

Central Louisiana



Coordinated Human Services Transportation Plan

DRAFT

Prepared by:

Rapides Area Planning Commission serving as the
Alexandria-Pineville Metropolitan Planning Organization



RAPPC

Rapides Area Planning Commission



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Introduction & Methodology

The 2020 Coordinated Human Services Transportation Plan (Plan) sets regional priorities for transportation investments and initiatives for human services and public transit coordination to serve the needs of seniors, people with disabilities, those with low incomes, and veterans, in Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon, and Winn Parishes (Region VI). It also serves as a federally required update to the 2018 Coordinated Public Transit-Human Services Transportation Plan.

This Plan considers numerous existing or ongoing planning efforts focused on the transportation needs of low-income, senior, disabled, and veteran residents throughout the region. Extensive targeted outreach to regional stakeholders identified the transportation gaps that strategies and projects were designed to address.

This Plan continues implementation of existing regional coordination efforts and meets the requirements of the FTA's rules regarding development of a coordinated transportation plan for any locale to receive funds from the FTA, a very important resource for funding.

Plan Goals

The Plan provides an opportunity for a diverse range of stakeholders with a common interest in human service transportation to convene and collaborate on how best to provide transportation services for these targeted populations. Specifically, stakeholders are called upon to identify service gaps and barriers, strategize on solutions most appropriate to meet these needs based on local circumstances, and prioritize these needs for inclusion in the planning process.

Stakeholder outreach and participation was a key element to the development of the Coordinated Plan; federal guidance issued by FTA specifically requires this participation and recommends that it come from a broad base of groups and organizations involved in the coordinated planning process, including (but not limited to):

- Area transportation planning agencies
- Transit riders and potential riders
- Public transportation providers
- Private transportation providers
- Non-profit transportation providers
- Human service agencies funding and/or supporting transportation services
- Other government agencies that administer programs for targeted population, advocacy organizations, community-based organizations, elected officials, and tribal representatives¹.

This Plan is intended both to capture those local stakeholder discussions, and to establish the framework for potential future planning and coordination activities.

The Plan also provides an opportunity for RAPC to prioritize strategies that can be approached on a regional level. This plan offers potential strategies and priorities for projects that target transportation-disadvantaged populations.

This document will inform priorities and certify projects receiving funds authorized under both Moving Ahead for Progress in the Twenty-First Century Act (MAP-21) (the previous federal transportation funding authorization) and the Fixing America's Surface Transportation (FAST) Act.

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¹ Federal Register: March 15, 2006 (Volume 71, Number 50, pages 13459-60)

Planning Requirements

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

The FAST Act retains the same planning requirements identified under MAP-21 for the Enhanced Mobility of Seniors and Individuals with Disabilities Program (Section 5310). Section 5310 remains the only funding program with coordinated planning requirements under the FAST Act.

In relation to the locally developed Coordinated Public Transit-Human Services Transportation Plan, the FAST Act requires²:

1. That projects selected are “included in a locally developed, coordinated public transit-human services transportation plan.”
2. That the coordinated plan “was developed and approved through a process that included participation by seniors, individuals with disabilities, representatives of public, private, and nonprofit transportation and human service providers, and other members of the public.”
3. That “to the maximum extent feasible, the services funded will be coordinated with transportation services assisted by other Federal departments and agencies,” including recipients of grants from the Department of Health and Human Services.

Funds are apportioned based on each state’s share of the population of seniors and individuals with disabilities. Funding decisions must be clearly noted in a program management plan.

² <https://www.transit.dot.gov/funding/grants/grantprograms/section-5310-%E2%80%93-enhanced-mobility-seniors-and-individuals-disabilities>

³ MTC Coordinated Public-Transit Human Services Transportation Plan. 2018. https://mtc.ca.gov/sites/default/files/MTC_Coordinated_Plan.pdf

Rural Areas Program (Section 5311)

Projects proposed for Section 5311 funding must be a product of the statewide and nonmetropolitan transportation planning process and/or the metropolitan planning process specified in the joint Federal Highway Administration (FHWA)/FTA planning regulations at 23 CFR part 450 and 49 CFR part 613.

The selection process for 5310 and 5311 may be formula-based, competitive or discretionary, and sub-recipients can include states or local government authorities, private non-profit organizations, and/or operators of public transportation.

Federal and State Roles to Promote Human Service Transportation Coordination

Federal

Incentives and benefits to coordinating human services transportation programs are defined and elaborated upon in numerous initiatives and documents. Coordination can enhance transportation access, minimize duplication of services, and facilitate cost-effective solutions with available resources. Enhanced coordination also results in joint ownership and oversight of service delivery by both human service and transportation service agencies. Technical assistance related to the FAST Act built on earlier initiatives from the Safe, Accountable, Flexible, and Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU) and MAP-21³.

These initiatives include:

- **United We Ride:** In February 2004, President George W. Bush signed an Executive Order establishing an Interagency Transportation Coordinating Council on Access and Mobility (CCAM) to focus 10 federal agencies on the coordination agenda.
- **A Framework for Action:** The Framework for Action is a self-assessment tool that states and communities could use to identify areas of success and highlight the actions still needed to improve the coordination of human service transportation.
- **Medicaid Transportation Initiatives:** Transit Passes – Federal regulations require that Medicaid eligible persons who need transportation for non-emergency medical care be provided transportation. For many people, the most cost effective way to provide this transportation is with public transportation. Expansion of Medicaid under the Patient Protection and Affordable Care Act increased the number of persons eligible for Medicaid in Louisiana.
- **Rides to Wellness:** An initiative to increase partnerships between health and transportation providers and show the positive financial benefit to such partnerships. The initiative’s goals are to increase access to care, improve health outcomes, and reduce healthcare costs. In March 2015, FTA hosted the Rides to Wellness summit, representatives from FTA, HHS, USDA and the Department of Veterans Affairs attended.

The Rides to Wellness initiative also oversees the FAST Act’s competitive pilot program for innovative coordinated access and mobility to help finance innovative projects for the transportation disadvantaged that improve the coordination of transportation services and non-emergency medical transportation (NEMT) services.

- **Veterans Transportation Community Living Initiative (VTCLI):** FTA has awarded \$64 million in competitive grants to help veterans, military families, and others connect to jobs and services in their communities by improving access to local transportation options⁴.
- **Healthcare Access Mobility Design Challenge** (and other National Center for Mobility Management projects): The Design Challenge was part of the Federal Transit Administration’s Rides to Wellness initiative, a key component of the agency’s Ladders of Opportunity program. Sixteen communities were awarded grants to design innovative transportation solutions related to healthcare access; their work was completed in March 2016⁵.

⁴ <https://www.transit.dot.gov/ccam/about/initiatives>

⁵ <http://nationalcenterformobilitymanagement.org/challenge/>

- **National Aging and Disability Transportation Center (NADTC):** The National Aging and Disability Transportation Center is a national technical assistance center funded by FTA to promote the availability and accessibility of transportation options that serve the needs of people with disabilities, seniors and caregivers with a focus on the Section 5310 program and other transit investments. The NADTC provides technical assistance, information and referral; develops field training; implements interactive communication and outreach strategies; and supports communities in assessing their needs and developing innovative transportation solutions.
- **National Center for Mobility Management (NCMM):** The National Center for Mobility Management supports FTA's Rides to Wellness Initiative and is funded through a cooperative agreement with FTA. NCMM provides capacity building technical assistance and training; catalogs and disseminates best practice information on innovative mobility management programs around the country; and works to improve and enhance the coordination of federal resources for human service transportation, especially for people with disabilities, older adults and people with lower incomes.
- **National Rural Transportation Assistance Program (RTAP):** The National Rural Transportation Assistance Program provides outreach and training to each state's RTAP and coordinates with other organizations involved in rural transit, operates a national toll-free telephone line, a webpage, a national peer-to-peer technical assistance network and various presentations and publications and fulfillment services for National RTAP products.
- **Intelligent Transportation System (ITS) Peer-to-Peer Program:** The ITS Peer-to-Peer Program helps urban and rural clients create solutions for a variety of highway, transit, and motor carrier interests, in virtually all areas of ITS planning, design, deployment and operations.
- **National Transit Institute:** The National Transit Institute (NTI) at Rutgers University was established in 1992 to conduct training and educational programs related to public transportation. Funded by FTA, NTI's mission is to provide training, education, and clearinghouse services in support of public transportation and quality of life in the United States.
- **Transit Cooperative Research Program:** The Transportation Cooperative Research Program (TCRP) is funded by DOT and FTA. TCRP offers practical research that yields near-term results and can help agencies solve operational problems, adopt useful technologies from related industries and, find ways for public transportation to be innovative.

Plan Development

The four required elements of a coordinated plan are: (1) an assessment of current transportation services; (2) an assessment of transportation needs; (3) strategies, activities and/or projects to address the identified transportation needs (as well as ways to improved efficiencies); and (4) implementation priorities based on funding, feasibility, and time, among other criteria. This section describes the steps taken by RAPC to develop these elements of Region VI’s coordinated plan.

Region VI Demographic Trends

An updated demographic profile of the region was prepared using data from the Census Bureau’s American Community Survey and other relevant planning documents, to determine the local characteristics of the study area as they relate to the four population groups the Plan focuses on: persons with low incomes, persons with disabilities, veterans, and older adults.

Regional Transportation Resource Inventory

To assist parish- and local-level organizations in improving local mobility, the Plan defines mobility management, and describes the range of transportation services that exist in the region. These services include public fixed-route and paratransit services and transportation services provided or sponsored by social service agencies. Information about options were gleaned from existing resources and the CLCTC.

Stakeholder Outreach

Input was sought from the region’s seniors, people with disabilities, people with low incomes, and veterans through various forms of outreach. Together with findings from the demographic analysis, stakeholder input informed the development of a comprehensive list of transportation gaps and a summary of possible solutions. Outreach efforts also focused on conversations with individuals, advocates, and agencies.

Twenty-eight organizations from all eight parishes of the Region VI provided input, captured in more than 180 individual comments. These comments were individually classified as either identifications of existing transportation gaps or suggestions of potential solutions; further, each comment was categorized according to its overarching theme—temporal or spatial gaps, for example. These comments, along with their themes, are provided as Appendix B and Appendix C.

Summary of Gaps and Solutions

Each comment was categorized as either a gap or a solution, and further assigned a theme. In total, 34 themes emerged. Discussions to develop locally implementable projects and regionally relevant strategies focused on the ten most common themes heard through all engagement channels. In addition to gaps, stakeholders also offered solutions — either things that have been discussed in their parish or new ideas. This input was incorporated into the strategy recommendations.

Projects Eligible for Funding

Feedback received through the outreach process was combined with demographic and service gaps analysis to identify specific eligible project types; these projects become eligible for funding sources that require or encourage proposals to refer to this Plan. Projects eligible for funding can be found in Appendix F. Project types include Mobility Management and Travel Training, Improvements to Demand-Responsive Services, such as Paratransit, and other solutions.

Strategies for Addressing Mobility Gaps

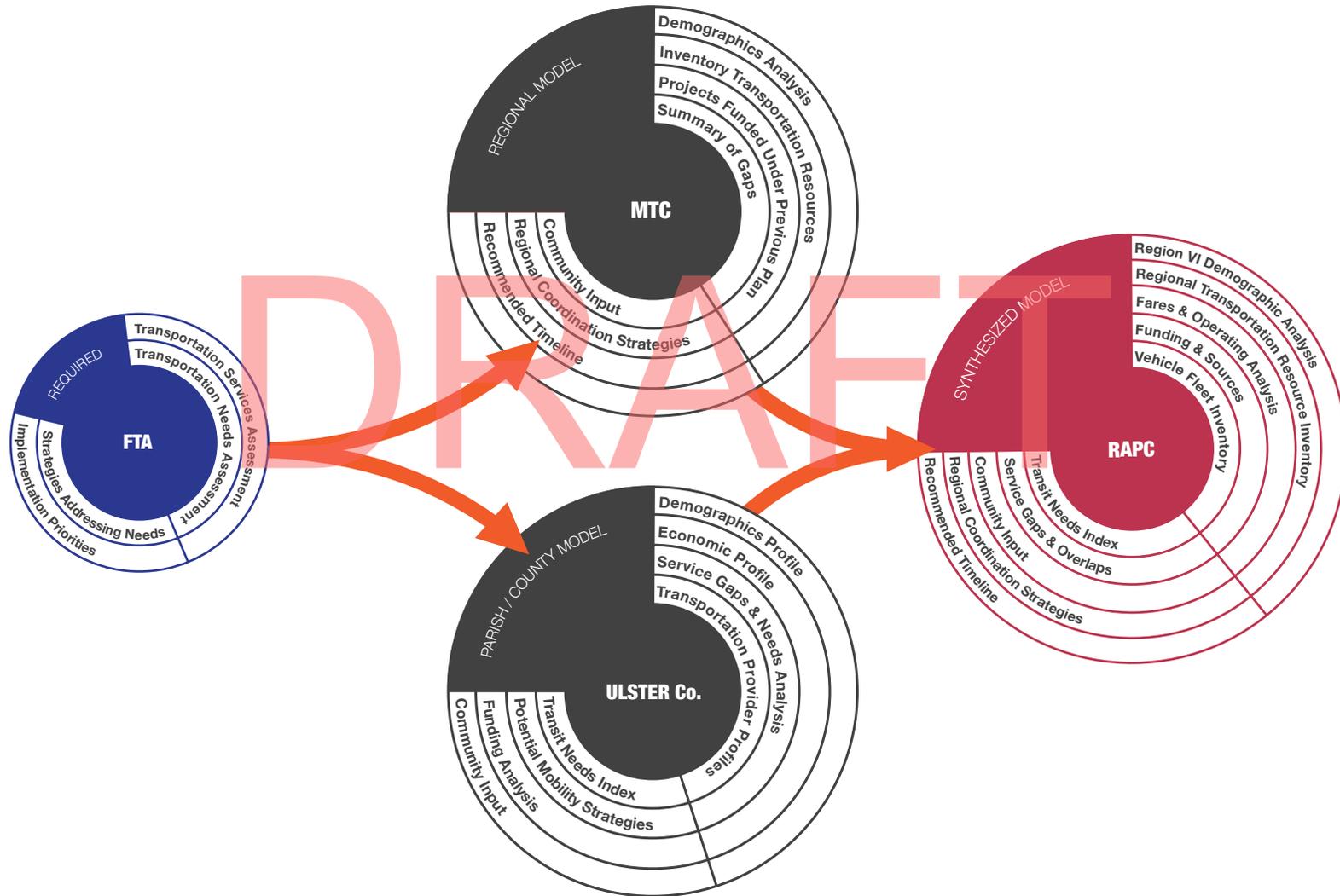
Potential initiatives that RAPC can facilitate or implement; informed by information gathered throughout the planning process.

Implementation Recommendations

Next steps for RAPC, transit providers, and human services providers to address mobility gaps.

Based on literature review, RAPC synthesized elements from the Metropolitan Transportation Commission’s 2018 Coordinated Public Transit Human Services Plan and the Ulster County 2017 Coordinated Human Services Transportation Plan with FTA Planning Requirements into a comprehensive planning process for the 2020 Update, see Figure 1.1.

Figure 1.1 FTA, MTC, Ulster Co., RAPC Planning Elements



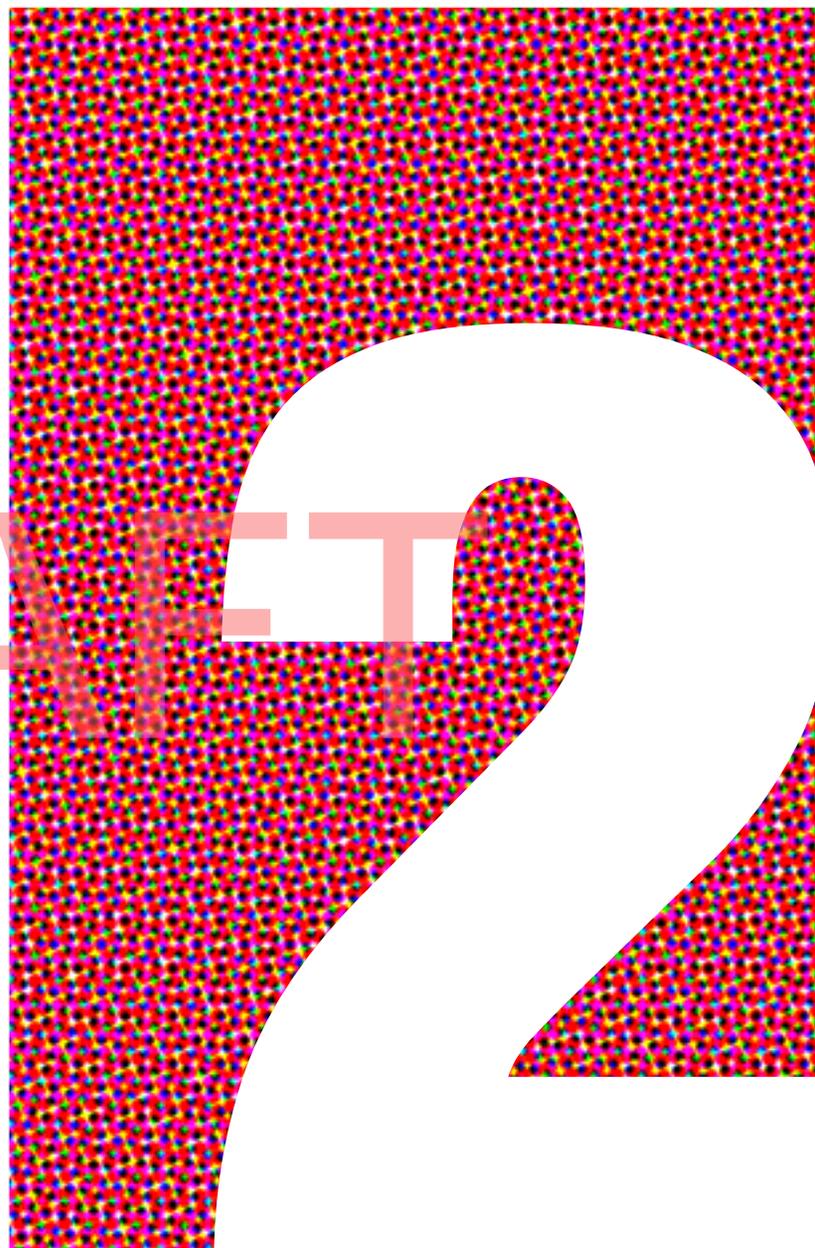
Region VI Demographics

This Plan update focuses on the demographic characteristics of Region VI and its eight parishes. This demographic profile provides a context for transportation needs in the region.

The region's specific demographic characteristics have a direct impact on the demand for transit and paratransit services. The following analysis focuses on the location and concentration of population groups who have a higher propensity to use, and possibly rely upon, public transportation: people with disabilities, adults aged 65 and older, people living without access to an automobile, veterans, and people living in households below the poverty line. All demographic information presented in this chapter is derived from 2013-2018 American Community Survey (ACS) Five-year Estimates.

The following summarizes each population group and identifies areas that have a higher concentration of these individuals. Findings associated with each of the target population groups are also included.

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Key Findings

This section presents the existing conditions for disadvantaged populations including seniors (those 65 and over), people with disabilities, those living in poverty and/or without access to a vehicle, and veterans. Some of these populations overlap and some parishes have higher concentrations of people that fall into one or more of these groups. Some key findings reflecting the mobility needs of these groups are listed below.

- The region's total population decreased by 1.4% declined since 2013.
- The region's population is aging. Specifically, Grant, LaSalle, and Winn Parishes have the highest increase in proportion of individuals who are age 65 and over since 2013.
- The percentage of people living below the 200% poverty level in the region has decreased since 2013.
- Overall, the population with a disability has decreased throughout the region.
- Avoyelles, Concordia and Rapides Parishes continue to have the largest portion of households without vehicle access. While Concordia has the highest persistent rate of zero vehicle households. Rapides, the most urban and with the greatest density of transit services of all parishes in the region, had the highest increase in the percentage of households without access to a vehicle. The increase in households without access to a vehicle suggests large investments in transit and infrastructure that supports multi-modal mobility is needed.
- Avoyelles, Catahoula, and Grant Parishes have the highest percentage of seniors living below the Federal Poverty Level (FPL).
- The growing portion of the region's disabled population are seniors — aged 65 and over.
- Growing demand for mobility programs that target seniors, low income households, and people with disabilities will generate increased funding requirements.
- As the retirement population grows, fewer resources will be available to provide services and facilitate mobility among the aging population. New technology and innovative mobility strategies are key to fill the gaps in mobility services.
- Percentage of the region's total population enrolled in Louisiana Medicaid increased by 11.5% — with Avoyelles, Catahoula, and Concordia Parishes having the highest average percent enrolled between 2013 and 2018¹.

¹ Louisiana Department of Health, Medicaid Annual Reports 2012-13, 2013-14, 2014-15, 2015-16, 2016-17, 2017-18, accessed July 2020

Older Adults

Current Conditions

In 2018, the eight parish Region VI had approximately 46,091 people age 65 or older, according to the US Census’s American Community Survey (ACS). The general population is aging and the percentage of seniors is on the rise. Seniors made up 15.6 percent of the region’s total population in 2018, compared to 13.8 percent in 2013.

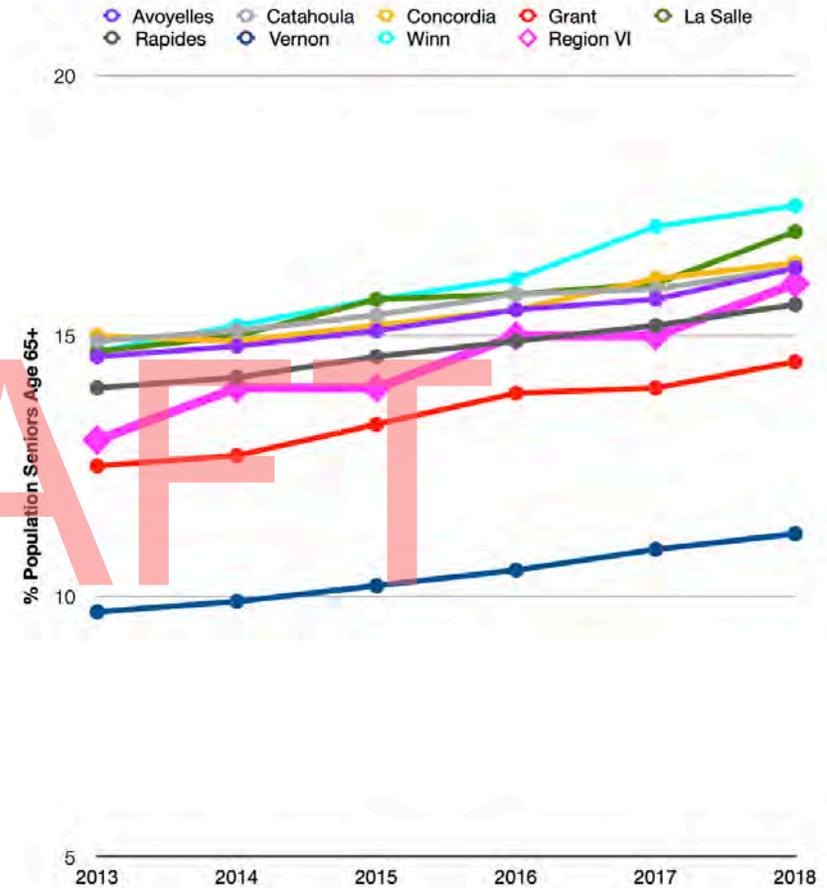
La Salle, Concordia, and Winn Parishes - three of the region’s four least populated parishes have the largest percentage of seniors. Winn has the highest percent of seniors in the region. Avoyelles and Catahoula have the highest percent of seniors living at 200% below FPL, as well as households without access to a vehicle. Twenty percent of all seniors in the region were veterans.

Grant, Rapides, and Vernon had the lowest proportion of seniors of Region VI Parishes in 2018. These percentages can be seen in Figure 2.1.

Trends

America is graying. The nation’s 65-and-older population is projected to nearly double in size in coming decades, from 49 million in 2016 to 95 million people in 2060. As a result, the share of people aged 65 and older will grow from about 15 percent in 2016 to nearly a quarter of the population in 2060.² La Salle and Winn Parishes are projected to have the highest percentage of seniors, with almost a quarter or more 65 or older. Services for seniors will need to increase at or ahead of the rate at which the senior population is growing. Mobility will continue to be a challenge for seniors and for transportation planners as a far greater proportion of the population loses their ability to drive.

Figure 2.1 Change in Senior Population (2010-2016)



² U.S. Census Bureau, Demographic Turning Points for the United States, March 2018

People with Disabilities

Current Conditions

According to 2018 ACS data, twenty-four percent of the region’s population have a disability. Avoyelles and Winn Parishes have the highest proportion of people currently living with a disability. Forty-two percent of the region’s senior population have a disability, with Avoyelles, Winn, and Vernon Parishes have the largest proportion. By contrast, Catahoula and LaSalle Parish’s senior population has the lowest proportion of seniors living with a disability, suggesting that while there is a large population of seniors in the parish, they are more likely not to have a disability or be as dependent on accessible services.

Trends

According to the demographic data gathered from ACS, the overall percentage of people with a disability in the region decreased almost four percent between 2013 and 2018.

Figure 2.2 Change in Population with a Disability (2013-2018)

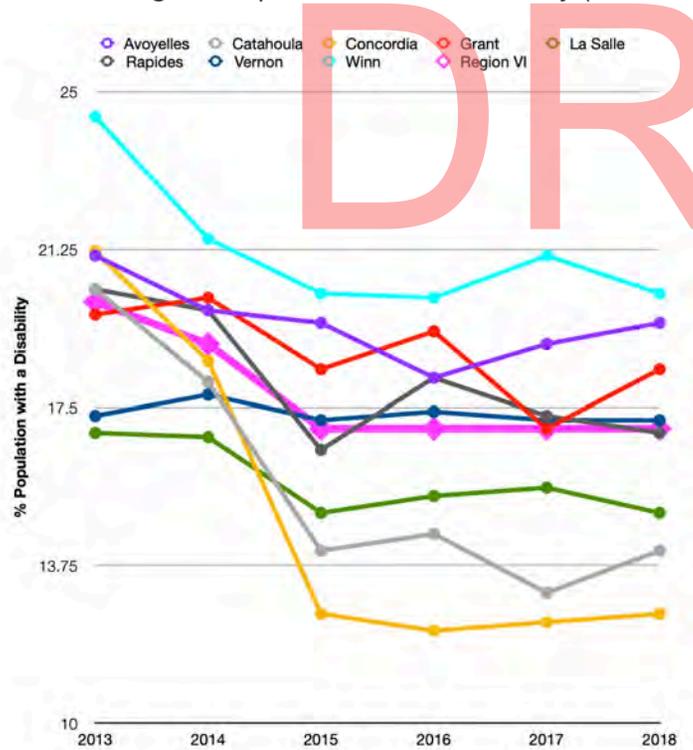
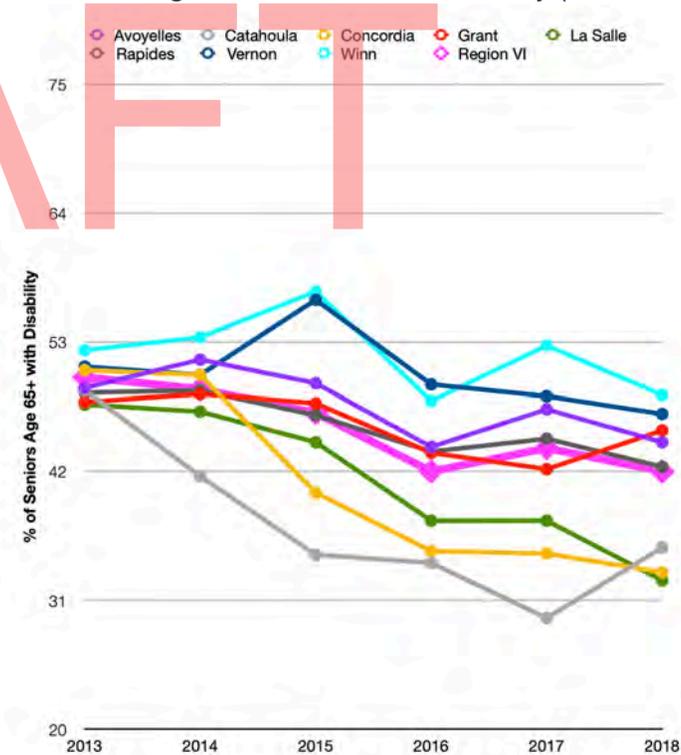


Figure 2.3 Change in Seniors with a Disability (2013-2018)



* New disability questions were introduced in 2008, along with new questions on Health Insurance, Marital History, and Veterans’ Service-connected Disability Ratings. Because of the changes to the questions, the new ACS disability questions should not be compared to the previous ACS disability questions or the Census 2000 disability data.

