

Panhandle Region

Transportation Coordination Study

DALLAS	IRVING	SADDLE RIVER	OKMULGEE	LIPSCOMB
HARVEY	WICKLIFFE	SOUTH WICKLIFFE	WICKLIFFE	WICKLIFFE
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Prepared for

The Panhandle Regional
Transportation Advisory Group



Prepared by

The Goodman Corporation

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This project was funded in part through the Federal Transit Administration. The contents of this report reflect the analysis of The Goodman Corporation which is responsible for the accuracy of the data and information presented herein. The contents do not necessarily reflect the official views or policies of the Federal Transit Administration.

Executive Summary

Executive Summary

If transportation formula funding was more concerned with how much land a transit agency has to cover than the number of people it has to serve, the Texas Panhandle would be in the money. At 26 counties and nearly 26,000 square miles, the Panhandle is larger than ten of the nation's states. However, at 403,000 people, it is also one of the least populated regions with less than eight people per square mile in all but two counties. Combine this basic operating environment with a population that displays a high percentage of elderly, a high incidence of disability; and some persistent rural poverty, and these socioeconomic characteristics suggest significant challenges to the basic activities of daily living, such as mobility.

The Panhandle Transportation Coordination Study presents transportation providers' and users' concerns, records a local process of information gathering, and recommends strategies to begin meeting the challenge of effectively and efficiently improving the mobility of all the Panhandle's citizens, but especially those who are elderly, disabled, and/or low-income. This study was initiated in response the Texas Legislature's passage of H.B. 3588 and the Federal Transportation Administration's (FTA) guidelines regarding the planning requirements for federal Job Access Reverse Commute (JARC) and New Freedom (NF) funding.

The study has been led by a 19-member advisory group, the Regional Transportation Advisory Group or RTAG. The goals and objectives adopted by the RTAG are aligned with the legislative intent of H.B. 3588 and are outlined in the table below.

Table ES1: Panhandle Goals and Objectives for Coordinated Transit

Goals	Objective
1. Improve delivery of service	Improve financial capacity of ACT and PT to meet current and future demand and fill critical gaps in service.
2. Generate efficiencies in operations	Increase utilization of existing services. Reduce or eliminate duplicative services.
3. Enhance customer satisfaction	Develop new mobility options to fill critical gaps that cannot be met by existing providers.
4. Encourage cooperation and coordination	Reduce and remove barriers to coordination in order to improve future planning efforts.

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Transit Gaps: Amarillo City Transit (ACT) is the urban operator for the City of Amarillo. It provides fixed route and ADA-complementary para-transit service from 6:30 am to 6:30 pm, Monday through Saturday. Panhandle Transit is the rural operator. It provides demand-response service to all 26 counties (excluding the City of Amarillo) from 8:00 am to 5:00 pm, Monday through Friday. Between these two agencies, all counties have access to basic transportation services during their normal operating hours. However, some health and human services agencies or members of the public have expressed the needs for additional levels of service including: 1) better access to rural job sites; 2) after-hours or same-day para-transit service for medical or other essential trips; and 3) more flexible and/or higher levels of personal support for senior transportation.

Transit Overlaps: Little to no transit vehicle overlap was identified in the rural areas outside of Amarillo. In the rural regions, there is no public transportation provider besides Panhandle Transit, including taxis. Excluding Potter County, Panhandle Transit operates 40 vehicles to serve the remaining 25 counties. Only 19 additional vehicles were identified through the Panhandle Transportation Inventory as being operated by other agencies. There is a higher concentration of resources within the City of Amarillo. This is expected as it is the region's population center and the headquarters for many agencies. Areas where agencies have each invested resources include maintenance facilities, travel training, and reservation/scheduling/dispatch software. In these instances, there may be potential to share resources; however this would require additional resources in-and-of themselves in order to upgrade, expand, and/or hire additional personnel. At this time, the RTAG has decided to pursue joint travel training through the Panhandle Independent Living Center.

Unmet Needs: Coordination supposes that there is a fundamentally sound system that can serve as the core or backbone for the coordinated efforts. Within Amarillo, this is not the case. ACT is facing an increasingly difficult financial situation and will soon be in a position where it will be forced to adapt current level of services to decreases in funding. Starting in 2004, ACT will lose \$189,000 in state support over the next 5 years – funding will drop from \$672,000 to \$483,000. Furthermore, ACT will potentially lose about \$1.34 million in federal funding support for

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operations if Amarillo's population exceeds 200,000; this is an event expected by the 2010 census. The financial and operational health of ACT is important because, without a healthy core, other initiatives, like coordination planning, are disadvantaged.

JARC and NF Funding: It is anticipated that there will be a call for JARC and NF projects in early 2007 and that the funding available will include FY06 and FY07 allocations (approximately \$15.4 million). Funding for projects will be competitive across the state; projects proposed by small urban recipients will be evaluated against their peers as will a rural recipient's projects. One objective of the Panhandle Transportation Coordination Study is to select multiple, sustainable projects that reflect the transportation needs of the community; incorporate a coordinated approach to better utilize the region's resources; and can be reasonably implemented. A brief description of projects that are eligible under each funding category follows.

Job Access and Reverse Commute (JARC): The purpose of the JARC program is to provide funding for local programs that offer job access and reverse commute transportation services to low-income individuals. Eligible projects include, but are not limited to:

- Demand-response van service;
- Ridesharing and carpooling activities;
- Expanding fixed-route transit service areas;
- Late-night and weekend service
- Guaranteed ride home service;
- Shuttle service; and
- Bicycling.

Marketing and promotional activities to encourage use of transit by workers with non-traditional schedules and use of transit voucher program by appropriate agencies for welfare recipients and other low-income individuals are also eligible activities.

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New Freedom (NF): The purpose of the NF is to encourage services and facility improvements to address the transportation needs of individuals with disabilities that are either new and/or go beyond those that are required by the ADA of 1990. Eligible projects may include, but are not limited to:

- Purchasing vehicles and supporting accessible taxi, ride sharing, and vanpooling programs; including staff training, administration, and maintenance;
- Administering voucher and transit pass programs for transportation services offered by transit and human services providers;
- Administering volunteer driver and aide programs to support the management of driver recruitment, safety, background checks, scheduling, coordination with riders and other related support functions;
- Training for individual users on awareness, knowledge, and skills of public and alternative transportation options available in their communities. This includes travel training services; and
- Coordinate transportation service access beyond those served by one agency or organization within a community. For example, a non-profit agency receiving funding through NF could not limit the services it provides to its own clientele. These services are intended to build cooperation with other existing providers.

The following are considered eligible mobility management activities:

- The development of coordinated plans;
- Support of state and local coordination policy bodies and councils;
- The maintenance and operation of transportation brokerages to coordinate providers, funding agencies, and riders;
- The development and maintenance of other transportation coordination bodies and their activities, including employer-oriented Transportation Management Organizations and neighborhood travel coordination activities;

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- The development and support of one-stop transportation call centers to coordinate transportation information on all travel modes and to manage eligibility requirements and arrangements for customers among supporting programs; and
- The acquisition and operation of intelligent transportation technologies to help plan and operate coordinated systems including GIS mapping, coordinated vehicle scheduling, dispatching, and monitoring technologies, as well as technologies to track costs and billing in a coordinated system.

Action Plans: Through a public participation process that included ten public meetings, seven workshops, and numerous stakeholder phone interviews or site visits, seven action plans were adopted by the RTAG for inclusion in this study. Each of these plans met or largely met the criteria adopted by the RTAG for plan inclusion. These criteria include: 1) met the goals adopted by the RTAG; 2) the project attempts to coordinate resources; 2) the project meets identified needs; 3) the project has support and is realistically achievable; and 4) the project is ready to move forward.

Actions plans adopted by the RTAG include:

- Provide job-access service in the Childress region;
- Provide job-access service in the Hereford region;
- Provide increased travel training through Panhandle Independent Living Center;
- Provide same-day, non-emergency medical transportation to Spec-Trans eligible riders with a voucher program; and
- Institute a transit-coordination/mobility management position to sustain the development of coordination efforts throughout the region;
- Support the implementation of flex routing by ACT; and
- Support the creation of an Independent Transportation Network by the Senior Ambassadors Coalition.

Chapter 1: Geography and Demographics

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If transportation formula funding was more concerned with how much land a transit agency has to cover than the number of people it has to serve, the Panhandle would be in the money. At 26 counties and nearly 26,000 square miles, the Panhandle is larger than ten of the nation's states. However, at 403,000 people, it is also one of the least populated regions with less than eight people per square mile in all but two counties. Combine this basic operating environment with a high percentage of elderly, a high incidence of disability; and some persistent rural poverty, and these socioeconomic characteristics suggest significant challenges to the basic activities of daily living, such as mobility.

In order to understand where mobility may represent a greater challenge, a demographic profile has been completed for each of the counties within the Panhandle region. The county-level profiles focus on characteristics associated with higher transit use: percentage of people who are elderly and/or disabled; have low incomes; have higher levels of low education attainment; and or are recent immigrants.

These and additional demographics are compiled to create a Transit Needs Index for each county. (The Transit Needs Index is a methodology that compiles demographic characteristics into a single value to reflect a county's potential need for transit services.) The first section of this chapter reviews the county-level data and is then followed by the Transit Needs Index findings. Appendix A: Demographic Values for Panhandle Region contains the values used to calculate the Transit Needs Index score for each study area. Appendix B: County Demographics provides a county-by-county look at changes in population, major employers and senior services, and transportation services.

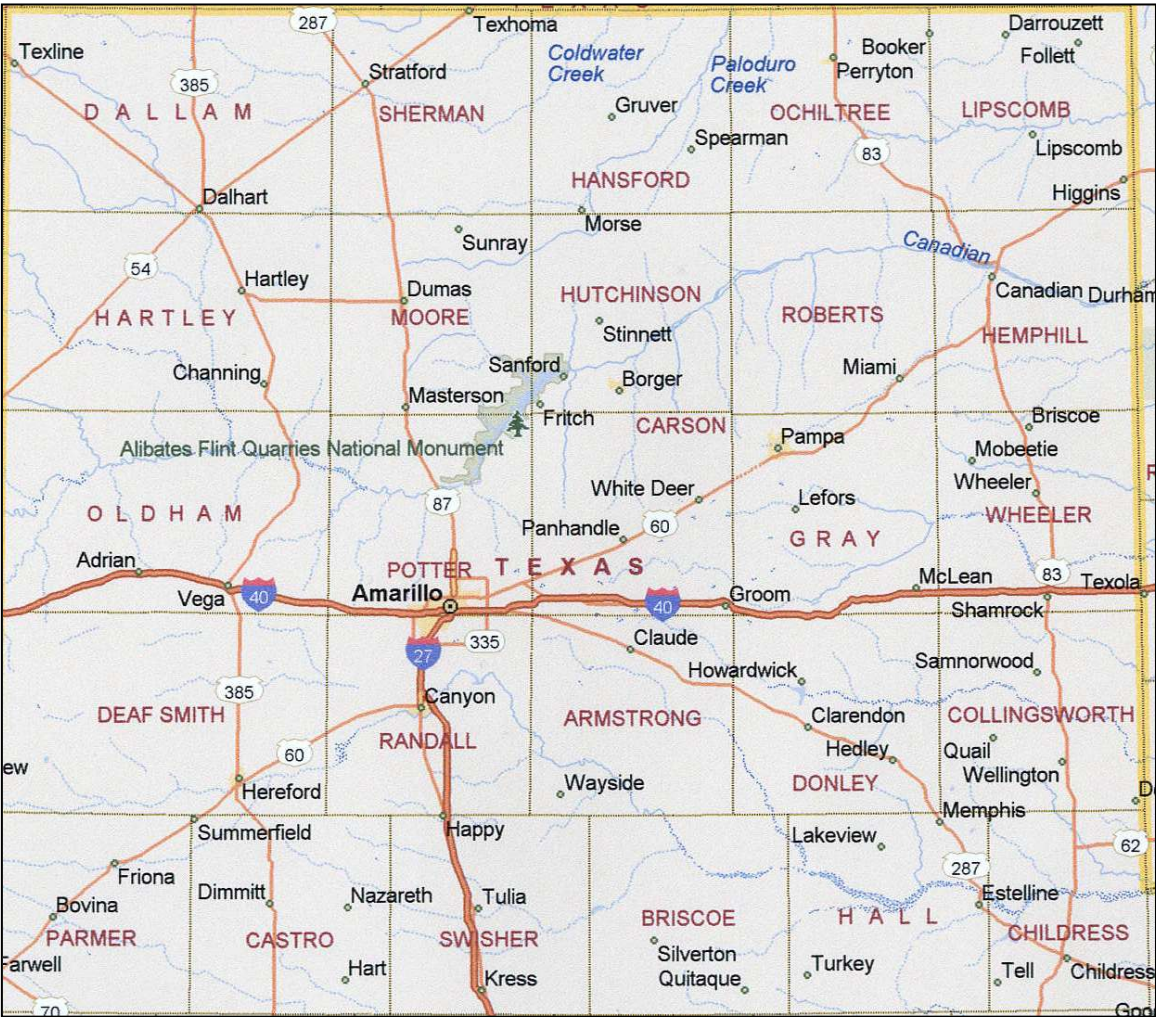
Geography

The Texas Panhandle consists of the northernmost 26 counties in the state and is bordered by New Mexico to the west and Oklahoma to the north and east. There are 67 cities in the

Chapter 1: Geography and Demographics

Panhandle; the largest city is Amarillo with less than 200,000 people. The remaining cities are all under 20,000 people. Because of the size of the region, distance between cities is a major factor. Interstate 40 (I-40) is the major east/west thoroughfare. Interstate 27 (I27) connects Amarillo to Lubbock and US287 connects the north part of the Panhandle to the Dallas/Fort Worth area. See Figure 1.1: Map of Panhandle Region.

Figure 1.1: Map of Panhandle Region



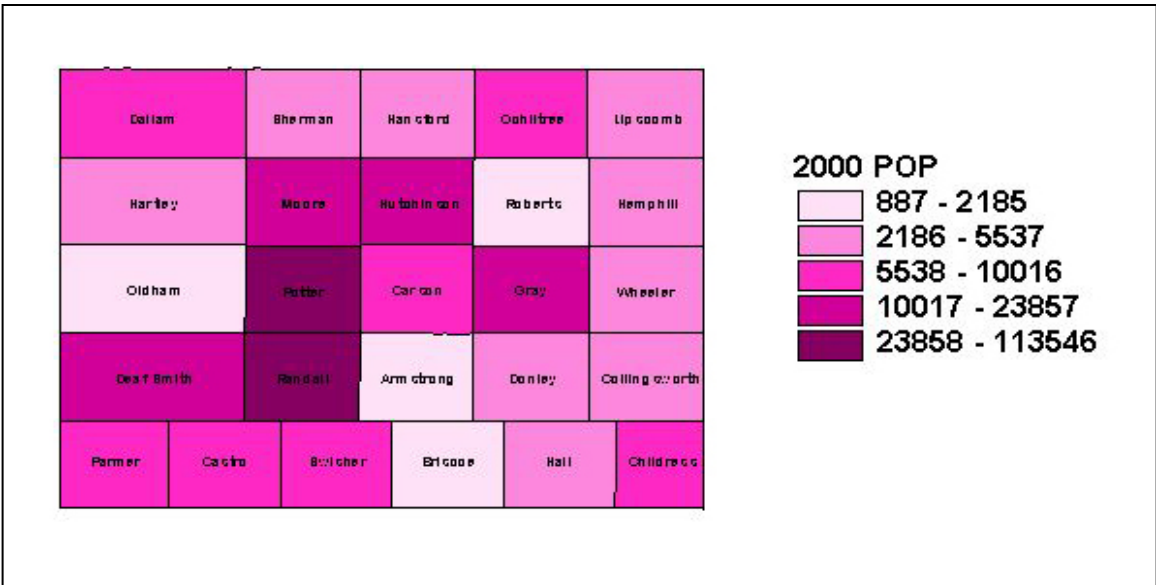
Demographics

Population

One of the goals of public transit is to provide services efficiently - to provide the most people with a good service at the most reasonable cost. Knowing where the population is concentrated helps to determine how to allocate available transit to benefit the most users.

A major challenge to providing transit services within the Panhandle region is very low population density throughout the region. With the exception of Potter and Randall counties, the average density 8.00 people per square mile. Roberts County, the least populated county in the region, has less than 1 person per square mile. By comparison, the City of Amarillo’s average density is 2,423 people per square mile – comparable with that of Abilene, Waco, Denton, and Port Arthur. Furthermore, between the 1990 and 2000 census, fifteen counties lost population. This decrease has affected and will continue to affect its ability to secure federal and state dollars to fund transportation.

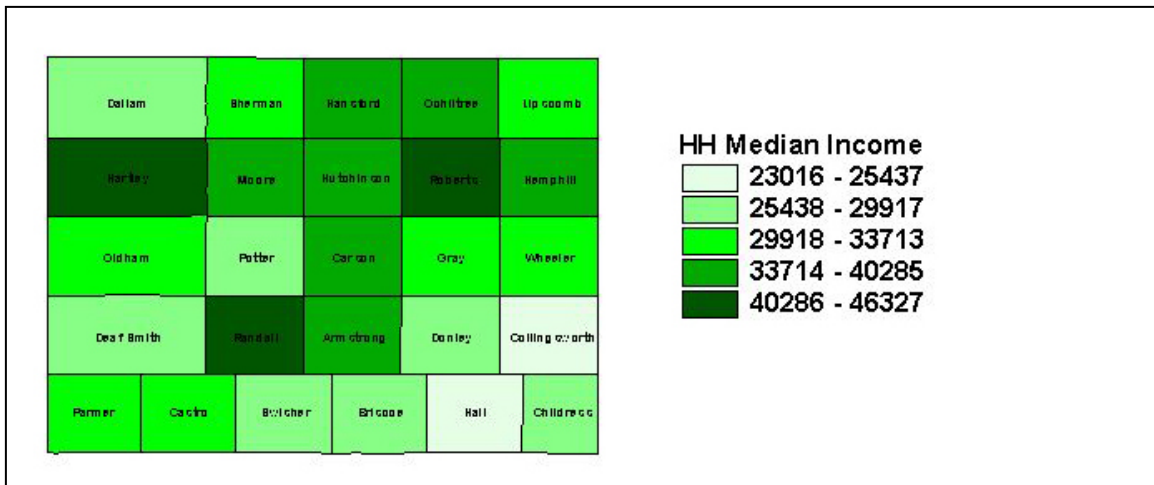
Figure 1.2: Panhandle Region Population by County



Median Household Income

The median household income is \$33,348, a little less than the statewide average of \$39,927. Conversely, the number of people at or below poverty is 14 percent, a little better than the statewide average of 15 percent.

Figure 1.3: Panhandle Region Median Household Income

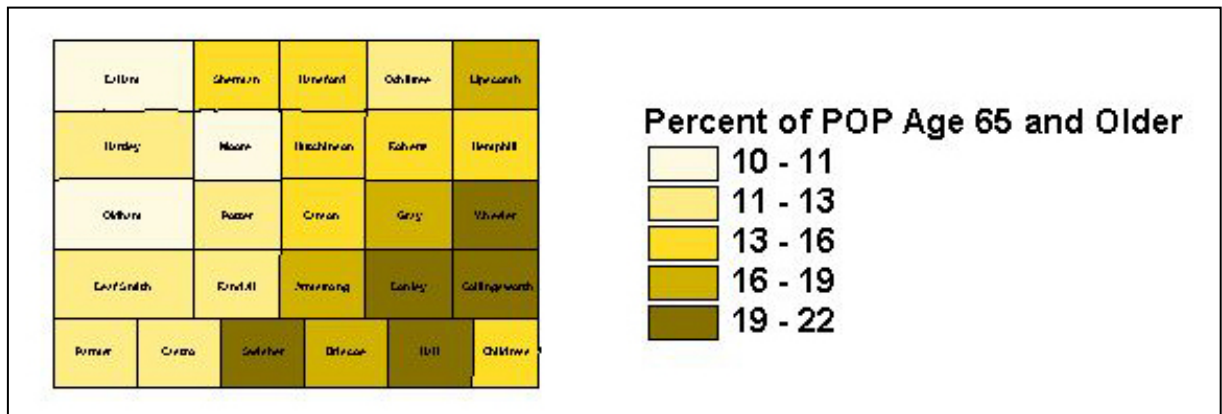


Chapter 1: Geography and Demographics

Elderly Population

People over age 65 traditionally use transit in proportionately greater numbers. Areas with higher concentrations of elderly people are generally considered areas of higher than average transit need. On average, 15 percent of the Panhandle population is elderly (65 years and above), compared to 9.94 percent statewide. Five counties have an elderly population over 20 percent.

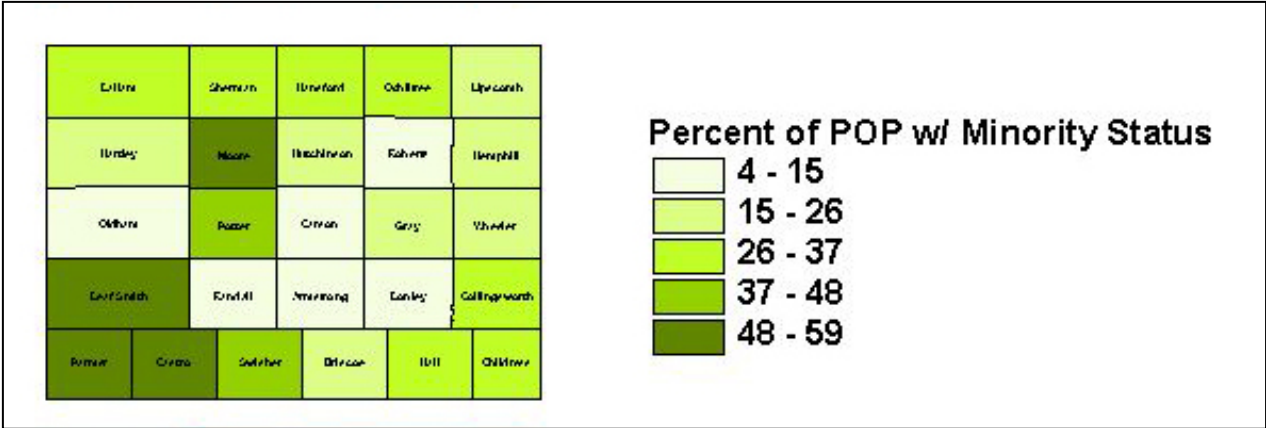
Figure 1.4: Panhandle Region Percent of Elderly by County



Immigrant Population

Areas with a high immigrant population tend to have a higher transit need. This is primarily due to the higher likelihood of lower than average income and, therefore, fewer or no automobiles. For this demographic, only recent immigrants who have arrived between 1995 and 2000 are considered. The Panhandle region is approximately 18 percent minority population compared to 27 percent statewide. Counties with a high number of minorities are Henley, Moore, Ochiltree, and Parmer counties. These are areas that are likely to have a higher need for transit services.

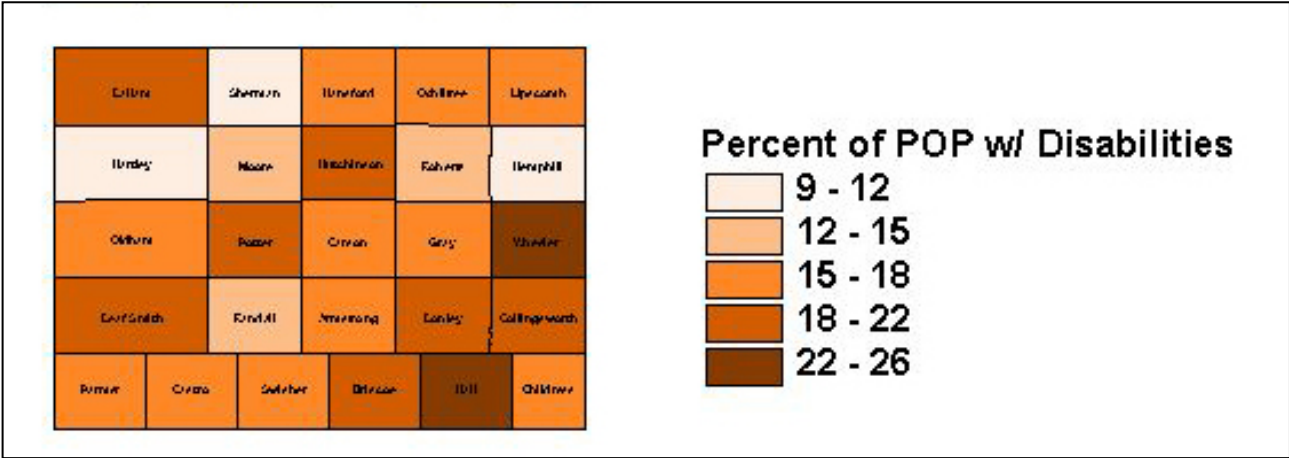
Figure 1.5: Panhandle Region Percent of Population with Minority Status



People with Disabilities Population

People with disabilities are more likely to use transit services. Because the census data reports, and individuals can claim, multiple types of disabilities, only one type of disability was measured to reflect the need for transit. The “Go Outside” disability counts those individuals that have difficulties “going outside the home alone to shop or visit a doctor's office.” While this single condition may not capture all individuals with disabilities that need transit, it was chosen as reflective of transit need as its rate of occurrence is about average compared to all other types reported. Within the Panhandle region, 6 percent of the population has a mobility disability that prevents them from going outside alone to go shopping or the doctor’s office. By comparison, seven percent of the population statewide has this disability.

Figure 1.6: Panhandle Region Percent of Population with Mobility Disabilities



Transit Needs Index

A more complete analysis of all transit market demographics is the Transit Needs Index. Bus ridership tends to increase or decrease with changes in key demographic characteristics. For example, income is a major determinant in who uses transit; as one moves up in income, usage tends to decrease. Some groups are genuinely more likely to use transit irrespective of income. These include women, minorities, immigrants (especially recent immigrants), persons without a car, the mobility impaired, persons over the age of 65, and those with less than a full high school education.

A Transit Needs Index is tool that captures and measures the differences in transit usage for a particular group compared to the group norm. An index of 1.00 indicates average transit usage, higher indicates above average usage (for example, 2.00 is twice the average), and lower indicates less than average. *Table 1.1: Typical Transit Needs Values* outlines the transit-use index for average metropolitan transit use for the key demographic groups.

Chapter 1: Geography and Demographics

Table 1.1: Typical Transit Needs Values

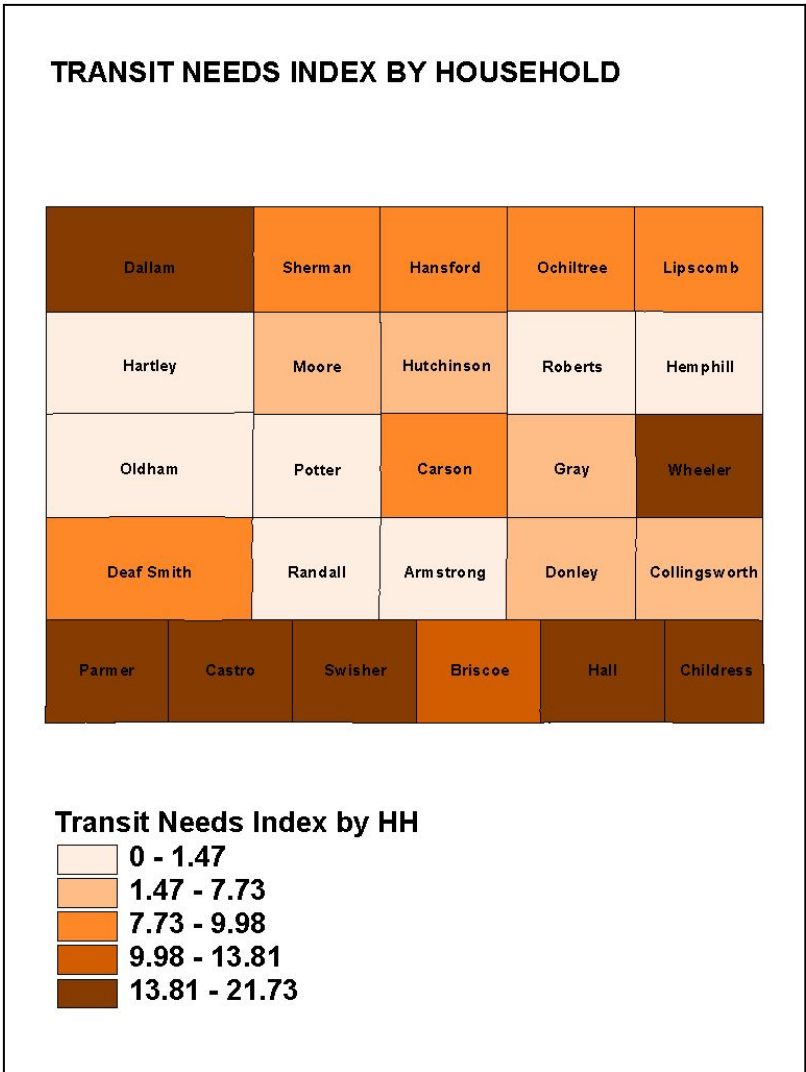
<i>Market Niche</i>	<i>Transit Need Index</i>	<i>Market Niche</i>	<i>Transit Need Index</i>
Sex:		Household Income:	
Male	0.85	Under \$20K	1.15 (average)
Female	1.18		
Race & Ethnicity:		Immigration Status:	
White	0.68	Non-immigrant	0.84
Black	2.72	Immigrant	2.08
Hispanic	1.73		
Asian	1.74		
Vehicle Ownership:		Limitations:	
No Car	5.76	Work Limitation	1.25
One or more Car	0.68	Mobility Limitation	2.41
Age:		Education:	
60-64	1.07	No School	2.59
65-69	1.10	Elementary	2.08
		Junior High	1.69
		Some High School	1.25

Source: Transit Cooperative Research Program. Chapter 1: Current Transit Markets

A Transit Need Index is designed to relate demographic data such as household income, mobility-impaired/work-impaired population, auto availability, education attainment, minority status, immigrant status and age to transit need. Research supports the theory that a positive relationship exists between these data and higher transit usage.

All the counties within the Panhandle were evaluated and given a score for each of these eight characteristics. Depending on the characteristic, the average or median score for the set was used to establish the center value for the region’s relative scale. Scores were then summed to create a composite score which was then weighted by the number of households.

Figure 1.7: Panhandle Region Transit Needs Index



The Transit Needs Index is one way to reflect the potential demand for transit services. The highest concentration of need on a per household is along the southern border of the region – Parmer, Castro, Swisher, Hall and Childress. In addition to this concentration, Dallam County to the north and Wheeler County to the east reflect high need.

Of those counties listed above, the county judges from Swisher and Childress are members of the Regional Transportation Advisory Group and involved in planning for coordinated transit. A recommendation for future planning efforts is to increase the participation level of the other

Chapter 1: Geography and Demographics

counties' officials that are identified above in order to address their transportation need. Furthermore, the prevalence of higher-need counties along the south border points to the potential need for a greater focus on inter-regional coordination with the South Plains District.

Chapter 2: Planning Partners

There are only two public transit providers for the region's 26 counties; Amarillo City Transit serves the City of Amarillo and Panhandle Transit takes care of everything else. So, unlike some of the planning regions in the state, there is less complexity in the Panhandle region because of this neat division. Issues such as overlapping service areas or large gaps in service areas are not present. Many of the health and human service agencies work at some level with one or both of these agencies to meet their transportation needs.

This chapter includes a profile for Amarillo City Transit and Panhandle Transit, including service characteristics (service area, routes, and schedules), vehicles, and budget. Following this section, a review of the planning partners provided. (Note: Planning partners are defined as key or representative human service agencies that responded to the Panhandle Transportation Coordination Survey and/or participated in follow-up phone calls or site visits. Many of these agencies are not members of the official planning committee, the Regional Transportation Advisory Group.)

Amarillo City Transit

Organization Structure and Staffing

Amarillo City Transit (ACT) is managed by the City of Amarillo. ACT's staff includes:

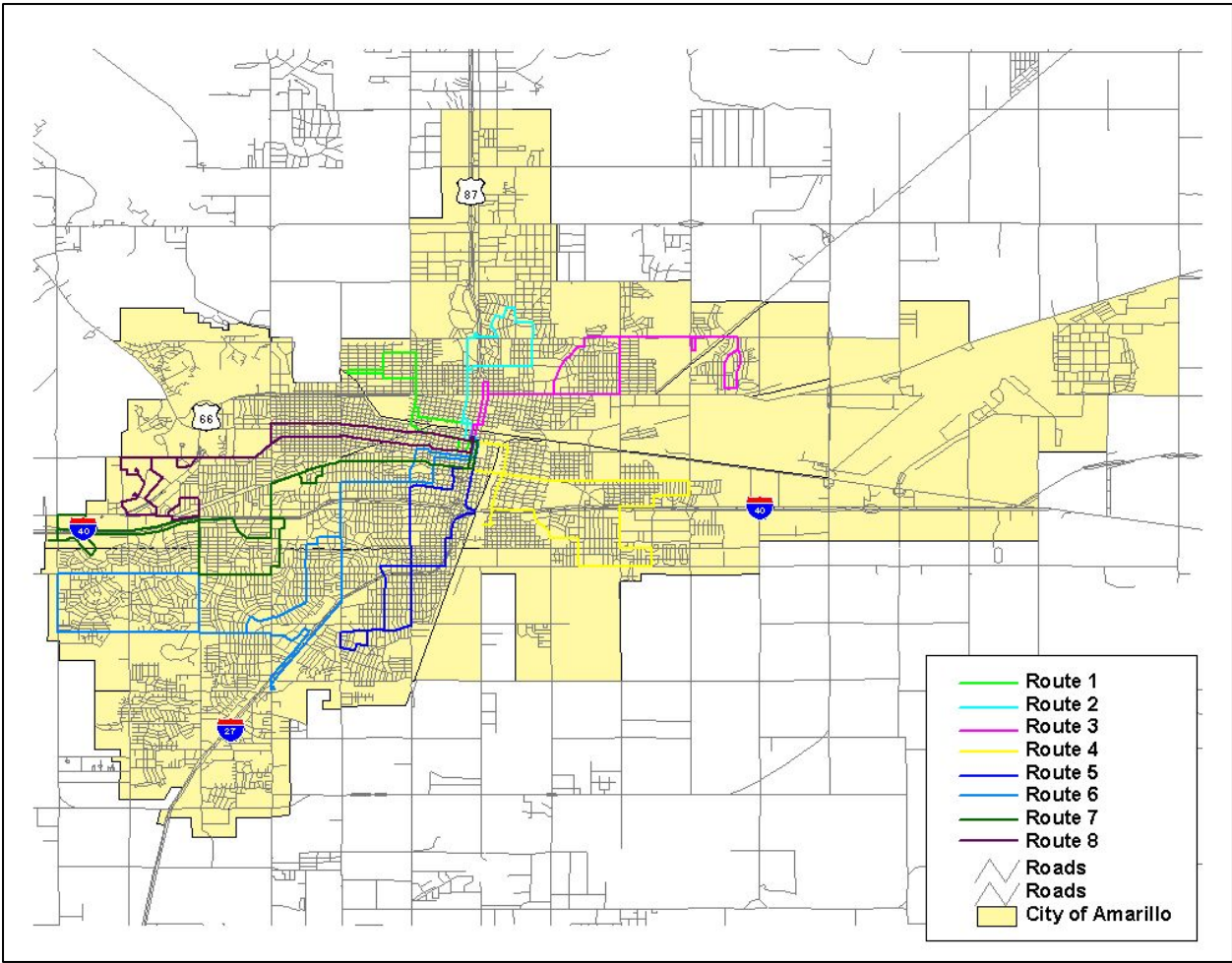
- 1 director
- 2 supervisors
- 1 trainer
- 4 dispatchers
- 31 drivers (21 Fixed Route and 10 Spec-Trans)
- 1 shop supervisor
- 5 mechanics; and
- 3 maintenance personnel (staff that park and clean vehicles).

Chapter 2: Planning Partners

Service Area

The City of Amarillo is about 87 square miles. ACT covers 85 percent area of the city and has a service area of about 74 square miles. Areas not served by ACT include that portion of the city east of Lakeside Drive. Both fixed route and demand response service operate within these boundaries. See Figure 2.1: ACT Routes and Amarillo City Limits.

Figure 2.1: ACT Routes and Amarillo City Limits



Service Characteristics

ACT operates eight fixed routes within the city limits. They operate six days a week, Monday to Saturday, from 6:30 am to 6:30 pm, with no service on Sunday. There is no service on the

Chapter 2: Planning Partners

following holidays: New Years Day, Martin Luther King Day, Memorial Day, 4th of July, Labor Day, Thanksgiving and Christmas.

Eight routes make up the fixed route system with each starting in the downtown at the main transfer point at 3rd and Fillmore. The system pulses at the station every 30 minutes to allow riders to transfer between routes. Transfers are free, cannot be used to make the return trip, and are time-limited.

Spec-Trans is the demand response system. It operates five vehicles and serves all points within ACT's service area (i.e. they do not limit their service to a ¾ mile corridor abutting a fixed route).

Fare

ACT charges 75 cents for adults, 60 cents for children over the age of six; 35 cents for senior citizens, people with disabilities, and Medicare card holders. The Spec-Trans system charges \$1.50 for adults and 75 cents for children. Personal care attendants ride for free.

Fleet Characteristics

ACT's has seventeen 30-foot buses to serve its fixed route. During peak service periods, they operate 12 vehicles, leaving five spare. All the vehicles are equipped with wheelchair lifts and audio and visual information systems for impaired persons. Five of the vehicles have "kneeling" capability. Each vehicle has a seating capacity of 23. ACT operates seven minibuses (less than 30-feet) to serve Spec-Trans eligible riders. During peak service periods, they operate five vehicles, leaving two spare. All the Spec-Trans vehicles are wheelchair accessible with a seating capacity of eight.

Chapter 2: Planning Partners

Ridership and Operating Costs

Table 2.1 below reflects ACT’s operating cost and number of trips delivered for fixed route and Table 2.2 reflects the same for Spec-Trans.

Table 2.1: ACT Fixed Route Operating Cost and Trips, 2000 - 2004

	2000	2001	2002	2003	2004
Trips	901,346*	314,813	352,089	349,446	348,104
Operating Cost	\$1,857,022	\$1,733,410	\$1,929,009	\$2,045,679	\$2,133,235
Cost/Trip	\$2.06	\$5.63	\$5.48	\$5.85	\$6.13

* Figure is reported as published by the National Transit Database.

Table 2.2: Spec-Trans Operating Cost and Trips, 2000 - 2004

	2000	2001	2002	2003	2004
Trips	27,085	22,781	22,766	23,481	25,743
Operating Cost	\$477,906	\$538,455	\$584,187	\$620,649	\$709,047
Cost/Trip	\$17.64	\$23.64	\$25.66	\$26.43	\$27.43

Significant Issues Faced by Organization

ACT is facing an increasingly tight funding and will soon be in a position where it will need to consider an alternative to fixed route with a complementary para-transit service. Starting in 2004, ACT will lose \$189,000 in state support over the next 5 years – from \$672,000 to \$483,000. Furthermore, ACT will lose about \$1.34 million in federal funding support for operations once Amarillo’s population exceeds 200,000, which is expected by the 2010 census. These decreases are further exacerbated by an increase in fuel costs.

Staffing is another significant issue faced by ACT. New drivers at ACT start at \$8.13 an hour; this increases to \$9.30 for full-time permanent drivers. The low salary makes it very difficult to attract and retain qualified employees. Consequently, ACT faces a turnover rate of about 50 percent each year. High turnover affects ACT in at least two significant ways:

- Higher overtime costs are incurred. In 2005, ACT has spent \$68,000 in overtime for fixed route and \$27,000 for demand response; and
- There is a need for a full-time fixed route travel trainer position.

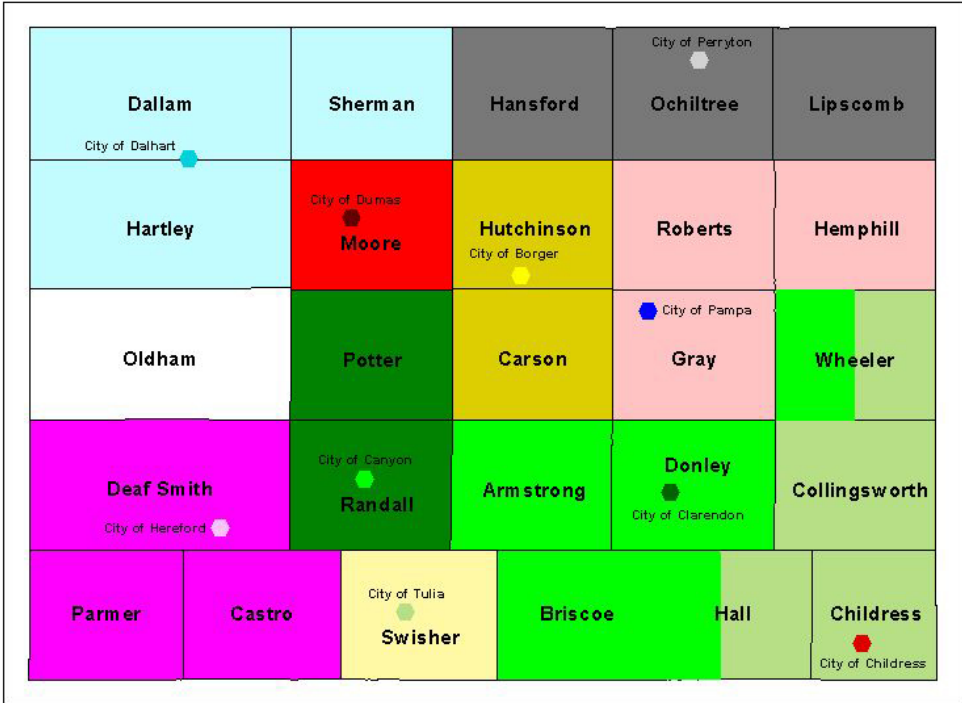
Panhandle Transit

Panhandle Transit (PT) is the name of the service operated by the Panhandle Rural Transit District. PT is one program under the management of Panhandle Community Services, a nonprofit organization that provides human and social service assistance to low-income individuals in the Panhandle.

Service Area

The Panhandle is composed of 26 counties and covers nearly 26,000 miles. PT serves this entire region, less the 87 square miles within the urbanized area of the City of Amarillo. PT has divided the service area into 10 service regions that are each managed by a local office. See Figure 1.7: Panhandle Transit Offices and Service Regions. (Note: Some counties are served by more than one office. Hall and Briscoe counties are served by the Donley, Childress, and Tulia offices.)

Figure 1.7: Panhandle Transit Service Offices and Service Regions



Chapter 2: Planning Partners

Service Characteristics

PT operates a demand response system, five days a week, Monday through Friday, from 8:00 am to 5:00 pm. There is no service on Saturday or Sunday or on the following holidays: New Years Day, Martin Luther King Day, Memorial Day, 4th of July, Labor Day, Thanksgiving, Christmas, and New Year’s Eve. Characteristics for each of the regional offices are described in Tables 2.3 to 2.11 following.

Table 2.3: City of Borger serving Carson and Hutchinson counties

Number of Vehicles	4
Number of Employees	3 drivers; shared office staff with PCS
Schedule for out of county trips	Amarillo MWF; Hutchinson TTh
Notes on Service Provided	Medicaid; Borger TPMHMR satellite workshop daily; regular work trips for about 9 clients; local college; Crisis Center for Domestic Violence

Table 2.4: City of Clarendon serving Armstrong, Brisco, Donley and Hall counties

Number of Vehicles	3
Number of Employees	3 drivers; shared office staff with PCS
Schedule for out of county trips	Amarillo MWF
Notes on Service Provided	Medicaid to Amarillo M-F; school trips M-F

Table 2.5: City of Hereford serving Deaf Smith, Castro and Parmer counties

Number of Vehicles	4 (1 minivan with no lift; 2 cut-away with lift; 1 high-mileage solid body 15-passenger van with lift)
Number of Employees	3 drivers; shared office staff with PCS
Schedule for out of county trips	Amarillo MWF
Notes on Service Provided	Medicaid to Amarillo M-F; school trips M-F; Hereford Satellite Center; some trips to Hereford Senior Center and nursing homes

Table 2.6: City of Childress serving Collingsworth, Wheeler and Hall counties

Number of Vehicles	3 (15-passenger with lift; one minivan without lift; 6 passenger van)
Number of Employees	2 FT drivers; 2 PT drivers; shared office staff with PCS
Schedule for out of county trips	Amarillo MWF; Lubbock T or Th and switching off with Plainview T or Th; Quanah T or Th as needed
Notes on Service Provided	Medicaid to Amarillo M-F; school trips M-F in Memphis

Chapter 2: Planning Partners

Table 2.7: City of Pampa serving Gray, Hemphill and Roberts counties

Number of Vehicles	5: four 12- or 15-passenger vans with lifts, one 9-passenger van with no lift
Number of Employees	5 drivers; shared office staff with PCS
Schedule for out of county trips	Amarillo MWF, Perryton MWF, MF Canadian; W Shamrock and Wheeler
Notes on Service Provided	Medicaid to Amarillo MWF; school trips M-F; Satellite workshop M-F, about 15 riders

Table 2.8: City of Perryton serving Hansford, Lipscomb, and Ochiltree counties

Number of Vehicles	3: one 21-passenger with wheelchair lift; two 12- to 14-passenger with no lift
Number of Employees	3 drivers; shared office staff with PCS
Schedule for out of county trips	Amarillo MWF, Perryton MWF, MF Canadian; W Shamrock and Wheeler
Notes on Service Provided	Medicaid to Amarillo MWF; school trips M-F; Satellite workshop M-F, about 15 riders

Table 2.9: City of Dalhart serving Hartley, Oldham, Sherman and Dallam counties

Number of Vehicles	2: one 10-passenger van and one 17-passenger van
Number of Employees	2 drivers; shared office staff with PCS
Schedule for out of county trips	Amarillo MWF
Notes on Service Provided	Medicaid to Amarillo MWF; school trips M-F (pick up from school only; do not provide morning service)

Table 2.10: Moore County

Number of Vehicles	3: three 18-passenger with lift
Number of Employees	3 drivers; shared office staff with PCS
Schedule for out of county trips	Amarillo MWF
Notes on Service Provided	Medicaid to Amarillo MWF; Senior Citizen Center, Satellite Workshop in Dumas MWF

Table 2.11: City of Canyon serving Randall County and rural Potter County

Number of Vehicles	4: one 11-passenger with lift; one 21-passenger with lift; one 16-passenger with lift; one 19-passenger with lift
Number of Employees	3 FT and 1 PT; shared office staff with PCS
Schedule for out of county trips	Amarillo M-F
Notes on Service Provided	Provide trips to West Texas State University; field trips for local daycare; Skywest for shopping

Fare

PT charges \$1.00 for a one-way trip in town and \$20.00 for a monthly pass that is good for an unlimited number of in-town trips. PT charges 17.5 cents per mile for travel outside of a community, with a minimum charge of \$2.50.

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Fleet Characteristics

PT has a fleet of 52 cut-away style vans in its fleet. Forty-one of these vehicles, or 77 percent, are wheelchair accessible; ten are spares/high-mileage vehicles.

Ridership and Operating Costs

During the 2004 – 2005 operating period, the PT delivered 139,784 one-way trips at a cost of approximately \$1.4 million, or \$10.30 per trip. See Appendix C: FY04 to FY05 Operating Statistics by County.

Significant Issues Faced by Organization

Like ACT, Panhandle Transit is facing difficulties attracting and retaining qualified drivers. The recent change to the Medicaid contract has worsened this situation as drivers may now be asked to work non-traditional hours; in fact, some are being asked to start work at 2:00 am or 3:00 am in order to get dialysis patients to the clinic for early morning sessions. With beginning pay at \$6.15 an hour, PT cannot find drivers willing to work these hours for this pay.

Vehicles are another issue for PT. Given the size of the region, PT vehicles are worked very hard and have a significant mileage on them; for example 8 vehicles have over 200,000 miles. PT has \$360,000 in local funds that they will use to purchase new vehicles. PT has requested a Letter of No Prejudice from the Federal Transit Administration in order to capture and leverage this value against potential future federal funds up to \$1.8 million.

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Planning Partners – Health and Human Services Organizations

Amarillo High Plains Dialysis Center

Program: The Amarillo High Plains Dialysis Center provides dialysis treatment. They operate from 8:00 am to 10:00 pm on Monday, Wednesday and Friday and from 8:00 to 5:30 pm on Tuesday, Thursday, and Saturday. (In order to meet the needs of all their patients, they have to have Saturday service. The lack of public transportation on Saturdays creates a barrier to receiving treatment.) There are two centers in Amarillo; one in Pampa and one in Hereford. Between the four centers, 200 to 225 people are served daily.

Transit Resources: The center does not directly provide transportation but assists patients to access transportation resources if needed. The center depends upon Medicaid, Amarillo City Transit (Spec-Trans), Jan Werner Transportation, and Panhandle Transit. The Center has no financial resources available to provide or support transportation. Texas Kidney Health is a state program available to patients. Texas Kidney Health reimburses drivers 13 cents/mile for transportation costs. In order to qualify for this program, patients must make under \$60,000 annually and the reimbursement limit is \$200 per month.

Transit Needs: About 50 percent of kidney dialysis patients require public transportation; this equates to 1,000 - 1,200 trips per week. Amarillo High Plains Dialysis Center reports the greatest transportation challenge has been delivering service on Saturdays and holidays when the public systems are not running. However, AMR, the Medicaid contractor for the region since June 2006, now provides service on Saturdays through its two sub-contractors. (The National Kidney Foundation will provide for taxi service on holidays but does not provide funding otherwise.)

Similarly, patients were provided with curb-to-curb service; this lower level of service can be a problem for some patients if they are in a weakened state after treatment. Now, AMR provides door-to-door service through its sub-contractors.

Lastly, no subscription service is available. Appointments must be set every week.

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Coordination Issues: At one time, the center investigated the feasibility of establishing a brokerage in Amarillo. Insurance costs, training needs to meet insurance specification, staffing issues (who would drive, coordinate and dispatch) stalled the project. Prior to this, some level of coordinated service was provided through the Panhandle Transportation Consortium.

Other issues with coordination include:

- **Public Acceptance:** Patients believe there is a stigma with riding a bus.
- **Level of Service:** Patients want point-to-point service; especially after receiving treatment, they are medically fragile and need to return home quickly. If the coordination resulted in a longer trip, coordination of services would not serve dialysis patients well.

Desired Outcomes from Coordination Study: More accessibility and availability, especially in areas outside of Amarillo; more trips by PT (currently they only come into Amarillo on Monday, Wednesday and Friday)

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Amarillo Senior Citizens Association

Program: The Amarillo Senior Citizens Association (ASCA) is a non-profit organization that provides congregate meals, support services, and recreation to the seniors of Amarillo and Potter and Randall counties. They have 1,200 members who pay a \$35 annual membership fee and last year served 5,380 clients. The ASCA is open to the public for congregate meals which are available free-of-charge but a \$5 donation is strongly encouraged. The ASCA receives funding from private foundations and a small amount through a federal employment program for senior citizens (Senior Aid Program). They receive no funding support from the city or state.

Transit Resources: The ASCA does not provide transportation. Its staff of 20 includes a resource/referral clerk who is charged with reviewing members' needs and ensuring that appointments and resources are coordinated to ensure the needs are met. Transportation is one of the needs that may be reviewed. The resource/referral clerk will arrange transportation for members through its buddy system – other ASCA members who are willing to pick-up and take people to the center or an appointment. At its core, the buddy system reflects the friendship between people at the center and is fairly limited. On average, between 20 and 25 trips are provided each month through this buddy system.

Transit Needs: The ASCA owned a van that was used for group outings but that was sold about one year ago when the ASCA didn't have the funds to operate – rising insurance and fuel costs in particular. The ASCA estimates they spent about \$2,000 annually on insurance and maintenance costs and felt like they didn't use the van enough to warrant the expense. The ASCA used to have a contract with Jan Werner Transportation but this was allowed to expire as the ASCA had some concerns with the level of service that Jan Werner was able to provide. (Jan Werner's service was in high demand and trips would be booked up 2 weeks in advance. Preference was given to medical trips and some members could not conveniently schedule personal or shopping trips.)

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The ASCA felt like many members did not use the public transportation because: 1) the fixed route schedule was too structured; 2) bus stops were difficult to access; 3) the Spec-Trans service is perceived by members as charity and they do not want to accept charity.

Coordination Issues: The ASCA is a member of the Seniors Ambassador Program and would be interested in exploring a volunteer program directed toward providing service to seniors. The ASCA may have resources that it can access through its Senior Aid Program that could help cover overhead costs.

Desired Outcome(s) from Coordination Study: A transit program directed toward seniors that provides a higher level of service and greater flexibility.

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American Medical Response (AMR)

Program: AMR is the Medicaid contractor for Region 1 since June 2006. AMR is a transportation broker and is able to optimize Medicaid transportation by using multiple sub-contractors whose vehicles are routed through their RouteMatch system.

Transit Resources: AMR is the transportation broker for the Medicaid contract in Region 1. As such, AMR does not directly own or operate any vehicles but instead relies on its network of subcontractors. In Region 1 this includes LeFleur Transportation (a non-emergency medical transportation provider), Taxi Pro and Panhandle Transit.

Transit Needs: A brokerage benefits from a large pool of subcontractors that compete for business. The participation of more qualified taxi and transportation providers will improve the cost-effectiveness of the service.

Coordination Issues: The timing of the award for the Medicaid contract in Spring 2006 created a diversion from the coordination process. This diversion of attention was exacerbated by poor relations with the prior Medicaid-contract holder, Panhandle Transit. At the beginning of AMR's contract, the company asked that all ten taxi companies and Panhandle Transit were asked to be part of the AMR provider network. Most of these companies refused to talk to AMR during that period as the contract award was regarded as a "contingency award." AMR had an obligation to meet the contractual requirements regardless of local cooperation. Thus, LeFleur was subcontracted.

Desired Outcome(s) from Coordination Study: A larger AMR provider network

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Area Agency on the Aging

Program: The Area Agency on the Aging of the Panhandle (AAAP) provides support services to individuals 60 years and older. The AAAP provides the planning, coordination and implementation of many services, such as: congregate and home delivered meals, emergency response services, adult day care, minor home repairs/modifications, homemaker services, personal care assistance, legal assistance/representation, and transportation. Most of AAAP's clients are low-income.

Transit Resources: The AAAP does not directly provide transportation but coordinates with Amarillo City Transit, Panhandle Transit, and Jan Werner Transportation. The AAAP may pay for 100 percent of the cost of the trip or may share the cost with the client, depending on client's income level. The AAAP directly purchases service through an open bid. In 2006, the AAAP budgeted \$90,000 for transportation which calculates to 5,389 one-way trips at a cost of \$16.70 per one-way trip.

Transit Needs: The biggest challenges are: addressing trip cancellations; trips that need to be scheduled with less than a 24-hour advance reservation; and prejudice against riding the bus ("cultural expectations"). Another issue is finding drivers for their congregate meals program (a 2 to 3 hour task). (Congregate drivers also monitor client's living situation.)

Coordination Issues: AAAP currently sits on the Senior Ambassador Coalition/ transportation task force (SAC). The SAC had investigated the feasibility of establishing an Independent Transportation Network earlier in 2006. However, SAC has since abandoned this approach because of high start-up costs (\$250,000) and high fares (at least \$10/trip and an additional mileage charge).

Desired Outcome for Coordination Study: More flexible and higher level of service for seniors

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American Cancer Society, Road to Recovery Program

Program: The Road to Recovery Program (RRP) is a volunteer program that provides medical trips to cancer patients. It is organized under the American Cancer Society. The service is free-of-charge but clients must be referred to the program through a practitioner. The American Cancer Society will reimburse volunteer drivers for costs but most drivers do not take advantage of this or ask for minimal reimbursement. Clients must be ambulatory to use the service since people are using their personal cars.

Transit Resources: The RRP relies on volunteers who supply their own vehicles to drive patients to their medical appointments and the pharmacy. The American Cancer Society will indemnify the driver and provide training. They currently have five drivers who work in Hereford, Clarendon, Memphis, Pampa, Borger as well as Amarillo. The RRP will take clients to any destination. Lubbock and Wichita Falls are common destinations outside of the 26-county Panhandle region. The program is funded 100 percent from public donations.

