to transfer services			•
	Dialysis transportation			•
Service Quality	Increased number of paratransit buses to provide service			•
	Lack of a voucher program in some areas of the Memphis region		•	

Source: Public stakeholders and Advisory Committee, and TranSystems.

Figure 25: Prioritized List of Service Gaps and Unmet Needs for Mississippi

Category	Service Gap or Need	Priority Level		
		High	Moderate	Low
Information and Awareness	Lack of a sufficient centralized mobility coordinator			•
	Lack of sufficient public information regarding available services		•	
	Private sector participation	•		
	Lack of sufficient provider participation in coordination		•	
Geographical	Employers and medical providers are moving farther out into suburban areas	•		
	Increased service to job centers, such as warehouses or industrial areas	•		
	Coverage of rural areas, job centers, and disadvantaged urban communities	•		
Time-based	Night and weekend service	•		
	Early morning service		•	
	Trip scheduling			•
Client-based	Lack of sufficient service for persons with disabilities		•	
	Passengers do not want to transfer services			•
	Dialysis transportation		•	
Service Quality	Increased number of paratransit buses to provide service		•	
	Lack of a voucher program in some areas of the Memphis region			•

Source: Public stakeholders and Advisory Committee, and TranSystems.

Figure 26: Prioritized List of Service Gaps and Unmet Needs for Tennessee

		Priority Level		
Category	**Service Gap or Need**	**High**	**Moderate**	**Low**
Information and Awareness	Lack of a sufficient centralized mobility coordinator		•	
	Lack of sufficient public information regarding available services	•		
	Private sector participation			•
	Lack of sufficient provider participation in coordination			•
Geographical	Employers and medical providers are moving farther out into suburban areas		•	
	Increased service to job centers, such as warehouses or industrial areas		•	
	Coverage of rural areas, job centers, and disadvantaged urban communities		•	
Time-based	Night and weekend service		•	
	Early morning service	•		
	Trip scheduling			•
Client-based	Lack of sufficient service for persons with disabilities	•		
	Passengers do not want to transfer services			•
	Dialysis transportation	•		
Service Quality	Increased number of paratransit buses to provide service		•	
	Lack of a voucher program in some areas of the Memphis region			•

Source: Public stakeholders and Advisory Committee, and TranSystems.

Strategies and Activities

Strategies for Meeting Identified Needs

Following the prioritization of needs and gaps within the study area, a set of broad strategies and recommendations for actions to address them were identified. Rather than focusing on a set of specific projects, these strategies and recommendations are intended to complement or supplement a range of projects that consider the overall public transportation needs of the general public while focusing on the needs of targeted populations. Additionally, projects are more likely to succeed through collective efforts and local buy-in. The following are potential strategies to address the service gaps and needs that have been identified.

Information and Awareness

- Explore creating a Mobility Coordinator position for the region.
- Develop a regional committee composed of public and private stakeholders to enhance coordination, improve efficiency of services, and to conduct workshops.
- Explore the development of a one-stop transportation call center to coordinate services.
- Enhance planning activities and public education efforts.
- Host how-to-ride workshops or public events.

Geographical

- Review service routes and explore expanding service to geographical areas not currently served by transit, paratransit or service agencies.
- Coordinate service delivery among lower density areas.
- Establish Transportation Management Associations (TMAs) where appropriate.

Time-Based

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

Client

- Evaluate existing services for persons with disabilities and identify areas of expansion.
- Increase service to dialysis centers – coordinate scheduling.

Service Quality

- Explore funding opportunities to fund capital and operations for increased or improved service.
- Explore funding opportunities to create a voucher program.

Short-term Strategies and Activities

Following the prioritization of needs and gaps within the study area, proposed strategies and activities were identified. Because each state has varying demographics, geography and funding methodologies, it follows that each state has a different prioritized list of service gaps and unmet needs. To address the needs and gaps, various strategies and activities have been identified and described uniquely for each state. Some needs and gaps would likely take years to address, while others can be done in the near-term. For that reason, strategies and activities are classified as either short-term or long-term. The short-term strategies and activities help develop momentum and create a better opportunity for the success of long-term strategies and activities. Along with each strategy or activity is a basic analysis of potential funding sources. Figure 27 shows the short-term strategies and activities best suited to address the unique challenges of each state.