Poverty

Current Conditions

Figure 2.4 illustrates percentage of the region’s population living below FPL in 2018. Almost twenty-two percent of the region’s population live below the FPL, with forty-four percent of those living 200% below FPL. The largest concentration of people living below FPL line are found in Avoyelles and Concordia Parishes. Those living in poverty are less likely to be able to afford a car and are more reliant on public transportation than those with high incomes.

Trends

As can be seen in Figure 2.5, percentages for years 2013 to 2018 represent those living under 200 percent of FPL. The 200 percent threshold was used to identify Qualified Disabled and Working Individuals (QDWI).

Federal poverty level (FPL) provides a reasonable benchmark to understand trends over time relative to the share of population that may be considered low-income.

Rural parishes have historically had fewer resources to provide services for those living in poverty. Figure 2.4 displays the poverty rates by parish in 2018 and Figure 2.5 shows the change in population living 200% below FPL from 2013 to 2018.

Figure 2.4 Percent of Population Living Below FPL (2018)

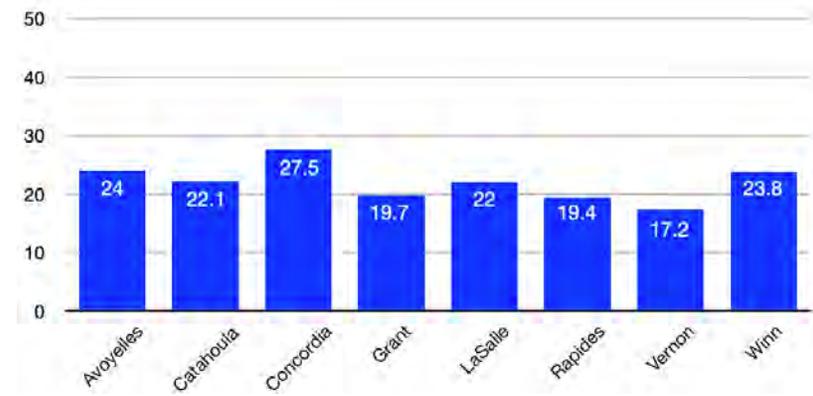
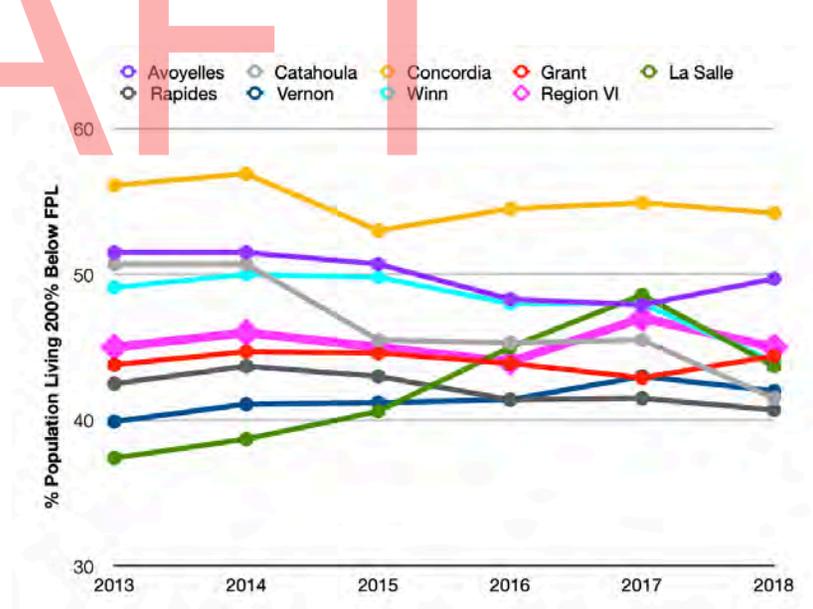


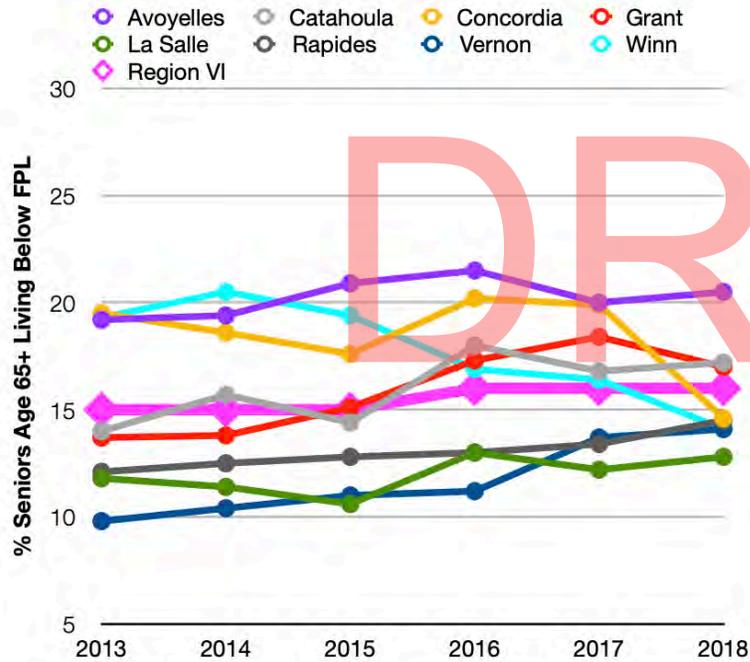
Figure 2.5 Change in Population Living 200% Below FPL (2013-2018)



Seniors Living in Poverty

Sixteen percent of the region’s senior population live below the FPL, with forty-two percent of those living 200% below FPL. As illustrated in Figure 2.6, Avoyelles, Catahoula, and Grant Parishes had highest percentage of seniors living below FPL. Grant and Catahoula saw the largest increase in senior population living in poverty, while Concordia and Winn Parishes saw the largest decrease between 2013 and 2018.

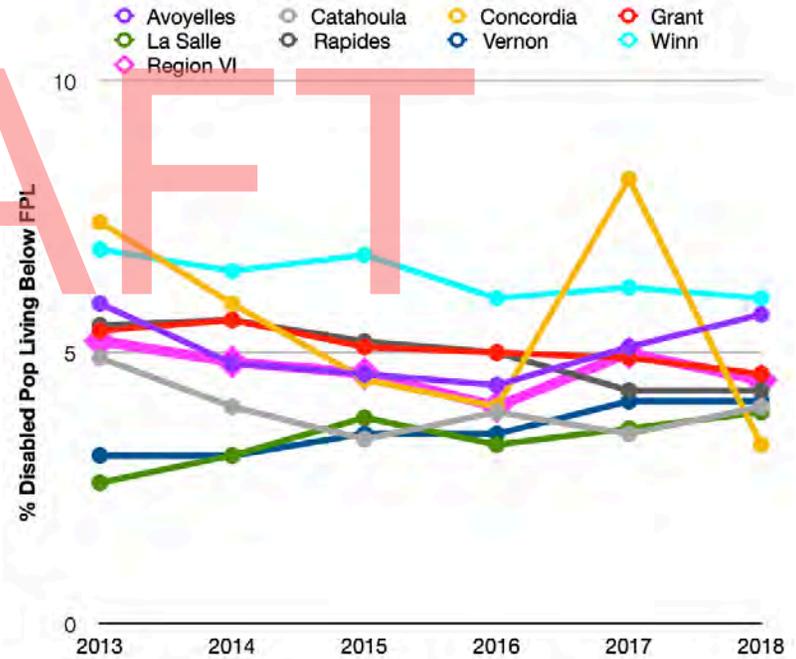
Figure 2.6 Change in Seniors Living in Poverty (2013-2018)



Population with Disability Living in Poverty

The average percentage of the region’s disabled population living in poverty slightly decreased from five to four percent between 2013 to 2018. Concordia Parish had the most significant change during that same time period with a four percent decline in the percentage of population with a disability living below the FPL, whereas LaSalle and Vernon Parishes increased by one percent. Avoyelles and Winn Parishes have consistently had the highest percentage of disabled individuals living in poverty in the region at six percent.

Figure 2.7 Change in Disabled Living in Poverty (2013-2018)



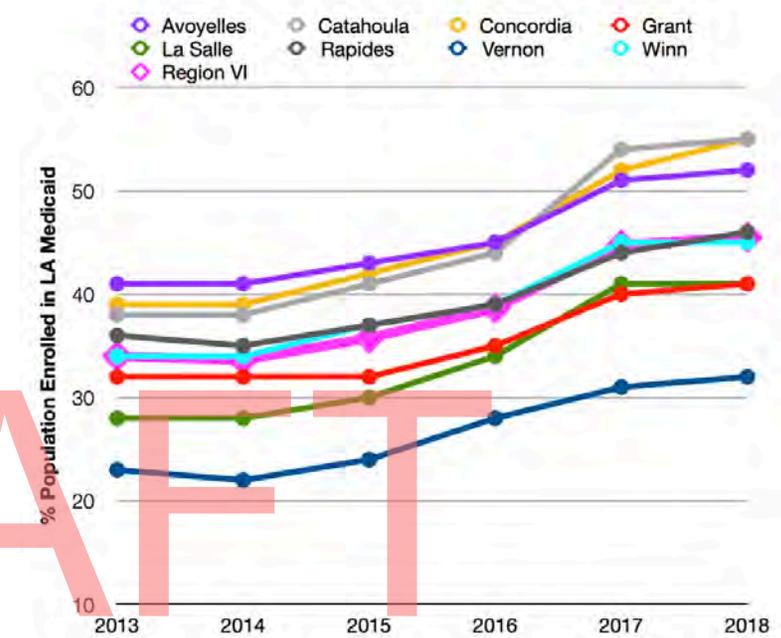
Population Enrolled in Medicaid

Lack of transportation can be a barrier to accessing health care, particularly for elderly, disabled, or low-income individuals. Adults with Medicaid coverage are more likely than those with private coverage to delay care because of a lack of transportation (5.8 percent versus 0.7 percent). This may be due to differences in health status and income, as, in general, transportation disadvantaged individuals are age 65 and older, have disabilities, or have low incomes.³

Region VI had 105,276 individuals or forty-five percent of the region’s population were enrolled in Louisiana Medicaid in June 2018. Avoyelles, Catahoula, and Concordia Parishes had the highest percentage with each having over fifty percent of population enrolled.

Figure 2.8 illustrates the percentage of the region’s total population enrolled in Louisiana Medicaid between 2013 and 2018. Catahoula, Concordia, and LaSalle Parishes had significant increases in population enrolled in Medicaid, increasing seventeen, sixteen, and thirteen percent respectively from 2013 to 2018. The combined regional population enrolled increased by eleven and a half percent during the same period.

Figure 2.8 Change in Population Enrolled in LA Medicaid (2013-2018)



³ Medicaid and CHIP Payment and Access Commission Issue Brief, May 2019

Access to Vehicles

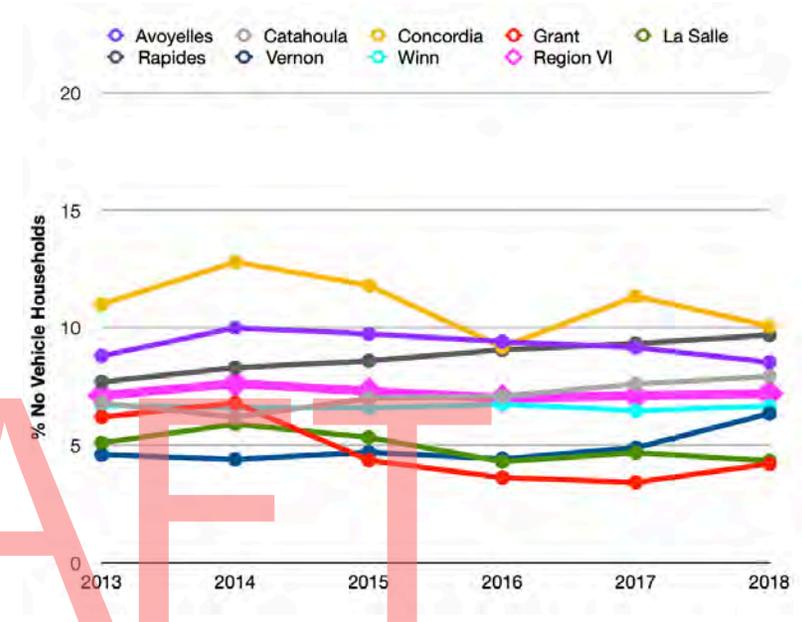
Current Conditions

Roughly seven percent of Region VI households do not have access to a vehicle. In 2018, Concordia and Rapides Parishes had the highest, with nearly 10 percent of households having no access to a vehicle. Percentages of Region VI households without access to a vehicle by parish can be seen in Figure 2.9.

Trends

The number of people in the US living in households without access to a vehicle has been on the rise since 2007⁴. Between 2013 and 2018, the overall percentage of total Region VI households in this category remained the same. The percentage of Avoyelles, Concordia, Grant, LaSalle, and Winn Parish households without access to a vehicle decreased, while Catahoula, Rapides, Vernon, Parishes saw significant increases in households without access to a vehicle from 2013 to 2018.

Figure 2.9 Change in Households without Access to a Vehicle (2013-2018)



⁴ Hitchin' a ride: Fewer Americans have their own vehicle | University of Michigan News. (2014). Retrieved 12 July 2016, from <http://ns.umich.edu/new/releases/21923-hitchin-a-ride-fewer-americans-have-their-own-vehicle>

Veterans

Current Conditions

Veterans face similar mobility access issues as other transportation disadvantaged populations. In 2018, there were about 22,076 veterans in the eight parish region comprising ten percent of the total population⁵.

The majority of the region’s veterans can be found in Rapides, Vernon, and Grant Parishes. There is an overlap between the populations of those with a disability, those with veteran status, and those who are seniors.

Trends

In Figure 2.10, the percent change in the veteran population can be seen at a local level over the 2013 to 2016 period. This data from the same source as the previously reported data, but it is summarized at local geographic levels instead of at the parish geographic level. The percentage of adult veterans decreased three percent from 2013 to 2018. Veteran populations with mobility needs tend to fluctuate with military activity abroad — a difficult trend to project.

A quarter of the veteran population in the same year were seniors aged 65 or older. Parishes with substantial populations of retirees have significant percentages of veterans among their senior populations. The veteran population in Vernon Parish, which has a large military base (Fort Polk), is younger than in other parishes. The parish also has a low percentage of seniors. The percentage of veterans who were seniors in 2018 for each parish and the region is presented in Figure 2.11.

Figure 2.10 Population Change in Veterans (2013-2018)

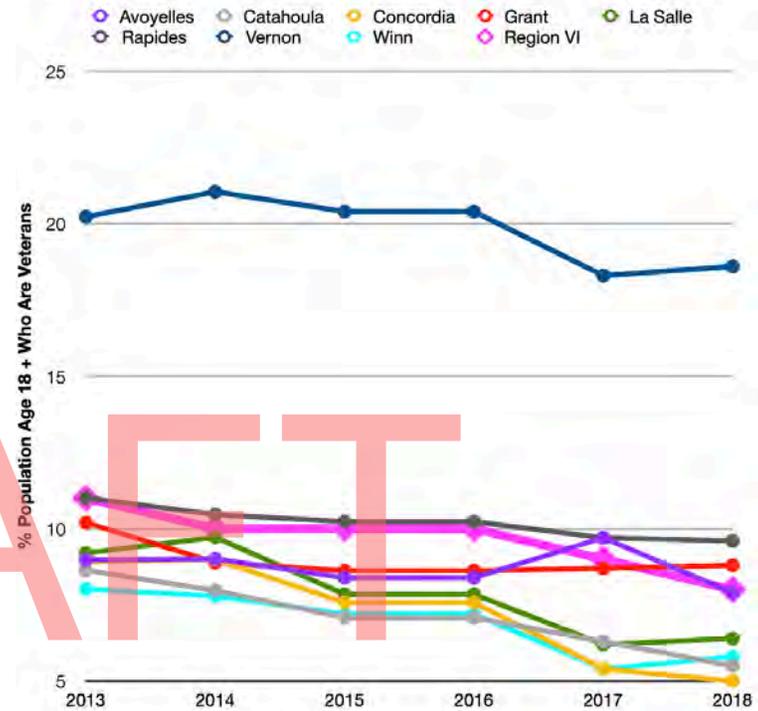
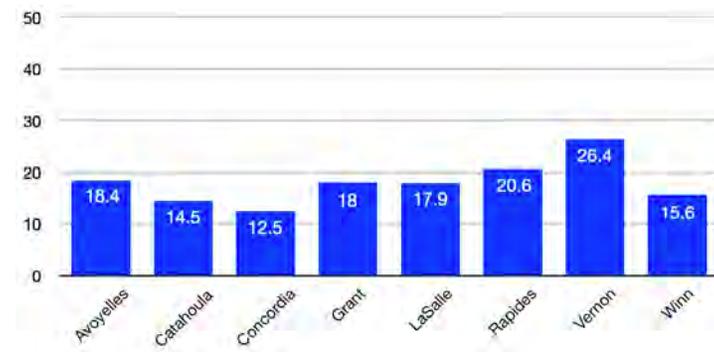


Figure 2.11 Percent of Veterans who are Seniors (2018)



⁵ American Community Survey 2013 – 2018, 5 year estimates

Transportation Resources

Data compiled from the National Transit Database (NTD), DOTD's Statewide Transit Tracking and Reporting System (STTARS), and transit provider interviews documents existing regional transportation resources for low-income populations, seniors, people with disabilities, and veterans provided by public and non-profit agencies.

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Regional Transportation Resources

Region VI offers several transportation options for low-income populations, seniors, people with disabilities, and veterans. These populations are often less likely to have access to an automobile and need to rely on transit and other modes of transportation. In addition to fixed-route transit, riders might use Americans with Disabilities Act (ADA) - mandated paratransit, city-provided paratransit, non-profit transportation services, private providers like taxis, or other options¹. Transportation Network Companies (TNCs) are currently unavailable in the region.

Coordination between service providers is essential because all of these providers should be able to refer an individual to mobility management resources if needed. Riders often are unaware of the different transportation options available to them or unsure which to use for a particular trip. Mobility management strategies can assist riders in accessing an array of transportation options, and can assist providers in coordinating their services. The region's population is aging. Specifically, Rapides, Vernon, and Grant Parishes have the highest increase of individuals who are age 65 and over since 2013.

Mobility Management

Transportation disadvantaged populations should be able to access mobility management services through a number of different “entry points.” In addition to contacting a mobility manager directly, individuals might begin with an information and referral provider (such as a 211 service), a non-profit organization (such as an independent living program), a social service provider (such as the Central Louisiana Human Services District), a community service (such as the Cenla Area Agency in Aging), or a transportation provider (paratransit provider, for example).

Types of Transportation Resources in Region VI

Although limited, there are different transportation resources that low-income populations, seniors, people with disabilities, and veterans can access in the region.

These include different types of transportation services and a range of mobility management related resources, described in detail in Figure 3.1. Transportation options also available to these groups not described in detail include walking, biking, and driving.

¹ <http://www.projectaction.com/glossary-of-disability-and-transit-terms/>

Figure 3.1 Types of Transportation Resources in Region VI ^(2,3)

Support Services	Short Definition
Fixed-Route Transit / ADA-Mandated Paratransit	Buses, vans, etc., operated by transit agencies that run on regular, predetermined, pre-scheduled routes, usually with no variation. ADA-mandated paratransit is required as part of the American with Disabilities Act (ADA) to complement, or serve in addition to, already available fixed-route transit service.
Specialized Transportation	Transportation services offered outside of the transit agencies (often by parishes, public sector agencies, or non-profit organizations) that address the transit needs of the community, including the general public and special populations in both urban and rural areas.
Private Transportation	Transportation provided by a private for-profit entity in the business of transporting people. These services are often demand-responsive and initiated and paid for by the rider. Examples are taxis, motor coach services. TNCs (Uber, Lyft, etc.) are currently unavailable in the region.
Subsidized Fare Programs/ Voucher Programs	Programs typically administered through a social service agency, that enable qualified people to purchase fares/vouchers for transportation services at a reduced rate from providers such as taxis, public transit, or volunteer driver programs. Recipients are often low-income.
Information & Referral	Programs that provide community information and referral, and connect people with resources that can help them. Agencies may be independent non-profit organizations, libraries, faith-based organizations, or government agencies at every level.
Travel Training	Programs designed to teach people with disabilities, seniors, veterans, and/or low-income populations to travel safely and independently on fixed-route public transportation in their community.
Mobility Management Services	Mobility management services cover a wide range of activities, such as travel training, coordinated services, trip planning, brokerage, and information and referral. For the purposes of this resource list, mobility management services refer to the provision of individual transportation information and assistance, and service linkage. Related to information and referral.

² ESPA Webinar on Private Transportation and the ADA

³ <http://www.airs.org/i4a/pages/index.cfm?pageid=3500>

Fixed-Route Transit/ADA-Mandated Paratransit

Fixed-route transit offers services that run on regular, pre-determined, pre-scheduled routes, usually with no variation. All fixed-route transit providers are legally required as part of the ADA to provide paratransit to complement, or serve in addition to, already available fixed-route transit service.

Fixed-route service is only available in the urbanized area of Rapides Parish (Alexandria and Pineville). From a mobility management perspective, it should provide a base level of affordable service to access major destinations like school, work, medical appointments, shopping, etc.

ADA-mandated paratransit is best utilized as a replacement for fixed-route transit only when it is impossible for an individual with a disability to use transit for a trip. The other transportation resources listed are best utilized to supplement or assist individuals in using fixed-route transit. Other transportation resources will often not have the same capacity as fixed-route transit and offer limited rides.

Alexandria Transit (ATRANS) is the only fixed-route public transit provider in the region. It is required to provide accessible service on its fixed-route vehicles and complementary ADA-mandated paratransit service.

Accessibility features on fixed-routes include⁴:

- Buses equipped with low floor ramps to allow easy access for people with disabilities.
- Priority seating for those who need it.

- Bus drivers trained to provide assistance in securing wheelchairs in designated spaces.
- Drivers trained to allow passengers time to be seated, and to get on and off the vehicle.
- Announcement of stops and major intersections, transfer points and, at the request of passengers, specific destinations.
- Stations with ADA accessible boarding platforms.
- Route and schedule information provided by transit agencies, available in accessible formats, if needed.

For people who, due to their disability, are unable to ride regular buses, ADA-mandated paratransit is offered. ADA-mandated paratransit is meant to replicate fixed-route transit. This means paratransit services operate in the same area, on the same days and during the same hours as the public transit operates. Paratransit service may be provided on small buses, vans, taxis, or even sedans. It is generally a shared ride, door-to-door, or curb-to-curb service that must be reserved at least one day in advance.

Specialized Transportation

For low-income populations, seniors, people with disabilities, and veterans in Region VI - community-based transportation is the only resource. These are often sponsored by parishes, public-sector agencies, or non-profit organizations, and address unmet transportation needs of the community.

Funding provided for these transportation services is usually dedicated for a specific clientele (i.e., Veterans, Medicaid eligible persons, seniors attending meal programs, etc.) and cannot easily be co-mingled with other funding sources.

⁴ MTC Coordinated Public-Transit Human Services Transportation Plan. 2018. https://mtc.ca.gov/sites/default/files/MTC_Coordinated_Plan.pdf

For the most part, social service agencies who are providing the service are not primarily in the transportation industry; rather, transportation is an extension or part of a program.

Riders are often referred to these programs by an agency they are receiving services from, such as a human service agency or senior center. Mobility managers and information and referral services can be invaluable here. Examples of specialized transportation services are listed below.

Community-Sponsored Services

Some towns or parishes sponsor transportation for seniors and people with disabilities that supplements fixed-route transit or ADA-mandated service. Rapides, Vernon, and Avoyelles Parishes sponsor rural transportation services offering accessible door-to-door service during the day on weekdays for seniors and the general public.

Services Provided by Non-Profit Organizations

Non-profit organizations in the region also offer transportation service to fill unmet transportation needs. The Rapides Senior Citizen's Center serves as a rural transportation provider for seniors and the general public; offering demand responsive transportation for parish residents for all trip types.

Private Transportation

Private transportation providers have always been an integral partner in the provision of transportation resources for low-income populations, seniors, people with disabilities, and veterans. Private transportation providers are for-profit entities in the business of transporting people. In some instances, riders do not request or access the transportation directly from the private company, but through the agency sponsoring the service.

Although limited, taxis have filled gaps in service for transportation-disadvantaged populations. Other options such as Transportation Network Companies (Uber and Lyft, for example) are currently unavailable in the region.