Transit Needs: The RRP coordinator feels that there is a large, unmet need but does not have a measure of how many trips are unmet. Approximately, there are three clients that cannot be helped for every one that is. (In Amarillo, there are about 15 clients in the program. That would calculate into 45 clients who need, but cannot access transportation services.) The common denominator among the RRP clients is that they do not have anyone else that they can turn to.

Coordination Issues: Many of the clients cannot take public transit because they are in such a weakened state and need help getting into their homes. The RRP is seen as the last resource. RRP staffers will move patients out of RRP into existing transport programs once it is feasible because of the high demand. The RRP works with the Retired Senior Volunteer Program to find volunteer drivers.

Desired Outcome for Coordination Study: Assistance in filling volunteer driver positions.

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ASC Industries

Program: Texas Panhandle Mental Health Mental Retardation (TPMHMR) has served individuals of the Texas Panhandle with mental illness, mental retardation or developmental delays since the mid 1960's. The Amarillo Service Center (ASC) has workshops located in seven locations in the Texas Panhandle: Borger, Clarendon, Dumas, Hereford, Pampa and Perryton. ASC offers Employment Assistance. This program secures competitive employment in the community. The program includes job development, employment planning and assistance in obtaining employment.

Transit Resources: ASC relies on Spec Trans to provide work trips to clients who do not live in foster homes. Some clients live in one of 15 group homes. Group homes typically have one van that is driven by the attendant who provides transportation to that home's residents. ASC owns sedans that are used for site visits. ASC encourages clients to use Fixed Route if possible and ASC provides this certification. ASC performs all their vehicle maintenance in-house. It is not known how much is spent on transportation because it is not accounted for as a line item. Overall, the sources of funding include: DSHS/DADS; MHMR; other state programs; Medicaid/Medicare, local funding and federal funding.

Transit Needs:

It is difficult to schedule a trip on short notice when there is an urgent need but not an issue that would normally be considered an emergency; for example, a client may have an acute case of the flu and needs to see a doctor that day. If they are unable to reserve a ride through Spec-Trans on short-notice, they have in the past called an ambulance to provide the trip.

Transportation is impossible to access before 6:30 am or after 6:30 pm. Many of ASC clients work schedules outside of transit operating hours.

Transportation is very difficult or impossible to access north of River Road in Amarillo.

ASC vehicles may or may not have a wheelchair lift; however the ones with the lifts are in bad shape. They lack funds to purchase enough new vehicles.

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In rural areas, there are times when clients are unable to get to work or are stranded at work if the weather is bad and PT is not running.

Coordination Issues: 1) Spec-Trans typically delivers over 500 trips to ASC clients each month. The average monthly ridership is about 2,000 trips; therefore, about one-quarter of all trips are in support of a single state agency. A one-way Spec-Trans trip costs \$31.00 and the fare is \$1.50. Each trip is subsidized at \$29.50/trip. At 500 trips a month, this represents at \$14,750 subsidy per month that is provided by the public transit system. 2) Van pools would be difficult for ASC clients since they cannot exceed 3 percent of the workplace. Without a higher concentration of clients, vanpools would not be feasible.

Desired Outcomes from Coordination Study: Service that can respond to trips with a short-term notice (less than 24 hours)

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Baptist Saint Anthony Home Care Hospice

Program: Outreach Home Care Hospice provides services and support during short, critical health periods. The program sends social workers to patient's home to check on their health and make sure they are in a safe condition. Because of this contact, BSA outreach workers become aware of the transportation needs of their clients although the organization provides not transportation itself.

Transit Resources: BSA does not provide transportation but the social worker will help the client to access transportation resources if needed. BSA has an occupational therapist that is trained in analyzing a patient's driving skills.

Transit Needs: Elderly people or those with medical issues need more flexible scheduling that does not require 24-hour advance notice. This need stems from people who may not be able to keep appointments because of their more fragile state of health. For example, on the day the appointment is made, the client feels fine but, on the day of appointment, he/she may be feeling unwell. Also, a client may need a medical appointment on short-notice (less than 24 hour) but one that would not ordinarily require an EMS trip.

There are perception issues regarding transit services. Some clients feel like there is a stigma attached to riding and there is a perception on the behalf of the BSA that feelings of pride prevent clients from using the bus. There are restrictions on the number of trips that can be made under one reservation and there is no service on Sunday (when many elderly people want to attend church). here is a need for more flexible (extensive) service and service on Sunday's.

BSA clients and some elderly people need a higher level of transit service – help getting into their homes and with packages.

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Coordination Issues: The BSA is a member of the Senior Ambassador Program. A subcommittee of this group, the Senior Citizen Ambassador Transportation Task Force focuses on transportation issues for seniors. This group has recently formed a 501c(3) or c(4) corporation based on the Independent Transportation Network model (<http://www.itnamerica.org/>). One challenge identified thus far in setting up an ITN includes recruiting volunteers. Another is the cost of the program may prohibit access to people on a fixed income.

Desired Outcome(s) from Coordination Study: More flexible service for seniors

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Craig Methodist Retirement Community

Program: The Craig Methodist Retirement Community (CMRC) provides long-term nursing care and assisted living services for over 350 clients. It is organized on a model of progressive care where there are different facilities available to help clients transition between phases of dependency. The facility includes cottages, apartments, licensed assisted living and nursing care centers. Other facilities include a pharmacy and an Alzheimer’s care unit.

Transit Resources: CMRC provides transportation to its clients. They operate one, 18-passenger bus and one 9-passenger van, both with lifts. They employ 1.75 full-time equivalents to provide service; one full-time employee who drives the bus and one who assists with scheduling and paperwork. Regular trips for grocery shopping are scheduled on Wednesday morning and personal trips are scheduled for Wednesday afternoon. Medical trips take up the capacity on Monday, Tuesday, and Thursday. CMRC has received funding support from TxDOT to purchase one vehicle.

Transit Needs: Given their resources, the CMRC is limited to providing 13 trips per day. The transit coordinator estimates that they cannot meet about 5 trip requests each week. However, the coordinator feels like residents of the facility would not want to take public transportation but instead would like to receive more services that are restricted to members of the CMRC facility.

Coordination Issues: There is not much use of ACT services by CMRC clients. They want to receive specialized services from their community.

Desired Outcome(s) from Coordination Study: None at this time

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Department of Rehabilitative Services (DARS)

Program: Provides rehabilitative services to enable people to return to employment. Eligibility for DARS assistance is determined by the presence of a disability. DARS serves about 2,000 clients annually. DARS does not directly provide transportation to clients but provides support for the purchase of transportation as long as the trip is related to training or rehabilitation for employment. DARS will also provide modifications to personal vehicles to assist with mobility. The DARS Independent Living Services Program will help with adaptive equipment.

Transit Resources: DARS provides a commute subsidy up to \$50 per week to help offset a client's transportation costs. The amount of the subsidy is determined by the distance traveled. DARS purchases about \$3,000 of transportation annually for PT, ACT fixed route, and Spec-Trans. Occasionally they will purchase taxi cab services.

Transit Needs: Estimate that about 95 percent of DARS' clients have transportation. The five percent of clients without transportation is estimated to be about 40 individuals. The largest transit need is for fixed route, after-hours services.

Coordination Issues: DARS frequently coordinates with the Texas Workforce Commission on a broad range of employment issues but has not focused explicitly on transportation.

Desired Outcome(s) from Coordination Study: Extended fixed route hours

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Health and Human Services Commission

Program: This description reflects the insights of the Medicaid and Temporary Aid to Needy Families (TANF) eligibility oversight manager. This office oversees the Amarillo and Canyon offices and the hospital-based staff in Amarillo. Last year, it served over 15,000 unduplicated clients.

Transit Resources: The HHSC arranges for transportation as part of the support it provides to its clients but it does not fund any transportation. It directs clients to United Way's 2-1-1 referral service if a client needs transportation.

Transit Needs:

The HHSC does not tabulate the number of clients it refers to transit but estimates that services for the low-income are in great need. In the HHSC office, welfare-to work support services is one of the biggest needs in the Panhandle region. For example, in April 2006, there were 8,334 active cases. For low-income workers or those trying to move from welfare to work, transportation between the work site, child care facilities and home is very difficult.

The limitations of the ACT fixed route and its schedule is a limitation to some clients and there is also a gap in service between the cities of Canyon and Amarillo (i.e. inside of city of limits of Amarillo but outside of the ACT service area. However, because it is in the city limits, the area cannot be served by the rural transit provider, Panhandle Transit.)

Coordination Issues: The HHSC believes that there could be a useful partnership between the HHSC and the Texas Workforce to fill the child-care transportation gap. In particular, there is an interest in exploring the use of Work Source funding to transport the children to day-care.

Desired Outcome(s) from Coordination Study: HHSC would like to see a greater recognition among all the stakeholders of the need for more and improved transportation. HHSC would like to see greater transportation resources available to assist low-income families' access child care.

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Hereford Senior Citizens Center

Program: The Hereford Senior Citizens Center (HSCC) provides recreation, support and congregate meals to people 55 years old and above who live in the Hereford area. The program is operated by a paid staff of 12 and a regular volunteer staff between 20 and 25 who assist in the home-delivered meals program.

Transit Resources: The HSCC has four vehicles. Three vans are used to deliver meals and one van is used for client transportation. The delivery vans are used from 10 am to 12 pm. The lift van is used from 8 am to 4 pm and will take clients to medical, shopping, or other personal appointments locally. Approximately 1.5 full-time equivalents are dedicated to providing transportation. Currently, about \$350 per month is budgeted for transportation (this includes meal delivery).

Transit Needs:

In the past, HSCC used to provide trips into Amarillo but this service has been discontinued because it was too costly. The HSCC would resume this service if it had the operating funds and capital to purchase an additional vehicle.

The HSCC feels like PT has limited usefulness of its clients because of the need for a higher level of service. At the HSCC, the driver will also serve as a personnel attendant. The HSCC will provide last-minute trips if needed and use private vehicle if needed. There is difficulty in meeting trip needs if they are after 4:00 p.m.

Coordination Issues: The HSCC is working with the Retired Senior Volunteer Program (RSVP) to recruit volunteers for all its programs. The HSCC may be interested in working with PT to resume HSCC's service to Amarillo.

Desired Outcome(s) from Coordination Study: Higher level of service and more responsiveness for trips for seniors

Jan Werner Adult Day Care / Transportation

Program: Jan Werner Adult Day Care was formed in 1978. They are a nonprofit organization that serves 143 daycare clients. They deliver service under the Department of Aging and Disability's PACE Program (Program for All-Inclusive Care for the Elderly). They have 135 PACE clients. Transportation is door-through-door with drivers providing a very high level of assistance to riders. They provide trips for the Area Agency for the Aging. Service is provided from 8:00 am until 5:00 pm, Monday through Friday.

Transit Resources: Jan Werner Transportation operates 25 vehicles; nine of these vehicles were purchased by Jan Werner and the remainder are TxDOT vehicles. (All of the most recent vehicle purchases are Jan Werner – they last time TxDOT awarded a vehicle to Jan Werner was in 2000. Since then, they have purchased eight vehicles themselves.) There are five additional vehicles on inventory but not in use. They maintain their own vehicles at a new on-site shop and operate a fueling station. There are three drivers and 13 CNA's that serve as Adult Day Care part-time drivers.

Last year, Jan Werner delivered about 65,000 trips and had operating costs of \$374,481 (or \$5.76/trip). However, these operating costs do not allocate to transportation the hours aides spend driving. Consequently, the cost per trip is under-reported.

Transit Needs: There is a need for more vehicles. (Currently, Jan Werner sells old vehicles to agencies like the Catholic Family Services or Area Agency on the Aging.)

Coordination Issues: Jan Werner is able to be as efficient as they are because they can utilize their health care aides as drivers. If Jan Werner were to provide service under a coordinated system, they would want to maintain this operating model. Numerous and cumbersome regulations are also a coordination issue – if Jan Werner had to comply with all the regulations and rules, it would be very difficult to provide the same high-level of service that they currently provide. For example, Jan Werner wants to continue to provide door-through-door service; if

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they were to provide service to the city they would no longer be able to provide door-through-door service because because of a prohibition against losing sight of the vehicle.

Desired Outcome(s) from Coordination Study: Jan Werner would like to see a program like the Panhandle Transportation Consortium 5310 program resumed. This program was streamlined, open to all agencies, and very popular.

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Kings Manor

Program: Kings Manor is nonprofit nursing facility located in Hereford, Texas. An affiliated program to Kings Manor is the Good Samaritan that provides hospice care.

Transit Resources: Kings Manor owns a 1997 van and a 2005 van with a lift that was donated. The Good Samaritan operates 3 sedans. They employ four van drivers who together work 2 full-time equivalents. Many of the drivers are nursing assistances and provide an additional level of help. Most the trips are medical or shopping trips. They will take clients to Amarillo or Lubbock if needed for medical purposes. Kings Manor has received funding support from TxDOT to purchase 2 vehicles.

Transit Needs: The Kings Manor transportation supervisor believes they have enough resources to fill their needs. They believe that they need to keep some level of transportation services available at the center because they need to respond to after-hours or short-notice trips.

Coordination Issues: The Kings Manor transportation supervisor expressed a concern that it would be too difficult to coordinate trips with her clients and those of other agencies. Since many of her clients are in fragile health and have a high need for assistance, there is a concern about mixing them with other riders.

Desired Outcome(s) from Coordination Study: None at this time

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Mom Mobile

Program: Mom Mobile is a program under the Northwest Texas Healthcare System (NWTHS). It provides free transportation medical appointments to low-income mothers and their children. If transportation is a barrier to medical care, NWTHS believes that it is more cost-effective to provide for the transportation now rather than pay for costly health problems later. Mobile Mom will take the client to any medical, Women-Infants-Children, or Department of Health Services facility within Amarillo or Canyon. They provide service Monday to Friday from 7:00 am to 2:00 pm.

Transit Resources: Mom Mobile manages a \$42,000 operating budget. It owns and operates one vehicle – a 1998 Ford 350 van that is not wheelchair accessible and has one driver. They are submitting a grant for a new vehicle and hope to be able to expand service in the future. Mom Mobile will purchase bus passes or taxi vouchers if they can't meet the demand. Many of the clients that are served by Mobile Mom would be eligible for Medicaid

Transit Needs: The program functions well but needs more funds to expand. They are entirely supported through private foundations and private funding from the hospital.

Coordination Issues: The program's director does not perceive any significant coordination between agencies is currently ongoing as he believes that most trips are Medicaid-eligible and/or being served by Amarillo City Transit through Spec Trans. If a coordinated system were in place that met his clients' needs, he would like to be out of the transportation business all together. However, at this time this is not feasible. If a coordinated system were in place, he would be concerned that the program would be flexible enough to meet his clients' needs. For example, it would need to be able to respond to short-notice trips. For example, many of his clients do not have good organization skills – he would not like to see them without transportation because they failed to schedule something in advance.

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Desired Outcome(s) from Coordination Study: The program director would like to see more education/information about what services are currently available.

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Panhandle Independent Living Center

Program: The Panhandle Independent Living Center (PILC) provides training, advocacy, and peer counseling to help individuals with disabilities lead independent lives. They are funded through the Department of Rehabilitative Services, the Department of Education and private foundations. All clients that are served have some disability and 75 percent are elderly. Last year, they served 175 unduplicated clients.

Transit Resources: PILC budgets approximately \$8,000 for transportation (excluding salary). These funds come from federal sources (50 percent), state (25 percent) and private grants (25 percent). It operates 2 vehicles that they use to directly provide transportation to their center – a 1994 12-passenger van with a lift and 250,000 miles and a 1993 5-passenger van with a ramp with 120,000 miles. The PILC also obtains service from other providers. It operates a summer youth program and Laidlaw Transportation has provided transit services to this program. PT has donated transportation to the PILC for various events in the past. PILC purchases bus tickets from ACT (last year: 100 fixed route and 430 Spec-Trans).

Transit Needs: PILC’s greatest need for transportation is before 6:00 am and after 5:00 pm. About fifty percent of the trips PILC provides fall into this category. Trips to the airport are another need because there is no accessible transport to the airport.

Coordination Issues: Through United Way referrals, the PILC has provided transportation for people in wheelchairs that need a trip that is critical but does not warrant an emergency call. They do not advertise this service because they do not have the capacity to fill trip demand. The PILC would like to be more available to the public but their insurance limits them to short trips. Conversely, they do not want to become a “taxi service” and would rather work together with existing providers. For example, the PILC would be interested working with a private provider like a taxi service to provide wheelchair accessible trips to the airport.

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The PILC works with the city's transit system on a number of issues. The PILC works with ACT to complete eligibility reviews for Spec-Trans service and it provides personal travel training to 3 or 4 people per month.

Other coordination efforts include an initiative in 2002. Here, PILC worked with Easter Seals to provide transportation and mobility training to Easter Seals staff in a "Train the Trainer" workshop. The purpose of the workshop was to move people from the Spec-Trans service to fixed route. The program was considered a success by PILC and they had about 12 clients.

Desired Outcome(s) from Coordination Study: After-hours service or longer hours of service; an accessible service to the airport

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Panhandle Regional Planning Commission – Workforce Development Centers

Program: Workforce Development Centers provide employment and training support to help people find and keep employment.

Transit Resources: The Panhandle Workforce Development Center provides clients with gas vouchers to subsidize transportation costs for job-related trips or payment authorizations for public transportation. In 2005, the PWDC spent about \$120,000 in gas sales and \$12K in bus vouchers and personal car repair.

Transit Needs: Access to job sites that are outside of the existing transit service areas or operating hours are two of the biggest transit needs for those seeking employment.

Service to Amarillo College (AC): AC provides much of the training and resources used by PWC clients and currently it is off the Amarillo City Transit route.

Many low-income workers need access to day care that is convenient to transit.

Coordination Issues: Gas vouchers have worked well in the past because they best respond to the multiple trip needs for a client's personal work plan (training, interviews, etc.) The public transit system was considered not feasible because of the length of the trip, the difficulty in making multiple trips, lack of access to some areas, etc. However, the gas vouchers are becoming an increasingly difficult approach because of the rising cost of gas and the difficulty in preventing abuse. (That is, once a client has received a voucher, it is very difficult to control how it is spent.)

Desired Outcome(s) from Coordination Study: Expanded hours of service in Amarillo; service to Amarillo College east campus. ¹

¹ During later discussions, desired outcomes was expanded to include better public transit service. Gas vouchers are difficult to control and can be easily be abused and spent for uses other than employment-related trips. A pilot project in Hereford, Texas, is being developed by PT, Hereford Workforce Center and other stakeholders start a modest fixed route.

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Park Central – Baptist Community Services

Program: Park Central is one in a family of nursing and assisted living centers owned and operated through the Baptist Community Services. Other facilities include The Continental, Ware Living Center, Harrington Living Center, The Talmage, Plemons Court and The Arbors. It is one of the largest assisted living and nursing facilities in the region.

Transit Resources: Park Central provides transportation for a fee from 8:00 to 5:00 p.m., Monday through Friday. They provide about 24,000 trips annually. They operate four sedans, two vans with lifts, and one 30-passenger bus. Transportation staff includes 3 full-time drivers, 4 part-time drivers, and 5 transportation aides. (Transportation aides assist the rider to prepare for the trip 20 minutes prior to departure, transports the person to the vehicle, and completes all paperwork.) Park Central will accept Medicaid/Medicare for residents who have been long-term clients and are now facing a change in finances.

Transit Needs: Park Central needs a 30-passenger vehicle with room for 4 wheelchairs to meet the needs of the increasing number of clients who are not ambulatory.

Coordination Issues: Park Central is meeting the needs of its clients very well. The organization does not rely on federal or state funding for transportation and does not see at this time how they can be involved in a coordinated system since they are dedicated to providing a high level of service to their residents.

Desired Outcome(s) from Coordination Study: None identified at this time.

History of Regional Coordination of Public Transportation

Past and Current Planning Activities

There are three bodies that continue to meet to address the range of human services transportation within Amarillo and the Panhandle

- **Panhandle Transportation Consortium (PTC):** This group formed about 1995 to maximize the efficiency of funds available for transportation and to review requests for Section 5310 vehicles. Agencies that participated in the PTC included the Area Agency on Aging, Canyon Retirement Center, Texas Department of Transportation; City of Amarillo/Amarillo City Transit; Jan Werner Adult Day Care; Jan Werner Transportation; Amarillo MPO; Texas Department of Health and Human Services, and some participation for Friona Estate and Edward Abraham nursing homes. Many of the agencies that participated on the PTC are now serving on the Regional Transportation Advisory Group that is overseeing this study.
- **Senior Ambassadors Coalition:** The Senior Ambassadors Coalition (SAC) is about nine years old. Participating agencies include Baptist St Anthony Hospital, Area Agency on Aging, Alzheimers Organization, Adult Protective Care, Texas A&M University School of Nursing, Texas Tech Health Science Center, and nursing and assisted care facilities. Transportation is a key concern for the group and they have formed the Transportation Task Force to discuss strategies to increase the availability and quality of transportation services for seniors. One initiative that the SAC is spearheading and is reflected in the Action Plan section of this study is the formation of an Independent Transit Network (ITN) based on the successful model begun in Maine in 1995.
- **Advisory Commission for People with Disabilities (ACPD):** The ACPD is a group of Amarillo citizens with disabilities that discuss, evaluate and advise the City Commission on matters and issues that affect persons with disabilities. ACT attend the ACPD monthly meeting for transportation issues.

Chapter 2: Planning Partners

Current and Past Implemented Projects

PTC Section 5310 Purchase of Service

Beginning in 2000, Amarillo was granted an exception from Section 5310's requirement that the funds be allocated to capital equipment or preventative maintenance. From 2000 to 2004, the PTC oversaw the expenditure of \$382,547 from Section 5310 funds for purchase of service.

The purchase of service was not considered an unqualified success by all the agencies that contracted for service. The contract was awarded to Jan Werner Transportation, a subsidiary of Jan Werner Adult Day Care. Jan Werner used its vehicles and adult day care staff to deliver the service. Participating agencies paid a flat fee for the service for unlimited rides. However, the service was very popular and agencies had trouble getting their clients on the vehicles; and vehicles would be completely booked up at least two weeks in advance. There were also questions about the efficacy of the service because hours were limited and at time the vehicles were sitting unused. (This happened because Jan Werner used its care attendants to also serve as drivers and these staff members were busy with other duties at these times.)

In the Fall of 2004, the purchase for service agreement stopped. Prior to this date, the PTC used toll credits as its local match. In 2004, they were not successful in acquiring toll credits and could not come up with the local match.

Amarillo Kidney Dialysis Center Transportation Brokerage

At one time, the Amarillo Kidney Dialysis Center investigated the feasibility of establishing a brokerage. Insurance costs, training needs to meet insurance specification, staffing issues (who would drive, coordinate and dispatch) stalled the project.

Public Transportation Agency Ticket Sales

Both ACT and PT sell tickets and passes to agencies and organizations. Tickets are priced at the public rate and do not require a written contract. See Table 2.12: ACT Ticket Sales, Prior 12 Months and Table 2.13: PT Agencies Served.

Chapter 2: Planning Partners

Table 2.12: ACT Ticket Sales, Prior 12 Months

Agency	Type of Ticket	Amount of Ticket
Amarillo Independent School District	Fixed Route	120
Panhandle Independent Living Center	Fixed Route / STS	100 / 430
City of Amarillo Community Development	Fixed Route	11,500
Texas Panhandle MHMR	Fixed Route	5,339
United Way	Fixed Route	3,793
Potter County Probation	Fixed Route	1,000
Northwest Texas Hospital	Fixed Route	3,200
High Plains Epilepsy Association	Fixed Route	1,500
Perkins Community Center	Fixed Route	100
Amarillo Council on Alcohol and Drug Abuse	Fixed Route	1,600
PASO, Inc	Fixed Route / STS	575 / 60
Texas Home Management, Inc.	STS	300
Catholic Family Services	STS	10
Potter/Randall Adult Child Protective Services	Fixed Route	411
Canyon Educare	STS	60
Baptist St. Anthony Hospital	Fixed Route / STS	170 / 40
PRPC	Fixed Route	748
West Texas Management, Inc.	Fixed Route	50

Table 2.13: PT Agencies Served

Agency	Agency
Panhandle MHMR	Maverick Boys and Girls Club of Canyon
Texas Commission for the Blind	Maverick Boys and Girls Club of Amarillo
Texas Veterans Commission	Panhandle Independent Living Center
Texas Health and Human Services	Social Security Administration
Adult and Child Protective Services	TxDOT: Childress, Amarillo, Lubbock
Trailee Crisis Center	Lubbock Regional Transportation Planning
Golden Phoenix (Pampa Regional Hospital)	Nortex Regional Transportation Planning
Hereford Care Center	Clarendon Community College
Childress Nursing Center	All 26 County Judges and Commissioners
Hall County Senior Center	Amarillo MPO
Hall County Clinic	Meredith House Retirement Center, Pampa
Golden Crescent Senior Center	Texas Education Agency, Region XIV Service Ctr
Texas Work Source (Hereford)	Greenbelt COOP Services
Hereford Senior Center	School Districts: Canyon, Hereford, Clarendon
First Baptist Church, Canyon TX	School Districts: Tulia, Perryton, Borger
Texas Panhandle Lions Foundation	Palo Duro Nursing Home and Rehad
XIT Rodeo and Association	First United Methodist Church, Canyon TX
Memphis Public School District	Dialysis Specialist, Childress
Dalhart Chamber of Commerce	Dialysis Specialist, Amarillo

Chapter 3: Coordinated Service Planning Process

Introduction

At the start of this coordination study, more than once the question “But, what is there to coordinate?” was heard. Given that there are only two public transportation agencies for a region that exceeds a fifth of this nation’s states, that these agencies provide transportation to many of the region’s human service organizations, and that they do it on a lean budget, there is little wonder as to what prompts the question. In a nutshell, coordination has always been the approach in the Panhandle; and, like much that takes place in rural areas and small towns, much of it is grassroots.

The approach to the Panhandle’s coordination planning has been fairly straightforward. There is one committee overseeing the work of a hired consultant. The effort has not included a lot of committee and subcommittee hashing out details, but instead a single lead group that is small enough to be manageable, yet diverse enough to represent key constituencies. The Regional Transportation Advisory Group (RTAG) is the name of the committee charged with overseeing the completion of the plan. Given the region’s size, the structure and organization of the planning approach emphasized the need to maximize the time committee members spent in meetings as travel is expensive and time-consuming.

Regional Transportation Advisory Group

In addition to loosely organized, grassroots coordination efforts, there is a history of a more formalized approach that has its roots in the Panhandle Transportation Consortium. This is a committee that got its start about ten years ago and is the basis for the RTAG. Beyond the RTAG, there are no special committees or advisory groups. Organizations and businesses that may be affected by changes stemming from this coordination plan provided information and feedback, attended workshops and meetings, but did not take a formalized role in the RTAG.

The RTAG is a committee of 19 individuals charged with overseeing the completion of this study. Its members include:

Chapter 3: Coordinated Service Planning Process

- Three representatives from Texas Department of Transportation: The Panhandle region touches the Amarillo, Lubbock and Childress Districts. The Amarillo District is represented by Susan Stockett. The Lubbock District by Lynn Castle and the Childress District by Kim Butler.
- Two representatives for the transit agencies: Judy Phelps, Director of Amarillo City Transit represents her department for the City of Amarillo and Gerald Payton, Director of Transportation for Panhandle Community Services, represents Panhandle Transit.
- Two representatives from other key transportation providers: Jim Chilcote is the transportation director for Jan Werner Transportation and Carl McMillan represents the Panhandle Independent Living Center.
- One representative from the Texas Workforce Commission: Johnny Smith represents the Panhandle Workforce Development Board.
- One representative from the Health and Human Services Commission: Cindy Vandiver, originally represented the HHSC. Ms. Vandiver was later replaced by Claudia Stanford due to a change in jobs.
- Five representatives that are locally elected government officials: Positions were filled by Judge Richard Peet from Gray County, Judge Vernon Cook from Roberts County, Judge Kari Campbell from Moore County, Judge Jay Mayden from Childress County, and Judge Harold Keeter from Swisher County.
- Two mobility-impaired individuals: Julie Curbo filled one of the positions and the second position remained vacant.
- One local citizen: Elaine King Miller represented the utilizing public transportation of Amarillo.
- One representative from the Area Agency on Aging: David Green, executive director of AAA, was later replaced by Melissa Carter due to a job change.

Chapter 3: Coordinated Service Planning Process

- One representative from the Metropolitan Planning Organization: Phet Xoumphonphakdy.

Work Plan

The work plan for the study is outlined in the table below.

Table 3.1: Panhandle Transportation Coordination Study Work Plan

Goal	Actions
Research Current Conditions Timeframe: April to May 31	Create Transportation Coordination Survey Identify agencies and collect contact information Create and distribute hard-copy and web-based survey Place follow-up phone calls and site visits Send TTI survey to appropriate agencies
Perform Public Outreach Timeframe: June	Conduct 10 public meetings across the region
Identify Transit Gaps and Overlaps Timeframe: July - August	Analyze survey and public outreach results
Identify Strategies for Gaps & Overlaps Timeframe: September – October	Conduct workshops to identify likely strategies to address transit needs and approaches to addressing gaps and overlaps.
Create Action Plans Timeframe: October - November	Identify lead agencies, resources, and implementation schedules

Outreach Process

Surveys

Information was gathered using a multi-pronged approach. First, stakeholders in the Panhandle region were identified using the RTAG’s network of contacts and the United Way 2-1-1 Resource Directory. In all, 221 organizations were identified in the Panhandle region as either likely to provide or need transportation services. Types of organizations contacted include transit agencies, health and human service agencies, churches, medical- and patient-support nonprofit organizations, senior citizen centers, county and city officials, for-profit and non-profit assisted living and nursing care centers and community organizations. See Appendix D: Panhandle Region Agency Contacts for the list of organizations identified.

Chapter 3: Coordinated Service Planning Process

Initial stakeholder contact was made with an introductory letter from the RTAG accompanied by a short survey that was developed by the consultant team and based upon research conducted by the Transportation Cooperation Research Project (TCRP) and the Texas Transportation Institute (TTI). The survey sought to establish the type of agency, service area, client type and size, transportation needs (including number, type, and scheduled trips and unmet trips), current method of meeting transportation needs, and general interest in coordination strategies. The survey was made available in hard-copy and on-line in order to encourage a higher response rate. The surveys, along with an introductory letter from the Regional Transportation Advisory Group, were mailed and emailed on Wednesday, April 26, 2006. To solicit more responses, a reminder postcard and email message was sent on Tuesday, May 16th to non-responsive agencies. Fifty-four responses (a 24% response rate) had been collected when short survey was closed on May 31st. See Appendix E: Panhandle Transportation Needs Survey Instrument and Appendix F: Panhandle Transportation Survey Results.

For those organizations that directly provide transportation, respondents were asked to complete a second survey by TTI designed to collect more detailed information regarding transportation resources and specific coordination strategies. The invitation to complete the TTI survey was sent to 35 agencies, of which 11 responded (33% response rate).

Phone interviews were attempted with each of the region's 24 county judge's offices and ten city manager's offices. Fourteen interviews were completed with county judges' offices and five interviews with city managers' offices. The interviews served to inform and educate officials about the regional planning process, solicit feedback about transportation needs, and address a gap in response from the municipal and county officials to the Panhandle Transportation Needs Survey. See Appendix G: County Official Survey.

Follow-up phone calls were made to 122 agencies to explain the study and encourage response to the Panhandle Transportation Coordination Survey. The results of these attempts ranged from no response (messages left and calls not returned or repeatedly told to call back later) to more insightful (brief discussions of transportation issues faced by human and social service

Chapter 3: Coordinated Service Planning Process

providers). More in-depth phone interviews were conducted with key agencies whose contact person was unavailable for a face-to-face meeting. Lastly, twenty on-site visits were made. See Table 3.2: Agency Contact List – Phone Interviews; and Table 3.3 Agency Contact List – On-Site Visit.

Table 3.2: Agency Contact List – Phone Interviews

Agency	Contact
Department of Aging and Disability	Desha Henderson, Program Administrator
Northwest Texas Healthcare System	Mark Miracle, Director of Mobile Mom Program
American Red Cross, Panhandle	Vicky Richmond, Executive Director
Pampa Regional Medical Center	Terry Barnes, Marketing Director
Amarillo City College	Adult Students Program Director
Goodwill Industries	Mary Smith and Rory Brown, Executive Director
Experience Works	Mary Parker, Director
Coalition of Health Care Services	Dorinda Bates, Director
Don & Sybil Harrington Center	Jim Wade, Director

Table 3.3: Agency Contact List – On-Site Visit

Agency	Contact
Jan Werner Adult Day Care	Jim Chilcote, Director Transportation
Panhandle Rural Transit	Gerald Payton, Director Transportation
Amarillo City Transit	Judy Phelps, Director
Amarillo Health & Humans Services Division	Cindy Vandiver,
Texas Workforce Commission	Johnny Smith, Program Specialist
Baptist Saint Anthony Hospital	Laura Rehyer, Patient Relations
Amarillo Area Agency on Aging	David Green, Executive Director,
American Cancer Society: Road to Recovery	Terri Prescott, Program Director
Amarillo High Plains Dialysis Center	Rebecca Carr,
Texas Panhandle Mental Health Mental Retardation ASC Industries	Eloise Hanes, Executive Director
Department of Rehabilitative Services	Jim Haile, Area Manager
Baptist Community Services	Tom Ewing, Transportation Supervisor
Dumas Nursing & Rehabilitation Center	Laurel English, Administrator
Hereford Senior Citizen Center	Jackie McNeese, Executive Director
Kings Manor	Stella Delgado, Director Transportation
Craig Methodist	Cindy Long, Director Environ Services
Amarillo Senior Citizen Center	Judi Solley, Executive Director
Panhandle Community Service - Dalhart	Billie Harruf, Center Coordinator
Panhandle Community Services – Dumas	Caroline Hawkins, Center Coordinator
Panhandle Community Services – Hereford	Celia Serrano, Center Coordinator

Beginning in June, attempts to contact American Medical Response (AMR) were made through phone and email. AMR is the new prime contractor for Medicaid services for Region 1 (the

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Panhandle region) as of June 2006. As such, they are one of the largest providers of demand-response transportation. AMR has been in contact with the RTAG beginning August 2006 and one of their sub-contractors, Lafleur, has attended workshops and RTAG meetings. The RTAG recognizes the importance of AMR's support to future coordination efforts and will continue to encourage AMR's participation in appropriate planning activities.

Public Meetings

Ten public meetings were held in the Panhandle region from June 1 to June 27 to solicit input regarding transit needs and barriers to coordination. Meeting locations were chosen based on population and geographical diversity. To encourage attendance, meeting announcements were sent to the Panhandle Agency contacts and a notice of a public hearing was sent to regional newspapers. Attendance at meetings ranged from one attendant (Perryton) to 22 attendants (Childress). See Table 3.4: Panhandle Public Meeting Schedule.

Table 3.4: Panhandle Public Meeting Schedule

Date	City	Name of Meeting Facility	Address of Facility
Thursday, June 1			
12:00 noon	Amarillo	Room 306, City Hall	509 SE Seventh St
Tuesday, June 20			
5:00 PM	Dalhart	Dalhart Senior Citizens Building	610 Denrock
7:30 PM	Dumas	Moore County Community Building	16th and Maddox
Wednesday, June 21			
5:00 PM	Hereford	Hereford Community Center	100 Avenue C
7:30 PM	Tulia	Swisher County Memorial Building	126 S.W. Second St.
Thursday, June 22			
7:00 PM	Childress	Childress Auditorium - Reunion Rm	1000 N. Commerce
Monday, June 26			
12:00 PM	Pampa	Chamber of Commerce	200 N. Ballard
5:00 PM	Miami	Roberts County Community Center	103 Main St.
7:30 PM	Perryton	Frank Phillips College, Allen Campus Conference Center	2314 S. Jefferson
Tuesday, June 27			
7:00 PM	Amarillo	Panhandle Regional Planning Commission - Board Room	415 W. 8th Avenue

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The format of the meeting included a short presentation explaining transit coordination followed by a facilitated discussion regarding transit needs and barriers. Materials accompanying the meeting included hand-outs of the presentation and three posters providing study information to-date – a county-by-county assessment of transit-related demographic information, a general overview of the levels of transit coordination, and initial findings from Panhandle Transit Survey. See Appendix H: Public Meeting Summary.

Workshops

After the findings from the outreach and surveys were reached, workshops were organized to focus on specific strategies and constituencies. See Table 3.5: Panhandle Workshop Schedule.

Table 3.5: Panhandle Workshop Schedule

Topic	Location	Date
Elderly & Disabled Transportation	Amarillo, Texas	August 31
Job Access Strategies	Childress, Texas	September 7
Amarillo City Transit – Flex Routing	Amarillo, Texas	October 18
Travel Training – PILC	Amarillo, Texas	October 18
Job Access Strategies – Bus Pool	Childress, Texas	October 18
Independent Transportation Network	Amarillo, Texas	October 11 (Item discussed at the SAC meeting)
Job Access Strategies	Hereford, Texas	Numerous meetings organized by Panhandle Transit with stakeholders from September to October

The work plan and public input process worked satisfactorily; however improvements could be made to future efforts, including the following two:

- Identifying RTAG committee members to serve as liaisons between the planning team members and specific constituencies. In this process, the outreach that was conducted by RTAG members to their respective communities was, at times, limited. One reason for this was the lack of direction by the consultant team to committee members about how they could increase the effectiveness of their time and input.

Chapter 3: Coordinated Service Planning Process

- Earlier attention to specific solutions for the region. Because this was an initial attempt to create a cohesive coordinated plan for the whole region, about one-third of the time was spent learning about providers and educating them about coordinated transportation. This emphasis created a time-crunch when it came to getting down to the details of the specific action plans/pilot projects. For future iterations, forming working groups early on in the process to address specific strategies and constituencies earlier may create a greater level of involvement and generate more and better crafted plans.

Chapter 4: Transit Gaps and Overlaps

All chapters prior to this were providing the context in which the regional coordinated plan was formed. This chapter now begins to address the findings and recommendations from that research. It begins with a review of the RTAG-adopted goals and objectives.

Legislative Background

The legislative foundation upon which the RTAG’s coordinated plan is laid can be found in House Bill 3588, Article 13: Statewide Coordination of Public Transportation, Section 461.003:

Public transportation services are provided in this state by many different entities, both public and private. The multiplicity of public transportation providers and services, coupled with a lack of coordination between state oversight agencies, has generated inefficiencies, overlaps in service, and confusion for consumers. It is the intent of this chapter:

1. To eliminate waste in the provision of public transportation services;
2. To generate efficiencies that will permit increased levels of service; and
3. To further the state's efforts to reduce air pollution.

This is further defined in Public Transportation Code, Section 461.004(a):

The plan shall consider and address separately:

1. Overlaps and gaps in the provision of public transportation services;
2. Underused equipment owned by public transportation providers; and
3. Inefficiencies in the provision of public transportation services.

Chapter 4: Transit Gaps and Overlaps

Goals and Objectives

The goals and objectives adopted by the RTAG are aligned with the legislative intent and are outlined in the following table.

Table 4.1: Panhandle Goals and Objectives for Coordinated Transit

Goals	Objective
1. Improve delivery of service	Improve financial capacity of ACT and PT to meet current and future demand and fill critical gaps in service.
2. Generate efficiencies in operations	Increase utilization of existing services. Reduce or eliminate duplicative services.
3. Enhance customer satisfaction	Develop new mobility options to fill critical gaps that cannot be met by existing providers.
4. Encourage cooperation and coordination	Reduce and remove barriers to coordination in order to improve future planning efforts.

Transit Gaps: Unmet Demand

A transit gap is an area, time, or market that is not being satisfactorily served by existing transportation services. This unmet demand will later be the focus of coordinated strategies.

Unmet demand was examined on two levels: program-related and general.¹ In order to understand unmet demand from a program perspective, Panhandle Transportation Coordination Survey asked: Approximately how many trips were unmet each month? Of the 21 agencies responding, over half represent less than 10 trips per month as unmet. Agencies that indicated higher rates of unmet demand include:

- The Health and Human Services Commission: estimate of 300 missed trips;
- Amarillo Area YMCA: estimate of 150 missed trips;
- Amarillo Senior Citizen Association: estimate of 75 missed trips; and

¹ A distinction is made here between program-related demand – demand that would not occur but for the existence of specific social service programs and general demand – demand for all other general trips.

Chapter 4: Transit Gaps and Overlaps

- Panhandle Worksource: estimate of 30 missed trips.

Using these only the estimates given by all survey respondents, there is an unmet program demand of approximately 6,700 trips in the Panhandle (Note: Given that the survey did not reflect all agencies, it is believed that this figure may be significantly under-estimated.)

Rural Demand

Demand for services in the rural areas was estimated using a methodology developed by the Transit Cooperative Research Program. The methodology is intended to assist organizations that need to assess ridership under alternative service plan, including the effects of coordination. It is only to be applied to rural areas which are defined as places outside of a MSA (i.e. not a suburb of a major city) and have a population density of less than 1,000 people per square mile (most counties in the Panhandle have less than 20 people per square mile). The methodology relates the number of trips expected given the demographic composition of the service area and the amount of transportation service available. It measures both program-related trips – trips that would not be made but for the existence of a specific social service program – and non-program related demand that includes all other trips.

The methodology presents two alternatives to estimation. The first alternative requires the collection and compilation of agency-level data on a county-by-county basis. The second alternative relies on census data as a proxy for agency-level data. Demand is then derived from the data using an equation that is based on an extensive dataset taken from rural areas across the country. The equation used to estimate the demand is:

$$D = R_e E (1/ 1+k_e e^{-U_e}) + R_m E (1/ 1+k_m e^{-U_m}) + R_p E (1/ 1+k_p e^{-U_p})$$

Where:

D = annual demand for one-way trips for non-program related transportation

R_e = 1,200

R_m = 1,200

R_p = 1,200

E = number of persons age sixty or over

Definitions, continued

Chapter 4: Transit Gaps and Overlaps

- M = number of mobility limited persons age sixteen to sixty-four
- P = number of persons, age sixty-four or less, in families with incomes below the poverty level
- $k_e = e^{6.38}$
- $k_m = e^{6.41}$
- $k_p = e^{6.63}$
- $U_e = 0.000510 * (\text{Annual Vehicle Miles Available to Elderly Market} / \text{Area of County})$
- $U_m = 0.000400 * (\text{Annual Vehicle Miles Available to Mobility Limited} / \text{Area of County})$
- $U_l = 0.000490 * (\text{Annual Vehicle Miles Available to Low Income} / \text{Area of County})^2$

In applying this equation to the Panhandle region, “M” was defined as individuals who indicated a “go outside” disability in the U.S. Census. This disability is defined as one that prevents a person from attending to daily activities outside the home by him/her. Annual Vehicle Miles was defined as the miles of service that Panhandle Transit provided to each county during the FY04 – FY05 operating year and is the same figure for the elderly, mobility limited and low-income markets.

Using this methodology, it is estimated that there is demand for approximately 607,000 trips annually in the rural counties (excluding Potter and Randall counties). During FY04 – FY05, Panhandle Transit provided 130,074 trips. This represents service to about 21 percent of the potential market for transit. In other words, there are about 477,000 trips annually for which there is potential demand. See Appendix I: Demand Estimate for Panhandle Region.

Urban Demand

Unlike rural systems, urban systems report their activities to the National Transit Database Project. This FTA research agency collects and reports on transit systems across the U.S. and can be used by operators and researchers to estimate the effectiveness and efficiency of peer systems. So unlike the equation-based methodology that was used to measure the latent in the Panhandle’s rural counties, the estimate for demand for services in Amarillo is based on a peer comparison. Amarillo City Transit’s performance was compared against six peers systems – Abilene (City Link), Hill Country Transit (The HOP), Port Arthur (PAT), and Waco (WTS), San Angelo

² TCRP Report 3: Workbook for Estimating Demand for Rural Passenger Transportation. SG Associates Inc., Leigh, Scott & Cleary Inc., and C.M. Research, Inc. National Academy Press. Washington D.C. 1995.

Chapter 4: Transit Gaps and Overlaps

(SASRC), and Golden Crescent Transit (Victoria, Texas). These peers were chosen because they had similar operating environments to Amarillo. Total population and population density are similar. All peers receive Section 5307 Small Urban funding which is restricted to systems that serve populations under 200,000. Population densities range from 1,206 people/square mile to 2,696 people/square mile (compared to Amarillo’s population of 2,423 people per square mile). Despite similar densities, the number of trips delivered per capita varies widely. Two significant peer differences include ownership/management structure and market. Abilene and Waco are operated by MacDonald Transit Associates, a private transit management company. Both Abilene and Waco host university campuses that can generate high levels of ridership.³

Table 4.2: Trips per Capita Peer Comparison

City	Square Miles	Population	Pop/Sq Miles	Trips	Trips/Pop
Amarillo	74	179,312	2423	373,847	2.08
Abilene	48	107,041	2230	580,389	5.42
Hill Country Transit	64	167,976	2625	377,741	2.25
Port Arthur	46	114,656	2493	146,145	1.27
Waco Transit	70	153,198	2189	634,089	3.43
San Angelo	46	87,969	1912	176,400	2.01
Victoria	51	61,529	1206	118,877	1.93
Average					2.62

In 2004, Amarillo City Transit delivered 2.08 trips per capita. This was slightly less than the average for the peer group, 2.73 trips. If the average is applied to Amarillo’s population, the estimated demand for transit services is 471,078 trips. In other words, the estimated unmet demand for transit is approximately 97,000 trips.

Conclusions

This exercise in measuring demand is important because it supports one of the objectives listed above: Improve strength and capacity of Amarillo City Transit and Panhandle Transit to meet current and future demand.

³ In follow-up discussions with Abilene Transit, the effect on ridership from its secondary-education campuses was reported to be minimal as these were primarily commuter campuses. Seventeen percent of Waco Transit’s ridership is generated from Baylor University. Adjusting for this factor, they deliver 3.43 trips per capita instead of 4.14 trips as reported in the National Transit Database.

Chapter 4: Transit Gaps and Overlaps

Currently, local offices of Panhandle Transit feel that they are meeting the demands of their service area. However, it may be that there is considerable latent demand that Panhandle Transit is unaware of. This could be due to potential riders being unaware that there is a transit service available to them, that they no longer contact Panhandle Transit because PT cannot meet their transit needs, or that they are receiving service from some other provider.

Conversely, Amarillo City Transit is aware of the need for more service within the City of Amarillo. In this context, the definition of “more” includes: extended service area, extended hours, and short headways. However, ACT is limited in its ability to meet these needs due to funding constraints. As discussed in Chapter 5: Strategies to Address Gaps and Needs, ACT is facing a significant decrease in funding, thus limiting its ability to fill unmet demand. Part of this plan will assist ACT as it investigates strategies to meet this challenge.

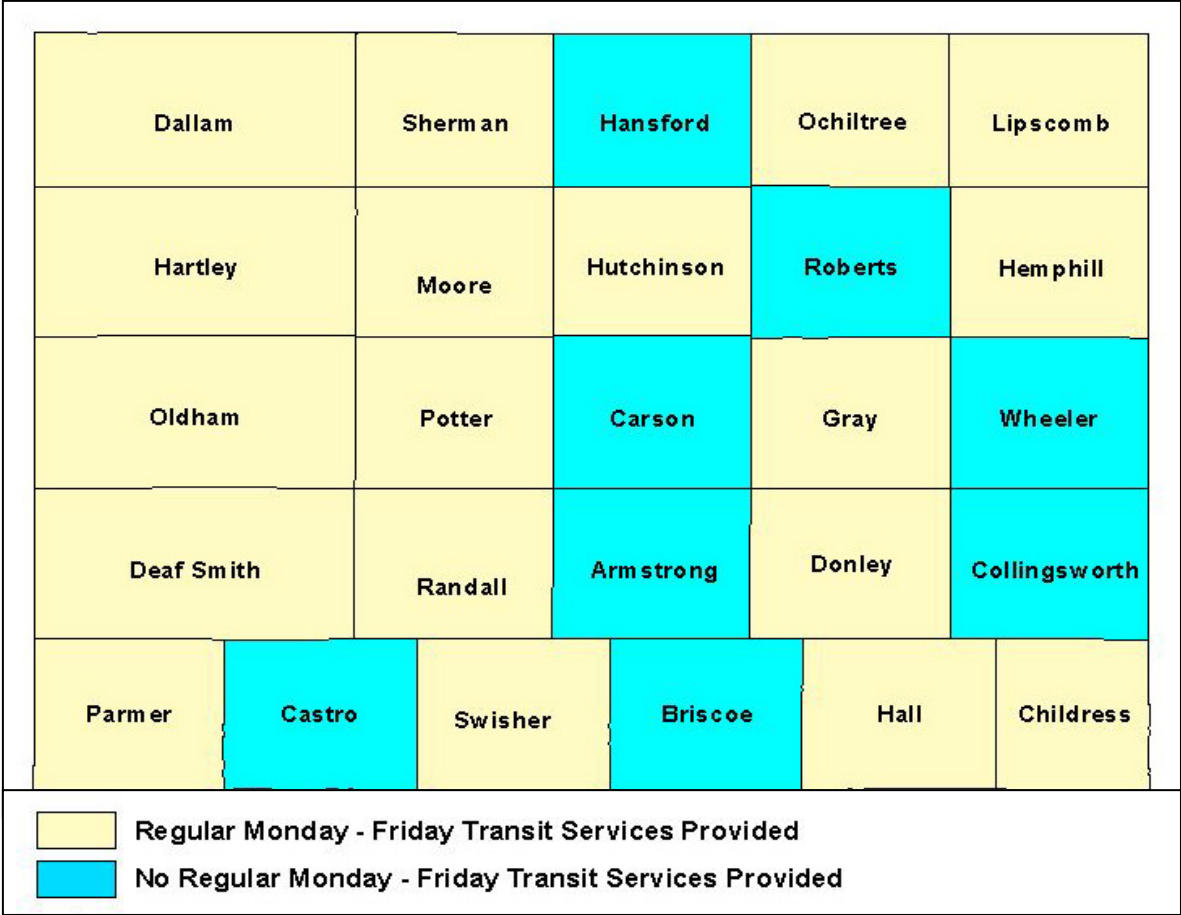
Transit Gaps: Areas with No Service

There are no rural areas throughout the 26-counties without access to some transit services through Panhandle Transit. It provides in-county service Monday to Friday, from 8:00 am to 5:00 pm in the following 17 counties: Childress, Dallam, Deaf Smith, Donley, Gray, Hall, Hartley, Hemphill, Hutchinson, Lipscomb, Moore, Ochiltree, Oldham, Parmer, Potter, Randall, and Swisher counties.

Counties that do not have regular Monday – Friday service include: Armstrong, Brisco, Carson, Castro, Collingsworth, Hansford, Roberts, and Wheeler. However service from these counties to Amarillo or adjacent counties is available either Monday, Wednesday, Friday or Tuesday, Thursday. See Figure 4.1: Panhandle Transit Days of Service by County.

Chapter 4: Transit Gaps and Overlaps

Figure 4.1: Panhandle Transit Days of Service by County

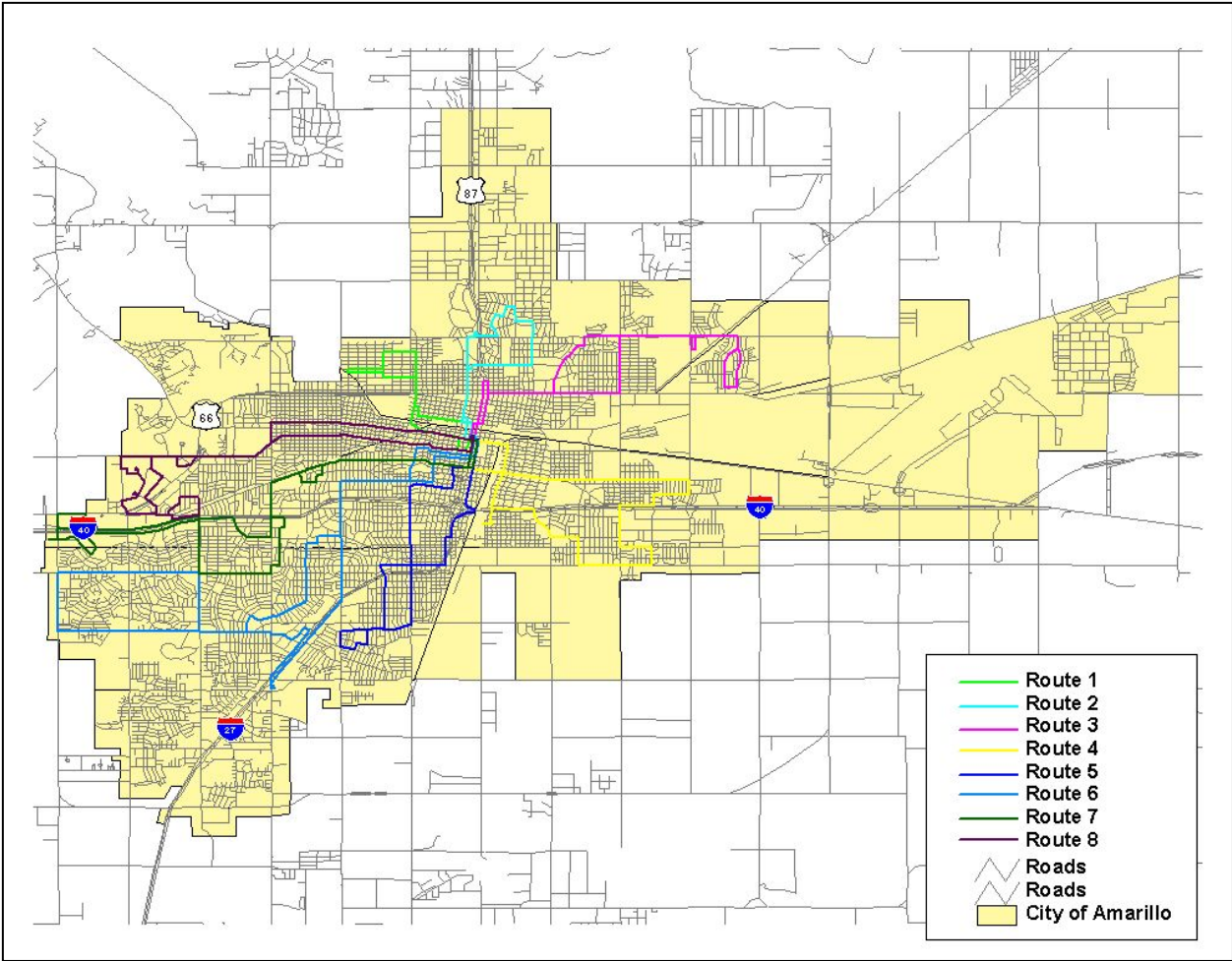


In Amarillo, there is a gap in service for those areas that lie within the city limits (and thus, cannot be served by Panhandle Transit), yet outside of Amarillo City Transit’s service area.

Some destinations that are outside the service area yet of interest to riders are the Amarillo International Airport and the East Campus of the Amarillo City College. See Figure 4.2: Amarillo City Transit Routes and Amarillo City Limits.