Figure 27: Short-Term Strategies/Activities for Each State

Strategies and Activities	State		
	Arkansas	Mississippi	Tennessee
Explore Creating a Mobility Coordinator Position for the Region	•	•	•
Evaluate Existing Services for Persons with Disabilities and Identify Areas of Expansion	•	•	•
Explore Expanding Transit, Paratransit and Service Agency Hours to Include Early Morning and Evening Service	•	•	•
Develop a Regional Committee Composed of Public and Private Stakeholders to Enhance Coordination, Improve Efficiency of Services, and to Conduct Workshops	•	•	•
Enhance Planning Activities and Public Education Efforts	•	•	•
Host How-to-Ride Workshops or Public Events	•	•	•
Explore Expanding Hours to Include Weekend Service		•	•
Explore Funding Opportunities to Fund Capital and Operations for Increased or Improved Service		•	•

Source: Public stakeholders and Advisory Committee, and TranSystems.

Each description below discusses the service gaps and unmet needs met by the specific strategy or activity. There is also a brief discussion of what type of funding may best support the strategy/activity, as well as a statement on what entity may be the responsible party to oversee the implementation of the strategy. Further detailed information regarding potential funding sources can be found in Appendix D

Explore Creating a Mobility Coordinator Position for the Region

A mobility coordinator in the Greater Memphis region would oversee multiple day-to-day tasks, such as customer trip planning or coordination among providers, which may decrease duplicate services and increase service efficiency. A mobility coordinator would be helpful in planning commuter trips to job centers and working with providers to ensure better organized service delivery to rural areas and other hard-to-reach areas. A main task for the mobility coordinator would be to work with service providers in the region to discuss and develop consistent practices, like trip scheduling regulations or eligibility requirements. Furthermore, a mobility coordinator could be able to plan customers' long-haul trips to and from the Greater Memphis region. Implementation of a mobility coordinator position would likely go hand-in-hand with the long-term strategy, "Explore the Development of a One-stop Transportation Traveler Center to Coordinate Services" (for more details on this strategy please see the next section). Carrying out this strategy would very possibly be another one of the coordinator's tasks. While it may be preferred to have one mobility coordinator for the twenty county planning area, it is possible that each state would be better served by having its own coordinator.

Case Study: KCATA Regional Mobility Manager

The Kansas City Area Transportation Authority hired a regional mobility manager to assist with the day-to-day challenges of providing service to transportation disadvantaged populations for its suite of RideKC services, as well as smaller service providers in the region. The position oversees the travel training program, service delivery coordination, trip planning and development partnerships between various agencies and private organizations within an 11 county area.

It should be noted that before the region or an individual state is prepared to establish a mobility coordinator position, additional steps may need to be taken. For example, improved efficiencies and coordination within the existing capacities and staffs of stakeholder organizations (i.e. the Transit Agencies, Regional Agencies, Local governments, State DOTs etc.) could establish a better framework into which the new mobility coordinator could enter.

Potential Resources

The activities of the mobility coordinator position may vary and can be housed and funded in a variety of ways depending on the needs of the situation. There are several federal programs administered by various agencies that fund activities similar to those performed by a mobility coordinator, which include: FTA's Section 5310 Program, HUD's Section 202, Section 811 and Multi-Family Housing programs, the activities of the Center for Independent Living, Department of Veteran Affairs, workforce development activities, services funded under the Older Americans Act, Medicaid, as well as AmeriCorps.

Evaluate Existing Services for Persons with Disabilities and Identify Areas of Expansion

In order to ensure there are ample services for persons with disabilities, an evaluation of existing services would be performed. As part of this evaluation it would be ideal to examine the service areas, service hours, eligibility requirements, fleet size, fares, and cost per trip for the provider, as well as other service characteristics. The goal is to identify what aspects, if any, of the service providers are creating challenges for persons with disabilities that are looking for transportation.

Potential Resources

Existing staff may be able to carry out the evaluation; if not, a mobility coordinator or other hired personnel could do the work on behalf of the area in question. Depending on the findings of the evaluation, many facets of improved coordination or fleet expansion are eligible for Section 5310 funding.