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Figure 3.2 Region VI Public and Non-Profit Transportation Providers

Parish	Operator	Population Served	Trip Type	Monday - Friday Hours	Wheelchair Accessible?
Avoyelles	Avoyelles Public Transit	General Public, ADA Eligible Individuals Medicaid Eligible Individuals	All Trip Types	5AM-7PM	Yes
	Avoyelles Society Developmentally Disabled	People with Disabilities	Program Related, Shopping	5:45AM-4:15PM	Yes
Catahoula	Catahoula ARC	People with Disabilities	All Trip Types	6AM-4:00PM	Yes
	Catahoula COA	Seniors	Program Related	9AM-3PM	No
Concordia	Concordia Council on Aging	Seniors, Medicaid Eligible Individuals	All Trip Types	9AM-2PM	Yes
Grant	None	n/a	n/a	n/a	n/a
LaSalle	LaSalle ADD	People with Disabilities	Program Related, Shopping	6:30AM-3:30PM	Yes
	LaSalle COA	Seniors	Program Related, Shopping	7AM-3PM	No
Rapides	Alexandria Transit (ATRANS)	General Public, ADA Eligible Individuals Medicaid Eligible Individuals	All Trip Types	6AM-10PM	Yes
	Rapides ARC/J.Eskew Center	People with Disabilities	All Trip Types	6AM-5PM	Yes
	Rapides COA	Seniors	Program Related, Shopping	8AM-12PM	No
	Rapides Senior Citizens Center	General Public, ADA Eligible Individuals Medicaid Eligible Individuals	All Trip Types	8AM-2PM	Yes
	St. Mary Residential Training School	People with Disabilities	All Trip Types	On-call	Yes
	Alexandria VA Health Care System	Veterans with Disabilities	Medical	6AM-6PM	Yes
	Town of Ball	Seniors	Program Related	8AM-12PM	No
Vernon	Vernon COA	General Public, ADA Eligible Individuals, Medicaid Eligible Individuals	All Trip Types	6AM-5PM	Yes
Winn	Winn COA	Seniors, General Public	All Trip Types	6AM-3:30PM	No

Other Transportation Resources

Subsidized Fare Programs / Voucher Programs

Subsidized fare or voucher programs are typically administered through a social service agency, and enable qualified individuals to purchase fares/vouchers for transportation services at a reduced rate from providers such as volunteer programs or taxis. Recipients are often low-income.

As noted earlier, cost can be a barrier to accessing transportation for low-income populations, seniors, people with disabilities, and veterans. Fixed-route transit offers reduced fares to seniors 62 and above and people with disabilities. For example, ATRANS offers half-fares to riders aged 62 years or over⁵. Some agencies, such as Families Helping Families, offer subsidies for particular groups independent of income.

Taxi subsidy programs allow eligible participants to use taxis at a reduced fare by reimbursing a percentage of the fare, or by providing a low-cost fare medium which can be used to cover a portion of the fare.

Jurisdictions and non-profit organizations may offer paratransit subsidies dependent on available funding. However, these programs are not always widely publicized and availability is limited.

Information and Referral

Information and referral (I&R) programs provide community information and referral, and connect individuals with resources that can help them. There is a spectrum of I&R services, ranging from a simple website and database listing resources, to a fully customized trip planner and referral

service. While most I&R systems function mainly as lists, there are several examples of more fully featured platforms. I&R agencies may be independent non-profit organizations, libraries, faith-based organizations, or government agencies at every level.

Information and referral is the key “entry point” for individuals accessing transportation services. An information and referral database or list is only useful with a sufficiently large pool of resources. Historically, 211 is the primary free, confidential referral and information helpline and website that connects individuals to health and human services. Although currently unavailable, a regional 211 service is under development.

Travel Training

Travel training programs generally fall under mobility management and are designed to teach people with disabilities, seniors, veterans, and/or low-income populations to travel safely and independently on fixed-route public transportation in their community, but can include other modes and services.

Travel Training

Travel training covers one-to-one short-term instruction provided to an individual who has previously traveled independently and needs additional training or support to use a different mode of travel, a different route, mode of transit, or travel to a new destination. It also covers one-to-one comprehensive instruction, specially designed instruction in the skills and behaviors necessary for independent travel on public transportation provided to an individual who does not have independent travel concepts or skills to go from point of origin of trip to destination and back.

⁵ <https://www.cityofalexandriala.com/bus-transit-atrans>, accessed August 18, 2018.

Travel training in rural areas brings both unique challenges and opportunities to the professionals who currently deliver those services, or to those who are seeking to begin a new type of program.

Non-profits organizations, transit agencies, and cities or parishes can sponsor travel training programs. Travel training can help low-income populations, seniors, people with disabilities, and veterans access this transportation resource effectively.

Mobility Management

Although a few parishes in the region have some sort of information and referral service, mobility management services are not yet available throughout the region. Mobility management services are closely related to information and referral, but go further by providing more individually tailored information and providing service linkage. Where available, mobility management is an ideal “entry point” for low income populations, seniors, people with disabilities, and veterans to the range of transportation resources available.

Mobility management services cover a wide range of activities, such as travel training, coordinated services, trip planning, brokerage, and information and referral. For the purposes of this resource list, mobility management services refer to the provision of individual transportation information and assistance as well as service linkage.

Rider and Trip Eligibility

The majority of transportation providers serve clients who are over a certain age, as well as have a disability. As shown in Figure 3.2 ATRANS, Avoyelles COA, Rapides Senior Citizen Center, and Vernon COA serve the general public, while the ARC Rapides serves people with disabilities of all ages enrolled in waiver services through the Louisiana Office of Citizens with Developmental Disabilities (LA-OCDD).

Days and Hours of Service

Many transportation providers hours of operation vary as shown in Figure 3.2 Service for the general public operate Monday-Friday starting around 6:30 am and ending between 4-6:00 pm. ATRANS is the only provider in the region that offers late service on weekdays ending at 10 pm.

Transportation service for older adults start around 7am with most ending service between 12-2 pm. Transportation service for people with disabilities ranges from 7am to 3 pm. ATRANS is the only provider that operates on Saturdays. No transportation service is available on Sundays.

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Fares

Only four providers charge a fare for transportation services. ATRANS charges \$0.75 for a one-way fixed route trip and ADA \$0.35 for a one-way trip (1/2 fare). The Avoyelles COA (also known as Avoyelles Public Transit) charges \$18.00 for trips inside Avoyelles Parish (\$10.00 for seniors 60+) and \$25.00 for out of parish service. Vernon COA charges \$8.00 for a one-way demand-response trip inside Vernon Parish (free for seniors 60+). Rates for out of parish service vary on location, starting around \$25.00. Rapides SCC charges \$5 for adults \$3 for children with paying adults (\$2 for seniors 60+) for trips inside the incorporated limits of trip’s point of origination, with a max of three stops. Rates for out of parish service start at \$10 (\$6 for seniors 60+) and location-based.

Figure 3.3 Provider Fares for Regular & Outside Parish Trips⁶

Provider	Base Fare	Trips Outside Parish
Avoyelles COA	\$18 (round trip/inside parish)	\$25 (round trip/outside parish)
	\$10 (seniors 60+) (round trip/inside parish)	
ATRANS (fixed-route)	\$0.75 / \$0.35 (1/2 fare) (one-way/service area)	n/a
ATRANS (demand response)	\$0.75 (one-way/service area)	n/a
Rapides SSC	\$5 Adults / \$3 Children (one-way/inside parish)	\$10 (one-way/outside parish)
	\$2 (seniors 60+) (on-way/inside town/minimum 3 stops)	\$6 (seniors 60+) (one-way/outside parish)
Vernon COA	\$8 (one-way/inside parish)	\$25 (round trip/outside parish)
	Free (seniors 60+) (one-way/inside parish)	

⁶ 2016 National Transit Database Agency Profile Reports, Transit Provider Interviews, 2018, 2018 DOTD Statewide Transit Tracking and Reporting System, <https://transit.dotd.la.gov/login.aspx>, 2017 HSTP Transit Provider Survey.

Operating Trends

The level of service varies widely among transportation providers and types of service in the region, see Figure 3.4. The ARC of Rapides and ATRANS provide the highest number of one-way trips in an average month — 3,504 and 56,294, respectively.

Figure 3.4 Transportation Service Ridership and Cost

2019	Annual One-way Trips	Cost/Trip	Cost/Mile
Avoyelles COA	16,355	\$25.79	\$1.61
Avoyelles SDD	10,755	n/a	n/a
Catahoula ARC	2,113	n/a	n/a
LaSalle ADD	16,270	n/a	n/a
ATRANS	675,539	\$4.42	\$5.57
Rapides ARC	42,048	n/a	n/a
Rapides SCC	4,247	\$14.33	\$1.10
St. Mary’s	10,800	n/a	n/a
Vernon COA	10,993	\$18.33	\$1.42
Winn COA	6,102	n/a	n/a

* Due to the 2019-2020 COVID-19 Pandemic, this information was derived using available data.

Avoyelles Public Transit made 3,587 senior and 29 disabled passenger trips in 2019 — of those, 565 were non-ambulatory. Vernon COA made 5,589 senior and 433 disabled passenger trips in 2019 — of those 2 were non-ambulatory.

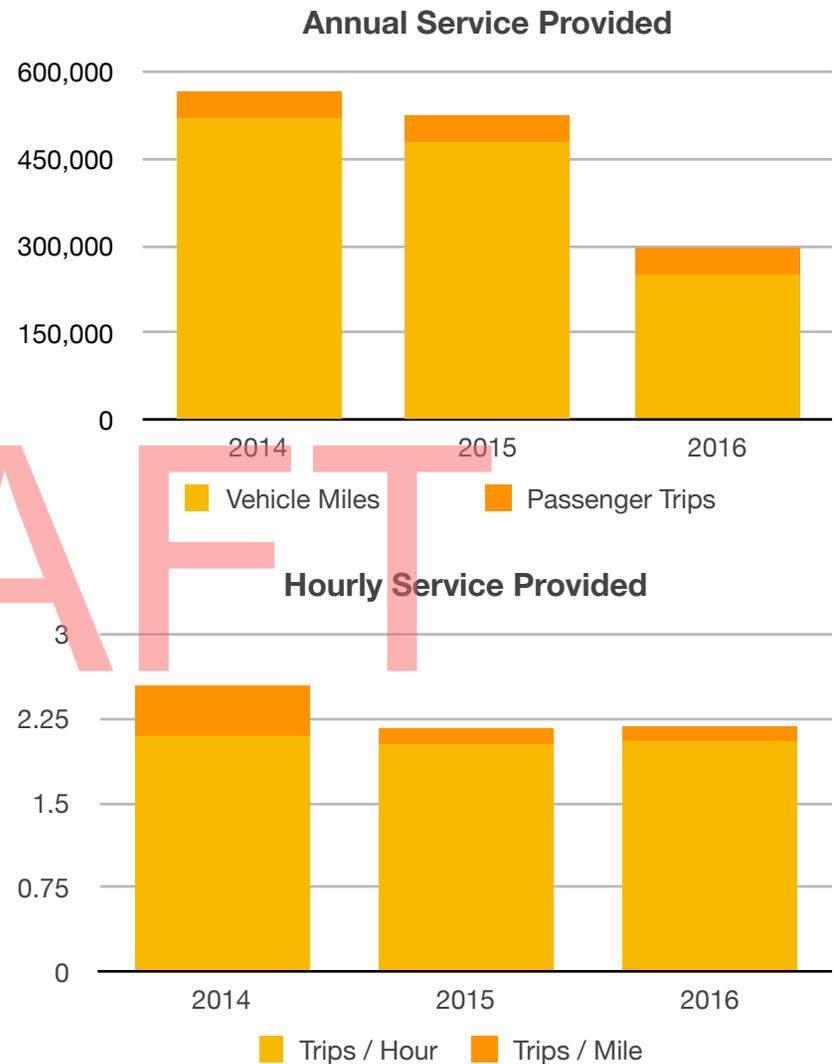
In 2019, the Rapides Senior Citizen’s Center began rural transit service for Rapides Parish, making 4,247 annual passenger trips — of those 3,814 were senior trips - of those 9 were non-ambulatory.

Trips for specialized transportation differ between providers offering specialized service to seniors and people with a disability. Specialized transportation for seniors is provided by non-profits, such as the Winn COA, and restrict service to seniors aged 60 and over. The Winn COA made 6,102 passenger trips in 2017 — of those 5,509 were seniors and 4 disabled.

Specialized transportation for people with a disability of all ages, is provided by non-profits, such as LaSalle ADD, ARC Rapides, Catahoula ARC, and Avoyelles SDD, and restrict service to clients enrolled in waiver services through the LA-OCDD. The ARC Rapides made 42,048 passenger trips in 2017 — of those 3,743 were disabled seniors. LaSalle ADD made 16,270 passenger trips in 2017. The Avoyelles SDD made 10,755 passenger trips in 2017 — of those 1,180 were disabled seniors. The Catahoula ARC made 2,113 passenger trips in 2017 — of those 271 were disabled seniors. Overall, fare revenues have decreased throughout the region between 2014 and 2016.

As shown in Figure 3.5, the average number of passenger trips and vehicle miles in the region has substantially decreased since 2014. There are several factors attributed — a decline of Medicaid referrals, higher operating costs, and funding constraints — resulting in the reduction of provider resources (staff and equipment, for example) and a reduced level of service.

Figure 3.5 Annual and Hourly Service Provided (2014-2016)⁷



⁷ FTA 2016 National Transit Database, Transit Provider Interviews, 2018, DOTD Statewide Transit Tracking and Reporting System, <https://transit.dotd.la.gov/login.aspx>.

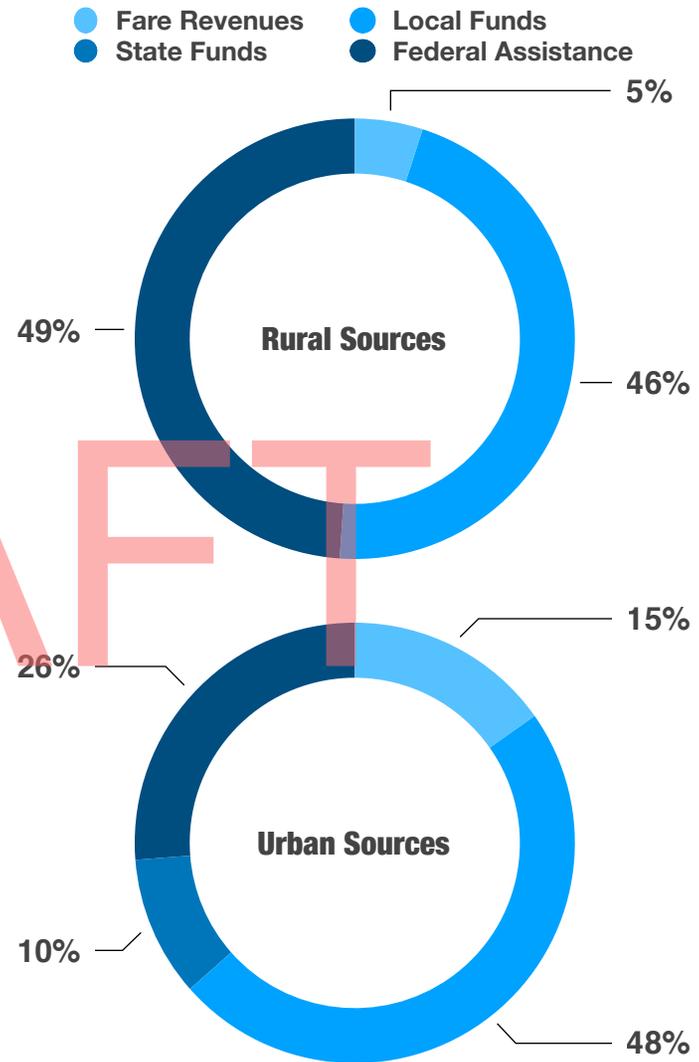
Public Transportation Funding

Transportation operation funding was identified as a major need by public transportation providers in the region. Transit providers 2014-2016 reporting data from the FTA’s National Transit Database was used to determine sources of operational funding for public transportation providers in Region VI.

Although the average number of trips per hour decreased from 2.1 to 2.05, the average hourly operating cost of providing public demand responsive transportation increased an average of five dollars between 2014 and 2016⁸. Trips per hour for fixed-route public transportation service decreased from 20.7 to 19.2 and the average hourly operating cost increased by six dollars.

Operational funding sources in the region vary between urban and rural public transit providers. The majority of funding for public transportation comes from local and federal sources. As shown in Figure X.X, almost half of all operational funding for rural public transportation providers comes from federal sources (FTA and Medicaid, for example), forty-six percent from local, and four percent from fare revenues. Some agencies also receive funding assistance from state agencies (Governor’s Office of Elderly Affairs for senior transportation, OCDD for disabled transportation, for example). The state also contributes matching funds for FTA Formula grants. Inside the Alexandria urbanized area, local sources account for forty-eight percent of operational funding for ATRANS fixed-route and demand response service, twenty-six percent from federal, fifteen percent from fare revenues, and ten percent from the state, see Figure 3.6.

Figure 3.6 Rural & Urban Operational Funding (2014-2016)



⁸ 2014-16 National Transit Database Agency Profile Reports

Since 2014, declining fare revenues, higher operating costs, and funding limitations have resulted in the reduction of transportation resources (staff and vehicles, for example) and a reduced level of service, such as reduced service hours, for both public and non-profit providers throughout the region. Additional dedicated local funding for public transportation operations is need to maintain and potentially expand transportation, especially paratransit, service throughout the region.

Vehicle Fleets

Figure 3.7 shows the number and type of vehicles available for transportation service. In July 2020, the total number of public transportation vehicles available for service in the region is sixty-two — of those 55 are able to assist wheelchair passengers. The primary type of vehicle is a passenger bus with an average of 10-16 seats, followed by 6-10 passenger vans, then 3-5 passenger mini-vans. The average vehicle age in the region is 4.7 years.

The average fleet size for providers in the region is five. The ARC of Rapides has the largest fleet with twenty vehicles. Avoyelles COA has the second largest fleet with ten vehicles. ATRANS has a total of eight buses for fixed-route and two vans for demand response service⁹. Four providers in the region have only one available vehicle providing limited transportation service to an entire parish. Aside from ATRANS, all vehicle maintenance is conducted off site.

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⁹ ATRANS Transit Asset Management Plan, July 2018

Figure 3.7 Available Public and Non-Profit Vehicles for Transportation in Region VI¹⁰

LA_DOTD Vehicle Fleet Update (2020)						
Agency	Total Vehicles	FTA	Agency Owned	Lifts	Funding Source	
ARC of Rapides	18	13	5	16	5310	
Avoyelles COA	6	6	0	6	5311	
ASDD	4	4	0	4	5310	
Catahoula ARC	3	2	1	3	5310	
LaSalle ADD	6	2	4	3	5310	
RSCC	6	6	0	6	5311	
St Mary's Residential Training School	4	3	1	4	5310	
Town of Ball	1	1	0	1	5310	
Vernon COA	10	7	3	9	5311	
Winn COA	4	1	3	3	5310	
Totals	62	45	17	55		

Provider Destinations

Transportation providers were asked to note the top five destinations to/from which they transport their customers. The top destinations for providers are subject to the provider, their customers' needs, and service restrictions.

Most non-profit transit providers that operate demand response transportation for seniors and people with disabilities operate within their respective parish and provide trips as part of their programming (such as a senior center) or for essential shopping (pharmacy, groceries, banks, for example).

Most out of parish trips in the region are for non-emergency medical transportation and specialized care. Alexandria, Shreveport, and New Orleans were the top out of parish trip locations. In Alexandria, the top designations are Rapides Regional Medical Center, Christus St.Frances Cabrini Hospital, Alexandria VA Medical Center, and the Freedman Clinic. In Shreveport, the top destinations are Shreveport Charity Hospital, LSU Health Shreveport, and Feist-Weiller Cancer Center. LSU Health New Orleans was another top out of parish trip destination¹¹.

¹⁰ DOTD Statewide Transit Tracking and Reporting System, <https://transit.dotd.la.gov/login.aspx>, accessed July 10, 2020.

¹¹ Transit Provider Interviews 2018

Outreach, Stakeholder Gap Identification and Analysis

As part of this update, 2018 feedback was combined with 2020 demographic assessments and service analysis to reveal high-level gaps in the region's transportation network experienced by seniors, people with disabilities, people with low incomes, and veterans.

- First, feedback received through conversations with individuals, advocates, and the agencies who serve them, were categorized as either a gap or a solution, and further assigned a theme. Many themes emerged and presented below are the top ten gaps and top five solutions.
- Second, a transit needs index identifies geographic areas of high need within the region using composite data for the four transit dependent population groups, major destinations and employment locations, and existing transit routes. The resulting maps show where clusters of high-need populations live relative to existing transportation services.
- Third, service gaps and overlaps analysis identifies missing service and redundant service in terms of geography, eligibility, day and time, trip type, and accessibility, and presents information related to vehicle utilization and transportation costs. This analysis is used in the next phase of the coordination plan update to identify opportunities for more coordinated services and more efficient use of existing transportation resources so that unmet needs may be addressed.
- COVID-19 has had a tremendous impact on all transit agencies in the region - with 45% having to pause all transportation service due to the pandemic.



Summary of Gaps

- 1. Funding needs are growing faster than revenues — funding is constrained to support regional mobility.** In the 2018 Coordinated Plan update, a top theme was funding. This continued to be true in feedback gathered for this 2020 Update. Increasing pressure on programs that provide mobility for target populations as additional safety and funding requirements strain available, limited resources. The grant-based nature and increasing reporting requirements of non-ADA funding sources combined with the impact from COVID-19 threatens the consistent availability of some programs. 40% of agencies surveyed in May 2020 are worried about the future of their program. Funding available for transit programs and services are limited or non-existent in parishes without local sales taxes or dedicated funding for transportation. As a result, some providers had reduced service delivery, hours of operation, or discontinued transportation service. Due to the pandemic, 45% of transit agencies in the region have, including almost all 5310 providers, have paused all transportation service for the foreseeable future.
- 2. Demand for healthcare access in the region is increasing.** Comments regarding medical transportation needs focused on three types of needs: dialysis transportation, the trend of medical facilities locating in areas difficult to serve by fixed-transit or no fixed-transit available, and lack of non-emergency medical transportation options. These needs are highlighted by the fact that the region's population is aging, especially in rural areas where mobility resources are limited. Comments also noted the need for same-day demand-responsive transportation services in the region.
- 3. Lack of transportation awareness and information availability and associated referral services.** Also noted in the 2018 Update, additional transportation information and associated referral services is needed. Comments also focused on the need for more real-time information about available transit and paratransit services. A need to increase public awareness of all services and available mobility options was also noted.
- 4. Transit access — many comments focused on the lack of availability and accessibility of transit service in the region.** Public transit, fixed-route and demand response, is limited, or unavailable, throughout the region. Transportation access for job, childcare, counseling, and adult education trips were frequently noted. There is also concern about the ability of communities with large disadvantaged populations to sponsor and sustain transportation services due to cost and low availability of local resources. Comments also focused on the lack of accessibility of taxis and regional transit service.
- 5. Level of service has declined.** Many agencies do not provide specialized transportation because they cannot afford accessible equipment, qualified drivers, or cannot afford additional fleet insurance. Some agencies have discontinued providing transportation service for shopping and NEMT, since 2015. Many agencies would expand daily number and types of trips provided, but cannot due to a lack of local resources.

6. **Spatial gaps — areas of our region that are either difficult or impossible to reach by public transportation — continue to be a key need expressed throughout the region.** Comments regarding spatial gaps generally highlight the lack of connectivity either within or between urban and rural areas or exacerbated by demographic trends, such as the proportion of the regional population composed of seniors and households with no vehicle access has increased since 2013.
7. **Long waiting lists for community-based waiver programs limits transportation program eligibility.** Eligibility comments vary by types clients served. Providers noted a long waiver enrollment process for special needs clients seeking transportation. For older adults, eligibility focused on the lack of Medicaid eligibility awareness and eligible trip types.
8. **Temporal gaps — points in time that lack service — also constrain the mobility of target populations.** There is an overall lack of transit and paratransit availability in the evenings and weekends throughout the region. Long travel times also affect those who rely on transit earning hourly wages. Requests for dialysis transportation services at times when transportation is unavailable continue to increase. Wait times for non-emergency medical appointments, long travel times, and limited transit provider hours of operation also limit the availability of transit service. Other comments noted lack of on-time performance and the need to confirm NEMT medical transportation appointments and that the service will be provided.
9. **Lack of available drivers limits transportation access and expansion.** Finding and retaining qualified drivers to operate existing fleets was noted throughout the region. Aside from additional funding, providers noted high driver turn-over rates, lack of back-up drivers, and the need for local driver training opportunities to sustain and expand service delivery. A lack of volunteer driver programs in the region further limits service delivery.
10. **Barriers facilitating trips between the urban and rural ADA paratransit service providers remain.** Also noted in 2018, this is more of a problem for paratransit providers as they often require close coordination between different providers and sometimes different parishes. This has a greater impact on seniors and low-income individuals who require service between rural and urban areas (for employment or specialized non-emergency medical treatment, for example). Other noted challenges regarding reimbursement for trips across parish lines, penalties for trip reroutes or declining trips that fall outside their service area, and a need for patient preferred service assignments.
11. **The COVID-19 pandemic impacted 100% of transit agencies in the region.** In a July 2020 impact survey, 46% of agencies are deeply concerned about the future of their agency. Only 9.1% continue to provide the same level of service with 45.5% either reducing or pausing service - citing concerns like passenger safety (82%) and driver safety (73%), pandemic related guideline enforcement (46%). Roughly 18% indicated funding or complete closure of the agency as reasons why service was reduced or paused. 64% feel that they are not adequately prepared to meet COVID safety guidelines if extended until December 2020. As a result, available disabled and senior transportation service was greatly reduced.

The remainder of feedback received covered a wide variety of topics, from inaccessible bus stops, on-time performance and same-day transportation, to job accessibility and the increase in disadvantaged populations.

Summary of Solutions

In addition to gaps, stakeholders also offered solutions — either things that have been discussed in their parish or new ideas. The summary below describes the top five solutions for emerging mobility services, access to automobiles, fare media, and others. This input was incorporated into the Plan’s ultimate strategic recommendations.

Creating new funding streams and increasing the sustainability of other funding streams is a top priority.

Comments suggested creating new revenue through local measures, such as a millage. Commenters also advocated for lessening the administrative burden associated with applying for and receiving 5310 and 5311 funds through DOTD, longer-term grants, and new funding for mobility management and coordination activities to ensure that local priorities receive funding.

Increase the availability of non-ADA services for the target populations, and ensure their coordination with ADA paratransit and public transit to address healthcare access and spatial gaps. Also noted was the need for better coordination to ensure individuals are assigned services closest to their homes and that quality transportation was confined and provided on-time.

Consistent with the information gaps highlighted above, stakeholders also provided several ideas for increasing the availability and efficacy of transportation information. These include:

- a. Making comprehensive information about available transportation services available to all human service providers.
- b. Offering targeted mobility information at key points of contact (i.e. for seniors at COAs; for discharged patients or families of patients at hospitals)
- c. Increasing the availability of real-time information (i.e. “where’s my ride?”)

Coordination and cooperation could increase cost efficiency and improve service for end users. Underutilized resources, such as school buses at midday, or paratransit vehicles off-peak, could be made available to serve other mobility gaps if a central agency coordinated across various providers. Increased coordination between regional centers and public transit agencies could respond to specific spatial gaps. Transfers between ADA paratransit and fixed-route service could improve the transportation access and reduce travel times.

Community Input Opportunities

Figure 4.1 lists all outreach activities completed as part of the plan update. Over 30 organizations from all eight parishes of the region provided input, captured in more than 200 individual comments. These comments were generally classified as either a transportation gap or solution; additionally, each comment was categorized according to an overarching theme – healthcare access or spatial gaps, for example. These comments, along with their themes, are provided as Appendix B and C.

Due to the 2020 COVID-19 pandemic, outreach was scaled down to three surveys - Pandemic Impact, Human Service Agency Impact, and Senior Mobility in addition to phone interviews. The results of this feedback are described in the following section.