Chapter 4: Transit Gaps and Overlaps

Figure 4.2: Amarillo City Transit Routes and Amarillo City Limits



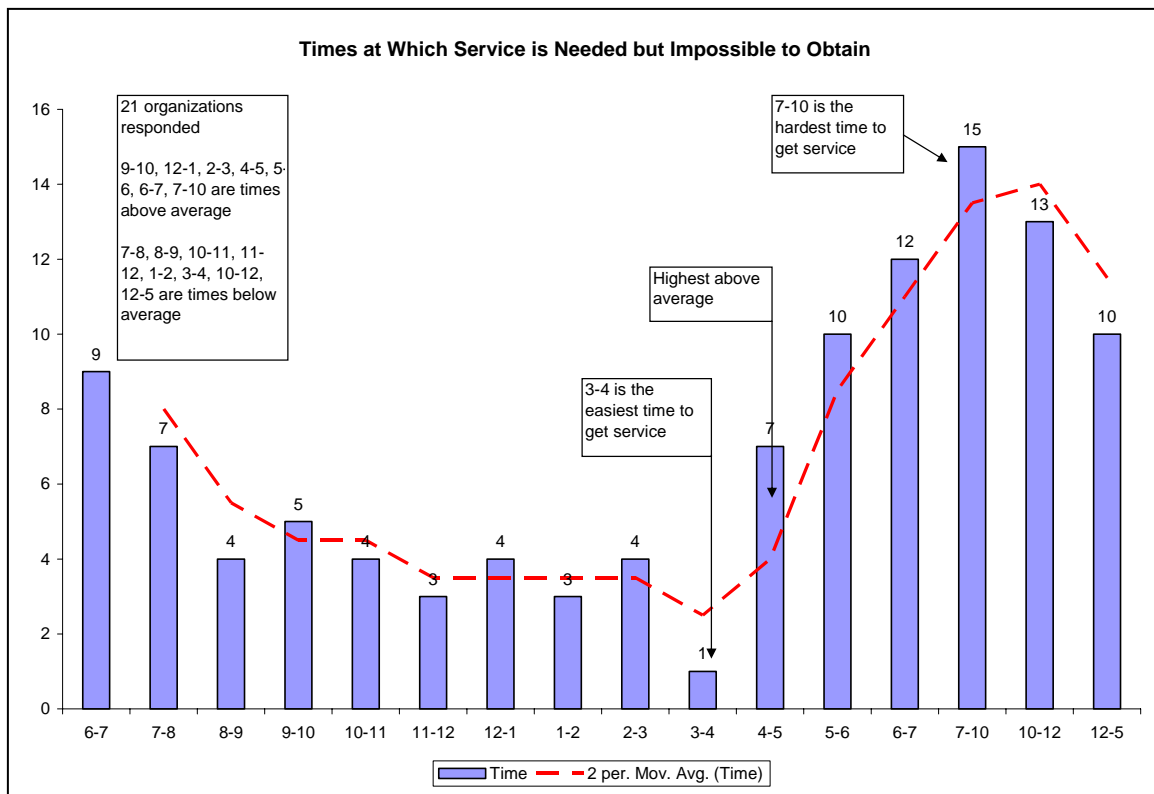
Transit Gaps: Times with No Service

In the rural areas, transit service is not available outside of Panhandle Transit’s regular operating hours: Monday to Friday from 8:00 am to 5:00 pm. Likewise, there is no transit service in Amarillo outside of Amarillo City Transit’s regular hours of Monday through Saturday, from 6:30 am to 6:30 pm. At present, there is no estimation of the unmet demand for service outside these hours. However, the Panhandle Coordination Survey indicates that there is a need for

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transit beyond these hours, specifically to address workforce issues. See Figure 4.3: Times at Which Service is Needed but Impossible to Obtain.

Figure 4.3: Times at Which Service is Needed but Impossible to Obtain



More than half (54%) of the respondents to the Panhandle Transportation Coordination Survey indicated that there is a need for transportation after 5:00 pm. In particular, there is a need for transit services for people who are reliant on public transportation and have work hours that extend in the evening, after public transit is no longer available. This need has been reinforced during one-on-one meetings with the Panhandle Mental Health and Mental Retardation office and Texas Work Source offices and in public meetings.

Transit Gaps – Under-served Markets

In addition to the need to extend transit into underserved areas and beyond the existing schedule, there are specific gaps that are related to markets that are heavy transit users: the elderly, people with disabilities, and people with low-incomes. The following gaps in service may address only one, but in many cases, all these markets.

Limited ability to fill short-term trip needs: Agencies that serve disabled and senior citizens cited difficulty in addressing trip needs with less than a 24-hour advance notice concern. One result of this is unmet demand is trips being pushed to the emergency service at a much higher cost.

Limited ability to fill trip needs that require a higher level of service: Agencies that serve disabled or senior citizens may be reluctant to rely on existing transit services because the level of assistance that may be offered is inadequate for their client’s needs or the perception that that the level of service is inadequate.

Limited ability to serve job training and employment trips: Job opportunities for shift-work employment are located off the fixed route in Amarillo. For example, employment centers with shift-work and a large number of workers, such as meat packing plants, dairies, and ethanol plants, are located on the outskirts of town. Other employment-related transit gaps include a need for transit services after 6:30 pm; difficulty in accessing child care when the parent was transit-dependent; and transportation to Amarillo City College East Campus for job training.

Limited capacity to provide wheel-chair accessible transportation to the Amarillo International Airport: There is no wheel-chair accessible taxi in Amarillo.

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Limited ability to serve trips for youth programs in Amarillo: The YMCA, Maverick’s Boys and Girls Club, and Region 16 Head Start/Early Head Start Program each cited a need for more transit support for special programs.

Transit Overlap

Vehicles

Little to no transit vehicle overlap was identified outside of Amarillo. In the rural regions, there is no public transportation provider besides Panhandle Transit, including taxis. Excluding Potter County, Panhandle Transit operates 40 vehicles to serve the remaining 25 counties and only 19 additional vehicles were identified through the Panhandle Transportation Inventory as being operated by other agencies.

There is a higher concentration of resources within the City of Amarillo. This is expected as the city is the headquarters for many agencies and has the highest population. Fifteen of the organizations which responded to the survey or a phone call provided some level of social services transportation. Table 4.3 below outlines the number of vehicles by organization for Amarillo.

Table 4.3: Demand Response-type Vehicles in Amarillo

Organization	Number of Vehicles based in Amarillo
Amarillo City Transit (ACT)	23
Panhandle Transit (PT)	19 (Note: Estimate of vehicles making scheduled MWF trips; trips T,Th as needed for Medicaid.)
Jan Werner Transportation	29
ASC Industries	15
Lafleur Transportation (Medicaid Subcontractor)	7 (five active/wheelchair , with two spare)
TaxiPro (Medicaid Subcontractor)	7 (five active/wheelchair , with two spare)
Baptist Community / Park Central	7
Maverick Boys and Girls Club	4
Panhandle Independent Living	2
Wesley Senior Program	2 /
Opportunity School	1
Palo Duro Nursing, Seville Estates, Kirklands Court, Martha’s Home	1 each

Other

Other sources of duplicated transportation resources include maintenance facilities, driver training, and reservation/scheduling/dispatch software. Where duplication exists, there may exist a potential to share resources; however in order to do so will require additional resources in-and-of themselves in order to upgrade, expand, and/or hire additional personnel.

- **Maintenance:** Several agencies manages maintenance or fueling centers to service their vehicles. However, each system lacks the capacity to expand maintenance operations to include other agency's vehicles. For example, Amarillo City Transit is constrained by the lack of space and the number of qualified mechanics that can hired given ACT's payscale.⁴ The Texas Panhandle MHMR operates a maintenance center that is sufficient to handle their vehicle load as does Jan Werner Transportation.
- **Software:** Amarillo City Transit uses Trapeze and Jan Werner Transportation and Panhandle Transit use Shaw software. Migration to a common software platform may facilitate future ride-sharing. Of the two packages, the Trapeze software is more powerful. However, at this time, Amarillo City Transit's license is at its maximum and any establishment of a common platform would require additional resources.⁵
- **Driver Training:** Each program maintains its own driver training program that is tailored to their specific market. For example, Jan Werner Transportation drivers also serve as personal care attendants and their training reflects a higher level of service from that of Amarillo City Transit or Panhandle Transit.
- **Travel Training:** Texas Panhandle MHMR, Goodwill, and the Panhandle Independent Living Center are just a few of the agencies that provide travel training to their clients.

⁴ The ACT starts their mechanics at \$9.50 per hour or \$19,760 annually. The estimated starting salary for auto mechanics is \$16.90 or about \$33,700.

⁵ Annual license fee for Trapeze is \$32,000.

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The Safe, Accountable, Flexible, and Efficient Transportation Equity Act – a Legacy for Users (SAFETEA-LU) re-authorized federal transportation funding programs through 2009. Two programs from that legislation are Job Access and Reverse Commute (JARC) and New Freedom (NF). Table 5.1 outlines the program allocations for Texas by recipient type for FY06.¹ Allocations for FY07 are not yet available but it is anticipated that they will be largely equivalent to FY06 allocations.

Table 5.1: FY06 JARC and NF Allocation by Recipient Type²

Federal Funding Program & Eligible Recipient Type	Estimated Amount to be Allocated to Texas
FY06 JARC Small Urban	\$3,065,349
FY06 NF Small Urban	\$1,396,426
FY06 JARC Rural	\$2,180,328
FY06 NF Rural	\$1,070,248
Total	\$7,712,351

It is anticipated that there will be a call for JARC and NF projects in early 2007 and that the funding available will include by FY06 and FY07 allocations (approximately \$15.4 million). Funding for projects will be competitive across the state; projects proposed by small urban recipients will be evaluated against their peers as will rural recipient’s projects. One objective of the Panhandle Transportation Coordination Study is to select multiple, sustainable projects that reflect the transportation needs of the community; incorporate a coordinated approach to better utilize the region’s resources; and can be reasonably implemented. A brief description of projects that are eligible under each funding category follows.

Job Access and Reverse Commute (JARC): The purpose of the JARC program is to provide funding for local programs that offer job access and reverse commute transportation services to low-income individuals. Eligible projects include, but are not limited to:

- Demand-response van service;

¹ Amounts are apportioned to State Governors for small urban areas with populations between 50,000 and 199,999 and for rural areas with populations less than 50,000.

² Amounts reported in Federal Register, Friday, February 3, 2006

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- Ridesharing and carpooling activities;
- Expanding fixed-route transit service areas;
- Late-night and weekend service
- Guaranteed ride home service;
- Shuttle service; and
- Bicycling.

Marketing and promotional activities to encourage use of transit by workers with non-traditional schedules and use of transit voucher program by appropriate agencies for welfare recipients and other low-income individuals are also eligible activities.

New Freedom (NF): The purpose of the NF is to encourage services and facility improvements to address the transportation needs of individuals with disabilities that are either new and/or go beyond those that are required by the ADA of 1990. Eligible projects may include, but are not limited to:

- Purchasing vehicles and supporting accessible taxi, ride sharing, and vanpooling programs; including staff training, administration, and maintenance;
- Administering voucher and transit pass programs for transportation services offered by transit and human services providers;
- Administering volunteer driver and aide programs to support the management of driver recruitment, safety, background checks, scheduling, coordination with riders and other related support functions;
- Training for individual users on awareness, knowledge, and skills of public and alternative transportation options available in their communities. This includes travel training services; and
- Coordinate transportation service access beyond those served by one agency or organization within a community. For example, a non-profit agency receiving funding through NF could not limit the services it provides to its own clientele. These services are intended to build cooperation with other existing providers.

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The following are considered eligible mobility management activities:

- The development of coordinated plans;
- Support of state and local coordination policy bodies and councils;
- The maintenance and operation of transportation brokerages to coordinate providers, funding agencies, and riders;
- The development and maintenance of other transportation coordination bodies and their activities, including employer-oriented Transportation Management Organizations and neighborhood travel coordination activities;
- The development and support of one-stop transportation call centers to coordinate transportation information on all travel modes and to manage eligibility requirements and arrangements for customers among supporting programs; and
- The acquisition and operation of intelligent transportation technologies to help plan and operate coordinated systems including GIS mapping, coordinated vehicle scheduling, dispatching, and monitoring technologies, as well as technologies to track costs and billing in a coordinated system.

This section outlines potential strategies that may be suitable to address transit gaps and overlaps that have been identified during the regional assessment. The strategies are examples of possible courses of action within the Panhandle region. They may be considered by the RTAG or other stakeholders now or in the future. Alternatively, they may never be seriously considered due to overwhelming barriers or constraints. At this stage, specific implementation details are not developed – their potential cost, benefits, key participants are not defined – as these are examples of courses of action. Potential strategies that generate initial interest on the behalf of RTAG members or interested agencies will become candidates for further development. This approach is adopted because the resources to develop details for all potential strategies are not available.

The first section of this chapter describes general approaches to coordination that have yielded high cost savings or service improvements. The second section reviews more specific strategies that may be adopted in the Panhandle region.

Coordination Strategies – General Approaches³

High-impact strategies can be classified under four general categories: business expansion, cost reduction, synthesis/synergy and productivity enhancement. The approaches below have been demonstrated to deliver significant economic and service improvement benefits for both public transit operators and health and human service organizations.

Business Expansion

Moving Medicaid trips to Fixed Route: Transit providers can contract to provide Medicaid trips on fixed route and other human service agency trips. By moving only a small percentage of Medicaid trips from demand response to fixed route, considerable cost savings are realized and increased revenues for the transit provider are earned at no additional operating costs. A partnership between the prime Medicaid contractor and public transit agency to provide travel-training targeted specifically at Medicaid clients with the goal to move these riders from demand response to fixed route service is one strategy to increase the use of fixed route by Medicaid recipients. Other business expansion opportunities for public transit providers include coordinating with welfare-to-work programs and/or local school districts to transport students for regular classes and special events.

Cost reduction

Moving demand response trips to other health and human service agencies: In some cases, health and human service agencies can provide demand response trips more economically than can the transit agency. Typically, as a nonprofit organization, these agencies have cost structures that are less-expensive than those of the transit agency. Furthermore, volunteer drivers and staff drivers who also have other duties can substantially lower the cost of providing this ADA-mandated transportation. Within the Panhandle region, the cost of demand-response type service differs among agencies accordingly: \$5.67 per trip for Jan Werner Transportation (non-profit adult-day care center); \$11.37 per trip for Panhandle Transit (non-profit public transportation

³ Transportation Cooperative Research Program, TCRP Report 101: Toolkit for Rural Community Coordinated Transportation Services. Washington, D.C., 2004, pages 95 – 103.

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provider for rural Panhandle region); and \$27.54 for ACT (public transportation provider for City of Amarillo).

Productivity Enhancement

Instituting community-wide coordinated dispatching: “Often entitled “ridesharing,” this technique ensures the most cost-effective application of driver and vehicle resources. Correctly applied, it can eliminate the typical pre-coordination situation of overlapping and inefficient routes and schedules. In particular, the benefits of providing trips for ADA para-transit clients at the same time and on the same vehicles as other travelers create much lower costs per trips.”⁴

Synergy/Synthesis

Coordinating or consolidating separate transportation service to create a general transportation system: Health and human service organizations and transit agencies can band together to form one transportation system. This strategy can result in cost reductions, service enhancement, and greater range of mobility solutions through the consolidation of operations and resources.

Coordination Strategies – Panhandle Examples

Potential strategies are presented in relation to RTAG-adopted goals and objectives. For ease of reference, the goals and objectives outlined in Chapter 4 are repeated below in Table 5.2: Panhandle Goals and Objectives for Coordinated Transit.

Table 5.2: Panhandle Goals and Objectives for Coordinated Transit

Goals	Objective
1. Improve delivery of service	Improve capacity of ACT and PT to meet current and future demand and fill critical gaps in service.
2. Generate efficiencies in operations	Increase utilization of existing services. Reduce or eliminate duplicative services.
3. Enhance customer satisfaction	Develop new mobility options to fill critical gaps that cannot be met by existing providers.
4. Encourage cooperation and coordination	Reduce and remove barriers to coordination in order to improve future planning efforts.

⁴ Transportation Cooperative Research Program, TCRP Report 101: Toolkit for Rural Community Coordinated Transportation Services. Washington, D.C., 2004, pages 97-98.

Goal 1: Improve delivery of service

Objective: Improve ACT's capacity to meet current and future demands.

Background: Coordination supposes that there is a fundamentally sound system that can serve as the core or backbone for the coordinated efforts. Within Amarillo, this is not the case. ACT is facing an increasingly difficult financial picture and will soon be in a position where it will be forced to adapt current level of services to decreases in funding.

Starting in 2004, ACT will lose \$189,000 in state support over the next 5 years – funding will drop from \$672,000 to \$483,000. Furthermore, ACT will potentially lose about \$1.34 million in federal funding support for operations if Amarillo's population exceeds 200,000; this is an event expected by the 2010 census. These decreases are exacerbated by fuel cost increases. The financial and operational health of ACT is important because, without a healthy core, other initiatives like coordination plans are disadvantaged.

Ideas for Achieving Objective

- *Contracting with human service agencies to provide service at a rate that more closely reflects ACT's cost:* The current cost to provide a one-way trip on Spec-Trans is \$31 but ACT only charges \$1.50. ACT is allowed by law to establish contracts for service with state agencies. ACT can charge a rate between the public fare of \$1.50 but no more than its cost, \$31. Currently, agency trips constitute approximately 40 percent of all Spec-Trans rides and ACT subsidizes \$69,000 annually for these trips. By contracting with human service agencies, ACT could re-capture a percentage of this subsidization. However, contracting for a higher price is difficult because ACT does not have the legal authority to require agencies to contract at a higher rate. Therefore, it has no leverage to enforce this change.
- *Adjusting fares for fixed route and Spec-Trans service to reflect rising operating costs:* By increasing fares, Spec-Trans could increase in revenues, albeit this would provide

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only minimal relief. Fare revenues represent about 6 percent of ACT's funding. In FY04, this amount was \$175,046. Assuming fixed route increase from 75 cents to \$1.00 and Spec Trans from \$1.50 to \$2.00, the expected increase in revenue is about \$10,000 for fixed route and about \$20,000 for Spec Trans. This is assuming that all riders continue to use the service. This would compensate for less than 16 percent of the state funding reductions.

- *Changing from a fixed route/demand response system to a flex route system:* Currently ACT provides demand response throughout its service area. However, it is legally obligated to provide demand response only along a $\frac{3}{4}$ corridor adjacent to its fixed route. ACT may be able to decrease its operating costs by moving to a flex route system – a system in which a vehicle operates along a regular route and according to a schedule but it can flex off that route slightly. The vehicle will flex if a Spec-Trans eligible rider makes a reservation to be picked up or dropped off within $\frac{3}{4}$ of an existing route. If the person lives outside of the $\frac{3}{4}$ corridor, no service would be available.

Flex routing may difficult to operate and sufficient cost savings may be difficult to achieve. First, an analysis by ACT indicates that over 90 percent of its Spec-Trans riders reside within the $\frac{3}{4}$ corridor. If so, moving to flex route may not relieve Spec-Trans of much of its demand response load. Second, well-functioning fixed routes would be eliminated and ridership could suffer from this. Fixed routes appeal to riders because of their dependability and flex routing can decrease this dependability.

- *Charging a premium for Spec-Trans service outside of the $\frac{3}{4}$ mile corridor:* As mentioned above, ACT is legally obligated to provide demand response service only within a $\frac{3}{4}$ mile corridor. Service outside this corridor could be considered a premium service and ACT could charge more.
- *Investing in more rigorous demand-management techniques to control the growth in the Spec-Trans service:* For over a year, ACT has been in the process of re-certifying its

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Spec-Trans riders. However, ACT does not require a physical test for certification. A cost-benefit analysis would be needed to understand if the increased costs for re-certification using a physical test would be offset by a decrease in the number of Spec-Trans eligible riders and trips.

- *Analyzing the financial and operational implications of contracting for service from third-party providers:* Contracting for service with a private company may allow ACT to lower its costs for ADA para-transit trips and claim capital cost of contracting. Capital cost of contracting (CCC) applies to grant funds made available under Section 5307 and 5311, and 5310. By separating the capital and operating components of transit service contracts with private providers and allowing reimbursement of the capital portion at the capital rate, CCC permits a grantee to apply additional federal resources to these activities than previously permitted.

Objective: Improve the financial capacity of Panhandle Transit.

Background: According to Panhandle Transit’s quarterly reports, funding consists of state and federal grants, fare box revenue, and Medicaid contract or sub-contract revenue. In the future, Panhandle Transit may seek to diversify their sources of revenue.

Ideas for Achieving Objective:

- *Exploring grant funding and partnerships opportunities:* Through partnerships with complementary human service agencies and nonprofit organizations, Panhandle Transit may access grant funds to expand service to under- and un-served populations. As discussed in Chapter 4, there is a potential for a sizeable unmet demand of over 600,000 trips annually throughout the Panhandle’s rural counties (excluding Potter and Randall counties). In order to meet this demand, Panhandle Transit must tap into new funding resources. Similarly, Panhandle Transit may seek support from for-profit businesses.
- *Providing charter service in markets where there is no private charter service offered:* In the past, a few of the Panhandle Transit office provided charter service for special

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occasions. This process could be resumed to supplement Panhandle Transit's revenue stream.

Goal 2: Generate Efficiencies in Operations

Objective: Increase utilization of existing Panhandle Transit service.

Background: The Panhandle Transportation Coordination survey asked, "What are the greatest challenges to providing transportation to your clients?" After "lack of adequate funding" and "rural area," respondents cited "People are unaware of the transportation services that are available to them." The lack of awareness also came up in public meetings, especially in the rural counties. In fact, Panhandle Transit may be one of the best kept secrets out in the counties (however there is some concern that if their profile is raised, there will be a flood of demand that cannot be met). However, there remains unused capacity on Panhandle Transit vehicles that, if filled, would improve Panhandle Transit's revenue and generate operational efficiencies.

Ideas for Achieving Objective

- *Developing a Panhandle Transit website and promote its use among client agencies and potential clients:* Panhandle Transit owns the rights to use the domain name panhandletransit.com but currently there is no web page developed. A web page with, at a minimum, schedule, route, and fare information should be developed. A link should be provided from the Panhandle Transit's website to ACT's website.
- *Creating promotional materials tailored to specific client groups, including schedules and ride guides:* For example, promotional materials geared toward seniors may use a larger font size and include examples of people and activities that are likely to be of interest to seniors. Promotional materials may help in overcoming the impression of some that Panhandle Transit is "not a service for them," or "only for people who are sick or on welfare."
- *Providing schedules and ride guides to human service agencies and county judge's offices:* In the elected official survey conducted by the consultant team, some county

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judges were much more aware of the transit available to the citizen's of their county than others.

- *Increasing Utilization of Panhandle Transit Vehicles within Amarillo:* About nine Panhandle Transit vehicles make regularly scheduled trips to Amarillo from the rural counties on Monday, Wednesday and Fridays. These trips are primarily for dialysis patients. After dropping off riders at the clinic, many of these vehicles are available to make additional trips within Amarillo. In addition, seven vehicles are stationed in the City of Canyon and make regular trips into Amarillo.

Panhandle Transit's excess capacity may relieve some of Spec-Trans' excess demand. Panhandle Transit was successful in its request to utilize Amarillo's apportionment of Section 5310 funding (about \$155,000). Panhandle Transit intends to use these funds to purchase a vehicle. In exchange, Panhandle Transit may supply some demand response trips within Amarillo. However, one issue is that Panhandle Transit cannot use its rural operating funds to make trips within the urbanized area – other funding sources will have to be accessed. Another issue is the time of vehicle availability; Panhandle Transit vehicles are most available from 9:30 am to 1:00 pm. Spec-Trans demand is highest from 7:30 am to 9:00 am and 11:00 am to 1:30 pm. Panhandle Transit would be most available to fill the need in the second time slot. However, they may not be available to make both legs of the trip. Panhandle Transit's limited availability does not respond to the need for a provider very early or later in the day, the times when trips are in greater demand.

Objective: Increase utilization of other service provider programs or private resources.

Background: Little to no transit vehicle overlap was identified outside of Amarillo. In the rural regions, there is no public transportation provider besides Panhandle Transit, including taxis. There is a higher concentration of overlapping resources within the City of Amarillo. This is expected as the city is the headquarters for many agencies and has the highest population. As a result, there is greater potential to improve resource utilization within the City of Amarillo.

Ideas for Achieving Objective

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- *Increasing utilization of existing traveling training program through Panhandle Independent Living Center:* The PILC already provides travel training to ACT but it does not have the resources to fill all travel training demands. Furthermore, travel training is also provided by Goodwill, the TPMHMR, as well as other organizations. By increasing the capacity of PILC to fulfill all the travel training demands of ACT, it will also be in a position to provide additional support to other organizations as well.
- *Establishing a rideshare program between partnering agencies to deliver demand response and/or agency trips:* For example, in 2005 Jan Werner Transportation provided approximately 65,000 trips for their adult-day care clients. They are able to achieve high efficiency because many of their trips are regular or daily trips to a common destination - the Jan Werner Adult Day Care Facility and they are concentrated in the morning and afternoon hours. During the mid-day, vehicles may be idle and typically are scheduled for maintenance. A rideshare program would expand the number of agencies and clients who could potentially use Jan Werner Transportation through the establishment of a shared reservation, scheduling, and dispatch system. (Note: Jan Werner Transportation is only presented as an example and the organization is not prepared to establish or participate in such a ride-sharing program. For example, if Jan Werner Transportation were to participate in a rideshare project, it may require that the vehicle maintenance schedule be re-assessed. Furthermore, because Jan Werner Transportation uses its Certified Nurse Assistants (CAN) in its pool of drivers and CNAs have duties beyond driving, an expansion of their service would require a reassessment of the role of CNAs.)
- *Researching benefits and costs of contracting with a private taxi or non-emergency medical transportation provider to deliver Spec-Trans trips:* Private providers may be able to provide ADA-Para transit trips at a lower cost than Spec-Trans. Subsidized taxi programs have been used effectively by some agencies to help seniors and other demand-response clients make trips at a reduced fare, with sponsoring agencies making up the difference between what the rider can pay and the cost of the trip. Agencies can set their own eligibility requirements and restrictions on the number or type of trips that can be subsidized. Issues that have been identified that may prevent the use of private providers as a part of the service delivery mix include accountability and quality of the service.

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- *Addressing regional coordination issues that make it difficult to share passengers between agencies and organizations:* One potential strategy is the migration toward and establishment of a similar reservation, scheduling and dispatch systems between the ACT, Panhandle Transit, and Jan Werner Transportation. By establishing a shared platform, coordination projects such as ride-sharing would become more feasible in the future.
- *Addressing inter-regional coordination issues that make it difficult to share passengers between regions:* A potential strategy is the sharing of schedule and fare information through the Panhandle Transit website with South Plains Management District and Rolling Plains Management District. The regions will need to establish the fare for inter-regional passengers, pick-up and drop-off points and coordination of exchange times.

Goal 3: To enhance customer service satisfaction

Objective: Develop new mobility options

Background: Mobility for seniors and people with disabilities is an issue of personal freedom as well as public safety. Far too many seniors may continue driving past a point when it is wise to do so. Unfortunately, many seniors are also reluctant to use public transit. Likewise, travel by people with disabilities is limited in the times by the ACT or Panhandle Transit hours of operation and regions that they cover. There is no evening service in the region, no service on Sunday, and some important destinations, such as the Amarillo International Airport, are not served. Panhandle Transit and ACT are limited to the degree to which they can respond to these needs as

Ideas for Achieving Objective:

- *Support the establishment of an Independent Transportation Network nonprofit that is being pursued through the Senior Ambassador's Coalition:* The Independent Transportation Network (ITN) is a model developed in Portland, Maine, that is being repeated throughout the U.S. The ITN a national non-profit transportation solution for

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older people who wish to limit or stop driving without losing their independence or compromising their community activity. More information about the ITN can be found at www.itnamerica.org.

- *Establish a more formalized ride-matching service (i.e. carpooling) to pair seniors in need of a ride with volunteers.* Currently ride-matching is happening de-facto around churches and organizations such as senior centers. This pilot project would formalize those efforts and promote ride-sharing as an alternative for more agencies, organizations and people through
- *Explore the feasibility of constructing a new multi-modal terminal for Amarillo that would serve intercity carriers and local bus service.* The downtown bus terminal is an aging facility in need of renovation. If an effort to establish a new multi-modal terminal were begun, potential partners would include the intercity carriers like Greyhound or Coach USA, ACT, and complementary nonprofit services. (Through FTA joint development provisions, complementary organizations and services can be incorporated into a multi-modal building plan. For example, day-care is one service that is increasingly incorporated into facilities. By co-locating services, transit users are not required to make as many bus trips to meet their needs. In the case of day-care for example, co-location would address some critical concerns of TANF and other low-wage workers who rely on transit and use day-care.

Objective: Fill critical gaps in service

Ideas for Achieving Objective:

- *Provide same-day medical trips and other essential trips for Spec-Trans eligible clients.* There is a taxi-voucher program already in place to provide trips to the emergency care. This program exists between the cab companies and the hospitals and it intended to provide trips to the emergency room or hospital that would otherwise be provided by an ambulance. This program would expand that service to provide medical and other essential trips.
- *Address the need for job access, especially to large worksites that are located outside of small urban/rural and urban areas.* A van- or bus-pool project may address the regional

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needs of rural employers who draw their labor pool from a large area. This program may be structured a van pool service to take advantage of Panhandle Transit vehicles that will be removed from their inventory (estimated 8 vehicles). These vehicles could then be leased and operated by the employees. Alternatively, it may be structured as a bus-pool service that would use active Panhandle Transit vehicles and drivers to provide a commuter-type service from the region into work sites.

- *Ensuring that there is a wheelchair accessible taxi for Amarillo.* According to their representative, Yellow Cab Company has access to wheelchair accessible vehicles but these vehicles are not yet in Amarillo.
- *Addressing the need for wheelchair accessible vehicles for trips to the airport.* Panhandle Transit, through their utilization of Amarillo's 5310 apportionment, would be able to provide trips to the airport on a limited basis during the mid-day. If Yellow Cab Company brings in a wheelchair-accessible vehicle, this would expand service to 24 hours.

Goal 4: To encourage cooperation and coordination

Objective: Remove and reduce barriers for future planning efforts

Ideas for Achieving Objective:

- *Establish a Transportation Coordination / Mobility Management function to serve as bridge between transit agencies and health and human services.* Responsibilities under this function could include: ongoing collection of existing coordinating data; quantification of local expenditures that are currently not captured and that could be used as leverage for funding; coordinating the dissemination of information to riders about appropriate transit options; coordinating information between agencies regarding potential to work together (organize shared training sessions, opportunities for joint grant development); establishing a standardized accounting approach to capturing transportation data.

Chapter 6: Barriers and Constraints to Coordination

This chapter applies the definitions of barrier and constraint that were presented during the TxDOT Coordination Best Practices Session on June 29 and 30, 2006. A barrier is a regulation, rule, statute, or ordinance that prevents agencies from coordinating transportation. A constraint is a restriction or limitation but it is not imposed by a regulation, rule, etc. The source of the constraint can include historical practice, misinformation, reaction to a perceived barrier, reluctance to change, institutional conflicts, and personality conflicts. Where possible, the source of the barrier has been noted or a local solution has been identified.

Fourteen issues were identified as barriers and 19 as constraints. These are listed in Table 6.1: Panhandle Region Barriers and Table 6.2: Panhandle Region Constraints. Following this listing, detail on each issue is provided. *(Note: Tables 6.1 and 6.2 do not represent the RTAG's ranking of issues. Rather, they reflect the consultant team's understanding of regional concerns. This understanding is based on the amount of discussion and interest generated by a topic and/or its potential to significantly hinder/improve coordination efforts.)*

Chapter 6: Barriers and Constraints to Coordination

Table 6.1: Panhandle Region Barriers

Issue
Amarillo City Transit cannot require a contract with HHS agencies for higher price
Medicaid trips take priority over all other sub-contractor trips
Rural areas cannot expend funds in urban areas
Trip chaining with Medicaid is not allowed
Medicaid subcontracts cannot enter into agreement with each other (inter-regional issue)
Dialysis trips to distant clinics are expensive and a poor use of resources
Veterans Administration will only serve the VA hospital
Title XIX funding restrictions prevents providing service to some centers with needs
Amarillo City Transit can only charge STS trips at twice the rate of fixed route trips
There is conflicting public policy over HHS use of public transportation. On one hand HHS are being encouraged to turn to public transportation. On the other hand, public transit agencies are not being compensated for increased demands. In fact, in Amarillo funding is being reduced.
Alternative fuel vehicles are expensive to maintain. Limits their attractiveness in a donation program.
Fixed routes is not a good solution for people in a workforce-in-training program
Medicaid will not allow children to ride with their parents
Vehicles tags are not being issued in a timely manner. Vehicles are not being utilized in a timely fashion and additional preventative maintenance costs are being incurred.

Table 6.2: Panhandle Region Constraints

Issue
Timing of coordination study with granting of new Medicaid contract
Fear of loss of control; loss of autonomy
No single agency has authority to execute coordinated plans
Partnership between HHS and TxDOT is not visible on local level
No financial support to fund future coordination planning efforts
Transportation costs for HHS not caught as line items in their accounting systems
Resources will not be equally shared
Reluctant to mix clients bases with different needs; cannot mix client bases with different needs
No long-term funds to support operations after demonstration period
Fear that city would abandon its support of transit if system consolidated
Different fares across regions makes it difficult to trade-off trips (inter-regional issue)
Negative impact to formula funding if trips are traded off (inter-regional issue)
Volunteer drivers will not want to submit to intrusive certification/background check process
Use of taxis is limited because of concerns over quality of service, reliability
In a vanpool, insurance or agreement restricts the use of vehicle for non-commute purposes
Mixing programs will require higher levels of driver certification/qualifications. Could affect ability to recruit and pay drivers to compensate for added skill
Riders do not want to “share” their trip with people from other programs
There are no maintenance facilities equipped to offer continued maintenance on donated vehicles. This limits their potential for extended usefulness
There is a gap in perception as to what is happening at the local level to coordinate and what the state may think is happening at the local level

Chapter 6: Barriers and Constraints to Coordination

Barrier 1: There is a lack of incentives/leverage that a public transportation provider has at its disposal to bring health and human services agencies as active and engaged partners to the process of coordinating social service transportation.

Source of Barrier: ADA regulations

How is obstructing regional coordinated service: A public transportation provider cannot require a public agency to pay the fully allocated cost of a client's trip; it can only ask. As the regulation is written, a public transportation provider has no leverage if it wishes to recover more of its costs in its provision of services to another public agency. Similarly, it has no protection if another public agency wishes to shift the costs of its service onto the public transportation provider.

Forty percent of Spec-Trans rides are agency trips – these are trips that are provided by a public transportation service that is intended to serve and benefit the general public. Public resources are being re-directed and concentrated to benefit a narrower group of agencies that then overload the system and make it difficult to meet general public trips. For example, ACT has experience with a senior home that will request para-transit applications en masse. When ACT explains that their service is not intended to replace the responsibility to deliver the transportation for which the agency is receiving state support, clients are instructed to call the ACT each individually as a way to circumvent the restriction. ACT has no recourse in this situation and it enables the client's agency to shift its cost of transportation to the ACT. Trips provided to the Amarillo State Center and Workshop (ASC) is another example. Each month, ACT provides over 550 one-way trips to ASC agency. This represents 25 percent of ACT's volume. Given that each rider is charged at \$1.50 per trip and the cost to deliver a trip is \$31.00 per trip, at the current volume of service delivery, this equates to a subsidization of \$16,225 that is re-directed to support a single agency. These are funds that are not available to serve the general public.

Person Identifying: Judy Phelps, ACT Director

Chapter 6: Barriers and Constraints to Coordination

Barrier 2: A Medicaid trip takes priority over all other trips a sub-contractor provides.

Source of Barrier: Medicaid contract

How it is obstructing regional coordinated service: A Medicaid trip must be delivered on the day and at the time scheduled by the Medicaid Transportation Services office. Since all trips statewide are scheduled through only a few call centers, it is easy to see why Medicaid has created this inflexibility. It would be a scheduling nightmare if a few centralized offices had to deal with optimizing scheduling and routing for all the region's contractors and sub-contractors. However, this monolithic approach denies local regions any ability to try to optimize their systems.

Sometimes, the scheduling of a Medicaid trip can create a loss of service in a local area. This is particularly true of the rural regions where there may be only one or two vehicles. Where a scheduling change may alleviate the condition that would create a loss of service, local providers are not provided the option of trying to figure out a solution that would create the highest benefit to all transit riders affected. Instead they are required to give priority treatment and consideration to a rider whose only distinction is their participation in the Medicaid program.

In response, AMR reports that a Medicaid trip is, in most instances, different from a general public trip by virtue of the needs; i.e. some Medicaid transportation is for life-saving treatment like dialysis. Historically, these trips account for 22 to 28 percent of all Medicaid system demand. Granted, some Medicaid trips are even for simple medical follow-ups however the majority of riders are medically fragile individuals with chronic health problems. In these cases, a missed or delayed medical appointment may result in future health conditions of a more serious nature.

Person Identifying: Gerald Payton, Director of Panhandle Transit

Chapter 6: Barriers and Constraints to Coordination

Barrier 3: Rural providers cannot expend rural operating funds within the urbanized area.

Source of Barrier: Federal regulations for Section 5311 funding

How it is obstructing regional coordinated service: Panhandle Transit is the rural transit provider for the Panhandle region. However, Panhandle Transit frequently travels to the City of Amarillo so that their riders can access regional health care and other services. During the time that Panhandle Transit is in Amarillo, they are restricted from operating within the city limits for any trip that begins and ends within the urban area. These restrictions are: 1) Panhandle Transit can expend capital assets (i.e. vehicles) if the operating expense is covered by a funding source other than Section 5311; 2) no service is denied from the rural area; and 3) the trip has a rural origin.

This rule obstructs regional coordination in two ways: 1) During the time that Panhandle Transit is within the City of Amarillo, it has excess vehicle capacity that it could use to deliver STS trips (urban origin – urban destination). However, federal funding regulations restrict Panhandle Transit from delivering urban-to-urban trips. Panhandle Transit believes it could subsidize its rural operation if it were allowed to earn fares while its vehicles were sitting idle within the city limits; and 2) Panhandle Transit serves Canyon, Texas. Canyon sits just south of Amarillo. Nearly every day, it picks up riders in Canyon to take them to Amarillo. However, they are not allowed to pick up additional riders that live within the City of Amarillo that may need a ride and that live on-route. If a person lives within ACT's service area, that person must be served by Amarillo City Transit. This restriction creates a duplication of services. If the person lives outside of ACT's service area, this creates a transit gap as no transit is available.

Person Identifying: Gerald Payton, Director of Panhandle Transit

Chapter 6: Barriers and Constraints to Coordination

Barrier 4: Trip-chaining is not allowed on Medicaid trips.

Source of Barrier: Texas Administrative Code, Title I, Part 15, Chapter 380, Subchapter C: Clients Rights. (5) Recipients must not use authorized medical transportation for purposes other than travel to and from health care services.

How it is obstructing regional coordinated service: By disallowing trip-chaining, riders are required to return to their origin before taking another trip on public transportation. During the 2005 - 2006 contract period, Panhandle Transit (PT) delivered about 19,000 trips Medicaid trips. In the prior contract period, PT sought and received relief from this regulation during contract negotiations. Specifically, relief allowed that the Medicaid rider could receive two legs of a trip under Medicaid – origin to Medicaid destination and the Medicaid destination to second destination. The second destination could be to any destination PT would normally serve - the rider's home, pharmacy, shopping – as long as the trip length of the second leg was equitable to the first leg.

AMR and Lefleur respond that there is a provision to add other destinations if they are related to the original trip, e.g. blood work, x-rays, etc. Moreover, they support the TxDOT policy of restricting trip purpose in an effort to eliminate abuse.

Person Identifying: Gerald Payton, Director of Panhandle Transit

Potential Solution: Allow the second destination be any approved trip of equitable distance to the first trip.

Chapter 6: Barriers and Constraints to Coordination

Barrier 5: Medicaid does not allow transit service provider sub-contractors to “sub-contract” with another service provider.

Source of Barrier: Medicaid contract provisions

How it is obstructing regional coordinated service: Medicaid riders have freedom of choice when it comes to choosing where they will receive medical services. Within the Panhandle, this can mean that a rider may wish to go to Dallas, Lubbock, Wichita Falls, Houston, Kansas, New Mexico, etc. Once a prime contractor has assigned a trip to the sub-contractor, that sub-contractor must deliver the entire trip; it cannot sub-contract portions of this trip to other services providers in other regions, unless those other providers are also under contract with the prime. For example, if Panhandle Transit were able to coordinate with its counterpart, South Plains Transit District, to pick-up the Medicaid rider and take them to Lubbock, they could not do this unless South Plains Transit District were also under contract with the prime.

In response to this, AMR emphasizes the prime contractor’s responsibility to ensure quality of service and the Medicaid client’s safety. As such, it is the prime contractor’s responsibility to credential vehicles and drivers and subcontractors are not charged with doing so.

Person Identifying: Gerald Payton, Director of Panhandle Transit

Chapter 6: Barriers and Constraints to Coordination

Barrier 6: Dialysis trips are determined by the patient's doctor and sometimes are scheduled for distant clinics even if there is an available seat at a closer clinic.

Source of Barrier: Patient's freedom of choice and doctor/client relationship

How it is obstructing regional coordinated service: Patients are being assigned to dialysis clinics that are located far from their homes when there is an available seat at a closer clinic. According to some of the feedback that the research team gathered during this study, these assignments are made by care-providers and are based not on convenience to the patient but rather on the potential for monetary remuneration to the care provider from the clinic. In some cases, people reporting this barrier believed that care providers were part-owners of clinics to which they would send their patients.

Dialysis is such a heavy consumer of transit resources – each client going Monday, Wednesday, and Friday every week. Moreover, traveling long distances is potentially harmful to a client; several bus drivers spoke of witnessing a visible deterioration of a patient's health as he/she underwent dialysis and the long bus trips it required. Because of these two factors, the ability of transit agencies to work with dialysis patients and doctors to schedule at nearby clinics if there is an open seat would be beneficial to patients and the transit system alike.

Person Identifying: Judge Jay Mayden, Childress County

Chapter 6: Barriers and Constraints to Coordination

Barrier 7: Veterans Administration vehicles are only allowed to travel from the passenger pick-up point to a veteran's medical facility.

Source of Barrier: Federal Agency Regulation (Conversation with Lynn Woodward, Director of Patient Relations, Amarillo VA Hospital)

How it is obstructing regional coordinated service: Riders who take trips into an urbanized area, like Amarillo, from a rural area will frequently need to make trips to satisfy a number of needs – shopping, personal, etc. For veterans that take the VA bus, they are only allowed a trip to a veteran's medical facility. The result of the silo-ing of resources is two-fold. One is that the VA resources are underutilized. Frequently, rural-urban-rural trips can take an entire day as all passengers must wait for the last passenger to be finished with his/her appointment before returning home. During this time, the VA buses are idle. Second is that the trips are shifted onto the public transportation. Spec-Trans provides about 60 trips per month to the VA. This shifting of trips may equate into a less efficient use of public funds since the VA cost per trip is likely to be less than that of Spec-Trans. (The VA uses donated equipment or General Services Administration equipment that has been transferred to VA and, in some instances, volunteer drivers.) Additionally, this may result in lower customer satisfaction if riders are forced to make more connections and take more of their time arranging for and taking transportation.

One barrier that was mentioned during public hearings and was later dispelled by Ms. Woodward was the prohibition against picking up any riders within a 100 radius of the final destination. According to Ms. Woodward, no such prohibition exists.

Person Identifying: Judy Phelps, ACT Director; Gerald Payton, Director of Panhandle Transit

Chapter 6: Barriers and Constraints to Coordination

Barrier 8: Medicaid transportation provider cannot service health and human service centers that receive Title XIX Funding.

Source of Barrier: Texas Regulation (Administrative Code, for example): Title 1, Part 15, Chapter 380, Subchapter B, RULE §380.207 Program Limitations

How it is obstructing regional coordinated service: Adult day care centers may receive Title XIX funding, a percentage of which is intended to support transportation services. However, the specific amount of funding is often not known because it is bundled into other expenses. However, the transportation funding does not appear to be enough to cover all the costs of transportation for some centers. Some centers may like to rely on the Medicaid provider to deliver services to eligible recipients. However, it is prohibited because it is seen as “double-dipping,” that is, funding is being provided twice, once to the center and once to the Medicaid provider, to provide for the same trip.

Person Identifying: Lynn Castle, TxDOT Lubbock region

Potential Solution: One solution to this may be that a center could chose to forego that portion of its funding dedicated to transportation if it could receive Medicaid service in return.

Chapter 6: Barriers and Constraints to Coordination

Barrier 9: An STS trip can only be charged at rate twice that of a regular fixed route trip.

Source of Barrier: Federal Regulations

How it is obstructing regional coordinated service: ACT charges only 75 cents for its fixed route and therefore only \$1.50 for an STS trip. The very low cost of an STS trip has created a situation where the demand does not equal supply – there are far too many STS trips required than there are funds to provide them. This creates a drain on the public transportation system’s finances that ultimately may weaken and force a contraction of the whole system.

This pricing linkage between fixed route STS fare creates a situation where an agency may be forced to increase its fixed route fares just so that it can increase its STS fare. If one of the goals of coordination is to utilize resources efficiently, any move to encourage higher use of the less expensive, more efficient fixed route system should be encouraged. However, if you have to raise fixed route rates to get riders to move from demand response to fixed route, a perverse incentive has been created.

Person Identifying: Judy Phelps, ACT Director

Possible Solution: One solution that may be tried at the local level is offering free bus passes to all Spec-Trans eligible riders that use fixed route.

Another approach is to re-classify some of STS service as a premium service. STS was originally intended as a temporary measure to be in place only as long as it took to make all fixed route stops accessible. ACT now has 100 percent accessible stops. If it were to continue to provide STS, curb-to-curb service, all trips outside of the $\frac{3}{4}$ service corridor should be considered a premium service and charged at a higher rate.

Chapter 6: Barriers and Constraints to Coordination

Barrier 10: Conflicting public policy that creates additional financial strain on already cash-strapped public transit agencies.

Source of Barrier: Unknown

How it is obstructing regional coordinated service: HHS departments are required to use public transportation even though they may have the transportation resources to meet their clients' needs and this is the most effective solution. For example, there was a HHS agency in Amarillo that was given a "deficiency" during its agency review because they did not use public transportation but instead relied on its vehicles. The agency saw the use of its vehicles as the most effective way to serve their client. From the perspective of ACT, the agency's use of its vehicles was also the most effective way to deliver the trip because their cost per trip for STS service is \$31.00. Despite this, the agency earned the deficiency. This situation is compounded by Amarillo's reduction funding. In essence, the public transit agencies are having their funding reduced while the state is attempting to increase demand.

Person Identifying: Judy Phelps, ACT Director of Transportation

Chapter 6: Barriers and Constraints to Coordination

Barrier 11: Vehicles that are purchased through the state are required to be propane- or alternative fuel vehicles.

Source of Barrier: Texas Department of Transportation Policy

How it is obstructing regional coordinated service: The requirement to purchase alternative fuel vehicles generates higher fuel and maintenance costs. This makes it more difficult to extend the useful service of the equipment. This specifically relates to coordination in that a transit agency will donate vehicles that have exceeded their useful life to nonprofit or human service agencies. Sometimes it is difficult to donate standard vehicles if they have high mileage because the agencies are fearful that they will not be able to afford the maintenance of the vehicle. However, transit agencies do what they can to encourage the continued usage of the equipment as it removes a burden from their system. However, with alternative fuel vehicles, the fear of high maintenance and fuel costs makes it even more difficult to donate these vehicles.

Person Identifying: Gerald Payton, Director of Panhandle Transit

Chapter 6: Barriers and Constraints to Coordination

Barrier 12: Fixed-route transportation is not a suitable transportation solution for clients in job access/welfare to work programs.

Source of Barrier: Texas Workforce Development Board

How it is obstructing regional coordinated service: Welfare-to-work program requires recipients to make multiple trips in order to fulfill their personal work plans. They may need to attend training, apply for numerous jobs, and schedule and make interviews. For example, a person who is enrolled in the Texas Choice program must seek 15 jobs each week. Currently, the Texas Work Source gives clients a gas voucher to pay for their transportation. A gas voucher is seen as the most efficient transportation solution since clients must meet these multiple appointments. A move away from gas vouchers and to use of the public transportation system creates another barrier to the person who is trying to move from welfare to work. This is because a ride on the ACT can easily consume an hour for a one-way trip. Without a fixed route service with reasonable headways, the ability of workforce clients to use the system is limited.

Person Identifying: Johnny Smith, Texas Workforce Development Board

Chapter 6: Barriers and Constraints to Coordination

Barrier 13: Medicaid-only allows recipients and their attendants to ride. In cases where the recipient is a parent and day-care is not available, children are not allowed to ride with the parent.

Source of Barrier: Title 1, Part 15, Chapter 380, Subchapter B: (3) transportation for an attendant(s); if the health care provider documents the need, the recipient is a minor, or a language or other barrier to communication or mobility exists that necessitates such assistance.

How it is obstructing regional coordinated service: If a goal of coordinated transportation is to increase customer satisfaction, by denying a rider to have her/his children accompany the parent to an approved appointment, customer service satisfaction is decreased. If approved Medicaid riders cannot bring those under their care with them, riders may choose to forego an appointment. If that is the case, additional public health costs could eventually be incurred. Alternatively, the rider could rely upon public transportation to deliver a child to day-care. If that is the case, the rule is requiring the Medicaid rider make two additional trips – one to deliver the children to day-care and one to pick the children up. This requirement will consume more time and energy and will generate additional day-care costs that the Medicaid recipient is likely not in a position to bear easily.

Person Identifying: Gerald Payton, Director of Panhandle Transit

Chapter 6: Barriers and Constraints to Coordination

Barrier 14: Tags for public transportation vehicles expire before plates arrive, resulting in the new vehicles sitting parked and unused for a period of about six weeks.

Source of Barrier: TxDOT Policy or Work Practice

How it is obstructing regional coordinated service: Public transportation providers like PT are receiving new vehicles that are issued with 20 day tags. However, the plates to the new vehicles are not arriving until about six weeks after the tags expire. During this time, the vehicle will sit unused. In addition to creating a situation of under-utilized resources, this lag can also generate higher maintenance costs (inefficient use of resources) as the transportation provider must continue to pay for the higher costs of maintenance for high mileage vehicles.

Person Identifying: Gerald Payton, Director of Panhandle Transit

Potential Solution: Two solutions have been proposed: 1) allow the local TxDOT office to issue an extension of the tags; or 2) allow tags to be transferred between vehicles.

Chapter 6: Barriers and Constraints to Coordination

Constraint 1: Timing of the Medicaid contract awards diverted attention away from the coordination process at a critical time.

How constraint is obstructing regional coordinated service: Given that Commissioner Andrade has already addressed the timing, process and resultant backlash of the award of Medicaid contracts and its effect on the coordination study process, not much can be added to this point. However, it warrants documentation that it created a diversion of time and attention at a critical time. Instead of beginning the coordination study on a positive note and cultivating a good working environment, the timing of the Medicaid contracts awards created a diversion from the broader goals of the study and a more adversarial environment.

How constraint is being addressed at local level: The representatives from the RTAG met with the new Medicaid contractor, AMR, on October 23rd, 2006, and discussed misconceptions and misrepresentations that had been made as a result of a lack of communication and a poor working relationship. Both parties agreed that a better working relationship would only benefit the Panhandle region as would an increase in the number of transportation providers.

Chapter 6: Barriers and Constraints to Coordination

Constraint 2: Potentially beneficial coordination projects may be foregone because the partners' fear of change and the loss of autonomy/control.

How constraint is obstructing regional coordinated service: It is difficult to address an organization's long-term culture and practices in a short period. If partners are asked to significantly change how they do business, they must be building upon a foundation of trust. This is an issue that will be faced in an incremental manner as projects are identified, partnerships are formed, challenges are met with an open and supportive process, and success is achieved and shared.

How is constraint being addressed at local level: The pilot projects that are chosen for implementation in the Panhandle Regional Transit Coordination Study are constrained enough such that their potential for success is heightened. After the regional partners become more educated about coordination and see examples of local success, the region can use the momentum of those successes to propel other, more ambitious projects forward.

Chapter 6: Barriers and Constraints to Coordination

Constraint 3: No single agency has the authority to implement coordination plans.

How constraint is obstructing regional coordinated service: No agency is given the authority, responsibility, and resources to ensure coordinated service. Currently, no agency has the authority to ensure:

- Require agencies participate;
- Capture data to ensure local match is accurately reflected; and
- Dedicate resources to achieving coordination goals.

Coordination can be encouraged through discretionary funding. In fact, the execution of many of the coordination action plans may be dependent upon successfully securing discretionary funds. However, if a region is unsuccessful in its attempts to secure such funding, the momentum to achieve coordination goals may fizzle.

How constraint is being addressed at local level: Some members of the RTAG are most interested in developing projects that do not rely on discretionary funding. This approach is taken, in part, because the region has historically been unsuccessful in securing discretionary funding.

Chapter 6: Barriers and Constraints to Coordination

Constraint 4: Partnership between TxDOT and Texas Department of HHS to coordinate is not visible at local level.

How constraint is obstructing regional coordinated service: The difficulty in coordinating health and human services agencies with the transportation agencies is evident at both the state and local levels. For instance, it appears that the partnership between the state offices of TxDOT and HHS is not strong. Top-level policymakers for the Texas Department of HHS did not have a strong presence at the best practices session held in June. Requests to TxDOT asking for information regarding transportation funding to HHS agencies were not successful. At the local level, many agencies were unaware H.B. 3588's mandate to coordinate.

Lack of support for coordination at the state level has made it more difficult at the local level to achieve coordination. First, there is the issue of credibility; local offices are going to be most responsive to their governing regional or state offices. This process lacks some credibility if the message to coordinate is coming from a public transit provider, a Council of Governments, or TxDOT (regardless of the fact that TxDOT is now in control of a portion of their funds). Second, there is the issue of education and information. At the local level, a significant amount of time was spent simply educating agencies about coordination and trying to bring them into the process – and despite best efforts, many are still only marginally involved. If there was a more comprehensive, shared and statewide approach to educating both sides about coordination, the local efforts could focus more on solutions and less on identifying, educating, and encouraging agencies to participate.

How is constraint being addressed at local level: Efforts were made and continue to be made to contact and inform human services providers about coordination and how it can affect their delivery of service.

Chapter 6: Barriers and Constraints to Coordination

Constraint 5: No financial resources to support future coordination planning. Success is frequently a measure of effort. Consistent efforts will take consistent resources. If efforts are sporadic, success is likely to be the same.

How constraint is obstructing regional coordinated service: There is the concern in the Panhandle that the results from the coordinated planning effort will be minimal and short-lived. Furthermore, there is some concern that the commitment to coordinated transportation from TxDOT may be fleeting and participants point to the lack of additional resources to support future planning efforts as evidence of this. These two sub-currents create a dynamic where reticent participants to coordination are inclined to remain disengaged.

How constraint is being addressed at local level: Research supports and local experience confirms that coordination is a long and difficult process. Not because there are no solutions – but because it is, at its heart, a long political process that is built upon experience and trust. Because coordination is being directed at the state level down to the regional level, it will take time to build regional commitment. In fact, the Panhandle is still in search of project champions to spearhead projects that are priorities for the region. The approach of the Regional Transportation Advisory Group is to build on small successes. Therefore, this first plan will be fairly constrained in its ambitions.

However, one pilot project that is being considered is the establishment of a Transportation Coordinator position. This position would be tasked with carrying on the work of this study and addressing some of the long-term needs that were not achievable within its timeframe. The Transportation Coordinator (TC) is a planning position that would serve as a bridge between health and human service agencies and transit providers. The TC would develop trip-information database for both health and human services agencies; collect and document local-share that is currently under-reported; support on-going and new coordination efforts; and assist in identifying and developing new grant or public-private opportunities.

Chapter 6: Barriers and Constraints to Coordination

Failing the funding of this position, the plan will outline activities that can be undertaken within agencies, given their current resources. The approach may follow the six P's that have been articulated by Michael Norris of North Central Texas Council of Governments:

- Policy: What are agencies' policies regarding coordinated transportation and do these policies need to be changed?
- Programs: What programs need to reflect coordinated transportation?
- Plans: What plans need to reflect coordinated transportation?
- Projects: What are the priority projects that need to be pursued and that address the goals and objectives of coordinated transportation for the Panhandle region?
- Performance: What are the benchmarks that the plans need to address?
- Partnership: Who are the important players in this region that need to be invested in pursuing and maintaining a coordinated system?

Chapter 6: Barriers and Constraints to Coordination

Constraint 6: Transportation costs and benefits are not captured in the HHS record-keeping systems as distinct line items. They are blended into other costs.