Explore Expanding Transit, Paratransit and Service Agency Hours to Include Early Morning and Evening Service

Service hours can limit potential customers' use of transit, but it can be costly for a transportation provider to expand its hours. Additonal or regularly performed onboard surveys or customer surveys would help identify if there are routes/locations where customers may benefit from schedule adjustments. When possible it may be best to reorient service hours to better suit customer needs. If a service provider decides to expand service hours, they may need additional funding.

Potential Resources

For paratransit and service agencies, Section 5310 funds could be used to bolster service. Fixed-route transit could potentially repurpose existing funds in order to expand service hours where needed. Another approach, that could increase fare revenues to support new service hours, would be to work with employers in the region to develop an employer pass program. Through a commuter benefit program, employers can save money on payroll taxes, employees can decrease their commute costs by utilizing pre-tax wages to buy transit passes and transit providers can increase fare revenues and service ridership through the increased sale of transit passes.

Develop a Regional Advisory Committee Composed of Public and Private Stakeholders to Enhance Coordination, Improve Efficiency of Services, and to Conduct Workshops

A local advisory committee that focuses specifically on policy and planning issues for transportation disadvantaged populations can help improve coordination among service providers. In at least the beginning, the committee would function on an ad hoc basis, and meet as needed. The Committee members would consist of local stakeholders: public and private transportation providers, human services providers, local/regional government, funders and customers that utilize the services. Bringing these groups together creates an environment where region-wide policy, coordination planning and partnership decisions are developed by those who have a unique and deep understanding of challenges faced by transportation disadvantaged populations. This advisory committee would play an integral part in developing consistency among providers' practices, gathering information to feed into a one-call/one-click center component. This body could also assist in developing planning activities, public education efforts and workshops that reach target audiences in a meaningful way. This should be seen as an opportunity to attract public and private service providers who have not been involved in regional service planning. These private entities may be able to assist public service providers by assisting with niche challenges, like on-demand service, and the public providers may be able to assist private organizations through service delivery as a way to increase customer retention.

Potential Resources

The costs associated with developing and administering a local advisory committee are relatively low, and are mostly associated with necessary staffing and materials to facilitate regularly scheduled meetings. This makes the cost flexible, and therefore, the development of a committee adaptable to the administering body.

Enhance Planning Activities and Public Education Efforts

The two greatest challenges for new service customers are finding out what service to use and how to use that service. Enhancing planning activities and public education efforts can increase the awareness of services to transportation disadvantaged populations by providing them with targeted information and assisting them with the initial eligibility and registration requirements. Furthermore, local stakeholders can work together to identify local challenges and develop materials that help customers overcome those challenges. A part of the education efforts can be directed towards providing how-to-ride guides and having staffing availability to discuss ride options with customers. Building a pointed public education campaign with distinct goals would help create a consistent and concise message that is suited to the region, and identify public events and outreach locations to interact with the target audience.

Potential Resources

Public education efforts aimed at transportation disadvantaged populations are considered mobility management and eligible for Section 5310 funds.

Host How-to-Ride Workshops or Public Events

A large number of service customers have difficulty accessing new types of vehicles or using new services that have been made available to them. Developing a presentation around how-to-ride various services in the region, and then hosting a series of workshops, or by invitation, would help alleviate the stress many customers feel when first riding a service. It is important to develop easy to understand materials that feature important steps of using a service and agency contact information. Another method is to create a short video or record the how-to-ride presentation, and posting the video on agency websites and/or a website like YouTube.

Case Study: UTA How-to-Ride Training Seminars

The Utah Transit Authority (UTA) in Salt Lake City provides how-to-ride presentations and training seminars upon request. The presentations inform potential customers of how to get to & from the bus stop, reading route maps and schedules, landmark identification, safe travel practices and how to board the various transit services. UTA also posts videos on how to use the bus, streetcar, and commuter rail. The how-to-ride seminars are meant to increase confidence and independence through the use of transit.

Potential Resources

The materials needed to create a how-to-ride presentation could be considered educational in nature and eligible for Section 5310 funds, but a majority of the costs associated with the workshops would be associated with staffing.