Figure 4.1 2018-2020 Engagement and Outreach Activities

Agency	Parishes Served	Type (Consumer, Provider, Advocate)	Date
Catahoula ARC	Catahoula, Concordia	Provider	2/5/18
ASDD	Avoyelles	Provider	2/7/18
ARC Rapides	Rapides	Provider	2/8/18
VCOA	Vernon	Provider	2/21/18
CAAA	Region VI	Consumer	2/21/18
LA Workforce Development - 61	Rapides	Consumer	2/22/18
Grant COA	Grant	Advocate	2/22/18
LA OPH Region 6	Region VI	Consumer	2/23/18
St. Mary's	Region VI	Provider	2/26/18
LERN	Louisiana	Provider	2/28/18
Winn COA	Winn	Provider	3/1/18
Christus Health	Rapides	Consumer	3/2/18
LA Workforce Development - 60	Avoyelles, Grant, Concordia, LaSalle, Catahoula, Winn	Consumer	3/5/18
Families Helping Families	Region VI	Advocate	3/7/18
RAPC HSTCP Quarterly Meeting (Public)	Region VI	Consumer	3/14/18
ASDD	Avoyelles	Provider	3/26/18
Central Louisiana Human Services District	Region VI	Consumer	4/4/18
RSCC	Rapides	Provider	5/9/18
USDA State Office	Region VI	Advocate	5/11/18
C-COA	Catahoula	Provider	5/15/18
LADD	LaSalle	Provider	5/16/18
L-COA	LaSalle	Provider	5/22/18
Rapides Parish Health Unit	Rapides	Consumer	5/23/18
Rapides COA	Rapides	Provider	5/31/18
Avoyelles COA (Public Transit)	Avoyelles	Provider	6/19/18
RAPC Region VI HSTCP Community Workshop (Public)	Region VI	Consumer	7/16/18
Alexandria VA Health Care System	Region VI	Provider	8/14/18
CLCTC Kickoff & Regional Transportation Needs Meeting	Region VI	Consumer & Provider	1/23/19
CLCTC Human Service Agency Survey - Part 1	Region VI	Consumer	3/2/19
CLCTC Human Service Agency Survey - Part 2	Region VI	Consumer	4/2/19
CLCTC Human Service Agency Transportation Addressing Barriers Meeting	Region VI	Consumer & Provider	5/22/19
CLCTC Economic & Higher Education Focus Group Meeting	Region VI	Advocate	8/14/19
CLCTC Disabled Individuals Mobility Focus Group Meeting	Region VI	Advocate	12/04/19
CLCTC Senior Mobility Focus Group Meeting	Region VI	Advocate	2/19/20
COVID-19 Transportation Provider Impact Survey	Region VI	Provider	8/19/20
Human Services Transportation Survey 2020 September	Region VI	Consumer	9/5/20

Summary of Feedback by Parish

Below is a brief summary of comments provided by user and their advocates in each parish.

Region VI - Among the comments were discussions related to funding, healthcare access, and the need of transportation service for all target populations. The top two concerns of stakeholders related to cooperation and coordination and levels of service. Transportation needs range from expanding paratransit service for older adults and people with disabilities to increasing service accessibility for general public throughout the region. Local programs strain to address access to dialysis and medical care, with increasing distances between home and medical centers. Among the comments were discussions related to how RAPC could lead the region in mobility management, coordination and system seamlessness to address spatial and temporal gaps, as well as trips across between service areas and appointments. Also, the need for inter-parish transportation, specifically as it relates to education and employment.

Avoyelles - Most comments focused on funding constraints, program insurance costs, and a shortage of qualified drivers as limiting the ability of services to serve observed spatial and temporal gaps. Convoluting regulations, client eligibility, low service referrals and competition from for-profit providers were also noted.

Catahoula - Comments noted the need for healthcare access and the uncertainty of the current paratransit program in the parish. Sustainable funding is needed to restore paratransit service in the parish. The need for additional transportation options and information service was also cited.

Concordia - Temporal and spatial gaps, as well as funding constraints limit paratransit service and healthcare access for older adults in the parish. Other comments focused on the need for additional transportation options and information services.

Grant - The top two concerns of stakeholders were healthcare access and increasing transportation options. There are no transportation providers in Grant Parish.

LaSalle - The most common themes expressed noted how funding constraints and increased program costs have limited transportation service. Convoluting regulations and client eligibility also limit local programs ability to provide paratransit service. A lack of transportation options in the parish was also noted.

Rapides - The common comment received focused on spatial and temporal gaps in the parish — particularly related to connectivity between rural sections of the parish. There is strain addressing access to dialysis and medical centers, with increasing demand and low resources. Paratransit programs meant to help address temporal and spatial gaps are limited by wheelchair access and a shortage of qualified drivers. Other comments ranged from on-time performance and quality of service to transit access and funding constraints. Local universities also commented on the need to transit services in order for students who would need such to attend.

Vernon - Spatial gaps, as well as funding availability, were the most concerning themes in Vernon Parish. Local programs are strained by increasing frequency and distances for trips to dialysis and medical care. Also noted was a need for paratransit between non-emergency appointments.

Winn - Funding constraints have reduced available paratransit service. The need for transportation information and referral service and additional transportation options were also cited. A need for services adults who are neither elderly or disabled was also expressed.

Transit Needs

The Transit Need is a relative measure that combines the proportion of each of the identified vulnerable population groups that indicate a higher than average likelihood to need, or reliance on public transportation.

The SVI indicates the relative vulnerability of every U.S. Census tract on 15 social factors, including unemployment, minority status, disability, etc., groups them into four related themes: Socioeconomic, Household Composition and Disability, Minority and Language Status, as well as Housing Type and Transportation.

Figure 4.2 Themes & ACS Data Elements

Socioeconomic Status	Below Poverty
	Unemployed
	Income
	No High School Diploma
Household Composition & Disability	Aged 65+
	Aged 17 or Younger
	Age 5+ with Disability
Minority Status & Language	Single-Parent Households
	Minority
Housing Type & Transportation	Speaks English "Less than Well"
	Multi-Unit Structures
	Mobile Homes
	Crowding
	No Vehicle
	Group Quarters

The correlation to transit need and social vulnerability provides an indication of the relative need for transit throughout the market area. It is important to remember that in some cases there may be double counting, as some demographic characteristics are highly correlated, such as age and disability.

Major destinations and major employers are also shown on the transit needs index map, Figure 4.2. This layer helps explain where target population groups want to travel, and if they are able to utilize public transit to get there.

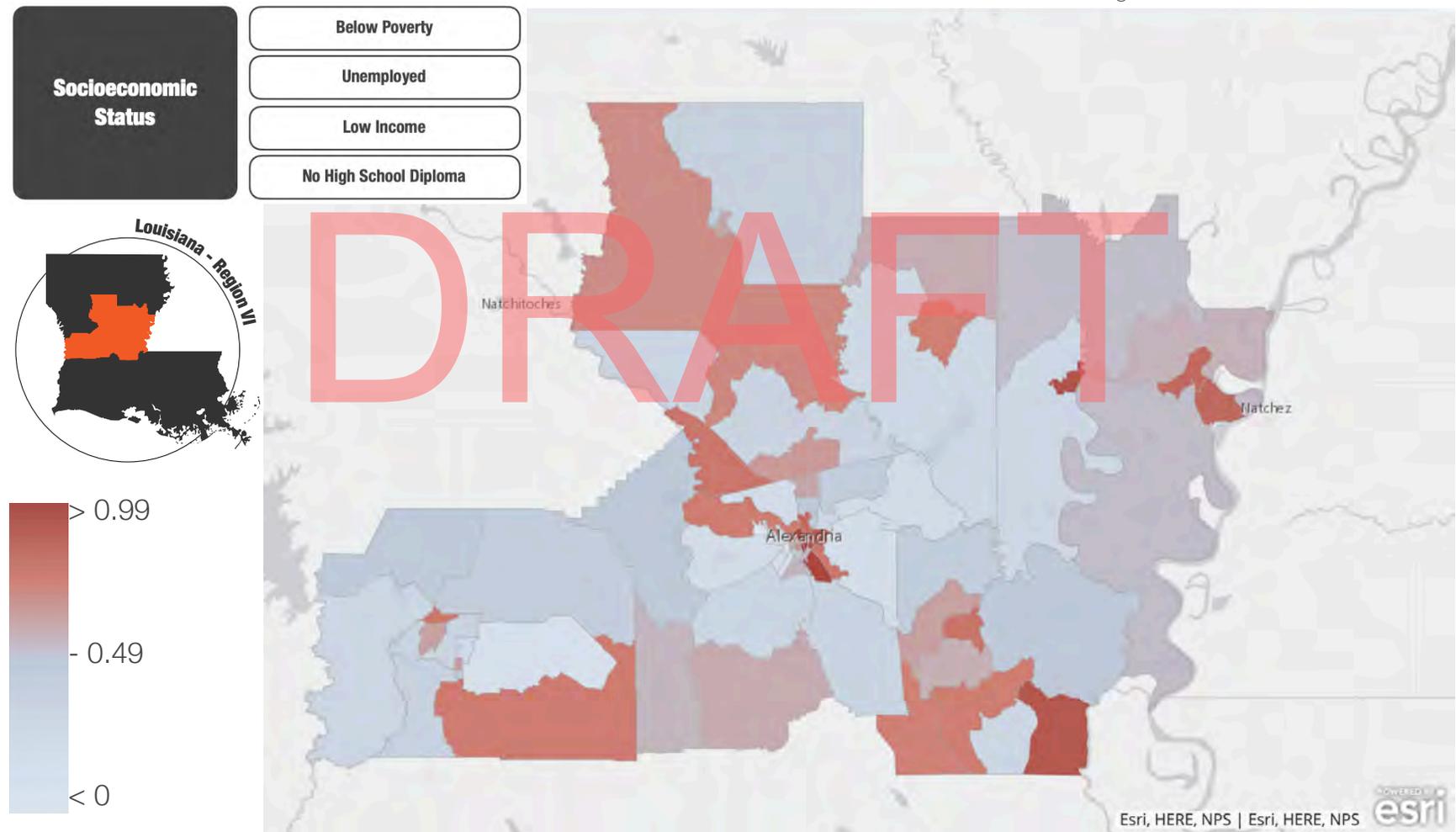
Results of this analysis are shown in Figure 4.2. Key findings include:

- Locations with concentration of the most vulnerable populations are primarily located in Ferriday, West Ferriday, Jonesville, Colfax, Boyce, Alexandria, Pineville, Lessville, Bunkie, Simmesport, Marksville
- The greatest concentration of census tracts with a transit need are found in Rapides, Avoyelles, and Concordia Parishes. This indicates a high proportion of residents from several of the subgroups with a higher propensity for transit use.
- Most major employers in the region are not accessible by public transportation. For many individuals within the target populations, these employment locations are either not accessible or very expensive to access without assistance from human service organizations.
- Nearly all census tracts with concentration of vulnerable subgroups greater densities than the general distribution of the subgroup across the parish fall outside of the fixed-route service.

Transit Needs Theme 1 - Socioeconomic

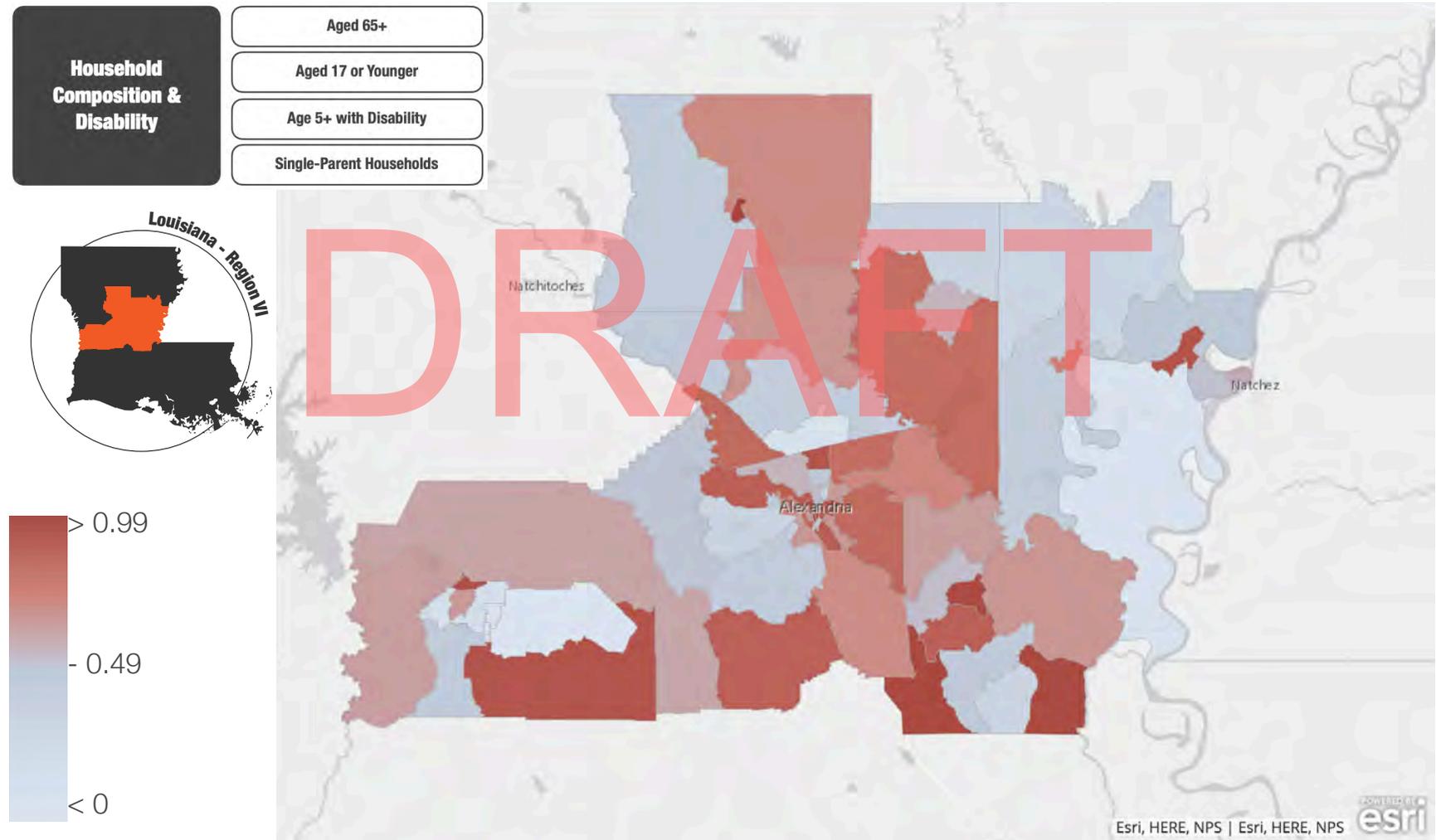
For the socioeconomic theme, we summed the percentiles for selected variables comprising of population groups living below poverty, unemployed, low income, and no high school diploma for each census tract in Region VI. Percentile ranking values range from 0 (light grey) to 1 (red), with higher values indicating greater vulnerability (darker red). We ordered the summed percentiles for each theme to determine themed-specific percentile rankings.

Figure 4.3 Transit Needs Theme 1



Transit Needs Theme 2 - Household Composition & Disability

For the household composition and disability theme, we summed the percentiles for selected variables comprising of population groups aged 65 or older, aged 17 or younger, with a disability, single-parent households for each census tract in Region VI. Percentile ranking values range from 0 (light grey) to 1 (red), with higher values indicating greater vulnerability (darker red). We ordered the summed percentiles for each theme to determine themed-specific percentile rankings. Figure 4.4 Transit Needs Theme 2

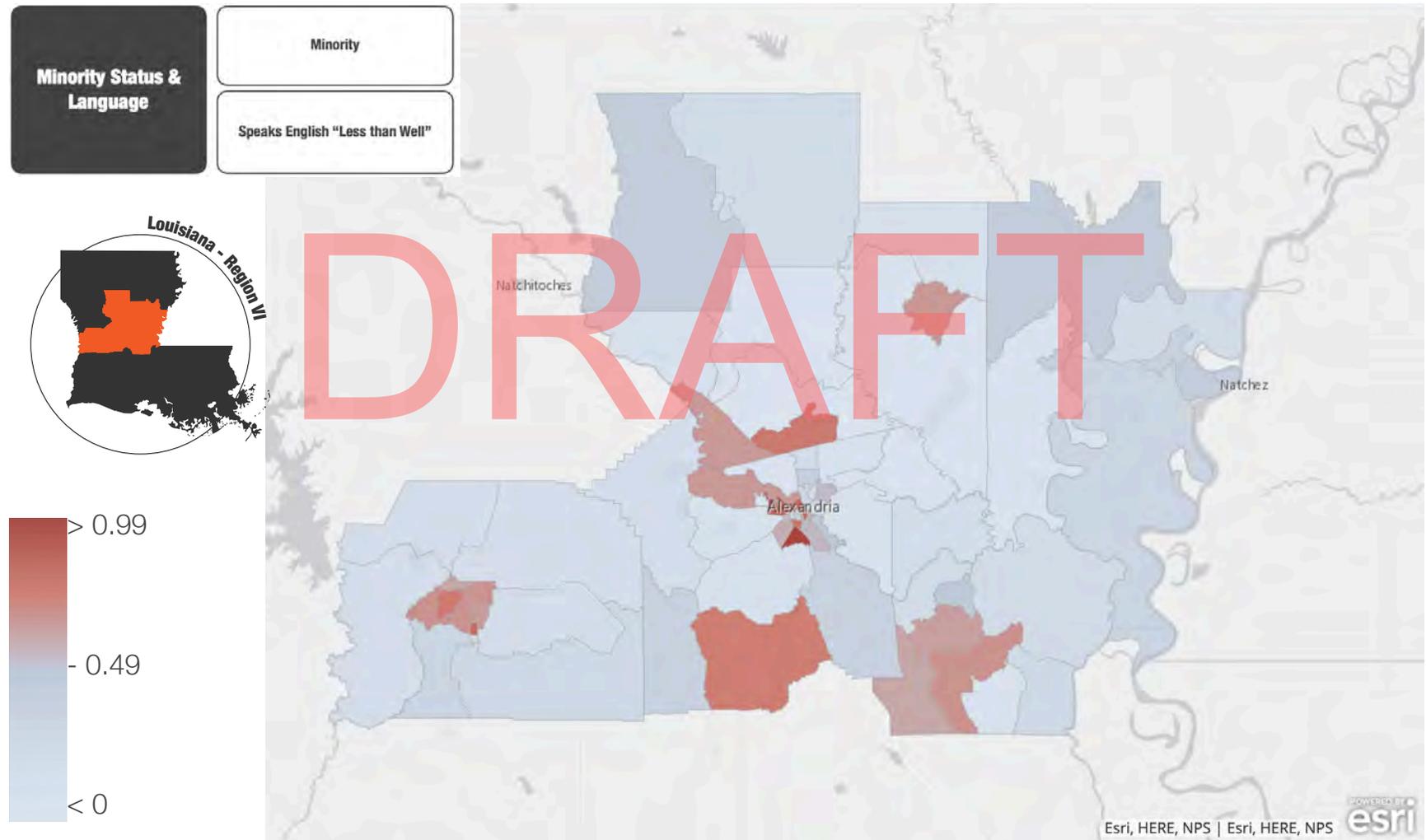


RAPC GIS, RAPC, September 2020

Transit Needs Theme 3 - Minority Status & Language

For the minority and language theme, we summed the percentiles for selected variables comprising of minority and limited English proficiency population groups for each census tract in Region VI. Percentile ranking values range from 0 (light grey) to 1 (red), with higher values indicating greater vulnerability (darker red). We ordered the summed percentiles for each theme to determine themed-specific percentile rankings.

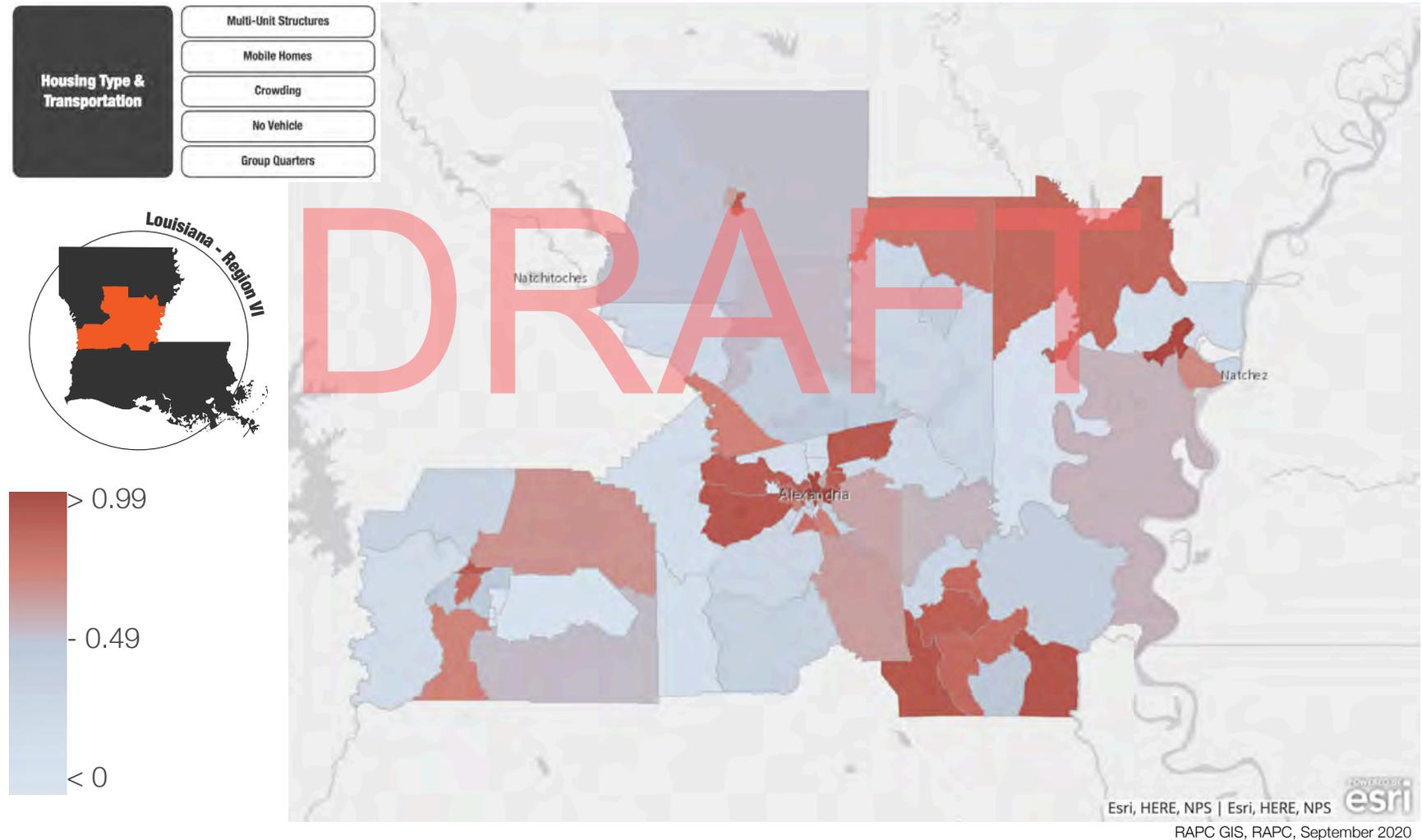
Figure 4.5 Transit Needs Theme 3



Transit Needs Theme 4 - Housing Type & Transportation

For the housing and transportation theme, we summed the percentiles for selected variables comprising of multi-unit structures, mobile homes, crowding, no vehicle, and group quarters for each census tract in Region VI. Percentile ranking values range from 0 (light grey) to 1 (red), with higher values indicating greater vulnerability (darker red). We ordered the summed percentiles for each theme to determine theme-specific percentile rankings.

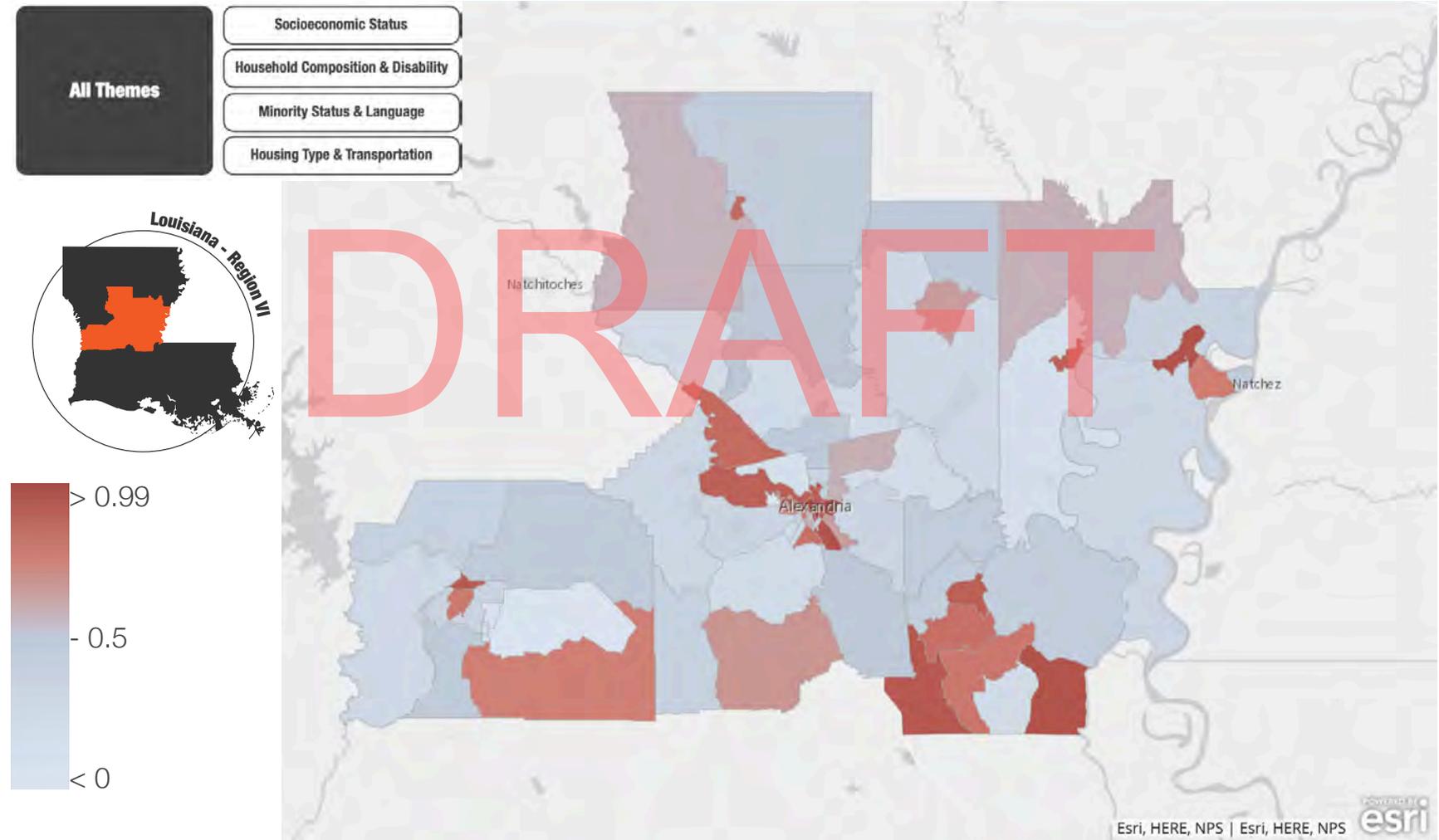
Figure 4.6 Transit Needs Theme 4



All Themes - Theme 1, 2, 3, & 4 Composite Ranking

For overall track rankings, we summed the sums for each theme, ordered the tracts, then calculated overall percentile rankings for Region VI. Percentile ranking values range from 0 (light grey) to 1 (red), with higher values indicating greater vulnerability (darker red). Figure X.X illustrates the overall tract summary ranking.