How constraint is obstructing regional coordinated service: Because transportation costs are not distinct line items for many human service agencies, it is difficult to measure how much is being spent. Because many human service agencies do not measure how many trips are being delivered, it is difficult to measure how effective their services are. Lastly, because some human service agencies deliver transportation-related services as part of a bundle of services they provide to a client, it is difficult to measure whether the segregation of transportation from that bundle will result in a net loss or gain in overall delivery of service to that client. Without this type of detailed cost and service delivery information, the benefit (or loss of benefit) resulting from any coordination effort may be very difficult to capture. Without the ability to demonstrate an improved level of service to a client, many potential partners will be unwilling to come to the table.

How is constraint being addressed at local level: One coordination project that has been suggested is the creation of a position to address coordination issues like the one described above.

Chapter 6: Barriers and Constraints to Coordination

Constraint 7: Resources will not be fairly shared in a coordinated system.

How constraint is obstructing regional coordinated service: Those who have resources will be unwilling to share for fear that they will not be adequately compensated. For example, Jan Werner Transportation is the largest demand-response service provider in Amarillo. They deliver more than twice the number of Spec-Trans trips. They are able to do this because their operation is very predictable with all trips sharing a common destination – the Jan Werner Adult Day Care Center and common trip times.

Should these vehicles be brought into a coordinated system, not only is there a concern about adequate compensation for the direct capital and operating expense, but compensation for the disruption to general operations. For example, vehicles are currently maintained during mid-day hours when trip demand is low. Should these vehicles be incorporated into a coordinated system, the maintenance program would have to adjust and this could create additional expenses. Another example is that Jan Werner uses its health care providers as drivers. Should the vehicles be brought into a coordinated system, these health care providers could no longer serve as drivers since their priority is to provide care for Jan Werner clients – not provide trips to other agencies or the general public. Jan Werner would now be in the position to hire drivers. However, this removes one of their cost advantages – being able to leverage health care workers time and salary to deliver transportation.

Lastly, there needs to be an incentive for agencies and organizations that are resource-rich to participate in coordinated projects. Recently, Jan Werner has relied more on its own resources and less on TxDOT for the purchase of vehicles. At this point, there is no compelling benefit to Jan Werner to change its service delivery model.

How constraint is being addressed at local level: One project that is being proposed in the plan is the creation of the Transportation Coordinator position. This position would be able to research the potential for coordination projects that would be a win-win for both agencies.

Chapter 6: Barriers and Constraints to Coordination

Constraint 8: Agencies are reluctant to mix different client bases because they have different needs.

How constraint is obstructing regional coordinated service: Coordinating demand response service for Spec-Trans eligible clients and clients of Jan Werner Adult Day Care was discussed. Jan Werner delivers about 65,000 trips annually and Spec Trans delivers about 26,000 trips. Because of the volume of trips, the coordination of these two programs merited investigation. Spec-Trans provides curb-to-curb service and will not assist a rider with his/her packages. Jan Werner provides door-through-door service and will assist a rider with his/her packages and provide additional assistance to the extent possible. Spec-Trans is unable to increase its level of service and still be economically viable. At \$31.00 per trip, any additional cost generated by increased service will represent a significant burden. On the other hand, Jan Werner is committed to providing a very high level of service; their clients both expect and need more than curb-to-curb service.

In addition to the differing client needs, coordination is hindered because Jan Werner uses its vehicles most heavily during the morning hours and late afternoon hours. During the mid-day, vehicles are maintained. Spec Trans experiences its highest volume from 7:30 am to 9:00 am and then from 11:00 am to 1:30 pm. Jan Werner would not be available to support additional trips during the morning peak. Vehicles are not in use and potentially available for the afternoon peak however, it would require a change in the maintenance program. At this time, that change is not being considered.

How constraint is being addressed at local level: At this time, the coordination of Jan Werner and Spec Trans is not being considered due to the issues discussed above.

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Constraint 9: Lack of funds to sustain projects after demonstration period expires.

How constraint is obstructing regional coordinated service: Similar to the constraint “No financial resources to support future coordination planning,” agencies are reluctant to create a demand for services that they will not be able to maintain in the long-run. Public transit services and health and human agency transportation is subsidized because it is not supported through the market alone. Under a coordinated system, it could be argued that no new resources are needed because the subsidy is merely shifted from two efforts to a shared effort. However, the degree to which this shifting of subsidies is a one-to-one shift will likely be a factor of time. Early phases may be expected to be less efficient – possibly even costing more than the original approach – as coordination goes through a trial and error phase.

How constraint is being addressed at local level: The Panhandle RTAG has approached its project selection conservatively – in at least two cases, selecting projects that will not rely on discretionary funding. However, this approach is not possible for all the projects. In the cases where additional funding is needed, the RTAG is concerned about creating expectations for new services when it does not have total control over the resources to deliver those services.

Their concern is partially based in how well the region has fared in the past. Typically, the Panhandle does not compete as well as other regions just because they do not have the population of other areas and therefore cannot demonstrate the same kind of “bang for the buck.” This being said, regional equity needs to be a consideration as well as a project’s effectiveness/efficiency projections.

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Constraint 10: Fear that city will completely abandon public transit if urban and rural systems were to consolidate into a single transit district.

How constraint is obstructing regional coordinated service: Consolidation of the urban and rural system into one transit district is not seen as a viable coordination strategy because it runs the risk of destroying what public transportation is left in Amarillo. It is a concern that if the service was no longer under city management, the city would no longer recognize its obligation to support public transit. Furthermore, if the service were to experience a cost over-run, the consolidated district would not have access to city coffers to see it through a cash-flow or budget crunch.

How constraint is being addressed at local level: Consolidation of services is not being pursued within the Panhandle region.

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Constraint 11: Different fares between regions make it difficult to share service-delivery for inter-regional trips.

How constraint is obstructing regional coordinated service: In the past when PT has tried to coordinated service with its eastern counterpart, Rolling Plains Management District, there have been significant differences in the fare charged to the rider. In one instance, the PT passenger was charged about \$5 for the east-bound leg. The return trip under Rolling Plains was \$60. If these discrepancies in rates persist, PT will deliver the entire trip rather than expose their riders to significantly higher fares.

How constraint is being addressed at local level: During a 5310 meeting in the Childress District Office in September 2006, PT and Rolling Plains met to discuss their interest in developing an agreement for better coordination of services between the two regions.

Chapter 6: Barriers and Constraints to Coordination

Constraint 12: The ability to coordinate trips inter-regionally is made more difficult because formula funding may be decreased if trips are traded off.

How constraint is obstructing regional coordinated service: In discussions between Panhandle Transit and Citibus of Lubbock, there is the concern that if an agency were to give one of its trips to another system through an inter-regional agreement, then the originating system would be harmed in its formula funding because it would be reflected as a decrease in volume.

How constraint is being addressed at local level: Panhandle Transit, South Plains Management District, and Citibus will meet to discuss the ramifications of trip-sharing and how to establish a system for sharing trips.

Chapter 6: Barriers and Constraints to Coordination

Constraint 13: Volunteer drivers are reluctant to undergo the required background checks that are needed to provide transportation to the public.

How constraint is obstructing regional coordinated service: Two projects that are being considered for the Panhandle region - the Independent Transportation Network (ITN) and Ride-Matching - rely on volunteer drivers. However, it is very difficult to attract and keep volunteer drivers. The one volunteer driver program currently in place in the Panhandle is the Road to Recovery – a transportation program for cancer patients that is directed by the American Cancer Society. According to Terri Prescott, director of the program, attracting and retaining volunteers is an on-going struggle. This struggle is made more difficult by the background checks that volunteers are required to undergo if they are to provide transportation to the public. Well-meaning volunteers may feel that their privacy is being invaded if they must consent to a criminal background check.

How constraint is being addressed at local level: Background checks are essential to protecting the riding public and should be continued. Agencies who rely on volunteers can educate their pool of volunteers as to the necessity of the checks. It is possible that the background check serves as a “gateway” that will differentiate between those who will be good and reliable volunteers from those that have only a superficial interest. If that is the case, this “weeding out” will save funds in the long run as agencies are not wasting resources on people who will not stick with the program.

Chapter 6: Barriers and Constraints to Coordination

Constraint 14: The role of private taxi companies to provide ADA para-transit service within Amarillo is limited due to concerns with quality of service delivery and issues of trip verification.

How constraint is obstructing regional coordinated service: The cost of a demand response trip on Spec-Trans is approximately \$31.00 per trip. If a private taxi can provide the trip for less than \$31.00, Spec-Trans may realize a cost savings if the taxi's cost is less than Spec-Trans variable cost. However, there is the perception that taxis are unreliable. This perception creates the fear that the ACT will need to verify each trip that is assigned to a taxi. ACT currently does not have the staff or the funds to provide verification. In addition to this, there is the perception that taxis companies are prone to commit fraud – requesting payment for trips that were not delivered.

How is constraint being addressed at local level: At this time, taxis are not seen as a desirable part to the solution for improved demand response service.

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Constraint 15: Insurance (or lease agreement) prohibits the use of equipment for other than original program purpose.

How constraint is obstructing regional coordinated service: Van pools utilize volunteer drivers. It is difficult to attract volunteer drivers but the offer of incentives helps. One incentive that could be offered is the limited use of the vehicle for non-work-related trips. However, insurance companies that were contacted about providing van pool insurance required that the trips be restricted to commute purposes.

How is constraint being addressed at local level: The Panhandle region is exploring the feasibility of a bus pool that is operated through Panhandle Transit and uses professional drivers (instead of a van pool that relies on volunteer drivers). This strategy addresses the above concern and provides additional capacity for rural trips.

Chapter 6: Barriers and Constraints to Coordination

Constraint 16: Depending on the agency, drivers require different levels of certification.

How constraint is obstructing regional coordinated service: Drivers must receive the highest level of certification across a coordinated system. This may result in a higher pay being warranted. Agencies may not have the funds to increase driver pay. Drivers for Panhandle Transit start at about \$6.50 an hour. Drivers for ACT make about \$7.00 an hour. Both agencies report that their operating budgets do not allow them to pay their drivers any more than that; in fact, if they could pay them more, they would. Currently, both agencies are having a very hard time finding and recruiting drivers, period. So, if drivers are more highly qualified – or if become more qualified – these individuals may leave the agencies and seek higher paying jobs in the private sector. Similarly, some drivers under one system may not qualify under another system and could lose their jobs.

How constraint is being addressed at local level: This constraint is not being addressed at this time.

Chapter 6: Barriers and Constraints to Coordination

Constraint 17: Participants of one program will not be willing to ride with those of another program. For many riders, their bus trips are a big part of their social lives. They are reluctant to see this change.

How constraint is obstructing regional coordinated service: It is likely that all people who are in the business of providing help to others would tend to empathize quite a bit with their clients. If so, they are reluctant to participate in what could be perceived as a decreased quality of life for their clients. That is, changing a service that provides community and fun to one that does not, and these providers will be reluctant to participate in coordination projects.

How constraint is being addressed at local level: This issue is not being addressed at this time.

Chapter 6: Barriers and Constraints to Coordination

Constraint 18: It is difficult to realize more service out of high-mileage vehicles that are donated to nonprofits and health and human service agencies without an adequate maintenance plan/maintenance facility to make the donation more attractive.

How constraint is obstructing regional coordinated service: One suggestion that was briefly explored for the Panhandle was a program of extending the useful life of donated vehicles. Based a model implemented in King County, Washington, vehicles are donated to agencies under an agreement that the agency provide a certain number of STS-eligible trips during the contract period. In exchange, their donated vehicle qualifies for free maintenance at the transit agency's facility. This idea was presented to ACT but deemed infeasible because ACT does not have the maintenance capacity to serve any additional vehicles.

How is constraint being addressed at local level: This idea is not moving forward at this time as ACT is not interested in expanding its maintenance operations.

Chapter 6: Barriers and Constraints to Coordination

Constraint 19: Lack of knowledge/involvement on state level regarding what is already being done to coordinate locally creates the perception at the local level that mandates are needlessly taking away resources that could support much needed operating funds.

How constraint is obstructing regional coordinated service: For a number of years, the Panhandle has been coordinating transit issues with a number of groups, including:

- The Panhandle Transportation Consortium: a group of transit providers and agencies that have worked on coordinated efforts in the past;
- The Senior Ambassadors Coalition – Transportation Task Force; and
- Amarillo Public Citizens with Disabilities.

The perception locally is not that there is a lack of coordination – it is already happening in many circumstances where it is feasible – but rather that operating funds are being reduced at the same time that the agencies are being asked to fulfill more of the demand through a coordinated system.

How constraint is being addressed at local level: This issue is not being addressed at this time.

Chapter 7: Action Plans

This section outlines the actions plans that the RTAG voted to include in this study at the September 7th meeting.¹ These are:

- Provide job-access service in the Childress region
- Provide job-access service in the Hereford region;
- Provide increased travel training through Panhandle Independent Living Center;
- Provide same-day, non-emergency medical transportation to Spec-Trans eligible riders using a voucher program;
- Institute a transit-coordination/mobility management position to sustain the development of coordination efforts throughout the region;
- Support the implementation of flex routing by ACT; and
- Support the creation of an Independent Transportation Network by the Senior Ambassadors Coalition.

For each action plan, the following information is provided: description of service, lead agency, supporting/partnering agencies; estimates of resources needed and available, recommended performance measures; and next steps. This background information is developed to assist lead agencies in the preparation of project proposals requesting Job Access Reverse Commute (JARC) or New Freedom (NF) funding.

In addition to the above, the following information must be prepared for each proposal:

- In order to be an eligible project for JARC funding, the proposal must: a) contain goals and objectives; b) discuss rider origination location and employment; c) describe how it implements the regional service plan; d) explain how the project will maximize use of existing transportation service providers; e) provide a cost estimate; and f) identify match sources including employer-provided or employer-assisted transportation service strategies incorporated in the project.

¹ At the October 23rd meeting, the RTAG voted to consolidate the Childress and Hereford job-access programs into a single proposal.

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- In order to be an eligible project for NF funding, the proposal must include a detailed description of: a) the project and the need for the project; b) how the award of NF funds will expand the availability of transportation services or provide new transportation services for persons with disabilities; c) how the project will promote the development and maintenance of a network of transportation services for persons with disabilities; d) how the project will expand economic opportunities for individuals with disabilities; e) how the project will be integrated into other programs designed to serve similar populations; and f) improve the efficiency, effectiveness and safety of transportation services for persons with disabilities.

Provide Job Access Service in Childress, Texas

Description of Service: Typical job access projects include extended service hours to serve workers with non-typical shifts, van- or bus-pools, and ridesharing programs. Interest in establishing a job-access project in Childress, Texas, has come from employers and local government agencies. Employers who have expressed an interest in the project include: the Texas Department of Criminal Justice T.L Roach Unit (TDCJ), Texas Department of Transportation (TxDOT), the Childress Regional Hospital, and the new Super Wal-Mart. Local government agencies include: the City of Childress City Manager’s office, Childress Economic Development Corporation, and Childress County Judge’s Office.

Based on two workshops held in Childress, a preliminary decision was made to extend Panhandle Transit hours of operation instead of creating a targeted bus-pool project. However, as operation and cost information is developed, it should be measured against the alternative approaches so that the most efficient approach is adopted and the most competitive funding proposal is developed. Additionally, as the project moves forward, gaining employer support – both financially and through promotion of the program – is very important to program success and sustainability. To gain an understanding of the feasibility of a job-access project, a survey was conducted with the city’s major employers. The findings from that survey follows.

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Survey: A survey of the TDCJ, Childress Regional Hospital, TxDOT and numerous small businesses located in the City of Childress was conducted in September 2006. The survey asked if employees are interested in potentially joining a bus/van pool, what zip code they lived in, and what shift they worked. 225 surveys were returned: 194 from the prison and 28 from the hospital. Notes from the TxDOT and numerous small businesses were also submitted but no surveys were returned. The results from the TDCJ and the Childress Regional Hospital survey and the other outreach efforts are outlined below.

Employees from the TDCJ returned 194 surveys. The breakdown by city of origin is in Table 7.1: TDCJ Employee Bus Pool Survey.

Table 7.1: TDCJ Employee Bus Pool Survey

City where Employee Lives	Number of Surveys Returned
Childress	101
Paducah	24
Memphis	25
Wellington	18
Quanah	7
Hedley	5
Estelline	5
Clarendon	3
Lakeview	2
Chillicothe, Hollis OK, Eldorado OK, Turkey, Vernon, and Pampa	6 total (1 each)
TOTAL	196

Cities with more than eight employees working similar shifts that could potentially support van pool service are: Paducah, Wellington, Memphis (Note: Memphis pick-up can also serve Hedley, Lakeview and Estelline.) Two shifts have sufficient demand to support a bus pool. These shifts are from 5:30 am to 5:30 pm and 5:30 pm to 5:30 am. The remaining shifts do not reflect sufficient demand to support a targeted bus pool.

Employees from the Childress Regional Hospital returned 28 surveys. Table 7.2: Childress Regional Hospital Bus Pool Survey provides breakdown by city of origin.

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Table 7.2: Childress Regional Hospital Bus Pool Survey

City where Employee Lives	Number of Surveys Returned
Paducah	4
Memphis	12
Wellington	6
Hollis OK	2
Crowell, Matador, Turkey, Quanah	4 (1 each)
TOTAL	28

No cities reflected a significant number of employees working similar shifts that could support a bus pool service. However, shifts with the highest demand include Wellington with 5 employees and Memphis with 4 employees working an 8:00 am to 4:00 pm shift.

Surveys from TxDOT were not completed but it was noted by the surveyor that employees who live outside of the City of Childress include 2 from Wellington and 2 from Memphis. It is assumed that they work normal business hours (8:00 am to 5:00 pm).

Surveys were not completed by the employees of small businesses but it was noted by the surveyor that many of these individuals live within the City of Childress. Businesses contacted include: McDonalds, Sonic, Dollar General, and Owen’s Stanley Ford.

Lastly, the Childress School District was contacted. Four employees of the school district live outside of the city: Hollis, OK (1 employee); Altus (1 employee); Shamrock (1 employee); and Wellington (1 employee). The demand from these areas is insufficient to support a bus pool.

Service Options: Three service options are considered:

- Option 1 establishes a bus pool with dedicated commuter service from high-demand areas to high-demand employment sites;
- Option 2 establishes expanded hours of operations to serve all trips, especially work-related ones;
- Option 3 establishes a vanpool, potentially using Panhandle Transit vehicles that are to be removed from their inventory; and

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- Option 4 establishes a ride-sharing program to support carpooling.

Option 1 establishes a bus pool with dedicated service from Paducah, Wellington, and Memphis to the TDCJ. It will provide transportation for the largest shifts: from 5:30 am to 5:30 pm and 5:30 pm to 5:30 am and be designed as park-and-pool to eliminate lengthy pick-up times.

Cost: The estimated cost to provide this service is outlined in Table 7.3: Budget for Bus Pool Service to Childress from Memphis, Paducah, and Wellington. It is assumed that the service can be supplied using existing vehicle inventory thus no capital costs are reflected here. Assumptions include: passengers will use the service three times a week, 48 weeks per year; fare is \$2.00 one-way; and service requires three vehicles. Under these assumptions, operating costs are estimated to be \$15.85 per trip for about 6,000 annual trips. The operating cost is \$95,862 and the local match for operating is estimated to be \$41,833 annually.

Table 7.3: Budget for Bus Pool Service to Childress from Memphis, Paducah, and Wellington

Extended Hours of Service per vehicle (from 5 am to 8 am / 5 pm to 7 pm)	5
Number of Vehicles Needed to Provide Service	3
Annual Total Increase in Hours of Service (Service provided 5 days a week)	3,900
Cost per Operating Hour (average of FY2005)	\$24.58
Annual Total Operating Cost	\$95,862
Estimated Passengers per Vehicle	7
Estimated Total Number of Passengers	21
Estimated Number of One-Way Trips per Passenger per Year (3/week for 48 week)	288
Estimated Total One-Way Trips	6,048
Estimated Cost per Trip	\$15.85
Cost	\$95,862
Less Fares (assume a \$2.00 one-way fare)	\$12,096
Net Operating Cost	\$83,766
Eligible for Federal Funding (50% of Net Operating Cost)	\$41,883
Local Share Required (50% of Net Operating Cost)	\$41,833

Option 1 advantages and disadvantages are outlined below:

- Advantages:

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- Dedicated service to work place will attract more riders through decreased travel times;
 - Dedicated service to work place may attract employer financial support;
 - Fewer vehicles needed and therefore lower capital expense;
 - Lower operating risk since it is a small, targeted project; and
 - For those employees who work in shifts of insufficient numbers to justify a bus pool and work during normal Panhandle Transit operating hours, Panhandle Transit could promote their existing demand response service. This would increase the utilization of the existing system without incurring additional costs.
- Disadvantages:
 - Decreased ability to serve additional early morning or early evening trips.

Option 2 extends Panhandle Transit service hours from 5:00 am to 8:00 am and from 5:00 pm to 7:00 pm in order to serve all additional trips within the region. Service is promoted heavily to provide work-related trips.

Cost: The estimated operating cost to provide this service is outlined in Table 7.4: Budget for Extended Service Hours. It is assumed that the service can be supplied using existing vehicle inventory thus no capital costs are reflected here. Assumptions include: job-access passengers will use the service 3 times a week, 48 weeks per year; fare is \$1.00 one-way for trips within Childress and \$3.00 for trips outside Childress.² The service will require five additional vehicles. Under these assumptions, operating costs are estimated to be \$15.85 per trip for about 10,080 annual trips. The operating cost is \$159,770 and the local match for operating is estimated to be \$69,805 annually.

² Note: This is less than the fare that would be charged under the current fare structure; normally out of county trips are \$1.00 and an additional .175 cents per mile. Assuming a one-way trip is 40 miles, the fare would come to \$8.00 one-way. This cost is higher than the cost of driving a privately owned vehicle (\$5.75 one-way). The fare for job-access clients (\$3.00) must be less than regular fare (\$8.00) or the service will not attract riders. One option includes issuing transit vouchers to job-access clients to cover the difference in fares.

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Table 7.4: Budget for Extended Panhandle Transit Service in Childress

Extended Hours of Service per vehicle (from 5 am to 8 am / 5 pm to 7 pm)	5
Number of Vehicles Needed to Provide Service	5
Annual Total Increase in Hours of Service (Service provided 5 days a week)	6,500
Cost per Operating Hour (average of FY2005)	\$24.58
Annual Total Operating Cost	\$159,770
Estimated Passengers per Vehicle	7
Estimated Total Number of Passengers	35
Estimated Number of One-Way Trips per Passenger per Year (3/week for 48 week)	288
Estimated Total One-Way Trips	10,080
Estimated Cost per Trip	\$15.85
Cost	\$159,770
Less Fares (assume a \$2.00 one-way fare)	\$20,160
Net Operating Cost	\$139,610
Eligible for Federal Funding (50% of Net Operating Cost)	\$69,805
Local Share Required (50% of Net Operating Cost)	\$69,805

Option 2 advantages and disadvantages are outlined below:

- Advantages:
 - Services more riders. The analysis above only reflects the riders estimated to be gained from the employment sources that have been surveyed. By extending hours for entire service area, more employees could potentially be served.
- Disadvantages:
 - Requires more vehicles and thus, higher operating costs. However, these costs may be off-set by additional riders;
 - Higher local share requirement;
 - Higher operating risk for less-targeted service; and
 - Non-dedicated service for employees may have a more difficult time attracting new riders if travel times are longer.

Option 3 establishes a vanpool that is operated by a volunteer employee driver. See Appendix J: Job Access Workshop materials for more information on establishing a van pool service.

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Cost: The cost will depend on the type of vehicle used, the number of riders in a van pool and the roundtrip commute distance. This analysis compares two approaches purchase and lease of vehicle. See Table 7.5: Budget for Childress Van Pool.

Table 7.5: Budget for Childress Van Pool

	Lease		Purchase	
Capital & Fixed Costs				
Vehicle	\$1400	Monthly	\$637	Monthly (\$30K/10%/5 Yr)
Insurance	-		\$2,000	
Tires / Oil	-		\$2,400	
Preventative Maintenance	-		\$2,000	
Total Annual	\$16,800		\$14,044	
Fuel	40	Miles one way	40	Miles one way
MPG	12		12	
Cost/Gallon	\$2.89		\$2.89	
Trips per Month	42		42	
Fuel Cost	\$4,855	Annually	\$4,855	Annually
Administration*				
Hours of Admin Monthly	40	Monthly	40	Monthly
Admin Salary	\$10.00		\$10.00	
Benefits Factor	1.50		1.50	
Annual Administration Cost	\$7,200		\$7,200	
Materials	\$300	Annually	\$300	Annually
Total for One Vehicle Program	\$29,155	Annually	\$26,399	Annually

*Administration costs per vehicle will decrease as number of vehicles in program increases.

Option 3 advantages and disadvantages are outlined below:

- Advantages:
 - Program is flexible: vehicles can be leased or purchased as number of riders are incorporated into program; and
 - Service is dedicated to a single employment site; may attract stronger interest from employees and employers.
- Disadvantages:
 - Limits ability to use vehicles for other purpose (single-purpose program); and
 - Can be difficult to find and retain good volunteer drivers.

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Option 4 establishes a ride-sharing database with an appropriate agency like Panhandle Transit to support and encourage carpooling within the region. Employees could register for the service, either requesting or offering a ride. The database would provide matching information based on registered applicant's criteria (origin, destination, shift, day, etc.) This is the simplest and lowest cost option; however, it may be the least effective if it is not vigorously promoted among employers and leading agency.

Lead Agency: Panhandle Transit

Supporting Agencies: City of Childress, Childress County, TDCJ, Childress Regional Hospital, Childress Workforce Development Center, Childress Economic Development Corporation

Resources Needed: The project may be eligible for Job Access Reverse Commute (JARC) funding. Organizations that can apply for JARC funding include: workforce development boards, local governments, public transit agencies, private non-profit organizations, and state units of government. The project will require a 50% local match for operating expenses. State funds are eligible but a strong proposal will include support from private employers, workforce development, etc.

Resources Available: Panhandle Transit has the organizational infrastructure that can house the program and may apply its available state funds as local match to support the project.

Performance Measures/Performance Standards:

- Service Utilization: Number of passengers per vehicle per trip
- Cost Efficiency: Cost per Vehicle Trip
- Cost Effectiveness: Number of passenger per cost of vehicle trip
- Economic Impact: Number of low-income individuals served
- Economic Impact: Number of jobs created/supported by transit

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Implementation Schedule: See Table 7.6: Implementation Steps for Childress Job Access.

Table 7.6: Implementation Steps for Childress Job Access

Action	Recommended Task Lead	Date
Determine Project Feasibility	Panhandle Transit	November –December 2006
Work with Workforce Commission for Support of Service	City of Childress	November – December 2006
Work with Local Employers for Support of Service	City of Childress	November – December 2006
Secure Letters of Support	City of Childress	Early 2007
Finalize Operating Plan	Panhandle Transit	Early 2007
Finalize Budget	Panhandle Transit	Early 2007
Verify Local Share Requirements & Sources	Panhandle Transit	Early 2007
Submit for JARC Funding 2007	Panhandle Transit	

Provide Job Access Service in Hereford, Texas

Description of Service: Panhandle Transit will establish more regular service in Hereford, Texas. Two vehicles will provide service from 6:30 am to 6:30 pm (these hours are extended from regular Panhandle Transit hours 8:00 am to 5:00 pm) in order to serve more early hour and early evening work trips. The service will provide general public transportation and is intended to more effectively provide job-training/job-searching trips for clients of the Hereford Workforce Development office than that agency's current gas-voucher program. Panhandle Transit will continue to provide its demand-response service within Hereford. In the second phase of the service, Panhandle Transit will extend its service to include job-access trips to outlying employment centers, such as Cargill.

Lead Agency: Panhandle Transit

Supporting Agencies: City of Hereford, Hereford Workforce Commission

Cost: Panhandle Transit operating cost per revenue hour is approximately \$24.58. Assuming two vehicles provide service from 6:30 am to 6:30 pm, and that the service is provided Monday through Friday (260 days per year), the estimated cost of providing the fixed route service is approximately \$153,379. Net operating cost after 6 percent fare box recovery is \$144,176. It is assumed that sufficient vehicles are available in the area to provide service and that there are no additional capital costs for vehicles.

Resources Needed: This project may qualify for JARC funding to support the transportation needs of qualified low-income individuals or those seeking employment. Federal funding is eligible to cover 50 percent of operating costs, or \$72,088. Local share is required to cover the remaining \$72,088.

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Resources Available: It is assumed that Panhandle Transit has vehicles to commit to service. Panhandle Transit may also have local match available through its state funds to support its application for JARC funding. Additional financial support may be provided by the Hereford Workforce Development which currently issues gas vouchers to its clients for travel associated with training and job search. Last year about \$7,500 in gas vouchers was issued in Hereford and may convert some of these funds into bus passes.

Expected Outcomes/Performance Measures:

System performance should be measured using standard transit performance measurements, including:

- Service Utilization: Number of passengers per vehicle per trip
- Cost Efficiency: Cost per Vehicle Trip
- Cost Effectiveness: Number of passenger per cost of vehicle trip
- Economic Impact: Number of low-income individuals served by service
- Economic Impact: Number of jobs created/supported by transit

The pilot project will also test whether the establishment of a fixed route service in a small urban area (population of 14,500) is a more cost-effective method to serve job-access and training needs than the gas voucher program. The efficiency/effectiveness of the fixed route should also be measured against the efficiency/effectiveness of demand response service. That is, is a fixed route more effective than demand response service to serve job-access transportation needs for small urban areas?

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Implementation Schedule: Panhandle Transit expects to begin service in 2007.

Table 7.7: Implementation Steps for Hereford Job Access

Action	Recommended Task Lead	Date
Determine Project Feasibility	Panhandle Transit	Completed
Work with Workforce Commission for Support of Service	Panhandle Transit	Completed
Work with Local Employers for Support of Service	City of Hereford	November – December 2006
Secure Letters of Support	City of Hereford	Early 2007
Finalize Operating Plan	Panhandle Transit	
Finalize Budget	Panhandle Transit	
Verify Local Share Requirements & Sources	Panhandle Transit	Ongoing
Submit for JARC Funding 2007	Panhandle Transit	2007

Increase Travel Training Available through Panhandle Independent Living Center

Description of Service: This project will increase capacity to deliver one-on-one travel training through the Panhandle Independent Living Center and general/informational training through other human service agencies. One objective of the project is to increase the use of ACT fixed route service / decrease use of Spec-Trans. Another objective is to prepare the clients of various human services agencies for the potential implementation of flex routing by ACT.

Agencies that currently provide travel training include:

- PILC: It provides one-on-one training. At a minimum, each individual receives about 12 hours of training divided into three sessions of 4 hours each. Each training session begins at the person's home and involves an actual trip on the bus and then a return trip home. Personnel cost to provide service is estimated at \$216 per client.
- Goodwill provides general/informational training and assists clients to read schedules and routes, etc. Each client participates in about three, 45-minute sessions. The cost to provide the training is \$42 per client.
- Texas Panhandle Mental Health Mental Retardation: TPMHMR provides travel training as a part of their holistic approach to life skills teaching. It was reported that it would be difficult to pull-out and segregate travel training from other life skills and that it would be difficult to coordinate its travel training with other agencies.
- Amarillo City Transit provides general/informational training through group presentations. They have made presentations to Craig Methodist, the Bivens Center, other senior centers, human service agencies, etc., amenities of the system, instructions on how to use the system, etc.

Lead Agency: Panhandle Independent Living Center

Supporting Agencies: Amarillo City Transit, Goodwill Industries

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Cost: The estimated costs for the travel training program are outlined in Table 7.8: Travel Training Budget Estimate.

Table 7.8: PILC Travel Training Budget Estimate

Expense Category	Estimated Cost
PILC Personnel Costs including Benefits (1.25 FTE)	\$50,000
Network Agency Personnel including Benefits (estimate 2000 hours)	\$26,000
Overhead Rate of 20 percent	\$5,200
Total Operating Budget	\$81,200
Capital Equipment	\$20,000
Program Total	\$101,200
Federal Share (80 percent)	\$80,960
Local Share (20 percent)	\$20,240

Resources Needed: Local share requirement is \$20,240. Some of the local share may be captured through travel training services that are already being performed by PILC, Goodwill and other human service agencies. These in-kind services will need to be documented in order to qualify as local match. The federal portion of the project is eligible for New Freedom funding.

Resources Available: PILC already has a travel training program and this project would build on their existing capacity. It is estimated that PILC provides, at a minimum, travel training to 4 people per month. If it costs \$216/person to provide the training, it is estimated that \$10,300 in local share is available. The estimated remaining local share balance is \$9,940.

Expected Outcomes/Performance Measures:

- Service Effectiveness: Change in number of trips by individuals who qualify for Spec-Trans but use fixed route;
- Service Efficiency – Cost per person trained
- Customer Satisfaction – Improvement in mobility for individuals receiving training

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Implementation Schedule: Implementation steps are in Table 7.9 below.

Table 7.9: Implementation Steps for PILC Travel Training

Action	Recommended Task Lead	Date
Survey Agencies to Determine Demand for Service	PILC	December 2007
Complete Operations Plan for One-on-One Travel Training	PILC	Winter 2007
Complete Budget for One-on-One Travel Training	PILC	Winter 2007
Complete Operations Plan for establishing Network of Informational Training	Goodwill Industries and ACT	Winter 2007
Complete Budget for Informational Training	Goodwill Industries and ACT	Winter 2007
Substantiate and Verify existing Local Share that is being expended through current travel training efforts being conducted by PILC and others	PILC	Winter 2007
Submit for New Freedom funding	PILC	2007

Institute Voucher Program to Provide Same-Day Service for Medical and Other Essential Trips

Description of Service: This project would provide eligible clients access to non-emergency medical and other “essential” trips through a voucher program. The purpose of the program is to provide reasonably priced service during times when public transportation is not available or to destinations not served (e.g. Amarillo International Airport). Trips may be provided by taxi service, private non-emergency medical transportation, nonprofit organization, or public transportation provider. Same-day service for medical and other essential trips was a need that was cited in both stakeholder and public meetings. Currently, there is no capacity within Spec-Trans to service same-day trip requests.

The following discussion outlines service details to be considered when implementing a voucher program.

- **Administration of Program:** Administration of the program may include the design and implementation of the service; preparing periodic funding and performance reports for funding and partnering agencies; marketing of the program; providing support to participating agencies; contract oversight including monitoring of service quality and reconciliation of invoices.
- **Eligibility Requirements:** The program will need to define who is eligible to receive services. Eligibility guidelines may restrict/allow service based on: 1) age of individual; 2) presence of a disability; 3) low-income status; 4) client of a participating agency; and 5) place of residence. Sources of funding, participating agencies, and extent of need may influence final eligibility criteria.
- **Enrollment Procedures:** Typically, clients may in the program through any participating agency using standardized paperwork developed by the lead agency. Enrollment can be restricted, at a minimum, to the eligibility requirements established by the lead agency but participating agencies may choose to be more restrictive. Enrollment may be either a

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paper-based system or a web-based system. The advantage of a web-based system is that it may streamline data collection and reporting.

- **Contracting with service providers:** Service cost, performance expectations, and presence/absence of contract incentives or penalties, and procedures and policies regarding missed trips or fraudulent trips will need to be considered. Reporting and reimbursement procedures will need to be defined.
- **Scheduling Procedures:** Since this project is not attempting to share rides among human service agencies (i.e. a TPMHMR van will also provide a trip to another agency client) scheduling of rides is relatively straightforward. Riders will call the service providers under contract for a trip. Minimum notification requirements should be established with providers during the contract negotiation. In future stages, the feasibility of expanding the voucher program to include transportation provided by health and human service agencies (i.e. ridesharing) may be considered.
- **Fares:** Fares may be flat-fee or based on mileage. Agencies may choose to subsidize the whole cost of a voucher or require client participation.
- **Service Description:** Definition of type of service provided may include: a) curb-to-curb/door-to-door/ or door-through-door; b) no-show policy; c) restriction of program to only those who can be safely transported and not in need of ambulance service; d) complaint procedure; and e) policy on acceptance of gratuities.
- **Restrictions:** Service restrictions will need to be defined. For example, will clients be allowed to take attendants or other passengers if there is a single destination? Will there be limitations on the number of packages or size of packages allowed?

Lead Agency: Senior Ambassadors Coalition

Supporting Agencies: Partnering organizations may include health and human service agencies serving seniors, people with disabilities, and low-income populations. Examples include agency members of the Senior Ambassador’s Coalition, HSHC, and the Panhandle Independent Living Center. Other potential partners may include healthcare providers such as Northwest Texas

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Healthcare or BSA Hospital if the program can produce a cost-savings through decreased ambulance trips or use of emergency facilities.

Budget: To be determined by the local match available to leverage federal funds. Typically, administration costs should be approximately 15 to 20 percent of the cost of program.

Resources Needed: Because a voucher program is easily scaled, the federal resources sought may be based on local funds available to leverage.

Resources Available: Local share of partnering agencies will need to be identified and verified; for example, transportation funds of SAC agencies may be available. Additionally, the funds that are expended for the emergency-room voucher program may be leveraged if this service is incorporated into the program. A voucher program is an eligible use of Section 5310 funds and may be used to support program in future years. Estimates of 5310 allocations are: FY07 \$156,713; FY08 \$171,770; and FY09 \$181,556.³

Expected Outcomes/Performance Measures:

- Cost Efficiency: Cost per Vehicle Trip; Cost per passenger mile
- Cost Effectiveness: Passenger miles per trip
- Fare box Recover Ratio

³ Historically, Section 5310 funding in Amarillo has been restricted to capital expenses and preventative maintenance. However, FTA does not restrict funding to these uses and the purchase of transportation services under contract is an eligible use of Section 5310 funds. At one time, Amarillo used its apportionment to pay for services through Jan Werner Transportation.

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Implementation Schedule: Implementation steps are in Table 7.9 below.

Table 7.9: Implementation Steps for Same-Day Medical and other Essential Trips

Action	Recommended Task Lead	Date
Identify Partnering Agencies	PRPC	Winter 2007
Identify Local Match Opportunities		
Research Service Providers and Pricing	PRPC	Winter 2007
Define role and responsibility of Lead and Partnering Agencies	PRPC	Winter 2007
Complete Operations and Administrations Plan	PRPC	Winter 2007
Complete Budget	PRPC	Winter 2007
Submit for New Freedom funding	PRPC	2007

Transportation Coordination / Mobility Management

Description of Service: The Panhandle Transportation Coordination / Mobility Management position will further the work begun with the Panhandle Transportation Coordination Study. The program will continue to work with regional stakeholders to: 1) identify new opportunities to coordinate resources and programs to expand the transportation options available in the City of Amarillo and the Panhandle region. (This function will be very critical should ACT lose its federal funding in 2010); 2) provide planning support to agencies leading transportation coordination pilot projects, including identification of local match opportunities and performance reporting; 3) market and promote transportation options; 4) provide assistance to community- or volunteer-based transportation programs; 5) provide planning support to incorporate city- or region-wide technological improvements that support future coordination efforts – for example, shared billing, multi-provider trip reservation system for ride sharing, and one-stop clearinghouse for transportation information and end-consumer trip planning; and 6) provide input during land-use development process to ensure that patterns support efficient and effective transportation.

Lead Agency: Panhandle Regional Planning Commission (agency includes the Panhandle Area Agency on Aging and Workforce Development)

Supporting Agencies: Amarillo City Transit, Panhandle Transit

Budget: \$90,000 (including benefits and overhead)

Resources Needed: To the extent the position improves and extends transportation options for ADA-eligible individuals, the program may be supported with NF funds. Typically, planning activities are eligible for funding at an 80 percent level.

Resources Available: The PRPC has the organizational structure to support the position.

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Implementation Schedule: Implementation steps are in Table 7.10 below.

Table 7.10: Implementation Steps for Transportation Coordinator / Mobility Management

Action	Recommended Task Lead	Date
Identify Partnering Agencies	PRPC	Winter 2007
Identify Local Match Opportunities	PRPC	
Define role and responsibility of Lead and Partnering Agencies	PRPC	Winter 2007
Complete Operations & Admin Plan	PRPC	Winter 2007
Submit for New Freedom funding	PRPC	2007

Support Flex Routing in Amarillo, Texas

Description of Service: ACT system expects to lose \$189,000 in state funding between FY2004 and FY2009. To prepare for these losses, ACT is investigating flex routing as a more sustainable system given the new financial constraints. If flex routing is adopted, the objective will be to operate a single service that can deviate off route if needed and to eliminate the need for and cost of a complementary para-transit system. Looking ahead, ACT may lose an additional \$1.34 million in federal operating support if its population exceeds 200,000 as determined by the 2010 census. Should this occur, the continued viability of ACT as a whole is in jeopardy if no new sources of funding are developed.

As ACT continues to plan its course, it is critical that health and human service agencies embrace the changes that may occur in the near future and plan accordingly themselves. This 3 to 5 year planning is critical to ensuring that transportation services to their clients are available should ACT lose federal funding. Strategies that health and human service agencies may consider include: ridesharing, joint-purchase of private-sector transportation; establishment of volunteer-based community services, and facilitation of carpooling.

Two projects that are included in this plan are intended to support the move to flex routing and to prepare for future changes to ACT if federal funding is lost. These projects are: 1) increased travel training through PILC; and 2) the establishment of a transportation / coordination position in the PRPC.

Lead Agency: ACT

Supporting Agencies: To date, ACT has met with the following agencies to educate and inform them of the challenges ACT is facing and the potential changes:

- DARS – Division of Blind Services
- DARS – Division of Rehab Services

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- TPMHMR
- Panhandle Independent Living Center
- Tyler Street Resource Center (ADVO)
- Dialysis Centers
- MS Society
- Area Agency on Aging
- Baptist Saint Anthony
- Northwest Texas Hospital, Patient and Family Services
- Amarillo Independent School District, Job Coaches and Placement Counselors

Resources Needed: A flex route study is needed to develop operations plans and resources.

Resources Available: ACT has already purchased the Trapeze software to institute flex routing.

Implementation Schedule: ACT may institute a flex route study in 2007.

Support Creation of an Independent Transit Network

Description of Service: An Independent Transportation Network (ITN) is a replicable nonprofit model that began in Portland, Maine. In return for donating their car to the ITN, seniors receive a number of rides, based on the value of the vehicle. The Senior Ambassadors Coalition has a long-term interest in potential development of an ITN in Amarillo because:

- Many seniors may be reluctant to ask for favors or receive what they would consider charity. The ITN program is based upon a “fair” exchange of goods for services.
- The program is designed to be economically sustainable, supported through user fees and the ability of volunteers to “bank” trips for later use; and
- The nonprofit would be able to provide a higher level of assistance – assistance with packages, for instance - that many seniors want.

Each ITN is an independent 501c (3) nonprofit corporation and will have the following service characteristics:

- Uses private automobiles to provide rides 24 hours a day, 7 days a week;
- Available for any purpose, without restriction to all ITN members;
- Sustainable through fares from those who use the service and voluntary local community support, without the use of taxpayer dollars;
- Connected to and served by ITNRides!TM information system technology;
- Serves seniors 65 years of age or older and people with visual impairments of any age.

Lead Agency: Senior Ambassadors Coalition (SAC)

Supporting Agencies: Members of the SAC include Jan Werner Adult Day Care, Baptist Saint Anthony Hospital, Silver Hair Legislature, private nursing facilities, Texas A&M University School of Nursing, Alzheimer Association

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Cost: Year 1 costs are an estimated minimum of \$200,000: \$125,000 for ITN affiliate chapter fees; \$35,000 for software licensing; \$35,000 for a local director and \$5,000 for materials and supplies.

Resources Needed: The ITN model does not rely on any state or federal funding for its operations. The ITN requires communities to raise \$125,000 for year one operations with a goal to be delivering trips to seniors by Year 2. By Year 4 - 5, the ITN chapter should be fully sustainable based on community contributions and fares.⁴

Beyond the financial needs, human resources required include:

- Volunteer personnel are needed to launch the project. The SAC has yet to identify a lead agency to spearhead the implementation of the ITN. (The SAC is composed of volunteers who do not have the considerable time needed to devote to the ITN.)
- Volunteer personnel are needed to sustain the project. The ITN model relies on a pool of volunteers to help provide rides to seniors. This reliance on volunteers may prove to be a considerable barrier to implementation. The experience the Road to Recovery program (a volunteer-based transportation program managed by the Amarillo chapter of the American cancer society) is that it is very difficult to find and retain good volunteers.

Resources Available: The ITN is clearly still in the planning stages and has yet to identify financial resources that can be dedicated toward the project. Additionally, the ITN's commitment to rely on local funding and revenue and not on state or federal transportation grant resources removes a typical sources of seed/pilot project funds.

⁴ The current estimate for fares is \$10.00 for each one-way trip (flat fee) and a per-mile surcharge. These rates have caused the SAC to reconsider its pursuit of this project since these would preclude many lower income seniors from using the service. This is only reinforced by the high start-up costs.

Expected Outcomes/Performance Measures: Expected Outcomes/Performance Measures:

System performance measurements for the ITN may be unique; however typical transportation related measures that may be important include

- Cost Efficiency: Cost per Vehicle Trip or Passenger Trip
- Service Impact: Number of persons served
- Economic Impact: Number of low-income individuals served
- Customer Satisfaction

Implementation Schedule: The SAC is considering the ITN a long-term strategy; consequently, there is no short-term implementation schedule.

Chapter 8: Action Plan Evaluation

As noted in Chapter 5: Strategies, JARC- and NF-awards are competitive. An objective approach to selecting and evaluating potential action plans/pilot projects will ensure that the best projects for the region are chosen. The best projects will address the goals adopted by the RTAG¹, coordinate resources, meet demonstrated transit needs and demands, have support from key players, be realistically achievable given available resources and potential resources, and project a balance across the region. In the following section, each project will be briefly reviewed in respect to these criteria.

JARC-Eligible Projects

Job Access in Childress, Texas

Criteria 1: Does project meet the goals adopted by RTAG?

1. To Improve Existing Delivery of Service: Yes – By extending hours of service, new riders would be served.
2. To Generate Efficiencies in Operations: Yes – A project designed to utilize existing vehicles to serve high-productivity commuter trips will improve efficiency. If the project requires new vehicles, the project will be less competitive and it will be a more difficult to obtain JARC funding.
3. To Enhance Customer Satisfaction: Yes – A survey conducted with employers indicates that there is a high interest in the service.
4. To Encourage Cooperation and Coordination: The project does not directly address this goal. However, it will involve the cooperation of Panhandle Transit, City of Childress, Childress Regional Hospital, the Childress Prison, and Workforce Development.

¹ The goals adopted by the RTAG are the same goals reflected in H.B. 3588: 1) improve existing delivery of service; 2) generate efficiencies in operations; 3) enhance customer satisfaction; and 4) encourage cooperation and coordination.

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Criteria 2: Does the project coordinate resources? Possibly – A project that can be executed using existing Panhandle Transit vehicles will be a stronger project than one that would require new vehicles. Furthermore, the participation of Childress Workforce Development (CWD) has yet to be secured. It is estimated the CWD spends about \$5,200 annually in gas vouchers. The commitment of some these funds to a transit program would create a stronger, more competitive project. Lastly, it is recommended that the lead agency work with area employers to gain their financial support for the program.²

Criteria 3: Does the project meet identified needs? Yes – Job access was the second highest need that was indicated on the Panhandle Transportation Coordination Survey.

Criteria 4: Does the project have support and is it realistically achievable? Yes – The project has strong support for the City of Childress, Childress Economic Development Corporation, Panhandle Transit, Childress Prison, and Childress Regional Hospital. Other large employers, including Wal-Mart, have expressed their support for the project as well but have yet to commit financially.

Criteria 5: Is the project ready to move forward? Yes – Critical tasks to be completed include operations and financial planning and securing of employer support.

Job Access in Hereford, Texas

Criteria 1: Does project meet the goals adopted by RTAG?

1. To Improve Existing Delivery of Service: Yes – By extending hours of service, new riders would be served.
2. To Generate Efficiencies in Operations: Unknown – The project will test the effectiveness of fixed route over demand response in a very small urban setting (less than 15,000). Typically, industry standards recommend a minimum of 4 households per acre

²One source of information for employers regarding tax-free commuter benefits for their employees can be found at <http://www.commuterchoice.com/>

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to support a minimum level of local, fixed route bus service. Hereford is substantially less dense with approximately 1.35 households per acre.

3. To Enhance Customer Satisfaction: Yes – a fixed route will allow riders greater flexibility because they will no longer need to schedule a trip for in-town service.
4. To Encourage Cooperation and Coordination: The project does not directly address this goal. However, it will involve the cooperation of Panhandle Transit, City of Hereford, local employers, and the Hereford Workforce Development office.

Criteria 2: Does the project coordinate resources? Yes – The Hereford Workforce Development office is a strong supporter of the project and has indicated that it is willing to commit some of its estimated \$7,500 in gas voucher funds for support.

Criteria 3: Does the project meet identified needs? Yes – Job access was the second highest need that was indicated on the Panhandle Transportation Coordination Survey.

Criteria 4: Does the project have support and is it realistically achievable? Yes – The project has strong support for the City of Hereford, Panhandle Transit, Hereford Workforce Development, and local employers.

Criteria 5: Is the project ready to move forward? Yes – Planning continues for fixed route and complementary para-transit operations.

NF-Eligible Projects

Travel Training through the Panhandle Independent Living Center

Criteria 1: Does project meet the goals adopted by RTAG?

1. To Improve Existing Delivery of Service: Yes – The project will build on the existing capacity of the PILC's travel training program.

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2. To Generate Efficiencies in Operations: Yes – The project will encourage higher use of ACT’s more cost-effective fixed route system over the more costly ADA para-transit system.
3. To Enhance Customer Satisfaction: Unknown – The need for travel training has been expressed most strongly at the agency level in anticipation of flex routing in the future and the dissolution of the traditional fixed route / complementary para-transit service. Should flex routing be instituted, it is anticipated that there will be significant demand by customers for travel training on the new system.
4. To Encourage Cooperation and Coordination: The project does not directly address this goal. However, it will involve the cooperation of ACT, PILC, Goodwill Industries, TPMHMR, and all other agencies whose clients currently depend on Spec-Trans service.

Criteria 2: Does the project coordinate resources? Yes – It coordinates the existing travel training capacity of PILC, Goodwill, and ACT.

Criteria 3: Does the project meet identified needs? Yes – As mentioned previously, travel training will become critical regardless if flex routing is instituted because of the need to lower Spec-Trans demand and costs.

Criteria 4: Does the project have support and is it realistically achievable? Yes – PILC has been identified as the lead agency and ACT and Goodwill are in support.

Criteria 5: Is the project ready to move forward? Yes – Critical tasks to be completed include identification and verification of local share. It is estimated that PILC may spend about \$10,300 annually in its provision of travel training. These expenses are eligible as local share. Other local share opportunities include health and human service agencies that provide travel training as well.

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Voucher Project for Same-Day Medical and Essential Needs Trips

Criteria 1: Does project meet the goals adopted by RTAG?

1. To Improve Existing Delivery of Service: Yes – The project will would provide essential trips at times and to destinations not currently served by ACT.
2. To Generate Efficiencies in Operations: Unknown – Providers may contract with non-emergency medical transportation provider Lafleur or private taxi companies.
3. To Enhance Customer Satisfaction: Yes – The project was supported by a majority of attendees at the Amarillo Workshop on August 31. Increased access to medical trips was ranked as the first concern in the Transportation Needs Survey.
4. To Encourage Cooperation and Coordination: The project does not directly address this goal. However, it has the capacity to form working relationships between the public sector agencies and private sector providers.

Criteria 2: Does the project coordinate resources? Yes – The project would coordinate the small transportation funds of a number of agencies to participate in a voucher program. In future years, the program may be increased through the application of Section 5310 funds. Lastly, there is an opportunity to increase the utilization of Panhandle Transit vehicles if they can be contracted to deliver trips during idle times when vehicles are waiting in Amarillo for return-trips.

Criteria 3: Does the project meet identified needs? Yes – As mentioned previously, same-day medical trips was the top priority in the Transportation Needs Survey.

Criteria 4: Does the project have support and is it realistically achievable? Yes – PRPC has been identified as the lead agency. Furthermore, member agencies of the Senior Ambassadors have expressed an interest in a voucher program.

Criteria 5: Is the project ready to move forward? Yes – Critical tasks to be completed include identification of participating agencies; and transportation funding available from participating agencies that can be applied toward local share.

Chapter 8: Action Plan Evaluation

Transportation Coordinator / Mobility Manager Position

Criteria 1: Does project meet the goals adopted by RTAG?

1. To Improve Existing Delivery of Service: Yes – The position would be tasked with developing new opportunities to coordinate service.
2. To Generate Efficiencies in Operations: Yes – The position would be tasked with developing new opportunities to coordinate service to improve efficiencies in operations.
3. To Enhance Customer Satisfaction: Yes – The position would be tasked with supporting current efforts and developing new opportunities to improve customer satisfaction.
4. To Encourage Cooperation and Coordination: Yes – The position would be responsible for developing a regional network of coordinated transportation. This position would serve as a bridge for transit providers and health and human service agencies as these organizations continue to meet the requirements of H.B. 3588.

Criteria 2: Does the project coordinate resources? Yes – The position would support planning efforts of organizations such as the Amarillo MPO, ACT, DARS, DADS, TPMHMR, HSHC, PRPC, Panhandle Transit to include coordination objectives in their community and mobility planning.

Criteria 3: Does the project meet identified needs? Yes – There is low awareness at the local level of the need for coordinated planning and this project did not receive strong support or interest during the August 31 workshop. However, there is awareness within some agencies that the coordination of resources will be necessary if transportation funding levels continue to decrease. This position would be an investment in the long-term potential of the Panhandle region to succeed together by working together.

Criteria 4: Does the project have support and is it realistically achievable? Yes – PRPC has been identified as the lead agency. However, it is anticipated that a mobility manager-type project may be a proposal that is repeated in a number of regions. If so, there is currently nothing in this project's development that may make it unique from its competitors.

Chapter 8: Action Plan Evaluation

Criteria 5: Is the project ready to move forward? Yes – Critical tasks to be completed include identification of local share.

Chapter 9: Continuation Strategies

A key constraint inhibiting the development of coordination projects and systems is continued funding, resources, and leadership. Undoubtedly, in its early stages, the success of a single coordination project may be the result of an individual's vision to realize personal goals and objectives. From there, future projects may grow. Ultimately this process may produce a coordinated transportation network that binds the region. However, early dependence upon the driving force of one person risks the sustainability of coordination as that person may leave the region, retire, or take another job. In order for a coordination network to develop in Panhandle region, it is a perspective that must be expanded from a personal to an institutional context.

Plan Update / Cycle

It is anticipated that TxDOT will require a full update of the plan every two years. One action plan included in this study is the establishment of a Transportation Coordinator / Mobility Management position. This position would provide support and planning for future coordination efforts; a responsibility that would logically fall under this position would be the update for the Panhandle Transportation Coordination Study.

Barring funding for this position, the RTAG may choose to adopt the "Six P's" as a framework for addressing coordination planning in the future. This framework was articulated by Michael Norris of the North Central Texas Council of Governments during the Best Practices Roundtable in June 2006. It includes six topics that address the how coordinated transportation is incorporated into each agency's policies and procedures. These topics include:

- Policies: What policies need to be modified to reflect the need for mobility coordination?
- Planning: What planning documents need to reflect a coordinated approach, e.g. the Transportation Improvement Plan, the Long Range Plan, the Texas Workforce Annual Plan, the TPMHMR Local Plan, etc.

Chapter 9: Continuation Strategies

- Partnerships: What partnerships need to be developed to ensure that coordination continues to grow and develop in the Panhandle region?
- Programs: What existing programs need to be modified to reflect a coordinated approach to mobility planning?
- Projects: What coordination projects will enhance mobility in the Panhandle region?
- Performance: How will performance be measured to reflect coordination?

In order to begin this process, an online survey was sent to 32 agencies on October 11, 2006. The purpose of the survey was to gather information regarding each agency’s: 1) policy toward coordination; 2) planning cycle; 3) existing programs that should be considered as part of a coordinated system; 4) projects that the agency was pursuing that may benefit from a coordinated approach; 5) partnerships that agencies would like to develop; and 6) how project performance is measured by each agency.

The response from the survey was very poor. Of the 32 agencies contacted, seven replied. Of these, only 3 agencies provided any substantive information. These responses are noted below:

Q: What policies does your agency have regarding coordinating with other agencies to provide or obtain transportation services?