Explore Expanding Hours to Include Weekend Service

Weekend service can increase opportunities for customers to connect with their community, but it can be costly for a transportation provider to expand their hours. An onboard survey or customer survey would help

identify if there is enough customer interest to begin providing weekend service. When possible it may be best to reorient service hours to better suit customer needs. If a service provider decides to add weekend service, they may need additional funding.

Potential Resources

For paratransit and service agencies, Section 5310 funds could be used to bolster service. Fixed route transit may require repurposing of existing funds in order to expand service.

Explore Funding Opportunities to Fund Capital and Operations for Increased or Improved Service

Transportation services often need to be maintained or bolstered in order to provide quality service. With an aging population affecting the region, the number of persons requiring transportation services is growing.

Potential Resources

FTA has several programs that allocate funding for capital purchases, such as vehicle purchases or capital transit improvements, operation of voucher programs and non-profit services and other uses, like mobility management practices. For these activities, the Section 5310 program funds will cover 80% of the cost. The remaining 20% local share may be provided from an undistributed cash surplus, a replacement or depreciation cash fund or reserve, a service agreement with a state or local service agency or private social service organization, or new capital. Some examples of these sources of local match include: state or local appropriations; dedicated tax revenues; private donations; revenue from service contracts; transportation development credits; and net income generated from advertising and concessions. Non-cash share such as donations, volunteered services, or in-kind contributions is eligible to be counted toward the local match as long as the value of each is documented and supported, represents a cost which would otherwise be eligible under the program, and is included in the net project costs in the project budget. It would be beneficial for transit providers and human services agencies to collaborate to ensure that they are able to meet local matching requirements and apply for the appropriate funds when needed.

Long-term Strategies and Activities

The long-term strategies and activities focus on concepts that may take longer to implement or require previous short-term actions to have been employed. The long-term strategies and activities consider long lasting challenges to the region and may have a stronger effect on existing operations. Much like short-term strategies and activities, the long-term response to challenges differ from state to state. Figure 28 illustrates those strategies/activities to address the challenges of each state.

Figure 28: Long-term Strategies/Activities for Each State

Strategies and Activities	State		
	Arkansas	Mississippi	Tennessee
Review Service Routes and Explore Expanding Service to Geographical Areas not Currently Served by Transit	•	•	•
Coordinate Service Delivery Among Lower Density Areas	•	•	•
Explore the Development of a One-stop Transportation Traveler Center to Coordinate Services	•	•	•
Increase Service to Dialysis Centers - Coordinate Scheduling.		•	•
Explore Funding Opportunities to Create a Voucher Program	•		•

Source: Public stakeholders and Advisory Committee, and TranSystems.

Each description below discusses the service gaps and unmet needs met by the specific strategy or activity. There is also a brief discussion of what type of funding may best support the strategy/activity, as well as a brief statement on what entity may be the responsible party to oversee the implementation of the strategy. Further detailed information regarding potential funding sources can be found in Appendix D as well as the Catalog of Federal Domestic Assistance website at www.cfda.gov.

Review Service Routes and Explore Expanding Service to Geographical Areas not Currently Served by Transit

To understand if an agency's service area is best serving its customers it would be beneficial to evaluate existing service areas and the customers' perspective on them. An analysis of existing service areas should illustrate the location of service deserts, areas where there are not any service. Additional or regularly performed onboard surveys or customer surveys would also help identify if there are areas not being served that customers wish to go. The goal of the service area analysis is to look at three key challenges in the region: coverage of rural areas and suburbs, providing better service to job centers and ensuring there are ample services for transportation disadvantaged populations.

When deciding on the type and level of service that may serve a given suburban or rural area the transportation provider would need to balance the costs and benefits of expanding the service area against portions of the existing service area that are performing lower than the rest of the system. It may be decided that it is best to not expand service and look at other options, like partnering with another provider to deliver service to that area.

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

In some instances transportation disadvantaged populations are not offered transportation services that meet their needs. Some challenges are resolved by increasing service hours or purchasing new vehicles to offer more service, but sometimes the challenge is that the available service does not provide transportation to the trip origin, trip destination or both. A transit agency would then need to evaluate the costs and benefits of expanding services to assist the individuals in need, or the transit agency could work with peer agencies to coordinate a service transfer or suggest individuals register for service with another agency.