Figure 4.7 Transit Needs Overview

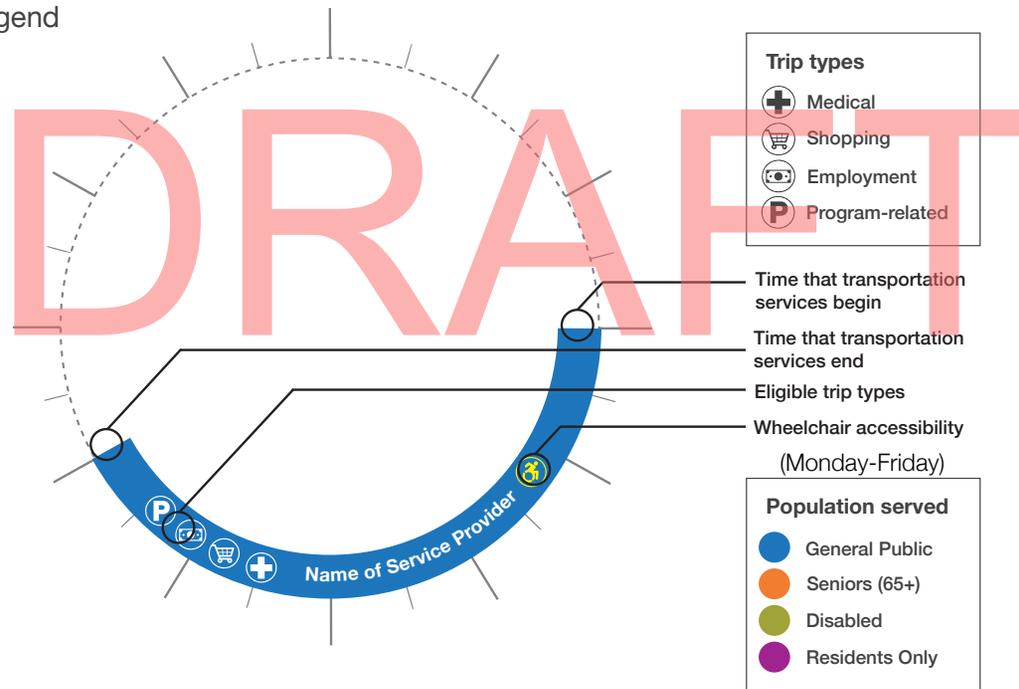


Service Gaps and Overlaps

Reducing or eliminating service gaps through coordination or mobility management strategies can make additional resources available for addressing these gaps; showing transportation services and their characteristics together is an easy way to make them apparent. When transportation services and their characteristics are represented together on a graphic or map, it is not unusual to find service gaps or overlaps in terms of the geographic areas, days and hours, or trip purposes that are served, or gaps in the options that are available to certain customer groups because of geographic, temporal, eligibility, or trip purpose restrictions.

The service gaps and overlaps visual model from the Ulster County Coordinated Plan 2016 Update was used to visualize service gaps in Region VI¹. The graphics below show when services are available for certain population subgroups in Region VI. In addition to presenting the time these services are viable, the graphics also show the legible trip types and whether or not the service providers wheelchair-accessible vehicles.

Figure 4.8 Service Gap Legend



¹ Nelson/Nygaard. Ulster County Coordinated Plan 2016 Update. UCTC. 2017. <http://ulstercountyny.gov/sites/default/files/documents/planning/ULSTER%20CO%20HSTCP%20Update%202016%20FINAL.pdf>

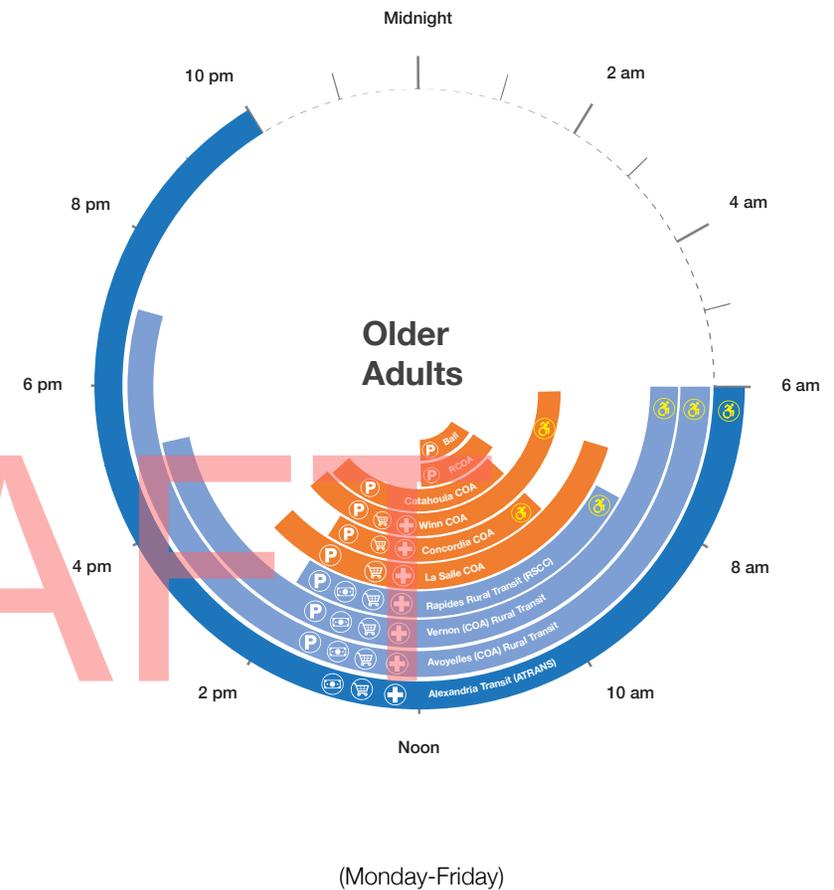
Older Adults

Figure 4.9 shows the availability of transportation services for older adults aged 60 or older in the region. The type and level of service varies by provider and available resources. The average transportation service provided for older adults is for program related, shopping, or non-emergency trips between 7am and 1pm Monday-Friday. There are no transportation service providers for older adults in Grant Parish.

Three providers, Avoyelles COA, Rapides Senior Citizens Center, and Vernon COA, expanded operations to include service for the general public. These providers have resources and offer transportation for all trip types between 6am 3pm, Monday-Friday. ATRANS is the only fixed-route service provider in the region offering demand-response transportation for all trip types with service from 6am-10pm Monday-Friday and the only service in the region on Saturdays. No transportation service for older adults is available on Sundays.

Most providers use wheelchair accessible vehicles except for Catahoula COA, LaSalle COA, Rapides COA, and the Town of Ball.

Figure 4.9 Availability of Services for Older Adults

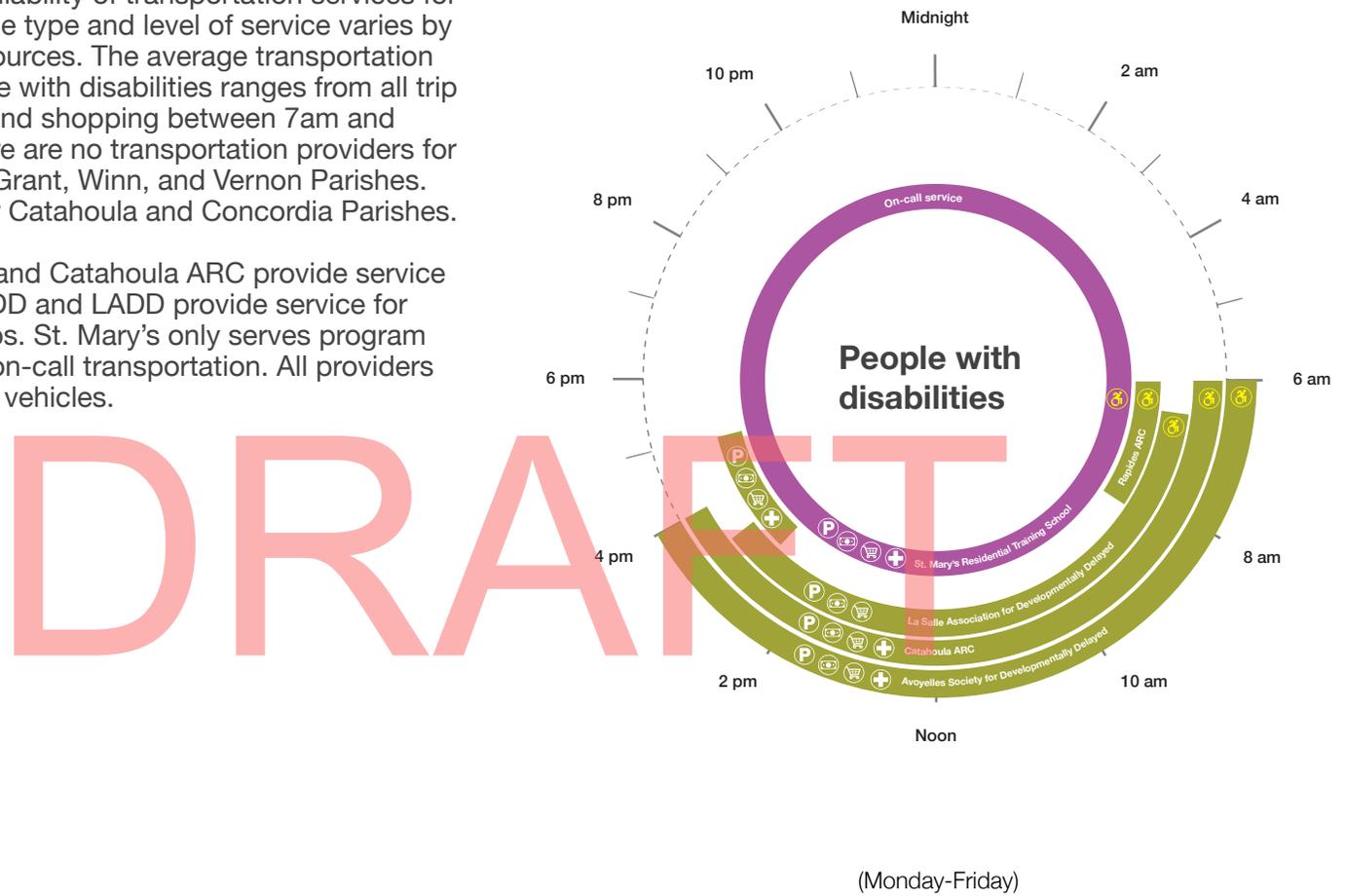


People with Disabilities

Figure 4.10 shows the availability of transportation services for people with disabilities. The type and level of service varies by provider and available resources. The average transportation service provided for people with disabilities ranges from all trip types to program related and shopping between 7am and 4pm, Monday-Friday. There are no transportation providers for people with disabilities in Grant, Winn, and Vernon Parishes. CARC provides service for Catahoula and Concordia Parishes.

ARC Rapides, St. Mary's, and Catahoula ARC provide service for all trip types, while ASDD and LADD provide service for program and shopping trips. St. Mary's only serves program residents, providing daily on-call transportation. All providers use wheelchair accessible vehicles.

Figure 4.10 Availability of Services for People with Disabilities



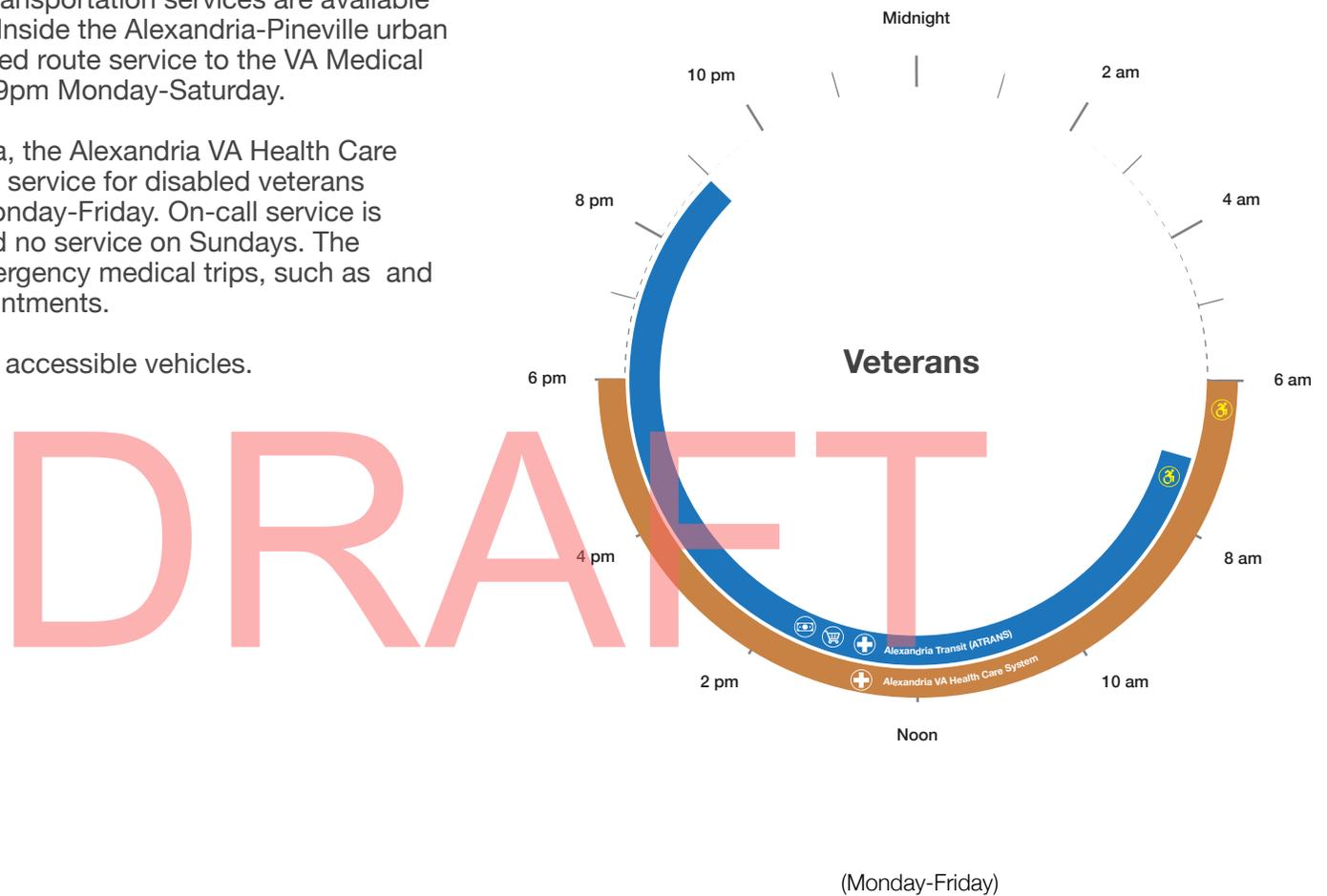
Veterans

Figure 4.11 shows when transportation services are available for veterans in the region. Inside the Alexandria-Pineville urban area, ATRANS provides fixed route service to the VA Medical Center between 7am and 9pm Monday-Saturday.

Outside the urbanized area, the Alexandria VA Health Care System operates a special service for disabled veterans between 6am and 5pm Monday-Friday. On-call service is available on Saturdays and no service on Sundays. The service is only for non-emergency medical trips, such as medical and dialysis appointments.

All vehicles are wheelchair accessible vehicles.

Figure 4.11 Availability of Service for Veterans



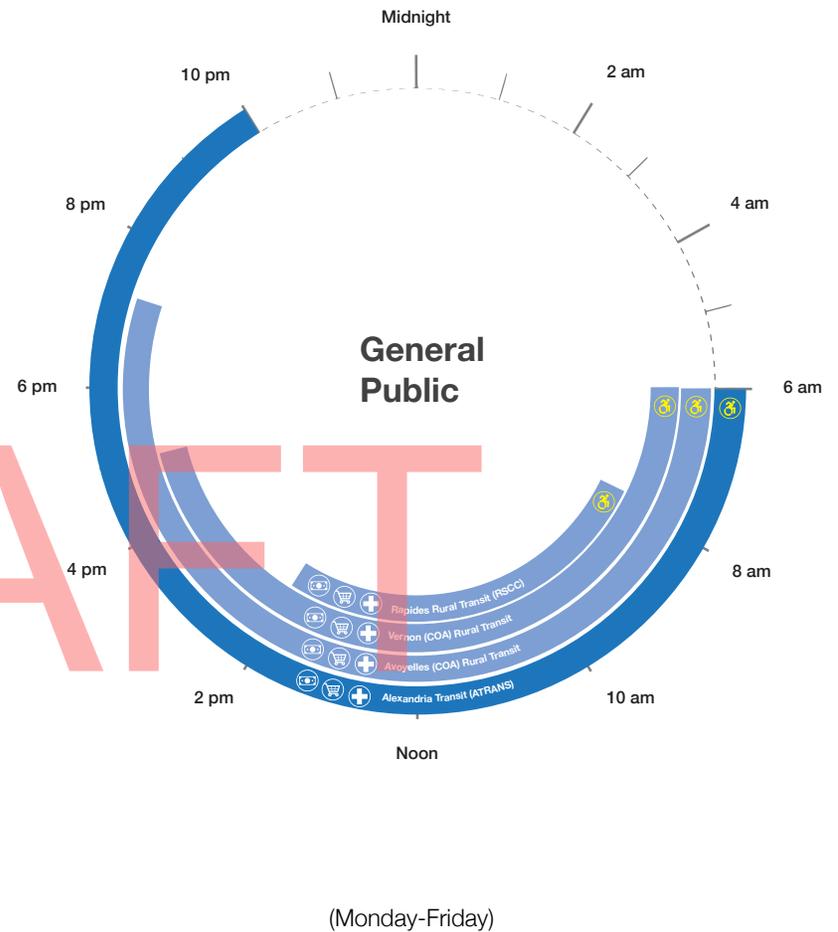
General Public

Figure 4.12 shows the availability of transportation services for the general public from the one fixed-route and three demand responsive transportation providers in Region VI. All four offer transportation service to the general public in different service areas. The ATRANS service area covers the Alexandria-Pineville urbanized area and the RSCC covers rural Rapides Parish. ACOA covers all of Avoyelles Parish and VCOA covers all of Vernon Parish. There are transportation service providers to the general public in Catahoula, Concordia, Grant, LaSalle, and Winn Parishes.

The average of transportation service provided for the general public is for all trip types between 6am and 4pm, Monday-Friday. Rural providers, such as the RSCC, ACOA, and VCOA, average hours of operation are between 5am and 5pm, Monday-Friday. ATRANS operates between 6am and 10pm, Monday-Saturday. No transportation service for general public is available on Sundays.

All providers for general public use wheelchair accessible vehicles.

Figure 4.12 Availability of General Public Transit Service



Overall Service Gaps and Overlaps Findings

Analysis of available transportation providers shows that significant disparities continue among population groups in terms of when services are available, where they live and travel to, and what types of trips are eligible. The main issues include:

- Prior to the pandemic, older adults and people with disabilities are fairly well served by the existing service providers, as long as they are clients of the service provider (i.e. they are eligible for program-related trips). Older adults who are not clients of human service providers are limited to trips provided by the public transit operators and council on aging, which only offers service until 3pm and only serves medical trips and limited shopping trips. People with disabilities who are not clients of human service providers are limited to the public transit operators, which have limited service areas.
 - Outside the urbanized area, transportation service for veterans is limited to only one provider, which operates demand-response and on-call service, but only for disabled veterans. In addition, transportation is only available for medical trips.
 - Weekend transportation service is limited in the region outside of service for ATRANS (only in Alexandria and Pineville) on Saturdays. Sunday service is not available anywhere in the region. On-call services are available for program residents of St. Mary's, but on a very limited basis.
 - Wheelchair-accessible vehicles are generally available for all population groups, except for older adults.
- A lack of transportation services available for target populations outside of program based human service providers that only transport for program or medical trips with limited hours.
 - No service available in the evening and on the weekend outside of the fixed route and paratransit service, which is limited geographically.
 - A deficiency of transportation for older adults and veterans, especially those living in rural areas and who need to travel for all trip purposes.
 - Challenges with the fixed route/paratransit system related to accessibility, coordination, frequency, and hours of operation.
 - A lack of transportation options throughout the region.
 - Accessibility issues related to infrastructure, information, travel training, wheelchair accessible vehicles.
 - Limited options for veterans and for individuals who need to travel for non-medical trips.
 - Funding constraints and shortage of qualified drivers limits paratransit service operation and expansion.

Regional Strategies for Coordination

An overview of mobility management strategies that are appropriate for addressing service gaps in Region VI and best practices are presented in this chapter.

Transportation gaps and solutions identified in this Coordinated Plan become eligible for funding through federal funds to regional partners, as well as other funds from state and parish agencies. These eligible solutions are referred to as strategies, and are outlined in Appendix F. Projects are concrete solutions—new vehicles, improved sidewalk infrastructure or accessible bus stops, and software systems are some examples.

Strategies are bigger picture initiatives that stakeholders and RAPC can implement or facilitate. These strategies grow directly from feedback received from user groups, their advocates, and existing local providers of transportation and human services. They are bounded by regional policies, and the powers that RAPC and transit agencies, cities, parishes, non-profits, providers, and other stakeholders have to fund and implement initiatives.

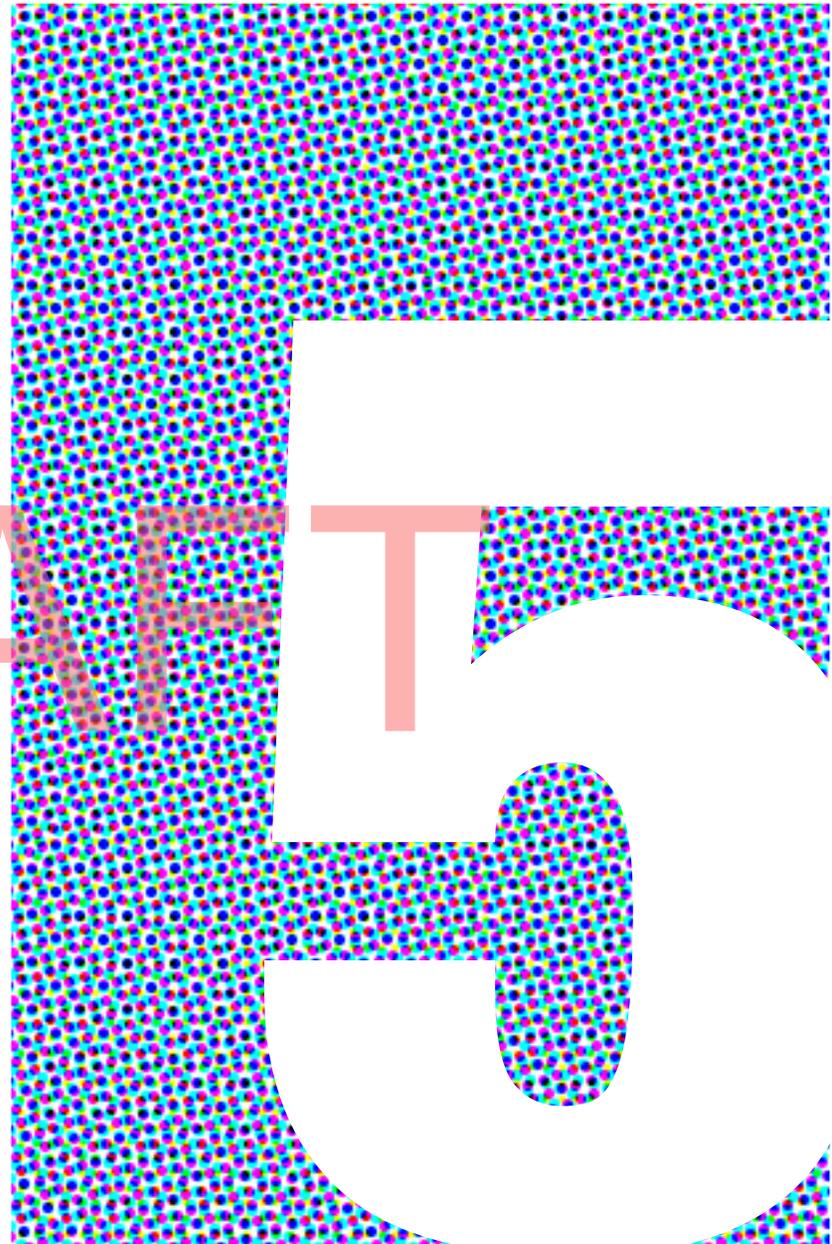


Figure 5.1 Strategies & Implementation Timeline

Ranking	Strategy	Recommendation	Timeline	Outcomes
3	Close Transportation Gaps	Create one or more new transportation options, expand current transportation options, or build awareness of existing transportation options to meet transportation needs. To do this, we will need to partner with local funders, social service agencies, the military, and those with transportation challenges to develop and fund transportation solutions in targeted communities throughout the next five years.	BUILD OUT the PROGRAM (next 3 - 5 years)	In accomplishing these objectives, we believe we will have closed at least one transportation gap in Central Louisiana
		Provide technical assistance to local governments and non-profits to increase availability of wheelchair accessible transit vehicles to expand the level of service.	MOMENTUM (ongoing)	
2	Connect the System	Promote increased coordination between transportation providers and human service agencies to provide more seamless service and increase mobility options. Convene a Task Force to Address Ties between rural and urban transit service providers.	MOMENTUM (ongoing)	In accomplishing these objectives, we believe we will be collaborating together to “connect the system.”
		Develop service area agreements and partnerships for collaboration of transportation resources.	INITIAL STEPS (next 1 - 2 years)	
1	Close Awareness Gaps	Promote customer-friendly travel training and information referral and assistance services to educate people with special transportation needs on available mobility options and how to use them to meet their mobility needs.	INITIAL STEPS (next 1 - 2 years)	In accomplishing these objectives, key audiences - such as developmental disabilities case managers, and elected officials - are seeing the social, health, and economic benefits of accessing transportation - and are playing an active role in telling the story.
		Invite discussion and learning with elected officials in cities outside of the public transportation benefit area, specifically within the targeted communities in 2018.	MOMENTUM (next 6 - 12 months)	
		Identify best ways to engage medical and social service agencies in helping people connect with transportation.	MOMENTUM (next 6 - 12 months)	
		Cultivate 4 champions, two from each party, within the state legislature who carries a consistent voice for the Coalition by the end of 2018.	INITIAL STEPS (next 1 - 2 years)	

Recommendations Timeline

The recommended timeline for the immediate and longer-term steps required for RAPC, transit providers, and human services providers to adopt and implement this plan. Figure 5.1 lists each component of the previously described strategies. The recommended timeline for implementing each recommendation is included in the figure. The timeline categorizes the recommendations into the following periods: Keep the Momentum (next 6-12 months), Implement the Basics (next 1-2 years), and Build Out the Program (next 3-5 years). Each recommendation is also marked with the anticipated level of effort required for implementation. These are categorized as minimal, moderate, and high. Additionally, Stakeholders at the Region VI Transportation Community Workshop further ranked strategies by priority and level effort required for implementations.