Area Agency on Aging	Rules governed by Texas Administrative Code, Title 40, Part 1, Chapter 84, Rule 84.3
Amarillo City Transit	<p>There are no other public transportation providers with in the City limits of Amarillo. Most agencies rely on the Transit Department to transport their clients to receive social services. 12,000 prepaid curb to curb service tickets (or 40% of the available curb to curb rides) and 30,206 prepaid fixed route tickets were purchased by agencies last year. A few social service agencies will provide taxi vouchers so that a person can obtain immediate medical treatment.</p> <p>The City of Amarillo would gladly coordinate service with other public transportation providers, although there are none at this time. Any policy changes must be approved by the Community Services Division Director, the City Manager and Amarillo City Commission.</p>
Amarillo City College	No, we just contact other agencies and services for students who request this assistance. We do not provide this service as a college, but do have many students who need some type of transportation assistance.

Chapter 9: Continuation Strategies

Q: What planning documents does your agency prepare on a regular basis that reflects either your agency’s delivery or purchase of service?

Area Agency on Aging	The next update for our Area Plan is due in May 2007 and is rewritten every three years. The vendor contract is updated every year in the late summer months and takes effect at the beginning of the new fiscal year which is October 1st yearly.
Amarillo City Transit	The MPO Annual Report is updated on an annual basis and the next update is January.
Amarillo City College	

Q: What partnerships would you like to see developed so that coordination of service improves in the Panhandle?

Area Agency on Aging	I am not real familiar with all the other transportation programs since we only deal with the elderly. I just would like to see coordination where we might be able to utilize some of the other programs that are less expensive and do not have to be medically related so we can stretch our small allocation as far as possible for our clients benefit. I am not sure if this is something that we could work with the taxi services in town or not. This would allow curb to curb service for the elderly to be able to go the the grocery store or other shopping and may not be limited to just 8-5. I realize they are not able to handle mobility impaired clients yet but that may be something to discuss with them for the future. This would also ease the requirement that the client schedules the trip 2 weeks in advance.
Amarillo City Transit	The Panhandle region needs more operating assistance. The region does not have enough resources and has lost significant State Transportation funds. Because of the loss of State funds, the City is considering consolidating the fixed route and curb to curb services into a flex/fixed route system. There are no other public transportation providers to partner with.
Amarillo City College	We have students attending school who need to use public transportation. Many need the bus or Special Transit Services. We also have students who come to Amarillo College from the surrounding area and they need transit services as well. Currently, we do not have any transportation service to the East Campus. This type of transportation could also be very useful to students needing to attend classes on that campus. We do not have transportation assistance for students in the evening and this is also a need for many students.

Q: Does your agency measure the effectiveness/efficiency of your transportation program? If so, what performance measurements do you use?

Area Agency on Aging	We require our transportation provider to submit monthly reports on each eligible client and how many trips they had for that month and we only reimburse for clients that we have authorized ahead of time. It is tricky to do this, so we estimate the number of trips that the maximum amount of money the provider could receive and divide it by the unit rate then take
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Chapter 9: Continuation Strategies

	<p>that number and divide it by 12 months and that is the average number of trips we would reimburse for in a month. It is flexible due to the fact that we never know when the client will need rides or not, so one month they may fall short of the average number while other months they may exceed the average number of trips. This methodology allows us to ensure that the funding is being spent on actual trips. The provider also has a no-show policy, if they miss 2 or 3 trips in a month then they are put on hold till the next month. The client is also sent letters explaining what could happen if they fail to cancel the trip so they will be warned that they are in jeopardy of losing access to the service for the rest of the month. Another thing we do is have the provider report to us the amount of client contributions received for that month and we purchase units with that money first then use Title III funds to pay the rest. This ensures that the program is as financially efficient as possible. We have to submit performance projections to the State Unit on Aging for transportation so this also help us ensure the effectiveness/efficiency of the program. If we do not meet our projections we are penalized. So we strive to meet these goals.</p>
<p>Amarillo City Transit</p>	<p>The City of Amarillo is a very conservative operation. The City scrutinizes every program during the budgeting process. The City of Amarillo uses Powerplan Budgeting Software.</p>
<p>Amarillo College Disability Services</p>	<p>No response.</p>

At this time, the resources have not been identified and committed to update the Panhandle Transportation Coordination Study. As mentioned, should funding be obtained for a transportation coordination / mobility management position, the update will be the responsibility of that position. Alternatively, some members of the RTAG have indicated a continued interest in maintaining the group. Should the RTAG remain a viable planning committee, future updates may be completed through the collective action of RTAG members.

Panhandle Region

Transportation Coordination Study

DALLAS	SHERMAN	WHEELING	DEKALB	LIVINGSTON
HARTLEY	MOORE	BAUCUS	ROBERTS	HAMPSHIRE
CLINTON	POTTER	CARTER	GRAY	WHEELER
DEAF SMITH	BANDER	ARMSTRONG	DONLEY	COLLINGS
FARMER	LAWSON	BRIDGES	FRANK	CHAMBERLAIN



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Prepared for

The Panhandle Regional
Transportation Advisory Group



Prepared by

The Goodman Corporation

Appendix A: Demographic Values for Panhandle Region

	Population	Total Households	Median Income	Go Outside Disability	Noncitizen	65 & Older	No HS Degree	No Car
Armstrong	2,148	802	38,194	59	12	413	305	2.6%
Briscoe	1,790	724	29,917	85	58	345	298	5.7%
Carson	6,516	2,470	40,285	229	116	1,023	751	3.2%
Castro	8,285	2,761	30,619	237	608	1,052	1,685	6.3%
Childress	7,688	2,474	27,457	247	200	1,212	1,813	7.8%
Collingsworth	3,206	1,294	25,437	94	56	704	619	6.6%
Dallam	6,222	2,317	27,946	160	377	638	1,295	5.6%
Deaf Smith	18,561	6,180	29,601	394	1,373	2,248	4,120	8.9%
Donley	3,828	1,578	29,006	143	49	832	565	5.3%
Gray	22,744	8,793	31,368	853	687	4,125	3,813	6.0%
Hall	3,782	1,548	23,016	209	258	813	967	8.3%
Hansford	5,369	2,005	35,438	159	625	818	1,030	2.9%
Hartley	5,537	1,604	46,327	83	103	658	938	4.9%
Hemphill	3,351	1,280	35,456	66	148	494	440	2.7%
Hutchinson	23,857	9,283	36,588	664	1,035	3,721	3,122	5.1%
Lipscomb	3,057	1,205	31,964	85	272	563	521	4.8%
Moore	20,121	6,774	34,852	342	3,269	2,124	4,339	4.8%
Ochiltree	9,006	3,261	38,013	187	1,209	1,050	2,977	3.1%
Oldham	2,185	735	33,713	38	81	246	244	5.3%
Parmer	10,016	3,322	30,813	258	1,332	1,274	2,304	4.4%
Potter	113,546	40,760	29,492	2,614	6,834	13,302	20,082	8.8%
Randall	104,312	41,240	42,712	1,943	1,565	12,414	6,877	3.4%
Roberts	887	362	44,792	26	2	128	62	1.9%
Sherman	3,186	1,124	33,179	46	272	434	530	1.5%
Swisher	8,378	2,925	29,846	224	255	1,838	1,576	7.3%
Wheeler	5,284	2,152	31,029	232	194	1,103	1,007	5.5%

Appendix B: County Profiles

Armstrong County

US 2000 Census	County	Region	State
Pop	2,148	402,862	20,851,820
HH Median Income	\$38,194	34,405	\$39,927
65 and above	413	53,070	2,072,532
Disability	59	9,677	1,362,823
No HS degree¹	305 / 14.2%	60,929	3,114,561
Minority Status²	99 / 4.6%	122,343	9,777,104
Recent Immigrants	0 / 0%	7,419	791,434

County	2000 US Census	1990 US Census	1980 US Census
Pop	2,148	2,021	1,994
HH Median Income	\$38,194	\$23,081	\$15,556
65 and above	413	440	377
Disability³	59	NA	NA
No HS degree	305	257	448
Minority Status	99	70	26
Recent Immigrants⁴	0	5	0

Note: Recent Immigrants data might not be accurate but is reported as published.

Briscoe County

US 2000 Census	County	Region	State
Pop	1,790	402,862	20,851,820
HH Median Income	\$29,917	\$34,405	\$39,927
65 and above	345	53,070	2,072,532
Disability	85	9,677	1,362,823
No HS degree	298 / 16.6%	60,929	3,114,561
Minority Status	455 / 25.4%	122,343	9,777,104
Recent Immigrants	25 / 1.4%	7,419	791,434

County	2000 US Census	1990 US Census	1980 US Census
Pop	1,790	1,971	2,579
HH Median Income	\$29,917	\$17,696	\$10,925
65 and above	345	409	439
Disability	85	NA	NA
No HS degree	298	490	737
Minority Status	455	439	368
Recent Immigrants	25	5	15

¹ No HS degree age 25 or older

² Minority = Total Population – Anglo Population

³ Disability for 2000 = Go outside home disability

⁴ Recent Immigrants = Entry for foreign born population for 5 years

Appendix B: County Profiles

Carson County

US 2000 Census	County	Region	State
Pop	6,516	402,862	20,851,820
HH Median Income	\$40,285	\$34,405	\$39,927
65 and above	1,023	53,070	2,072,532
Disability	229	9,677	1,362,823
No HS degree	751 / 11.5%	60,929	3,114,561
Minority Status	572 / 8.8%	122,343	9,777,104
Recent Immigrants	36 / 0.5%	7,419	791,434

County	2000 US Census	1990 US Census	1980 US Census
Pop	6,516	6,576	6,672
HH Median Income	\$40,285	\$26,765	\$17,522
65 and above	1,023	1,016	893
Disability	229	NA	NA
No HS degree	751	993	1,496
Minority Status	572	418	162
Recent Immigrants	36	41	12

Castro County

US 2000 Census	County	Region	State
Pop	8,285	402,862	20,851,820
HH Median Income	\$30,619	\$34,405	\$39,927
65 and above	1,052	53,070	2,072,532
Disability	237	9,677	1,362,823
No HS degree	1,685 / 20.3%	60,929	3,114,561
Minority Status	4,508 / 54.4%	122,343	9,777,104
Recent Immigrants	130 / 1.6%	7,419	791,434

County	2000 US Census	1990 US Census	1980 US Census
Pop	8,285	9,070	10,556
HH Median Income	\$30,619	\$17,838	\$12,917
65 and above	1,052	909	801
Disability	237	NA	NA
No HS degree	1,685	2090	2,503
Minority Status	4,508	4,496	2,867c
Recent Immigrants	130	180	149

Appendix B: County Profiles

Childress County

US 2000 Census	County	Region	State
Pop	7,688	402,862	20,851,820
HH Median Income	\$27,457	\$34,405	\$39,927
65 and above	1,212	53,070	2,072,532
Disability	247	9,677	1,362,823
No HS degree	1,813 / 23.6%	60,929	3,114,561
Minority Status	2,729 / 35.5%	122,343	9,777,104
Recent Immigrants	61 / 0.8%	7,419	791,434

County	2000 US Census	1990 US Census	1980 US Census
Pop	7,688	5,953	6,950
HH Median Income	\$27,457	\$16,091	\$10,908
65 and above	1,212	1,350	1,543
Disability	247	NA	NA
No HS degree	1,813	1,576	2,372
Minority Status	2,729	1,217	578
Recent Immigrants	61	63	27

Collingsworth County

US 2000 Census	County	Region	State
Pop	3,206	402,862	20,851,820
HH Median Income	\$25,437	\$34,405	\$39,927
65 and above	704	53,070	2,072,532
Disability	94	9,677	1,362,823
No HS degree	619 / 19.3%	60,929	3,114,561
Minority Status	883 / 27.5%	122,343	9,777,104
Recent Immigrants	48 / 1.5%	7,419	791,434

County	2000 US Census	1990 US Census	1980 US Census
Pop	3,206	3,573	4,648
HH Median Income	\$25,437	\$15,421	\$10,647
65 and above	704	848	993
Disability	94	NA	NA
No HS degree	619	905	1,352
Minority Status	883	823	659
Recent Immigrants	48	24	13

Appendix B: County Profiles

Dallam County

US 2000 Census	County	Region	State
Pop	6,222	402,862	20,851,820
HH Median Income	\$27,946	\$34,405	\$39,927
65 and above	638	53,070	2,072,532
Disability	160	9,677	1,362,823
No HS degree	1,295 / 20.8%	60,929	3,114,561
Minority Status	1,932 / 31.1%	122,343	9,777,104
Recent Immigrants	88 / 1.4%	7,419	791,434

County	2000 US Census	1990 US Census	1980 US Census
Pop	6,222	5,461	6,531
HH Median Income	\$27,946	\$19,764	\$11,659
65 and above	638	795	802
Disability	160	NA	NA
No HS degree	1,295	1,177	1,537
Minority Status	1,932	1,304	678
Recent Immigrants	88	85	79

Deaf Smith County

US 2000 Census	County	Region	State
Pop	18,561	402,862	20,851,820
HH Median Income	\$29,601	\$34,405	\$39,927
65 and above	2,248	53,070	2,072,532
Disability	394	9,677	1,362,823
No HS degree	4,120 / 22.2%	60,929	3,114,561
Minority Status	11,026 / 59.4%	122,343	9,777,104
Recent Immigrants	363 / 2.0%	7,419	791,434

County	2000 US Census	1990 US Census	1980 US Census
Pop	18,561	19,153	21,165
HH Median Income	\$29,601	\$21,177	\$14,784
65 and above	2,248	2,071	1,799
Disability	394	NA	NA
No HS degree	4,120	4,551	5,195
Minority Status	11,026	9,736	3,424
Recent Immigrants	363	377	178

Appendix B: County Profiles

Donley County

US 2000 Census	County	Region	State
Pop	3,828	402,862	20,851,820
HH Median Income	\$29,006	\$34,405	\$39,927
65 and above	832	53,070	2,072,532
Disability	143	9,677	1,362,823
No HS degree	565 / 14.8%	60,929	3,114,561
Minority Status	443 / 11.6%	122,343	9,777,104
Recent Immigrants	12 / 0.3%	7,419	791,434

County	2000 US Census	1990 US Census	1980 US Census
Pop	3,828	3,696	4,075
HH Median Income	\$29,006	\$16,747	\$11,489
65 and above	832	945	888
Disability	143	NA	NA
No HS degree	565	810	1,259
Minority Status	443	281	265
Recent Immigrants	12	2	11

Gray County

US 2000 Census	County	Region	State
Pop	22,744	402,862	20,851,820
HH Median Income	\$31,368	\$34,405	\$39,927
65 and above	4,125	53,070	2,072,532
Disability	853	9,677	1,362,823
No HS degree	3,813 / 16.8%	60,929	3,114,561
Minority Status	4,638 / 20.4%	122,343	9,777,104
Recent Immigrants	286 / 1.3%	7,419	791,434

County	2000 US Census	1990 US Census	1980 US Census
Pop	22,744	23,967	26,386
HH Median Income	\$31,368	\$24,118	\$16,663
65 and above	4,125	4,162	3,940
Disability	853	NA	NA
No HS degree	3,813	4,605	6,260
Minority Status	4,638	3,126	1,686
Recent Immigrants	286	202	104

Appendix B: County Profiles

Hall County

US 2000 Census	County	Region	State
Pop	3,782	402,862	20,851,820
HH Median Income	\$23,016	\$34,405	\$39,927
65 and above	813	53,070	2,072,532
Disability	209	9,677	1,362,823
No HS degree	967 / 25.6%	60,929	3,114,561
Minority Status	1,366 / 36.1%	122,343	9,777,104
Recent Immigrants	84 / 2.2%	7,419	791,434

County	2000 US Census	1990 US Census	1980 US Census
Pop	3,782	3,905	5,594
HH Median Income	\$23,016	\$13,987	\$10,072
65 and above	813	1,032	1,205
Disability	209	NA	NA
No HS degree	967	1,053	1,873
Minority Status	1,366	1,055	811
Recent Immigrants	84	23	44

Hansford County

US 2000 Census	County	Region	State
Pop	5,369	402,862	20,851,820
HH Median Income	\$35,438	\$34,405	\$39,927
65 and above	818	53,070	2,072,532
Disability	159	9,677	1,362,823
No HS degree	1,030 / 19.2%	60,929	3,114,561
Minority Status	1,737 / 32.4%	122,343	9,777,104
Recent Immigrants	275 / 5.1%	7,419	791,434

County	2000 US Census	1990 US Census	1980 US Census
Pop	5,369	5,848	6,209
HH Median Income	\$35,438	\$25,787	\$17,801
65 and above	818	751	600
Disability	159	NA	NA
No HS degree	1,030	1,026	1,203
Minority Status	1,737	1,211	456
Recent Immigrants	275	70	88

Appendix B: County Profiles

Hartley County

US 2000 Census	County	Region	State
Pop	5,537	402,862	20,851,820
HH Median Income	\$46,327	\$34,405	\$39,927
65 and above	658	53,070	2,072,532
Disability	83	9,677	1,362,823
No HS degree	938 / 16.9%	60,929	3,114,561
Minority Status	1,241 / 22.4%	122,343	9,777,104
Recent Immigrants	27 / 0.5%	7,419	791,434

County	2000 US Census	1990 US Census	1980 US Census
Pop	5,537	3,634	3,987
HH Median Income	\$46,327	\$28,826	\$18,975
65 and above	658	569	547
Disability	83	NA	NA
No HS degree	938	368	661
Minority Status	1,241	246	105
Recent Immigrants	27	27	13

Hemphill County

US 2000 Census	County	Region	State
Pop	3,351	402,862	20,851,820
HH Median Income	\$35,456	\$34,405	\$39,927
65 and above	494	53,070	2,072,532
Disability	66	9,677	1,362,823
No HS degree	440 / 13.1%	60,929	3,114,561
Minority Status	612 / 18.3%	122,343	9,777,104
Recent Immigrants	43 / 1.3%	7,419	791,434

County	2000 US Census	1990 US Census	1980 US Census
Pop	3,351	3,720	5,304
HH Median Income	\$35,456	\$28,697	\$19,202
65 and above	494	493	503
Disability	66	NA	NA
No HS degree	440	640	1,224
Minority Status	612	445	348
Recent Immigrants	43	15	55

Appendix B: County Profiles

Hutchinson County

US 2000 Census	County	Region	State
Pop	23,857	402,862	20,851,820
HH Median Income	\$36,588	\$34,405	\$39,927
65 and above	3,721	53,070	2,072,532
Disability	664	9,677	1,362,823
No HS degree	3,122 / 13.1%	60,929	3,114,561
Minority Status	4,496 / 18.8%	122,343	9,777,104
Recent Immigrants	289 / 1.2%	7,419	791,434

County	2000 US Census	1990 US Census	1980 US Census
Pop	23,857	25,689	26,304
HH Median Income	\$36,588	\$26,717	\$18,893
65 and above	3,721	3,849	3,248
Disability	664	NA	NA
No HS degree	3,122	640	5,697
Minority Status	4,496	3,591	1,462
Recent Immigrants	289	304	157

Lipscomb County

US 2000 Census	County	Region	State
Pop	3,057	402,862	20,851,820
HH Median Income	\$31,964	\$34,405	\$39,927
65 and above	563	53,070	2,072,532
Disability	85	9,677	1,362,823
No HS degree	521 / 17.0%	60,929	3,114,561
Minority Status	689 / 22.5%	122,343	9,777,104
Recent Immigrants	108 / 3.5%	7,419	791,434

County	2000 US Census	1990 US Census	1980 US Census
Pop	3,057	3,143	3,766
HH Median Income	\$31,964	\$24,648	\$15,309
65 and above	563	514	493
Disability	85	NA	NA
No HS degree	521	539	803
Minority Status	689	420	132
Recent Immigrants	108	88	16

Appendix B: County Profiles

Moore County

US 2000 Census	County	Region	State
Pop	20,121	402,862	20,851,820
HH Median Income	\$34,852	\$34,405	\$39,927
65 and above	2,124	53,070	2,072,532
Disability	342	9,677	1,362,823
No HS degree	4,339 / 21.6%	60,929	3,114,561
Minority Status	9,952 / 49.5%	122,343	9,777,104
Recent Immigrants	947 / 0.5%	7,419	791,434

County	2000 US Census	1990 US Census	1980 US Census
Pop	20,121	17,865	16,575
HH Median Income	\$34,852	\$27,466	\$18,482
65 and above	2,124	1,767	1,238
Disability	342	NA	NA
No HS degree	4,339	3,907	3,600
Minority Status	9,952	6,158	1,287
Recent Immigrants	947	679	466

Ochiltree County

US 2000 Census	County	Region	State
Pop	9,006	402,862	20,851,820
HH Median Income	\$38,013	\$34,405	\$39,927
65 and above	1,050	53,070	2,072,532
Disability	187	9,677	1,362,823
No HS degree	1,674 / 18.6%	60,929	3,114,561
Minority Status	2,977 / 33.1%	122,343	9,777,104
Recent Immigrants	481 / 5.3%	7,419	791,434

County	2000 US Census	1990 US Census	1980 US Census
Pop	9,006	9,128	9,588
HH Median Income	\$38,013	\$26,352	\$20,330
65 and above	1,050	995	862
Disability	187	NA	NA
No HS degree	1,674	1,622	1,789
Minority Status	2,977	1,755	387
Recent Immigrants	481	147	238

Appendix B: County Profiles

Oldham County

US 2000 Census	County	Region	State
Pop	2,185	402,862	20,851,820
HH Median Income	\$33,713	\$34,405	\$39,927
65 and above	246	53,070	2,072,532
Disability	38	9,677	1,362,823
No HS degree	244 / 11.1%	60,929	3,114,561
Minority Status	325 / 14.9%	122,343	9,777,104
Recent Immigrants	19 / 0.8%	7,419	791,434

County	2000 US Census	1990 US Census	1980 US Census
Pop	2,185	2,278	2,283
HH Median Income	\$33,713	\$28,167	\$13,656
65 and above	246	240	194
Disability	38	NA	NA
No HS degree	244	323	411
Minority Status	325	258	65
Recent Immigrants	19	24	28

Parmer County

US 2000 Census	County	Region	State
Pop	10,016	402,862	20,851,820
HH Median Income	\$30,813	\$34,405	\$39,927
65 and above	1,274	53,070	2,072,532
Disability	258	9,677	1,362,823
No HS degree	2,304 / 23.0%	60,929	3,114,561
Minority Status	5,091 / 50.8%	122,343	9,777,104
Recent Immigrants	432 / 4.3%	7,419	791,434

County	2000 US Census	1990 US Census	1980 US Census
Pop	10,016	9,863	11,038
HH Median Income	\$30,813	\$19,742	\$14,026
65 and above	1,274	1,231	1,049
Disability	258	NA	NA
No HS degree	2,304	2,568	2,816
Minority Status	5,091	4,263	1,952
Recent Immigrants	432	386	268

Appendix B: County Profiles

Potter County

US 2000 Census	County	Region	State
Pop	113,546	402,862	20,851,820
HH Median Income	\$29,492	\$34,405	\$39,927
65 and above	13,302	53,070	2,072,532
Disability	2,614	9,677	1,362,823
No HS degree	20,082 / 17.7%	60,929	3,114,561
Minority Status	47,134 / 41.5%	122,343	9,777,104
Recent Immigrants	2,672 / 2.4%	7,419	791,434

County	2000 US Census	1990 US Census	1980 US Census
Pop	113,546	97,874	98,637
HH Median Income	\$29,492	\$20,472	\$14,307
65 and above	13,302	12,806	11,599
Disability	2,614	NA	NA
No HS degree	20,082	19,290	22,433
Minority Status	47,134	30,997	15,552
Recent Immigrants	2,672	1,702	1,461

Randall County

US 2000 Census	County	Region	State
Pop	104,312	402,862	20,851,820
HH Median Income	\$42,712	\$34,405	\$39,927
65 and above	12,414	53,070	2,072,532
Disability	1,943	9,677	1,362,823
No HS degree	6,877 / 6.6%	60,929	3,114,561
Minority Status	14,112 / 13.5%	122,343	9,777,104
Recent Immigrants	761 / 0.7%	7,419	791,434

County	2000 US Census	1990 US Census	1980 US Census
Pop	104,312	89,673	75,062
HH Median Income	\$42,712	\$31,472	\$21,253
65 and above	12,414	8,903	5,232
Disability	1,943	NA	NA
No HS degree	6,877	7,982	7,723
Minority Status	14,112	8,309	2,724
Recent Immigrants	761	344	400

Appendix B: County Profiles

Roberts County

US 2000 Census	County	Region	State
Pop	887	402,862	20,851,820
HH Median Income	\$44,792	\$34,405	\$39,927
65 and above	128	53,070	2,072,532
Disability	26	9,677	1,362,823
No HS degree	62 / 7.0%	60,929	3,114,561
Minority Status	32 / 3.6%	122,343	9,777,104
Recent Immigrants	2 / 0.2%	7,419	791,434

County	2000 US Census	1990 US Census	1980 US Census
Pop	887	1,025	1,187
HH Median Income	\$44,792	\$30,203	\$17,370
65 and above	128	117	151
Disability	26	NA	NA
No HS degree	62	125	249
Minority Status	32	37	16
Recent Immigrants	2	0	0

Sherman County

US 2000 Census	County	Region	State
Pop	3,186	402,862	20,851,820
HH Median Income	\$33,179	\$34,405	\$39,927
65 and above	434	53,070	2,072,532
Disability	46	9,677	1,362,823
No HS degree	530 / 16.6%	60,929	3,114,561
Minority Status	907 / 28.5%	122,343	9,777,104
Recent Immigrants	97 / 3.0%	7,419	791,434

County	2000 US Census	1990 US Census	1980 US Census
Pop	3,186	2,858	3,174
HH Median Income	\$33,179	\$23,005	\$16,590
65 and above	434	389	393
Disability	46	NA	NA
No HS degree	530	529	675
Minority Status	907	556	174
Recent Immigrants	97	76	40

Appendix B: County Profiles

Swisher County

US 2000 Census	County	Region	State
Pop	8,378	402,862	20,851,820
HH Median Income	\$29,846	\$34,405	\$39,927
65 and above	1,838	53,070	2,072,532
Disability	224	9,677	1,362,823
No HS degree	1,576 / 18.8%	60,929	3,114,561
Minority Status	3,488 / 41.6%	122,343	9,777,104
Recent Immigrants	61 / 0.7%	7,491	791,434

County	2000 US Census	1990 US Census	1980 US Census
Pop	8,378	8,133	9,723
HH Median Income	\$29,846	\$19,569	\$12,455
65 and above	1,838	652	1,234
Disability	224	NA	NA
No HS degree	1,576	1,963	2,734
Minority Status	3,488	2,879	2,023
Recent Immigrants	61	39	18

Wheeler County

US 2000 Census	County	Region	State
Pop	5,284	402,862	20,851,820
HH Median Income	\$31,029	\$34,405	\$39,927
65 and above	1,103	53,070	2,072,532
Disability	232	9,677	1,362,823
No HS degree	1,007 / 19.1%	60,929	3,114,561
Minority Status	869 / 16.4%	122,343	9,777,104
Recent Immigrants	72 / 1.4%	7,419	791,434

County	2000 US Census	1990 US Census	1980 US Census
Pop	5,284	5,879	7,137
HH Median Income	\$31,029	\$20,108	\$13,691
65 and above	1,103	1,281	1,388
Disability	232	NA	NA
No HS degree	1,007	1,381	2,011
Minority Status	869	582	426
Recent Immigrants	72	40	9

Appendix C: FY04 to FY05 Panhandle Transit Operating Statistics by County

	TOTAL	ARMSTRONG	BRISCOE	CARSON	CASTRO	CHILDRESS	COLLING.	DALLAM	DEAF SMITH	DONLEY
9/01/2004-8/31/2005		1	2	3	4	5	6	7	8	9
Square Miles	25,913	914	900	923	898	710	919	1,505	1,497	930
Population	582,861	2,148	1,790	6,516	8,285	7,688	6,206	6,222	18,561	3,828
Pop/Sq Miles	2,400	3	2	7	9	11	3	4	12	4
Total Households	218,113	802	724	2,470	2,761	2,474	1,294	2,317	6,180	1,578
Families & Children	30,756	80	104	225	925	570	266	530	2,324	307
Aged & Disabled	12,593	92	61	151	308	321	215	169	804	188
PT STATISTICS										
Total Vehicle Miles	699,847 -		3,789	1,964	25,925	35,792	2,890	33,137	45,474	13,852
Total Passenger Miles	1,514,083	169	3,048	2,087	40,828	40,754	12,651	56,240	98,425	63,494
Total Deadhead Miles	194,224 -		890	79	6,012	6,642	1,546	4,943	7,112	4,415
Oneway Passenger Trips	139,784	10	54	54	1,315	6,509	396	2,746	18,103	8,180
Number of CSBG Trips	5,173	0	0	0	17	529	10	8	51	955
Total Medical Trips	29,306	10	50	50	1,088	1,153	310	1,022	1,574	643
Medicaid Trips	18,788	0	46	19	795	726	307	535	938	450
Elderly Trips	28,754	10	2	40	904	3,632	247	573	2,579	514
Handicapped Trips	43,665	10	28	48	940	2,402	268	868	3,851	562
School Trips	63,039	0	0	0	37	12	11	542	10,407	6,368
Person Served	92,739	3	27	27	1,187	3,075	167	1,673	15,066	5,365
Value Coupons Sold	\$24,023.00 -	-	-	-	\$26.50	\$449.00	\$4.00	\$637.00	\$75.50	\$3.00
Value Coupons Collected	\$68,885.07 -	-	-	-	\$210.30	\$2,612.00 -	-	\$609.00	\$13,457.25	\$6,794.00
Client Payment-Cash	\$49,395.73	\$15.90	\$25.00	\$121.00	\$475.92	\$3,575.24	\$70.00	\$1,266.24	\$3,599.81	\$634.13
Client Payment-Check	\$32,090.07 -	-	-	\$106.00 -	-	\$893.25 -	-	\$520.06	\$121.00	\$1,390.82

Appendix C: FY04 to FY05 Panhandle Transit Operating Statistics by County

	GRAY	HALL	HANSFORD	HARTLEY	HEMPHILL	HUTCHINSON	LIPSCOMB	MOORE	OCHILTREE	OLDHAM
9/01/2004-8/31/2005	10	11	12	13	14	15	16	17	18	19
Square Miles	928	903	920	1,462	910	887	932	900	918	1,501
Population	22,744	3,782	5,369	5,537	3,351	23,857	3,057	20,121	9,006	2,185
Pop/Sq Miles	25	4	6	4	4	27	3	22	10	1
Total Households	8,793	1,548	2,005	1,604	1,280	9,283	1,205	6,774	3,261	735
Families & Children	1,438	395	326	141	101	1,697	161	1,380	614	317
Aged & Disabled	845	250	140	70	75	636	71	389	198	43
PT STATISTICS										
Total Vehicle Miles	55,964	36,521	16,653 -		18,419	56,837	4,357	17,119	40,272	11,052
Total Passenger Miles	119,425	164,036	15,104	3,725	16,768	126,004	3,586	87,119	39,106	35,571
Total Deadhead Miles	6,998	26,460	1,223	17	8,510	15,464	279	6,802	6,677	254
Oneway Passenger Trips	12,824	13,444	169	1,699	315	9,238	37	5,200	2,831	862
Number of CSBG Trips	43	2,410	0	0	0	352	0	337	0	0
Total Medical Trips	2,295	765	132	268	313	2,236	16	1,820	196	169
Medicaid Trips	1,378	286	27	14	27	1,556	1	314	14	1
Elderly Trips	2,685	578	87	746	181	3,341	11	2,423	599	10
Handicapped Trips	12,584	703	46	580	277	6,344	8	2,715	1,495	34
School Trips	0	11,915	0	684	0	142	0	403	904	12
Person Served	8,654	7,400	89	1,110	187	4,958	20	3,052	2,168	175
Value Coupons Sold	\$3,188.00	\$522.00 -		\$850.00 -		\$3,058.00	\$9.00	\$280.00	\$549.00 -	
Value Coupons Collected	\$9,312.00	\$10,575.00	\$332.22	\$860.00	\$2.00	\$3,552.45	\$70.00	\$597.00	\$223.00 -	
Client Payment-Cash	\$2,811.50	\$4,226.50	\$316.40	\$742.00	\$857.50	\$3,294.88	\$185.00	\$2,449.36	\$4,530.00 -	
Client Payment-Check	\$2,268.00	\$2,019.20	\$1,542.36	\$167.00	\$1,011.25	\$3,596.75	\$170.00	\$1,885.56	\$1,213.00 -	

Appendix C: FY04 to FY05 Panhandle Transit Operating Statistics by County

	PARMER	POTTER	RANDALL	ROBERTS	SHERMAN	SWISHER	WHEELER	AMARILLO
9/01/2004-8/31/2005	20	21	22	23	24	25	26	medicaid
Square Miles	882	909	914	924	923	900	914	90
Population	10,016	113,546	104,312	887	3,186	8,378	5,284	176,999
Pop/Sq Miles	11	125	114	1	3	9	6	1,969
Total Households	3,322	40,760	41,240	362	1,124	2,925	2,152	69,140
Families & Children	677	984	2,668	15	142	846	294	13,229
Aged & Disabled	316	377	1,201	8	55	285	258	5,067
PCS STATISTICS								
Total Vehicle Miles	16,241	114	62,278	-	66	56,713	46,663	97,755
Total Passenger Miles	18,010	222	281,466	-	1,144	152,797	61,585	70,719
Total Deadhead Miles	5,000	76	14,004	-	134	10,273	22,811	37,603
Oneway Passenger Trips	517	293	28,938	0	20	15,472	848	9,710
Number of CSBG Trips	6	38	215	0	0	163	31	8
Total Medical Trips	396	4	2,210	0	16	1,997	864	9,709
Medicaid Trips	300	3	668	0	8	245	421	9,709
Elderly Trips	307	3	2,648	0	0	2,749	616	3,269
Handicapped Trips	354	41	3,406	0	8	1,924	722	3,447
School Trips	0	0	21,208	0	0	10,384	5	5
Person Served	452	23	19,666	0	10	8,018	463	9,704
Value Coupons Sold	-	-	\$8,980.00	-	-	\$5,391.00	\$1.00	-
Value Coupons Collected	\$179.85	-	\$12,483.00	-	-	\$7,015.00	\$1.00	-
Client Payment-Cash	\$403.35	-	\$7,215.00	-	-	\$12,399.50	\$181.50	-
Client Payment-Check	\$115.00	-	\$10,377.00	-	-	\$3,526.20	\$1,167.62	-

Appendix C: FY04 to FY05 Panhandle Transit Operating Statistics by County

	TOTAL	ARMSTRONG	BRISCOE	CARSON	CASTRO	CHILDRESS	COLLING.	DALLAM	DEAF SMITH	DONLEY
9/01/2004-8/31/2005		1	2	3	4	5	6	7	8	9
Square Miles	25,913	914	900	923	898	710	919	1,505	1,497	930
Population	582,861	2,148	1,790	6,516	8,285	7,688	6,206	6,222	18,561	3,828
Pop/Sq Miles	2,400	3	2	7	9	11	3	4	12	4
Total Households	218,113	802	724	2,470	2,761	2,474	1,294	2,317	6,180	1,578
Families & Children	30,756	80	104	225	925	570	266	530	2,324	307
Aged & Disabled	12,593	92	61	151	308	321	215	169	804	188
PT STATISTICS										
Total Vehicle Miles	699,847 -		3,789	1,964	25,925	35,792	2,890	33,137	45,474	13,852
Total Passenger Miles	1,514,083	169	3,048	2,087	40,828	40,754	12,651	56,240	98,425	63,494
Total Deadhead Miles	194,224 -		890	79	6,012	6,642	1,546	4,943	7,112	4,415
Oneway Passenger Trips	139,784	10	54	54	1,315	6,509	396	2,746	18,103	8,180
Number of CSBG Trips	5,173	0	0	0	17	529	10	8	51	955
Total Medical Trips	29,306	10	50	50	1,088	1,153	310	1,022	1,574	643
Medicaid Trips	18,788	0	46	19	795	726	307	535	938	450
Elderly Trips	28,754	10	2	40	904	3,632	247	573	2,579	514
Handicapped Trips	43,665	10	28	48	940	2,402	268	868	3,851	562
School Trips	63,039	0	0	0	37	12	11	542	10,407	6,368
Person Served	92,739	3	27	27	1,187	3,075	167	1,673	15,066	5,365
Value Coupons Sold	\$24,023.00 -	-	-	-	\$26.50	\$449.00	\$4.00	\$637.00	\$75.50	\$3.00
Value Coupons Collected	\$68,885.07 -	-	-	-	\$210.30	\$2,612.00 -	-	\$609.00	\$13,457.25	\$6,794.00
Client Payment-Cash	\$49,395.73	\$15.90	\$25.00	\$121.00	\$475.92	\$3,575.24	\$70.00	\$1,266.24	\$3,599.81	\$634.13
Client Payment-Check	\$32,090.07 -	-	-	\$106.00 -	-	\$893.25 -	-	\$520.06	\$121.00	\$1,390.82

Appendix C: FY04 to FY05 Panhandle Transit Operating Statistics by County

	GRAY	HALL	HANSFORD	HARTLEY	HEMPHILL	HUTCHINSON	LIPSCOMB	MOORE	OCHILTREE	OLDHAM
9/01/2004-8/31/2005	10	11	12	13	14	15	16	17	18	19
Square Miles	928	903	920	1,462	910	887	932	900	918	1,501
Population	22,744	3,782	5,369	5,537	3,351	23,857	3,057	20,121	9,006	2,185
Pop/Sq Miles	25	4	6	4	4	27	3	22	10	1
Total Households	8,793	1,548	2,005	1,604	1,280	9,283	1,205	6,774	3,261	735
Families & Children	1,438	395	326	141	101	1,697	161	1,380	614	317
Aged & Disabled	845	250	140	70	75	636	71	389	198	43
PT STATISTICS										
Total Vehicle Miles	55,964	36,521	16,653 -		18,419	56,837	4,357	17,119	40,272	11,052
Total Passenger Miles	119,425	164,036	15,104	3,725	16,768	126,004	3,586	87,119	39,106	35,571
Total Deadhead Miles	6,998	26,460	1,223	17	8,510	15,464	279	6,802	6,677	254
Oneway Passenger Trips	12,824	13,444	169	1,699	315	9,238	37	5,200	2,831	862
Number of CSBG Trips	43	2,410	0	0	0	352	0	337	0	0
Total Medical Trips	2,295	765	132	268	313	2,236	16	1,820	196	169
Medicaid Trips	1,378	286	27	14	27	1,556	1	314	14	1
Elderly Trips	2,685	578	87	746	181	3,341	11	2,423	599	10
Handicapped Trips	12,584	703	46	580	277	6,344	8	2,715	1,495	34
School Trips	0	11,915	0	684	0	142	0	403	904	12
Person Served	8,654	7,400	89	1,110	187	4,958	20	3,052	2,168	175
Value Coupons Sold	\$3,188.00	\$522.00 -		\$850.00 -		\$3,058.00	\$9.00	\$280.00	\$549.00 -	
Value Coupons Collected	\$9,312.00	\$10,575.00	\$332.22	\$860.00	\$2.00	\$3,552.45	\$70.00	\$597.00	\$223.00 -	
Client Payment-Cash	\$2,811.50	\$4,226.50	\$316.40	\$742.00	\$857.50	\$3,294.88	\$185.00	\$2,449.36	\$4,530.00 -	
Client Payment-Check	\$2,268.00	\$2,019.20	\$1,542.36	\$167.00	\$1,011.25	\$3,596.75	\$170.00	\$1,885.56	\$1,213.00 -	

Appendix C: FY04 to FY05 Panhandle Transit Operating Statistics by County

	PARMER	POTTER	RANDALL	ROBERTS	SHERMAN	SWISHER	WHEELER	AMARILLO
9/01/2004-8/31/2005	20	21	9/01/2004-8/31/2005	22	23	24	25	26
Square Miles	882	909	Square Miles	914	924	923	900	914
Population	10,016	113,546	Population	104,312	887	3,186	8,378	5,284
Pop/Sq Miles	11	125	Pop/Sq Miles	114	1	3	9	6
Total Households	3,322	40,760	Total Households	41,240	362	1,124	2,925	2,152
Families & Children	677	984	Families & Children	2,668	15	142	846	294
Aged & Disabled	316	377	Aged & Disabled	1,201	8	55	285	258
PCS STATISTICS			PCS STATISTICS					
Total Vehicle Miles	16,241	114	Total Vehicle Miles	62,278	-	66	56,713	46,663
Total Passenger Miles	18,010	222	Total Passenger Miles	281,466	-	1,144	152,797	61,585
Total Deadhead Miles	5,000	76	Total Deadhead Miles	14,004	-	134	10,273	22,811
Oneway Passenger Trips	517	293	Oneway Passenger Trips	28,938	0	20	15,472	848
Number of CSBG Trips	6	38	Number of CSBG Trips	215	0	0	163	31
Total Medical Trips	396	4	Total Medical Trips	2,210	0	16	1,997	864
Medicaid Trips	300	3	Medicaid Trips	668	0	8	245	421
Elderly Trips	307	3	Elderly Trips	2,648	0	0	2,749	616
Handicapped Trips	354	41	Handicapped Trips	3,406	0	8	1,924	722
School Trips	0	0	School Trips	21,208	0	0	10,384	5
Person Served	452	23	Person Served	19,666	0	10	8,018	463
Value Coupons Sold	-	-	Value Coupons Sold	\$8,980.00	-	-	\$5,391.00	\$1.00
Value Coupons Collected	\$179.85	-	Value Coupons Collected	\$12,483.00	-	-	\$7,015.00	\$1.00
Client Payment-Cash	\$403.35	-	Client Payment-Cash	\$7,215.00	-	-	\$12,399.50	\$181.50
Client Payment-Check	\$115.00	-	Client Payment-Check	\$10,377.00	-	-	\$3,526.20	\$1,167.62

Appendix D: Panhandle Region Agency Contacts

Agency	Contact	Position	Email	Phone	Address	City
American Legion Auxiliary Hanson Post #54	Rosevelt Sullivan	Commander	hansonpost54@sbcglobal.net	(806) 373-4907	617 West 7th	Amarillo
ARC of Potter and Randall Counties	Susan Stokes	Volunteer		(806) 372-5699	202 South Louisiana	Amarillo
Camp Admire				(806) 358-5847	5111 Canyon Drive	Amarillo
Department of Assistive & Rehabilitative Services	Jim Haile	Area Manager	james_haile@dars.state.tx.us	(806) 353-7491	5809 South Western	Amarillo
Panhandle Independent Living Center	Carl McMillan		advocacy@nts-online.net	806-374-1400	1118 S. Taylor	Amarillo
Childress Healthcare Center	Denise Bentley	Director of Home Care Services	dbentley@childresshospital.com	(940) 937-2500	P.O. Box 1030	Childress
Community Options	Eleanor Brown	Residential Coordinator		(806) 358-3337	801 South Fillmore	Amarillo
American Red Cross - Texas Panhandle Chapter			vickyr@amarillo.redcross.org	(806) 376-6304	1800 Harrison	Amarillo
American Red Cross - Eastern TX Panhandle	Cindy Nickell			(806) 273-6011	614 Weatherly	Borger
American Red Cross - North Central Texas			arcnct@wfbiz.rr.com	(940) 937-3111	321 Commerce St	Childress
American Red Cross - Gray County Chapter	Jana Gregory	Executive Manager	redcross@pan-tex.act	(806) 669-7121	108 North Russell	Pampa
American Red Cross - Ochiltree County			ochil@ptsi.net	(806) 435-8024	511 South Main St	Perryton
Amarillo Medical Services				(806) 358-7111	4101 Mockingbird	Amarillo
Pampa Regional Medical Center ECU	Terry Barnes	Marketing Director	terry_barnes@signaturehost.com	(806) 665-3721	One Medical Plaza	Pampa
Shamrock General Hospital					1000 S. Main	Shamrock
Adult and Youth Ministry (Salvation Army)			leslie_wheeler@uss.salvatic.org	(806) 373-6631	2101 S Van Buren	Amarillo
Amarillo Baptist Association				(806) 355-9829	1800 South Western	Amarillo
Catholic Family Services	Lori Williams	Communications		(806) 376-4571	P.O. Box 15127	Amarillo
Trinity Lutheran Church				(806) 273-7544	212 W Jefferson	Borger
Sixth St Church of Christ	Sherry Atwell	Secretary	cofc@wtrt.net	(806) 250-2769	502 West 6th St	Friona
Trinity Baptist Church	Jenny McDaniel	Director		(806) 372-8364	1608 Wolfilin	Amarillo
Paramount Baptist Church	Darrell Anderson	Resource Manager	darrella@paramount.org	(806) 355-3396	3801 S Western	Amarillo
First Baptist Church	Bruce Fite	Property Manager	brucef@fbc-amarillo.org	(806) 373-2891	1208 S. Tyler St	Amarillo
First Christian Church				(806) 355-9976	3001 Wolfin	Amarillo
First United Methodist Church	Brenda Shepherd	Director		(806) 655-5437	1818 4th Avenue	Canyon
Donley County Ministerial Alliance	Barbara Helms		firstclarendon@nts-online.net	(806) 874-3833	PO Box 944	Clarendon
First Baptist Church - Dumas	Barbara Johnson	Secretary	ffjbs@juno.com	(806) 935-5604	PO Box 617	Dumas
First Baptist Church - Hereford	Gloria Baca	Pastor/Financial Secretary	gloriabaca@go-herd.com	(806) 364-0694	500 N Main	Hereford
First Baptist Church - Pampa	Tonie Bolin	Director		(806) 669-3529	203 N West Street	Pampa
Good Samaritan Christian Services				(806) 244-5230	P.O. Box 1101	Dalhart
Friona Sixth Street Church of Christ					506 W. 6th	Friona
Amarillo College - Adult Students Program			brent-nf@actx.edu	(806) 371-5449	2201 South Washin	Amarillo
Goodwill Industries	Rory Bowen	Executive Director	r.bowen@c1ama.net	(806) 372-4352	P.O. Box 2926	Amarillo
HHSC - Texas Works			francis.pena@hhsc.state.tx.us	(806) 376-7214	2406 W 6th	Amarillo
Texas Works - Canyon				(806) 655-3071	404 21 St	Canyon
Texas Works - Clarendon				(806) 874-3595	911 E 2nd Street	Clarendon
Experience Works: Amarillo	Mary Parker	Director Experience Works	mparker@panhandleworks.org	(806) 364-2743	403 7th Street	Hereford
Gray County Association for Retarded Citizens	David Swires	President of the Association		(806) 669-1367	PO Box 885	Pampa
Another Chance House	Sandy			(806) 372-3344	209 South Jackson	Amarillo
Cornerstone Outreach Center of Amarillo, Inc	La Fonda King		lafondaking@cs.com	(806) 381-2131	1111 North Buchar	Amarillo
Texas Workforce Centers - Amarillo	Maren Rivas	Office Manager	hire.texas@prpc.cog.tx.us	(806) 372-5521	1206 W 7th	Amarillo
Texas Workforce Centers - Borger	Chester Carlson	Office Manager	carlson@panhandleworks.org	(806) 274-7171	PO Box 5314	Borger
Texas Workforce Centers - Childress	Tom Madison		hire.texas@prpc.cog.tx.us	(940) 937-6171	PO Box 850	Childress
Texas Workforce Centers - Dumas	Irene Hughes	Specialist	hire.texas@prpc.cog.tx.us	(806) 935-3351	PO Box 576	Dumas
Texas Workforce Centers - Hereford	Jim Davis	Manager	hire.texas@prpc.cog.tx.us	(806) 364-8600	121 W Park	Hereford
Texas Workforce Centers - Pampa	Cathy Cota	Manager	hire.texas@prpc.cog.tx.us	(806) 665-0938	1224 N Holbart #1	Pampa
Texas Workforce Centers - Tulia			hire.texas@prpc.cog.tx.us	(806) 995-2421	310 W Broadway	Tulia
Texas Workforce Centers					P.O. Box 1682	Amarillo
Panhandle Worksource	Irene Hughes	Youth Specialist	ihughes@panhandleworks.org	(806) 935-3351	PO Box 576	Dumas
Amarillo Nursing Center	Amanda Stewart	Administrator		(806) 355-4488	4033 West 51st Av	Amarillo
Beehive Countryside Cottages	Jere Pillsbury	Caregiver		(806) 352-8584	11315 Collin Wade	Amarillo
Brookhaven Care Homes	Kidie Waters	Owner		(806) 622-3768	14314 Burrell St	Amarillo
Coalition of Health Services/2CAare for Kids	Dorinda Bates		dorinda.bates@cohs.net	(806) 337-1700	301 S. Polk	Amarillo
Cottages at Quail Creek		Director		(806) 351-2271	6811 Plum Creek	Amarillo
Country Club Nursing and Rehabilitation	Deb Bunten	Administrator		(806) 352-2731	19 Medical Dr	Amarillo
Crestview Assisted Living	Collette Williams	Manager	cwilliams@alcco.com	(806) 352-0093	6680 Woodward St	Amarillo
Don & Sybil Harrington Center	Jim Wade	Director		(806) 359-4673	1500 Wallace Blvd	Amarillo
Downtown Women's Center	Ask for Donna or Diane		dwcenter@wtxcoxmail.com	(806) 372-3628	409 S Monroe St	Amarillo
Heavenly Angels Private Home Health Care	Betty Barreras	Owner		(806) 383-1594	1908 Rogers St	Amarillo
Heritage Nursing Home				(806) 242-0281	1009 Clyde	Amarillo
High Plains Epilepsy Association			hpea@nts-online.net	(806) 352-5424	3505 Olsen	Amarillo
Mom-Mobile (NWTHS)	Mark Miracle	Director Women's Health		(806) 351-7254	1501 Coulter Dr	Amarillo
National Kidney Foundation of West Texas			chvreischultz@amaonline.org	(806) 358-9774	6141 Amarillo Bou	Amarillo
Palo Duro Nursing & Rehabilitation	Ronny Rogers	ADOM		(806) 352-5600	1931 Medi-Park Dr	Amarillo
Potter House	Joy Gilbert	Administrator	jgilbert2@alcco.com	(806) 353-5185	6800 Plum Creek	Amarillo
Riverstone Assisted Living	David Hairston	Administrator	assistedliving@sbcglobal.net	(806) 351-0684	6301 Blake Avenue	Amarillo

Appendix D: Panhandle Region Agency Contacts

Agency	Contact	Position	Email	Phone	Address1	City
Seville Estates	Opal Laurel	Executive Director	sevilleestates@emeritus.com	(806) 351-2105	7401 Seville Dr.	Amarillo
Unlimited Care	James Walton	President		(806) 358-1767	PO Box 7823	Amarillo
Abundant Life Home Care	Bill Archinal	President	alhc@amaonline.com	(806) 373-8940	720 S Tyler, Ste 22	Amarillo
Accolade Home Care	Ronna Wells	Office manager	kellelyf@fms-regional.com	(806) 352-3900	6300 I-40 West, S	Amarillo
Amarillo Area Breast Health Coalition	Leticia Goodrich	Executive Director		(806) 358-0866	PO Box 1400	Amarillo
AWARE (associate of ACADA)	Alan Graves	Program Director		(806) 376-4071	202 S Louisiana	Amarillo
Amarillo High Plains Dialysis Center	Rebecca Carr	Social Worker		(806) 353-9182	5920 Amarillo Blvd	Amarillo
Amarillo Panhandle Humane Society - Pet The	Jan Fielding	Supervisor	aphs@amaonline.com	(806) 373-1716	3501 S. Osage	Amarillo
Social Work Services/Children w/ Special Health Care Needs (Dep of State Health Services)			pat.greenwood@dshs.state	(806) 655-7151	300 Victory Dr	Canyon
Medical Center Nursing Home			wecare4u@donleytx.com	(806) 874-5221	P.O. Box 1007	Clarendon
Prairie Acres	Jo Brackwell		job@wtrt.net	(806) 250-3922	201 East 15th	Friona
St. Ann's Nursing Home			stannsnh@amaonline.com	(806) 537-3194	Spur 293-off Highw	Panhandl
Care Inn of Shamrock Nursing Center				(806) 256-2153	919 S. Main	Shamrock
Swisher Memorial Hospital District				(806) 995-3581	539 Southeast 2nd	Tulia
Parkview Hospital Home Health Agency	Ann Fagan-Cook	Administrator	annfagan-cook@centramed	(806) 826-5581	901 Sweetwater	Wheeler
Plum Creek Health Care Center					5601 Plum Creek C	Amarillo
The Cottages at Quail Creek					6811 Plum Creek C	Amarillo
Coronado Healthcare Center	Zerelda Ramos	Administrator		(806) 665-5746	1504 W Kentucky Av	Pampa
ASC Industries Amarillo (TPMHMR)	Eloise Hanes	Director of ASC Industries	eloise.haynes@tpmhmr.org	(806) 383-1253	2004 Hardy	Amarillo
Texas Panhandle Mental Health Mental Retardation				(806) 337-1000	1501 South Polk	Amarillo
ASC Industries Borger (TPMHMR)			asciborger@tpmhmr.org	(806) 274-2381	28 Pantex	Borger
ASC Industries Dumas (TPMHMR)			tpmha.org	(806) 935-5322	310 East 1st #200	Dumas
ASC Industries Hereford (TPMHMR)	Tammy Martinez		tammy.martinez@tpmhmr	(806) 364-5861	218 N 25 Mile Ave	Hereford
ASC Industries Pampa (TPMHMR)	Angel Davis	Director	tpmha.org	(806) 669-6322	1301 W Somerville	Pampa
ASC Industries Perryton (TPMHMR)	Kathy Goldsmith		kalgold40@yahoo.com	(806) 435-4970	1701 S Jefferson	Perryton
Texas Panhandle Mental Health Mental Retard	Cynthia Bischof	ECI Director	cynthia.bischof@tpmhmr.org	(806) 358-8974		
Amarillo Mental Health				(806) 374-3487	1217 West 10th	Amarillo
AWARE Program	Allen Graves	Program Director	n/a	n/a	202 S. Louisiana	Amarillo
Salvation Army					P.O. Box 2490	Amarillo
Tralee Crisis Center					P.O. Box 2880	Pampa
Panhandle Crisis Center	Cindy Smith, Alta Williams		pccpcc@ptsi.net	(806) 435-5008	301 S. Ash	Perryton
AGAPE Center			rose@aamhc.org	(806) 373-7030	1515 S Buchanan	Amarillo
Amarillo Agency on Aging of the Panhandle	Melissa Carter	Director AAA	mcarter@prpc.coq.tx.us	(806) 331-2227	P.O. Box 9257	Amarillo
Amarillo Garden Apartments	Laurie Baker	Executive Director	cdamarillogardens@walden	(806) 373-1074	1223 S. Roberts	Amarillo
Amarillo Senior Citizens Association, Inc.	Judi Solley	Executive Director	judisolley@yahoo.com	(806) 374-5500	P.O. Box 31180	Amarillo
Bivins Memorial					1001 Wallace Blvd	Amarillo
Bivins Memorial	Kim Johnson		kim.johnson@bivinshomes	(806) 355-7453	3115 Tee Anchor B	Amarillo
Canyon View Estates Retirement Assisted Livin	Don Howington	Administrator	admin@canyonviewalf.com	(806) 356-8347	7404 Wallace Blvd	Amarillo
Canyon's Methodist Retirement Community			ribeck@searsmethodist.com	(806) 373-6896	2200 West 7th	Amarillo
Caprock Home Health Care	Carrie Rocha	Office Manager		(806) 372-8482	P.O. Box 2450	Amarillo
Jan Werner Adult Day Care Center	Jim Chilcote	General Manager	chilcote@amaonline.com	(806) 374-5516	3108 South Fillmor	Amarillo
Northwest Village LTD	Shirley Keller	Manager		(806) 355-0481	6101 I-40 West	Amarillo
Preston Senior Living LLC	Sharla Richardson	Executive Director	srichardson@cottageholding	(806) 351-2271	6811 Plum Creek C	Amarillo
Texas Veterans Commission			john.baker5@med.va.gov	(806) 468-1883	6010 Amarillo Blvd	Amarillo
Texas Works - Adult Foster Care	Francis Pena	Supervisor		(806) 376-7214	2406 W 6th	Amarillo
The Craig Methodist Retirement Community	Cindy Long	Coordinator		(806) 352-7245	5500 W. 9th Ave	Amarillo
Wesley Senior Citizen Program	Robert Ruiz	Administrator	coachprimowcw@yahoo.com	(806) 372-7960	1615 S Roberts	Amarillo
Home Instead Senior Care			clark.robertson@homeinste	(806) 353-6115	4148 Business Park	Amarillo
Madison Street Retirement Apartments			smcd1506@netjava.com	(806) 371-7665	1506 Madison	Amarillo
Twin Oaks Manor	Nancy White		nwhite@amaonline.com	(806) 658-9786	112 N Pioneer Driv	Booker
Canyon Senior Citizen's Association			ccscc@arn.net	(806) 655-7197	1719 5th Ave	Canyon
Palo Duro Village Cooperative	Diana Esch	Manager	palodurovillageco-op@nts-c	(806) 655-1712	9 Hospital Dr	Canyon
Childress Meals on Wheels	Nancy Sams	Director		(940) 937-6655	P.O. Box 1073	Childress
Donley County Senior Citizens Center			donleycosrcitizens@yahoo.c	(806) 874-2665	115 E 4th Street	Clarendon
Dalhart Senior Citizens Association			dsca@xit.net	(806) 244-8521	610 Denrock Ave	Dalhart
Dumas Meals on Wheels				(806) 935-7555	810 South Dumas	Dumas
Moore County Senior Center, Inc.				(806) 935-4136	16th & Durrett Ave	Dumas
Kings Manor	Stella Delgado	Administrator	alliedhealth@wrt.net	(806) 364-0664	400 Ranger Dr	Hereford
Senior Citizens Center -Hereford	Jackie McNeese	Director		(806) 364-5681	426 Ranger	Hereford
Memphis Convalescent Center	Angie Dickson	Administrator		(806) 259-3566	P.O. Box 670	Memphis
Southside Senior Citizens	Bea Taylor	Executive Director		(806) 665-4765	438 W Crawford St	Pampa
Silverton Senior Citizens Association Inc					706 Commerce St	Silverton
O'Loughlin Center: Golden Spread Center	Kathy Bryant	Executive Director		(806) 659-3030	PO Box 733	Spearmar
Senior Citizens Group - Sherman County Older	Texans			(806) 936-8911	PO Box 388	Stratford
Retired and Senior Volunteer Program				(806) 447-2933	702 East Ave	Wellingto
Amarillo Multiservice Center	Jan Werner		alanac@amaonline.com	(806) 374-5516	3108 S Fillmore	Amarillo