In all instances the transit providers should work together for cost-effective solutions that ensure safe service delivery. There may be significant staff costs to continually carry out this level of trip planning and problem solving. When the solutions do not come from route or service realignments, a mobility coordinator would be a great resource to help coordinate difficult trips and negotiate potential service partnerships.

Potential Resources

In terms of potential Federal funding resources, Section 5307, and Section 5310 grant programs could fund the planning activities under this strategy. Existing staff with the Transit Agencies may provide initial support, but in the long term staff expansions or the creation of a regional mobility coordinator position would likely be needed to handle this level of planning and problem solving.

Coordinate Service Delivery among Lower Density Areas

Lower density areas are challenging places to provide transportation service. In many cases short, 5- to 15-mile, trips within low-density areas can be serviced proficiently by one provider. The difficulty arises when a customer is traveling from a low-density area to a more dense or urban area; the usual provider of service cannot afford to travel such a far distance and lose the utilization of one of its vehicles. In these occasions, service delivery among two or more providers could be coordinated at key transfer points, such as park & ride lots. Using safe, monitored locations as transfer points makes it easier and less stressful for customers and agencies involved.

Potential Resources

Service costs and eligibility requirements could be addressed via service agreements between the operating transportation providers. Good partnerships should reduce overall operating costs and ensure customers are able to get where they need to go. The coordination of service between agencies can make use of the Department of Agriculture's Community Facilities and Loan Grants or any one of FTA's Section 5309, 5310, or 5311 funds to construct a facility if needed.

Explore the Development of a One-stop Transportation Traveler Center to Coordinate Services

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

Case Study: San Francisco's Transit 511

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

Potential Resources

A one-call/one-click center is a mobility management tool that is eligible for Section 5310 funding. A one-stop traveler center may have ample start-up and operation & maintenance costs, so it is best to develop this concept in phases. The one-call/one-click center could be housed in an agency with a regional call center and website. The Atlanta Regional Commission recently developed the "Simply Get There" application which was funded through the Federal Transit Administration's (FTA) Veterans Transportation and Community Living Initiative (VTCLI) grant. These applications are collectively called "One-Call/One-Click" projects, while the Atlanta region project is branded as "Simply Get There." Further information regarding this project can be found at http://www.simplygetthere.org/en/users/190625/trips/new.

Increase Service to Dialysis Centers – Coordinate Scheduling

An individual receiving dialysis treatment generally requires three appointments per week and each appointment lasts approximately four hours. For that reason, transportation providers often adjust their service schedules to account for dialysis appointments. Transportation providers in lower density areas, outlying suburbs and rural areas, have difficulty managing dialysis appointments because dialysis centers are usually located closer to the urban core. The travel time added to the length of the appointment usually requires a full day trip and the routine must be repeated multiple times each week.

Potential Resources

To ensure ample service to dialysis centers, transportation providers are left with few options. They can use Section 5310 funds to either bolster their services by purchasing more vehicles, or use the funds to pay for necessary operational costs through the development of a program that focuses on increased dialysis care. Transportation providers and human services agencies can also pursue other community grants, partner with other transportation providers to coordinate service delivery, or develop service agreements with the dialysis treatment centers. The latter option could begin as a workshop where dialysis treatment professionals and service providers work together to evaluate transportation challenges and develop local solutions.

Explore Funding Opportunities to Create a Voucher Program

Case Study: Cobb County Transit Mobility Voucher Program

The mobility voucher program in Cobb County, northwest of Atlanta, is managed by Cobb County Department of Transportation (DOT) and Cobb Community Transit (CCT). The service is eligible to all customers who have been deemed eligible for CCT's paratransit services. Each customer is allotted up to $2,400 per year. Participants pay $10 per $100 of vouchers, or 10% of the total cost. To use the voucher, the participant contacts one of the many eligible public or private service providers, and upon pickup, the participant uses the voucher to pay for the trip. The participating service providers contract with the Cobb County DOT and CCT to remit payment for the accepted vouchers on a monthly basis.