Progress Reporting

Prior to the next Coordinated Plan Update, RAPC should address progress made to implement strategies listed in this Coordinated Plan. This assessment should include an update to the Commission. The evaluation will provide valuable input the Coordinated Plan's next update, and should not wait until the next planning phase commences, rather an annual progress reporting schedule is recommended.

Best Practice Examples

Ride Connection (Portland, Oregon):

Ride Connection is a non-profit that coordinates the transportation operations of 30+ small community-based providers of elderly and disabled transportation services¹. Ride Connection provides information for all transportation options available to older adults and people with disabilities in the region, and refers people to the options that best fit their circumstances.

Rouge Valley Transit District (Medford, Oregon):

RVTD's travel training program helps people with disabilities and older adults in rural Oregon learn how to plan routes, communicate with a bus operator, navigate options, and more. RVTD also operates a transportation education program in collaboration with local school programs, including the Gus Rides the Bus interactive bus program that promotes bus and community safety.

¹ Nelson/Nygaard. Coordinated Transportation Plan for Elderly and People With Disabilities. TriMet. 2012. trimet.org/pdfs/publications/elderly-and-disabled-plan.pdf

² 2017 Transportation Trends Topic Spotlight: Rural Travel Training, NADTC, March 2018.

Maricopa Association of Governments (Phoenix, Arizona)³:
MAG serves as the regional planning and policy agency for the metropolitan Phoenix area. The Human Services Transportation Provider Inventory is a listing of agencies that provide human services transportation in the MAG region.

Users can click on check boxes for area of service, modes of transportation, and eligibility to narrow the search of transportation information resources. For example: if a user checks “Phoenix,” “Taxi Vouchers,” and “Older Adults” the inventory will narrow down the provider list to include only the two providers that offer taxi vouchers within Phoenix for older adults. A user can also see the full list of transportation providers in the MAG area by choosing not to narrow the search.

King County Access (King County Metro):

King County Access provides paratransit service in King County, Washington⁴. A paratransit rider making an “Out of County Transfer trip” only needs to make a reservation with King County Access. Access will coordinate the trip scheduling with the connecting agency.

Marana Health Center (Tucson, Arizona)⁵:

Marana Health Center provides transportation to three other clinics in the Tucson area with the organization’s non-lien 5310 vehicles, and provides limited transportation service for the Santa Catalina Senior Center, operating a “fixed route” subscription service on Mondays, Tuesdays, and Thursdays for center clients.

Port Authority of Allegheny County (Pennsylvania)⁶:

The Port Authority of Allegheny County (PAT), in partnership with ACCESS Transportation Services, Inc., operates an administrative brokerage to coordinate transportation services, including ADA paratransit. In total, 83% of paratransit trips provided are funded by local and state human service agencies; only 17% are ADA paratransit trips funded by PAT. PAT and ACCESS have worked to develop local and national contractors and aggressively negotiate service contracts. The average cost of a paratransit trip was \$20.76 in FY2011.

³ MAG Connect-A-Ride, Maricopa Association of Governments, <http://www.azmag.gov/Programs/Transportation/Human-Services-Transportation/MAG-Connect-A-Ride>, accessed August 18, 2018.

⁴ King County Metro. Access Ride Guide. 2015. metro.kingcounty.gov/tops/accessible/pdf/AccessRideGuide.pdf

⁵ Nelson/Nygaard. Ulster County Coordinated Plan 2016 Update. UCTC. 2017. <http://ulstercountyny.gov/sites/default/files/documents/planning/ULSTER%20CO%20HSTCP%20Update%202016%20FINAL.pdf>

⁶ FTA Research, Accessible Transit Services for All, FTA Report No. 0081, December 2014.

The Non-Profit Insurance Program (Washington State)⁷:

Washington DOT administers a Joint Insurance Purchasing program. NPIP members jointly purchase insurance and claims adjustment, risk management consulting, and loss prevention services. Primary benefits are lower insurance premiums and stable access to the insurance market.

Pace's Vanpool Services (Pace, Illinois)⁸:

Pace's Vanpool Services, Pace, IL is composed of four different programs, the Advantage Program, the Vanpool Incentive program, and a traditional ride share program. The Advantage Program provides a transit alternative to persons with disabilities that commute on a regular basis to work sites or rehabilitative workshops. This program not only provides service to persons who might otherwise request ADA paratransit service from Pace, it also is an alternative for those people living outside the mile ADA paratransit service area. The Vanpool Incentive program provides a group of commuters with a van and pays for fuel, maintenance, insurance, and tolls for a flat, monthly fare.

San Francisco County Transportation Authority⁹:

In 2017, the San Francisco County Transportation Authority and San Francisco Municipal Transportation Agency adopted Guiding Principle for Management of Emerging Mobility Services and Technologies. That document serves as a framework for the implementation of policies and programs. The principles will guide decision-makers in evaluating existing services, identifying best practices and strategies, and highlighting goals when the City collaborates with transportation providers.

Lufkin-Houston Veterans Bus¹⁰:

Former US Congressman Charlie Wilson was instrumental in obtaining private funding for the launch of a coach bus service between Lufkin and Houston — where the VA has a large medical center. The vehicle was funded by a local foundation that coordinated volunteers to distribute coffee and donuts to passengers each morning. The program, administered by the Brazos Transit District and operated by Coach America, transports 35 to 40 veterans every day. Since the launch of the service, additional “last-mile” shuttles have been initiated to connect people to Lufkin from smaller communities up to 40 miles away.

⁷ Nelson/Nygaard. Ulster County Coordinated Plan 2016 Update. UCTC. 2017. <http://ulstercountyny.gov/sites/default/files/documents/planning/ULSTER%20CO%20HSTCP%20Update%202016%20FINAL.pdf>

⁸ Pace Vanpool, <https://www.pacebus.com/sub/vanpool/default.asp>, accessed August 20, 2018

⁹ Guiding Principle for Management of Emerging Mobility Services and Technologies. San Francisco, CA: City of San Francisco, 2017.

¹⁰ MTC Coordinated Public-Transit Human Services Transportation Plan. 2018. https://mtc.ca.gov/sites/default/files/MTC_Coordinated_Plan.pdf

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APPENDIX A

Demographics

Figure A.1 Existing 2018 Population Breakdown

2018	Avoyelles Parish		Catahoula Parish		Concordia Parish		Grant Parish		LaSalle Parish		Rapides Parish		Vernon Parish		Winn Parish		Region 6	
	Total	65+	Total	65+	Total	65+	Total	65+	Total	65+	Total	65+	Total	65+	Total	65+	Total	65+
Total Population	40,882	6,651	9,893	1,617	20,021	3,262	22,348	3,232	14,949	2,546	131,546	20,481	51,007	5,733	14,494	2,542	305,140	46,091
% over 65	16%		16%		16%		14%		17%		16%		11%		18%		15%	
% with disability	19%	45%	14%	36%	13%	33%	18%	46%	15%	33%	17%	42%	17%	47%	20%	49%	24%	42%
% below 200% of poverty level	50%	53%	42%	53%	55%	50%	44%	41%	44%	45%	41%	36%	42%	41%	44%	45%	44%	42%
% population who are veterans	8%	18%	6%	15%	5%	13%	9%	18%	6%	18%	10%	21%	19%	26%	6%	16%	10%	20%
% households without vehicle	9%		8%		10%		4%		4%		10%		6%		7%		7%	

SOURCE: 2016 - 18 American Community Survey (ACS), U.S. Census Bureau

Figure A.2 Veteran Statistics

Parish	Number of Veterans	% of Total Population who are Veterans	% of Veterans who Live Below Poverty Level*	% of Veterans who are Disabled
Avoyelles	2,634	6%	11%	36%
Catahoula	564	6%	8%	58%
Concordia	1,172	6%	12%	29%
Grant	1,503	7%	3%	32%
LaSalle	903	6%	13%	46%
Rapides	10,066	8%	9%	31%
Vernon	6,724	13%	8%	25%
Winn	833	6%	7%	30%
Region VI	24,399	10%	9%	31%

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APPENDIX B

Feedback Themes

Figure B.1 List of Feedback Themes

Themes	Comments Received
Funding	49
Healthcare Access	25
Transit Access	21
Regulation	18
Information and I&R Services	15
Coordination & Cooperation	15
Level of Service	14
Eligibility	6
Job Access	7
Spatial Gap	8
Drivers	5
Frequency	5
Resource sharing	5
Non-ADA Paratransit	4
Education Access	4
Childcare Access	4
On-time Performance	4
Mission creep	4

Themes	Comments Received
Temporal	4
Transportation Options	4
Same-Day Transportation	3
Mobility Management	3
Fleet	3
Auto access	3
Community connection	3
Quality of Service	2
Public Transit - Amenities	2
Taxi/TNC - Accessibility	2
Constituency gaps	2
Public Transit - Access	2
Travel Training	1
Technology	1
Planning/Study	1
Transfers	1

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APPENDIX C

Feedback Comments

Figure C.1 List of Feedback Comments

Date	Group	Parish	Category	Theme	Comment
02/19/2020	February 2019 CLCTC Meeting	Region VI	Gap	Community connection	Addition to essential shopping and NEMT, senior also need transit to religious services, social visits/friends, and emergency evacuations
02/19/2020	February 2019 CLCTC Meeting	Region VI	Gap	Community connection	Regional service connecting rural and urban communities in the region
02/19/2020	February 2019 CLCTC Meeting	Region VI	Gap	Level of Service	Most parishes do not have enough resources to accommodate or sustain demand senior services
02/19/2020	February 2019 CLCTC Meeting	Region VI	Gap	Healthcare Access	Many individuals need frequent dialysis transportation service in both urban and rural areas
02/19/2020	February 2019 CLCTC Meeting	Region VI	Gap	Level of Service	Some clients receive a cancellation notification the night before leaving the client with no time to schedule another call
02/19/2020	February 2019 CLCTC Meeting	Region VI	Gap	Level of Service	Attendants noted transit services (not just for seniors) is needed
12/04/2019	Advocate	Region VI	Solution	Coordination & Cooperation	Can DOTD team up with LRS to get more match, LRS leaves a large amount of money on the table every year that the government could match
12/04/2019	Advocate	Region VI	Gap	Level of Service	I know of some instances where someone that I help has no family or car, goes to CTC everyday in a van, but cannot get a ride to the grocery store
12/04/2019	ACOA	Region VI	Solution	Job Access	Call us and schedule a ride, we have a fare schedule and can make payment arrangements for those starting a job
12/04/2019	Rapices ARC	Region VI	Gap	Job Access	If you go through LRS you have 90 days of training on a job, but they do not provide transportation at all during those 90 days
12/04/2019	DOTD/PT	Region VI	Gap	Funding	Most existing public transit program are tapped-out because there is not more money for the Federal 50% local match requirement
12/04/2019	Families Helping Families	Region VI	Gap	Healthcare Access	Medicaid is the middle man, you have to call NCO first and they set up trip. I can't directly call a preferred provider
12/04/2019	Meditrans	Region VI	Gap	Resource Sharing	Although everyone follows the same guidelines, not everyone is held to the same standards. Not everyone knows what transit options are available to them or how to access them
12/04/2019	Meditrans	Region VI	Gap	Healthcare Access	Medicaid does not reimburse for additional individuals trips if rider wants to bring another child
12/04/2019	Meditrans	Region VI	Solution	Coordination & Cooperation	If someone wants to schedule a ride in advance it would be better for everyone if the trip was scheduled that day or 30 day in advance - not the night before
12/04/2019	Families Helping Families	Region VI	Gap	Spatial Gap	Cannot schedule transportation when you schedule your appointment, you have to schedule and hope someone else is going. Some places will only provide rides to Shreveport if 3 or more people are going and some won't cross parish lines
12/04/2019	Families Helping Families	Region VI	Gap	Healthcare Access	Medicaid's reimbursement for NEMT is not feasible in many cases, because it can take 30 to 40 days for families to be reimbursed and some families cannot absorb the cost
12/04/2019	Rapides ARC	Region VI	Gap	Coordination & Cooperation	A stand alone transit option where non-profits can pick people up bring them to work and then bring them home after without using medicaid services is needed

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12/04/2019	Rapides ARC	Region VI	Gap	Funding	Need a consolidated waiver that has a transit option after clients are phased out of their supports with employment
12/04/2019	Rapides ARC	Region VI	Gap	Transit Access	Many clients live on outskirts areas, training them for jobs isn't effective if they cannot get transportation to job
12/04/2019	CLHSD	Region VI	Solution	Funding	Have waivers that can support transit
08/14/2019	LA Rehab	Region VI	Solution	Coordination & Cooperation	CLTCC has training programs for CDL, could operating a campus shuttle be part of their training?
08/14/2019	Kisatchie Delta	Region VI	Solution	Coordination & Cooperation	Campus could hire and CDL train a student driver and buy a van from the state inventory
08/14/2019	CLEDA	Region VI	Gap	Transit Access	Rural parishes may have students who want to attend colleges but do not have transit
08/14/2019	LA Rehab	Region VI	Gap	Healthcare Access	Need transit for ADA accessibility (a van with a lift)
08/14/2019	NSU-Cenla	Region VI	Gap	Funding	About 10-12 students could use transit services, but cost of on demand services was not sustainable
08/14/2019	LSUA	Region VI	Gap	Frequency	Sometimes parents and children enroll at the same time to coordinate schedules because they only have one vehicle available
08/14/2019	LSUA	Region VI	Gap	Resource Sharing	Many students are unaware of ATrans services to LSUA
08/14/2019	CLEDA	Region VI	Solution	Funding	Several rural parishes will provide transit assistance (perhaps \$10/day) to anyone attending one of the schools
08/14/2019	Ability One and Pride Contractors	Region VI	Solution	Transit Access	Pride created their own transit system, a van-pool, subsidized by a daily employee fee
08/14/2019	LA Rehab	Region VI	Gap	Transit access	Challenge providing sufficient transit for clients once they enroll in a training program
08/14/2019	WINN COA	Region VI	Gap	Level of Service	Although they serve seniors and disabled, they do receive call from people under 60 needing transit services
08/14/2019	CLTCC	Region VI	Gap	Transit Access	Grant Parish is served in Alexandria campus service area, but needs transit service for those students
08/14/2019	CLTCC	Region VI	Gap	Transit Access	Some students who live out of town do not have cars and no regional transit to bring them to class
08/14/2019	CLTCC	Region VI	Gap	Transportation Options	New campus downtown Alexandria, students may walk between locations (bike or scooter service?)
08/14/2019	NSU-Cenla	Region VI	Solution	Coordination & Cooperation	Have worked with rural transit providers in surrounding areas for some transit services
08/14/2019	NSU-Cenla	Region VI	Gap	Transit Access	Many students come from rural areas and do not have cars and no public transit options
08/14/2019	NSU-Cenla	Region VI	Gap	Resource Sharing	Lack of awareness of schools location at England Airpark

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08/14/2019	LSUA	Region VI	Gap	Frequency	Due to bus route times, students may be able to take bus into town, but can't get back and service does not run frequently
08/14/2019	LSUA	Region VI	Gap	Transportation Options	Taxis difficult to access, students may not have funds to pay for ridesharing apps (uber, Lyft, etc.)
08/14/2019	LSUA	Region VI	Gap	Transit Access	300+ students live on campus - no vehicle access, 5 miles distance from city center, community events, and essential shops
05/20/2019	May 2019 CLCTC Meeting	Region VI	Gap	Coordination & Cooperation	Experience, lack of funding, and reluctance to coordinate were several major issues with transportation resources
05/20/2019	May 2019 CLCTC Meeting	Region VI	Gap	Information and Referral Services	Trip planning and information is a need for many people who want to use public transit
05/20/2019	May 2019 CLCTC Meeting	Region VI	Gap	Healthcare Access	Non-emergency medical transportation is needed such as doctors appointment or clinic visit
01/23/2019	January 2019 CLCTC Meeting	Region VI	Gap	Coordination & Cooperation	Promote increased coordination with resources
01/23/2019	January 2019 CLCTC Meeting	Region VI	Solution	Coordination & Cooperation	Develop service area agreements and partnerships with the region
8/14/2018	Alexandria VA Health Care System	Region VI	Gap	Transit Access	VA used to operate a VTS program – transporting all veterans.
8/14/2018	Alexandria VA Health Care System	Region VI	Gap	Healthcare Access	VA only offers 'Special Mode' transportation service to disabled veterans for NEMT
7/16/2018	LA Office of Public Health	Region VI	Gap	Healthcare Access	Expand the transportation provider network (Medicaid), especially among sub-specialists
7/16/2018	LA Office of Public Health	Region VI	Gap	Funding	Poor Parishes have the lowest resources and the highest needs
7/16/2018	LA Office of Public Health	Region VI	Gap	Constituency Gaps	The overall elderly poor are increasing and will continue to do so
7/16/2018	LA Office of Public Health	Region VI	Gap	Coordination & Cooperation	Inter-agency Communication on a Quarterly basis
7/16/2018	Central LA Human Services District	Region VI	Gap	Non-ADA Paratransit	Day-to-day transportation for seniors, homeless, disabled to pick up medication, grocery shopping, pay bills, senior activities, doctor/hospital visits
7/16/2018	Central LA Human Services District	Region VI	Gap	Same-Day Transportation	Same-day, non-emergency transportation, Uber/LYFT, etc.
7/16/2018	Families Helping Families	Region VI	Solution	Coordination & Cooperation	Integrate non-profits to work together separate from Federal or State funds; such as families and churches, with Central Louisiana Human Services District
7/16/2018	LA Office of Public Health	Region VI	Solution	Taxi/TNC Availability	Uber and Lyft would help a lot. If the major obstacle is forced arbitration, opposition from LA lawyers will be intense of course
7/16/2018	LA Office of Public Health	Region VI	Gap	Healthcare Access	In rural parishes, 10% of patients walk to the health units. 3% have no fixed means of transportation
7/16/2018	LA Office of Public Health	Region VI	Solution	Regulation	By tying medical/insurance to seeing a 100% of Medicaid or uninsured would expand the available network and reduce transportation needs

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7/16/2018	LA Office of Public Health	Region VI	Solution	Healthcare Access	Medicaid patients must go to Shreveport for specialty care. That is a costly and avoidable burden
7/16/2018	LA Office of Public Health	Region VI	Solution	Transit Access	Increase services in areas of concentrated disadvantages to avoid having the rich get richer and the poor get bankrupt
7/16/2018	LA Office of Public Health	Region VI	Solution	Funding	Stabilize funding
7/16/2018	LA Office of Public Health	Region VI	Solution	Technology	Maximize use of 211
7/16/2018	LA Office of Public Health	Region VI	Solution	Funding	Arbitration for all legal issues to decrease the cost of litigation
7/16/2018	Catahoula ARC	Catahoula & La Salle	Solution	Coordination & Cooperation	Coordination is hard to comply with for our agency because we have to have vehicles to commute to jobs
6/19/18	Avoyelles COA (Public Transit)	Avoyelles	Gap	Regulation/Funding	Primary issue regarding Medicaid transportation - public transit agencies held to higher standards as a non-profit/for profit, but do not have the same amount of funding.
6/19/18	Avoyelles COA (Public Transit)	Avoyelles	Gap	Quality of Service	For-profits vary in quality of transportation service provided, especially third-party contractors.
6/19/18	Avoyelles COA (Public Transit)	Avoyelles	Gap	Regulation	Competing with public sector, but not held to the same standards.
6/19/18	Avoyelles COA (Public Transit)	Avoyelles	Gap	Regulation	Noted that regulations seem to pick on the public agencies.
6/19/18	Avoyelles COA (Public Transit)	Avoyelles	Gap	Quality of Service	Quality of third party transit providers. State of disrepair, safety issues, discourages ridership for all Medicaid transit providers.
6/19/18	Avoyelles COA (Public Transit)	Avoyelles	Gap	Drivers	Noted a need for qualified drivers and interested in partnerships with VA to provide drivers and jobs for veterans.
6/19/18	Avoyelles COA (Public Transit)	Avoyelles	Gap	Regulation	Additional strain by increased reporting and training requirements are stretching agency resources to the breaking point.
6/19/18	Avoyelles COA (Public Transit)	Avoyelles	Gap	Mission Creep	Rural ridership has increased for Avoyelles on-demand transit.
6/19/18	Avoyelles COA (Public Transit)	Avoyelles	Gap	Funding	Need additional guidance for reimbursements from DOTD regarding allowable charges vs. non-allowable charges, should come up with a list of what's permitted and what is disallowed out of operating funds.
6/19/18	Avoyelles COA (Public Transit)	Avoyelles	Gap	Fleet	Insurance costs have drastically increased, currently \$80K annually, over the last five years.
6/19/18	Avoyelles COA (Public Transit)	Avoyelles	Solution	Coordination & Cooperation	Interested in comprehensive statewide insurance coverage for public transit agencies and shared maintenance agreements, such as Jiffy Lube. Any means to off-set agency cost-burden.
5/31/18	Rapides COA	Rapides	Gap	Funding	Noted that agency would like to provide additional elderly services, but currently underfunded. Example: Operation limited to four hours and only offer transportation to senior centers - due to limited operational funds.
5/31/18	Rapides COA	Rapides	Gap	Level of Service	Only seniors who are independently mobile can use transportation service. Agency would have to furnish an assistant.

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5/31/18	Rapides COA	Rapides	Gap	Fleet	Also could not support additional insurance costs/requirements to offer transportation service to non-mobile clients.
5/31/18	Rapides COA	Rapides	Gap	Funding	Other sources of donations/funding had decreased over the years - now no longer offered at same level.
5/31/18	Rapides COA	Rapides	Gap	Public Transit Access	ATRANS does an excellent job, but service is limited.
5/31/18	Rapides COA	Rapides	Gap	Regulation	Noted that the larger issues facing similar agencies, such as insurance policies/legislation, are too complex to resolve, despite funding issues.
5/31/18	Rapides COA	Rapides	Gap	Temporal	Had an NEMT program called Special Delivery - locally funded. Program ended due to issues surrounding timing, such as agency hours of operation and time required for (NEMT) Doctor's Appointments (time consuming). Special Delivery service was also limited due to insurance requirements and costs.
5/31/18	Rapides COA	Rapides	Gap	Mission Creep	Once had contract with the state to deliver Women to Job Sites, become too complex to implement due to program user abuse, excessive costs (\$200K for transit for 12 riders) and/threats towards drivers, for example).
5/23/18	Rapides Parish Health Unit	Rapides, Surrounding Parishes	Gap	Temporal	Clients can only schedule transportation 48 hours window before appointment - Medicaid regulations. This abuts the 48 hour window - sometimes. This also affects Specialized Care provided (Children on Total Care/Special) health services. That is the primary disconnect.
5/23/18	Rapides Parish Health Unit	Rapides, Surrounding Parishes	Solution	On-time performance	Recommend that clients call Where's My Ride number to verify scheduled transportation 24 hours in advance.
5/23/18	Rapides Parish Health Unit	Rapides, Surrounding Parishes	Gap	Non-ADA Paratransit	General NEMT transportation between medical facilities is also needed for ambulatory and non-ambulatory patients.
5/23/18	Rapides Parish Health Unit	Rapides, Surrounding Parishes	Gap	On-time performance	No shows noted from scheduled transportation providers - causing a reschedule of the appointment/misssed appointments.
5/23/18	Rapides Parish Health Unit	Rapides, Surrounding Parishes	Gap	Constituency Gaps	Disconnect between phones with limited number of minutes/ unable to contact or reach out for medical assistance and transrtporation.
5/23/18	Rapides Parish Health Unit	Rapides, Surrounding Parishes	Solution	Healthcare Access	Perhaps consider developing additional resurouces - case management. Not just through insurance.
5/23/18	Rapides Parish Health Unit	Rapides, Surrounding Parishes	Gap	On-time performance	The biggest help would be able to confirm transportation is in place and confirmed with a quality vendor and that they will show and the client will make the appointment. Lack of follow through with confirmation of transpiration appointment.
5/23/18	Rapides Parish Health Unit	Rapides, Surrounding Parishes	Gap	Healthcare Access	Used to be simple - just call Medicaid - Transportation arranged with that company and call company to confirm appointment. Now patients don't even know who the transport provider will be or confirm that transport is scheduled.
5/23/18	Rapides Parish Health Unit	Rapides, Surrounding Parishes	Gap	On-time performance	Its not scheduling the appointment - more so, confirming that it is scheduled and that the service will be provided.
5/22/18	La Salle COA	La Salle	Gap	Regulation	No longer operates DOTD/FTA vehicles. New FTA/DOTD reporting/vehicle/driver regulations/requirements proved prohibitive top operate with limited funding.

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5/22/18	La Salle COA	La Salle	Gap	Transportation Options	Available transportation limited for NEMT in LaSalle.
5/22/18	La Salle COA	La Salle	Solution	Funding	Had a one mill passed that sustained operations that is up for renewal this fall.
5/22/18	La Salle COA	La Salle	Gap	Level of Service	Agency currently does not offer specialized medical transpiration. No agency vehicles with lift.
5/22/18	La Salle COA	La Salle	Gap	Level of Service	Would like to expand transportation service for daily errands for elderly throughout parish.
5/22/18	La Salle COA	La Salle	Gap	Funding	Noted performance-based funding from CAAA and LA-GOEA. Noticed a reduction of \$10K funds reduction for FY2019 from LA-GOEA, may be restored later this year.
5/22/18	La Salle COA	La Salle	Gap	Funding	Agency does not have enough operational funding to support full staff complement.
5/16/18	La Salle ADD	La Salle	Gap	Funding	No public assistance from the community - funding provided by Medicaid waiver, looking for grants to sustain operations.
5/16/18	La Salle ADD	La Salle	Gap	Eligibility/Regulation	Used to be able to accept applications in-house - now they have to defer to OCDD. Clients must be referred by Medicaid client waiver. Noted backlog of new client referrals from Medicaid waiver and OCDD.
5/16/18	La Salle ADD	La Salle	Solution	Regulation	Set meeting with OCDD in Alexandria, LA.
5/16/18	La Salle ADD	La Salle	Gap	Funding	They also noted other costs increasing such as rent building and also noted insurance rate increases to insure facility and operations.
5/16/18	La Salle ADD	La Salle	Gap	Funding	Noted regular sources of funding are reduced and cannot cover the additional operating costs.
5/16/18	La Salle ADD	La Salle	Gap	Eligibility/Regulation	If new students are already in the system on Medicaid waiver and have a support coordinator - they can start sooner, but if not, they have to apply and run through the process with OCDD - that process takes a long time.
5/16/18	La Salle ADD	La Salle	Gap	Eligibility/Regulation	Noted system is becoming more and more needs based. Cited NOW Waiver waiting list - years long - Survey of Urgent Needs (SUN).
5/16/18	La Salle ADD	La Salle	Solution	Funding	Currently exploring Residential Options Waiver (ROW) as a new avenue. NOW waiver and Supportive Services Waiver currently fund operations.
5/15/18	Catahoula COA	Catahoula	Gap	Transit Access	Senior Centers do not operate general elderly transportation.
5/15/18	Catahoula COA	Catahoula	Gap	Spatial Gap	One clinic on Sicily Island on medical clinic, nearest hospital is Jena about 17 mi.
5/15/18	Catahoula COA	Catahoula	Gap	Funding	Noted reduction of funding and contributions and Gov. Office of Elderly Affairs (GOEA).
5/15/18	Catahoula COA	Catahoula	Gap	Regulation	Federal requirements/guidelines strain the ability to operate full service kitchen, certifications, nutrition requirements, etc.