Appendix D: Panhandle Region Agency Contacts

Agency	Contact	Position	Email	Phone	Address1	City
Arbors				(806) 355-1117	Medi Park Dr	Amarillo
Browning Manor				(806) 379-6117	2806 Browning Str	Amarillo
Georgia Manor Nursing Home		Administrator	waynecampbell@georgiamanor.com	(806) 355-6517	2611 SW. 46th	Amarillo
Harrington Assisted Living: Arbors	Robert Smith			(806) 355-1117	1300 S. Harrison St	Amarillo
Kirkland Court Health & Rehabilitation	Barbara	Administrator		(806) 355-8281	1601 Kirkland	Amarillo
Vivian's Nursing Home					508 N. Taylor	Amarillo
Ware Memorial Care Center	Tom Ewing	Transportation Director		(806) 337-4191	400 West 14th St.	Amarillo
Borger Healthcare Center				(806) 273-3788	1316 S. Florida	Borger
Golden Years Assisted Living Center				(806) 274-5994	100 N. Bryan	Borger
Quinn's Care Center					920 S. Main	Borger
Abrahams Memorial	Ms. Jerry DeSha		eamhactivity@cebridge.net	(806) 323-6453	803 Birch	Canadian
Canyon Healthcare	Charles Cunningham	Administrator		(806) 655-2161	15 Hospital Dr	Canyon
Conner House	Kay Hansard	Wellness Director		(806) 655-5968	2 Cottonwood Lane	Canyon
Hudson House Canyon	Sandra Metcalf	Owner		(806) 655-4244	20 Spur 48	Canyon
Cottage Village of Childress					204 5th St. NE	Childress
Turner Nursing & Rehabilitation Center					1610 Ave. G	Childress
Marjorie S. Hudson House				(806) 226-4011	301 Trice St.	Claude
Palo Duro Nursing Home			n/a	(806) 226-5121	405 S Collins St	Claude
Coon Memorial	Loree Elliott		loree_elliott@coonmemorial.com	(806) 244-8558	210 Texas Blvd.	Dalhart
Dimmitt Nursing & Rehabilitation					1621 Butler Blvd	Dimmitt
Memorial Nursing	Deborah Kirk		dkirk@mchd.net	(806) 935-6500	224 E 2	Dumas
Friona Heritage Estates				(806) 250-5599	210 E 15th	Friona
Hereford Care Center	Cynthia Welty	Administrator	cynwelty@yahoo.com	(806) 364-7113	231 Kingwood St	Hereford
McLean Care Center					605 W. 7th	McLean
Pampa Nursing Center					1321 W. Kentucky	Pampa
Senior Village Nursing Home	Marsha Jarrell		oldfolks@ptsi.net	-806	3101 S. Main	Perryton
Hansford Manor: Hansford Co. Hospital District	Merry Sparks		merrysparks@hchd.net	(806) 659-5845	707 S. Roland	Spearman
Coldwater Manor	Debbie Beilue	Administrator	cidwater@xit.net	(806) 396-5568	1111 Beaver Rd	Stratford
Swisher Memorial Hospital Residential Living Center					P.O. Box 808	Tulia
Tulia Health & Rehabilitation					714 S. Austin	Tulia
Wellington Care Center					1506 Childress	Wellington
Wheeler Nursing & Rehabilitation					1000 Kiowa	Wheeler
BSA: Home Health Care	Laura Ryser	RN - Home Care		(806) 212-7513		
Canyon's Retirement (Craig Methodist)	Cindy Long		celong@sears-methodist.com	(806) 352-7244	5500 W 9th Street	
The Seasons						
Windflower Nursing						
DADS: Community Care for the Aged and Disabled	Desha Henderson	Supervisor	tammie.cervantez@dads.state.tx.us	(806) 356-3174	2406 West 6th	Amarillo
Amarillo City Transit	Judy Phelps	Director COA Transit	Judy.Phelps@ci.amarillo.tx.us	806-378-6842	800 SE 23rd	Amarillo
Panhandle Community Services - Amarillo	Johnny Raymond or Gerald Payton	Executive Director	jraymond@pcsvcs.org or g-payton@pcsvcs.org	(806) 372-2531	1309 W 8th	Amarillo
Panhandle Transit	Gerald Payton	Transportation Director		(806) 372-2531	1309 West 8th	Amarillo
Opportunities, Inc.	Dorothy Cates	Executive Director		(806) 274-2802	PO Box 5032	Borger
Panhandle Community Services-Borger	Nancy Brown	Transportation	borger-trans@pcsvcs.org	(806) 273-5177	922 N. Main	Borger
Panhandle Community Services-Canyon	Lylene Fischbacher	Transportation	canyon@pcsvcs.org	(806) 655-0443	1310 4th Ave	Canyon
Childress Busy Beavers Inc / Childress Senior Center	Anna Marie Clifton	Director	childress@pcsvcs.org	(940) 937-2383	403 South Main St	Childress
Panhandle Community Services-Childress				(940) 937-9338	705 19th Northw	Childress
Panhandle Community Services-Clarendon/McLean	Vicki Sloan	Transportation	clarendon@pcsvcs.org	(806) 874-2573	416 S. Kearney	Clarendon
Panhandle Community Services-Dalhart	Billie Haruff	Transportation	dalhart@pcsvcs.org	(806) 244-5240	5th and Denver (C	Dalhart
Panhandle Community Services-Dumas	Caroline Hawkins	Transportation	dumas@pcsvcs.org	(806) 935-5551	214 East 5th	Dumas
Panhandle Community Services-Hereford	Celia Serrano	Transportation	hereford@pcsvcs.org	(806) 364-5631	1011 E. Park Ave	Hereford
Panhandle Community Services-Pampa	Susan Weldon	Center Coordinator	pampa@pcsvcs.org	(806) 665-0081	1411 N. Cuyler	Pampa
Social Services (The Salvation Army-Pampa)	Patricia Steward	Corp Officer	p_steward@ussoutharmy.org	(806) 665-7233	701 S. Cuyler	Pampa
Panhandle Community Services-Perryton/Lipscomb	Susie Baker		perryton@pcsvcs.org	(806) 435-2478	105 S. Main	Perryton
Panhandle Community Services-Tulia	Christine Cowan	Transportation	tulia@pcsvcs.org	(806) 995-4114	126 N Maxwell	Tulia
Panhandle Community Services-Wellington			wellington@pcsvcs.org	(806) 447-5303	1001 Amarillo St	Wellington
American Cancer Society/Road to Recovery	Angela Taylor	Executive Director		(806) 353-4304	3915 Bell	Amarillo
Amarillo Agency for Women				353-0900	PO Box 31012	Amarillo
Martha's Home	Melissa Chatman		amarthas@aol.com	(806) 372-4038	1204 West 18th	Amarillo
Safe Place, Inc - Dalhart Area	Larae Scott	Outreach Advocate		(806) 249-5127	PO Box 443	Dalhart
Safe Place, Inc - Dumas Area	Grace Dovalina		gracedovalina@safeplaceinc.org	(806) 935-7588	306 W. 7th St	Dumas
Amarillo Community Center-Child Care Program: Mid-town YMCA			amaconctr@arn.net	(806) 376-7021	609 S. Carolina	Amarillo
Big Brother Big Sister of the Texas Panhandle	Darcie		darci@amabbs.com	(806) 351-2210	720 South Tyler St	Amarillo
Cal Farley's Boy's Ranch	Tom Novak		tnovak@calfarley.org	(806) 373-6600	P.O. Box 1890	Amarillo
Campfire USA Panhandle Plains Council			campfireUSA@arn.net	(806) 373-7922	2808 Canyon Drive	Amarillo
Girl Scouts - Five Star Council			mstickel@gs-fsc.org	(806) 356-0094	6011 West 45th	Amarillo
Head Start/Early Head Start Program (Region 16)	Carroll Thomason	Center Manager	carroll.thomason@esc16.net	(806) 677-5350	5800 Bell St	Amarillo

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Agency	Contact	Position	Email	Phone	Address1	City
Kiwanis Club				(806) 376-7361	902 S. Monroe	Amarillo
Maverick Boys and Girls Clubs of Amarillo	David Rodriguez	Director	droduiguez@maverickclub.org	(806) 372-8393	1923 S. Lincoln	Amarillo
Opportunity School, Inc (Central Campus)	Patt Mathis	Director	pattmathis@nts-online.net	(806) 373-4245	1103 S Van Buren	Amarillo
YMCA	Debbie Wright	CEO		(806) 374-4651	816 Van Buren	Amarillo
Buttercup House			buttercuphouse@aol.com	(806) 274-4996	1106 East 6th	Borger
Canadian Area Family YMCA			canymca@cebridge.net	(806) 323-5254	PO Box 1106	Canadian
Community Day Care Center	Barbara Kirkham	Director	cdcc@nts-online.net	(806) 665-0735	P.O. Box 2432	Pampa
Perryton Activity Center			prac@ptsi.net	(806) 435-3661	1201 Southwest 15	Perryton
Swisher County Head Start	Jayleen Wilfong	Director		(806) 995-3225	PO Box 34	Tulia
Amarillo ISD	Judy Brewster		judy.brewster@amaisd.org	(806) 354-4200	7200 I-40 West	Amarillo
In His Hands Child Development	Brenda Shepherd	Director	inhishands@firstchurchcanyon.com	(806) 655-5437	6 Idlewood	Canyon
Pampa Community Youth Service	n/a					
Creative Care	Carol Hale	Director	ecps@nts-online.net	(806) 373-0974	1400 West 10th	Amarillo
Family Support Services/Center City Child Care			kathy@fss-ama.org	(806) 371-0229	1001 S. Polk	Amarillo
Make-A-Wish Foundation of the Texas Plains			amarillo@texasplains.wish.org	(806) 358-9943	411 S. Fillmore	Amarillo
Amarillo United Citizens Forum, Inc.	Prentice Williams	Executive Director	blackculturalcenter@amaon.org	(806) 342-3381	P.O. Box 2353	Amarillo
United Way of Amarillo & Canyon			info@unitedwayama.org	(806) 376-6359	2207 Line Ave.	Amarillo
Dumas Nursing & Rehabilitation	Laurel English			(806) 935-4143	315 East 19th	Dumas
Roberts County	Vernon Cook	County Judge	vernon.cook@co.roberts.tx.us	806-868-3721	Box 478	Miami
Meredith House					812 W. 25th	Pampa
Texas Department of Human Services		Beth Miller	Supervisor	(806) 665-1863	1509 N Banks	Pampa
Texas Rehabilitation Commission					121 S. Gillespie	Pampa
Wheatheart Shrine Club					P.O. Box 591	Perryton

Appendix E: Panhandle Transportation Coordination Survey

Panhandle Transportation Coordination Survey

The Panhandle Transportation Coordination Survey consisted of 42 questions divided into four parts. Part I provides contact information. Part II defines service characteristics. Part III details transportation issues. Part IV explores receptivity to coordination strategies. The survey was sent to 221 agencies and 52 agencies responded, yielding a 25 percent response rate. Given that, the results are statistically significant however, it is cautioned that the results be conservatively extrapolated.

Part I consisted of Questions 1 to 11 and provided respondent contact information. For Panhandle Community Services and Texas Workforce Commission, survey invitations were sent to and replies were received from multiple offices of these agencies in order to gain an understanding of local/county level concerns and perspectives. The results from these questions are not presented.

Part II consisted of Questions 12 to 17 and provided information about the responding organization - specifically type of organization, service area, type of client served and other agencies served.

- Most of the respondents identified themselves as representing agencies that are private, nonprofit transportation (15 percent) or federal or state human service agencies (21 percent). Organization types that had very low representation include for-profit transportation company (0 responses) and municipal and county governments (2 responses). Consequently, the survey will be highly reflective of only a segment of the target market. (Note: The lack of survey response by some groups led the consultant team to follow-up with phone calls to county judge and city manager offices. The result of this follow-up work is summarized in Appendix F: Elected Official Survey.)
- The survey reflects service areas that touch each of the Panhandle's 26 counties. This is due, in part, to response from Panhandle Transit which serves the entire region and federal and state agencies which also have regional responsibilities. Counties that has minimal representation other than that provided by regional service providers (0 or 1

Appendix E: Panhandle Transportation Coordination Survey

agency responding) include Armstrong, Brisco, Castro, Hemphill and Parmer counties. Of these, Brisco, Castro and Parmer counties may have a higher potential transit needs as measured by the Transit Needs Index. (See Chapter 1: Background.) Future iterations of coordination plan may concentrate more on learning about transit needs in this region through more intensive outreach to these areas.

- Type of client that was most frequently served was elderly and/or disabled (40 percent). Fourteen respondents indicated that they serve other agencies and the one most frequently cited was the Health and Human Services Commission. Other agencies mentioned include Child Protective Services and law enforcement agencies.

Part III: Questions 18 to 34 provide transportation-related information: travel patterns, access to transportation services, trip needs, type of service provided. (Note: In the following detailed results, Questions 23: What Days is Service Impossible to Obtain and Question 24: What Days is Service Difficult to Obtain has been combined since the responses were virtually identical. Likewise, Question 25: What Time is Service Impossible to Obtain and Question 26: What Time is Service Difficult to Obtain have been combined. Lastly Question 30: In the next 1-5 years, is your agency planning a significant expansion of services and Question 31: In the next 1-5 years, is your agency planning to construct a new facility were eliminated as there were no significant responses to these questions.)

- **Access to Transportation Services:** Access to transportation is most difficult on weekends and between the hours of 5:00 pm and 12:00 midnight. Forty-one percent of respondents indicated that they could access transportation services seven days a week and a number indicated that they had no difficulty delivering trips, no matter what the time. These respondents were most frequently assisted living or nursing homes with access to their own transportation resources.
- **Trip Needs:** Sixty percent of respondents indicated transportation prevented their clients from receiving services, at least sometimes. Sources of the difficulty most commonly cited included the need for trips with less than 24-hours notification and for work trips located outside service areas. Of those agencies that responded to this question, most

Appendix E: Panhandle Transportation Coordination Survey

reported ten or fewer trips unmet. The agency reporting the highest level of unmet trips is the Panhandle Health and Human Services Commission (400 trips/month). Large transit providers indicated very few missed trips. The discrepancy between these two responses may reflect that missed trips are occurring outside of current operating hours. Conversely, they may also represent riders choosing to forego trips because they are unable to meet the 24-hour notification requirement.

- **Type of Transit Service Needed:** Most respondents indicated that they concentrate on serving the elderly and disabled population. Consequently, medical and shopping/personal trips rank high the types of trips needed. Work- and education-related trips were also frequently cited.
- **Type of Transit Service Provided:** Thirty-one percent indicated that they do not provide transportation; many of these were small assisted living or nursing centers or social service agencies that serve the very-low income and homeless populations. However, the Department of State Health Services also responded that they do not provide or arrange for transportation. Many agencies indicated that they arrange for transportation. The largest of these were state agencies: the Health and Human Services Commission and the Department of Rehabilitative Services. Direct providers include Amarillo City Transit, Panhandle Community Service, Amarillo YMCA, and a number of assisted living and nursing center. Other providers noted include Greyhound, Volunteers (Moore County Senior Center and Harrington Cancer Center), and Medicaid.
- **Number of Trips Provided:** Almost 40 percent of the organizations provided less than 10 trips per month. These included the smaller social service agencies and some assisted living and nursing centers. Large transit-focused organizations deliver over 10,000 trips per month.

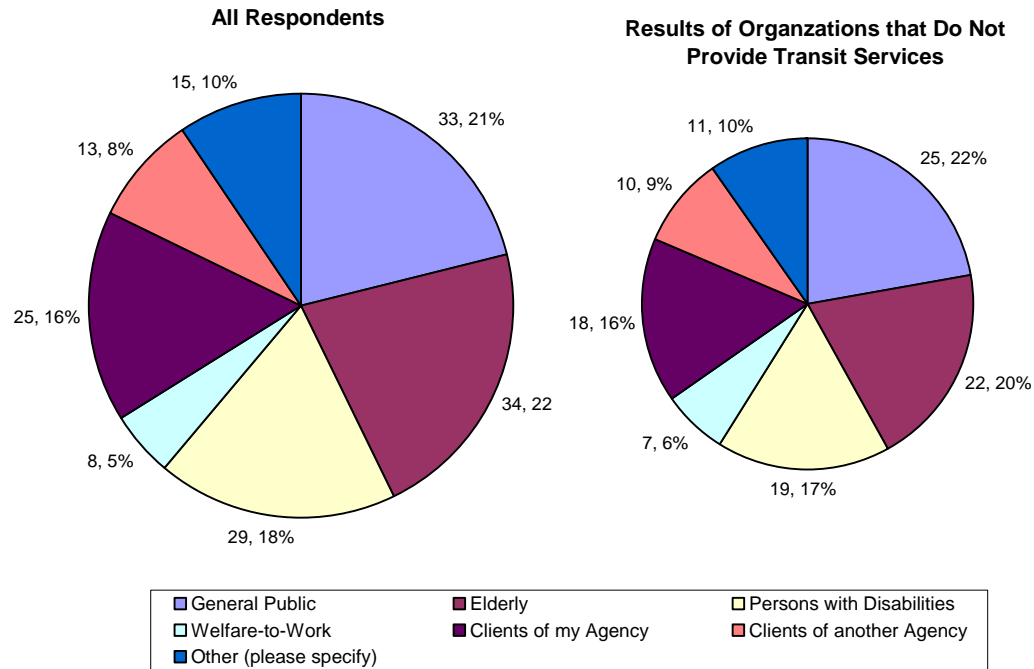
Part IV: Questions 35 to 42 were directed to organizations that directly provide or arrange for transit services and were focused on issues of transit coordination.

Appendix E: Panhandle Transportation Coordination Survey

Greatest Challenges to Providing Transportation: Lack of funding, rural service delivery area and a lack of awareness of transportation options were listed as the most significant challenges faced in providing service.

Interest in Coordination: Out of those organizations that do provide service, more organization indicated that they were “Not Interested” in pursuing any coordination strategy. The strategy that solicited the most interest was “Modifying Fixed Routes” followed by “Working Together to Purchase Service.” Future coordination workshops may choose to address these issues with these organizations. Moreover, future coordination planning efforts may need to more fully explore the source of resistance to coordinating resources and to inform agencies about transit coordination.

Q13: What Type of Clients Do You Serve?



Q13: What type of clients do you serve?

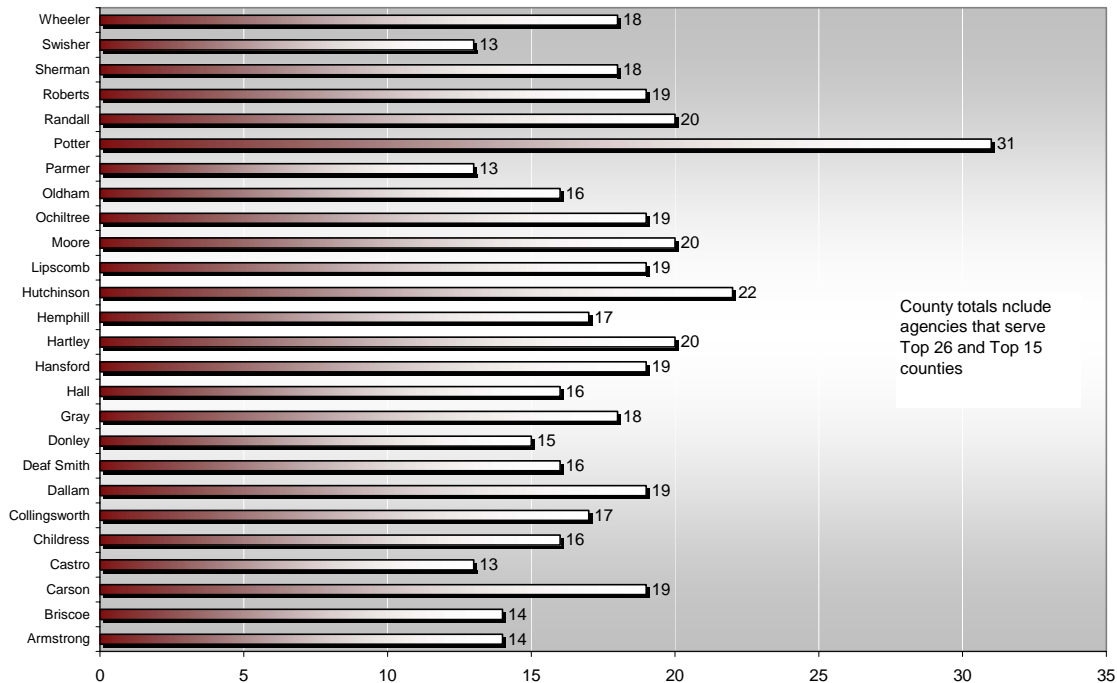
A13: General Public, Elderly, Persons with Disabilities, Welfare-to-Work, Clients of My Agency, Clients of another Agency, Other (Please specify.)

There were 54 respondents to this question. Nineteen organizations (or 35 percent) served a single client base. These organizations usually indicated service restriction to “Elderly” or “Clients of my Agency” and are predominantly nursing homes and assisted living centers. Nearly fifty percent (26 respondents) indicated both “Elderly” and “Persons with Disabilities” as the client based served. In total, organizations that serve the elderly or people with disabilities constituted nearly 70 percent of the respondents. On average, organizations usually served more than one type of client, averaging three types of client bases served. The most common type of client reported under the “Other” category is “children” and had five respondents.

Transit coordination in the Panhandle region is facilitated by the large number of organizations that serve multiple client bases. Since populations that are typically heavy transit users are receiving service from similar agencies, the potential to deliver coordinated service is enhanced. In fact, that is the experience currently in the Panhandle as transit agencies are already delivering trips to a large number of health and social service agencies that serve these populations.

Appendix E: Panhandle Transportation Coordination Survey

Q15: What Counties Do You Regularly Serve?

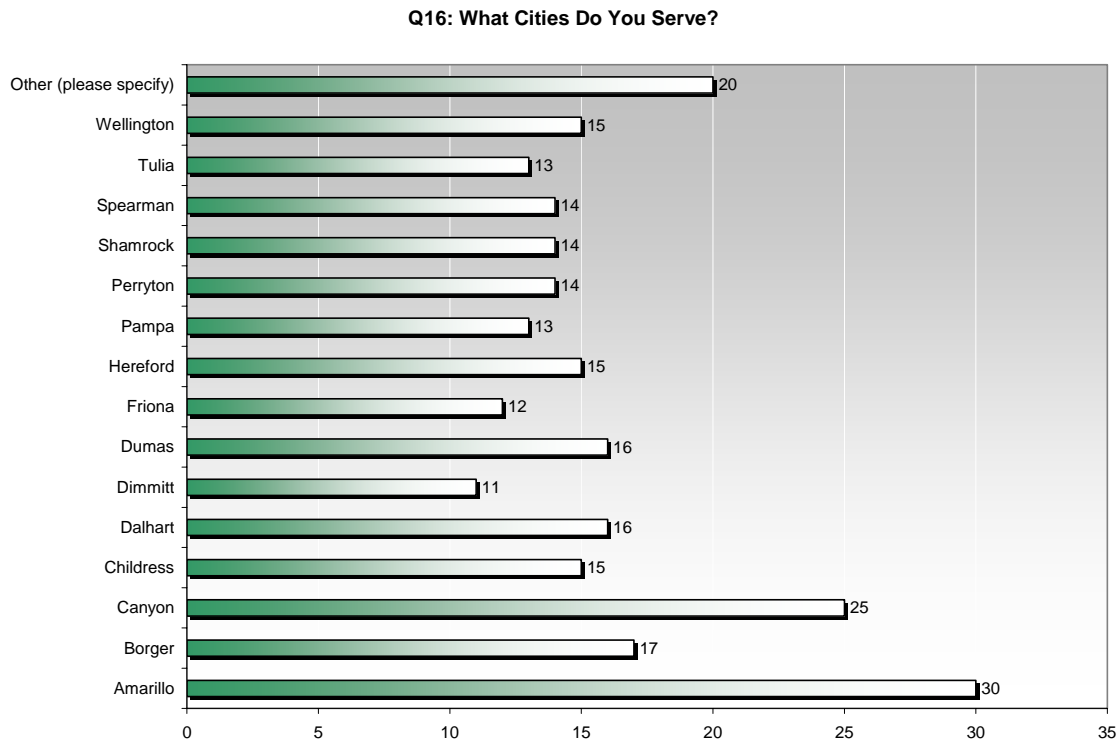


Q15: What counties does your agency regularly serve? (Check all that apply.)

A15: Top 26 counties, Top 15 counties, Armstrong, Briscoe, Carson, Castro, Childress, Collingsworth, Dallam, Deaf Smith, Donley, Gray, Hall, Hansford, Hartley, Hemphill, Hutchinson, Lipscomb, Moore, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher

There were 50 respondents to this question. The survey was sent to agencies and organizations that are active throughout the region in order to try to obtain insights that would be representative of the entire region. Thirteen respondents served the top 26 counties and 3 respondents served the top 15 counties. Nine agencies serve only Potter and Randall counties. Counties with no respondents other than that given by agencies with a region wide service area include Castro and Parmer counties; Hemphill County had one respondent. The high response rate from region-wide agencies and/ Potter and Randall county agencies may skew the results to reflect more small-urban and region-wide issues rather than issues relative to the more rural counties. However, Panhandle Community Services has been deeply involved in the study and has a strong presence throughout all the counties and its involvement will circumvent any inappropriate emphasis on one region or area.

Appendix E: Panhandle Transportation Coordination Survey



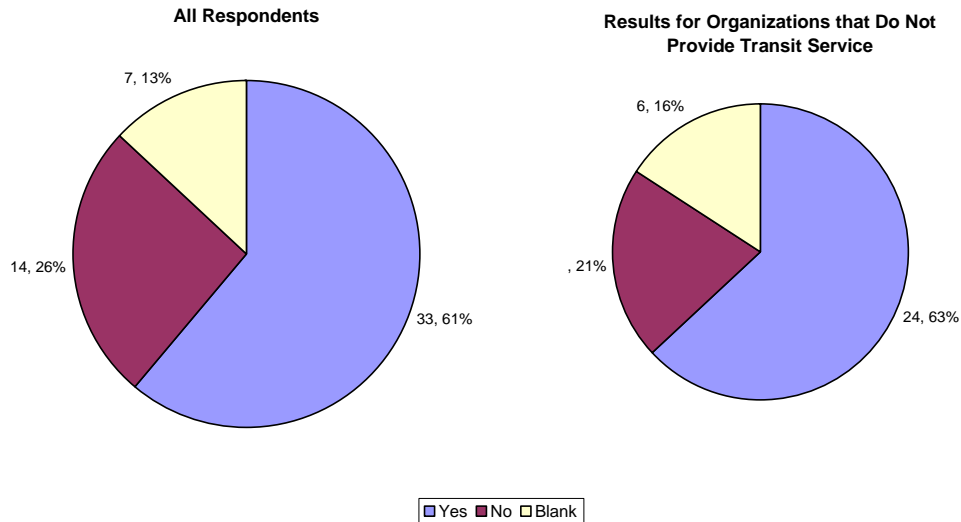
Q16: What cities does your agency regularly serve? (Check all that apply.)

A16: Amarillo, Borger, Canyon, Childress, Dalhart, Dimmitt, Dumas, Friona, Hereford, Pampa, Perryton, Shamrock, Spearman, Tulia, Wellington, Other (please specify).

There were 50 respondents to this question. Notable others mentioned include Fritch, Stinnet, Memphis, and Clarendon.

Appendix E: Panhandle Transportation Coordination Survey

Q17: Do You Serve All Municipalities in Your County?



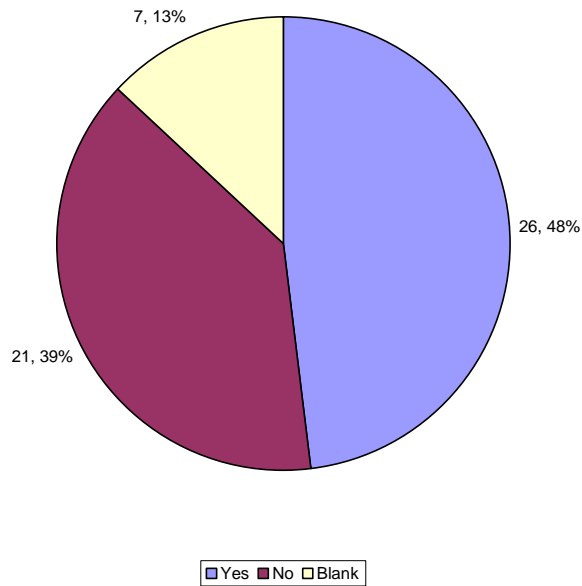
Q17: Do you serve all the municipalities within the counties you serve? (For example, does your agency work in Potter County but only serve residents of Amarillo?)

A17: Yes, No (Please describe limitations)

There were 47 respondents to this question. Sixty-one percent serve all the municipalities within counties served. Exceptions to this are organizations are predominantly those that only serve the City of Amarillo. These include Amarillo City Transit, Jan Werner Adult Day Care, and Region 16 Education Service. Other respondents answered “No” and then clarified what type of client base they served.

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Q18: Does Your Agency or Clients Travel Outside Service Area for Special Destinations?

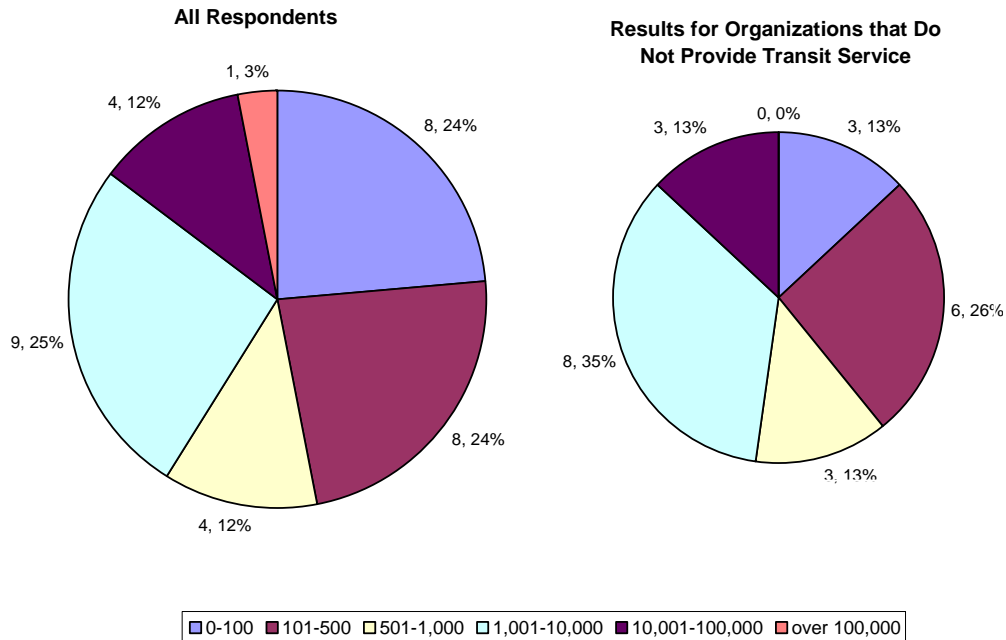


Q18: Does your agency or your clients travel outside these boundaries for special destinations, such as a regional hospital?

A18: No, Yes (Please list destination and address)

There were 47 respondents to this question. Destinations frequently cited included Lubbock (9 respondents); Amarillo (11 respondents); Plainview (3 respondents); Wichita Falls (3 respondents); Pampa (4 respondents); Dallas (4 respondents).

Q19: How Many Unduplicated Clients Served in 2005?

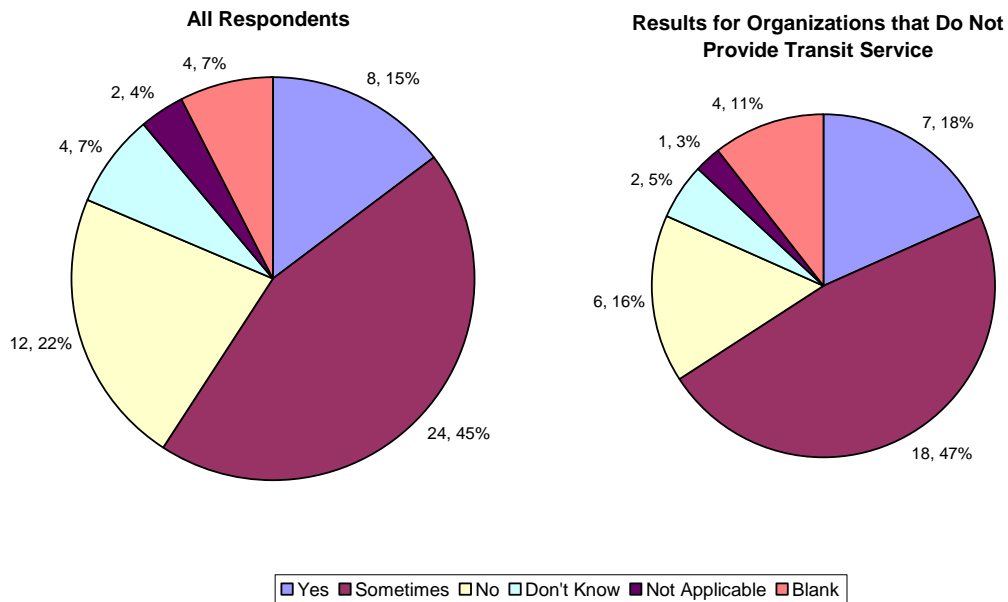


Q19: How many unduplicated clients did you serve in fiscal year 2005?

A19: (Open ended response.)

There were 34 respondents to this question. Nearly 50 percent of the organizations serve between 0 - 500 clients. These organizations tended to be the nursing homes, senior centers (Amarillo Senior Center), and groups with a narrowly defined market (e.g. the High Plains Epilepsy Association). Other respondents represented agencies that the whole of the Panhandle. In these cases, the number of clients served was much higher. For example, Panhandle WorkSource served nearly 40,000 clients; Family Services has over 18,000 clients. Twenty-two respondents did not indicate how many unduplicated clients that are served.

Q20: Does the Lack of Transportation Keep People from Participating in Your Services?



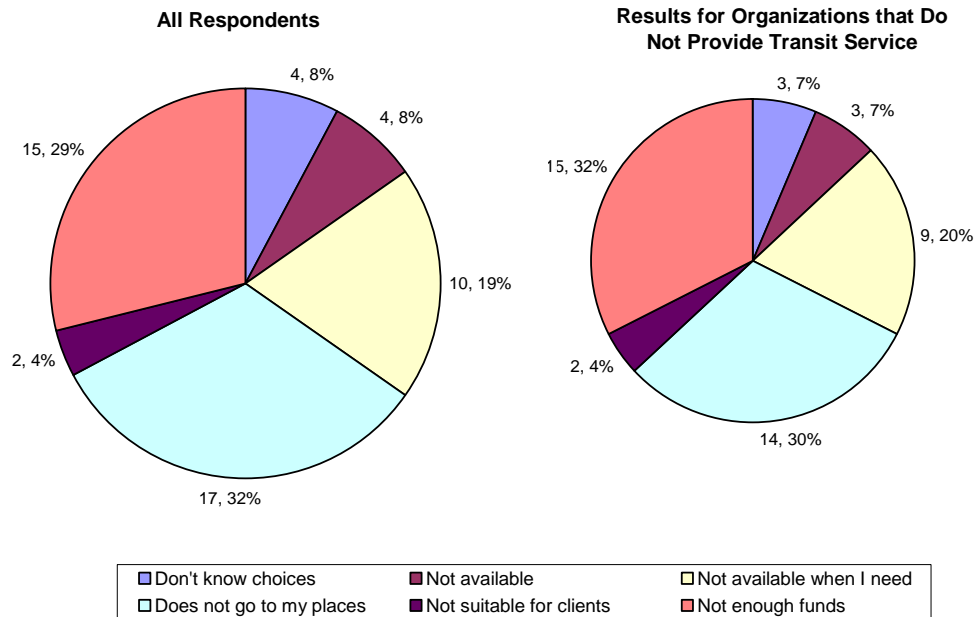
Q20: Does the lack of transportation keep people from participating in your agency's services?

A20: Yes, Sometimes, No, Don't Know, Not Applicable

There were 49 respondents to this question. Most people responded that they sometimes had trouble accessing transit services (24 out of 55 respondents or 44%). Comments included difficulty in accessing emergency transportation (transportation scheduled with less than 24 hours notice), and transportation to work-sites that are not located within Amarillo city limits and the International Airport Agencies that did not provide transit services were 50 percent less likely to respond "No." This may indicate that those agencies are satisfied with the level of transit service they are receiving.

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Q21: Why is Transportation a Problem for Your Clients?



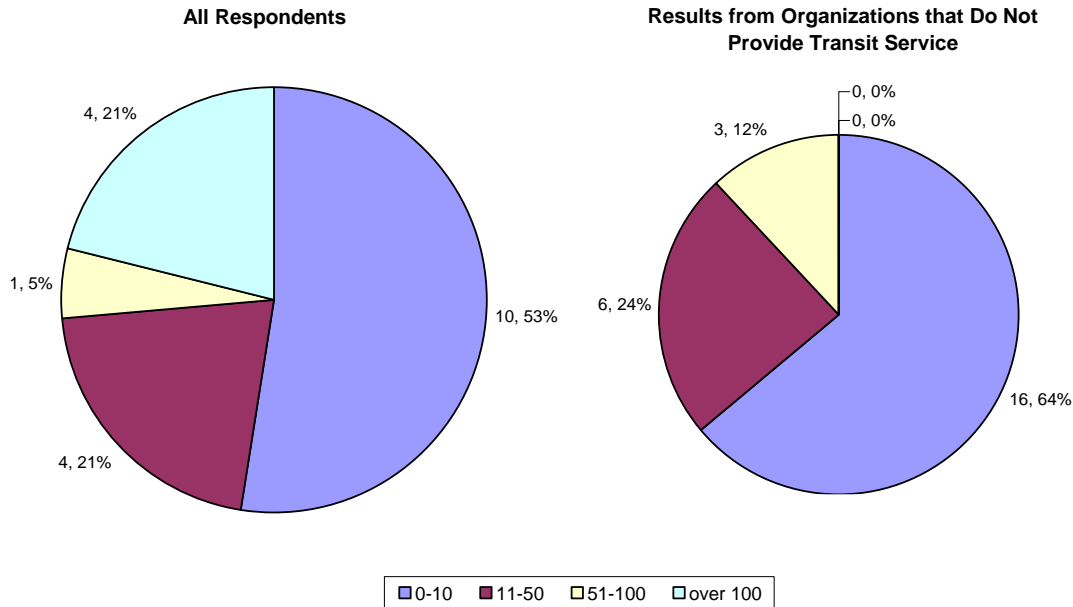
Q21: If yes or sometimes, why is transportation a problem? (Check all that apply.)

A21: I don't know what my transportation choices are available in my area; Transportation is not available to my area; Transportation is not available to my area during the times I need; Transportation does not take my clients where they need to go; Transportation vehicles are not suitable to serve my clients; There are not enough funds to provide transportation to our client.

There were 29 respondents to this question: 13 organizations named 1 problem, 7 organizations named 2 problems and 6 organizations named 3 problems. Taken together, "Not available when I need" or "Does not take my clients where they need to go" were 50 percent of the problems cited. The largest issue cited was "Transportation does not take my clients where they need to go" (17 out of 29 or 59% of respondents). Specifically, difficulty in getting transportation to worksites off the regular fixed bus route and to distant doctor's appointments. Respondents also cited that they needed service after regular business hours (when Panhandle Community Services stops providing service) or after 7:00 (when Amarillo City Transit stops providing service).

These results indicate the potential need for future coordination efforts to focus on filling after-hours service gap and distant worksite trip gap.

Q22: How Many Trips per Month are Unmet?



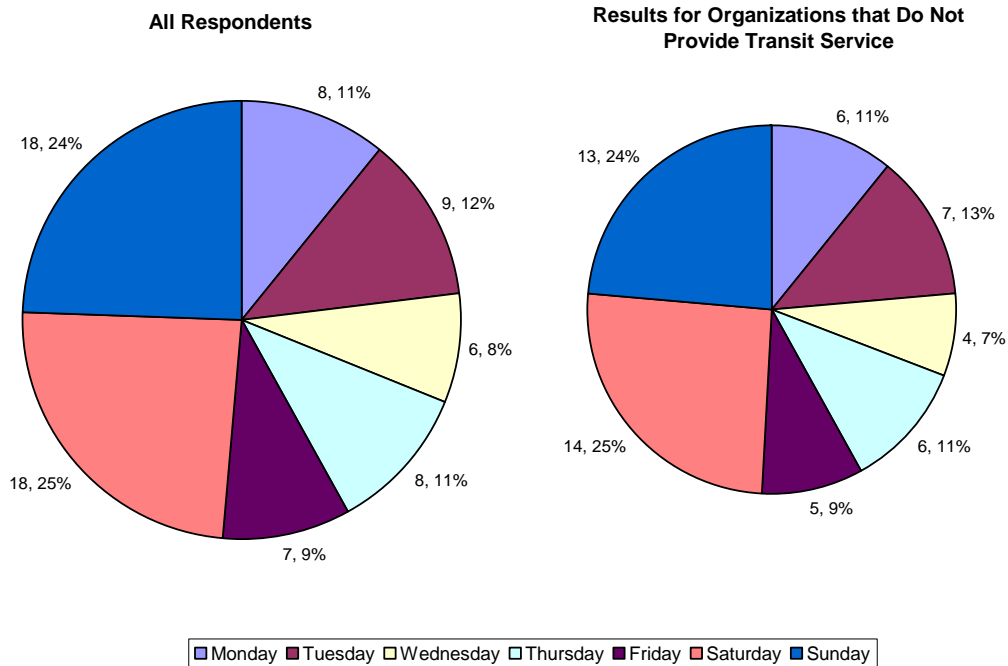
Q22: In your best opinion, approximately how many trips per month are unmet?

A22: (Open-ended response.)

There were 25 respondents to this question. Of those responding, over half miss less than 10 trips per month. The largest provider of trips, Panhandle Community Services, indicates between 0 missed trips (as reported from the headquarters) to a single missed trip (as reported by a local office). The difference in responses would indicate that, on a local level, schedulers may be aware of missed trips that are not reported to the headquarters or, simply, a discrepancy in reporting. Respondents that indicated a high number of unmet agency-related trips include the Health and Human Services Commission (estimate of 300 missed trips); Amarillo Area YMCA (estimate of 150 missed trips); Amarillo Senior Citizen Association (estimate of 75 missed trips); and Panhandle WorkSource (estimate of 30 missed trips). Respondents that do not directly provide transit or health and human services included a local citizen representing the public transportation community in Amarillo (estimate of 200 missed trips); the Panhandle Regional Planning Commission (estimate of 300 missed trips). Over half of the respondents left this question blank or responded “unsure.” These results would support the finding that many health and social service providers do not track their transportation similarly to transit-focused agencies. One of the barriers that may be encountered in developing a coordinated system will be the difficulty in moving toward a more standardized approach to reporting transit service delivery.

Future coordination efforts may focus agencies with high unmet trip needs (HHSC, Panhandle WorkSource, Amarillo Senior Citizen Center, and Amarillo Area YMCA).

Q23: Days on Which Service is Impossible to Obtain



Q23: Days on which service is needed but difficult or impossible to obtain

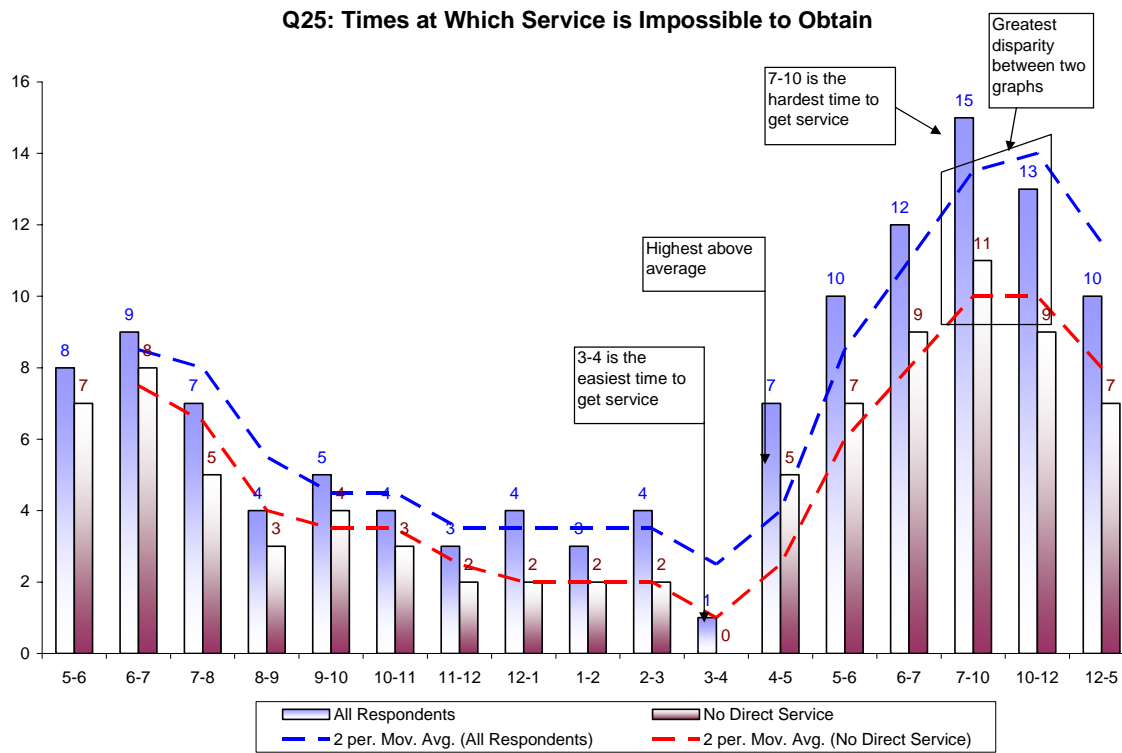
A23: Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday

There were 52 respondents to this question. Out of 52 responses, 31 respondents (or 41%) said that they could access transportation services every day of the week. For those that indicated that transit was difficult or impossible to access at least some of the time, Saturdays and Sundays were the most frequently mentioned (36 out of 74 or 49%). The responses between all the respondents and those that do not provide transit are nearly identical. This may indicate that there is no discrepancy of information regarding days of services between providers and consumers of transit.

For the weekdays, respondents indicated equal difficulty in obtaining service Monday through Friday. Four organizations responded that service was impossible to obtain every day; these included Salvation Army, Amarillo Senior Citizen Center, Amarillo YMCA, and one office of Panhandle WorkSource. Five organizations responded that service was impossible to obtain every week day; these included Donley County Ministerial Alliance, Canyons Retirement Community, Health and Human Service Commission, Department of State Health Services, and one Texas WorkSource office.

Panhandle Community Services does not provide service on weekends and Amarillo City Transit does not provide service on Sundays. This creates a gap in service that the RTAG may choose to focus on as a coordination priority.

Appendix E: Panhandle Transportation Coordination Survey



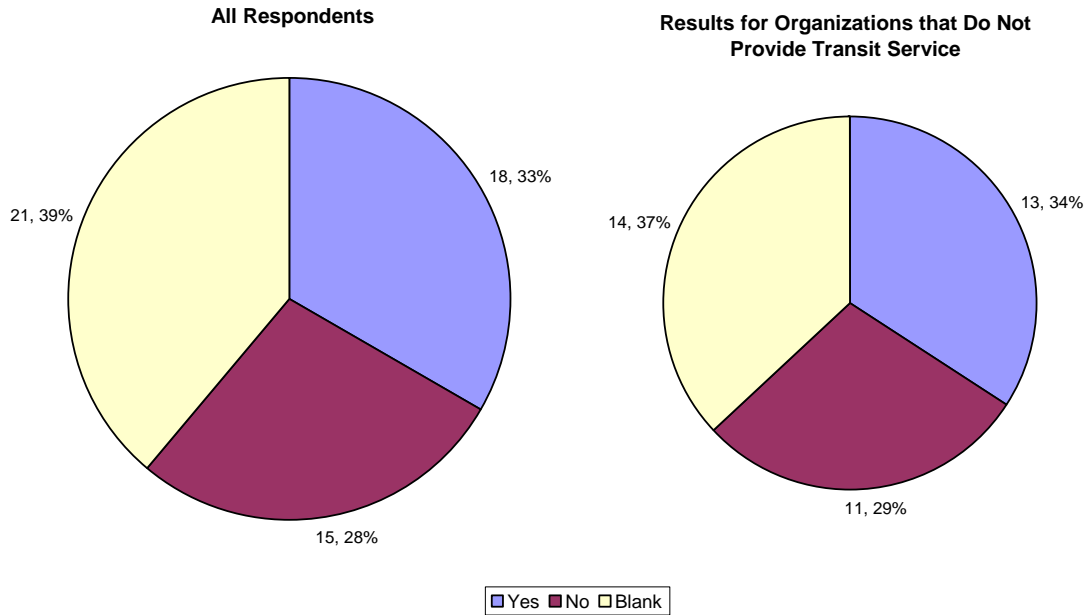
Q25: Times at which service is needed but difficult or impossible to obtain

A25: (Time range begins at 5:00 am and extends to 5:00 am next day.)

There were 21 respondents to this question. (In the graph above, all respondents are represented by the blue bar. Respondents that do not provide transit services are represented by the red bar. A moving average for each respondent class is indicated by a blue or red dashed line.) Times in which it is more difficult to obtain a trip include morning hours (9 to 10 am) and after-work hours (4 to 6 pm). Interestingly, demand is relatively low from 3 to 4 pm. The jump in demand at 4:00 pm indicates, in part, providers' difficulties in meeting trips (e.g. two Panhandle Community Services indicate difficulty in meeting trips during this time period).

Out of 21 responses, more than half (54%) indicated that there is a need for transportation after 5:00 pm. In particular, there is a need for transit services for people who are reliant on public transportation and have work hours that extend in the evening, after public transit is no longer available. This need has been reinforced during one-on-one meetings with the Panhandle Mental Health and Mental Retardation office and Work Source offices and in public meetings. Targets for coordination may include identifying providers or resources that are flexible and can be brought on to serve during high-demand periods. Another coordination strategy may be focused more on the supply side and exploring whether there are high users of transit services with flexibility in scheduling. However, at this time, the nature of the unmet trips and the degrees of trip schedule flexibility during periods of heavy use is unknown.

Q27: Does Transportation Take Your Clients Where They Need to Go?



Q27: Does transportation take your clients where they need to go?

A27: Yes, No (Where do you need to go?)

There were 33 respondents to this question. For those that responded “No,” destinations where transportation was lacking includes: food/grocery (3); daycare (2); job or job-training (5); medical appointments/pharmacy (8); Lubbock (3); airport (1); and emergency (1).

Difficulty in filling all medical-trip and job-related trip needs were reinforced during public meetings and one-on-one meetings with providers. Additionally, the finding that long-distant trips are a need is reinforced by the responses cited to Survey Question 21: Why is Transportation a Problem?

Appendix E: Panhandle Transportation Coordination Survey

Q28: Are there other transportation issues that have not been covered?

A28: (Open-ended response.)

There were 12 respondents to this question. The comments are noted below.

For some reason the topic of transportation in the Panhandle is always limited to medical/welfare needs. People who have disabilities, those without the financial resources etc must have transit or a means of getting to the nearest Amtrac station to Amarillo, to the airport, to and from Canyon, Texas, Plainview and other locations. Perhaps it is because most of the persons working on the transit issue are not limited by lack of a car or several cars, lack of ability to drive, or who are left with only the Greyhound or TMN bus system in the area. The bus depot downtown is a ghetto and no one will address the issue because allegedly it is a private business. But it affects our whole city. People from other states and towns come here and are appalled at the horrid, slum like conditions of this bus depot on Tyler, the smell, the lack of cleanliness, the lack of ventilation, the lack of food or water and the people who staff it. The toxic fumes are so bad under the staging port where you board the bus in early A.M. that people using inhalers are often at risk. It is a horrid situation and it leaves people here without any alternative. This aspect of transit in Amarillo has simply got to be addressed and integrated into the agency related medical travel issues. Our population is aging and many of the people driving in Amarillo right now should not be doing so. They put us all at risk because they are far too old. Yet because there is NO alternative to get out of Amarillo either by decent bus terminal, getting to airport, to grocery stores in a timely manner, it forces people who should not be on the road to be there. In the coming years more people will age. We must do something about the lack of an integrated transit solution which is not just focused on medical needs or welfare related needs. We all have to live and without transit solutions we cannot. The net result is that our city is going to feel the economic impact as many of the people who have money to spend simply cannot get places to spend it.

Retail stores

We need assistance during the summer months for our temporary clients that we service only during these months in the out lying towns, such as Fritch, Stinnett, and Panhandle.

People that are not Medicaid eligible but are still low income are very reluctant to go to appts because they cannot pay the fee (\$30) to be taken out of town to appts. There needs to be some type of income sensitive program for non-Medicaid clients.