Voucher programs vary greatly from one region to another. In all cases, eligible customers pay for vouchers that can be used to pay fares on an array of transportation services. The vouchers are subsidized, either by a transportation provider or third party, and are used by transportation agencies to provide a unique service, such as on-demand service. In some instances voucher programs are only for taxi service, and in other cases, the vouchers are only for public transit providers. The key to making a voucher program is ensuring that transit agencies will accept the vouchers as payment. This can be accomplished via service agreements or memorandums of understanding. It is possible to create a voucher program that is accepted by both private and public transportation providers. This option increases the service options for customers and allows them to move through the transportation system more freely.

Potential Resources

Section 5310 funds can be utilized to fund this program, but it should be noted that 50% of program funds must come from local sources. In the case of veterans, the Veterans Transportation Program provides funding that can be used to reimburse veterans travelling to and from Veterans Affairs Medical Centers.

Next Steps

Funding Resources

In addition to the relatively brief list of potential funding resources described below, Appendix D offers a more comprehensive list of grant programs and other funding possibilities. Agencies and non-profits should consider the application of these various funding resources in order to implement the plan's recommended strategies and activities.

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

The Section 5310 Program is administered by the Federal Transit Administration. Established under the previous Surface Transportation Legislation, MAP-21, the Section 5310 Program allocates funding for capital and operations projects that provide transportation services to older adults over the age of 65 and persons with disabilities. In the Memphis urbanized area, Section 5310 Program funding is predominantly used to purchases MATA Plus paratransit vehicles and for operations projects associated with MATA Plus. Figure 29 shows the Section 5310 Program funding amounts apportioned to the Memphis Urbanized Area MPO and states within the study area. With the passing of the latest Surface Transportation Legislation, the FAST Act, Memphis is expected to receive a slight increase over the amounts received under MAP-21. The rural areas and communities with a population less than 200,000 receive Section 5310 Program funds from state appropriations.

Figure 29. Section 5310 Program Funding Amounts for the Study Area

Year	UZA	Urbanized Areas 50,000 to 199,999 (entire state)			Nonurbanized Less than 50,000 (entire state)		
		TN	MS	AR	TN	MS	AR
2013	$399,084	$630,555	$105,205	$338,039	$857,421	$655,020	$578,653
2014	$842,632	$1,255,194	$240,759	$672,427	$1,861,991	$1,260,983	$1,197,393
2015	$841,139	$1,252,970	$240,332	$671,236	$1,858,692	$1,258,749	$1,195,271
2016	$847,773	$1,268,303	$238,126	$676,284	$1,948,678	$1,319,789	$1,251,504

Source: Federal Transit Administration. Prior to FY 2013, all funding was apportioned by the state.

Eligible direct recipients of Section 5310 Program funds, in urbanized areas of 200,000 or more, are either the direct recipient of Section 5307 Program funds or a transit agency. For rural areas and communities with a population less than 200,000, the direct recipient is the governor of the state or a state-appointed agency, such as the state Department of Transportation. Subrecipients are those entities who are eligible to receive funding through the designated direct recipient for an area. Eligible subrecipients include: private nonprofit organizations; or state or local governmental authorities that are approved by a state to coordinate services for older adults and persons with disabilities, or such authorities that can certify that there are no nonprofit organizations readily available in the area to provide the service.

Other Federal Programs and Tax Incentives

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

On February 24, 2004, Presidential Executive Order 13330 was issued in response to the results of the study. This led to the formation of the Coordinating Council on Access and Mobility (CCAM). The CCAM is an interdepartmental Federal Council on Access and Mobility to undertake collective and individual departmental actions to reduce duplication among federally-funded human service transportation services, increase the efficient delivery of such services and expand transportation access for older individuals, persons with disabilities, persons with low-income, children and other disadvantaged populations within their own communities. The order establishing CCAM recognizes that transportation plays a critical role in providing access to employment, healthcare, education, community services, and activities necessary for daily living, and that transportation services are often fragmented, underutilized, or difficult to navigate, and can be costly because of inconsistent, duplicative, and often restrictive federal and state program rules and regulations. Members of the CCAM include the Department of Veteran Affairs (VA), Department of Transportation (DOT), Department of Health and Human Services (HHS), Department of Labor (DOL), Department of Education (DOE), Department of Interior (DOI), Department of Housing and Urban Development (HUD), United States Department of Agriculture (USDA), and the Commissioner of the Social Security Administration, the Attorney General, and the Chairperson of the National Council on Disability. More information regarding the CCAM and the federal programs can be found in Appendix D, and on the Catalog of Federal Domestic Assistance website at www.cfda.gov.