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5/15/18	Catahoula COA	Catahoula	Gap	Level of Service	Limited funding reduced ability to provide services, reduced employees & vans to provide senior/elderly transportation like they used to for, NEMT, general errands, etc.
5/15/18	Catahoula COA	Catahoula	Gap	Funding	State and Federal government funding is no longer enough to sustain operations alone at the former/desired level of service.
5/15/18	Catahoula COA	Catahoula	Gap	Funding	Hard to currently maintain noon meal transportation service for seniors, and recently reduced staff members/hours to stay within budget.
5/15/18	Catahoula COA	Catahoula	Gap	Level of Service	Operating from month-to-month. Can do more if they have the means/money.
5/15/18	Catahoula COA	Catahoula	Gap	Community connection	Lack of public support, churches, civic clubs, businesses, also due to economic landscape.
5/15/18	Catahoula COA	Catahoula	Solution	Funding	Initiated process to pursue a millage to fund/sustain operations. Looking for information to help pass millage in their area.
5/11/18	USDA State Office	Central Louisiana	Solution	Funding	Community Facilities Program – essential community facilities – transportation is a facility, partner with police jury or council on aging. Cost-share subject to program – to close gap to offer service.
5/9/18	Rapides Senior Citizen's Center	Rapides	Gap	Mission Creep	Although rural transport service offered to public, noted issues with increasing general public ridership.
5/9/18	Rapides Senior Citizen's Center	Rapides	Gap	Transportation Options	Oakdale, Lecompte, Deville, Glenmora, Cheneyville, other small communities, seniors with mobility issues unable to leave their homes in rural or urban areas for everyday errands in their community, such as groceries, bank, hair, etc.
5/9/18	Rapides Senior Citizen's Center	Rapides	Solution	Transit Access	Agency expanded rural 5311 transportation services provides transportation access to their seniors.
5/9/18	Rapides Senior Citizen's Center	Rapides	Gap	Drivers	Finding qualified drivers to operate existing and expanded rural transportation service in some communities, such as Boyce.
5/9/18	Rapides Senior Citizen's Center	Rapides	Solution	Transit Access	Currently combining routes to offer service from Boyce Senior Center.
5/9/18	Rapides Senior Citizen's Center	Rapides	Gap	Drivers	Agency returned 2 of 3 recently awarded vans in April 2018 for new/expanded service due to lack of available qualified drivers available to operate.
5/9/18	Rapides Senior Citizen's Center	Rapides	Solution	Transit Access	Looking to continue expanding route service into additional areas such as Hineston, Alexandria, Boyce.
4/4/18	Central Louisiana Human Services District	Central Louisiana	Gap	Transportation Access	Winn, Grant Parishes not served by transportation
4/4/18	Central Louisiana Human Services District	Central Louisiana	Gap	Information and Referral Services	some not aware of services, transportation for general transportation, some personal transportation waivers,
4/4/18	Central Louisiana Human Services District	Central Louisiana	Gap	Transit Access	some providers will not make trips if not cost worthy, not worth their time.
4/4/18	Central Louisiana Human Services District	Central Louisiana	Gap	Non-ADA Paratransit	Access to quality, specialized transportation is needed, I.e. equipment/trained drivers.
4/4/18	Central Louisiana Human Services District	Central Louisiana	Gap	Temporal	Problems with NEMT group transport, large groups have to wait until everyone in the group has completed their medical visit before being transported back home, some are ill and need transportation immediately following medical visit.

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4/4/18	Central Louisiana Human Services District	Central Louisiana	Gap	Resource Sharing	Some agencies only use vans to transport clients specific for their programming. Can they operate fleet the fill transport service gaps as a NEMT provider?
3/26/18	ASDD (new director)	Avoyelles	Solution	Funding	Seeking new funding sources, trying to find new grant funds besides DOTD for facility for operations - sustain ongoing operations, training.
3/26/18	ASDD (new director)	Avoyelles	Solution	Drivers	Training driver training safety, emergency issues, blood pressure, diabetes, CPR, etc. health and safety for drivers. Medical related training.
3/26/18	ASDD (new director)	Avoyelles	Solution	Travel Training	Also, training for clients, especially for those who live independently. Evacuation - emergency preparedness, fire safety, etc. - outreach for independent living clients.
3/26/18	ASDD (new director)	Avoyelles	Gap	Funding	OCDD is currently Transitioning the waiver process - state funding was frozen - and some clients had to self pay and could not afford it. Sheltered Workshops Waiver will end 2020.
3/14/18	HSTCP Quarterly Meeting (Public)	Region VI	Gap	Spatial Gap	Distance - rural areas have difficulty accessing exiting transpiration system
3/14/18	HSTCP Quarterly Meeting (Public)	Region VI	Gap	Spatial Gap	Transportation across parish lines and different service areas is difficult
3/14/18	HSTCP Quarterly Meeting (Public)	Region VI	Gap	Coordination & Cooperation	Better trip coordination between transit agencies is needed
3/14/18	HSTCP Quarterly Meeting (Public)	Region VI	Gap	Regulation	Transit providers are penalized for reroutes, i.e. declined trips (agency declined trip because it is outside their service area
3/14/18	HSTCP Quarterly Meeting (Public)	Region VI	Gap	Funding	Payments for routes/trips covered is a challenge for transit providers
3/14/18	HSTCP Quarterly Meeting (Public)	Region VI	Gap	Spatial Gap	Transit providers are assigned routes outside areas covered by their agency
3/14/18	HSTCP Quarterly Meeting (Public)	Region VI	Gap	Regulation	Transit providers requested/preferred by patient are not assigned
3/14/18	HSTCP Quarterly Meeting (Public)	Region VI	Gap	Frequency	Consistent dialysis transportation is needed
3/14/18	HSTCP Quarterly Meeting (Public)	Region VI	Gap	Temporal	Dialysis appointment times frequently run over resulting in challenges in scheduling transportation
3/14/18	HSTCP Quarterly Meeting (Public)	Region VI	Solution	Coordination & Cooperation	Rural (5311) transportation providers could be contacted to coordinate transportation in rural areas under an inter-agency agreement/policy
3/14/18	HSTCP Quarterly Meeting (Public)	Region VI	Solution	Healthcare Access	Work with LDH to iron out discrepancies in trip routing and scheduling
3/14/18	HSTCP Quarterly Meeting (Public)	Region VI	Solution	Healthcare Access	Work directly with dialysis facilities to coordinate dialysis trip transportation to and from dialysis centers.
3/7/18	Families Helping Families	Central Louisiana	Gap	Funding	Recently sold wheelchair vans due to lack of funding. Noted cutback having an impact on operations. Governors office of disabled citizens affairs.
3/7/18	Families Helping Families	Central Louisiana	Solution	Information and Referral Services	Assist clients with transportation information and referral, travel training resources, arrange for volunteer drivers
3/7/18	Families Helping Families	Central Louisiana	Solution	Auto Access	Agency subsidizes transportation for clients by reimbursement for miles, providing with gas cards

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3/7/18	Families Helping Families	Central Louisiana	Gap	Transit Access	Clients often experience difficulty accessing transportation for essential shopping
3/7/18	Families Helping Families	Central Louisiana	Gap	Childcare Access	Clients sometimes experience difficulty accessing transportation for childcare, daycare or elementary school trips
3/6/18	LA Workforce Development - #60	Avoyelles, Grant, Concordia, LaSalle, Catahoula, Winn	Gap	Transit Access	No Public Transportation aside from LaSalle, COA, no public transportation access.
3/6/18	LA Workforce Development - #60	Avoyelles, Grant, Concordia, LaSalle, Catahoula, Winn	Solution	Auto Access	Subsidize transportation of clients by reimbursing clients for mileage
3/6/18	LA Workforce Development - #60	Avoyelles, Grant, Concordia, LaSalle, Catahoula, Winn	Gap	Job Access	Clients sometimes experience difficulty accessing transportation for work trips
3/6/18	LA Workforce Development - #60	Avoyelles, Grant, Concordia, LaSalle, Catahoula, Winn	Gap	Transit Access	Clients sometimes experience difficulty accessing transportation for essential shopping (groceries, drug store)
3/6/18	LA Workforce Development - #60	Avoyelles, Grant, Concordia, LaSalle, Catahoula, Winn	Gap	Childcare Access	Clients sometimes experience difficulty accessing transportation for daycare, childcare or elementary school trips
3/6/18	LA Workforce Development - #60	Avoyelles, Grant, Concordia, LaSalle, Catahoula, Winn	Gap	Same-Day Transportation	Clients sometimes experience difficulty accessing transportation for same day reservations
3/6/18	LA Workforce Development - #60	Avoyelles, Grant, Concordia, LaSalle, Catahoula, Winn	Gap	Mobility Management/ Information and Referral Services	Clients often experience difficulty accessing transportation for trips outside public transit service area
3/6/18	LA Workforce Development - #60	Avoyelles, Grant, Concordia, LaSalle, Catahoula, Winn	Gap	Education Access	Clients often experience difficulty accessing transportation for college or adult education trips
3/6/18	LA Workforce Development - #60	Avoyelles, Grant, Concordia, LaSalle, Catahoula, Winn	Gap	Education Access	No community college (2year) Grant Parish, students attend to other campuses to access education, but many have no transportation access.
3/6/18	LA Workforce Development - #60	Avoyelles, Grant, Concordia, LaSalle, Catahoula, Winn	Gap	Childcare Access	[Class-A] Daycare Facilities unavailable throughout most of the region. In Catahoula Parish, - there is a shortage of Class-A childcare facilities.
3/6/18	LA Workforce Development - #60	Avoyelles, Grant, Concordia, LaSalle, Catahoula, Winn	Solution	Education Access	Consider a transportation shuttle between CLTCC campuses and LA Wrkfc Devel, Dist. 60 & 61, respectively.
3/6/18	LA Workforce Development - #60	Avoyelles, Grant, Concordia, LaSalle, Catahoula, Winn	Gap	Transit Access	Grant, Catahoula, Avoyelles Parishes are underserved by transportation access to education.

Figure C.1 List of Feedback Comments

Date	Group	Parish	Category	Theme	Comment
3/2/18	Christus Health Clinic Network	Rapides Parish	Gap	Eligibility	Noted issue with folks who are wheelchair bound and did not qualify for on-demand transit ATRANS service because client could not operate the wheelchair independently, ElderCare routed clinic staff to ATRANS.
3/2/18	Christus Health Clinic Network	Rapides Parish	Solution	Information and Referral Services	Provide clients with public transportation information and referrals.
3/2/18	Christus Health Clinic Network	Rapides Parish	Gap	Auto Access / Taxi/ TNC Accessibility	Sometimes subsidize transportation for clients by gas cards or taxi vouchers
3/2/18	Christus Health Clinic Network	Rapides Parish	Gap	Transit Access	Clients often experience difficulty with accessing transportation for essential shopping
3/2/18	Christus Health Clinic Network	Rapides Parish	Gap	Healthcare Access	Clients often experience difficulty with accessing NEMT for local and regional medical trips
3/2/18	Christus Health Clinic Network	Rapides Parish	Gap	Public Transit Amenities/Spatial Gap	Noted bus stop at new Alexandria clinic too far down road and no sidewalk access and no covered bus stop.
3/2/18	Christus Health Clinic Network	Rapides Parish	Gap	Public Transit Amenities/Spatial Gap	Currently no bus stop at Pineville Clinic and some patients without transport call the emergency room/paramedics for transport and care.
3/2/18	Christus Health Clinic Network	Rapides Parish	Solution	Healthcare Access	Use Reliant transportation group for specialized transport for rare cases in Shreveport Hospital (typically 5-10 cases per year) if they cannot access transportation. Clinic eats the costs.
3/2/18	Christus Health Clinic Network	Rapides Parish	Gap	Healthcare Access	Noted transport needed between clinics for those who do not have transportation access.
3/2/18	Christus Health Clinic Network	Rapides Parish	Gap	Regulation	Clinics Hospitals are legally prohibited to provide a transport service.
3/2/18	Christus Health Clinic Network	Rapides Parish	Gap	Healthcare Access	Folks sometime cannot access transport to apply for medicaid transport.
3/2/18	Christus Health Clinic Network	Rapides Parish	Gap	Information and Referral Services	Most folks still unaware of transport services, agencies, awareness.
3/2/18	Christus Health Clinic Network	Rapides Parish	Gap	Same-Day Transportation	Clients often experience difficulty making same day reservations
3/2/18	Christus Health Clinic Network	Rapides Parish	Gap	Public Transit Accessibility	Clients often experience difficulty with accessibility/path of travel to bus stops
3/2/18	Christus Health Clinic Network	Rapides Parish	Gap	Mobility Management/ Information and Referral Services	Clients often experience difficulty with trips outside public service transit area
3/2/18	Christus Health Clinic Network	Rapides Parish	Gap	Mission Creep	Compared to last year, patient's transportation needs are increasing
3/1/18	Winn COA	Winn	Gap	Funding	Funding cuts have affected operating, Town also cut \$6,000 annual contribution.
3/1/18	Winn COA	Winn	Gap	Information and Referral Services	Client base decreased looking to increase client base.
2/28/18	Louisiana Emergency Response Network (LERN)	Louisiana	Gap	Healthcare Access	People call 911, emergency services to access NEMT due to lack of public transportation, especially in rural areas.

Figure C.1 List of Feedback Comments

Date	Group	Parish	Category	Theme	Comment
2/26/18	St. Mary's Residential Training School	Central Louisiana	Solution	Drivers	Provide their own driver training and staff training in-house.
2/23/18	LA Office of Public Health	Region VI	Gap	Healthcare Access	56,000 patients over the region. 10% people worked to 35% do not have transport means and rely on friends and family for transport.
2/23/18	LA Office of Public Health	Region VI	Gap	Spatial Gap	For example, Allen Parish's parish health unit only operates two days a week and Lakes Charles is at capacity, so they come to the Rapides Parish Health unit.
2/23/18	LA Office of Public Health	Region VI	Solution	Planning/Study	Add public health option for OPH in classifications questions field - for patient transportation needs data.
2/22/18	Grant COA	Grant	Gap	Healthcare Access	Non-emergency medical transportation is needed in Grant Parish. COA does not operate transportation - due to lack of resources.
2/22/18	Grant COA	Grant	Gap	Level of Service	Winn COA provides transport coverage for Grant Parish. Winn COA only runs to Alexandria once a week on Mondays.
2/22/18	Grant COA	Grant	Solution	Healthcare Access	VA offers transports veterans in Grant Parish
2/22/18	LA Workforce Development - #61	Rapides	Gap	Job Access	Accessible transportation is a challenge in the employment field - local.
2/22/18	LA Workforce Development - #61	Rapides	Gap	Frequency	Frequency of bus routes would like to see an increase, although accessibility in Alexandria is good.
2/22/18	LA Workforce Development - #61	Rapides	Gap	Level of Service	Lack of 24 hour public service transit service or after 10PM.
2/22/18	LA Workforce Development - #61	Rapides	Gap	Frequency	Would like to see an increase in route frequency and longer hours.
2/22/18	LA Workforce Development - #61	Rapides	Gap	Job Access	Most workers without transport rely on friends and family, initially, but often proves a challenge in the long-run.
2/22/18	LA Workforce Development - #61	Rapides	Solution	Job Access	Some private companies have created their own transport service to fill need.
2/22/18	LA Workforce Development - #61	Rapides	Solution	Information and Referral Services	Provide clients with public transportation information and referrals.
2/22/18	LA Workforce Development - #61	Rapides	Gap	Job Access	Clients often experience difficulty with accessing transportation for work trips
2/22/18	LA Workforce Development - #61	Rapides	Gap	Childcare Access	Clients sometime experience difficulty with accessing transportation for daycare, childcare or elementary school trips
2/22/18	LA Workforce Development - #61	Rapides	Gap	Education Access	Clients sometimes experience difficulty with accessing transportation for college or adult education trips
2/21/18	Cenla Area Agency on Aging (CAAA)	Avoyelles, Grant, Catahoula, Concordia, La Salle, Rapides, Winn	Solution	Information and Referral Services	Contact for transportation service, assist with travel information and referral, travel training, trip reimbursement
2/21/18	Cenla Area Agency on Aging (CAAA)	Avoyelles, Grant, Catahoula, Concordia, La Salle, Rapides, Winn	Gap	Healthcare Access	Clients often experience difficulty with accessing NEMT for local and regional medical trips
2/21/18	Cenla Area Agency on Aging (CAAA)	Avoyelles, Grant, Catahoula, Concordia, La Salle, Rapides, Winn	Gap	Healthcare Access	Clients often experience difficulty with accessing NEMT for dialysis trips

Figure C.1 List of Feedback Comments

Date	Group	Parish	Category	Theme	Comment
2/21/18	Cenla Area Agency on Aging (CAAA)	Avoyelles, Grant, Catahoula, Concordia, La Salle, Rapides, Winn	Gap	Transit Access	Clients sometimes experience difficulty with accessing public transportation on Saturdays
2/21/18	Cenla Area Agency on Aging (CAAA)	Avoyelles, Grant, Catahoula, Concordia, La Salle, Rapides, Winn	Gap	Level of Service	Clients sometimes experience need for escorted door-to-door assistance
2/21/18	Cenla Area Agency on Aging (CAAA)	Avoyelles, Grant, Catahoula, Concordia, La Salle, Rapides, Winn	Gap	Level of Service	Clients sometimes experience need for bus driver courtesy and assistance
2/21/18	Cenla Area Agency on Aging (CAAA)	Avoyelles, Grant, Catahoula, Concordia, La Salle, Rapides, Winn	Gap	Transfers	Clients sometimes experience difficulty with transfers between transit routes and systems.
2/21/18	Cenla Area Agency on Aging (CAAA)	Avoyelles, Grant, Catahoula, Concordia, La Salle, Rapides, Winn	Gap	Mobility Management/ Information and Referral Services	Clients often experience difficulty with trips outside public service transit area
2/21/18	VCOA	Vernon	Gap	Funding	Governor's Office of Elderly affairs making additional funding cuts for agencies - VOCA noted \$9K cut.
2/21/18	VCOA	Vernon	Gap	Non-ADA Paratransit	Noted needs for specialized non-emergency medical transportation, wheelchair/ oxygen / etc.
2/21/18	VCOA	Vernon	Gap	Healthcare Access	Private Medicaid transportation providers do not provide transportation between non-emergency medical appointments. Medicare Advantage Plans
2/8/18	The ARC Rapides	Rapides	Gap	Regulations	New OCDD regulations resulting in changes for these organizations to be fully integrated into the community - clients cant stay at the center or in a day care - causing issues with additional transportation vans and miles.
2/7/18	ASDD	Avoyelles	Gap	Eligibility	Catahoula ARC and ASDD both noted that they have room for more special needs clients and that there is local demand.
2/7/18	ASDD	Avoyelles	Gap	Eligibility/Regulation	They also noted a back-log at the state level to enroll special needs clients in Medicaid program enrollment so locals can utilize their transportation services and programming.
2/7/18	ASDD	Avoyelles	Gap	Fleet	Noted that new cut-away vans are not equipped with tools to change out a tire such as a jack and lift. Also, a spare tire cannot be stored under or inside the vehicle.
2/7/18	ASDD	Avoyelles	Gap	Funding	Agencies also noted reduction in 5310 Operational assistance provided by DOTD FY17-18.
2/7/18	ASDD	Avoyelles	Gap	Funding	Agencies are seeking additional funds to continue operating transportation service.
2/7/18	ASDD	Avoyelles	Solution	Resource Sharing	ASDD noted that they annually issue letters to coordinate back-up vehicles and shared programming with other agencies.
2/6/18	Catahoula ARC	Cathoula, Concordia	Gap	Regulation	New Federal regulations placing additional staffing, reporting requirements on agency. No resources offered yet by FTA to assist with changes.

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APPENDIX D

Parish Profiles

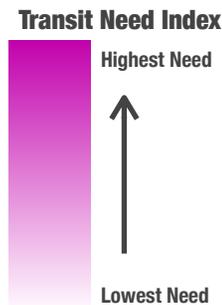
Figure D.1 Avoyelles Parish Profile

The total population of Avoyelles Parish is 41,252. The median age is 37¹. The majority of the population in Avoyelles Parish has a high school degree, and 15.84% have a college degree. Avoyelles Parish has a labor force of 15,982 people, with an unemployment rate of 5.1%. Avoyelles Parish has a total of 1,340 businesses. In 2017, the leading industries in Avoyelles Parish were Arts, Sports, Entertainment, and Recreation, Public Administration, Health Care and Social Services, and Retail. Households in Avoyelles Parish earn a median yearly income of \$35,791. Household expenditures average \$46,975 per year. The majority of earnings get spent on Shelter, Transportation, Food and Beverages, Health Care, and Utilities. Residents spend an average of 31 minutes commuting to work².

Subject	Avoyelles Parish	
	Total	65+
Total Population	41,252	6,398
% over 65	16%	
% with disability	17%	44%
% below 200% poverty level	44%	53%
% population who are veterans	6%	18%
% households without vehicle	9%	

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Transit Needs by Census Tract



● Service Based Outside Parish

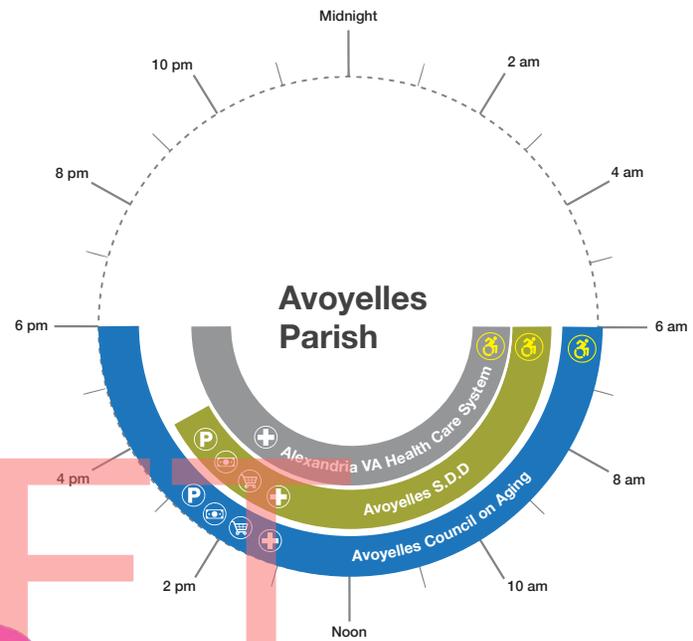
Trip types

- ⊕ Medical
- 🛒 Shopping
- 🏢 Employment
- 🅑️ Program-related

Population served

- General Public
- Seniors (65+)
- Disabled
- Residents Only

Available Public Transit



\$35,791

Median Household Income

24% less than state

41% less than the nation

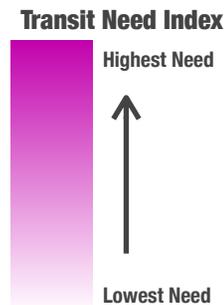
¹ American Community Survey 2012 - 2016 Five year estimates

² Central Louisiana Economic Development Alliance, www.cenla.org, accessed July 30, 2018.

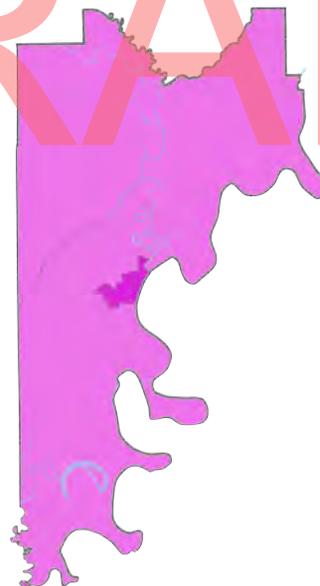
Figure D.2 Catahoula Parish Profile

The total population of Catahoula Parish is 10,145. The median age is 38¹. The majority of the population in Catahoula Parish has a high school degree, and 17.94% have a college degree. Catahoula Parish has a labor force of 3,863 people, with an unemployment rate of 6.3%. Catahoula Parish has a total of 321 businesses. In 2017, the leading industries in Catahoula Parish were Health Care and Social Services, Public Administration, Retail, and Education. Households in Catahoula Parish earn a median yearly income of \$36,838. Household expenditures average \$51,487 per year. The majority of earnings get spent on Shelter, Transportation, Food and Beverages, Health Care, and Utilities. Residents spend an average of 40 minutes commuting to work².

Subject	Catahoula Parish	
	Total	65+
Total Population	10,145	1,503
% over 65	15%	
% with disability	13%	34%
% below 200% poverty level	41%	51%
% population who are veterans	6%	17%
% households without vehicle	8%	



Transit Needs by Census Tract



● Service Based Outside Parish

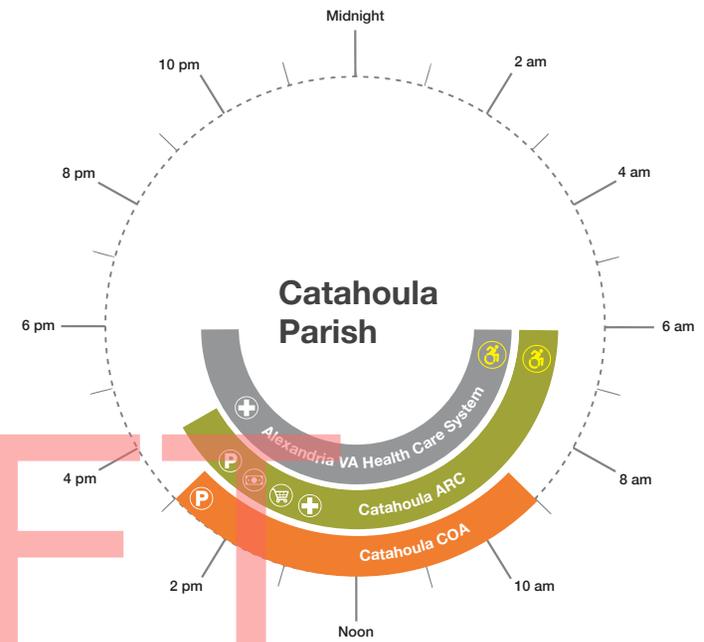
Trip types

- ⊕ Medical
- 🛒 Shopping
- 🏢 Employment
- Ⓟ Program-related

Population served

- General Public
- Seniors (65+)
- Disabled
- Residents Only

Available Public Transit



\$36,838

Median Household Income

22% less than state

39% less than the nation

¹ American Community Survey 2012 - 2016 Five year estimates

² Central Louisiana Economic Development Alliance, www.cenla.org, accessed July 30, 2018.