Those from out of town are sometimes just walking or hitch hiking through and need a ride to the next town

Transients needing gas money to leave town- when not broken down/ or robbed; Transportation options for those afraid/ unhappy with the bus system

I feel like we are a burden when we call to schedule transportation for our childcare

We have those who say they can't attend classes unless they have transportation

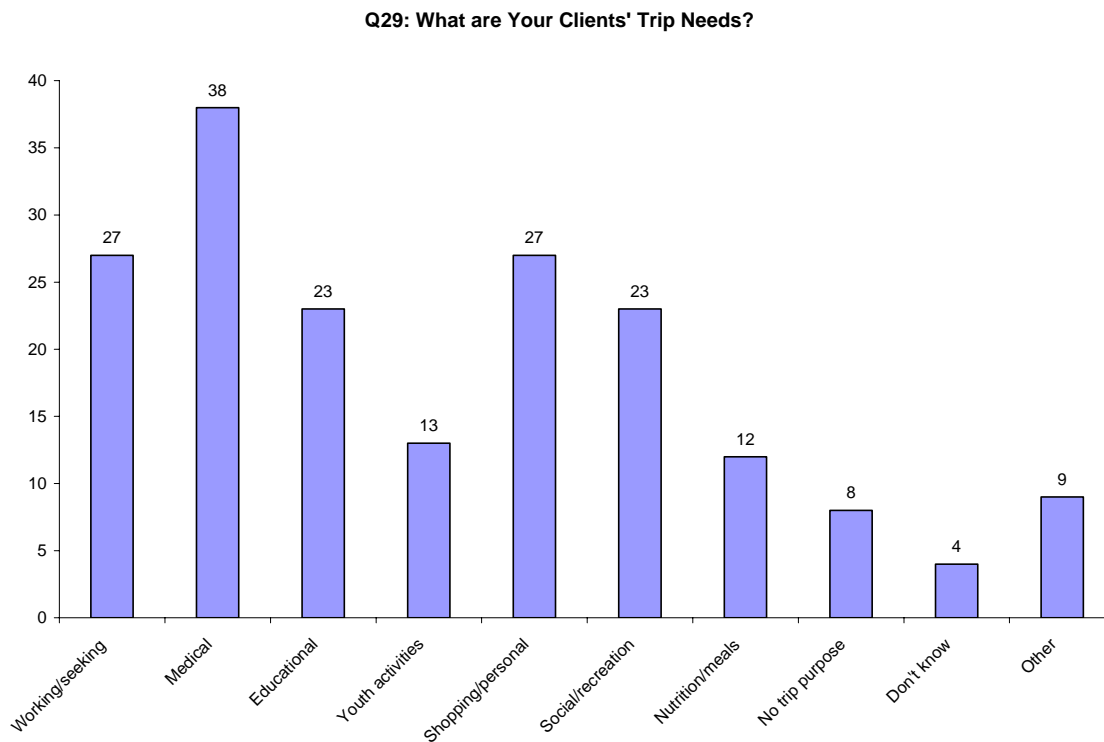
Appendix E: Panhandle Transportation Coordination Survey

People need daily transportation to work.

At times, appointments have to be changed due to other conflicting appointments

What about the needs of homeless to look for employment w/o any source of income to pay for city transit?

Appendix E: Panhandle Transportation Coordination Survey



Q29: What are your clients' trip needs? (Check all that apply.)

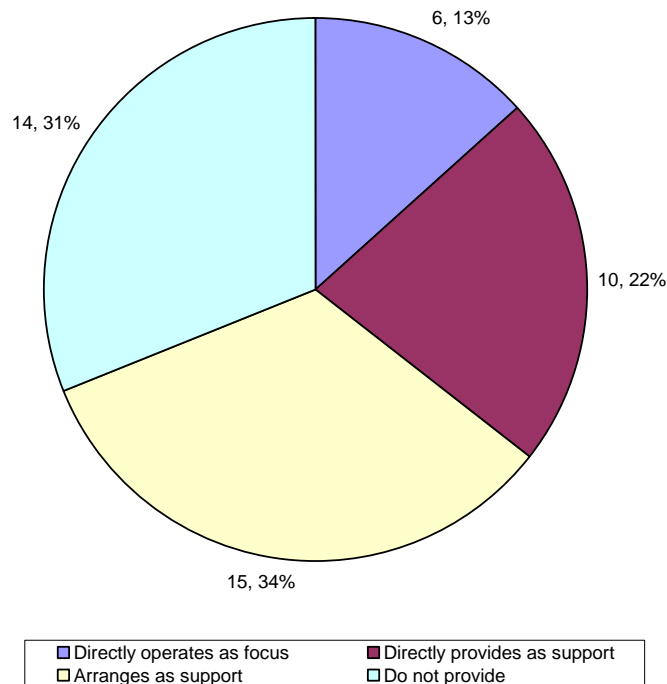
A29: Working/seeking employment; Medical, Educational, Youth activities; Shopping/personal business; Social/recreation; Nutrition/congregate meals; No trip purpose exclusion; Don't Know; Other (Please specify.)

There were 46 respondents to this question. Medical trips, work/seeking employment, shopping, and educational trips were cited most frequently. These responses reinforce the finding that one of the most notable gaps in service relates to medical and work-related trips.

Respondents that cited nutrition/congregate meal trips include four senior citizen centers and agencies that very low-income and homeless. Respondents that cited youth activities include area YMCAs, United Way, and Girl Scout Council. Other destinations that were noted included adult day care, airport, counseling services, immigration services, and train stations.

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Q32: Organization Provides Transportation in Following Manner



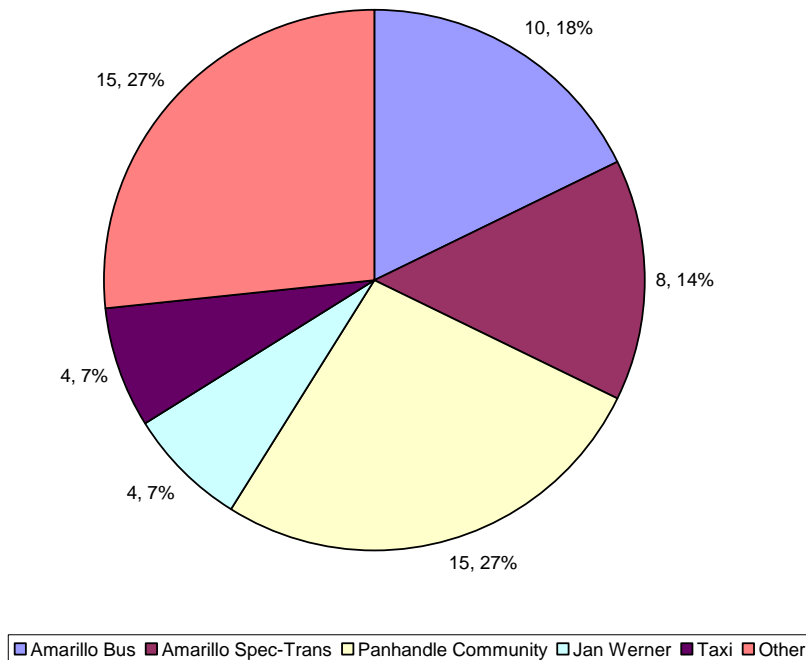
Q32: Your organization provides transportation to your clients in which of the following manner (Check one.)

A32: Directly operates transportation services as your primary focus; Directly provides transportation services as part of your support provided to clients; Arranges for passenger transportation services as part of your support provided to clients; We do not provide or use transportation in our delivery of services to clients

There were 45 respondents to this question. Respondents that indicated that they directly operate transit services range served between from 10 to 210,000 unduplicated clients. Of the 10 organizations that directly provide service as support, 1 was interested in providing services for other agencies, 4 were possibly interested, and 5 were not interested. Of the 14 organizations that do not provide transit services, 2 answered "Yes" for the lack of transportation affecting clients, 9 answered "Sometimes", 2 answered "No", and 1 answered "Don't know".

Appendix E: Panhandle Transportation Coordination Survey

Q33: Who Provides Transportation Services?



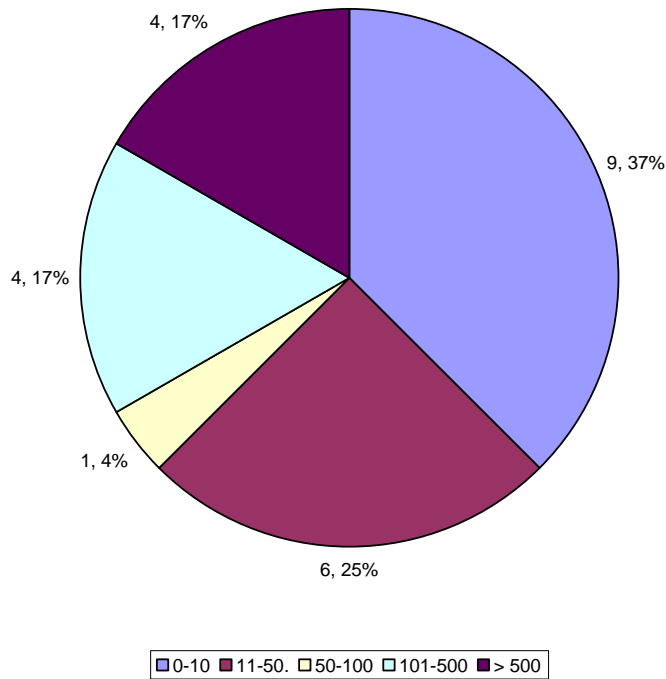
Q33: Who provides your passenger transportation services? (Check all that apply.)

A33: Amarillo City Fixed Route Bus; Amarillo Spec-Trans; Panhandle Community Services; Jan Werner Transportation; Taxi; Other (Please specify)

There were 25 respondents to this question. Panhandle Community Services provides transportation to all of the counties in the Panhandle and is the primary source of transportation for areas outside of the City of Amarillo. In Amarillo, there is a wider range of transportation options including Amarillo City Transit fixed route service, Amarillo City Transit Spec-Trans, Jan Werner Transportation, and private taxis. Users of private taxi included High Plains Epilepsy Center, United Way, and Harrington Cancer Center. Notable others that were mentioned include: Medicaid transportation, volunteers, Childress Ambulance Service, Panhandle Crisis Center, and Greyhound.

Greater participation in service coordination by private taxi service and Greyhound (and other over-the-road coaches) may prove to be one resource to overcome some of the service gaps for after-hours service and long-distance service.

Q34: Average Trips/month

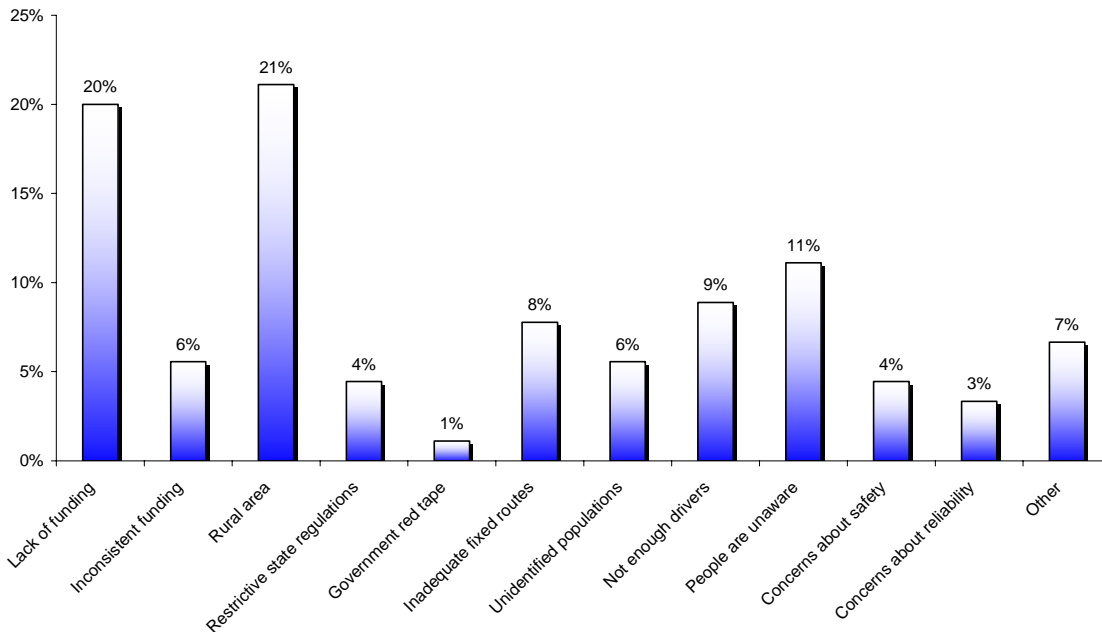


Q34: On average, how many trips do you provide in a month's time?

A34: (Open-ended response.)

There were 24 respondents to this question. Almost 40 percent of the organizations that responded deliver, on average, less than 10 trips per month. These organizations were typically senior living centers and small social service organizations. The respondents that deliver the highest number of trips included transit service providers – Amarillo City Transit and Panhandle Community Services.

Q35: What are Agencies' Greatest Challenges when Providing Transportation?



Q35: What are the greatest challenges to providing transportation to your clients? (Check all that apply.)

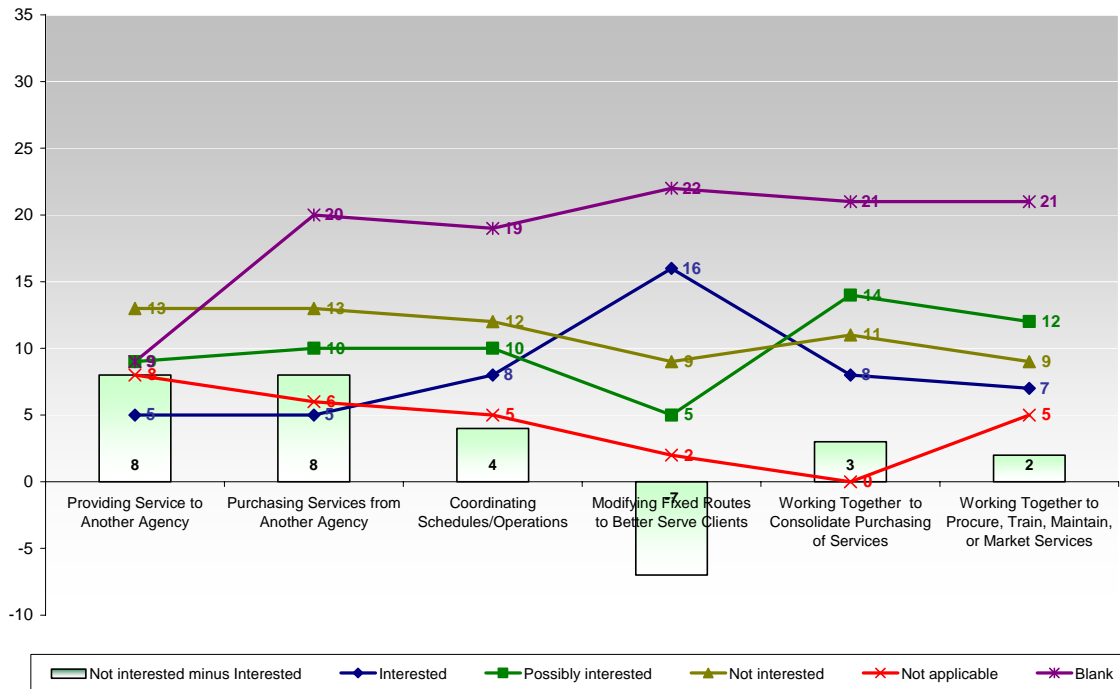
A35: Lack of adequate funding to serve need; Inconsistent or fluctuating fund amounts; rural and large geographical area; State or other regulations are too restrictive regarding criteria for who is eligible for our transportation services; Inadequate existing fixed routes; Hidden populations needing transportation are not being identified; Not enough qualified drivers to staff the need; People are unaware of the transportation services that are available to them; Concerns about passenger safety; Concerns regarding reliability of transportation provider; Other (please specify)

There were 25 respondents to this question. People that responded to the survey indicated that rural areas represented the largest challenge to delivering service (20%) followed closely by lack of funding (19%). Interestingly, a lack of awareness of transportation options available was listed as third highest challenge to delivery service to clients. Rural areas present a number of transportation challenges. Because distances are long and populations are sparse, it requires more resources to deliver services. The average distance for a Panhandle Community Services trip is about 5 miles.

Lack of funding has been cited by Amarillo City Transit as a particular concern to the continuing viability of the system. The City of Amarillo is approaching the 200,000 population mark. Once the city surpasses this, the Amarillo City Transit will lose their federal funding support. Moreover, there are anticipated decreases in the state-supplied funding. In 2005, Amarillo City Transit was allocated \$626,489. By 2010, this will decrease by \$482,602. Assuming inflation continues to rise at 4%, this may mean a reduction in real spending power of nearly \$214,000 to \$412,530 by 2010.

Appendix E: Panhandle Transportation Coordination Survey

Q36-41: Interest for Coordination/Collaboration Strategies



Q36-41: What is your interest in the following coordination strategies: Providing transportation services or more transportation services under contract to another agency; Purchasing transportation services from another organization assuming price and quality meets your needs; Coordinating schedules and vehicle operations so riders can transfer from one service to another; Modifying fixed routes to better serve your clients; Working together to consolidate the purchase (or contracting) of transportation services; Working together to coordinate procurement, training, maintenance, or marketing activities.

A36-41: Interested; Possibly interested; Not interested; Not applicable

There were 12 out of 20 organizations that left these questions blank because they do not use transportation services for their clients. Out of those that do provide service, more organizations indicated that they were “Not interested” in pursuing any coordination strategy. The strategy that solicited the most interest was “Modifying fixed routes.” Some of the organizations that indicated this as an interest include: Amarillo YMCA, Texas Panhandle MHMR Early Childhood Intervention, High Plains Epilepsy Association, Panhandle Worksource, Panhandle Crisis Center, and United Way of Amarillo. Another strategy that had higher interest was “Working Together to Purchase Service.” Some of the organizations that indicated this as an interest include: Health and Human Services Commission, Panhandle Independent Living Center, Amarillo YMCA and a number senior citizen centers and senior living centers.

Appendix F: Panhandle Transportation Coordination Survey

Panhandle Transportation Coordination Survey Format

The Panhandle Transportation Coordination Survey consisted of 42 questions divided into four parts. Part I provides contact information. Part II defines service characteristics. Part III details transportation issues. Part IV explores receptivity to coordination strategies. The survey was sent to 221 agencies and 52 agencies responded, yielding a 25 percent response rate. Given that, the results are statistically significant however, it is cautioned that the results be conservatively extrapolated.

Part I consisted of Questions 1 to 11 and provided respondent contact information. For Panhandle Community Services and Texas Workforce Commission, survey invitations were sent to and replies were received from multiple offices of these agencies in order to gain an understanding of local/county level concerns and perspectives. (The following summary detail does not address these questions. See Appendix X: Panhandle Transportation Coordination Survey Respondents for list of responding agencies.)

Part II consisted of Questions 12 to 17 and provided information about the responding organization - specifically type of organization, service area, type of client served and other agencies served.

- Most of the respondents identified themselves as representing agencies that are private, nonprofit transportation (15 percent) or federal or state human service agencies (21 percent). Organization types that had very low representation include for-profit transportation company (0 responses) and municipal and county governments (2 responses). Consequently, the survey will be highly reflective of only a segment of the target market. (Note: The lack of survey response by some groups led the consultant team to follow-up with phone calls to county judge and city manager offices. The result of this follow-up work is summarized in Appendix G: Elected Official Survey.)
- The survey reflects service areas that touch each of the Panhandle's 26 counties. This is due, in part, to response from PCS which serves the entire region and federal and state agencies which also have regional responsibilities. Counties that has minimal

Appendix F: Panhandle Transportation Coordination Survey

representation other than that provided by regional service providers (0 or 1 agency responding) include Armstrong, Brisco, Castro, Hemphill and Parmer counties. Of these, Brisco, Castro and Parmer counties may have a higher potential transit needs as measured by the Transit Needs Index. (See Chapter X.) Future iterations of coordination plan may concentrate more on learning about transit needs in this region through more intensive outreach to these areas.

- Type of client that was most frequently served was elderly and/or disabled (40 percent). Fourteen respondents indicated that they serve other agencies and the one most frequently cited was the Health and Human Services Commission. Other agencies mentioned include Child Protective Services and law enforcement agencies.

Part III: Questions 18 to 34 provide transportation-related information: travel patterns, access to transportation services, trip needs, type of service provided. (Note: In the following detailed results, Questions 23: What Days is Service Impossible to Obtain and Question 24: What Days is Service Difficult to Obtain has been combined since the responses were virtually identical. Likewise, Question 25: What Time is Service Impossible to Obtain and Question 26: What Time is Service Difficult to Obtain have been combined.)

- Access to Transportation Services: Access to transportation is most difficult on weekends and between the hours of 5:00 pm and 12:00 midnight. Forty-one percent of respondents indicated that they could access transportation services seven days a week and a number indicated that they had no difficulty delivering trips, no matter what the time. These respondents were most frequently assisted living or nursing homes with access to their own transportation resources.
- Trip Needs: Sixty percent of respondents indicated transportation prevented their clients from receiving services, at least sometimes. Sources of the difficulty most commonly cited included the need for trips with less than 24-hours notification and for work trips located outside service areas. Of those agencies that responded to this question, most reported ten or fewer trips unmet. The agency reporting the highest level of unmet trips is the Panhandle Health and Human Services Commission (400 trips/month). Large transit

Appendix F: Panhandle Transportation Coordination Survey

providers indicated very few missed trips. The discrepancy between these two responses may reflect that missed trips are occurring outside of current operating hours. Conversely, they may also represent riders choosing to forego trips because they are unable to meet the 24-hour notification requirement.

- **Type of Transit Service Needed:** Most respondents indicated that they concentrate on serving the elderly and disabled population. Consequently, medical and shopping/personal trips rank high the types of trips needed. Work- and education-related trips were also frequently cited.
- **Type of Transit Service Provided:** Thirty-one percent indicated that they do not provide transportation; many of these were small assisted living or nursing centers or social service agencies that serve the very-low income and homeless populations. However, the Department of State Health Services also responded that they do not provide or arrange for transportation. Many agencies indicated that they arrange for transportation. The largest of these were state agencies: the Health and Human Services Commission and the Department of Rehabilitative Services. Direct providers include Amarillo City Transit, Panhandle Community Service, Amarillo YMCA, and a number of assisted living and nursing center. Other providers noted include Greyhound, Volunteers (Moore County Senior Center and Harrington Cancer Center), and Medicaid.
- **Number of Trips Provided:** Almost 40 percent of the organizations provided less than 10 trips per month. These included the smaller social service agencies and some assisted living and nursing centers. Large transit-focused organizations deliver over 10,000 trips per month.

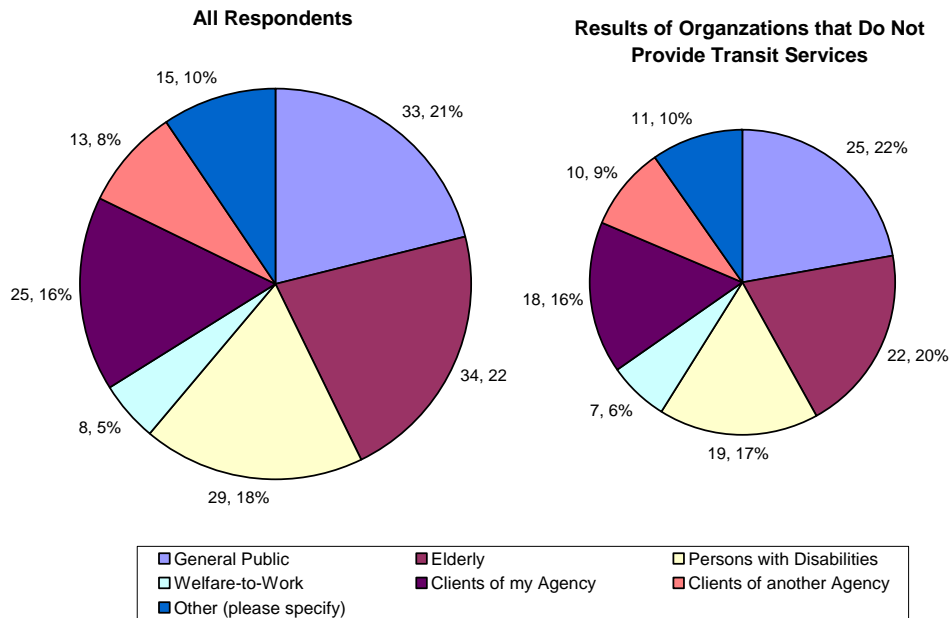
Part IV: Questions 35 to 42 were directed to organizations that directly provide or arrange for transit services and were focused on issues of transit coordination.

Greatest Challenges to Providing Transportation: Lack of funding, rural service delivery area and a lack of awareness of transportation options were listed as the most significant challenges faced in providing service.

Appendix F: Panhandle Transportation Coordination Survey

Interest in Coordination: Out of those organizations that do provide service, more organization indicated that they were “Not Interested” in pursuing any coordination strategy. The strategy that solicited the most interest was “Modifying Fixed Routes” followed by “Working Together to Purchase Service.” Future coordination workshops may choose to address these issues with these organizations. Moreover, future coordination planning efforts may need to more fully explore the source of resistance to coordinating resources and to inform agencies about transit coordination.

Q13: What Type of Clients Do You Serve?



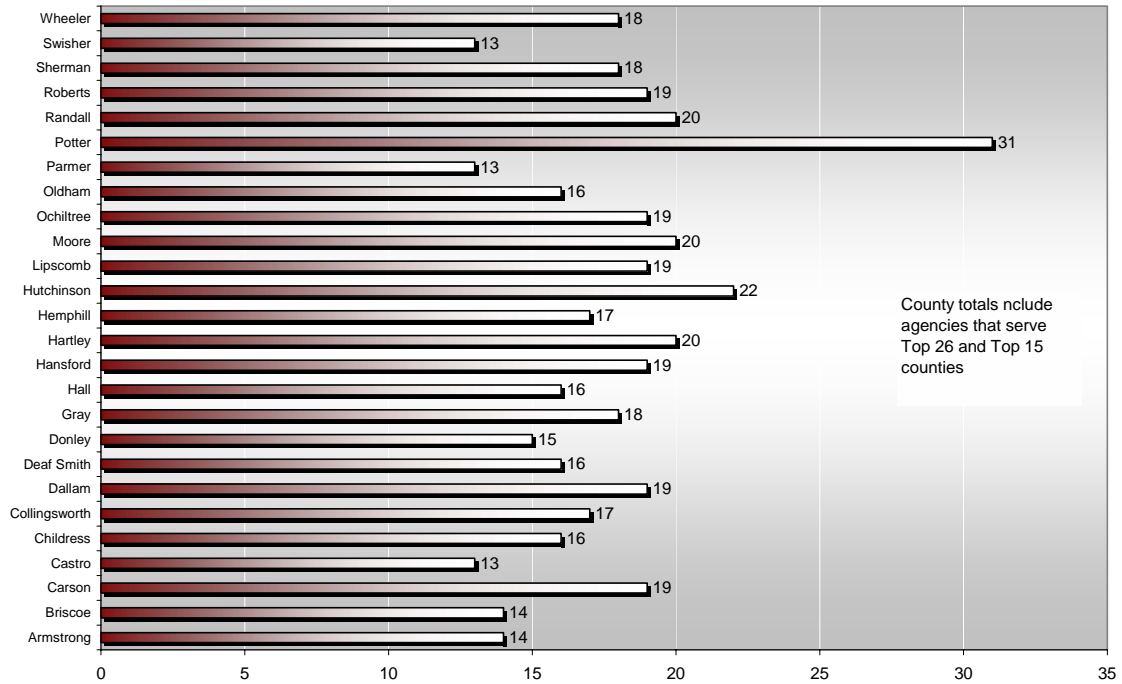
Q13: What type of clients do you serve?

A13: General Public, Elderly, Persons with Disabilities, Welfare-to-Work, Clients of My Agency, Clients of Another Agency, Other (Please specify.)

There were 54 respondents to this question. Nineteen organizations (or 35 percent) served a single client base. These organizations usually indicated service restriction to “Elderly” or “Clients of my Agency” and are predominantly nursing homes and assisted living centers. Nearly fifty percent (26 respondents) indicated both “Elderly” and “Persons with Disabilities” as the client base served. In total, organizations that serve the elderly or people with disabilities constituted nearly 70 percent of the respondents. On average, organizations usually served more than one type of client, averaging three types of client bases served. The most common type of client reported under the “Other” category is “children” and had five respondents.

Transit coordination in the Panhandle region is facilitated by the large number of organizations that serve multiple client bases. Since populations that are typically heavy transit users are receiving service from similar agencies, the potential to deliver coordinated service is enhanced. In fact, that is the experience currently in the Panhandle as transit agencies are already delivering trips to a large number of health and social service agencies that serve these populations.

Q15: What Counties Do You Regularly Serve?

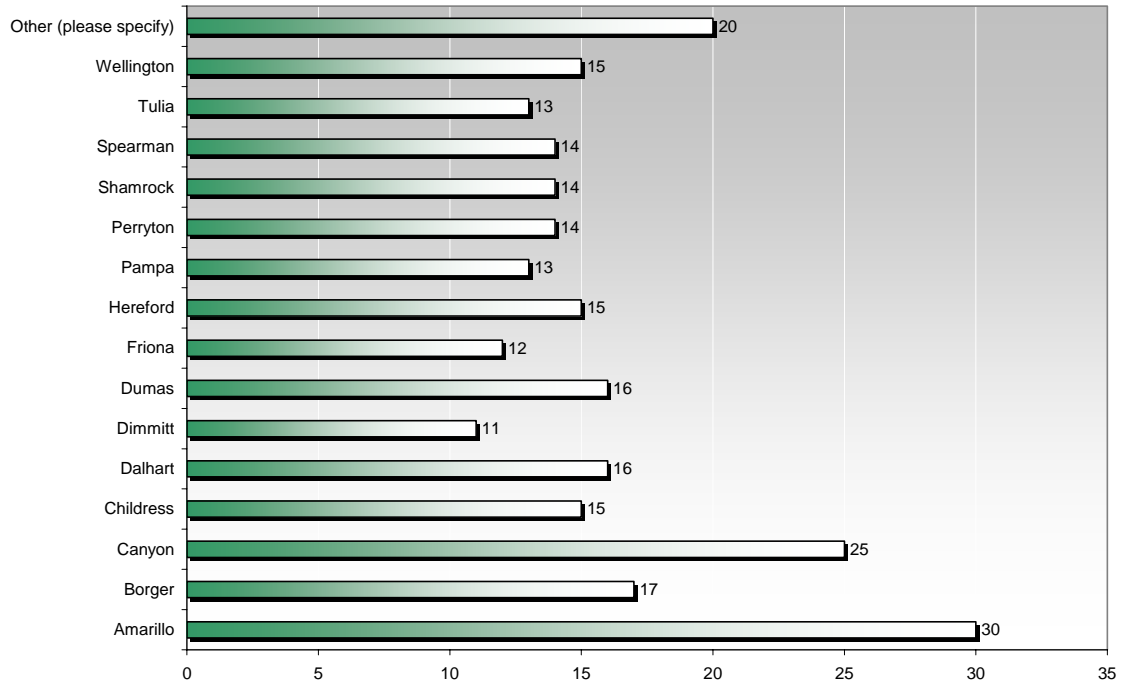


Q15: What counties does your agency regularly serve? (Check all that apply.)

A15: Top 26 counties, Top 15 counties, Armstrong, Briscoe, Carson, Castro, Childress, Collingsworth, Dallam, Deaf Smith, Donley, Gray, Hall, Hansford, Hartley, Hemphill, Hutchinson, Lipscomb, Moorre, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher

There were 50 respondents to this question. The survey was sent to agencies and organizations that are active throughout the region in order to try to obtain insights that would be representative of the entire region. Thirteen respondents served the top 26 counties and 3 respondents served the top 15 counties. Nine agencies serve only Potter and Randall counties. Counties with no respondents other than that given by agencies with a region wide service area include Castro and Parmer counties; Hemphill County had one respondent. The high response rate from region-wide agencies and/ Potter and Randall county agencies may skew the results to reflect more small-urban and region-wide issues rather than issues relative to the more rural counties. However, Panhandle Community Services has been deeply involved in the study and has a strong presence throughout all the counties and its involvement will circumvent any inappropriate emphasis on one region or area.

Q16: What Cities Do You Serve?

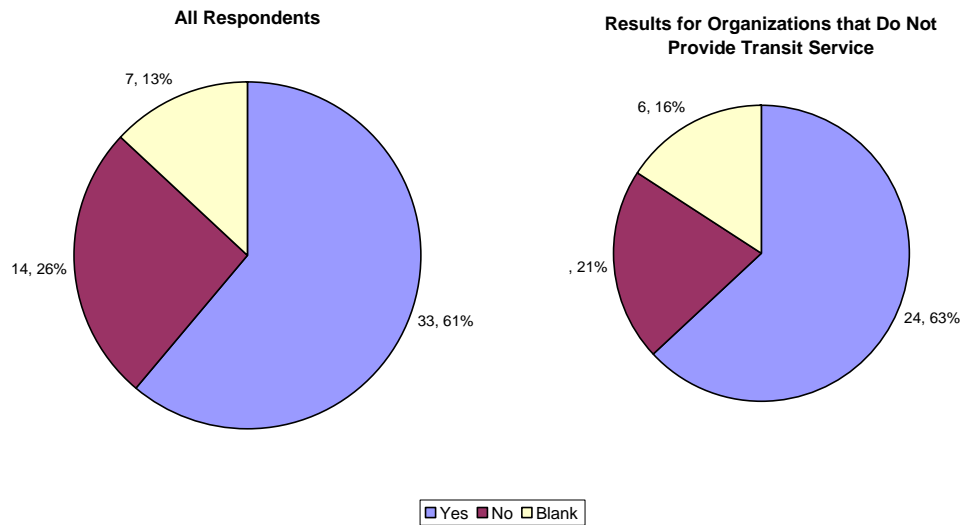


Q16: What cities does your agency regularly serve? (Check all that apply.)

A16: Amarillo, Borger, Canyon, Childress, Dalhart, Dimmitt, Dumas, Friona, Hereford, Pampa, Perryton, Shamrock, Spearman, Tulia, Wellington, Other (please specify).

There were 50 respondents to this question. Notable others mentioned include Fritch, Stinnet, Memphis, and Clarendon.

Q17: Do You Serve All Municipalities in Your County?

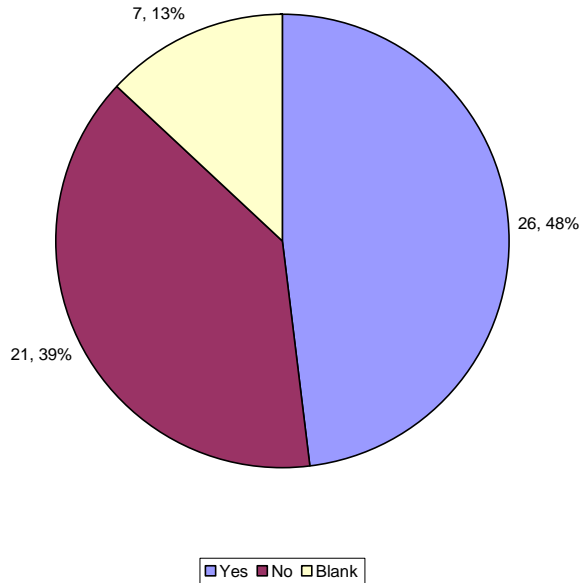


Q17: Do you serve all the municipalities within the counties you serve? (For example, does your agency work in Potter County but only serve residents of Amarillo?)

A17: Yes, No (Please describe limitations)

There were 47 respondents to this question. Sixty-one percent serve all the municipalities within counties served. Exceptions to this are organizations are predominantly those that only serve the City of Amarillo. These include Amarillo City Transit, Jan Werner Adult Day Care, and Region 16 Education Service. Other respondents answered "No" and then clarified what type of client base they served.

Q18: Does Your Agency or Clients Travel Outside Service Area for Special Destinations?

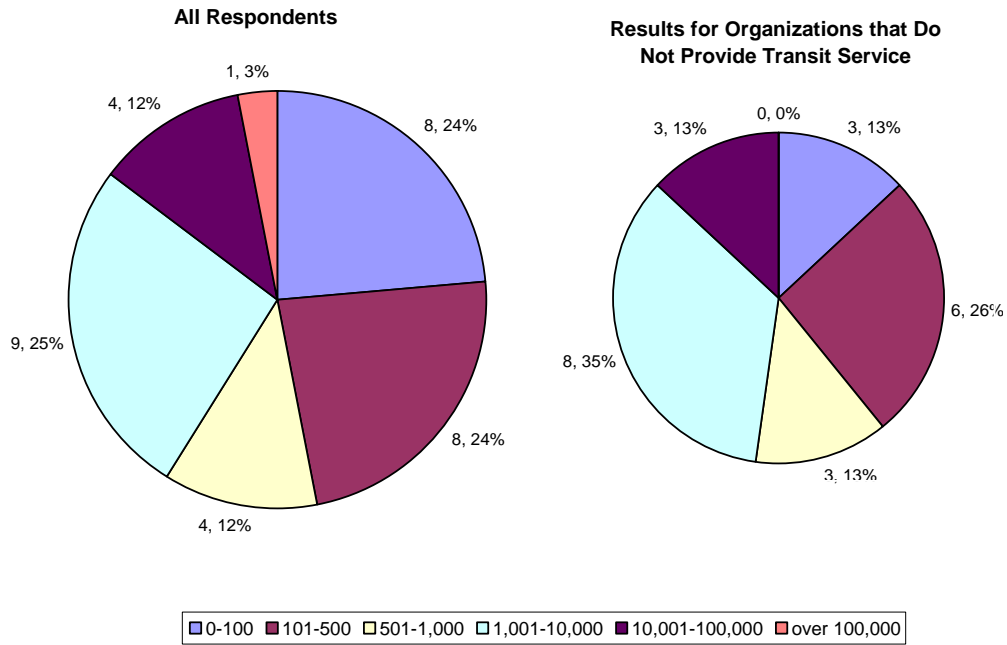


Q18: Does your agency or your clients travel outside these boundaries for special destinations, such as a regional hospital?

A18: No, Yes (Please list destination and address)

There were 47 respondents to this question. Destinations frequently cited included Lubbock (9 respondents); Amarillo (11 respondents); Plainview (3 respondents); Wichita Falls (3 respondents); Pampa (4 respondents); Dallas (4 respondents).

Q19: How Many Unduplicated Clients Served in 2005?

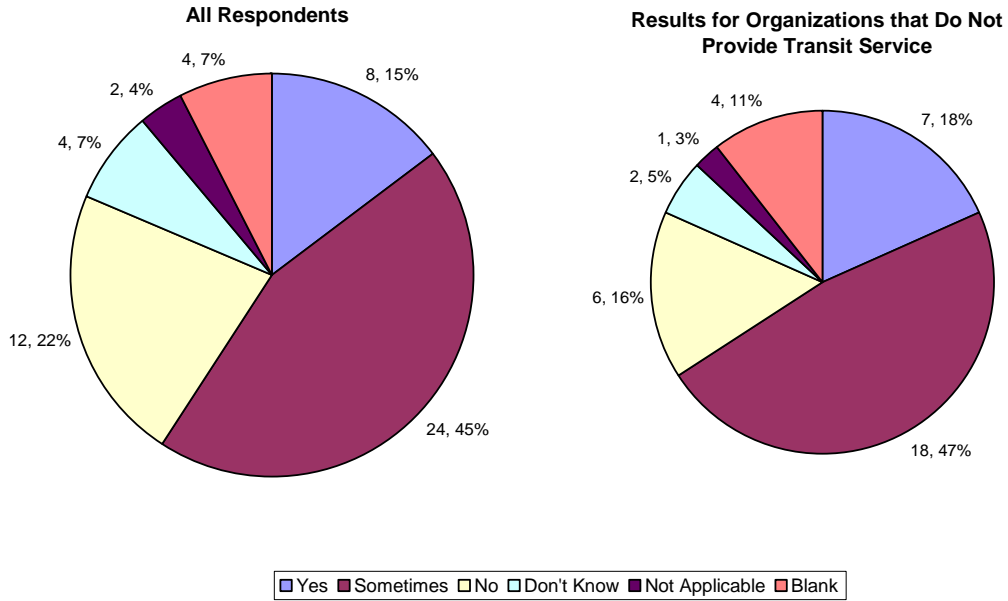


Q19: How many unduplicated clients did you serve in fiscal year 2005?

A19: (Open ended response.)

There were 34 respondents to this question. Nearly 50 percent of the organizations serve between 0 - 500 clients. These organizations tended to be the nursing homes, senior centers (Amarillo Senior Center), and groups with a narrowly defined market (e.g. the High Plains Epilepsy Association). Other respondents represented agencies that the whole of the Panhandle. In these cases, the number of clients served was much higher. For example, Panhandle Worksource served nearly 40,000 clients; Family Services has over 18,000 clients. Twenty-two respondents did not indicate how many unduplicated clients that are served.

Q20: Does the Lack of Transportation Keep People from Participating in Your Services?

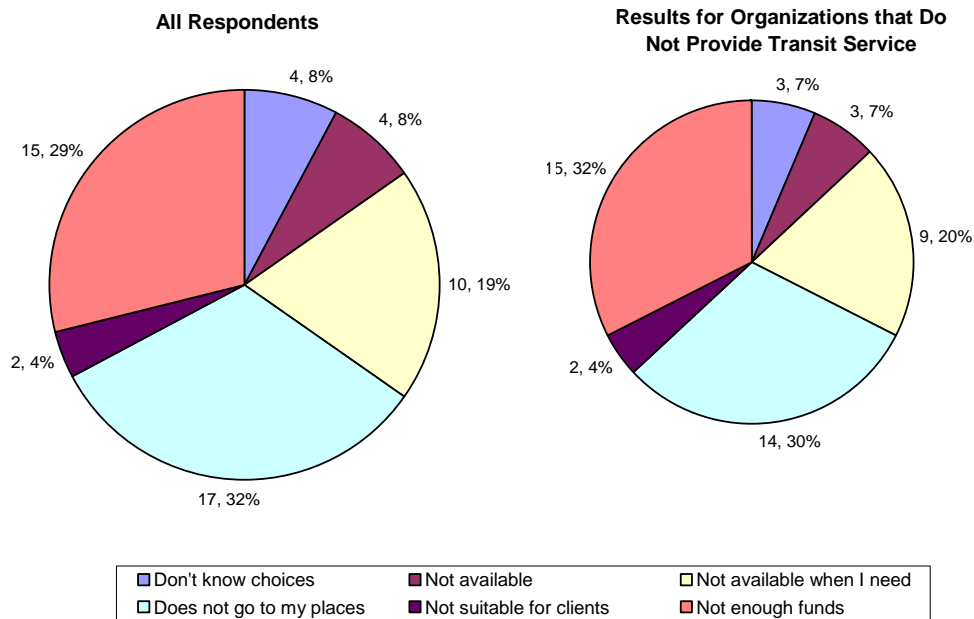


Q20: Does the lack of transportation keep people from participating in your agency's services?

A20: Yes, Sometimes, No, Don't Know, Not Applicable

There were 49 respondents to this question. Most people responded that they sometimes had trouble accessing transit services (24 out of 55 respondents or 44%). Comments included difficulty in accessing emergency transportation (transportation scheduled with less than 24 hours notice), and transportation to work-sites that are not located within Amarillo city limits and the International Airport Agencies that did not provide transit services were 50 percent less likely to respond "No." This may indicate that those agencies are satisfied with the level of transit service they are receiving.

Q21: Why is Transportation a Problem for Your Clients?



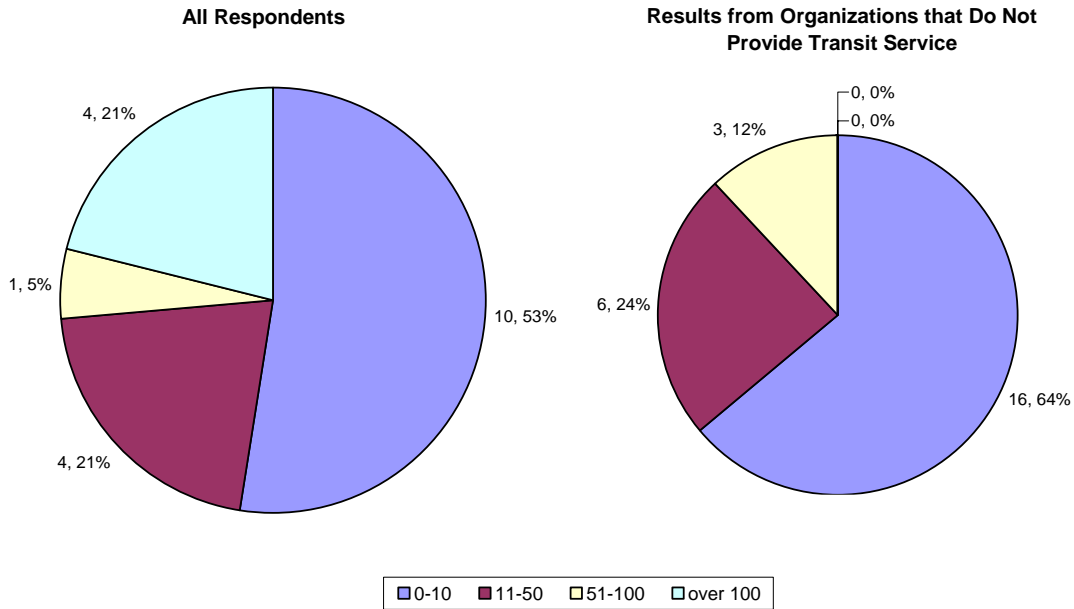
Q21: If yes or sometimes, why is transportation a problem? (Check all that apply.)

A21: I don't know what my transportation choices are available in my area; Transportation is not available to my area; Transportation is not available to my area during the times I need; Transportation does not take my clients where they need to go; Transportation vehicles are not suitable to serve my clients; There are not enough funds to provide transportation to our client.

There were 29 respondents to this question: 13 organizations named 1 problem, 7 organizations named 2 problems and 6 organizations named 3 problems. Taken together, "Not available when I need" or "Does not take my clients where they need to go" were 50 percent of the problems cited. The largest issue cited was "Transportation does not take my clients where they need to go" (17 out of 29 or 59% of respondents). Specifically, difficulty in getting transportation to worksites that are off the regular fixed bus route and to distant doctor's appointments. Respondents also cited that they needed service after regular business hours (when Panhandle Community Services stops providing service) or after 7:00 (when Amarillo City Transit stops providing service).

These results indicate the potential need for future coordination efforts to focus on filling after-hours service gap and distant worksite trip gap.

Q22: How Many Trips per Month are Unmet?



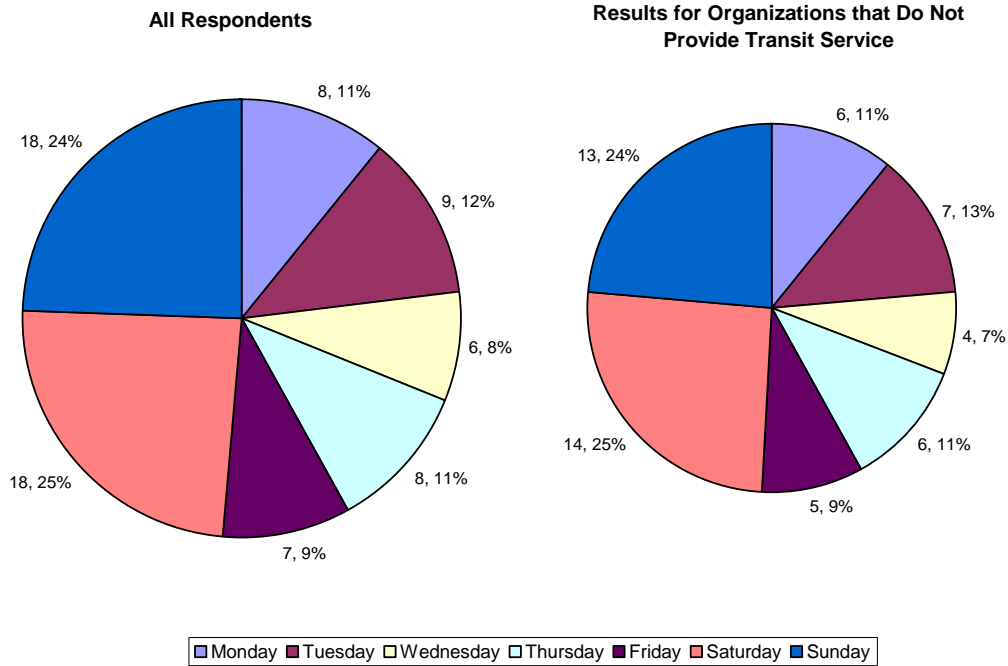
Q22: In your best opinion, approximately how many trips per month are unmet?

A22: (Open-ended response.)

There were 25 respondents to this question. Of those responding, over half miss less than 10 trips per month. The largest provider of trips, Panhandle Community Services, indicates between 0 missed trips (as reported from the headquarters) to a single missed trip (as reported by a local office). The difference in responses would indicate that, on a local level, schedulers may be aware of missed trips that are not reported to the headquarters or, simply, a discrepancy in reporting. Respondents that indicated a high number of unmet agency-related trips include the Health and Human Services Commission (estimate of 300 missed trips); Amarillo Area YMCA (estimate of 150 missed trips); Amarillo Senior Citizen Association (estimate of 75 missed trips); and Panhandle Worksource (estimate of 30 missed trips). Respondents that do not directly provide transit or health and human services included a local citizen representing the public transportation community in Amarillo (estimate of 200 missed trips); the Panhandle Regional Planning Commission (estimate of 300 missed trips). Over half of the respondents left this question blank or responded “unsure.” These results would support the finding that many health and social service providers do not track their transportation similarly to transit-focused agencies. One of the barriers that may be encountered in developing a coordinated system will be the difficulty in moving toward a more standardized approach to reporting transit service delivered.

Future coordination efforts may focus agencies with high unmet trip needs (HHSC, Panhandle Worksource, Amarillo Senior Citizen Center, and Amarillo Area YMCA).

Q23: Days on Which Service is Impossible to Obtain



Q22: Days on which service is needed but difficult or impossible to obtain

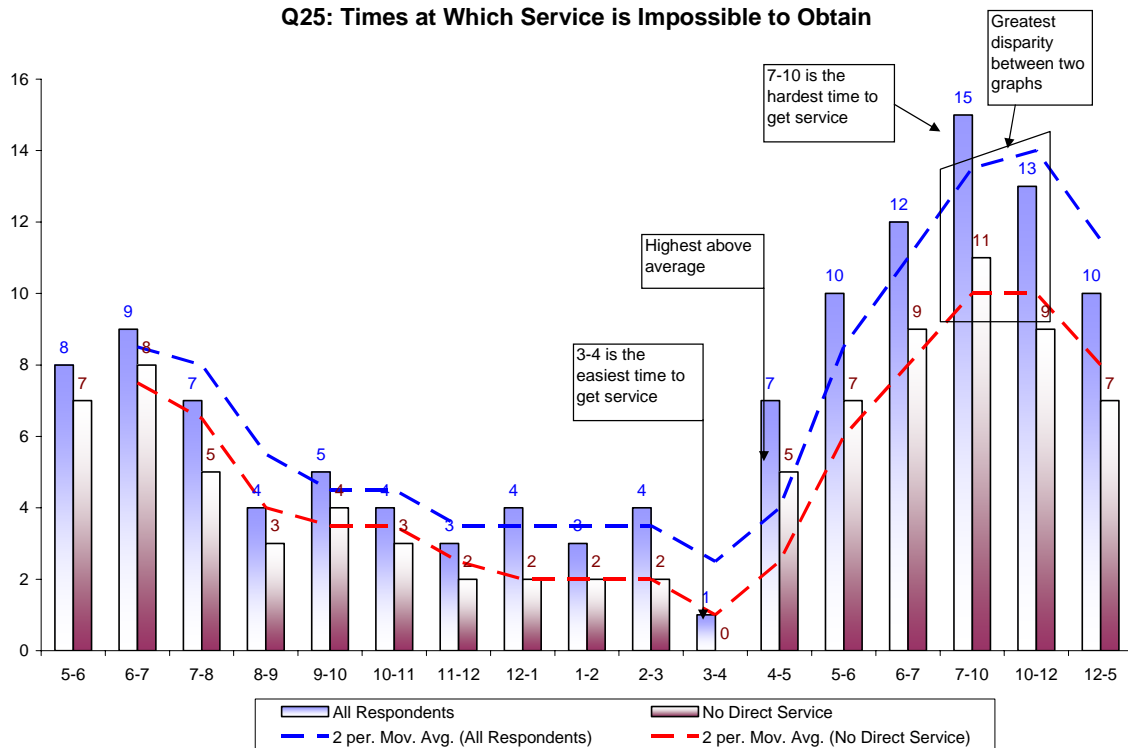
A22: Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday

There were 52 respondents to this question. Out of 52 responses, 31 respondents (or 41%) said that they could access transportation services every day of the week. For those that indicated that transit was difficult or impossible to access at least some of the time, Saturdays and Sundays were the most frequently mentioned (36 out of 74 or 49%). The responses between all the respondents and those that do not provide transit are nearly identical. This may indicate that there is no discrepancy of information regarding days of services between providers and consumers of transit.

For the weekdays, respondents indicated equal difficulty in obtaining service Monday through Friday. Four organizations responded that service was impossible to obtain every day; these included Salvation Army, Amarillo Senior Citizen Center, Amarillo YMCA, and one office of Panhandle Worksource. Five organizations responded that service was impossible to obtain every week day; these included Donley County Ministerial Alliance, Canyons Retirement Community, Health and Human Service Commission, Department of State Health Services, and one Texas Worksource office.

Panhandle Community Services does not provide service on weekends and Amarillo City Transit does not provide service on Sundays. This creates a gap in service that the RTAG may choose to focus on as a coordination priority.

Q25: Times at Which Service is Impossible to Obtain



Q25: Times at which service is needed but difficult or impossible to obtain

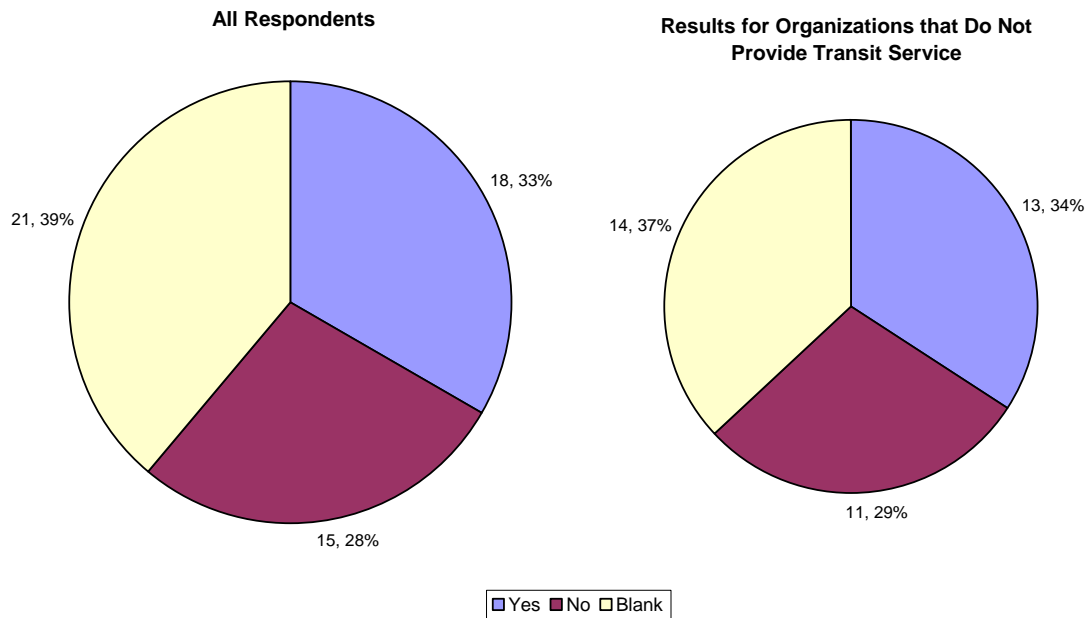
A25: (Time range begins at 5:00 am and extends to 5:00 am next day.)

There were 21 respondents to this question. (In the graph above, all respondents are represented by the blue bar. Respondents that do not provide transit services are represented by the red bar. A moving average for each respondent class is indicated by a blue or red dashed line.) Times in which it is more difficult to obtain a trip include morning hours (9 to 10 am) and after-work hours (4 to 6 pm). Interestingly, demand is relatively low from 3 to 4 pm. The jump in demand at 4:00 pm indicates, in part, providers' difficulties in meeting trips (e.g. two Panhandle Community Services indicate difficulty in meeting trips during this time period).