In addition to the grant programs administered through federal agencies, there are a few tax breaks and incentives that award coordinated planning activities. Several of these programs are the Qualified Transportation Fringe Benefit, The Work Opportunity Tax Credit (WOTC), and the Ticket-to-Work Program.
The transit commuting benefit at Section 132(f) of the Internal Revenue Code, better known as the Qualified Transportation Fringe Benefit provides tax breaks for employers that provide transportation services to their employees such as rideshare services, transit passes, parking, and expenses incurred to facilitate bicycle commuting. The Work Opportunity Tax Credit (WOTC) which is administered by the DOL, helps targeted workers move from economic dependency into self-sufficiency as they earn a steady income and become contributing taxpayers, while participating employers are able to reduce their income tax liability. The targeted groups include veterans, TANF recipients, SNAP recipients, SSI recipients and those with general disabilities. The Ticket to Work program is a free and voluntary program that can help Social Security beneficiaries go to work, get a good job that may lead to a career, and become financially independent, all while they keep their Medicare or Medicaid. Individuals who receive Social Security benefits because of a disability and are age 18 through 64 probably already qualify for the program. Reimbursement for transportation costs are eligible expenses of this program.

State and Local Funding

Currently, most transit providers in the study area receive the majority of their funding from Federal programs, or, to a limited extent, State sources. The region's HRAs and private transit providers receive little funding assistance locally, if any. Similarly, MATA's primary sources of funding are fares, contracts, Federal grants and advertisement revenues. Additionally, they receive the local funding from the City of Memphis' general fund.

Funding from state and local authorities may come from a variety of sources including sales taxes, property taxes, income taxes, vehicle registration fees, concessions, lottery and casino revenues, cigarette tax, vehicle leasing and rental fees, parking fees and fines, hotel/motel taxes, utility fees, and Tax-increment Financing Districts. All or portions of the funds collected through these various sources could be dedicated to MATA, HRAs, and private transit providers (assuming the private operators fulfill a public service in line this plan). In

general, an increase in State or local funding would reduce transit providers' reliance on Federal grant programs, and thereby enable providers to better produce long-term plans and budgets.

Another approach for the study area would be to establish a Regional Transit Authority with a dedicated funding source. Such an authority could be created by working with local and regional communities as well as state governments to develop taxing mechanisms that will dedicate resources to transit.

Public Private Partnerships

The existing levels of coordination and relationships that exist within the region can be expanded upon to leverage resources where inefficiencies exist. The public private partnerships that exist within the region come in many forms. There are a variety of nonprofits whose mission is to improve the lives of the population groups targeted of this plan. These groups can provide volunteer, fundraising and advocacy services. Additionally, the outreach of various organizations as well as local groups, such as the Greater Memphis Chamber of Commerce, can be leveraged to help promote awareness regarding the transportation disadvantaged.

Conclusion

This plan focuses on creating a tailored response to the information gathered through general public meetings, public outreach efforts, stakeholder expertise, and data research. The plan has been completed in a manner compliant with the federal surface transportation legislation, Moving Ahead for Progress in the 21st Century (MAP-21). This plan assesses the available transportation services, identifies the service gaps and unmet needs of transportation disadvantaged populations, provides strategies for meeting those gaps and needs, and prioritizes transportation strategies and activities for funding and implementation.

After the adoption of this plan, Memphis Urban Area MPO will monitor transportation issues in the region to determine how the strategies described in this plan may apply to ongoing planning efforts. Changes to existing transit conditions could require the addition, deletion, or re-prioritization of strategies or projects in the future in accordance with local policies and procedures. More information regarding the public involvement process, Advisory Committee, survey questions and responses, peer agencies, and funding sources can be found in the following appendices.