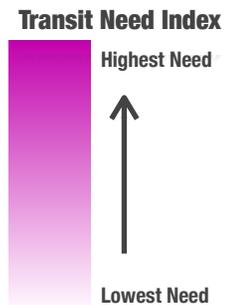
Figure D.3 Concordia Parish Profile

The total population of Concordia Parish is 20,298. The median age is 37¹. The majority of the population in Concordia Parish has a high school degree, and 17.75% have a college degree. Concordia Parish has a labor force of 7,437 people, with an unemployment rate of 6.2%. Concordia Parish has a total of 814 businesses. In 2017, the leading industries in Concordia Parish were Health Care and Social Services, Retail, Public Administration, and Manufacturing. Households in Concordia Parish earn a median yearly income of \$30,693. Household expenditures average \$44,585 per year. The majority of earnings get spent on Shelter, Transportation, Food and Beverages, Health Care, and Utilities. Residents spend an average of 28 minutes commuting to work².

Subject	Concordia Parish	
	Total	65+
Total Population	20,298	3,152
% over 65	16%	
% with disability	11%	35%
% below 200% poverty level	49%	45%
% population who are veterans	6%	18%
% households without vehicle	10%	

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Transit Needs by Census Tract



● Service Based Outside Parish

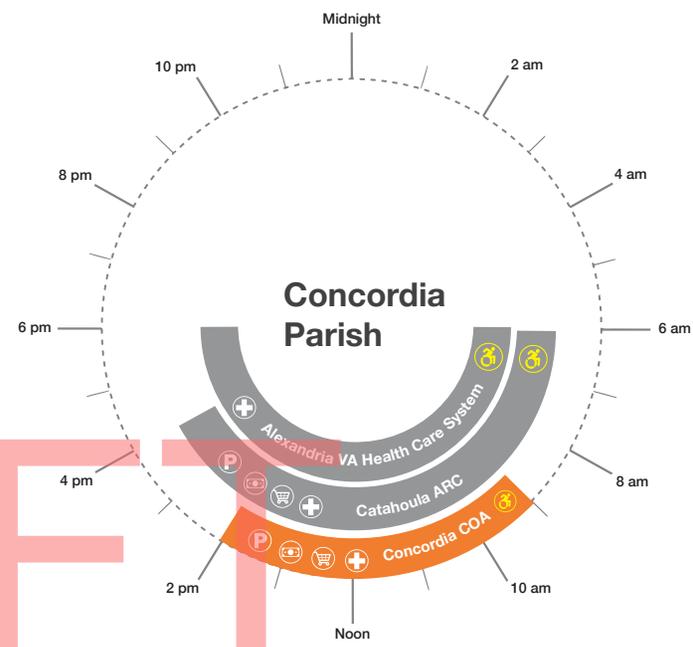
Trip types

- ⊕ Medical
- 🛒 Shopping
- 🏢 Employment
- 🅑🅓 Program-related

Population served

- General Public
- Seniors (65+)
- Disabled
- Residents Only

Available Public Transit



\$30,693
Median Household Income

35% less than state

49% less than the nation

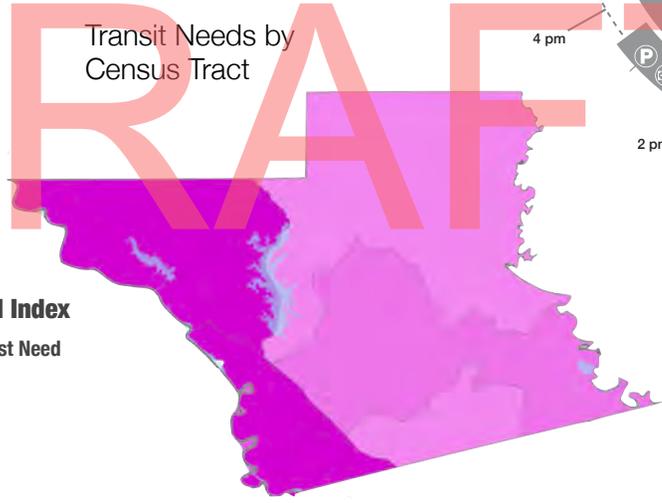
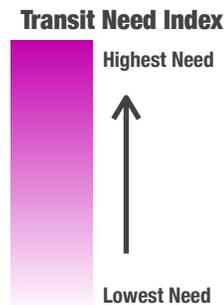
¹ American Community Survey 2012 - 2016 Five year estimates

² Central Louisiana Economic Development Alliance, www.cenla.org, accessed July 30, 2018.

Figure D.4 Grant Parish Profile

The total population of Grant Parish is 22,377. The median age is 36¹. The majority of the population in Grant Parish has a high school degree, and 18.6% have a college degree. Grant Parish has a labor force of 7,589 people, with an unemployment rate of 5.1%. Grant Parish has a total of 357 businesses. In 2017, the leading industries in Grant Parish were Public Administration, Retail, Education, and Health Care and Social Services. Households in Grant Parish earn a median yearly income of \$41,337. Household expenditures average \$45,992 per year. The majority of earnings get spent on Shelter, Transportation, Food and Beverages, Health Care, and Utilities. Residents spend an average of 30 minutes commuting to work².

Subject	Grant Parish	
	Total	65+
Total Population	22,377	3,106
% over 65	14%	
% with disability	16%	44%
% below 200% poverty level	37%	39%
% population who are veterans	7%	18%
% households without vehicle	4%	



● Service Based Outside Parish

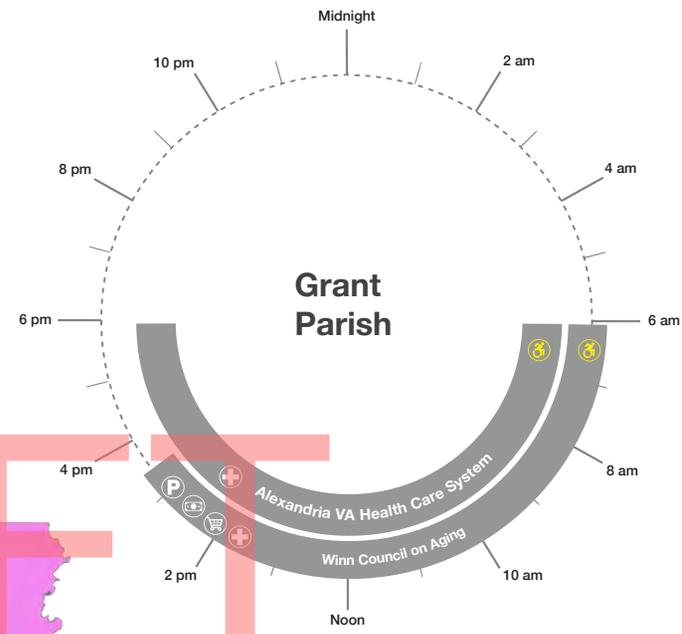
Trip types

- ⊕ Medical
- 🛒 Shopping
- 🏢 Employment
- 🅑 Program-related

Population served

- General Public
- Seniors (65+)
- Disabled
- Residents Only

Available Public Transit



\$41,337
Median Household Income

12% less than state

32% less than the nation

¹ American Community Survey 2012 - 2016 Five year estimates

² Central Louisiana Economic Development Alliance, www.cenla.org, accessed July 30, 2018.

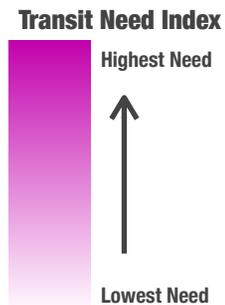
Figure D.5 LaSalle Parish Profile

The total population of LaSalle Parish is 14,929. The median age is 37¹. The majority of the population in La Salle Parish has a high school degree, and 18.59% have a college degree. La Salle Parish has a labor force of 5,303 people, with an unemployment rate of 4.1%. La Salle Parish has a total of 499 businesses. Households in La Salle Parish earn a median yearly income of \$37,103. Household expenditures average \$46,366 per year. The majority of earnings get spent on Shelter, Transportation, Food and Beverages, Health Care, and Utilities. Residents spend an average of 38 minutes commuting to work².

Subject	LaSalle Parish	
	Total	65+
Total Population	14,929	2,352
% over 65	16%	
% with disability	14%	38%
% below 200% poverty level	41%	44%
% population who are veterans	6%	21%
% households without vehicle	4%	

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Transit Needs by Census Tract



● Service Based Outside Parish

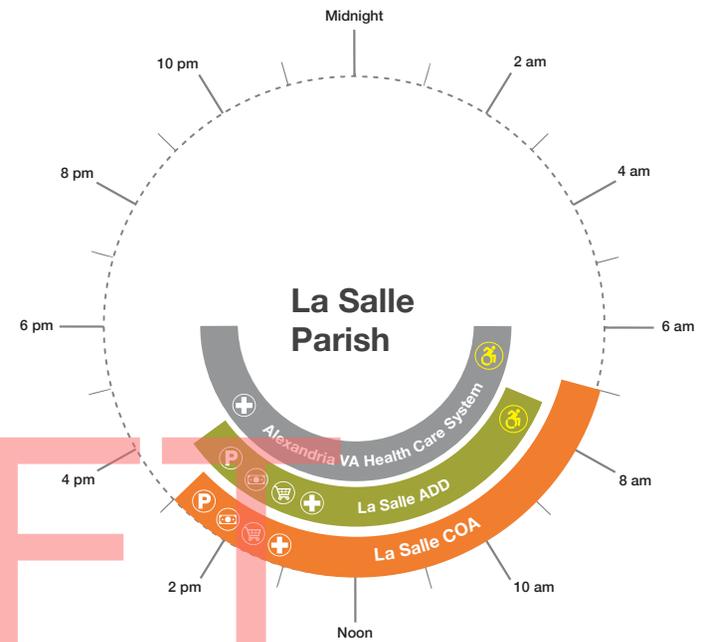
Trip types

- ⊕ Medical
- 🛒 Shopping
- 🏢 Employment
- Ⓟ Program-related

Population served

- General Public
- Seniors (65+)
- Disabled
- Residents Only

Available Public Transit



\$37,103
Median Household Income

21% less than state

39% less than the nation

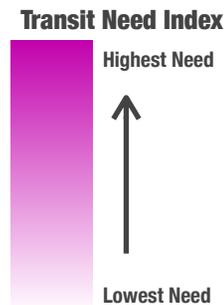
¹ American Community Survey 2012 - 2016 Five year estimates

² Central Louisiana Economic Development Alliance, www.cenla.org, accessed July 30, 2018.

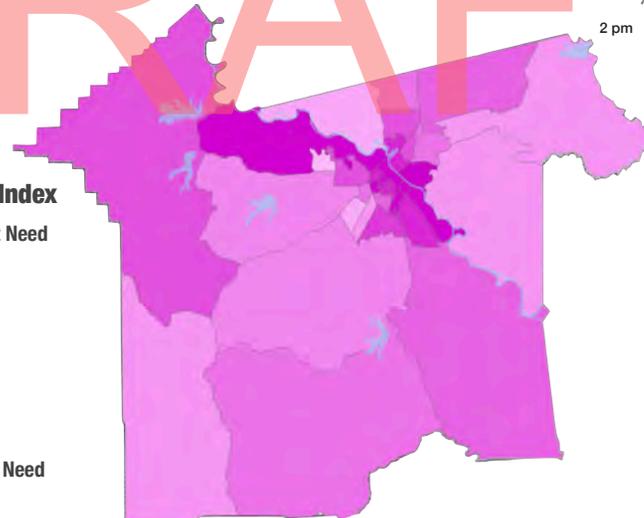
Figure D.6 Rapides Parish Profile

The total population of Rapides Parish is 132,313. The median age is 36¹. The majority of the population in Rapides Parish has a high school degree, and 25.13% have a college degree. Rapides Parish has a labor force of 57,493 people, with an unemployment rate of 4.6%. Rapides Parish has a total of 5,956 businesses. In 2017, the leading industries in Rapides Parish were Health Care and Social Services, Retail, Public Administration, and Other Services - Repair, Personal Care, Laundry, Religious, etc. Households in Rapides Parish earn a median yearly income of \$43,577. Household expenditures average \$49,574 per year. The majority of earnings get spent on Shelter, Transportation, Food and Beverages, Health Care, and Utilities. Residents spend an average of 22 minutes commuting to work².

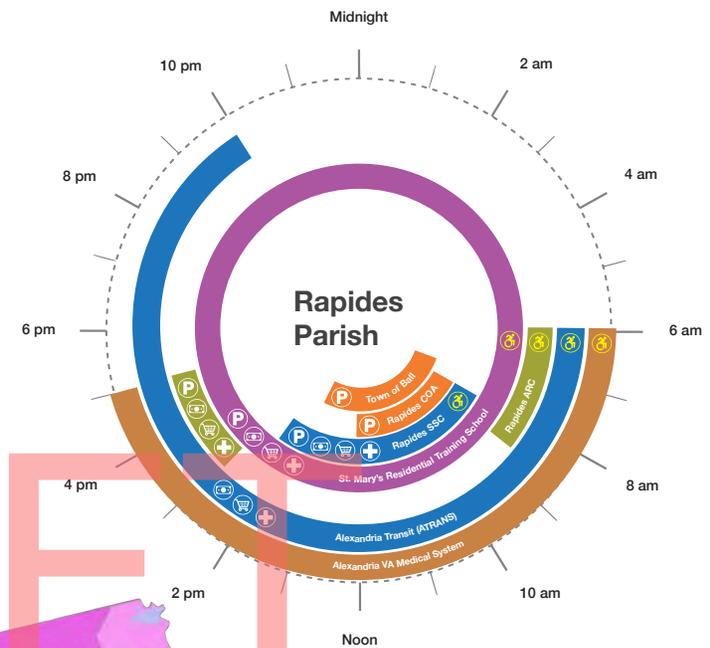
Subject	Rapides Parish	
	Total	65+
Total Population	132,313	19,726
% over 65	15%	
% with disability	18%	44%
% below 200% poverty level	40%	35%
% population who are veterans	8%	20%
% households without vehicle	9%	



Transit Needs by Census Tract



Available Public Transit



\$43,577

Median Household Income

7% less than state

28% less than the nation

¹ American Community Survey 2012 - 2016 Five year estimates

² Central Louisiana Economic Development Alliance, www.cenla.org, accessed July 30, 2018.

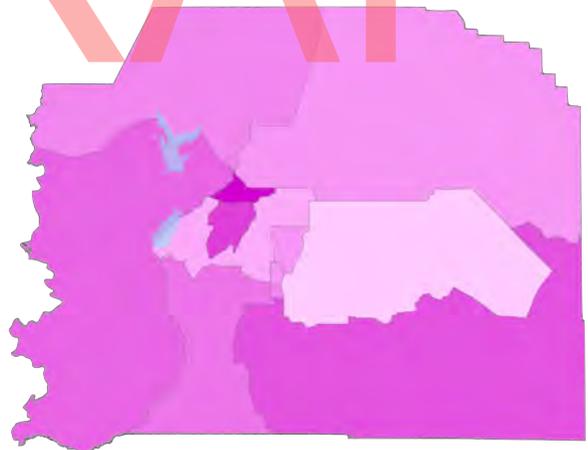
Figure D.7 Vernon Parish Profile

The total population of Vernon Parish is 52,101. The median age is 30¹. The majority of the population in Vernon Parish has a high school degree, and 25.18% have a college degree. Vernon Parish has a labor force of 23,522 people, with an unemployment rate of 5.5%. Vernon Parish has a total of 1,475 businesses. In 2017, the leading industries in Vernon Parish were Health Care and Social Services, Public Administration, Retail, and Education. Households in Vernon Parish earn a median yearly income of \$47,990. Household expenditures average \$49,282 per year. The majority of earnings get spent on Shelter, Transportation, Food and Beverages, Health Care, and Utilities. Residents spend an average of 21 minutes commuting to work².

Subject	Vernon Parish	
	Total	65+
Total Population	52,101	5,479
% over 65	11%	
% with disability	16%	49%
% below 200% poverty level	40%	38%
% population who are veterans	13%	29%
% households without vehicle	4%	

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Transit Needs by Census Tract



● Service Based Outside Parish

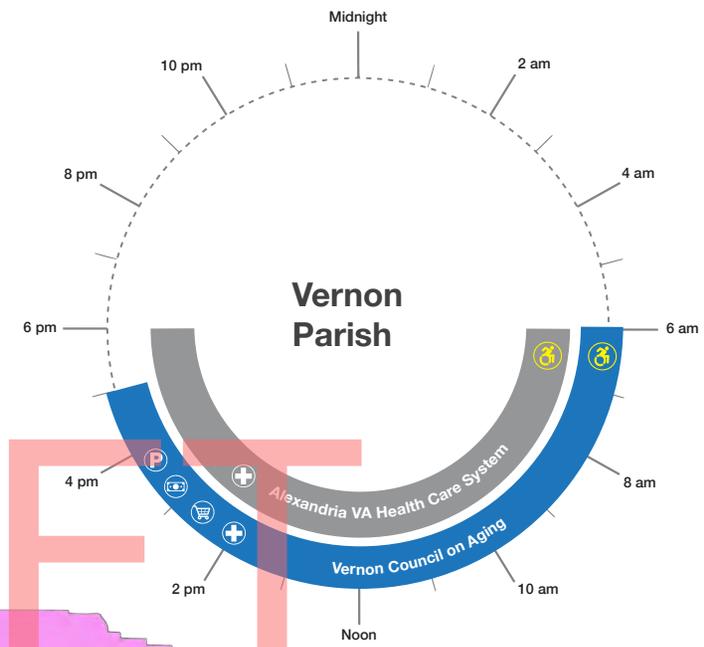
Trip types

- ⊕ Medical
- 🛒 Shopping
- 🏢 Employment
- Ⓟ Program-related

Population served

- General Public
- Seniors (65+)
- Disabled
- Residents Only

Available Public Transit



\$47,990

Median Household Income

2% less than state

21% less than the nation

¹ American Community Survey 2012 - 2016 Five year estimates

² Central Louisiana Economic Development Alliance, www.cenla.org, accessed July 30, 2018.

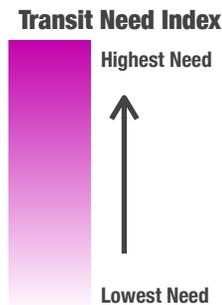
Figure D.8 Winn Parish Profile

The total population of Winn Parish is 14,695. The median age is 39¹. The majority of the population in Winn Parish has a high school degree, and 19.89% have a college degree. Winn Parish has a labor force of 5,297 people, with an unemployment rate of 5.6%. Winn Parish has a total of 495 businesses. In 2017, the leading industries in Winn Parish were Health Care and Social Services, Wholesalers, Retail, and Manufacturing. Households in Winn Parish earn a median yearly income of \$33,732. Household expenditures average \$47,002 per year. The majority of earnings get spent on Shelter, Transportation, Food and Beverages, Health Care, and Utilities. Residents spend an average of 31 minutes commuting to work².

Subject	Winn Parish	
	Total	65+
Total Population	14,695	2,367
% over 65	16%	
% with disability	18%	48%
% below 200% poverty level	42%	41%
% population who are veterans	6%	17%
% households without vehicle	7%	

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Transit Needs by Census Tract



● Service Based Outside Parish

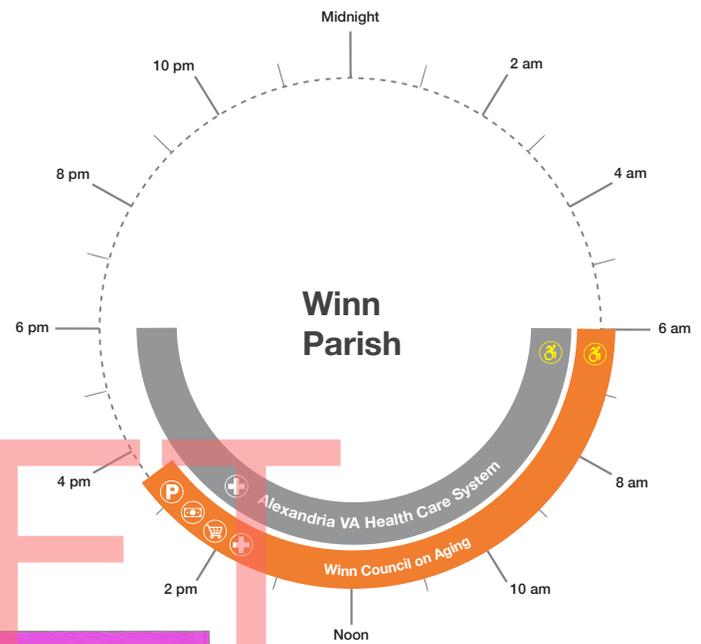
Trip types

- ⊕ Medical
- 🛒 Shopping
- 🏢 Employment
- 🅑️ Program-related

Population served

- General Public
- Seniors (65+)
- Disabled
- Residents Only

Available Public Transit



\$33,732

Median Household Income

28% less than state

44% less than the nation

¹ American Community Survey 2012 - 2016 Five year estimates

² Central Louisiana Economic Development Alliance, www.cenla.org, accessed July 30, 2018.

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APPENDIX E

Mobility Management Defined

Mobility Management Defined

NADTC/5310

In 2016, the National Aging and Disability Transportation Center (NADTC) was launched by the Federal Transit Administration (FTA), to be administered by Easter Seals and the National Association of Area Agencies on Aging with guidance from the U.S. Department of Health and Human Services, Administration for Community Living. The NADTC assists states, communities and recipients in the development, selection, deployment and oversight of their 5310 projects and other accessible transportation initiatives. Guidance for 5310 & 5311 funding defines mobility management and related activities as follows:

Mobility Management consists of short-range planning and management activities and projects for improving coordination among public transportation and other transportation service providers carried out by a recipient or sub-recipient through an agreement entered into with a person, including a government entity, under 49 U.S.C., Chapter 53 (other than section 5309). *Mobility management does not include operating public transportation services.

Mobility management activities may include:

1. The promotion, enhancement, and facilitation of access to transportation services, including the integration and coordination of services for individuals with disabilities, seniors, and low-income individuals;
2. Support for short-term management activities to plan and implement coordinated services;
3. The support of state and local coordination policy bodies and councils;
4. The operation of transportation brokerages to coordinate providers, funding agencies, and passengers;

5. The provision of coordination services, including employer-oriented transportation management organizations' and human service organizations' customer-oriented travel navigator systems and neighborhood travel coordination activities such as coordinating individualized travel training and trip planning activities for customers;
6. The development and operation of one-stop transportation traveler call centers to coordinate transportation information on all travel modes and to manage eligibility requirements and arrangements for customers among supporting programs; and
7. Operational planning for the acquisition of intelligent transportation technologies to help plan and operate coordinated systems inclusive of geographic information systems (GIS) mapping, global positioning system technology, coordinated vehicle scheduling, dispatching and monitoring technologies, as well as technologies to track costs and billing in a coordinated system, and single smart customer payment systems. (Acquisition of technology is also eligible as a standalone capital expense).

National Center for Mobility Management

The National Center for Mobility Management (NCMM) is an initiative of the United We Ride program, and is supported through a cooperative agreement with the FTA. The Center is operated through a consortium of three national organizations – the American Public Transportation Association, the Community Transportation Association of America, and the Easter Seals Transportation Group. The Center supports FTA grantees, mobility managers, and partners in adopting proven, sustainable, and replicable transportation coordination, mobility management, and one call– one-click transportation information practices. NCMM defines mobility management as follows:

Mobility management is an approach to designing and delivering transportation services that starts and ends with the customer. It begins with a community vision in which the entire transportation network – public transit, private operators, cycling and walking, volunteer drivers, and others – works together with customers, planners, and stakeholders to deliver the transportation options that best meet the community’s needs.

Mobility management:

- Encourages innovation and flexibility to reach the “right fit” solution for customers
- Plans for sustainability
- Strives for easy information and referral to assist customers in learning about and using services
- Continually incorporates customer feedback as services are evaluated and adjusted

RTAP/5311 Definition

Since 1979, FTA has provided formula funding to states, under the Section 5311 Non-urbanized Transit Program, to establish and maintain transit systems in communities with populations under 50,000.

The Section 5311 program supports both the maintenance of existing public transportation services and the expansion of those services through the following program goals:

1. enhancing access in rural areas to health care, shopping, education, employment, public services, and recreation;
2. assisting in the maintenance, development, improvement, and use of public transportation systems in rural areas;
3. encouraging and facilitating the most efficient use of all transportation funds used to provide passenger transportation in rural areas through the coordination of programs and services;
4. providing financial assistance to help carry out national goals related to mobility for all, including seniors, individuals with disabilities, and low-income individuals;
5. increasing availability of transportation options through investments in intercity bus services;
6. assisting in the development and support of intercity bus transportation;
7. encouraging mobility management, employment-related transportation alternatives, joint development practices, and transit-oriented development; and
8. providing for the participation of private transportation providers in rural public transportation.

Rural Technical Assistance Program

The Rural Transit Assistance Program (RTAP) was created in 1987 to provide technical assistance and training special skills and knowledge to non-urbanized transit agencies.

The goals of the RTAP program are to promote the safe and effective delivery of public transportation services in rural areas and to facilitate more efficient use of public transportation resources.

To meet those goals, the program focuses on the following objectives:

- Improving the quality of training and technical assistance resources available to the rural transit industry
- Encouraging and assisting state, local, and peer networks to address training and technical assistance needs
- Promoting the coordination of transportation services
- Building a national database of information about the rural transit industry

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APPENDIX F

Project Types Eligible for Funding

Project Types Eligible for Funding

One of the purposes of the Coordinated Public Transit–Human Services Transportation Plan is to identify projects eligible for FTA Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities Program, FTA Section 5311 Rural Areas Program, and other funding sources that require or encourage proposals to refer to this Coordinated Plan.

Accordingly, the list of eligible projects in the Coordinated Plan is inclusive enough for a wide range of proposals, but also specific enough to demonstrate regional support for competitive funds¹.

Figure F.1 Projects Eligible for 5310 Funds

Traditional Project Examples
Buses and vans
Wheelchair lifts, ramps, and securement devices
Transit-related information technology systems, including scheduling/routing/one-call systems
Mobility management programs
Acquisition of transportation services under a contract, lease, or other arrangement
Nontraditional Project Examples
Travel training
Volunteer Driver Programs
Building and accessible path to a bus stop, including curb-cuts, sidewalks, accessible pedestrian signals or other accessible features
Improving signage, or way-finding technology
Incremental cost of providing same day service or door-to-door service
Purchasing vehicles to support new accessible taxi, rides sharing and/or vanpooling programs
Mobility management programs

* Under MAP-21, the program was modified to include projects eligible under the former Section 5317 New Freedom program, described as capital and operating expenses for new public transportation services and alternatives beyond those required by the ADA, designed to assist individuals with disabilities and seniors.

¹ <https://www.transit.dot.gov/funding/grants/enhanced-mobility-seniors-individuals-disabilities-section-5310>, accessed August 20, 2018.

Projects Eligible for 5311 Funds

Eligible recipients include states and federally recognized Indian Tribes. Subrecipients may include state or local government authorities, nonprofit organizations, and operators of public transportation or intercity bus service. Eligible activities include planning, capital, operating, job access and reverse commute projects, and the acquisition of public transportation services².

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² <https://www.transit.dot.gov/rural-formula-grants-5311>, accessed August 20, 2018.