Out of 21 responses, more than half (54%) indicated that there is a need for transportation after 5:00 pm. In particular, there is a need for transit services for people who are reliant on public transportation and have work hours that extend in the evening, after public transit is no longer available. This need has been reinforced during one-on-one meetings with the Panhandle Mental Health and Mental Retardation office and Work Source offices and in public meetings.

Targets for coordination may include identifying providers or resources that are flexible and can be brought on to serve during high-demand periods. Another coordination strategy may be focused more on the supply side and exploring whether there are high users of transit services with flexibility in scheduling. However, at this time, the nature of the unmet trips and the degrees of trip schedule flexibility during periods of heavy use is unknown.

Q27: Does Transportation Take Your Clients Where They Need to Go?



Q27: Does transportation take your clients where they need to go?

A27: Yes, No (Where do you need to go?)

There were 33 respondents to this question. For those that responded “No,” destinations where transportation was lacking includes: food/grocery (3); daycare (2); job or job-training (5); medical appointments/pharmacy (8); Lubbock (3); airport (1); and emergency (1).

Difficulty in filling all medical-trip and job-related trip needs were reinforced during public meetings and one-on-one meetings with providers. Additionally, the finding that long-distant trips are a need is reinforced by the responses cited to Survey Question 21: Why is Transportation a Problem?

Q28: Are there other transportation issues that have not been covered?

A27: (Open-ended response.)

There were 12 respondents to this question. The comments are noted below.

For some reason the topic of transportation in the Panhandle is always limited to medical/welfare needs. People who have disabilities, those without the financial resources etc must have transit or a means of getting to the nearest Amtrac station to Amarillo, to the airport, to and from Canyon, Texas, Plainview and other locations. Perhaps it is because most of the persons working on the transit issue are not limited by lack of a car or several cars, lack of ability to drive, or who are left with only the Grayhound or TMN bus system in the area. The bus depot downtown is a ghetto and no one will address the issue because allegedly it is a private business. But it affects our whole city. People from other states and towns come here and are appalled at the horrid, slum like conditions of this bus depot on Tyler, the smell, the lack of cleanliness, the lack of ventilation, the lack of food or water and the people who staff it. The toxic fumes are so bad under the staging port where you board the bus in early A.M. that people using inhalers are often at risk. It is a horrid situation and it leaves people here without any alternative. This aspect of transit in Amarillo has simply got to be addressed and integrated into the agency related medical travel issues. Our population is aging and many of the people driving in Amarillo right now should not be doing so. They put us all at risk because they are far too old. Yet because there is NO alternative to get out of Amarillo either by decent bus terminal, getting to airport, to grocery stores in a timely manner, it forces people who should not be on the road to be there. In the coming years more people will age. We must do something about the lack of an integrated transit solution which is not just focused on medical needs or welfare related needs. We all have to live and without transit solutions we cannot. The net result is that our city is going to feel the economic impact as many of the people who have money to spend simply cannot get places to spend it.

Retail stores

We need assistance during the summer months for our temporary clients that we service only during these months in the out lying towns, such as Fritch, Stinnett, and Panhandle.

People that are not Medicaid eligible but are still low income are very reluctant to go to appts because they cannot pay the fee (\$30) to be taken out of town to appts. There needs to be some type of income sensitive program for non-Medicaid clients.

Those from out of town are sometimes just walking or hitch hiking through and need a ride to the next town

Transients needing gas money to leave town- when not broken down/ or robbed; Transportation options for those afraid/ unhappy with the bus system

I feel like we are a burden when we call to schedule transportation for our childcare

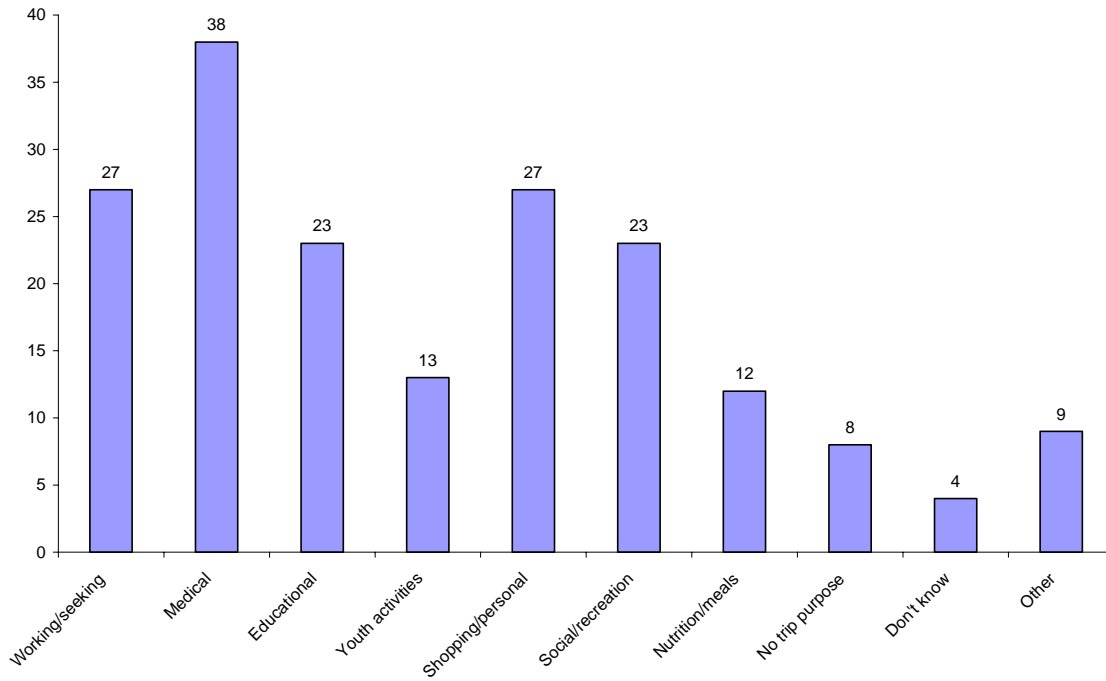
We have those who say they can't attend classes unless they have transportation

People need daily transportation to work.

At times, appointments have to be changed due to other conflicting appointments

What about the needs of homeless to look for employment w/o any source of income to pay for city transit?

Q29: What are Your Clients' Trip Needs?



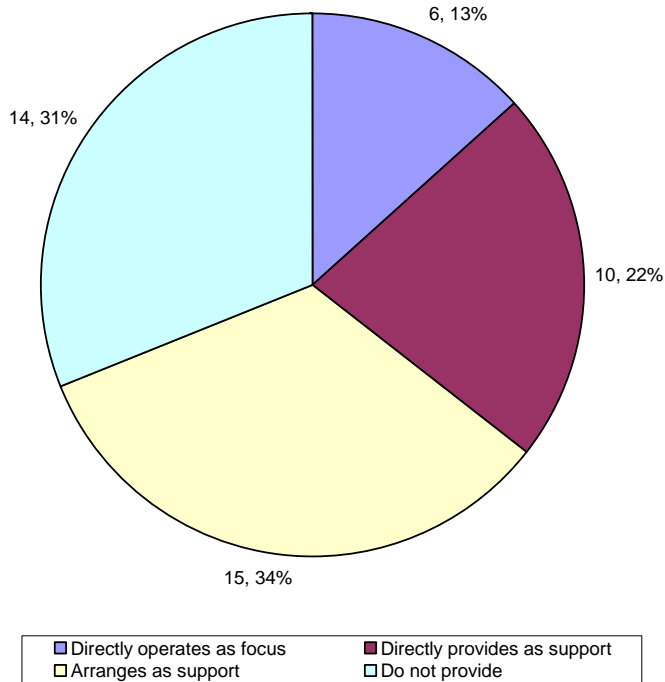
Q29: What are your clients' trip needs? (Check all that apply.)

A29: Working/seeking employment; Medical, Educational, Youth activities; Shopping/personal business; Social/recreation; Nutrition/congregate meals; No trip purpose exclusion; Don't Know; Other (Please specify.)

There were 46 respondents to this question. Medical trips, work/seeking employment, shopping, and educational trips were cited most frequently. These responses reinforce the finding that one of the most notable gaps in service relates to medical and work-related trips.

Respondents that cited nutrition/congregate meal trips include four senior citizen centers and agencies that very low-income and homeless. Respondents that cited youth activities include area YMCAs, United Way, and Girl Scout Council. Other destinations that were noted included adult day care, airport, counseling services, immigration services, and train stations.

Q32: Organization Provides Transportation in Following Manner

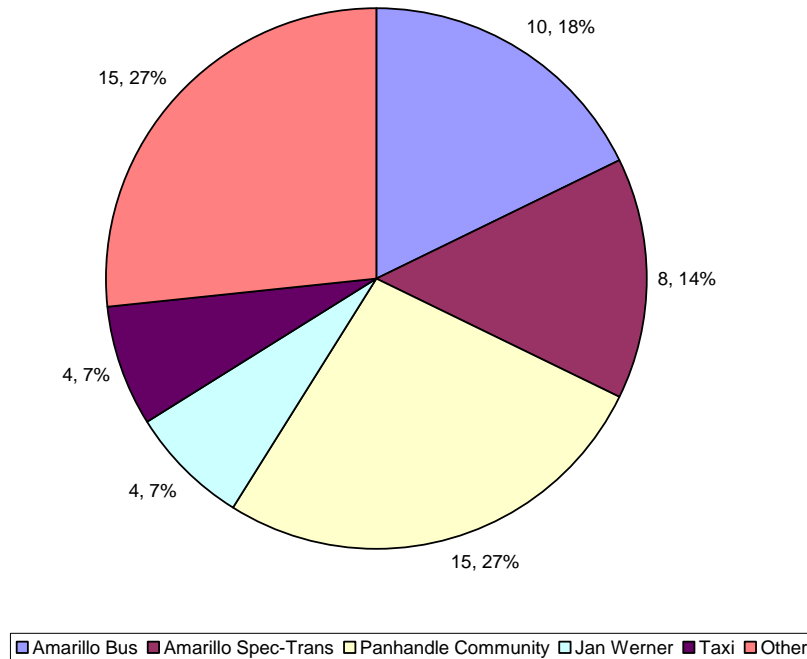


Q32: Your organization provides transportation to your clients in which of the following manner (Check one.)

A32: Directly operates transportation services as your primary focus; Directly provides transportation services as part of your support provided to clients; Arranges for passenger transportation services as part of your support provided to clients; We do not provide or use transportation in our delivery of services to clients

There were 45 respondents to this question. Respondents that indicated that they directly operate transit services range served between from 10 to 210,000 unduplicated clients. Of the 10 organizations that directly provide service as support, 1 was interested in providing services for other agencies, 4 were possibly interested, and 5 were not interested. Of the 14 organizations that do not provide transit services, 2 answered "Yes" for the lack of transportation affecting clients, 9 answered "Sometimes", 2 answered "No", and 1 answered "Don't know".

Q33: Who Provides Transportation Services?



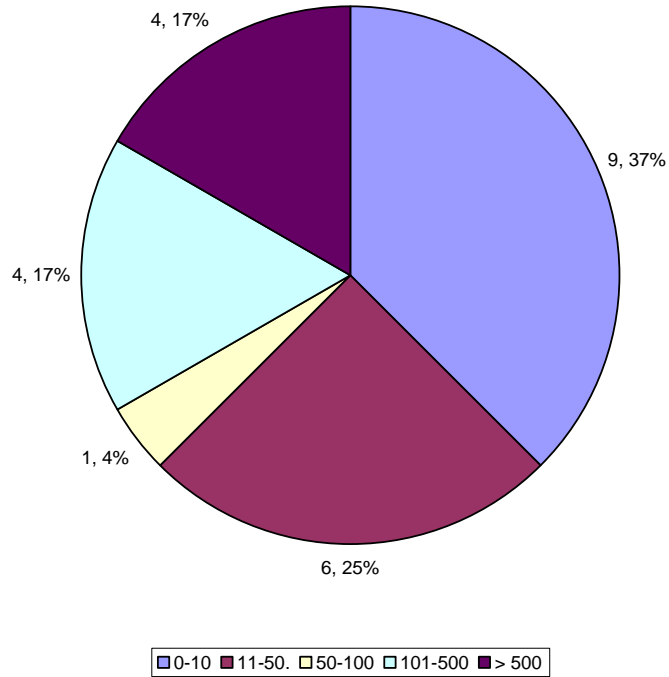
Q33: Who provides your passenger transportation services? (Check all that apply.)

A33: Amarillo City Fixed Route Bus; Amarillo Spec-Trans; Panhandle Community Services; Jan Werner Transportation; Taxi; Other (Please specify)

There were 25 respondents to this question. Panhandle Community Services provides transportation to all of the counties in the Panhandle and is the primary source of transportation for areas outside of the City of Amarillo. In Amarillo, there is a wider range of transportation options including Amarillo City Transit fixed route service, Amarillo City Transit Spec-Trans, Jan Werner Transportation, and private taxis. Users of private taxi included High Plains Epilepsy Center, United Way, and Harrington Cancer Center. Notable others that were mentioned include: Medicaid transportation, volunteers, Childress Ambulance Service, Panhandle Crisis Center, and Greyhound.

Greater participation in service coordination by private taxi service and Greyhound (and other over-the-road coaches) may prove to be one resource to overcome some of the service gaps for after-hours service and long-distance service.

Q34: Average Trips/month

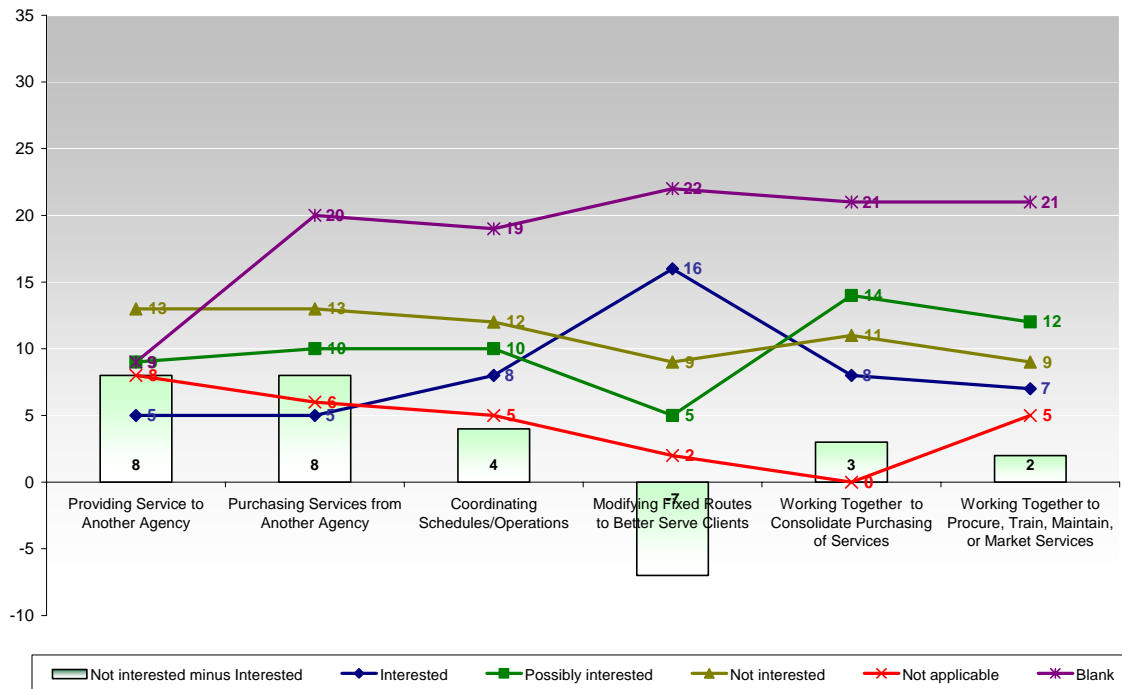


Q34: On average, how many trips do you provide in a month's time?

A34: (Open-ended response.)

There were 24 respondents to this question. Almost 40 percent of the organizations that responded deliver, on average, less than 10 trips per month. These organizations were typically senior living centers and small social service organizations. The respondents that deliver the highest number of trips included transit service providers – Amarillo City Transit and Panhandle Community Services.

Q36-41: Interest for Coordination/Collaboration Strategies

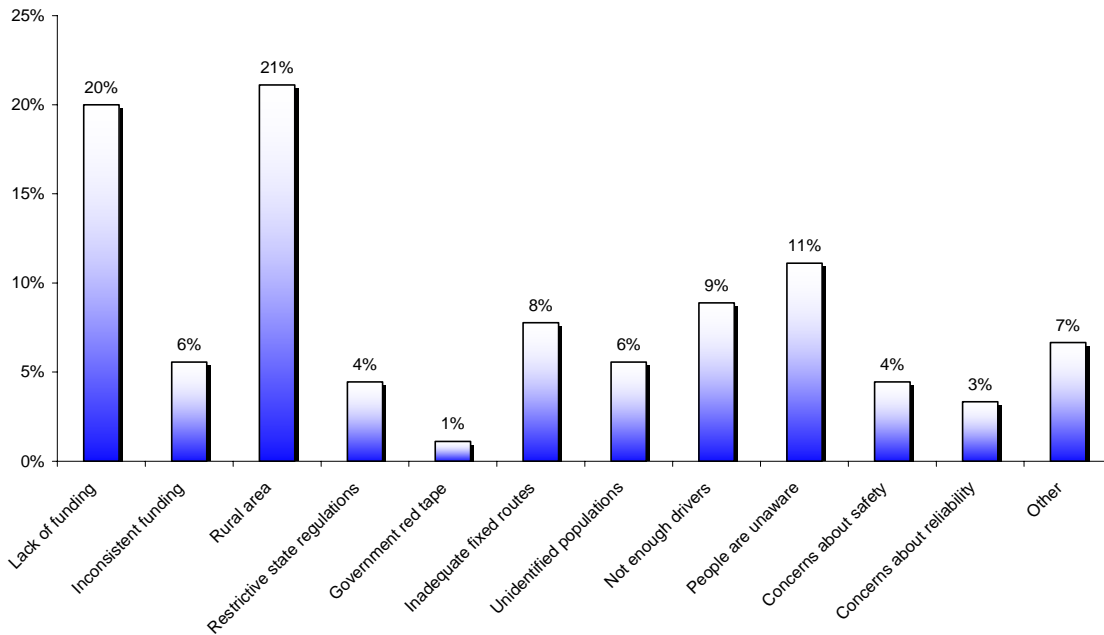


Q36-41: What is your interest in the following coordination strategies: Providing transportation services or more transportation services under contract to another agency; Purchasing transportation services from another organization assuming price and quality meets your needs; Coordinating schedules and vehicle operations so riders can transfer from one service to another; Modifying fixed routes to better serve your clients; Working together to consolidate the purchase (or contracting) of transportation services; Working together to coordinate procurement, training, maintenance, or marketing activities.

A36-41: Interested; Possibly interested; Not interested; Not applicable

There were 12 out of 20 organizations that left these questions blank because they do not use transportation services for their clients. Out of those that do provide service, more organizations indicated that they were “Not interested” in pursuing any coordination strategy. The strategy that solicited the most interest was “Modifying fixed routes.” Some of the organizations that indicated this as an interest include: Amarillo YMCA, Texas Panhandle MHMR Early Childhood Intervention, High Plains Epilepsy Association, Panhandle Worksource, Panhandle Crisis Center, and United Way of Amarillo. Another strategy that had higher interest was “Working Together to Purchase Service.” Some of the organizations that indicated this as an interest include: Health and Human Services Commission, Panhandle Independent Living Center, Amarillo YMCA and a number senior citizen centers and senior living centers.

Q35: What are Agencies' Greatest Challenges when Providing Transportation?



Q35: What are the greatest challenges to providing transportation to your clients? (Check all that apply.)

A35: Lack of adequate funding to serve need; Inconsistent or fluctuating fund amounts; rural and large geographical area; State or other regulations are too restrictive regarding criteria for who is eligible for our transportation services; Inadequate existing fixed routes; Hidden populations needing transportation are not being identified; Not enough qualified drivers to staff the need; People are unaware of the transportation services that are available to them; Concerns about passenger safety; Concerns regarding reliability of transportation provider; Other (please specify)

There were 25 respondents to this question. People that responded to the survey indicated that rural areas represented the largest challenge to delivering service (20%) followed closely by lack of funding (19%). Interestingly, a lack of awareness of transportation options available was listed as third highest challenge to delivery service to clients. Rural areas present a number of transportation challenges. Because distances are long and populations are sparse, it requires more resources to deliver services. The average distance for a Panhandle Community Services trip is about 5 miles. For a PCS trip provided outside the originating county is (____).

Lack of funding has been cited by Amarillo City Transit as a particular concern to the continuing viability of the system. The City of Amarillo is approaching the 200,000 population mark. Once the city surpasses this, the Amarillo City Transit will lose their federal funding support. Moreover, there are anticipated decreases in the state-supplied funding. In 2005, Amarillo City Transit was allocated \$626,489. By 2010, this will decrease by \$482,602. Assuming inflation continues to rise at 4%, this may mean a reduction in real spending power of nearly \$214,000 to \$412,530 by 2010.

Appendix G: County Officials Survey

County Officials Survey Summary

In an effort to gain insight into transportation services within the Panhandle study area, County judges were asked to respond to a short telephone survey concerning existing transit resources and area transit needs in their respective counties. Of the 26 judges on the call list, 14 offices responded to the requests for information. See Table G1: Survey Response from County Judges.

Table G1: Survey Response from County Judges

County	Name	Response Received (X)
Armstrong	Judge Reed	
Briscoe	Judge Nance	X
Carson	Judge Powers	
Castro	Judge Sava	X
Childress	Judge Maiden	
Collingsworth	Judge James	X
Dallam	Judge Field	
Deaf Smith	Judge Simons	X
Donley	Judge Hall	X
Gray	Judge Peet	X
Hall	Judge Martin	
Hansford	Judge Wilson	X
Hartley	Judge Gordon	
Hemphill	Judge Gober	
Hutchinson	Judge Worsham	X
Lipscomb	Judge Smith	X
Moore	Judge Campbell	X
Ochiltree	Judge Donahue	X
Oldham	Judge Allred	X
Parmer	Judge Heald	
Potter	Judge Ware	X
Randall	Judge Houdashell	
Roberts	Judge Cook	
Sherman	Judge Carter	X
Swisher	Judge Keeter	
Wheeler	Judge Hefley	

The survey consisted of 10 questions. The following provides a summary of the responses generated from the survey questions:

What transportation services are currently available?

Appendix G: County Officials Survey

With exception to one survey, each county judge named Panhandle Community Service (PCS) as their area transportation service provider.

What is the opinion of this level of service?

The majority of respondents viewed PCS service as adequate and are unaware of any complaints about the service from area residents. However, several surveys suggest that more marketing may create greater interest in PCS or at a minimum provide some knowledge of the services offered by the agency.

Does your office support or fund transportation services for any programs in your county?

Four of the fourteen respondents do not support or fund transportation services, while the remaining respondents typically provide monetary donations of \$1,000 to \$5,000 to PCS annually. In one example a County provides in-kind services through the donation of office space and personnel in exchange for support transportation services.

What are the biggest transportation issues residents in your county face? What are the largest transportation needs for your county?

The need for affordable transportation to medical facilities for area seniors and low income households is a common concern shared by all counties. Currently, medical trips are the leading trip purpose for those utilizing existing transportation services. According to one survey, seniors rely on church volunteers or family members for transportation to medical appointments. In one county the need for transportation to medical facilities is extremely critical given there are no medical facilities within that county. As a result, residents are subject to lengthy commutes for medical treatment.

Are you aware of any current efforts to coordinate transit among health and human services providers and/or transportation providers in your county?

Only one respondent was aware of transportation coordination efforts between a local nursing home and hospital. All other respondents were not aware of any transit coordination efforts within their county.

Appendix G: County Officials Survey

Are you aware of any past efforts to coordinate transit among health and human services providers and/or transportation providers in your county?

No respondents were aware of past transit coordination efforts within their county.

What do you think are the biggest barriers to coordination?

No responses or opinions were provided due to the lack of knowledge regarding current or past transit coordination efforts.

How do you think these barriers can be overcome?

No responses or opinions were provided due to the lack of knowledge regarding current or past transit coordination efforts.

Who are key stakeholders in your county that we should contact?

Recommendations from respondents varied from contacting local commissioners, hospitals, senior citizen groups, PCS, and City Council members for additional information regarding transportation issues.

What would you like to see come out of this regional planning effort? In other words, what would your goal for the study be?

More marketing of existing transportation services and affordable transportation were repeated as goals for this regional planning effort. Some respondents also suggested an increase in services to meet demand. In addition, centrally located transportation centers throughout the region were also recommended by a respondent.

Survey Summary

Based on survey results, each of the County judges interviewed believe there is a strong need for affordable transportation, with an emphasis on providing access to medical facilities for their senior citizen population. The majority were also unfamiliar with any current or past transit coordination efforts. Additionally, many would like to see as a result of this study more marketing of all existing transportation resources.

Appendix H: Public Meeting Report

Public Meeting Summary

Ten public meetings were held in the Panhandle region from June 1 to June 27 to solicit input regarding transit needs and barriers to coordination. Meeting locations were chosen based on population and geographical diversity. To encourage attendance, meeting announcements were sent to the Panhandle Agency contacts and a notice of a public hearing was sent to regional newspapers. Attendance at meetings ranged from one attendant (Perryton) to 22 attendants (Childress). See Table H1: Panhandle Public Meeting Schedule.

Table H1: Panhandle Public Meeting Schedule

Date	City	Name of Meeting Facility	Address of Facility
Thursday, June 1			
12:00 noon	Amarillo	Room 306, City Hall	509 SE Seventh St
Tuesday, June 20			
5:00 PM	Dalhart	Dalhart Senior Citizens Building	610 Denrock
7:30 PM	Dumas	Moore County Community Building	16th and Maddox
Wednesday, June 21			
5:00 PM	Hereford	Hereford Community Center	100 Avenue C
7:30 PM	Tulia	Swisher County Memorial Building	126 S.W. Second St.
Thursday, June 22			
7:00 PM	Childress	Childress Auditorium - Reunion Rm	1000 N. Commerce
Monday, June 26			
12:00 PM	Pampa	Chamber of Commerce	200 N. Ballard
5:00 PM	Miami	Roberts County Community Center	103 Main St.
7:30 PM	Perryton	Frank Phillips College, Allen Campus Conference Center	2314 S. Jefferson
Tuesday, June 27			
7:00 PM	Amarillo	Panhandle Regional Planning Commission - Board Room	415 W. 8th Avenue

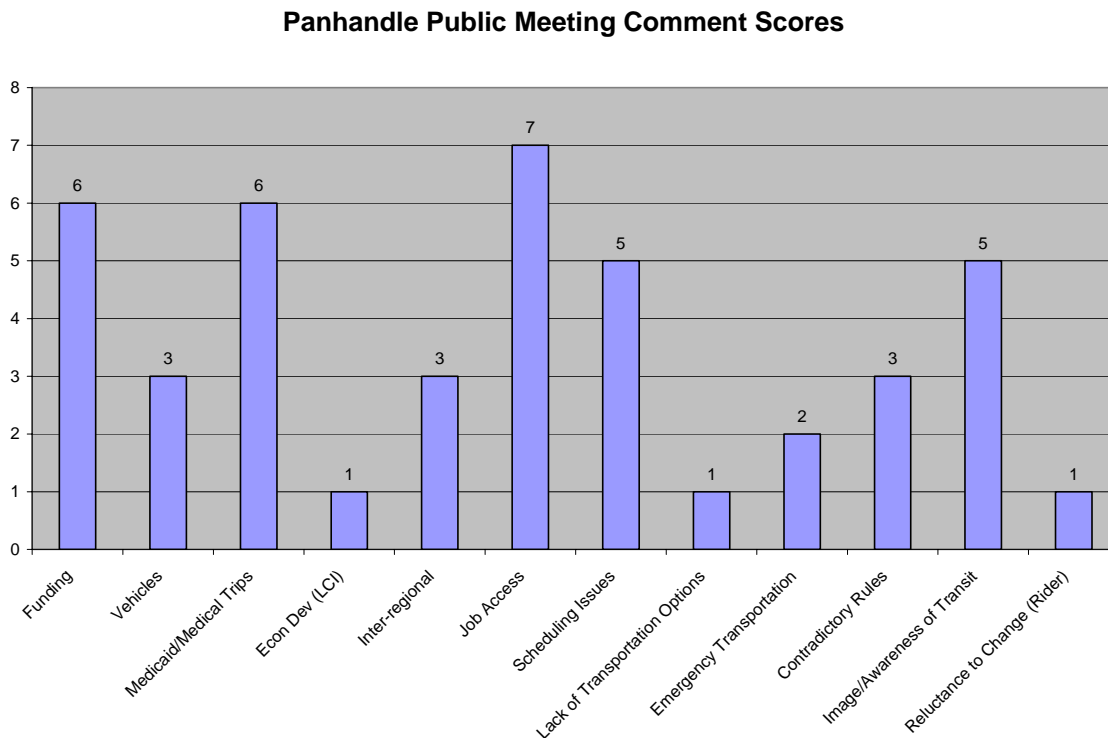
The format of the meeting included a short presentation explaining transit coordination followed by a facilitated discussion regarding transit needs and barriers. Materials accompanying the meeting included hand-outs of the presentation and three posters providing study information to-date – a county-by-county assessment of transit-related demographic information, a general overview of the levels of transit coordination, and initial findings from Panhandle Transit Survey.

Appendix H: Public Meeting Report

This section includes a summary of the public meeting comments followed by meeting comments and notes.

A facilitated discussion was held to solicit comments concerning two broad topics: 1) what are the concerns of community members regarding transit service in their area (that is, what are the gaps in service); and 2) what are the barriers and constraints that they have to accessing or delivering better transit service. The number of comments by topic is tabulated in Figure H1: Panhandle Public Meeting Comment Scores.

Figure H1: Panhandle Public Meeting Comment Scores



Most public comments revolved around four issues:

- **Job Access:** Transportation to jobs was a critical issue voiced in all the public meetings but particularly so for the cities of Hereford, Childress and Perryton. The city managers, county judges, and Texas Work Source staff of these cities were concerned that their communities meet the challenge of attracting industries to their areas and supplying an

Appendix H: Public Meeting Report

available labor pool. Industries that were cited as potentially needing a more readily available pool of workers included meat and pork packing plants, new ethanol plants, dairies and a new Wal-Mart. As one attendant put it: There are a lot of economic opportunities going on but there is a river between industry and the workers. Typical comments included interest in establishing a van pool service; the difficulty in ensuring Texas Workforce Commission gas vouchers are not abused and used only for employment purposes; and concern that the job access issue will continue to grow as the effect of high and rising gas prices takes effect.

- **Funding:** Attendance from the staff of the local Panhandle Community Service offices was strong at the many of the public meetings and Amarillo City Transit staff attended the public meetings within that city. Most of the comments regarding funding came from transit staff and included more funding for vehicle replacement and operations; high driver turnover rates due to low wages that are the result of low state and federal operating fund levels; concerns over state; a concern about the City of Amarillo losing federal funding support for operations once the population exceeds 200,000.
- **Medicaid/medical trips:** The change of Medicaid contractors from Panhandle Transit to AMR occurred in June 2006. This change in service delivery was the focus of many comments – not only from transit agencies but from health and human service agencies that depend on Medicaid.
- **Scheduling:** Overall, transit services received very positive support at the public meetings from members of the general public and social service agency staff. However, one area that was frequently mentioned as a barrier to good service was scheduling. Specifically, the Panhandle Transit's and ACT's 24-hour reservation notification was perceived as difficult for certain members of the community to adhere to and, consequently, those members may be turning to other, more costly, solutions. Example comments include:
 - There is no way to handle emergency trips. Something may come up with less than a 24-hour notice that needs timely attention but does not require an

Appendix H: Public Meeting Report

ambulance. However, because people feel there are no other alternatives, they are calling 9-1-1 – an expensive alternative.

- Older riders may have less ability to honor their reservations because they are more susceptible to quick changes in health and energy levels. Consequently, some of these riders are taking trips when they would prefer not to do so.

Hours of operation is another scheduling issue frequently mentioned. Panhandle Transit stops service at 5:00 p.m. Monday through Friday. ACT stops service at 7:00 Monday through Saturday. No city has a taxi service with the exception of Amarillo. Consequently, transportation options are limited in the evening hours for the majority of the region. This lack was seen as particularly hard on minimum wage workers who frequently work evening and weekend shifts.

- Perception of transit services: Despite strong public support for transit agencies, there was an overall perception that transit was not a service that most people wanted to access, but rather accessed strictly out of need. In other words, it was a service that was needed only if one did not have the money, family, and/or friends to ensure a ride. Particularly for long-distant medical trips, transit was perceived as poor transportation option because of the duration of the trip (frequently all day) and it was implied that those who relied on transit for these trips had no other choice. When asked why transit was not the preferred choice for a trip, typical comments include:
 - We take care of our own;
 - We rely on our friends and family to take us; and
 - It's a service only for the disabled and elderly.

Other comments made related to how some communities knew little about the transit services available to them or how to schedule a ride (ex: Miami and Tulia).

In addition to the above four topics, other areas of interest included:

Appendix H: Public Meeting Report

- Inter-regional coordination: Coordinating at the regional level to maximize use of resources is a de-facto practice within the Panhandle. Issues of inter-regional and inter-state coordination are of more interest.
- A concern that passengers would see an unwanted change in service. A concern voiced over the sharing of transportation resources solicited this response: Particularly for older riders, a trip on the Panhandle Transit can be as much a social event as a transportation need. Passengers become accustomed to one driver and a group of familiar riders that they are reluctant to see changed.
- Dialysis trips consume vast amounts of transit resources. This situation is exacerbated when trips are scheduled for dialysis centers that are not the closest to the patient's home base. Patients need to know what their treatment and travel options are and communities with regional medical services are interested in serving those members that live within their market area.

Appendix I: Transit Demand Estimate

County	Population	Square Miles	Pop/Sq Mi.	65 & Older	Go Outside Disability	Poverty	AVM_Elderly*	AVM_Mobility**	AVM_Low Income***
Armstrong	2,148	914	3	410	59	3,606	169	169	169
Briscoe	1,790	900	2	337	85	2,995	3,048	3,048	3,048
Carson	6,516	923	7	1,003	229	11,504	2,087	2,087	2,087
Castro	8,285	898	9	1,009	237	14,021	40,828	40,828	40,828
Childress	7,688	710	11	1,157	247	9,811	40,754	40,754	40,754
Collingsworth	3,206	919	3	706	94	5,158	12,651	12,651	12,651
Dallam	6,222	1,505	4	646	160	11,021	56,240	56,240	56,240
Deaf Smith	18,561	1,497	12	2,182	394	31,001	98,425	98,425	98,425
Donley	3,828	930	4	832	143	5,999	63,494	63,494	63,494
Gray	22,744	928	25	4,134	853	35,507	119,425	119,425	119,425
Hall	3,782	903	4	793	209	5,869	164,036	164,036	164,036
Hansford	5,369	920	6	823	159	9,069	15,104	15,104	15,104
Hartley	5,537	1,462	4	652	83	7,396	3,725	3,725	3,725
Hemphill	3,351	910	4	499	66	5,614	16,768	16,768	16,768
Hutchinson	23,857	887	27	3,683	664	41,084	126,004	126,004	126,004
Lipscomb	3,057	932	3	570	85	5,047	3,586	3,586	3,586
Moore	20,121	900	22	2,111	342	35,310	87,119	87,119	87,119
Ochiltree	9,006	918	10	1,034	187	15,790	39,106	39,106	39,106
Oldham	2,185	1,501	1	241	38	3,462	35,571	35,571	35,571
Parmer	10,016	882	11	1,275	258	17,057	18,010	18,010	18,010
Potter	113,546	909	125	13,338	2,614	182,255	222	222	222
Randall	104,312	914	114	12,451	1,943	184,874	281,466	281,466	281,466
Roberts	887	924	1	128	26	1,576	-	-	-
Sherman	3,186	923	3	433	46	5,425	1,144	1,144	1,144
Swisher	8,378	900	9	1,330	224	13,024	152,797	152,797	152,797
Wheeler	5,284	914	6	1,105	232	8,776	61,585	61,585	61,585

* Miles of service provided by Panhandle Transit to county, FY04 - FY05: Elderly

** Miles of service provided by Panhandle Transit to county, FY04 - FY05: Mobility Disability

*** Miles of service provided by Panhandle Transit to county, FY04 - FY05: Low Income

Appendix I: Transit Demand Estimate

County	Estimated Trip Demand			60 yrs	mobility	poverty	PT trips	Gap
	ue	um	up					
	0.00051	0.0004	0.00049					
Armstrong	9.42998E-05	7.39606E-05	9.06018E-05	833	120	7323	10	8266
Briscoe	0.0017272	0.001354667	0.001659467	686	173	6092	54	6896
Carson	0.001153164	0.000904442	0.001107941	2039	465	23387	54	25838
Castro	0.023187394	0.018186192	0.022278085	2097	490	29113	1,315	30385
Childress	0.029274	0.02296	0.028126	2419	513	20491	6,509	16914
Collingsworth	0.007020686	0.00550642	0.006745365	1444	192	10545	396	11785
Dallam	0.019058073	0.014947508	0.018310698	1337	330	22793	2,746	21714
Deaf Smith	0.033531563	0.026299265	0.0322166	4582	821	65011	18,103	52312
Donley	0.03481929	0.027309247	0.033453828	1749	298	12596	8,180	6464
Gray	0.065632274	0.051476293	0.063058459	8963	1824	76789	12,824	74752
Hall	0.092644917	0.07266268	0.089011783	1766	456	13026	13,444	1804
Hansford	0.00837287	0.006566957	0.008044522	1685	325	18565	169	20406
Hartley	0.001299419	0.001019152	0.001248461	1326	169	15038	1,699	14833
Hemphill	0.009397451	0.007370549	0.009028923	1023	135	11504	315	12346
Hutchinson	0.072448749	0.056822548	0.069607621	8040	1427	89433	9,238	89662
Lipscomb	0.001962296	0.001539056	0.001885343	1160	173	10268	37	11564
Moore	0.049367433	0.038719556	0.047431456	4503	722	75181	5,200	75206
Ochiltree	0.021725556	0.017039651	0.020873573	2146	386	32740	2,831	32441
Oldham	0.012085913	0.009479147	0.011611955	495	78	7112	862	6824
Parmer	0.010413946	0.0081678	0.010005556	2616	528	34985	517	37613
Potter	0.000124554	9.76898E-05	0.00011967	27089	5309	370150	293	402255
Randall	0.157054333	0.123179869	0.150895339	29576	4462	436452	28,938	441551
Roberts	0	0	0	0	0	0	0	0
Sherman	0.000632113	0.000495775	0.000607324	880	93	11023	20	11977
Swisher	0.086584967	0.067909778	0.083189478	2945	487	28738	15,472	16697
Wheeler	0.034363621	0.02695186	0.033016028	2322	484	18419	848	20377
							130,074	607,076

* Miles of service provided by Panhandle Transit to county, FY04 - FY05: Elderly

** Miles of service provided by Panhandle Transit to county, FY04 - FY05: Mobility Disability

*** Miles of service provided by Panhandle Transit to county, FY04 - FY05: Low Income

Van and Bus Pool Workshop Material

Definitions

Carpools generally consist of 2 to 4 people who commute together and rely on a volunteer driver. They tend to be informal arrangements with little to no management or institutional support. Where there is organization or institution support, it is frequently limited to ride-matching and some program promotion.

Vanpools generally consist of 5 to 15 people who commute together and rely on a volunteer driver. They are different from carpools in that they tend to serve more people and require a higher degree of management and involvement from partnering institutions. Successful programs generally serve commuters who do not require their car during the day, rarely work overtime, and travel relatively long distances.

Bus pools are similar to vanpools except they rely on professional drivers or volunteer drivers with a commercial license.

Attributes of Successful Programs

Most vanpool programs do best where:

- One-way trip lengths exceed 20 miles;
- Work schedules are fixed and regular;
- Employer size is sufficient to allow matching of 5 to 12 people from the same area. Park and pool is a strategy to aggregate riders when they are dispersed throughout the region and a strategy most likely needed for the Panhandle.
- Additional time to use the van pool does not outweigh its benefits. A van or bus pool can typically add 10 to 12 minutes additional commuting time (picking up or waiting for other riders). If additional time is too long, the program loses its attractiveness considerably and will struggle to survive.

Appendix J: Van and Bus Pool Workshop Material

- Public transit is inadequate.

Organizational Strategies Van Pool

Employer Sponsored Vanpool: Employer purchases or leases vehicle. Volunteer driver rides for free. Other riders pay a monthly fee (usually). Volunteer driver may be allowed to use the vehicle for personal reasons for a specified amount and usually on a mileage reimbursement basis. Fees are based on operating costs (if leased) and capital depreciation (if vehicle is purchased).

Public Transit or Other Non-profit Sponsored Vanpool: A third-party such as a transit agency or non-profit also enters into an agreement with a driver. Riders are charged a fee to recover vehicle cost, maintenance, fuel, and insurance and program administration costs. Employers may help employees pay for part of the cost of their fares. Public transit agencies may subsidize part of the program with its funding stream. Public-transit sponsored programs can recover all operating costs and, in some cases, generate positive cash-flow. Agency lease the vehicle and market the service.

Third Party (For Profit) Van Pool: Similar to Public Transit or Other Non-Profit Sponsored except the transit agency contracts with a private van provider to administer the program.

Organizational Strategies Bus Pool

Conditions for success are similar to a van pool except that it typically requires about 3 times a van pool's travel demand because of higher administration costs. Consequently the popularity of van pools exceeds bus pools and there are about 10 van pool riders than bus pool riders nationwide.

If bus pool, the vehicle could be used to provide other trips during the day.

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Employer or Employee Sponsored Bus Pool: Similar to van pool except a professional driver is employed. Program may be organized by employer or employees who contract for service.

Public Transit Sponsored Bus Pool: Similar to van pool except a professional driver is employed and program is managed by a public transit entity. Bus pool buses and/or operation, including drivers, are often contracted for or chartered from private bus companies, even when managed by the local transit provider. Where bus pooling is feasible, these services frequently change into express routes that are open to any rider.

Organizational Strategies Van Pool

The following discussion expands on issues relating to organizing van pools. Table J1 lists 17 components that must be addressed in developing and operating a vanpool program. Responsibilities for these items vary with the five different optional frameworks. For example, the owner of the van could be the Transit Agency, a third party, an employer, or a driver depending upon which framework is considered.

Table J1: Van Pool Components

Administration	Fare Structure
Rider Matching	Employee Access
Vehicle Purchase or Lease	Employee Promotion
Insurance	Employer Subsidies
Maintenance	Timeliness
Collect Money	Log Book and Recordkeeping
Driver Training (& Certification)	Reports
Driver Incentives	Contract
Emergency Ride Home Policy	Rider Rules of the Road

Five Frameworks

Vanpools can be organized using five basic frameworks that differ by the number of parties involved, the risk to each party, areas of assigned responsibility, and benefits/drawbacks. No

Appendix J: Van and Bus Pool Workshop Material

matter who operates the vanpool or vanpool program, employers are *key* to the program's implementation and success. Should the RTAG wish to pursue a van pool program, a list of targeted employers or groups of employers to be the initial focus of a vanpool program will need to be developed. Employers may be selected because of size or circumstances (some have evening shifts that operate when transit service is unavailable), are located in areas that have no regular transit service or have expressed an interest in vanpooling. Following is a list of the frameworks and a discussion of the advantages and disadvantages of each approach.

- **Transit Agency, Third Party, Employer, Driver, Rider** – Transit Agency would provide some administration and marketing; the third-party vanpool operator would be responsible for all other aspects of operations.
- **Transit Agency, Employer, Driver, Rider** – Transit Agency develops, establishes and operates its own vanpool program
- **Employer, Driver, Rider** – Transit Agency assists employers in establishing their own company vanpools and solicits interest and provides matching and administrative services.
- **Third Party, Driver, Rider** – Transit Agency enters into a partnership with others to establish and operate a vanpool program for a group of employers. This arrangement could be managed through a Transportation Management Organization (TMO).
- **Driver, Rider** – Transit Agency assists individuals in establishing their own vanpool and would solicit interest and provide matching and administrative services.

OPTION 1: Transit Agency Contracts with a Vanpool Operator

If a Transit Agency opts to contract for service with a Vanpool Operator, it lessens its responsibility for the execution of the program. Vanpool operators can either be a private firm, such as Vanpool Services Incorporated (VPSI) or Enterprise or a public, non-profit TMO, established under the auspices of the Transit Agency. The Transit Agency will initially be responsible for issuing a Request for Proposals (RFP) from qualified vanpool operators.

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The vanpool operator, once selected, generally assumes much of the responsibility for the implementation and administration of the program. In addition to administration, its duties usually include matching riders with one another, procuring vehicles and insurance, checking drivers' backgrounds, and providing alternative means of transport in the event of an emergency. The employer shares responsibility for ensuring employee access to the program, promoting its use, and administering a tax-deductible incentive to employees. (Under federal law, the first \$105 provided to an employee each month for vanpooling is not considered taxable income and no employer income taxes are paid.)

In some arrangements, a vanpool operator has less of a role than what is commonly practiced and the employer assumes much more of the responsibility. For example, the employer may be responsible for providing such things as insurance, vehicle maintenance, and the vehicle itself. The assignment of responsibilities depends upon the capacity of vanpool operator and should be clearly defined in the contract.

Drivers and riders in this scenario have the fewest responsibilities. Commonly, drivers collect fees from other riders, although the vanpool operator or employer can perform this function. Drivers are also responsible for cleaning and fueling the van, maintaining the vehicle log, creating reports, and of course, being punctual. Riders simply must pay their fees and obey the "rules of the road".

Advantages/Disadvantages

A key advantage of contracting to a private company is the ability to lower program costs through Capital Costs of Contracting.

By contracting with a third-party vanpool operator, a Transit Agency greatly minimizes its risks associated with the operation of a vanpool. The Transit Agency will have little to do with the establishment of vanpool operations and nothing to do with its day-to-day administration. Moreover, if the vanpool is not successful, the Transit Agency will not be held directly responsible. This operational framework is beneficial in smaller markets, such as Amarillo,

Appendix J: Van and Bus Pool Workshop Material

where it is difficult to market enough pools to take advantage of efficiencies that occur with larger numbers.

The downside of this approach is the lack of control that the Transit Agency will be able to exercise over the program. If the vanpool operator is not capable of performing credibly, the contracting party may be unable to intervene in its operations unless remedies are specified in the pre-contract with the operator. Otherwise, the Transit Agency must wait until the end of the contract to re-solicit proposals for a new operator.

OPTION 2: Transit Agency Establishes and Operates its Own Vanpool Program

In this scenario, the Transit Agency assumes most of the responsibility for the vanpool program. It is charged with administering the program, matching riders with drivers, purchasing vehicles and insurance, ensuring vehicles are maintained, collecting money, and performing background checks. Individual employers may perform or assist with some of these major functions, including providing the standard \$100 non-taxable subsidy to employees, and promoting and facilitating access to the vanpool program. The obligations of drivers and riders would remain entirely unchanged in this instance.

Advantages/Disadvantages

By developing and operating its own vanpool, the Transit Agency can control the quality and consistency of service. If the program is successful, positive public relations would be generated for the Transit Agency.

Alternatively, with this option the Transit Agency places itself in the highest risk situation possible among all five scenarios. The Transit Agency would be singularly responsible for all legal, financial, and political risks involved in such an enterprise. Therefore, any successes and conversely any failures would be readily attributable to the Transit Agency. Furthermore, higher administration costs associated with operating a vanpool program could tax the Transit Agency's ability to perform its primary function, providing basic demand response/transit services.

OPTION 3: Transit Agency Assists Employers in Establishing Company Vanpools

With Option 3, the Transit Agency again possesses a limited role in the development and implementation of a vanpool program. The Transit Agency might be involved in the provision of matching riders with drivers and promotional materials for employers and employees, but neither is likely. Each employer that chooses to participate in a vanpool program would handle its own day-to-day administration.

In addition to daily administration, the employer also provides all of the critical functions previously discussed, e.g. procuring a vehicle and insurance, checking the background of potential drivers, promoting and providing adequate access to a program, etc. Duties pertaining to drivers and riders remain unchanged in this case.

Advantages/Disadvantages

The primary advantage for the Transit Agency in such a relationship is that if the program fails, it incurs little financial, legal, or political risk. Additionally, because there are fewer stakeholders involved, coordination and implementation for the Transit Agency is simpler.

A disadvantage to this approach is the inability of private companies to access federal funding to support the program (e.g. JARC). Second, because each vanpool program would be individualized to each employer instead of a group of employers, matching the available pool of drivers and riders may be hampered. (This is assuming that enough employers are clustered together and that shift times can be coordinated.) Third, this option might also limit the market of interested employers, as many will not want to implement a program themselves but would prefer to participate in a larger program administered by another party.

OPTION 4: Transit Agency Enters into a Partnership to Establish and Operate a Vanpool Program

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Upon entering into a partnership with a third party (a TMO or possibly a private company), the Transit Agency's involvement in a vanpool program will probably be somewhat limited. The Transit Agency would solicit RFPs from qualified operators and may provide support for matching drivers and riders, but otherwise would allow its partner to handle the bulk of daily operations. However, the Transit Agency would likely assist in the development of and even participate in a TMO. The TMO, if selected over a private operator, along with participating employers are responsible for all of the tasks critical to the successful operation of a vanpool program. Drivers and riders are responsible for their usual, ascribed tasks.

Advantages/Disadvantages

Forming a partnership with a third party, either a private operator or a TMO, allows the Transit Agency to limit its liabilities. In this scenario, the Transit Agency only provides administrative support and allows the operating entity to assume most of the financial, legal, and political risk. Also, if the third party is a private entity, the Transit Agency may be able to recoup some costs through Capital Cost of Contracting.

The primary disadvantage of this arrangement is that if a TMO were created with a Transit Agency's involvement, it would be duplicating some of its effort to provide public transportation. Moreover, even though the Transit Agency would not be directly responsible for operations, it would be seen as more closely associated with the program than if it contracted with a third-party operator to administer a program (Option 1). This could be problematic for the Transit Agency if the program does not perform as expected.

OPTION 5: Transit Agency Assists Individuals in Establishing Their Own Vanpool

Option 5 requires the least amount of involvement by a Transit Agency. The Transit Agency would provide individuals interested in vanpooling with lists of other potential drivers and riders, similar to carpools. The Transit Agency might also furnish promotional materials, develop a "do it yourself" kit, and even provide example controls and forms. Drivers on the other hand will be

Appendix J: Van and Bus Pool Workshop Material

responsible for nearly every facet of the service. Purchasing or leasing the vehicle, securing insurance, administration, matching, collecting money, etc. would all be the sole responsibility of drivers. Riders in this scenario would only be liable for paying fees and adhering to whatever contract they enter into with the driver.

Advantages/Disadvantages

The risks for a Transit Agency adopting this approach to the provision of vanpool services are very low; the success or failure is almost completely dependent upon drivers and riders. However, this approach has a low probability of success. Furthermore, because no agency is involved, participants are not eligible for any federal subsidies.

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To summarize, Table J2 Van Pool Risk Assessment outlines the risk exposure in the management of a vanpool.

Table J2: Van Pool Risk Assessment

OPTION	Transit Agency Risks	Financial	Legal Risk	Exposure Risk
1	TA, THIRD PARTY, EMPLOYER, DRIVER, RIDER	Low	Low	Low
2	TA, EMPLOYER, DRIVER, RIDER	High	High	High
3	EMPLOYER, DRIVER, RIDER	Low	Low	Low
4	THIRD PARTY, DRIVER, RIDER	Low	Low	Low
5	DRIVER, RIDER	Low	Low	Low

Table J3: Van Pool Rate of Success outlines the likelihood and ease of implementing a typical van pool program.

Table J3: Van Pool Rate of Success

OPTION	Success	Longevity Program	Ease to Implement Program	Success Rate Program
1	TA, THIRD PARTY, EMPLOYER, DRIVER, RIDER	High	Easy	High
2	TA, EMPLOYER, DRIVER, RIDER	Moderate	Difficult	Moderate
3	EMPLOYER, DRIVER, RIDER	Low	Difficult ⁽¹⁾ Easy	Low
4	THIRD PARTY, DRIVER, RIDER	Moderate	Difficult ⁽¹⁾ Easy	Moderate
5	DRIVER, RIDER	Low	Difficult Easy ⁽¹⁾	Low

depends on extent of Transit Agency involvement

Benefits

Riders

- Low cost and less wear-and-tear on personal vehicle

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- More time to relax, rest, and socialize with friends

Employers

- Federal tax code allows tax-free transportation fringe benefits up to \$105 per month per employee to cover transit or van pool expenses. Providing commuter tax benefits can save payroll taxes for employer since the value of the benefit is considered a tax-free fringe benefit and not wage or salary compensation (and therefore payroll taxes do not apply). In other words, giving an employee \$105 in vanpool salary compensation is less expensive than raising salary by \$105. Recruiting Employees
- Employers are able to recruit from a bigger geographic area since people are willing to work farther from home if they know they do not have to drive every day.
- Van pool riders tend to be on-time more than other employees because peer pressure keeps everyone on schedule

Community

- The average car makes about a pound of pollution for every 29 miles. That means, for each 100-mile round-trip commute that is converted into a vanpool trip, about three pounds of pollution a day- or nearly 850 pounds a year – is eliminated.

Type of Vehicle

Vehicles used to support van pool programs should be the right size for the number of riders estimated to use the service. Many programs rely on 12-passenger vans. However, 12- to 15-passenger vans are at a higher risk of rollover, especially with highway driving, and are more difficult/costly to insure. Recommended vehicle type may be a 20-passenger mini bus or 8-passenger minivan (depending on the interest of people in the program). Estimated cost of 12-passenger van suitable for the project is \$25,000 - \$30,000 (for propane). By contrast, the estimated monthly cost of a lease for a 12-passenger van: \$1,400.

Operating Costs

After purchasing the vehicles, additional costs will include gas, insurance, maintenance, and administration. Perhaps the most expensive is the insurance. Many organizations are deterred

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from providing vanpool services because of the exorbitant costs of insuring vehicles. Determining factors include mileage, type of vehicle, driver experience, destination type, set schedule versus dial-a-ride, type of passenger, and radius of the area. Since vanpools in rural areas drive extensively and carry people, the insurance rate can exceed that of urban programs or other type of commercial insurance. Below is a working estimate of what it may cost to put a van pool together in the Childress area.

Bare-bones Estimate of Van Pool Operations Costs

Capital and Fixed Costs

	Lease		Purchase	
Vehicle	\$ 1,400	monthly*	\$ 637	monthly (\$30,000; 10%, 5 yrs)
Insurance**	\$ -	annually	\$ 2,000	annually
Tires/Oil	\$ -	annually	\$ 2,400	annually
Preventative Maintenance			\$ 2,000	
Total Annual	\$ 16,800		\$ 14,044	

*Quote from Enterprise at the non-corporate rate.

**Quote made given a number of assumptions about driving distances and conditions

Fuel

Distance	40 miles one way
MPG	12
Cost/Gallon	\$ 2.89
Fuel per Trip	\$ 9.63 Cost of fuel per day
Trips/Month	42 21 work days; out and in bound trip
	\$ 404.46 monthly
	\$ 4,853.52 annually

Administration

Hours for Admin Monthly	40 hrs (marketing, billing, other)
Admin Salary	\$ 10
Benefits, etc.	1.5
Annual Admin Cost	\$ 7,200 annually

Materials \$ 300.00 annually

	Lease		Purchase		SOV Cost
Total	\$ 21,953.52		\$ 19,197.52		
Riders	7		7		40 miles one way
Cost per Rider	\$ 3,136.22	Annually	\$ 2,742.50	Annually	20 MPG
	\$ 261.35	Monthly	\$ 228.54	Monthly	
	\$ 12.45	Daily	\$ 10.88	Daily	\$ 11.56 Daily (fuel only)
	\$ 6.22	One way	\$ 5.44	One way	\$ 5.78 One way